

Chapter 1: General introduction

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Day in day out, there are families in which children are at risk of being harmed. And seeing or hearing about a child that is being harmed affects all of us profoundly. Strengthened by sociocultural views of society and often emphasised in the media and advertising, children are precious, deserve a happy childhood, need help to reach their full potential, and above all, need to be sheltered from everything that is wrong in the world. Parents hold the primary responsibility for raising and safeguarding their children. Unfortunately, parents are not always capable of or willing to do so. Therefore, from the early 1900s, the state has become involved in cases requiring the protection of children. By creating a professional field of work, child protection services are now a well-established part of youth care in the Netherlands.

In the Netherlands, the current population of 17.2 million includes a little over 3.4 million (19.7%) under the age of 18 (CBS, 2018). Annually, on average, 11% of the children receive one or multiple forms of youth care (ibid). Youth care is the collective term for three types of care: (1) voluntary care services; (2) child protection services; and (3) juvenile parole services. The focus of youth care is to provide help for children and parents, mental health care, and assist with development and parenting problems. Since the implementation of the Youth Act in 2015, the responsibility for the voluntary youth care falls to local government. In many municipalities, neighbourhood teams are established whom parents and children can ask for help. These teams can advise, offer help or refer people to another more specialised agency. However, when children are being abused and families do not want to accept help, a mandatory process is started, including organisations specialised in child protection. In the first half of 2017 there were a total of 36,535 supervision processes, and 10,935 custody cases. This means that for a total of over 47,000 children (1.4% of all children in the Netherlands), child protection services were needed due to serious concerns about the parenting situation and the safety of the children (CBS, 2018).

Child protection services have always been the subject of social scrutiny for. A single mistake often has major consequences for a child and generates tremendous social unease. Amplified by the media, it is often the institutions rather than the parents that are held responsible. In recent decades, the ambivalence towards child protection as a necessary, but sometimes malfunctioning institution has been transformed into an attitude of doubt. In public enquiries, the press, as well as in the private blogs of those receiving child protection services, the weak spots of the child protection system are overrepresented as if it were a horrifying, victim-producing machinery (Dekker, Amsing, van der Bij-de Puij, Dekker, Grietens, Harder & Timmerman, 2012; van Nijnatten, Hopman & Knijn, 2014).

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For the Dutch child protection services, two important developments have had a significant influence on how the system is now organised. A first important change derives from the children's rights movement. The United Nations Convention on the Rights of the Child (UNCRC) in 1989 established the right of children and young people to participate in decisions affecting their lives. In Articles 12 and 13, the Convention determines that children must be heard and that their views have to be taken into account in accordance with their age and maturity (Donnelly 2010; Vis & Thomas 2009). Since the adoption of the UNCRC, for child protection services, acting in "the child's best interest" requires not just "making the decisions necessary for safekeeping of the child", but also listening to the child and involving the child in the decision-making, and at the same time having a reasonable collaboration with families, carers and other concerned organisations (Barnes 2012; McCafferty, 2017; Willumsen & Skiveness, 2005; Winter 2009). Article 12 of the UNCRC thus obliged states to include this fundamental right of children in national legislation. In the Netherlands, the right to participation stated in the UNCRC was embodied in the 2005 Youth Care Act, leading to a more client-centred approach in child protection services.

A second crucial turning point in the Dutch child protection services context was the case of Savanna in 2004 (see Box 1.1). A three-year-old died as a result of being abused by her mother and stepfather. While her mother and stepfather were prosecuted for causing her death, the child protection worker herself was also prosecuted for allowing the death by negligence. And although the judge ruled that there was no criminal relation between the child abuse and the social worker's negligence, it still had a major effect on the field of child protection services. Before, if something happened, the organisation was held responsible. However, this was the first time an individual employee was deemed accountable. After that, also encouraged by increasing prosperity leading to less acceptance of risk, the emphasis on protection and safety increased enormously across the entire professional field, which in practice also led to an approach based on risk assessment. When safety is at stake, it is better to act quickly and say sorry afterwards, than fail to act and no longer be able to apologise.

Box 1.1 Gezinsvoogd in opspraak

Na de dood van de peuter ontstond commotie, omdat hulpverleners het gezin al jaren volgden. Savanna was in 2002, twee jaar voor haar overlijden, al eens vijf maanden uit huis geplaatst. Maar Bureau Jeugdzorg besloot dat het kind daarna weer terug mocht naar haar moeder en stiefvader.

'Heeft de gezinsvoogd van Savanna gefaald of niet?', vroeg het Openbaar Ministerie zich af. Onderzocht werd of de vrouw nalatig was geweest in de begeleiding van Savanna en of ze het kind misschien opnieuw uit huis had moeten laten plaatsen.

Uit rapporten van het Pieter Baan Centrum bleek namelijk dat Sonja de J. ernstig getraumatiseerd was als gevolg van verwaarlozing en (seksuele) mishandeling in haar jeugd. Ze zat daardoor 'boordevol woede en agressie, die ergens een uitweg moesten vinden'.

Vrijdag 19 september 2014 17.30 Omroep West.nl

<https://www.omroepwest.nl/nieuws/2665470/Weerloze-Alphense-Savanna-3-tien-jaar-geleden-vermoord>

So, for daily child protection services, there is both a lot of pressure on actively involving parents and children in the decision-making process, but also a huge responsibility for safeguarding children given that failure can lead to being held personally responsible and subject to prosecution, leading to a policy based on risk management (Barnes, 2012; Benbenishty et al., 2015). What pressure does this place on case managers and the organisations for which they work? And what does this mean in practice for children's genuine participation in decisions affecting them? Are these two demands compatible or contradictory? From other fields, like development and health care, we know that for children, and even for adults, participation entails challenges. The tacit knowledge of adults and particularly of children is not always valued by professionals nor do they always know how to translate theory into practice (Curtis, Liabo, Roberts & Barker, 2004; Dedding, 2009; Schalkers, Parsons, Bunders & Dedding, 2016). And what are the other barriers in child protection services in trying to meet the child's right to participate? These important questions form the basis of this thesis.

For me personally, working as a case manager in child protection services, the importance of the subject of child participation became obvious in a couple of

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interactions with children I was guiding. A conversation with two girls, both of whom had frequently been placed in residential care settings, intrigued me. They were talking with me about their experiences in the child protection agency, when one of them said that the first time she was placed in residential care, it was really the right call. However, the second time, she was convinced that this was a completely unjust and wrong decision. Until the day of our conversation, she had no idea why she had been taken into care again and for what purpose. I was genuinely touched by what these girls said, and it also made me wonder how I actually involved the children in the decisions that I had to make as a case manager.

However, as I experienced, it is not always easy to involve children in the decision-making process. For instance, there was a 16-year-old girl I had been guiding for almost a year, during which, I often had to place her in secure residential care because she had run away and the adults around her feared that she was involved with a loverboy. During meetings, the girl wouldn't say a word, just sat there, playing with her nails. Every time we tried to get information from her, in the hope it would help us, her mother and the professionals, to understand what was going on. The more silent the girl became, the more frustrated I got and the more I tried to get her to talk. Once, when she had run away, I looked for ways to reach her. Her mother was in contact with her, but she would not answer my phone calls. From necessity, I decided to write her a letter, explaining to her the situation, what possibilities there were and why I wanted to get in touch with her. And surprisingly, she wrote back. Since then, for a long time, we communicated through letters, even when she was back home. While she was not capable of expressing her thoughts and needs during meetings, she could readily write them down. Luckily for both of us, we found this way of communicating. However, it was an accidental discovery, which made me realise that I was not always looking for ways in which children felt comfortable or met their conditions, but mainly focusing on verbal conversations in which I was leading.

After being confronted with my own actions and having already discussed the subject of child participation at the start of my PhD, I thought I was really involving children in the decision-making process. But I was once again confronted with my own shortcomings and actions, which were not necessarily positive for the facilitation of child participation. For one 17-year-old girl who had been placed in secure residential care on the other side of the country, we needed to find a different place. Due to legislative changes in the Netherlands, all children placed in secure residential care should be located in the region their parents lived. I had been in talking with her by phone every week and visited her every three weeks, in which we also discussed her wishes. She said that all she wanted was to leave the secure residential setting and go to an open setting. So, when there were two possibilities for transfer, either to an

open setting on the other side of the country, or a secure residential setting in the region of Amsterdam, I did not hesitate for a second: I knew for sure that she would want the open setting. However, because I was completely immersed in the subject of participation, and to be honest, because I also wanted to show her what efforts I had made and to make sure that she would cooperate with the plan, I decided to tell her about the options. Surprisingly, she said right away that she wanted to be transferred to the secure residential setting near Amsterdam. I could not have been more surprised: I really thought I knew what she wanted and I believed I would have acted according to her wishes. And how wrong I would have been.....

These experiences showed me the importance, but also the many challenges, in child protection routines that do not facilitate children's participation and that it is a complicated field in which child participation has not been given much attention in daily practice. And the children I met clearly did have a desire to be more involved in decisions that affect their lives. Therefore, this subject intrigued and fascinated me personally as well as scientifically, and forms the basis of this thesis. And I hope that the results of this thesis can sincerely contribute to a meaningful change for the children in daily child protection services.

Therefore, the aim of this thesis is: (1) to gain insight in the challenges of child participation in Child Protection Services in Amsterdam; (2) to explore how child participation can be facilitated to the fullest, and (3) what lessons can be formulated for similar organisations.

1.1 Outline of the thesis

In the first chapters of this thesis, a brief introduction (**Chapter 1**), a contextual and theoretical background (**Chapter 2**) and a description of the research design (**Chapter 3**) are described. Chapters 4 to 8 present the findings of the thesis. Individual chapters have been published (Chapters 4 and 5) or submitted (Chapters 6, 7 and 8) for publication. **Chapter 4** presents an overview of current knowledge in international scientific publications, while **Chapter 5** explores the Dutch context from the perspectives of both the case managers and the children. In **Chapter 6** we describe the complex relation between child image, child participation and child protection, while exploring the dominant child image in a child protection organisation. **Chapter 7** describes the process and outcomes of the co-creation with children of a participation toolbox, which in **Chapter 8** is implemented in practice and by case managers, in order to reflect on their own actions and to discover the essence of the barriers faced in practice. In **Chapter 9**, the main research question is answered based on the findings of the five case studies, followed by suggestions for further research and interventions.

Chapter 2: Contextual and theoretical background

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This chapter starts with a description of the context of child protection services, first internationally and then in the Dutch context. Subsequently, in the theoretical background, the term 'participation', the process it entails as well as the conceptualisation of children and childhood are elaborated upon.

2.1 The contextual background of child protection services

To understand how findings from other studies relate to the Dutch context and how international developments influence local policies, it is important to understand how child protection is organised worldwide. Therefore, first the international field of child protection is described, followed by an exploration of the Dutch situation in more detail, and finally of the Child Protection Services in Amsterdam in particular, which is the case explored in this study.

2.1.1. *Child protection services internationally*

Although most countries have developed a child welfare and protection system to provide support for children in need, including the need for protection from abuse within the family, no two countries have the same system (Katz & Hetherington, 2006). However, there are similarities which make it possible to group countries with related approaches.

One distinction that can be made is between the countries that have a 'child protection approach', like Australia and the UK, and countries with a 'family service system approach', like the Netherlands, Norway and Sweden. This distinction is crucial, because, according to Katz & Hetherington (2006) the fundamental issue for how a system works and interacts is whether its basic orientation is grounded in risk or support.

The child protection approach, also called the 'dualistic approach', is focused on the child and the need to prevent abuse or to rescue children from abusive situations. Family support is dealt with separately. Therefore, this approach focuses on risks. The possibility of court proceedings dominates and takes up a great deal of the available resources. Child protection is seen in relation to parental rights. It is the court's task to balance the child's right to protection and the parents' rights, and it is up to the judge to decide whether intervention is necessary. The child protection approach reveals four themes: (1) the significance of children's participation in decision-making; (2) the importance of interprofessional collaboration; (3) the recognition of critical timeframes in child development; and (4) children's needs (Winkworth & McArthur, 2006). Critics of this approach, however, point out that the child is not always

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considered in the context of their family, relatives and friends and that the family's strengths are not optimally exploited.

The basis of the family service system approach, also known as the 'holistic approach', is early intervention and preventive work and has a focus on support. It is based on a belief in a continuum of care. This system emerged in the 1980s, when the family was generally seen as the key element of social organisation (Allen & Petr, 1998). The protection of children is seen as an aspect of child welfare, but it is expected that interventions should take place to prevent abuse and that it is legitimate to intervene early. Services are provided by resources as close as possible to the person who needs them and there is a strong family support. Due to the focus on support to the family and an emphasis on providing help through local parties close to the family, the state only becomes involved in investigating a relatively small number of serious cases (Healy, Lundström & Sallnäs, 2011; Katz & Hetherington, 2006). This approach implies that by asserting an equal part in the decision-making process to every family member, everyone feels more responsible for the success of the services provided to the family (Connolly, 2007). However, critics of this orientation emphasise that in practice the adults' perspective frequently predominates over the child's perspective (Michalopoulos, Ahn, Shaw & O'Connor, 2012).

2.1.2. Child Protection Services in the Netherlands

Well before the 1900s, Dutch society was occupied with taking care of children whose parents were not capable of doing so (Kruithof & de Rooy, 1987). At first, wealthy citizens and churches built civic homes to shelter those in need. Although these homes offered children a place to stay, they could not offer legal protection. When the parents decided to take their children home, no one could stop them. In 1901, child laws were adopted, which included dispositions to remove a child from its parents and place it in custody with a guardian. In 1905, guardianships were established, mainly formed by volunteers, supported by a few paid staff, where citizens and organisations could report child abuse. The guardians advised judges, ensured that children at risk of or being abused were taken into care and monitored children's homes. However, despite the introduction of the child laws, the basis of Dutch strategy has been that parents have regulated freedom in raising their children and state intervention should be limited (van Nijnatten et al., 2014).

In 1922, a law was introduced making it possible to place a child under supervision of the state: when the child's home situation is of concern, a child can stay at home with the parents, but the family is obliged to accept the guidance of a family guardian. Special children's judges were appointed to pronounce on supervision orders, and were also responsible for the execution and progress of the intervention. Although

the implementation has changed, this law is still the basis of child protection services in the Netherlands today.

After 1956 the responsibility for the child protection was gradually taken away from voluntary citizens and placed in the hands of professional social workers; the guardianships were replaced by 'Councils of Child Protection'. Every neighbourhood had its own council, which comprised the voluntary citizens from the guardianships, but also contained an implementing agency. The agency conducted research to provide substantiation to the advice given to or the children's judges. The child protection service was strongly family-oriented, whereby saving children was seen as saving families. The legitimacy of child protection therefore was that the system was there to help families restore family life, by supporting parents to raise their children. In addition, when families could not live up to the standards of protecting family life, it was generally accepted that child protection services intervened in the best interest of children, as well as of society (van Nijnatten et al., 2014).

In the 1970s and 1980s the system came under more criticism (Tilanus, 1998; Harder, Knorth & Kalverboer, 2013; van Nijnatten et al., 2014). The Councils were accused of being excessively involved in the private lives of children and families. According to critics, attention was mainly directed at the occupation of beds to safeguard government subsidies, and that there was no attention paid to the active involvement of minors. The judicial child protection was increasingly seen as authoritarian, bureaucratic, diffuse and inexpert (Dekker et al., 2012). They insisted that child care should be closer to home, preferably within the family. Furthermore, that the professionals working at the Councils should be better qualified and the supervision should no longer be ordered by judges, who are at great distance from the families, but by a family guardian institution.

These critiques lead to the acceptance of the 'Wet op de Jeugdhulpverlening' (Law on Youth Care) in 1989. Youth care services were divided into three components – care services, protection, and mental health care. Important principles for the intervention were (and still are) that, whenever possible, care services should be close to the child's home, non-intrusive, and of short duration (Dekker et al., 2012). For the child protection compartment, the Councils of Child Protection focused on investigation and advice, while other organisations emerged to take care of the interventions and guidance.

Despite the new legislation, it was not until 1995, however, that the execution of the supervision orders fully shifted from the children's judges to family guardian institutions. These family guardian institutions, the 'Bureaus Jeugdzorg', arose from

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the merging of different youth care organisations, and had as main goal to address the fragmentation and compartmentalisation in youth care. Bureau Jeugdzorg was the single, recognisable access point to the youth care system, which integrated other services, reporting and consulting on child abuse and neglect (AMK), guardianship, family guardianship, and youth probation (Dekker et al, 2012). Since then, there are 15 Bureaus Jeugdzorg (Bureaus of Youth Care) in the Netherlands; one for every province (n=12) and one in each of the metropolitan regions (Amsterdam, Rotterdam and The Hague), all with multiple local branches. They conduct assignments in both voluntary and judicial youth care. In terms of the voluntary youth care, Bureau Jeugdzorg is responsible for the regulation of provincially financed care and the youth mental health care. Furthermore, their task includes managing the 'advice and reporting centre for child abuse' and the 'crisis intervention team'. The judicial part contains the implementation of the youth protection measures (obligatory supervision and legal guardianship) and youth parole services.

In 2000, the Netherlands was criticised for not yet having implemented the ratification of the UNCRC. There was growing support for the legal position of minors, who, until then, hardly enjoyed any legal recognition as a party in child protection cases (Verhellen, 2000). In 2005, a renewed version of the law on youth care, the Youth Care Act, was implemented (van den Berg & Vlaardingerbroek, 2005), in which the role of Bureau Jeugdzorg was legally anchored (Lieshout, van der Meij & de Pree, 2007) and more attention was given to the position of the minor. For instance, the principles of this Act were effective and efficient client-focused and needs-based care. The aim was to ensure that for children and their parents who were admitted into care of Bureau Jeugdzorg, better care was made available and their position in the youth care process was strengthened (Netherlands Youth Institute, 2007). Clients' active involvement in the decision-making process, especially with decisions determining their future, became more crucial. Instead of seeing the society and its worries and concerns about children as the central starting point, focus shifted to a view of clients' rights to youth care, in which the needs of the client come first, with more emphasis on family coaching and support. However, it remained ambiguous whether the term 'client' refers to parents, to children, or to both. Some parts of the Act are clearly focused on parents. For example, the Act states that *"even if the authority of the parents is restricted or has been delegated to The Bureau of Youth Care, decisions should be made which take into account the perspectives of the client"* (De Wet op de Jeugdzorg in grote lijnen/The main elements of the Youth Care Act, n.d.).

In 2011, the Ministry of Health, Welfare and Sports and the Ministry of Justice announced their plans for the decentralisation of youth care, which became effective

in 2015. In addition, they implied that these municipal child protection services should focus more on prevention, to optimise the use of both family strength and that of the surrounding network. The continuum of care was seen as an important key element, and in practice often translated as *"one family, one plan, one coordinator"* (Berger, van Leeuwen & Blaauw, 2013). This political statement for many of the bureaus of Youth Care was a reason to take a close look at the current working method and results, and to start developing new working methods, in which the child and family play a more prominent role. Despite differences in working methods that emerged from the announcement of the decentralisation, the base remains the same in the whole of the Netherlands. The current child-welfare system in the Netherlands is family-oriented and is focused on early interventions and help close to the family. Use, restoration and strengthening of problem-solving skills and responsibilities of parents, children and their social environment are promoted, aiming to prevent 'care-dependency' (Bouma, López, Knorth & Grietens, 2018). Mandatory child care happens only in the extreme cases of child abuse, when voluntary help proves ineffective. The focus of state intervention is, even in the mandatory cases, directed at strengthening family relationships and so emphasising the participation of young people and their parents in decision-making processes (Knorth, Van den Bergh & Verheij, 2002; Rätz-Heinisch, Schröer, & Wolff, 2009).

Within this new Act, the tasks of child protection are divided into four institutions (Bouma et al., 2018). First, the Advice and Reporting Centre for Domestic Violence and Maltreatment (Veilig Thuis), responsible for advising anyone who calls and investigating reports of maltreatment and referral to organisations offering voluntary support. The second agency, the Council of Child Protection (Raad voor de Kinderbescherming), becomes involved when the family does not accept voluntary help and a compulsory child protection order is considered necessary. The Council of Child Protection investigates and, when necessary, requests the Juvenile Court to impose a measure. The third agency, the Juvenile Court, is the only one that can enforce child protection measures, namely a supervision order (parental rights are partially abrogated), juvenile parole services, forced placement outside the home and, in extreme cases, the removal of parental powers. The measures enforced by the Juvenile Court are then implemented by the fourth party, the case managers working with Certified Agencies.

The child protection workers are expected to consider parents and children as agents of their own lives, and consequently to talk 'with' the parents and children rather than 'about' them, as used to happen before (Bouma et al., 2018). However, despite this shift, the Dutch Child Ombudsman reported that in 2016 children are still not

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informed and sufficiently heard in the decision-making process and legal procedures that concern them (Kinderombudsman, 2016).

2.1.3. *The Bureau of Youth Care Amsterdam*

As described above, in conducting this PhD research, the case being studied underwent a major change. When the study started in 2011, the Bureau of Youth Care Amsterdam (BJAA) was still one of the 15 nationwide organised Bureaus of Youth Care in the Netherlands, while this same agency, now called Youth Protection Region Amsterdam (Jeugd Bescherming Regio Amsterdam, JBRA), is one of the many municipal-organised certified agencies. In 2011, with some regional freedom, guidelines and policies of all Bureaus Youth Care were equal. However, during this study, the transition from a nationwide policy on child protection to a local policy took place. Within this transition, youth protection services, like all youth care providers, had to prove their value, by showing their achievements and successes, and by using effective methods to do the job. This has led to a shift in organisations involved in child welfare services, especially in the voluntary tasks of the former Bureaus of Youth Care. However, most local governments chose to keep working with the former bureaus in relation to the judicial tasks. This also applies to the Amsterdam region. Over this period, BJAA became known as the Bureau of Child Protection Amsterdam Region (JBRA) and developed a new working method, consisting of a framework (Intensive Family Case Management, IFCM) and methodology (FFP). Today, JBRA is, with 300 case managers employed, one of the largest certified agencies concerned with implementing of child protection-related Juvenile Court measures in the Netherlands. Operating in the greater Amsterdam area (population 1.4 million), it provides intensive casework for approximately 4,000 complex multi-problem families every year (Busschers, Boendermaker & Dinkgreve, 2016). With the development of the Intensive Family Case Management (IFCM), JBRA is a leading body in the implementation of child- and family-centred care (van Veelen, 2017).

Intensive Family Case Management

The Intensive Family Case Management (IFCM) is a family-based approach aimed at “enduring safety for all children”. Replacing the former child-based system where the case managers worked with individual children, IFCM is a system-based approach in which case managers work with children and their families. By integrating child welfare, child protection and youth parole into one service, one case manager can be assigned to a family, regardless of the (change of) legal context. To create a system-based approach includes the use of a system-based method. By combining the in the US-developed, evidence-based model of Family Functional Parole Services (FFP) as a

method, with Family Group Conferences (FGCs) and essential elements of the Dutch guidelines for child protection, IFCM was developed (Busschers et al., 2016).

In a recent study, Busschers et al (2016) identified 10 core elements of IFCM, which were operationalised in 55 behavioural acts (see Box 2.1). Starting from a family-oriented viewpoint, case managers work on engaging and motivating families to generate change in relation to child safety, whereby the focus lies on the interfamily relations and the activation and incorporation of families' networks (Busschers & Boendermaker, 2015).

Box 2.1 The 10 core elements of IFCM

Level	Core elements
Content of method	Family oriented Engagement and motivation Activate and incorporate network resources Relational focus Focus on child safety Generalization of change
Procedural level	Intensive case management Orderly and systematic process Transparency and client involvement
Organizational level	Work as a team

Retrieved from Busschers, Boendermaker & Dinkgreven (2016, p. 76)

Family Functional Parole services (FFP)

The Intensive Family Case Management (IFCM) is executed by using the method of Family Functional Parole Services (FFP). This is an integrated model of supervision and case management for engaging, motivating, assessing and working successfully with high-risk youth and families (Alexander, Waldron, Robbins, & Neeb, 2013). Based on the principles of Family Functional Therapy (FFT), problems are seen not only as personal matters but are always influenced by the environment, such as family dynamics. As a result, FFP involves intensive interaction between the family members and the case managers before suitable help is offered (BJAA, 2011). The case managers are therefore trained to assess the risks and protective factors of the families, assess their needs, motivate the family to accept help and link the family to

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the appropriate services or programmes. They monitor and support the family during interventions and after the programme or service is concluded, help the family generalise the lessons learned and make changes to other settings (Busschers, Boendermaker, Dinkgreve & Stams, 2018).

The FFP case-management model consists of three phases including 'Engagement and motivation', 'Monitor and support', and 'Generalisation'. In the 'Engagement and motivation' phase, case managers assess the risks and needs of the child and the family and motivate family members to contribute and accept help. Together with the family, the case managers create a family-based service plan, in which goals are set that match the family's strengths and difficulties. After the plan is constructed, the case manager links the family to services or programmes that correspond to these risks and needs. These services are offered by other professionals such as therapists, youth care workers or financial coaches. In the second phase, 'Monitor and support', case managers monitor the progress of the intervention in relation to child safety as well as the progress of family members in engaging with the services to which they have been referred. When multiple professionals are involved, the case managers coordinate all involved parties. And when, for whatever reason, families have difficulty in engaging with the intervention, it is the task of the case manager to investigate what hinders the family and to help the family to overcome such barriers. In the third and final phase, 'Generalisation', the case manager helps the family to generalise the lessons learned and to make a relapse prevention plan (Busschers & Boendermaker, 2015). (See Box 2.2. for an outline of how FFP works.)

Within the IFCM, contact with the family takes place mainly during family meetings, in which the case manager, using the FFP techniques, tries to give every family member the opportunity to speak up and feel heard. Once an intervention is underway, the case manager organises meetings in which, besides the family member, the professionals involved (e.g. therapists, teachers, social workers) also attend and share the progress. After the interventions are completed, the case manager wraps up the guidance with a few last family meetings.

Box 2.2 How FFP[®] Works

FFP[®]'s first step expands the target of intervention beyond just the youth. From the very beginning, FFP[®]-trained workers consistently meet with families. By applying research on how to engage resistant youth/families, we:

- identify challenges and strengths critical to change throughout family system, and
- help both workers and family members see that solutions and changes are possible.

In doing so, we motivate youth/families to more fully take part in interventions via specific techniques that enhance youth and family involvement.

In keeping with our idea that change occurs in phases, FFP[®] then understands how interventions are best selected and how youth/families are most effectively linked to, supported and monitored in those change programs.

Finally, we work to get the most out of programs we refer to, and in the final phase of FFP[®], organize toward sustaining specific, durable change that continues beyond case closure.

Retrieved from <http://www.fftlc.com/ffp/model.html> on 10-07-2018

2.2 Theoretical Background

Society has always been concerned about the wellbeing of children and ensuring that children grow up in a safe manner. However, views on how to achieve this have shifted over time. As described above, social criticism of the functioning of youth care has been an important influencer of changes in youth care. In addition, major social changes helped people to speak up, such as the emergence of the internet, making information available for the wider public, and thereby also had a major impact. Furthermore, the introduction of participation as a child's right as well as experiences that children want to be involved and have valuable knowledge had consequences for youth protection, which required adjustments to policy and implementation. Therefore, in this theoretical background the theory of participation and child image are described.

2.2.1. Child participation

Arnstein (1969) was one of the first to describe the concept of participation. Directed at the power struggle between government officials and community activists, she defined participation as *“the redistribution of power that enables the have-not*

citizens, presently excluded from the political and economic processes, to be deliberately included in the future” (1969:216); Her eight steps on the ladder of citizen engagement has been a touchstone for later policy, research and practice on user involvement (Tritter & McCallum, 2006).

However, it was not until the declaration of the UNCRC in 1989, that child participation was adopted by nations worldwide. The right of children and young people to participate in decisions affecting their lives was established in Articles 12 and 13 of the UNCRC, which determine that children must be heard and that their views have to be taken into account in accordance with their age and maturity (see Box 2.3) (Donnelly, 2010; Unicef, 1989; Vis & Thomas, 2009).

Box 2.3 Article 12 and 13 of the UNCRC (UNICEF, 1989)

Article 12

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

Article 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.
2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:
 - (a) For respect of the rights or reputations of others; or
 - (b) For the protection of national security or of public order (*ordre public*), or of public health or morals.

With the introduction of the UNCRC, not only were the children’s rights anchored, but it also expanded the perspective of seeing children in terms of vulnerability and protection, to seeing children in terms of their rights (Sinclair, 2004). The UNCRC offers two complementary views of children: less powerful and less competent than adults and therefore in need of certain kinds of protection, but also oppressed or constrained and hence needing more opportunities for self-determination (Hart,

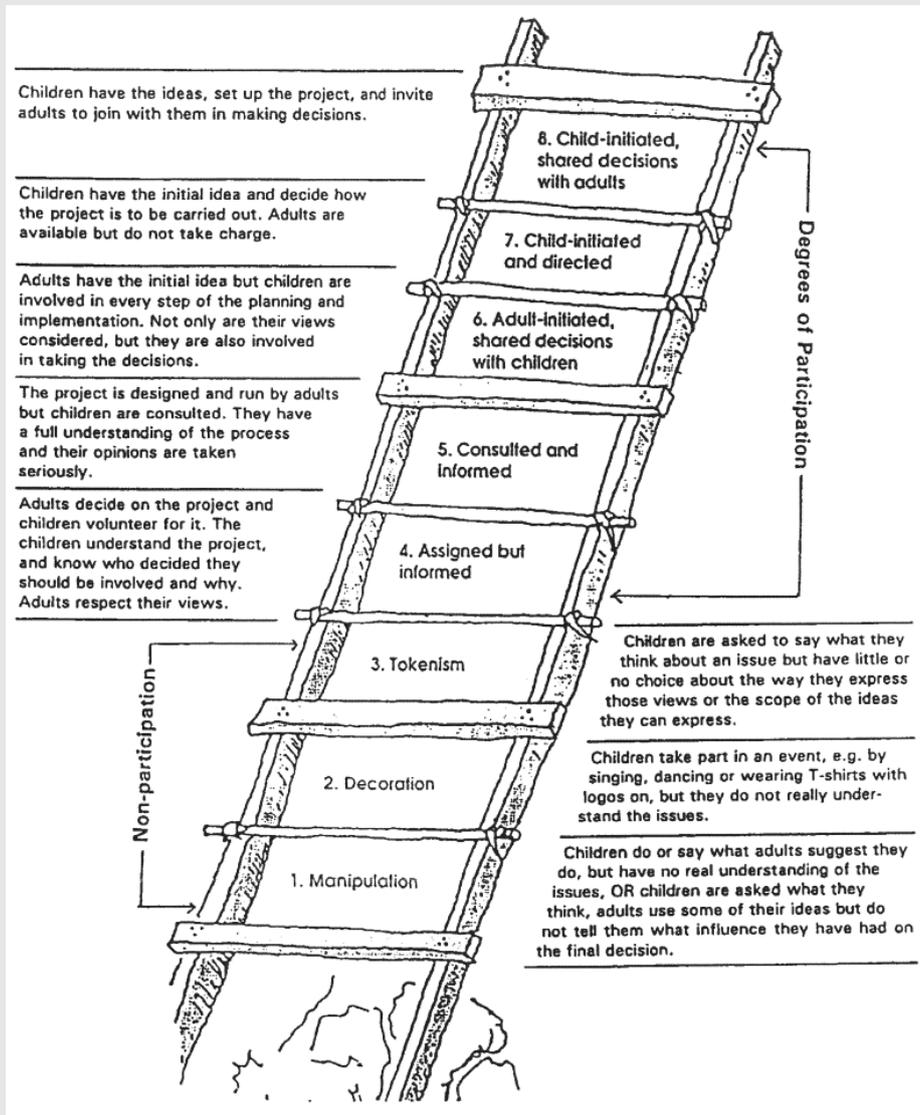
1992). Since then, children's and young people's participation in child welfare and protection services has been the focus of research, policy development and legislation.

However, although the UNCRC offered a legal basis of child participation and Article 12 of the UNCRC states that the views of children should be taken into account according to their age and maturity, it gives no guidance on who should assess the maturity of the child and what criteria should be used (Archard & Skivenes, 2009a). For example, how are the child's views known? How capable are adults of seeing and valuing children's competences? And how should the competences of children be explored and defined? Nor is it defined how to deal with differences in the perspectives between children and adults.

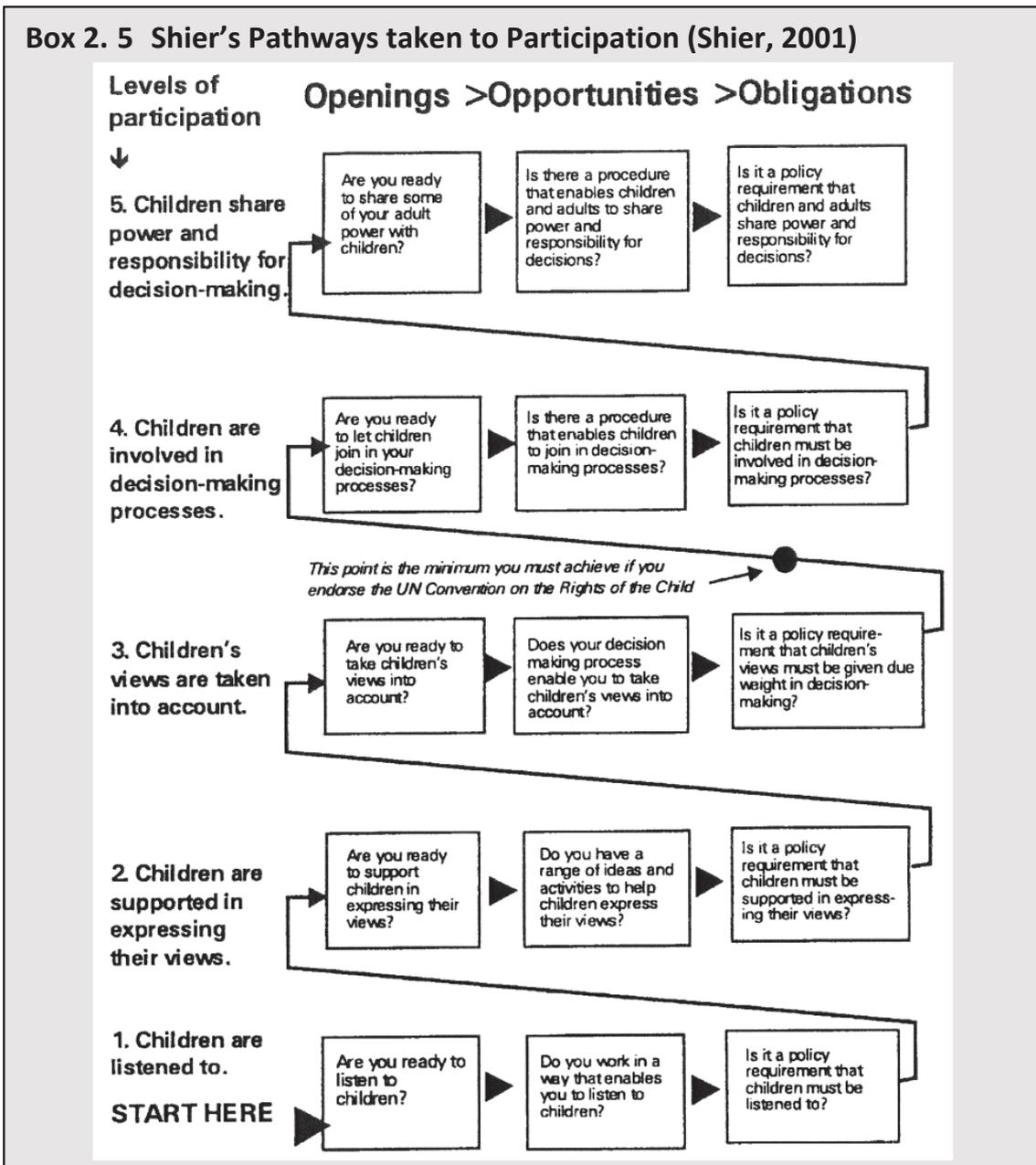
Building on the work of Arnstein, Hart (1992) developed a model of participation for children (see Box 2.4). Where Arnstein mainly focuses on the shifting of power, Hart describes participation as *"the process of sharing decisions which affect one's life and the life of the community in which one lives"* (p. 5). In his model he refers to participation as an active process and the importance of the possibility that this participation will have an effect on decision-making. Therefore, Hart's ladder represents different levels of initiative and cooperation that children can have with adults, including levels of non-participation (see Box 2.4). The goal of participation is not to achieve the highest level, but, rather, that every child participates at the highest level that matches its capabilities. He adds that as for different children, circumstances will also offer different opportunities (Hart, 2002).

In 2001 Shier expanded on the previous models by adding that despite different levels of participation, there are also different organisational or practical influences that decide what level of participation can be achieved. He distinguishes between three stages for every level of participation: openings, opportunities and obligations (Shier, 2001) (see Box 2.5).

Box 2.4 Hart's ladder of participation (Hart, 1992)



Besides serving as guidelines for participation in practice, these models also emphasise what pitfalls are lurking. Especially by including the levels of non-participation, they give an insight into what participation entails and how easily an initiative that starts as an attempt to let children participate can turn out to be a form of non-participation. Studying these models gives the impression that child participation involves far more than adapting models and techniques; it also includes values, beliefs, the way we look at children, and the opportunities that are created by the environment (Dedding, 2009).



While definitions have varied, Franklin & Sloper (2005) identified three key features that seem to be agreed upon: meaningful participation entails at least that (1) the child has the information needed to understand what decision has to be made, what arguments are made, and what options are available, (2) the child has the opportunity to express wishes and views, and (3) these wishes and views are taken into account and have an influence on the decision being made. However, these key elements do not give concrete guidelines on how to decide what influence the child's opinion should have in the decision-making process.

More recently, studies no longer focus on the definition or models of participation. Instead, the emphasis is on the finding that processes of child participation need to be

'child centred/focused' in order for children to participate effectively. Second, emphasis is placed on the fact that participation should be viewed as a process rather than a one-off event (Dedding, Jurrius, Moonen & Rutjes, 2013; Leeson, 2007; Willumsen & Skivenes, 2005). Especially within the context of child protection, where it is not about one decision, but a long period in which multiple decisions are made, participation should be defined as taking part in a process of discussions in such a way as to have influence on the decisions made (Franklin & Sloper, 2005; Thomas, 2000).

In this study, following the definition of Dedding & Slager (2013, p. 13), I define participation as *"a situational and iterative process in which all relevant actors enter into mutual dialogue. Within this process, the perceptions, knowledge and experience of each actor should be given proper weight. Proper weight means that particular attention should be paid to the perspectives of the ones most affected by the decisions within the process"*, in this case, the children. Furthermore, *"this process should lead to action and change, a practical end"*. Within the daily practice of child protection services, meaningful participation therefore entails an interaction/dialogue between case manager, parents and child, in which the child feels able and free to express its needs and wishes, is taken seriously in doing so, and when the wishes and ideas are not feasible, is given a proper explanation why, in order to ensure that optimal quality of care is realised for this specific child and family.

2.2.2. *Participation within child protection services*

Driven by the implementation of the participatory rights embodied in the UNCRC, in child protection services, the concept of participation attracted greater awareness and support, both in research as well as in practice. That child participation is important, especially in the field of child protection services, is no longer a matter of discussion: especially, in care situations, it is necessary for children to represent their views and that their views are taken seriously (Archard & Skivenes, 2009b; Cashmore, 2002; Lundy, 2007). The core of child protection services is about making life-changing decisions in children's lives. Questions as 'where should a child live?' and 'what kind of intervention is needed to ensure safety for the child' are daily decisions that have to be made. These decisions touch children at the most intimate level, but also influence the basis of their relationships of trust with adults. All actions made by the child protection services should be in the best interest of the child. Therefore, it is important that children express their views in order to enable adults to understand their needs and views. Thus, child protection workers have a major task: they are legally obliged to act in the best interest of and to safeguard the child, and the decisions they make in order to protect the child have to be legitimate and should in principle be defensible in public.

But especially in the field of child protection services, involving children in the decision-making process seems more difficult than in many other areas of child care. Although there is general agreement about the importance of children and young people's participation, it is difficult to put into practice (Gallagher, Smith, Hardy & Wilkinson, 2012; Healy & Darlington, 2009; Holland, 2001; Hubberstey, 2001; Woolfson, Heffernan, Paul & Brown, 2009). All studies show that there is the intention to involve children but that social workers still demonstrate striking ambivalence and reservations about the precise role children and young people should play as participants (Archard & Skivenes, 2009a).

Multiple studies have explored the levels of participation in child protection services, both from the perspectives of case managers (Healy & Darlington, 2009; Horwath, 2010; Sanders & Mace, 2006; Vis, Holtan & Thomas, 2012; Vis, Strandbu, Holtan & Thomas, 2011; Vis & Thomas, 2009) and of children (Bell, 2002; Bessell, 2011; Cashmore, 2002; Leeson, 2007; Mateos, Vaquero, Balsells & Ponce, 2017; Munro, 2001). They all conclude that children are not sufficiently involved in the decision-making process (Archard & Skivenes, 2009b; Gallagher et al., 2012; Horwath, 2010; Pinkney, 2011; Vis et al., 2012). After studying what role children had in the decision-making process affecting their lives, numerous studies have emphasised the importance of participation for child development. For instance, Vis et al (2011) showed that participation within decisions regarding child protection had a positive effect on children's' mental wellbeing and sense of safety. Studies also reported that children's participation in the decision-making process led to more successful interventions, because interventions were likely to be more responsive and therefore more effective (Barnes, 2012; Kriz & Roundtree-Swain, 2017; McLeod, 2007; Vis et al., 2011). This is in line with findings, among which the study of Cashmore (2002), who reported that when children were involved in the decision-making process involving placement away from the home, it contributed to both the acceptance of the placement decision and to the stability of the placement. In sum, participation in decisions affecting their lives helps children feel connected and committed to the decisions that are taken (Woolfson et al., 2010), may lead to an increase in self-esteem (Vis et al., 2011), and an increased feeling of mastery and control (Bell, 2002; McLeod, 2007; Munro, 2001; Leeson, 2007) and to prepare them to become 'future' citizens, who increasingly have to participate in their own care.

After the studies on the different levels of participation and the importance of child participation in child protection, focus shifted to defining meaningful participation within child protection services. As described above, meaningful participation within child protection services is considered to meet at least three requirements, namely (1) informing, (2) hearing, and (3) involving (Franklin & Sloper, 2005; Bouma et al, 2018;

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Kriz & Roundtree-Swain, 2017). Informing is considered to be a prerequisite for participation and contains different aspects (Kriz & Roundtree-Swain, 2017). First of all, children should receive information such as why child protection services are needed (Committee on the Rights of Children, 2009). Thereafter, children should be informed about their participation rights, including their possibilities to participate, the focus of participation and the potential impact and consequences. And finally, once the decision has been made, children should be informed about that decision, its meaning for the child and how the child's perspective was taken into account (Cossar, Brandon & Jordan, 2016; Committee on the Rights of Children, 2009; Pölkki, Vornanen, Pursiainen & Riikonen, 2012). Hearing relates to the child's opportunity to express its wishes and views. The CRC (2009) states that children should not just be invited to share their views, they should even be encouraged to do so. It is the child protection worker's responsibility and duty to create an open, child-friendly dialogue showing willingness to listen to the child (Bouma et al., 2018). Involving refers to actively considering the perspectives of children. By considering participation as an ongoing process, for child protection services this means that the child should be heard, informed and involved in all processes: defining and investigating maltreatment, deciding on the intervention needed, intervening, monitoring and evaluating the interventions (Committee on the Rights of Children, 2009; Cossar et al., 2016).

Even these key elements still give no concrete guidelines on how to decide what influence the child's opinion should have in the decision-making process. Moreover, a study on children's rights to participation in policy documents in the Netherlands shows that the terminology used creates confusion; it is not always clear whether it is the parents or the children who are being referred to. In addition, the Youth Act mainly uses the words 'family' and 'parents and young people', raising the question of what children's role in the decision-making process should be (Bouma et al., 2018). In addition, Bouma et al (2018) reported that although the Youth Care Act has no criteria related to the age for participation, the policy documents of agencies involved within child protection do set age limits. Overall, for children 12 years and older case managers are obliged to let them participate. However, according to these policy documents, children under the age of 12 do not even have to be informed or, in some agencies, even be heard (Bouma et al., 2018). Given the many obstacles for facilitating child participation in child protection services, clear and concrete guidelines are necessary to prevent the opportunity for children to participate from being reduced to the professionals' personal choice (Bouma et al., 2018). However, research has shown that guidelines on how child participation should be performed are lacking and that child participation is rarely discussed in practice (Archard & Skivenness, 2009a; Kriz

& Roundtree-Swain, 2017; Morris, Brandon & Tudor, 2015; ten Brummelaar et al., 2016).

Besides the absence of clear guidelines, another challenge for child participation lies in the fact that 'the child's best interest' is a normative concept, a question of the prevailing values and norms in dealing with children's upbringing. Different norms may conflict with each other and one does not always know which decision may be in the child's best interest. The involvement of affected parties is necessary to ensure that information is complete, and that relevant interests and needs are included in the decision-making process. Parents and children have knowledge and opinions about personal relations and important issues in the family, and as such they must be heard in order to make reasonable decisions. But the opinions and arguments of the affected parties may be unwise, incomplete and limited. In addition, besides different views of the situation, stakeholders also have their own conflicting interests, rights and needs which influence everyone's perception of the situation (Archard & Skivenes, 2009a; Barnes, 2012; Bell, 2002; Pinkney, 2011; Sanders & Mace, 2006). For example, the case manager has to manage the child's right to participate but also acknowledge the custodial role of the parents. Case managers must therefore test the information and balance it against other arguments and types of knowledge (Willumsen & Skiveness, 2005).

The participation of children becomes yet more problematic when the basis for involvement is involuntary, not based on consensus, and where choices may be limited (Gallagher et al., 2012; Smith, Gallagher, Wosu, Stewart, Cree, Hunter, Evans, Montgomery, Holiday & Wilkinson, 2011; Winter, 2009). In these cases, the case managers often determine the nature of the problem without asking the children or the parents what they perceive as the problem, before involving the child or young person in thinking about solutions, thereby showing the tension between coerced intervention and the notion of participation as 'working with' the client (Fergusson, 2005; Healy & Darlington, 2009). Researchers have raised concerns about the tensions between dominant conceptualisations of participatory practice, with its focus on working 'with' families, and the demands of child protection work, which can involve the use of power against the wishes of family members (Cashmore & Castell-McGregor, 1996; Healy, 1998; Healy & Meagher, 2007; D'Cruz & Stagnitti, 2008). These tensions are evident in the multiple status of parents as carers, rights-bearing citizens and the subjects of allegations for the need for child protection (Sinclair, 2004; Spratt & Callan, 2004; McLaughlin, 2007). These competing positions are laid over complex institutional arrangements in which the child protection worker must manage apparently conflicting organisational dictates to minimise risk while

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maximising the rights of family members to be heard (see Jack, 1997, p. 663; see also McLaughlin, 2007).

Added to the previous challenges, there is also a challenge in the possible tension between participation and protection. For scholars and experts in the field of child protection, participation and protection are seen as complementary. Within the UNCRC it is believed that giving children more say in their own self-determination will improve the protective aspects (Hart, 2002). Even more, according to the Committee on the Rights of the Child (2009), participation is a prerequisite for protection, because only when children are involved in the decisions that concern them is it possible to act in the best interest of the child and to protect the child against violence. However, for novices in the child protection field, it might be not so clear how participation can amplify protection. Studies show that social workers often set aside the children's rights to participate in the focus on the child's best interests, because social workers tend to view participation as unnecessary for the child's health or welfare (Vis et al., 2011). One explanation for this interpretation stems from the belief that adults know what is in the child's best interests. A second explanation stems from the tension between the immediate interests of the child (safety) and their long-term interest (Barnes, 2012; Sanders & Mace, 2006). Case managers have to maintain a balance between the child's right to participate and the child's right to be protected, as well as between the need to gather evidence and the child's entitlement to give information on his or her own terms. Vis et al. (2012) describe this process by using the term "*protectionism*", referring to "*the action of restricting the information that children are given, the people they are allowed to meet with or the discussions they are allowed to participate in, with the intent to protect them from possible disturbing or upsetting experiences*" (p. 19). They claim that case managers view cases in terms of risk and danger, and in their attempt to protect the child, they frustrate the child's right to participate (Vis et al., 2012).

Especially in the field of child protection, where the constant emphasis is on safeguarding children, and not burdening them with adult problems, professionals worry about exposing children to inappropriate information and responsibilities which, in a child protection context, might deprive them of what is perceived as a proper childhood and could be potentially damaging (Sanders & Mace, 2006). Case managers work with often vulnerable children who live in unpredictable and uncertain worlds and child protection cases, in particular, often deal with issues that are perceived as adults' problems but involve children (Vis et al., 2011). At the same time, governments, fuelled by the media, are perceived to hold a view that all risks to children should be foreseen and manageable. This has resulted in high levels of organisational, professional and personal anxiety, unrealistic expectations, media

vilification and political concerns about the quality of child protection practice (Beckett, McKeigue & Taylor, 2007; Horwath, 2010; Winter, 2009). With a focus on risk management and protection, the opportunity for participation diminishes and becomes less of a priority. This conflict is also displayed in the Dutch policy documents, in which participation is defined as obligatory, but which also describe exceptions for involving children, mainly related to assessing the safety risk of people involved (Bouma et al., 2018).

Moreover, for children within child protection, the context might imply extra barriers for participation. For starters, the decisions that have to be made touch the children's core existence: they are about their fundamental relationships with parents/caregivers, their homes, with their loved ones. In addition, these children might have experienced the fact that adults do not always act in their best interest (despite their noble intentions, or perhaps even because they don't care). Instead of depending on the adults around them, they have often relied on themselves or their siblings to survive the situation in which they find themselves. So, instead of children who have positive experiences of adult decisions, which are generally made for them by their parents whom they trust and with whom they are in daily contact, for children within child protection services decisions often are made by a number of adults (parents, social workers, lawyers, judges, representatives of organisations), some of whom the child has never met (Cashmore, 2002; Donnelly, 2010; Horwath, Kalyva & Spyru, 2012; Munro, 2001; Thomas & O'Kane, 2000). Some of these adults may not know what is important to the child. Furthermore, many children in care have grown up without the security of attachment, which places them at a disadvantage in making informed choices and in ensuring their views are taken into account. At the same time, their adult carers may be preoccupied, emotionally unavailable or might even struggle to speak for themselves. These children depend on the professionals around them to make their voices heard and to have influence (Bell, 2002).

Children in the custody of protection services face an even greater challenge in voicing their opinions because they risk losing control of the situation if they confide in adults because they do not know how adults will act on the information, leading to withdrawal from decision-making and therefore remaining silent by choice (Sanders & Mace, 2006). Finally, loyalty is also a complicated factor for children in child protection. Whatever their parents did or didn't do, they are still their parents. For children to speak up for themselves might imply that they have to 'tell on their parents'. Considering all the issues addressed above, promoting the participation of service users in decision-making about child protection is one of the most complex

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and sensitive aspects of social work practice and the child protection services might be one of the most complex discourses for the implementation of child participation.

2.2.3. *Child image*

The growing awareness of the importance of child participation was partly supported or strengthened by a shift in how to look at children and childhood. In the declaration of the UNCRC, the focus shifted from 'becoming' to 'being', from innocent, vulnerable and not yet competent towards children as knowledgeable social actors with agency, including a more children's rights perspective on children and childhood. This shift on child image and childhood revealed itself in different areas of expertise. Within child welfare, ideas of what it means to be a child and what is considered a 'healthy' childhood are the core business. Therefore, we consider child image as an important theoretical concept in relation to understanding the facilitation of child participation within child protection services.

What is a child?

Before describing different discourses of child image and childhood, it is important to first understand what a child is. The questions what it means to be a child, what children should have access to and what childhood means, are not easy to answer. They are part of a constant negotiation in daily actions between children and adults and depend on culture and context (Jenks, 2005; Caputo, 1995, Christensen, 1998; Hemrica & Heyting, 2004). Lee (1992) reasons that especially these context-dependent constructions of what a child is contribute to the already ambiguous perspective on childhood. At what age should we educate children about sex, for instance; are five-year-olds too young to receive education about AIDS? Is it allowed for a children's float to enter the gay parade in Amsterdam? This ambiguity is difficult in practice, as previous examples show, but also presents an advantage. When children and childhood are seen as constructions created by society, it is possible to look past these constructions to find the hidden but dominant social ideas about children (Andrews & Freeman, 1997). Moreover, Boyden (2003) points out that the image of children not only differs within countries and cultures but also between discourses. For example, professionals who stand up for children's rights will talk in a different way than do professionals who work in a medical setting where they have to diagnose diseases. And especially the discourse of child protection contains strong ideas of what makes a healthy or a risky childhood, which logically will have an impact on how children are seen (Collings & Davies, 2008).

The justification of agency (and with that blame and responsibility) on the adult side and obedience on the child's side is found in the argument that children are not yet

mature. Not only is the child's body not yet fully grown, it also functions as a barrier to the image of 'vulnerability and goodness'. The immature body is therefore both a clear marker for being different and also a source for concern; it needs to be protected at all costs (James, Jenks & Prout, 1998). Only when the child is able to control its own body and bodily functions, both consciously and not, can it make the transition into adulthood (Alanen, 1994; James et al., 1998). Until that time, the child is in transition.

The notion of children as 'developing to become adults and full members of society' not only shows that their current state of immaturity is a cause for concern for the adult social order, but also that childhood is relevant in relation to the future: good care for and controlling of children is an important investment in the future of society (Collings & Davies, 2008; Prout, 2000). A major disadvantage of this thinking is that the importance of childhood itself very seldom receives prominent attention.

James and Prout (1990) point out that both the dominant thinking about age and the prevailing thought that childhood should be a happy, carefree time are important aspects that create a gap between children and adults. It is not without reason that adults introduce age as one of the first topics of conversation in getting to know a child. For adults, age is an indicator of the level of a child's understanding, as measurement of being fully grown. But how justified is this? Recent studies show how we can misjudge when we overvalue age as a primary indicator of the capabilities and understanding of children (Clavering & McLaughlin, 2010). Ageist thinking derogates other relevant factors for the development of understanding, like life experience and social context. Still, age is wittingly and unwittingly used as a dominant measurement for making generalisations, and emphasises and enlarges the different status of children (Dedding, 2009).

The distance is further expanded by the myth of childhood as a 'golden period'. Happiness, innocence and carefreeness are key words used to describe this period (Panter-Brick, 2002). Not only does it ask for a distance, a border that separates the evil and corrupt adult society, but it also makes the adults responsible to guarantee this golden period. Unfortunately, adults cannot ensure a carefree childhood. In addition, the myth of a carefree childhood also denies the anxieties children may have for the adults around them, such as worries about a sick or divorced parent, a little brother or sister or financial problems in the family.

Chapter 2

Exploring three divergent perspectives of 'child image'

Over the years, many discourses of child image have arisen. Although they do overlap and are not mutually exclusive, they can be described as being on some kind of continuum. For example, Archard (1993) focuses on two extremes. On the one hand is the caretakers' perspective associated with the pedagogical viewpoint, and on the other the child liberators' perspective which could be seen as the juridical perspective (Archard, 1993; King, 2002). It is important to note that both perspectives consider the child's wellbeing as the most important (Dillen, 2006). Understanding the discourse on childhood is important, because how an adult views children influences how the adult will act. As Archard (1993) stated: "*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*" (Archard, 1993, p. 68).

Considering the developments in child protection services, three main discourses seem especially relevant: (1) the caretakers' perspective, (2) the sociological perspective, and (3) the child liberators' perspective. They represent three different discourses and, taken together, they also represent a *Zeitgeist*. These three perspectives are described here, by exploring how they define children and childhood, what they see as the proper role of adults, and what this means for the possibilities for children to participate in the decision-making process (see Table 2.1).

The caretakers' perspective is a pedagogical perspective on children which claims that children are not sufficiently competent for self-determination and therefore should be protected and provided for, and is seen in many care facilities (Collings & Davies, 2008; Hemrica, 2004). Children are seen as passive, innocent and vulnerable (Collings & Davies, 2008). The priority for caretakers is to protect the development of a child during childhood, which is considered as the most precious period in life. This childhood could be harmed by the right of self-determination because of the likelihood of making the wrong decisions. Therefore, a child should not be involved in decision-making processes (Archard, 1993; Dillen, 2006). This implies that decisions should be made only by competent adults. The right to be protected and provided for is considered as more important than the right to participation due to the interpretation that children are not competent to make decisions about matters that affect their own lives. Children's lack of competence is usually described in terms of age; children are too young and they do not have enough experience to judge the consequences of their decisions. Furthermore, children are not supposed to be able to distinguish truth from fiction due to a lack of experience and knowledge (Kellet, Robinson & Burr, 2004). Furthermore, with adults, this view of children tends to evoke

a desire to protect and shield children from all things possibly harmful to them (Collings & Davies, 2008).

The sociological perspective has a major influence on developments in child protection services and is, also called 'the new sociology of childhood'. Based on the assumption that a child is a social actor and agent, children are seen as active participants in society (McCafferty, 2017). It claims that the social environment has an influence on the child, and that the child also influences the social environment (James, Jenks & Prout, 1998). In other words, the child is able to influence its world and to act in it (Cockburn, 2005). The concept of the child as agent means that children are able to develop strategies for how to cope with 'life'. Children play an active role in their own development and therefore have a right to participate in decision-making that affects their lives (McCafferty, 2017). Although this sociological perspective has much in common with the juridical perspective, they differ in that in the latter, children are considered to be equal to adults, where the sociological perspectives acknowledge a difference between them; childhood is considered an important time in which children make sense of their world through active interaction with their environment (Sorin, 2005). Thus, children are capable of playing an active role in their development, but in their own ways. This perspective is important for the facilitation of child participation because it acknowledges children's capacity to have an influence on the environment, while taking into account that it is not necessarily in the same way as adults do (Clavering & McLaughlin, 2010; Dedding, Reis, Wolf & Hardon, 2015).

In contrast to the caretakers' perspective and more in line with the sociological perspective, *the child liberators' or the juridical perspective* is characterised by the claim that children are self-determining beings. The child liberators' perspective emphasises that children should be seen as 'competent beings' rather than 'becoming-competent beings' and so should participate in decision-making processes affecting them. However, where the sociological perspective emphasises that there is a difference between children and adults, according to the child liberators, the difference tends to be discriminatory because, in general, children are seen as incompetent and less important than adults, regardless of the fact that adults are not always competent in every respect. Furthermore, the concept of 'being a child' is an ideological construct because children are associated with vulnerability, weakness and helplessness and these characteristics do not correspond to the reality. Children are considered equal to adults and therefore should be equal in rights (Hemrica, 2004). This also includes that, in line with Article 12 of the UNCRC, children have the right to have a say in decisions affecting their own lives (Dillen, 2006).

Table 2.1: An overview of the three child perspectives

Perspective	Caretakers' Perspective	Sociology of childhood	Child liberators' perspective
A child is....	Children are vulnerable, in need of protection	Children are social, knowledgeable actors	Children are equal to adults and therefore should be equal in rights
The proper role of adults is...	Parents should protect, control and provide	Parents should consult children and take their perspectives into consideration	Parents should acknowledge children's rights and treat children as equals
The perspective on child participation is....	Children are not competent enough for decision-making and should not be burdened with it	Children are able and should be enabled to represent their views in a way that matches their capabilities	Children always have the right to participate in decisions affecting their own lives, and should be involved like adults are

The above descriptions show that an adult's image of the child influences that adult's perspective on whether children should participate in the decision-making process. Especially in the pedagogical child image, there is a tension between participation and protection (James, James & McNamee, 2004). While it is important for children 'to have responsibility' and 'to participate', the experience of a period of time without responsibility, the ideal of a protected childhood, is considered to be important. On the other hand, for an adult who assumes that children are knowledgeable social actors and self-determining beings, involving them in the decision-making process encounters fewer barriers.

Chapter 3: Research design

Chapter 3

3.1 Objectives and main research question

As shown in Chapter 2, it is both valuable and also a child's right to participate in decision-making in child protection services, but it is difficult to realise this in practice. The aim of this thesis is to understand the challenges of child participation in child protection services, and to explore strategies for moving child participation forward in daily practice.

To answer this main research question, it is broken down into four sub-questions, which can be divided into the three parts of this thesis. The first part is concerned with defining meaningful participation in child protection practice and to discover the most important challenges for this particular field, leading to the following question:

1. What is meaningful participation within the child protection services: what are the perspectives of case managers, children and academics?

The theoretical framework suggests that child image plays an important role in the relationship between child protection and meaningful participation. Consequently, in the second part of this thesis, we analyse the relationship between participation, protection and child image and how these processes are intertwined and reinforce or hinder each other, leading to the following research questions:

2. How does meaningful participation relate to child protection and existing child images and what barriers arise from this interaction?

Finally, based on the identified barriers and outcomes from part two, in the third part, we aim to identify what aspects are crucial to move the process of child participation forward in daily child protection practice and what part children could and should have in this process, leading to the next two research questions:

3. What strategies are needed for children to move the participation agenda forward and what have children themselves to offer in this process of change?

And finally,

4. What strategies are needed for case managers to address the identified barriers?

Table 3.1: Provides an overview of the research aims and sub-questions, showing in which chapter they are addressed

Research aim	Research sub-questions	Chapter				
		4	5	6	7	8
Defining meaningful participation	<i>What is meaningful participation within the child protection services: what are the perspectives of case managers, children and scientist?</i>	X	X	X	X	X
The relationship between participation, protection and child image	<i>How does meaningful participation relate to child protection and the dominant child image and what barriers arise from this interaction?</i>	X	X	X		X
Enhancing child participation	<i>What strategies are needed according to children to move the participation agenda forward and how could they become meaningful involved in this process of change?</i>		X		X	
	<i>What do case managers need to address the identified barriers?</i>		X	X		X

3.2 Research approach

The data collection for this study was mainly through the use of participatory action-research (PAR). PAR usually is committed to representing the voices of groups that have been historically excluded from research production, for example children and young people (Cahill, 2007). By including the ideas and experiences of the experts, in this case not scientists, but the children and the case managers, everyday knowledge is added to the conventional research approaches (Baum, MacDougall & Smith, 2006; Dedding et al., 2013). By doing so, it broadens our view, improves our understanding and also makes the outcomes more suitable for those experiencing the issue in daily life. Therefore, within PAR, understanding is developed in collaboration with the target group itself, creating a dialogue between scientific and everyday knowledge (Cornwall & Jewkes, 1995). A second base for PAR is that it goes beyond data gathering; it aims to use the acquired knowledge to feed strategies for action to make an actual change for the participants involved, whether youth or the broader community.

Within health services, action-research with children has proven suitable to obtain an understanding of, and at the same time improve, children's experiences (Dedding et al., 2013; Langhout & Thomas, 2010; Schalkers, Dedding & Bunders, 2015). The process is open and flexible rather than structured beforehand. Through the development of an open and creative dialogue, it is crucial that children do not feel pressured to give rapid answers, and therefore have time to reflect on what and how

they would like to communicate. Furthermore, such dialogue aims to give them the opportunity to choose and control how they express themselves and assist them in talking about more complex and sensitive issues (Fargas-Malet, McSherry, Larkin & Robinson, 2010).

Within this study PAR was given form in different ways and combined with other research methods. All were directed at considering the case managers and children as the experts and giving them the opportunity to share their knowledge and experiences. First, semi-structured interviews and (participatory) observation were used for both case managers and children. In particular, in areas where few studies are available, such the field of child participation within child protection services, these research methods are often most used to gain insight into the experiences meanings and ideas of those involved in daily practice (Meadows-Oliver, 2009). Due to their open and exploratory nature, qualitative research methods provide room for participants' own words and meanings, which may lead to new and surprising insights (Sools, Drossaert & Duijvenbooden, 2014). In addition, (participatory) observations enable researchers to not only explore what people say, but to also observe actions of participants within their specific context, and identify possible contradictions (Kawulich, 2005).

What was especially new in this study was the idea of developing an intervention with children, directed at their participation needs in family meetings. The fact that we started with children ensured that their perspectives and needs were central and at the same time avoided the risk of adults determining what children think and need and what is for them 'the right context for participation' (Dedding & Moonen, 2013). We then handed these tools to be used by adults, in this context, the case managers. For the second part of this study, children were invited to co-create tools that the case manager could use during family meetings, to help children express their wishes and needs. By using PAR, the children were in this intervention process guided by a researcher and an industrial designer.

In the final phase of this project, the toolbox, co-created by the children, was handed to the case managers to use in practice. In this phase, the case managers were considered to be the experts and understanding was developed together with them. Based on the idea that both learning and reflection are essential for effective behavioural change, a Reflexive Monitoring in Action (RMA) approach, stemming from system innovation research, was used (Regeer, Hoes, Van Amstel-Saane, Caron-Flinterman & Bunders, 2009; van Mierlo, Regeer, van Amstel, Arkesteijn, Beekman, Bunders & Leeuwis, 2010). Although reflection and learning are central in the approach, the overall aim is not the learning and reflection itself, but to use these

processes to identify and overcome the barriers in the process of change, which makes it particularly useful for PAR. The main principles of RMA include (1) equal participation of the social actors involved in the process of change; (2) integration of different types of knowledge, in which especially the value of experimental knowledge is valued; (3) creating a shared vision through stimulation of mutual learning and reflection; and (4) to overcome challenges as they are encountered in practice during the implementation of change (Broerse & Bunders, 2000; van Mierlo et al., 2010). Although this study did not aim for a system innovation (yet), the nature of the project, namely, exploring what conditions are needed to change the behaviour of case managers, using a toolbox developed by children as an intervention, aimed at the same four principles. In particular, by combining the knowledge of the experts in practice, the case managers, with reflection on their own behaviour to identify the barriers and to overcome these barriers was stressed.

In line with the principles of RMA, only the outline of the first reflection meeting was formed solely by the researchers. With the other reflection meetings, the content of the RMA session was developed during the study, whereby the input of the case managers and the outcome of the previous session determined the content of the next session. As reflexive monitors, the role of the researchers was to create a safe environment in which the participants, the case managers at JBRA, were stimulated to reflect on their own actions and to share these reflections with one another, in order to develop a shared vision of what challenges are met when implementing the toolbox to facilitate child participation in practice.

3.3 Data collection and analysis

Overall, we conducted five studies: one systematic literature review and four empirical studies in the setting of JBRA. The next paragraphs describe the methodologies used for data collection and analysis in more detail.

Study 1 Current state of knowledge

In order to provide a context to the study, the aim was to create an overview of what is internationally been studied and published in the field of child participation in child protection services (Chapter 4). By conducting a review of published studies, an overview was given of current knowledge of child participation in child protection services, its barriers and its changes.

We carried out a systematic literature review from November 2011 to June 2012. Four scientific and social scientific bibliographic databases were used to conduct the search: PubMed, PsychINFO, Elsevier Science and Web of Science. Google Scholar and

Wiley Online were also used to identify internet-based literature as well as journal papers not identified in searches of other databases. Using the methodology of systematic review, using specific keywords for the initial search, 'participation', 'children', 'child protection', 'decision-making' and 'social work', covered too wide a range of topics from the search. Collecting the keywords of relevant articles, in order to identify the suitable list of keywords, resulted in a list of over 90 keywords, illustrating a lack of uniformity in the words used to describe this specific field. For this reason, articles from references lists were also included.

In the end, 21 articles were included in the review. The findings from the papers were divided between those concerned with the perspective of children and those concerned with the perspective of social workers. Analysis focused on interpretations of participation, reasons for participation, facilitators and barriers. These themes were used as guidance for further grouping within this article.

Study 2 Participation within the Dutch context according to the case managers and young people involved

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Because child protection services are, apart from common principles, organised differently between countries, we also aimed to get an insight into the Dutch context at JBRA by exploring the perceptions of the case managers as well as the perspectives of the young people involved in the child protection services (Chapter 5). Where the literature review was used to map the enabling factors and barriers, to form the starting point for developing an intervention to strengthen participation, the study in the Dutch context was necessary to explore how the thoughts and understanding of participation of both case managers and young people were translated into daily practice. Furthermore, it was examined whether the barriers found in literature correspond with the barriers and facilitators experienced in daily practice.

In this study, 16 young people, aged 13–19 years, participated. Interviews with young people were based on the timeline method. This method involves asking questions on a personal timeline which is used to structure the events experienced. This provides a format for explicit expression of challenges, successes and learning experiences (Adriansen, 2012; van Mierlo et al., 2010). Furthermore, with the timeline method, the interviewer follows the path of the young person, from the start of intervention of the child protection services to the present. The young people were asked to make a timeline of the period during which they had contact with the child protection services. Within this timeline, young people identified the different occasions on which decisions were reached, the nature of the decisions, how the decisions were

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taken, who was involved, and how decisions should have been taken in an ideal situation.

Concerning the case managers, 14 agreed to participate, (men= 5, women = 9). These case managers all worked in one region of JBRA, but were divided over the three services, namely child protection services, youth parole services and voluntary involvement of JBRA. Using semi-structured interviews, the aim was to develop understanding of the case managers' perspectives, knowledge and experience, by gathering both their explicit and implicit knowledge. A semi-structured interview was chosen to ensure specific topics were discussed, but case managers were also allowed to share their own experiences, address topics they thought were relevant, and so were given the opportunity to participate in the direction of the interview.

The process of data analysis was identical for interviews with case managers and the timeline interviews with young people. Transcription of the interviews started immediately after the first interview. Using an iterative process, the initial findings could influence the subsequent interviews, supporting the formation of theory based on study outcomes. Primarily, qualitative content analysis was used because it can play an important role in developing understanding of phenomena (Bryman, 2008). Analysis of the transcripts started with open coding to identify patterns, followed by coding of the data into potential themes. The themes were then reviewed and further refined, combining codes or developing further categories. These categories are described in the results section.

Study 3 Exploring the dominant child image and its relation to participation and protection

The aim of this study was to explore what child images are present in a child protection organisation, which image dominates and how this relates to child participation.

To explore existing the child images, reports and websites of JBRA, the pedagogical vision and applied methods (FFP) were studied. Thereafter, the way case managers talk about different children in different situations was observed during the multidisciplinary weekly meetings. Three teams of JBRA participated; each team consisted of six to seven case managers, one team manager and one behavioural expert. In total, there were three men and 16 women case managers. There was one woman team manager for the three teams together and two women behavioural experts for the three teams. The ages varied between 25 and 64 years, and years of experience from less than a year to over 10 years.

Nine weekly team meetings of three hours (three of each team participating) were observed. The meetings were recorded and transcribed. From both data collections, the dominant child images were derived. To verify the results of the qualitative data analysis and the document analysis, two in-depth focus group discussions (FGDs) were organised. Based on six statements, derived from the observations of the team meetings combined with theoretical concepts from the literature, a discussion on child image and its relation to participation was facilitated.

Study 4 Developing an intervention with children

This study, consisting of action–research with children, aimed to develop tools, together with the children concerned, to facilitate children’s participation in child protection services.

Ten children (five boys and five girls) between the ages of seven and twelve from seven families participated. The project started with individual interviews with the children about their experiences with child protection services, their role in the family meetings, the relationship with their case manager, and their ideas, wishes and feelings towards participation. After the interviews, two creative work sessions were organised, guided by an industrial designer. In these sessions, the children were invited to share experiences, and create something that they felt would help them to express themselves during family meetings.

The interviews and co-creative sessions were recorded and transcribed. Furthermore, observations of interviews and the co-creative sessions were elaborated in field notes, including behaviour, the context, quotes, and interpretations. All the data were transferred to MAXQDA 11.0 to enable thematic analysis. Products of the co-creative sessions were summarised. Cross-cutting themes were extracted while at the same time the richness of individual stories was preserved.

Study 5 Discovering, addressing and reflecting on all barriers

In this study, one case manager from every team of JBRA (n=14) participated. This way, all teams were informed about the project and its progress. Over a period of two months, the researchers organised four reflection sessions. In between the sessions, the case managers experimented with the toolbox. The reflection sessions, each lasting 1.5 hours, started and ended with a small questionnaire to ensure information on the use of the toolbox was gathered from all participants. In the first session, designed in the form of an eye-opener workshop, the toolbox was presented combined with a presentation of the results of the earlier study in which the toolbox was actually developed with/by the children (van Bijleveld, de Vetten & Dedding,

submitted). This allowed the case managers to reflect on what could be perceived as a success, a challenge or a learning experience regarding the use of the toolbox (van Veen et al., 2014). The second and third reflective sessions held in the third and fifth week of the project focused on sharing reflections and experiences about working with the toolbox, facilitating in-depth understanding of the barriers and facilitators for using the toolbox and at the same time allowed for the clarification of the perceived barriers (van Veen, Wildt-Liesveld, Bunders & Regeer, 2014). The findings of the first eye-opener meeting served as a basis for the second reflection meeting. Subsequently, each meeting or workshop that followed was based on the findings of the meetings that occurred before.

A questionnaire was developed for this study in particular, containing a few scale questions on how the case managers rated their own facilitation of participation, as well as some open-ended questions on their use of the toolbox and reasons for using or not using it in the time between this and the previous reflective session.

Not all case managers could be present during all meetings, so open interviews (n=6) were held with those who missed a meeting.

The reflective sessions and subsequent interviews (n=6) were recorded and transcribed. Using MAXQDA 11.0, thematic content analysis was performed. The transcripts of each session were supplemented with the data from the interviews when the content was not discussed during the session. After every meeting, the data were analysed directly and served as an input for the following meeting. Interviews were aggregated to the reflective session after which they took place. The results of the four reflective sessions were compared, allowing for the opportunity to identify patterns in the perspectives of the case managers regarding use of the toolbox during the study period.

3.4 Validity

To enhance the quality of this research, multiple strategies have been applied to enhance credibility by minimising researcher bias and augment the validity of the results and conclusions. Among others, the following measures were taken:

First, in order to cross-check research findings and to compensate for individual limitations and to exploit their respective benefits, triangulation was used (Denzin, 1970); complementary research methods were used to answer the research questions. The answers of the research questions were obtained from interviews, dialogue/reflection sessions, (participatory) observations, and literature study. By

involving multiple researchers in the research team, researcher triangulation was also obtained.

To ensure that the researchers' interpretation of the data reflected the perspectives of the participants, member checks (Sandelowski, 1993; Shenton, 2004) were included. For this purpose, participants of the interviews were sent a summary of the interview by email, enabling them to respond to any misinterpretation or ambiguity. For the group discussions and group observations, reflection sessions were organised to discuss the researchers' findings, giving the participants the opportunity to make adjustments and additions as necessary. Furthermore, taking a participatory action approach with both children and case managers, researchers carefully and frequently checked with the participants for accuracy of data and interpretations of data during the project.

Concerning the validity of data management, in all studies the primary data were extensively documented. All interviews, group discussions and collective meetings were recorded and transcribed verbatim for analysis. Detailed fieldnotes were written to document observations and informal meetings.

3.5 Ethical considerations

Ethics has been at the core of our concern during this study. All participants received verbal and written information about the goals and procedures of this study. For the part where children participated, informed consent was asked from the children as well as the parents. Case managers served as "gatekeepers": they were the access to the children and their families. Therefore, they also gave their informed consent, before approaching the children and families. Furthermore, it was more than once emphasised that participation was voluntary, that participants were not obliged to answer any questions and that withdrawal was possible at any time. Verbal consent was obtained from participants prior to recording of interviews, group discussions and meetings. Participants were assured that the information they provided would be treated confidentially and would not be linked to their individual identities.

The PAR with the children was designed to be compliant with the Code of Ethics for Social Work and Social Care Research (JUC Social Work Education Committee, 2014). For the case studies, especially with children, informed consent received a fair amount of attention at the beginning of the project. However, during the project, the subject easily disappears from view (McNeish, 1999). In this project, children were given information about the project in understandable language and it was explained to them who they could contact with questions and remarks. The children were informed at several points that they could stop participating in the project at any

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time, without giving reasons and without any consequences. Furthermore, with every child a code word was agreed upon to indicate situations where the child did not want to answer a question. Confidentiality of information children shared was specifically guaranteed by working with avatars, to ensure that they were not recognisable, even for family and case managers (Lauwers, 2013). All the children who participated in the interviews and co-creative meetings were given a voucher for their time and effort.

Furthermore, using the toolbox in practice needs extra guidance for the case managers and, since it is experimental, it can encounter barriers in practice. The children who developed the tools did not use them in practice themselves, because it could put the children in a complicated situation since we could not ensure a proper implementation process. This was explicitly discussed with the children. They were informed that what they developed would be tested in real practice later on.

Within this study, my role as researcher as well as case manager (and later during the project as team manager) at JBRA offered both advantages and risks. By understanding the context, my knowledge of daily practice helped to understand when in-depth questions were needed, also helped to understand the context of the case managers and the children. Furthermore, for some case managers, participation in the project was more accessible because someone they knew and who was familiar with the challenging circumstances was involved. On the other hand, knowing the context could also be considered as a threat for case managers and children. Therefore, my dual role was always explained upfront and participants were always asked if they preferred me to be absent. One of the young people interviewed was a client of mine. Although the research team decided that the interview would be performed by another researcher, she explicitly requested my presence during the interview, because this gave her a sense of trust.

