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Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Why having a voice is important to children who are involved in family support services

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ARTICLE INFO

Keywords:

Child rights
Children's voices
Participation
Family support
Child protection

ABSTRACT

Background: Having a voice in family matters is considered a protective factor from harm, and key to promoting children's wellbeing. However, since the adoption of the United Nations Convention on the Rights of the Child (1989) and specifically Article 12 pertaining to children's participation, research reveals that children's voices often remain invisible in child protection and family welfare services.

Objective: While there is renewed interest in hearing children's voices about their experiences in out-of-home care, there remains little awareness and knowledge of children's voices in family support services. This article addresses this gap by presenting children's own meanings and experiences of having a voice, derived from a research collaboration between UnitingCare and Queensland University of Technology.

Participants and setting: 17 children aged 6–16 years (8 sibling groups) whose families received family support services (voluntary or ordered) from UnitingCare in Queensland, Australia.

Methods: An interpretative phenomenological approach with activity-based interviews involving art, play and Reflexions cards were used to support children to share their lived experiences.

Findings: Children's sense-making related to having a voice revealed four connected meanings that poignantly illustrated that not only should children have a say about the supports they receive because they are part of a family, but because they are knowledgeable agents with insights that can improve their and their family's experiences.

Conclusion: Family support services need a sustained paradigm shift towards protection with participation to incorporate the voices of children as an everyday practice to ensure their wellbeing and safety.

1. Introduction

The right for children to have a say over matters that affect their lives is outlined in Article 12 of the United Nations Convention on the Rights of the Child (United Nations, 1989). The importance of children being able to exercise this right is supported by a growing body of literature, alongside a shift in the way children are being conceptualised (James & Prout, 1997). 'Having a voice' in family matters that affect children's lives is argued as a protective factor from harm (Kosher & Ben-Arieh, 2020), and key to promoting children's wellbeing, safety and life development (Valentine et al., 2016), particularly for children identified as "vulnerable" in terms

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<https://doi.org/10.1016/j.chiabu.2021.104987>

Received 30 August 2020; Received in revised form 19 January 2021; Accepted 1 February 2021

Available online 13 March 2021

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of their welfare, healthy development, security and stability (Mitchell, 2016, para 11). The importance of voice in child welfare systems has been further reinforced by international and national reports (Department for Education (DfE), 2018; UNICEF, 2019). Research also shows that not providing children with the opportunity to be heard, risks potential new harms emerging (Carnevale, Campbell, Collin-Vézina, & Macdonald, 2015; Kosher & Ben-Arieh, 2020). As Lansdown (2011, p. vi). notes, when children are silenced, they “cannot challenge violence and abuse perpetrated against them”.

While three decades have passed since the adoption of the UNCRC in 1989, which has been ratified by all countries except the United States of America, implementation of Article 12 continues to be slow and limited across the care continuum in child protection and family welfare services (Irani, Lamoin, & Lee-Jones, 2018). Persistent systemic, cultural and practice-operational barriers are preventing children to have a voice, rendering many - in the system that is designed to protect them - invisible and unheard (Ferguson, 2017; Nylund, 2020). These identified barriers to children’s participation are consistent across global north countries (Lansdown, 2011, p. vi). Implementation progress is also hampered by limited monitoring and measuring of article 12 at country levels, as most countries lack data to determine progress on achieving children’s participation (UNICEF, 2019).

In recent years, there has been a renewed emphasis by governments and non-government organizations to hear children’s voices, particularly in out-of-home care (Bessell, 2016). This is due in part to findings and recommendations from national inquiries into children’s safety and abuse (such as the report of Australia’s Royal Commission into Institutional Responses to Child Sexual Abuse, 2017; United Kingdom’s The Munro Review of Child Protection 2011). However, there remains little recognition and knowledge about children’s voices in family support services (Grace et al., 2019; Kelly & Smith, 2017), even though these services are intervention focused to directly affect the lives and wellbeing of children. This article helps to address this gap through presenting children’s own meanings and experiences of having a voice in family support services and broader life-domains such as education and health care.

The findings from children themselves form part of a large multi-phase research project conducted by Queensland University of Technology (QUT), and commissioned by UnitingCare, a large non-government organization in Queensland Australia with an extensive history of providing support services to children along the child protection continuum. ‘Empowering Children’s Voices’ was identified by the organization as a key research priority in 2017 with the aim of identifying strategic and practical ways to enhance the voices of children in a family support service context. Before presenting the findings, we provide an overview of the literature along with theoretical concepts framing the research, and an outline of the research design.

1.1. Children’s participation in service provision

1.1.1. Theories and concepts underpinning children’s participation

Child-inclusive approaches enabling authentic participation have been advanced through scholarly works in areas of childhood studies, children’s participation, and concepts of agency and self-determinism (James & Prout, 1997). At the same time as the UNCRC development, scholars such as Hart (1992) and James and Prout (1997) led a new paradigm of children. This positions children as “social actors” (James, 2007, p. 261), who are experts in relation to their own experiences, and can contribute to decisions relating to their lives with an empowering environment and supportive adults (Fargas-Malet, McSherry, Larkin, & Robinson, 2010; Hart, 1992, p. 175). This paradigm also importantly recognizes that childhood varies across cultures, and challenges western constructions of “childhood” (James, 2007, p. 261). Children are not simply objects of socialisation (Percy-Smith & Thomas, 2009, p. 2) nor adults in the making (Stoecklin, 2017).

This shifting conceptualisation of children has seen an increase in children’s participation across multi-disciplinary childhood studies (Kelly & Smith, 2017, p. 854; Toros, 2020). Part of this growing literature are various typologies and frameworks that foster genuine children’s participation, beginning with Hart’s (1992) Children’s Participation Model and Ladder of Children’s Participation. Building on Hart’s work (1992, p. 8), Shier (2001, p. 111) developed a framework “Pathway to Participation”, later updated in 2013 as an alternative planning tool for service organizations and practitioners to aid implementation of children’s voices into practice (Shier, H., 2013).

1.1.2. Benefits of children’s participation in service provision

In the children and family welfare contexts, ‘having a voice’ aligns with Article 12 of the UNCRC (United Nations, 1989). It requires at a minimum that children’s views are both asked and taken into account when decisions affecting them are being made; although not necessarily fulfilling children’s wishes (Shier, 2001). Achieving children’s active participation in decision-making requires organizations to be “involving children at the point where decisions are made” (Shier, 2001, p. 114), this includes in family meetings (Kennan, Brady, & Forkan, 2018).

There are many benefits of child-inclusive practices. They help children build a sense of belonging, self-esteem, and responsibility (Shier, 2001), build capacity in areas such as choice-making, problem solving, and goal setting (Erwin et al., 2016), and develop their social and psychological resources that may positively impact their capacity to participate (Burger, 2017). In addition, they set the foundations of citizenship and democratic participation (Häkli, Korkiamäki, & Kallio, 2018; Hart, 1992; James & Prout, 1997). Children’s participation also improves quality and responsiveness of service provision (Salveron, Finan, & Bromfield, 2013; Woodman, Roche, McArthur, & Moore, 2018). This child-inclusive approach is different to tokenism or superficial participation, which is a common experience in children’s lives (Nylund, 2020), particularly in child protection services in various countries (Toros, 2020).

1.1.3. Tensions in practice

Despite the demonstrated benefits of children’s participation, children’s voices are infrequently heard in children’s welfare services (Bessell, 2013; Irani et al., 2018) even when their participation is necessary to fulfil professional agendas (Percy-Smith & Dalrymple, 2018). Conceptual and structural barriers prevent children from being heard across welfare, education, and health life domains. This

was reinforced by Carnevale et al.'s (2015, p. 520) studies, which found that children "in protection" feel unheard and perceive a lack of control over decisions about their lives. Research has reinforced that having adults represent children's views is insufficient when discrimination, neglect and abuse are present (Percy-Smith & Thomas, 2009, p. 3). Furthermore, Ferguson (2017) reported that pressures of managerialism in the welfare system, combined with protectionism, can make children invisible in child protection services. Even aware adults may be constrained to construct decisions in the "child's best interests" due to system and cultural level barriers that do not recognize children's agency (James, James, & McNamee, 2004, p. 200).

Adultism and protectionism are particular barriers experienced in practice (Nylund, 2020). Adultism is a prejudice where negative power is exerted by adults over children. It is tied to the belief that children are not capable of providing accurate and constructive accounts of their lived experiences (Sinclair, 2004). In child welfare services, protectionism (Kosher & Ben-Arieh, 2020) is associated with the narrative of children being 'vulnerable, and in need of protection' (Bijleveld, Bunders-Aelen, & Dedding, 2019; James et al., 2004) resulting in adults prioritising protection over all other rights. An example of protectionism is when practitioners often act to protect children from difficult 'adult' conversations or content in ways that marginalise their participation (Le Borgne & Tisdall, 2017). This is problematic as power differentials exists – children are reliant on practitioners to recognise and facilitate their involvement (Le Borgne & Tisdall, 2017).

Protectionism impacts on children being able to exercise *self-determination* - the identification and articulation of their own needs. Self-determination helps ensure children's right to agency and quality of life and reflects individual choices, culture, preferences and interests (Erwin et al., 2016; Powers et al., 2012). In practice, self-determination is rarely supported due to a persistent view of children as incompetent and vulnerable non-citizens – which positions them as passive recipients of services (Bolin, 2018; Fargas-Malet et al., 2010, p. 176; Mitchell, 2016). This is influenced by long-standing developmental theories about children that are deeply embedded in systems (Shamrova & Cummings, 2017). Reductionist perceptions of developmental immaturity result in adults making judgments of capacity based on age – limiting children's agency and opportunity to have a say (Quijada Cerecer, Cahill, & Bradley as cited in Shamrova & Cummings, 2017, p. 401).

Another persistent barrier is the homogenised view of children underpinned by oppressive colonialism (McVeigh, 2013) and ableism (Stafford, 2017) which limits the options of some children having a say, being heard and understood. Growing scholarly literature calls for the heterogeneity of children and childhoods to be recognised – such as research with children from the global south (for example Abebe, 2009); Indigenous children (Bamblett & Lewis, 2007; McVeigh, 2013) and disabled children (for example Goodley & Runswick-Cole, 2012; Stafford, 2017; Taylor, Cobigo, & Ouellette-Kuntz, 2019). Holt and Holloway (2006, p. 136) argue that greater recognition of the 'multiple differentiations of childhoods' is needed for children to have a say, because children's lives are 'dissected and connected by a variety of axes of difference'.

Research shows the need to challenge the notion that adults must provide protection over children's participation (Kosher & Ben-Arieh, 2020). Yet, there remains a dearth of knowledge about children's voices in family support services (Grace et al., 2019; Kelly & Smith, 2017). This article addresses this gap by presenting children's own meanings and experiences of having a voice in family support services.

2. Research design

Research context This research was initiated by (UnitingCare), reflecting its commitment to build on its existing child safety risk management framework and practices, by identifying and developing practical ways to support children's participation. It is part of a broader research strategy comprising two projects. Project 1 – phase 1 aimed to understand (UnitingCare) frontline practitioners' everyday experiences of hearing children's voices in family support services practice (Stafford, Harkin, Rolfe, Morley, & Burton, in press). Project 1 – phase 2, which is the focus of this paper, centers on children's own experiences of having a voice in family support services. The aim of both phases was to explore and describe how children's voices are currently heard in everyday practice, and importantly how practices could be built upon and enhanced to effectively involve the voices of children more genuinely, and often.

To inform Project 1 - phase 1 and phase 2, researchers conducted a descriptive anonymous online survey which was completed by 55 practitioners who worked in the organisation's family support services (Harkin, Stafford, & Leggett-Cook, 2020). The final aspect of the research strategy, Project 2, occurring during 2019–2021, involves critical reflection workshops with management and staff to further develop child inclusive practices. Together, this multi-phase research aims to support (UnitingCare) to drive change in family support outcomes. Across all phases of the research, (UnitingCare) chose to include two of their State (Queensland) Government, Department of Child Safety funded family support programs - Intensive Family Support Services (IFSS) and Family Intervention Services (FIS). Both programs aim to support families to safely care for children in the home. IFSS is an early intervention program focused on supporting families to improve their capacity to meet their children's care, protection and development needs to prevent children from entering the tertiary system and out-of-home care services. FIS provides intensive tertiary support for families where statutory intervention with a family is mandated.

2.1. Methodology

2.1.1. Interpretative research paradigm

An interpretive paradigm was adopted to gain insights into the experiences of hearing children's voices and participants' own sense-making of these experiences. Interpretivist researchers seek to understand "the world of human experience" (Cohen & Manion, 1994, p. 36), by discovering reality through participants' views, their own backgrounds, and their experiences (Yanow & Schwartz-Shea, 2011). The ontological assumption of this (post-positivist) constructivist paradigm is that social reality is the "product of processes by which social actors together negotiate the meanings for actions and situation" (Blaikie, 2000, p. 115). That is, reality and meanings are socially constructed.

Epistemologically, knowledge is understood to be embedded in people's everyday life, offering understanding of participants' experiences and the meanings of their experiences. An everyday lens recognises that people's experiences are shaped through interactions with people, objects and systems (Blaikie, 2000, p. 115) while revealing how socio-cultural, socio-spatial and political-economical structures shape their everyday experiences (Horton, 2014). To grasp this knowledge, researchers need to enter inside the individual's everyday experiences (Blaikie, 2000; Charmaz, 2004). Charmaz (2004, p. 982) contends that by learning their meaning we come "to learn the logic of the experience we study, not impose our logic on it".

In this exploratory study of children's experience of having a voice, the everyday lens brought deeper understanding about their experiences, and the meaning and structure of their experience. This application of the everyday lens was important as the literature suggests that children's voice can be opposed and/or overridden by both people and systems (James et al., 2004; Salveron et al., 2013). Furthermore, culture, systems/organizational impacts, and practices all influence children's participation (Christensen & James, 2017; Fargas-Malet et al., 2010; Kelly & Smith, 2017).

2.1.2. Participatory activity-based approach

To explore the experiences of children having a voice in family support services, the study adopted a participatory child-centered approach and activity-based interviews. In adopting a participatory child-centered approach the researchers sought to represent child participants' voices faithfully by building understanding from their own personal accounts and their own sense-making of these experiences (Bessell, 2013). Importantly, this approach accepts the sense-making from children (and their families) as their reality. The following principles guided this approach: view children as social agents and experts on their lives with choice in how they wish to interact and respond to questions (Christensen & James, 2017, p. 6; Stoecklin, 2013, p. 455); use multi-methods in recognition of children's diversity in expressing one's voice (Stafford, 2017); and actively listen to children (Goodley & Runswick-Cole, 2012).

The interviews centered around various art activities, in recognition that activity-based approaches within a participatory methodological framework have become important child-centered methods to explore various topics relating to diverse children and childhoods (Clark, McQuail, & Moss, 2003; Gillies & Robinson, 2012; Greenstein, 2014). According to Greenstein (2014, p. 72), a creative method has two benefits: 1. It provides foundation "to explore more abstract discussions", 2. It "de-privileges written text by giving room for other modes of expression." Art, music and photography are all examples of creative arts-based mediums used. These mediums were well suited to this research as they help to support and increase participation of children with diverse needs and circumstances (Stafford, 2017; Christensen & James, 2017), especially across various topics and settings that can be ambiguous or sensitive, for example in therapy (Van Westrhenen, Fritz, Vermeer, Boelen, & Kleber, 2019). The art-based approaches gave the child participants the power and flexibility to choose how to express themselves in a safer non-threatening approach than structured interviews with a stranger-researcher (Bessell, 2013; Clark et al., 2003; Gillies & Robinson, 2012; Mand, 2012; Stafford, 2017).

2.1.2.1. Activity-based interviewing method. The method of activity-based interviews was chosen as an empowering child-centered way to explore children's experiences. According to Stafford (2017, pp. 603-604) "...activity-based interviewing involves the use of art-based activities, such as drawing, mapping and designing, to explore lived experiences about a theme/phenomenon, and the meaning of these experiences." The use of activity-based interviewing can be completed flexibly, for example through pictures, words, speech and objects, thus enabling the range of children's communication, cognitive, emotional and physical needs to be accommodated (Stafford, 2017). This was important to the study given the potential diverse needs of children who might be participants.

Offering children choices in how they complete the activity addresses power differentials and allowed the child participants to exercise agency and reflexivity in the research process (Barker & Weller, 2003; Stafford, 2017). In this study, children completed the activities in many ways – such as drawing, collage, play, and the use of Reflexion cards – to help them express and share their experiences. These various approaches ensured that the child participants could express their meanings fully and richly (Alderson & Morrow, 2011, p. 1; Bessell, 2013; Ey, 2016; Harris & Manatakis, 2013, p. 12).

Sibling interviews complemented the art-based activity, in recognition of the sensitivity of the context/setting. The sibling interviews proved beneficial in this study in several ways. They were supportive and fun ways to help the children express their views (Stafford, 2017). Similar to Punch's (2007, p. 222) sibling study, the children preferred group interviews because they allowed "hearing each other's views". This approach also supported younger siblings, children who might be daunted by the individual interview (Bushin, 2007) and/or unfamiliar with "communicating at length with unfamiliar adults" (Punch, 2007, p. 222).

2.2. Process

2.2.1. Participants

Children aged 6–17 years, whose families currently received or recently received (within the last twelve months) services from UnitingCare's IFSS and FIS programs across Queensland, were invited to participate in the study. A specific criterion for FIS, imposed by the university's research ethics, was that children who are under the Guardianship of the Queensland State Department of Child Safety were not eligible to participate. There was a total of 17 children, aged 6–16 years from eight families. The youngest participant was six and the oldest 16. All were living with parents or grandparents across urban and regional locations in Queensland, Australia. Six children were female and ten were male. Seven were between the ages of six and ten, and nine between the ages of 11 and 16. Children from six of the families participated in interviews with their own sibling groups. Two interviews involved an individual child.

2.2.2. Recruitment protocol

Key Workers from UnitingCare were nominated by their direct supervisor at each of the participating sites to liaise between the FIS and IFSS practitioners and QUT's research team. FIS and IFSS practitioners approached families ($n = 53$) who they determined as appropriate according to the selection criteria, to advise them of the project. To protect privacy and confidentiality, families directly engaged with and organized session times with the university research team, when they decided to proceed. Of the 14 families who initially contacted the research team, one family did not meet the criteria, five families were unable to proceed due to family issues or chose not to continue, which left eight participant families.

To further protect children, as per the approved ethics protocols, families were not asked to identify any demographic information such as being Indigenous Australians (Aboriginal and Torres Strait Islander peoples), having a disability or developmental delay and/or mental health needs. No children self-identified as being an Indigenous Australian, however, some children or their families self-identified as having a disability and/or developmental delay to help support their effective participation in the research. This was further enabled by the lead researcher having extensive experience working and researching with children and young people with disabilities. The research also had inclusive measures designed into the project to maximise participation, such as: the use of art-based activities (Stafford, 2017); easy English information and consent forms; and the lead researcher undertaking the field research activities and providing guidance to other research staff.

2.2.3. Informed consent process

The research was carried out in accordance with QUT's Ethics Approval Number 1800001081; UnitingCare's Human Research Ethics Committees (HREC) approval Stafford31102018. As part of the approval process, children under six were omitted from the study as per HREC approval conditions, alongside children with formal orders under the care of the state. The informed consent process included both parents and children. A series of processes were employed to ensure the children and young people agreed to proceed with the research session. An information sheet for children was provided in advance in easy read format with clear information supported with pictures about the study. Even though their parents and children provided consent for children to take part, the final decision was up to the child. The researchers went through the consent forms again with the children before the interview commenced. Some chose on the day not to participate alongside their siblings. In this way, the researchers respected the children's individual wishes and needs.

2.2.3.1. Method procedure. Activity-based interviews with six sibling groups and two individual children were undertaken in family homes. Each group or individual participated in one interview where they engaged in two creative activities over two hours with a minimum of two and, in one case, three researchers. Prior to getting started, children were provided with an array of art and craft materials to complete the two activities. These activities were:

- Activity 1: Make a poster about why children having a say is important. Why it is important and what does it feel like to have a say? You can create your poster by using any of the words, picture cards, art stuff, pens, pencil etc.

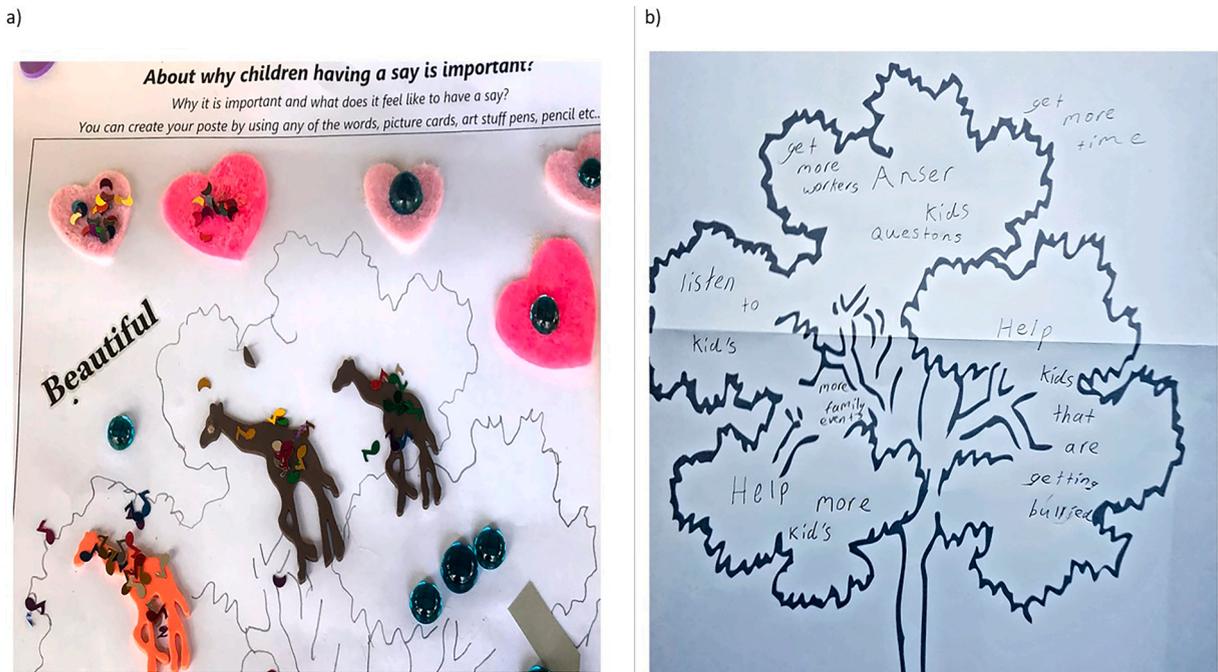


Fig. 1. Having a say is important and creating a 'message tree' about having a say.

- Activity 2: Create a Message Tree about Having a Say. What are your messages to organizations and workers - about how they can better support children to have a say about things that are important to you? You can create your message tree by using any of the word and picture cards, art stuff, pens, pencil etc. This includes a 3D model. You can add specific requests, words, and suggestions.

Examples of children's creative response to the poster and the message tree are shown in Fig. 1.

As the sessions were child-led, the process was open and flexible with the researchers adaptable to each child's favoured methods of communication. As the researchers introduced the first activity (poster), it was common for the children to make up their own activities. In sibling groups, sometimes the researchers worked one-on-one with individual children and sometimes the children played together in groups. Some younger children (6–8 years old) asked researchers to help and or play, and some older children used reflection cards to create their response instead of making a poster.

Once children were into their activity (about 15 min after starting), the lead researcher would prompt the children to talk about what they were creating, and to provide life examples where relevant. What children created or used was not the primary output, rather it was a mechanism to facilitate and frame discussion between researcher and child participant (Mand, 2012). The researchers encouraged the children to narrate their creation as it unfolded during and after completing the activity. This was essential, as the meaning of the children's creations could only be understood through their own narrative (Clark, Dicks, Flewitt, Lancaster, & Pahl, 2011). Without children's narration of the art-based creations there was a significant risk that the meaning could be misconstrued and misinterpreted by the researcher (Mand, 2012).

2.2.3.2. Analysis. Interpretive research is interested in the wholeness of meaning and the structure of the meanings that emerge through participants' own narrative and sense-making. In this study, Interpretative Phenomenological Analysis (IPA) (Smith, Larkin, & Flowers, 2009) was adopted as the analytic frame. IPA is a systematic approach that focuses on the idiographic accounts of individual's sense-making, before looking for patterns across participants (Finlay, 2011, p. 90). In this study, children's perceptions and how they make sense of experiences about having a voice were explored using the IPA process. The researchers first focused on individual/sibling accounts, and then looked across participants' narratives to identify patterns of meanings. After patterns of meanings emerged, a deeper analysis occurred with the interspersion of theory (Finlay, 2011, p. 90).

To aid analysis, the researchers audio-recorded the children's interviews. They then transcribed and reviewed the recordings to ensure that all names, locations, and any other identifying features were removed to ensure anonymity. A researcher took photographs of the children's artwork and provided each item with a code to link it with the relevant transcript. These photographs served as visual prompts in the analysis of the verbal interview data. Next, the researchers read the transcripts thoroughly, to immerse themselves in the original data. Transcripts were then uploaded into NVivo 12, a qualitative data software program, to undertake initial noting and developing emergent themes. The researchers used multiple coding and coders to identify themes and patterns emerging from the data. This process of inter-rater reliability is a recognized process in qualitative research that helps to strengthen trustworthiness of interpretations (Armstrong, Gosling, Weinman, & Marteau, 1997). In line with the interpretive approach, the researchers did not seek generalisability.

3. Findings

In relating their experiences, the 17 children from eight families shared their thoughts on why it is important to have a voice; the recognition they need from adults in their lives to have a voice; and that their voice needs to be heard. Their views offer unique insights for

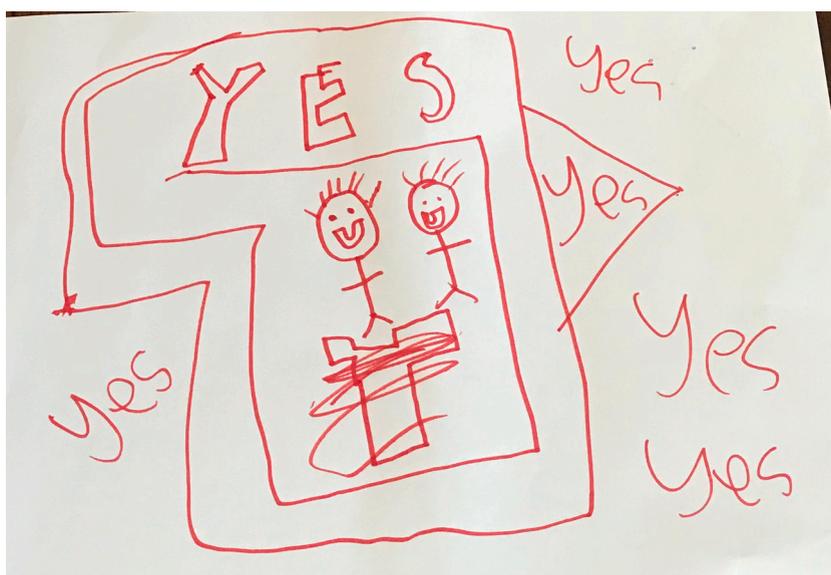


Fig. 2. Child Participant 4.1 (11 years old) Poster response to whether hearing voices is important.

empowering children's voices at both strategic and practice levels in the future. It should be noted that while the children were recruited through UnitingCare's FIS and IFSS practitioners, their views relate to a wide range of experiences with adults and services beyond UnitingCare.

3.1. Children's perspectives on why it is important to have a voice

The children understand 'having a voice' as 'having a say'. When asked whether it is important for children to have a say they give emphatic 'Yes' answers, as seen in a participant's drawing response in Fig. 2. The four emergent themes explain why children think it is important to 'have a say':

- Their Own Knowledge - Children have knowledge, and this knowledge can help make a difference.
- Valid Family Member - Children are part of the family so they should have a say.
- Expressing Needs to Gain Help - Having a say can help children get the support they need and can also bring help to the family.
- Feeling Valued - Being heard makes children feel listened to, happy and valued.

These emergent themes are described in detail in following four sections.

3.1.1. Theme: their own knowledge

When talking to children about why it matters to have a say, it becomes clear that they are aware of their own knowledge. Their knowledge relates to their first-hand experiences of the situation. They also see it as an enabler to accessing supports and gaining help for themselves and their families, as well as being able to identify how to fix the system.

Children identifying their own first-hand knowledge as a reason to have a voice, links with theoretical ideas of children being key informants on their lives (Harris & Manatakis, 2013). Because of their "first-hand experience with the situation", they know what is going on, and can let workers and systems know the issues, as outlined by Child Participant 6.1 in Fig. 3. However, they need to be asked and heard for this to happen. For example, the same Child Participant 6.1 talks about how "they [children] bring up issues that need to be solved and fixed", as reinforced in the poster (Fig. 3).

Children also feel that it makes sense for workers to ask children, so workers know directly from the children what they want. In this child-inclusive way, workers would be operating from children's own knowledge and needs, as well as considering their needs in decisions. This practice is a basic minimum requirement under Article 12 (UNCRC, 1989), that children's needs are known and taken into consideration – even though their wishes may not be fulfilled (Shier, 2001, Shier, H., 2013). Children's accounts and artifacts highlight the need for adults, including family support workers, to not only know what children want but also recognize the

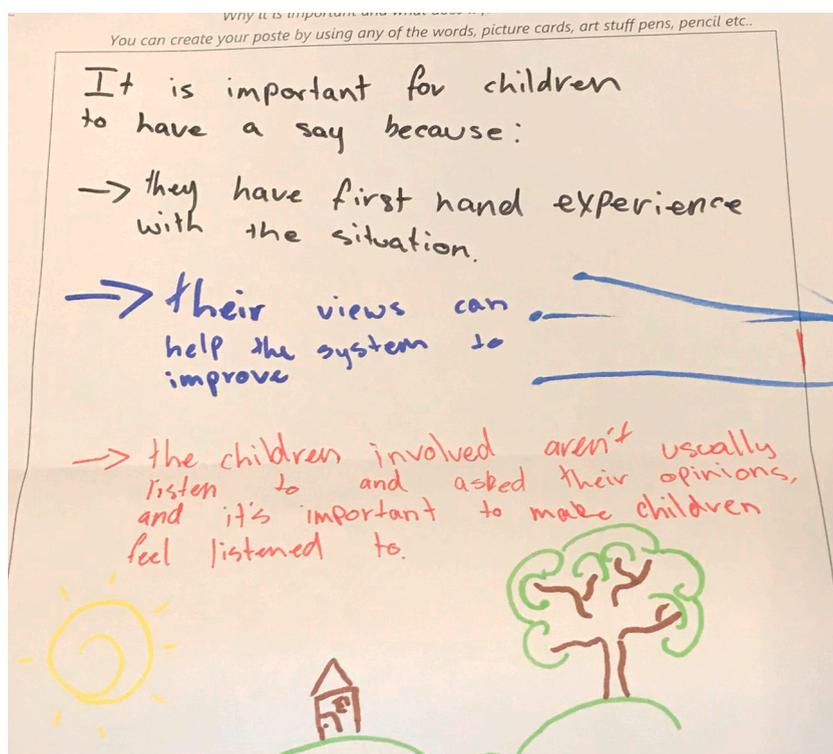


Fig. 3. Child participant 6.1 (16 years old) Poster response on why it is important for children to have their say.

importance of involving children in decision making. Child participant 8.1 illustrates this point:

Interviewer: X asks me what activity I'd like to do. It's important to have a say because

Child participant 8.1: because then they knows what we want to do.

Children also propose that they can have better or different ideas than adults. This challenges the conception of children as being vulnerable and incompetent. They are positioning themselves as knowledgeable with ideas to solve problems:

Interviewer: It's important for kids to have a say because –

Child participant 8.3: Kids have more ideas than adults.

Children also see themselves as having knowledge that could be used to teach other children and adults:

Interviewer: That's so nice of you to show us so then we can show others 'cause that's a really good thing isn't it?

Child participant 2.1: Yeah, it's like we're teachers.

Interviewer: Exactly! and that's like – ... really important

Child participant 2.1: because teachers teach other kids

Interviewer: Exactly and you're teaching us that's how we learn – when we share.

This is the case even if that knowledge is how to fold paper planes (Fig. 4) – as a participant demonstrated to the researchers in a child-led activity, and importantly, taught them how to play.

Children also shared experiences where they feel their knowledge is not appreciated by significant adults in their lives – across welfare, health, and education life domains. For example, one participant commented:

I don't know. I don't think she was supportive of the whole thing. I felt really judged and when I told her stuff she said it's just like Mum and Dad issues, that's really it so nothing – I just feel like I wasn't really listened to. (Child participant 7.1)

Children sometimes need to carry on before they find someone who will listen to their insights about their situation to gain the help they need. Highlighting this kind of challenge, a child reported:

We finally got a doctor that finally would actually listen about my feet. I have inner soles in my shoes now. (Child participant 5.1)

These contrasting life experiences further reinforce the importance of accepting children's own knowledge and insights into their situations as a critical aspect of children's participation.

When interspersed with theory, the children's meanings about why it is important to have a say reinforce the conception of children as knowledgeable agents introduced by James and Prout (1997). Here the children's accounts align with the new sociology of childhood shifting "... positivist images of children as needy, incompetent and vulnerable" towards seeing children as "competent agents within social and cultural settings" (Dockett et al. as cited in Bessell, 2013, p. 16). The children's accounts and artifacts also directly contest the assumptions commonly held by workers that children are not aware of adult or family concerns – but are just passive recipients and thus need to be protected from this knowledge (Fargas-Malet et al., 2010; Kelly & Smith, 2017; Mitchell, 2016). The children's responses emphasize that they are anything but unaware.

3.1.2. Theme: valid family member

This emergent theme relates to children being recognized and seen as a valid member of the family – to have a say. The children see themselves as part of the family, and thus feel it is important that they, along with everyone in the family, are able to have a say about



Fig. 4. Child Participants 2.1 (9 years old) and 2.2 (6 years old) Child-led activities - Children as teachers of play.

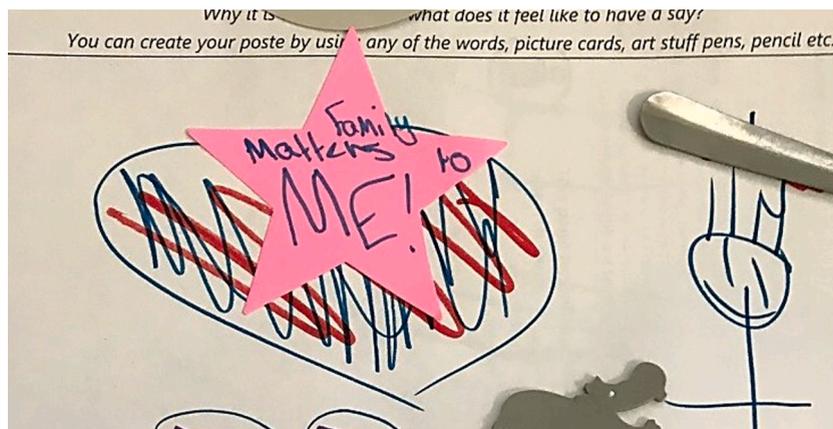


Fig. 5. Child participant 6.3 (11 years old) Poster response what does it feel like to have a say.

what is happening. Not being recognized leads to not being asked and heard, as identified in Fig. 3 poster above: “the children involved aren’t usually listened to and asked their opinions...” (Child participant 6.1). The importance of recognition is further revealed when children share concerns about the concept of ‘family’ being considered as one voice instead of recognizing the value of hearing the voices from each member who belongs to the ‘family’ (Fig. 5). As Child Participant 6.3 explains:

I mean like the whole family... like our whole family... it’s important that everyone in the family gets to be heard.

Children share stories of rarely being included in family meetings or asked open questions about their views, particularly relating to family matters:

Interviewer: Do you think children are asked about their views?

Child participant 5.1: Not all the time.

The experiences children encounter here are reflective of the broader issues of children’s voices in child protection. When talking about their experiences, children do not identify many opportunities where they were even present with workers so that they could be invited to provide their views or opinions. If they were, it mostly happened by accident, and even in this example situation they were still excluded from the conversation – being physically located in another area away from the conversation:

Interviewer: So they sat and talked with you?

Child participant 4.2: Mostly with Y [oldest Child Participant 4.1], me [Child Participant 4.2] and [Child Participant 4.3 - youngest child] would just go and do stuff.

Interviewer: Is there another time like with X?

Child participant 5.1: I don’t really talk to X. Like I’ve been to [the service] is the only time when I had a day off school and Mum had to go and see X, that was the only time. That was the only time where I had a day off school so I had to sit in the lounge bit. That was really the only time.

Being recognized is directly connected to participation, because being recognized by others means being afforded the opportunity to contribute (Adkins, Summerville, Knox, Brown, & Dillon, 2012; Fuller, 2006). It involves contributing ideas and solutions. Specifically with regard to children, recognition is said to be one of the most significant strategies in helping reconstruct the perception of childhood, as it elevates children’s capability through the position of “social agent” or actor (James, 2007; James & Prout, 1997). Within this discourse, recognition is promoted through social value and worth, thus positioning children as having agency and evolving (Hart, 1992).

3.1.3. Theme: expressing needs to gain help

Self-determination and quality of life is a key feature of the third category which centers on children expressing their needs to gain help. Children describe that having a say provides them with the opportunity to express their own goals and needs for supports to help them thrive in areas of their life - such as school-learning, health and wellbeing (Erwin et al., 2016). Children share that by having a say they could get the help they need to thrive both now and in the future. This implies a future focus on helping set themselves up for jobs and careers (as demonstrated in Fig. 6), positive relationships and being healthy. This is important to many of the children who identify as having disability and developmental delay and/or, mental health needs in the study (n = 10).

Interviewer: Why is it important for children to have a say?

Child participant 5.1: I think um so they can have help in the future.

While children are quite clear about their needs and goals, these are not always acknowledged and acted upon. The education setting is one such area where this can occur. Several children like Child Participant 5.1 talked about the possibility of gaining help with learning at school:

Interviewer: How does children having a say mean more learning?

Child participant 5.1: You can get more help at school.

However, their need for this help is not always recognized. For example, Child participant 5.1's request for support was not met until they moved to a different school.

Actively asking children their needs may also help to improve access to services like mental health support. Children identify current systems in regional areas as deficient and not meeting their needs:

Me personally I guess there's a lot of suicides and stuff in the world because not many people feel like they are able to communicate with people because of how they were treated in the past on trying to get help so I guess if there was more help out there and this whole thing was taken more seriously then there would probably be less. (Child participant 7.1)

Getting the right help, also extends to their family. Children are part of the family, so they are keen observers of what goes on. If they are able to tell adults the issues, the help they get can be of benefit to the whole family:

Interviewer: No? I wonder what message we could give workers if you had been listened to or had been asked.

Child participant 5.1: Help the family.

In these examples, children display capability and knowledge to determine their needs and goals. However, the examples also show that too often children's articulation of their own needs is not being enacted. This shortcoming was also found by [Finan, Bromfield, Arney and Moore \(2018, p. 27\)](#) from the Australian Centre for Child Protection in their analysis of eight child protection practice frameworks.

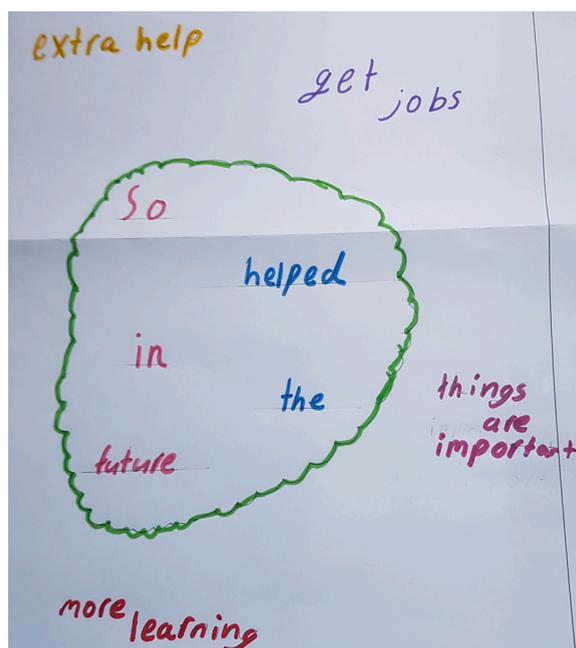


Fig. 6. Child participant 5.1 (11 year old) Poster response on why having a voice is important.

3.1.4. Theme: feeling valued

Children feeling valued and listened to is not only a significant protective factor, but also an important base for empowerment. Recognition by others affords children opportunity to exercise agency and self-determination ([Erwin et al., 2016](#)), as well as providing them with a platform from which to build confidence in self ([Adkins et al., 2012](#)). For children in this study, being asked and listened to about their opinions and ideas makes them feel valued, thereby reinforcing their self-worth: "...it's important to make children feel listened to" (Child participant 6.1). Poignantly, children talk about the positive, joyful feelings ([Figs. 7 & 8](#)) that come with being asked or making choices:

Interviewer: So, when you've had a say, how did that make you feel?

Child participant 5.1: Happy.

Interviewer: Why having a say is important. It's important to choose because.....

Child participant 8.1: It's important to choose because it puts a smile on people's faces.

Children however share experiences where they felt not valued and alone when they had not been asked, listened to and understood by adults, as depicted in [Figs. 9 & 10](#) and explained in the following excerpt:

No it's just a random girl, she's alone cause like, she feels like no-one understands her, and she hasn't been asked questions, and she has problems but no-one else cares, so she just chills out by herself. (Child participant 6.1)

Some of them would listen but some of them wouldn't – um – like there was this time this kid was bullying me and I went to the [educational professional] and she told me that he was just being a boy and that is just how boys are. ... So I guess that made me feel really frustrated because she wasn't listening to me and like taking it serious. (Child participant 7.1)

Children's meanings illustrate that being recognized by others - or what Ricoeur (2005) termed "mutual recognition" – is critically important. Recognition of children by others positions children as knowledgeable agents of their own lives and active members of families and communities, which makes them feel valued, acknowledged and happy (Hadley & Rouse, 2019). Mutual recognition affords opportunity, but also helps "to enact a sense of agency, of being understood, and experience self-confidence, self-respect and social esteem" (Adkins et al., 2012, p. 8). Recognition is therefore important for child-inclusive practice, as recognition not only provides children with a platform from which to be heard, it is a mechanism that helps to build children's agency, self-determination and self-confidence. All these are foundations for children's wellbeing and safety.



Fig. 7. Child participant 5.1 – Selected Card – Happy. (Image reproduced from Reflexions card set with the permission of the publisher, St Luke's Innovative Resources, 2018).



Fig. 8. Child participant 8.3 (11 years old) Poster response on why having a voice is important.



Fig. 9. Child participant 6.1 drawing – A girl sitting alone on swing.



Fig. 10. Child participant 7.1 – Selected Reflexion card – frustrated. (Image reproduced from Reflexions card set with the permission of the publisher, St Luke's Innovative Resources, 2018).

4. Discussion of implications for the field

The accounts from children in this study provide important and novel insights into having a voice in family support services – revealing that children are infrequently being seen and heard. However, the children offer clear reasons as to why their voice must be included in family support. These reasons align with four emergent themes that the study identified, namely: each child has their own

unique *knowledge* and insights; children are part of the family so they should be *recognized* and should have a say; expressing their needs leads to them and their families getting required *help* and support; children gain *agency* through *feeling valued* and listened to. Despite being a small cohort, the children's meanings and sense-making have important implications for practice, as they align with broader literature evidencing the importance of children's voice in keeping children safe and well.

The first implication for the field is the need to recognize children's agency and capacity (James & Prout, 1997). The children's accounts reinforce what childhood studies have been arguing for some time – that children have knowledge and insights into their lives. Yet, from the children's experiences, adults are still not asking and listening to children as an everyday practice – due, in part, to an outdated paternalistic conception of children as vulnerable. Practitioners acting from a 'protection over' approach, are complicit in silencing children's voices (Kosher & Ben-Arieh, 2020). In order to meet the base level of Article 12 (UNCRC, 1989), there is a critical need to "challenge thinking" and "disrupt the construction of the vulnerable child..." (Kelly & Smith, 2017, p. 853).

Secondly, children have shown that they have capacity for self-determination, in that they can articulate needs and goals with appropriate opportunities and child-inclusive practice. The children's accounts conveyed here further reinforce findings from other childhood studies (Erwin et al., 2016; Fargas-Malet et al., 2010). However, to be able to articulate their views and needs, children need to be included. Adopting child-inclusive practice is a way of understanding and acting that acknowledges and empowers children as knowledgeable, capable, evolving agents of their own lives. Children need to have workers who allow children to express themselves in ways that best work for them (Griffin, Lahman, & Opitz, 2016, p. 23). There is well-documented research on multiple ways and mixed approaches to facilitate full expression of children's voices and meanings (Alderson & Morrow, 2011, p. 1; Bessell, 2013; Ey, 2016; Harris & Manatakis, 2013, p. 12). These, alongside good practice examples occurring within organizations, need to be leveraged to help embed child-inclusive practice.

Recognition of children, valuing children's knowledge and insights, and embedding child-inclusive practice is essential to ensuring children's participation becomes an everyday practice in children's welfare services. Systemic change must include hearing children's voices across the care continuum – including children whose families are receiving family support services. It is no longer feasible to be asking: 'should we involve children's voice?' but rather 'how do we include children? so it is genuine and effective?'

This research, alongside the literature, suggests the need for a sustained paradigm shift to protection *with participation*. Such a shift must contest and disrupt protectionism and adultism that persists at a pedagogical, policy and program level (Bruce, 2014; Kelly & Smith, 2017; Stafford, 2017). Attitudes and actions of workers are symptoms of a deeper cultural issue that lacks recognition of children. We need to move from children being seen as incompetent, not mature enough, and passive consumers of services, to being seen as competent meaning makers and social beings in their own right (Grace et al., 2019; Wall, 2019; Woodman et al., 2018). We also need to promote the many benefits that participation brings to children's wellbeing (Bijleveld et al., 2019; Erwin et al., 2016). Such an approach not only seeks to help keep children safe, but helps to enhance children's self-determination, agency, and civic responsibilities.

Children in this study have conveyed: the importance of having a voice; that they are knowledgeable about their lives; they are part of the family and can identify and articulate their and their family's needs; and that being heard makes children feel happy and valued. Yet, children need cultural and systematic change and leadership to occur if their voices are to be asked, heard and acted upon genuinely as an everyday practice in child and family services. While practitioners and organizations have an obligation to uphold children's rights – to participation, protection and provision - obligation alone is not enough to hear children's voices.

With UnitingCare seeking to improve their own knowledge and interventions in family support services, this research has identified that systemic changes across the whole system are needed to embed a rights-based approach to children's participation as part of everyday practice. This research suggests the need for a sustained paradigm shift where children are treated as full human beings, and practitioners and organizations critically question existing views, practices and processes about children's voices – in order to facilitate their meaningful participation.

Funding

This research was funded by UnitingCare, Queensland, Australia.

Declaration of Competing Interest

The authors report no declarations of interest.

Acknowledgements

We would like to thank the children research participants and their families, staff and management of UnitingCare. We would also like to acknowledge the support and guidance by UnitingCare's Principal Advisor, Research & Evaluation Dr Chez Leggatt-Cook and the project's advisory group.

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