A University of Sussex DPhil thesis

Available online via Sussex Research Online:

http://sro.sussex.ac.uk/

This thesis is protected by copyright which belongs to the author.

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

Please visit Sussex Research Online for more information and further details
Making sense of children’s rights: How professionals providing integrated child welfare services understand and interpret children's rights

MARGARET BOUSHEL

THESIS SUBMITTED FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY IN SOCIAL WORK AND SOCIAL CARE

UNIVERSITY OF SUSSEX

January 2014
I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature:....................................................
Making sense of children’s rights:
How professionals providing integrated child welfare services understand and interpret children's rights

Summary

The purpose of this study is to contribute to the development of integrated child welfare services through an exploration of how professionals providing such services make sense of children’s rights and interpret their understandings in their approach to practice.

The study focuses on professionals providing services for children between 5 and 13 years old within the Every Child Matters initiative, designed to support the assessment and provision of integrated child and family preventive services in England. The aims were to explore professional understandings of, and engagement with children's rights, provide a description and analysis of the empirical data, and develop a theorised understanding of the factors influencing sense-making and their implications for professionals’ interpretations of their role. Areas of interest included similarities
and differences in professionals’ understandings and how these matched the understandings of service users and those evident in legal and policy texts. It was anticipated that professionals’ understandings and engagement would draw on a complex mix of variable knowledge and embedded assumptions and practices, contested and negotiated in relation to welfare structures, texts and professional identities. The study was designed to explore whether this was borne out.

A post-modernist theoretical approach was used, drawing on Bourdieu’s theories of structured inequalities and influenced by Actor Network Theory’s perspectives on networks. Using qualitative methodologies a case study was undertaken within one local area, linking a range of elements in an iterative process, with data from one phase interwoven in the next. Thirty-nine semi-structured interviews with professionals from social work, education and health settings drew on material developed from focus group discussions with child and parent service users and were supplemented by analysis of legal and policy texts and of 30 case records and site-based observations. Initial findings were discussed in parent and professional focus groups. In a second stage analysis of a subset of the data, these findings were explored further and situated within research and academic debate on professional practices and theories of childhood and of rights.

Three broad configurations emerged from the data, reflecting differing professionals’ constructions and practice interpretations of children's rights. Some participants interpreted children's rights as an essential ‘golden thread’ underpinning their practice; others took a more selective ‘pick and mix’ approach; and in a third perspective, children's rights were positioned as ‘uncomfortable accommodations’ in relation to interpretations of professional role and of family life. These varying dispositions and related interpretations of professionals’ regulated liberties were associated with perspectives on childhood, rights knowledge, professional setting, personal dispositions and relational practices. The findings are necessarily tentative and a causal relationship cannot be inferred.

Three overarching themes emerged across these configurations. These related to: a common rights language and framework; children’s longer-term welfare rights; and
conceptualisations of the role of rights within relationships. The absence of a common rights framework to support professional and interprofessional discussions of children’s rights was evident across all settings, as was a professional focus on the immediate and lack of attention to children’s longer-term welfare, civil and social rights. Participants indicated that providing information about children’s rights and exploring rights-based relationships in work with parents and carers was very rare and often avoided. The study proposes that in order to address children’s rights in a more consistent and holistic way professionals need opportunities to explore theories of human and children’s rights using a broad common framework such as the UNCRC. In integrating children’s rights within professional practice increased attention is needed to children’s longer-term welfare and development rights and to providing children and adults with information about, positive modelling of and opportunities to explore the place of rights in children’s key relationships.
Table of Contents

Summary ............................................................................................................................................ 3

Acknowledgements .......................................................................................................................... 14

List of Abbreviations ...................................................................................................................... 16

Chapter 1  Introduction .................................................................................................................... 19
  Introduction ..................................................................................................................................... 19
  Origins of the study ....................................................................................................................... 20
  Rights concepts and categories .................................................................................................... 21
    Constructions of human rights ................................................................................................. 21
    International conventions of human rights ............................................................................. 22
  Childhood ...................................................................................................................................... 24
  Children's rights ........................................................................................................................... 25
    International conventions of children's rights ....................................................................... 25
    Children's rights in the UK ....................................................................................................... 27
  A time of change ........................................................................................................................... 29
  The study ....................................................................................................................................... 31
    Theoretical approach ............................................................................................................... 31
    Definitions of terms ................................................................................................................ 32
    Research questions ................................................................................................................ 34
  Thesis organisation ..................................................................................................................... 37

Chapter 2  Literature Review .......................................................................................................... 39
  Introduction .................................................................................................................................... 39
  Review methodology .................................................................................................................. 39
  The place of rights in child welfare practice ............................................................................. 41
    An overview ............................................................................................................................. 41
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>43</td>
</tr>
<tr>
<td>Education</td>
<td>46</td>
</tr>
<tr>
<td>Health</td>
<td>49</td>
</tr>
<tr>
<td>Cross-professional and interprofessional</td>
<td>51</td>
</tr>
<tr>
<td>The place of rights in child welfare practice - summary and research implications</td>
<td>52</td>
</tr>
<tr>
<td>Conceptualising children's rights</td>
<td>54</td>
</tr>
<tr>
<td>Conceptualising childhood</td>
<td>54</td>
</tr>
<tr>
<td>Conceptualising rights</td>
<td>58</td>
</tr>
<tr>
<td>Children’s rights</td>
<td>64</td>
</tr>
<tr>
<td>Conceptualising children's rights summary</td>
<td>67</td>
</tr>
<tr>
<td>Meaning-making</td>
<td>68</td>
</tr>
<tr>
<td>Theoretical perspectives</td>
<td>70</td>
</tr>
<tr>
<td>Introducing Bourdieu</td>
<td>72</td>
</tr>
<tr>
<td>Actor network theory</td>
<td>74</td>
</tr>
<tr>
<td>Combining Bourdieu and ANT</td>
<td>75</td>
</tr>
<tr>
<td>Conclusion</td>
<td>76</td>
</tr>
<tr>
<td>Chapter 3 Methodology</td>
<td>78</td>
</tr>
<tr>
<td>Introduction</td>
<td>78</td>
</tr>
<tr>
<td>Research framework</td>
<td>78</td>
</tr>
<tr>
<td>Research design</td>
<td>81</td>
</tr>
<tr>
<td>Study site</td>
<td>82</td>
</tr>
<tr>
<td>Site selection criteria</td>
<td>83</td>
</tr>
<tr>
<td>Southtrust</td>
<td>84</td>
</tr>
<tr>
<td>Research methods</td>
<td>85</td>
</tr>
<tr>
<td>Participant observation</td>
<td>86</td>
</tr>
<tr>
<td>Documentary data</td>
<td>87</td>
</tr>
<tr>
<td>Researcher-generated focus groups</td>
<td>88</td>
</tr>
<tr>
<td>Interviews</td>
<td>90</td>
</tr>
<tr>
<td>Fieldwork elements and timeframe</td>
<td>91</td>
</tr>
<tr>
<td>Sampling</td>
<td>92</td>
</tr>
<tr>
<td>CAF record sample</td>
<td>92</td>
</tr>
<tr>
<td>Children’s focus group and parents’ focus group participants</td>
<td>92</td>
</tr>
</tbody>
</table>
Chapter 4  Policy context.................................110

Introduction...........................................................................110

Pre 2001: the background..........................................................110

2001- 2005: Labour’s second term..............................................112
   A cross-cutting strategy for children and young people......................112
   The Every Child Matters (ECM) initiative and Children Act 2004........113

2005 – 2010: Labour’s third term..............................................115
   Rights and responsibilities.....................................................115
   The Children’s Plan.................................................................116
   The UK’s Consolidated 3rd and 4th Periodic Report to the UNCRC........118

2010: Conservative-Liberal Democrat Coalition Government...............120

Children’s rights within social care, education and health services............121
   Social care services................................................................121
   Education services.................................................................122
   Health services......................................................................124

The Southtrust policy context...................................................126
Chapter 5  Assembling children's rights: description and initial analysis of findings

Introduction

Children’s and Parents’ Focus Groups

Children’s focus group

Parents’ focus group

The 10 statements

Interviews with professionals

Responses to the 10 statements

Categories of rights

Sources of meaning

Children's rights and professional approaches

Observations of meetings

ECM/CAF record data

Profile of children and families

Referring agencies

Causes of concern

Children’s participation

Focus groups’ discussions of initial findings

Professionals’ focus groups

Reconvened parents’ focus group

Children’s focus group

Conclusion

Chapter 6  Constructing Children
Cognitive competence
Emotional competence
Moral competence

Acquiring competence

Age
Experience
Learning

Being and becoming – why competences might be needed
Making sense of childhood - sources of knowledge
Conclusion

Chapter 7 Constructing children's rights

Introduction
Rights and needs
Rights and needs language
Identification of rights and needs
Rights frameworks and sources
Categories of children’s rights
Children as rights-bearers
Qualities of rights
Rights and responsibilities
State responsibilities
Parents’ responsibilities
Conclusion

Chapter 8 Professional dispositions

Introduction
The interprofessional child welfare field
The professional field
Social care
Education
Health
Voluntary sector
Habitus, disposition and regulated liberties
Chapter 9  Discussion and conclusion

Introduction

Summary of findings

How do professionals providing integrated children’s services understand children’s rights?

How do professionals interpret these understandings in their approach to practice?

How do professional approaches to children’s rights match the understandings and expectations of service users?

How do professional understandings map onto broader understandings evident in the policy arena?

How do professional understandings of children’s rights match the understandings and expectations of other professionals involved in integrated child welfare services?

Key themes

Rights language and frameworks.

Being and becoming rights.

Rights and relationships.

Theoretical adequacy and potential.

Methodological footnotes.

Conceptual innovation.

Contribution to knowledge.

Practice implications.

Further research.

Conclusion.
# Bibliography

Bibliography...........................................................................................................261

# Appendices

Appendices............................................................................................................280

## Appendices to Chapter 2 Literature review

- Appendix 2:1 Search protocol and database queries...........................................280
- Appendix 2:2 Inclusion and exclusion criteria.....................................................287
- Appendix 2:3 Manual searches............................................................................288
- Appendix 2:4 Analysis of professional literatures...............................................290

## Appendices to Chapter 3 Methodology

- Appendix 3:1 Children’s Focus Group.................................................................295
- Appendix 3:2 The 10 Statements.........................................................................299
- Appendix 3:3 Professional focus groups.............................................................301
- Appendix 3:4 Second Parents’ Focus Group.......................................................303
- Appendix 3:5 Schedule for interviews with professionals.................................306
- Appendix 3:6 Information Sheet for parents/carers about children’s participation..310
- Appendix 3:7 Information Sheet for children......................................................314
- Appendix 3:8 Information Sheet for parent and carer participants........................316
- Appendix 3:9 Participant Information Sheet for professionals/para-professionals....320
- Appendix 3:10 Invitation to Professionals’ focus group........................................325
- Appendix 3:11 Southtrust CYPS Consent to study.............................................328
- Appendix 3:12 NHS Consent to study.................................................................329
- Appendix 3:13 Criteria used to identify interview and record data sub-set for in-depth analysis..................................................................................................................................................333
- Appendix 3:14 Consent form for child participants.............................................335
- Appendix 3:15 Consent form for parents’ focus group........................................337
- Appendix 3:16 Consent form for child welfare professionals.............................338
- Appendix 3:17 Invitation to comment on research transcript.............................339

## Appendices to Chapter 4 Policy context

- Appendix 4:1 Timeline of key legal and policy events.......................................340

## Appendices to Chapter 5 Description of findings

- Appendix 5:1 Interviewee data.............................................................................344
- Appendix 5:2 Interviewees’ professional qualifications.......................................345
- Appendix 5:3 Professional interviewees’ use of rights language.........................346
- Appendix 5:4 Rights mentioned by professional interviewees............................347
Appendix 5:5 CAF record sample: number of meetings.........................................................356
Appendix 5:6 CAF record sample: child age and gender......................................................356
Appendix 5:7 CAF record sample: children’s households.........................................................357
Appendix 5:8 CAF record sample: child age and CAF participation.......................................357
Appendix 5:9 CAF record sample: association between CAF initiator and children’s participation..................................................................................................................359

Appendices Chapter 7 Constructing children’s rights.................................................................360
Appendix 7:1 Rights and needs identified in Stage 2 analysis..................................................360

Appendix 10 Common Assessment Framework (CAF) Proforma..............................................362
Acknowledgements

The Award of a DPhil studentship in Inter-professional Education and Practice by the Department of Social Work and Social Care at the University of Sussex provided a timely opportunity to explore an area that has been close to my heart in many guises and over many decades. Additional part-time employment as a researcher in the Department made the project economically feasible. I am very grateful to the Department to have been given this opportunity.

I would like to thank Southtrust Children’s Trust and all its partner agencies for allowing me access to their work and sharing their commitment with me. I am particularly grateful to Southtrust Children and Young People’s Services Directorate and to the managers, practitioners and administrative staff who went out of their way to support me in contacting study participants and accessing records. The study would not have been possible without them and without the time, energy and wisdom of the many children, parents and professionals who took part but must remain nameless.

I would also like to thank my supervisors, Profs. Suzy Braye and Elaine Sharland for their support, direction and encouragement, and for their patience as this lengthy part-time degree was extended further by illness. Thank you, too, to colleagues at Sussex for your welcome each time I visited and for many interesting discussions over the years.

Particular thanks are due to Jenny, Elaine, Imogen and Roger for hosting my many visits and being ever ready with great food, comfort and good conversation. It is much
appreciated and made my visits a great pleasure. I am most grateful to have had the friendship, interest and support of friends in Bristol and elsewhere, especially Tara, Sheenagh, Tan, Jon, Danielle, Elaine, Hil, Joan, Michael and Kate, who in their different ways made the project seem possible and worthwhile. In the spirit of Actor Network Theory the essential part played by a kneeling chair also merits acknowledgement.

My father first inspired in me an interest in human rights. I am sorry that he and my mother are not here to see where it all led.

Most of all, I would like to thank my partner Garvan and daughter Corra, who with soup, support, advice, hugs and unfailing patience and encouragement have kept me going for a lot longer than the PhD. I love our version of a democratic family. I dedicate this thesis to you both.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAF</td>
<td>Common Assessment Framework</td>
</tr>
<tr>
<td>CAFTAC</td>
<td>Common Assessment Framework Team Around the Child</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CCE</td>
<td>Children’s Commissioner for England</td>
</tr>
<tr>
<td>CFG</td>
<td>Children’s Focus Group</td>
</tr>
<tr>
<td>CO</td>
<td>Cabinet Office</td>
</tr>
<tr>
<td>CPS</td>
<td>Crime Prosecution Service</td>
</tr>
<tr>
<td>CSCI</td>
<td>Commission for Social Care Inspection</td>
</tr>
<tr>
<td>CSR</td>
<td>Comprehensive Spending Review</td>
</tr>
<tr>
<td>CRAE</td>
<td>Children’s Rights Alliance for England</td>
</tr>
<tr>
<td>CWDC</td>
<td>Children’s Workforce Development Council</td>
</tr>
<tr>
<td>CYPS</td>
<td>Children and Young People’s Services</td>
</tr>
<tr>
<td>CYPU</td>
<td>Children and Young People’s Unit</td>
</tr>
<tr>
<td>DCS</td>
<td>Director of Children’s Services</td>
</tr>
<tr>
<td>DCSF</td>
<td>Department for Children, Schools and Families</td>
</tr>
<tr>
<td>DfES</td>
<td>Department for Education and Skills</td>
</tr>
<tr>
<td>DfE</td>
<td>Department for Education</td>
</tr>
<tr>
<td>DfEE</td>
<td>Department for Education and Employment</td>
</tr>
<tr>
<td>DHSS</td>
<td>Department of Health and Social Security</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DoJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>DOL</td>
<td>District Operational Leader</td>
</tr>
<tr>
<td>ECHR</td>
<td>European Convention on Human Rights</td>
</tr>
<tr>
<td>ECM</td>
<td>Every Child Matters</td>
</tr>
<tr>
<td>ECtHR</td>
<td>European Court of Human Rights</td>
</tr>
<tr>
<td>GSCC</td>
<td>General Social Care Council</td>
</tr>
<tr>
<td>GNC</td>
<td>General Nursing Council</td>
</tr>
<tr>
<td>GTC</td>
<td>General Teaching Council for England</td>
</tr>
<tr>
<td>HMG</td>
<td>Her Majesty’s Government</td>
</tr>
<tr>
<td>HMT</td>
<td>Her Majesty’s Treasury</td>
</tr>
<tr>
<td>HO</td>
<td>Home Office</td>
</tr>
<tr>
<td>HoC</td>
<td>House of Commons</td>
</tr>
<tr>
<td>HRA</td>
<td>Human Rights Act</td>
</tr>
<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
</tr>
<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
</tr>
<tr>
<td>ICS</td>
<td>Integrated Children’s System</td>
</tr>
<tr>
<td>IQF</td>
<td>Integrated Qualifications Framework</td>
</tr>
<tr>
<td>LEA</td>
<td>Local Education Authority</td>
</tr>
<tr>
<td>LP</td>
<td>Lead Professional</td>
</tr>
<tr>
<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>NFER</td>
<td>National Foundation for Educational Research</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
</tr>
<tr>
<td>NOS</td>
<td>National Occupational Standards</td>
</tr>
<tr>
<td>NPQICL</td>
<td>National Professional Qualification in Integrated Centre Leadership</td>
</tr>
<tr>
<td>NQF</td>
<td>National Qualifications Framework</td>
</tr>
<tr>
<td>NSF</td>
<td>National Service Framework</td>
</tr>
<tr>
<td>OFSTED</td>
<td>Office for Standards in Education, Children’s Services and Skills</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trusts</td>
</tr>
<tr>
<td>PFG</td>
<td>Parents’ Focus Group</td>
</tr>
<tr>
<td>ProFG</td>
<td>Professionals’ Focus Group</td>
</tr>
<tr>
<td>QCA</td>
<td>Qualifications and Curriculum Authority</td>
</tr>
<tr>
<td>SM</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>SWRTF</td>
<td>Social Work Reform Task Force</td>
</tr>
<tr>
<td>TAC</td>
<td>Team Around the Child</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>UNDR</td>
<td>United Nations Declaration of Human Rights</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UN Children’s Fund</td>
</tr>
</tbody>
</table>
Chapter 1  Introduction

Introduction

'Since October 2000, when the Human Rights Act 1998 was implemented, we have been living in a rights-based culture. Society must come to terms with the fact that children are as entitled to the practical fulfillment of their rights as anyone else' (Fortin, 2005:594)

Human rights can ‘provide social workers with a moral basis for their practice’ (Ife, 2001:8).

The first of the quotes above is from Jane Fortin, a children's rights academic lawyer, the second from Jim Ife, a theoretician on the place of rights in social work practice. With some differences in perspective, both Fortin and Ife agree that children's rights should not ‘be confined to the realm of intellectual speculation’ (Fortin, 2005:3). Commentators from education and health settings, too, have identified the relevance of children's rights (Fielding, 2004, Franklin and Sloper, 2005, Freeman, 2007).

However recent research reviews claim that children's rights are ‘rather undertheorised’ (Reynaert et al., 2009:529, Reynaert et al., 2010) and mainly explored by researcher-defined parameters (Peterson-Badali and Ruck, 2008). It was suggested that ‘rights issues also need to be explored in terms of how they are constructed and understood by individuals themselves’ (Peterson-Badali and Ruck, 2008:758). Reynaert and colleagues (2009:529) identified the need for empirical research that provides ‘evidence on the impact that the rhetoric of children's rights has in daily practice’ with ‘a shift from analysing the text of the UNCRC towards examining the contexts in which the UNCRC is applied’. It is hoped that this study goes some way towards meeting these needs.

The purpose of the study was to explore how child welfare professionals from different service settings made sense of children’s rights and drew on these understandings. Using a qualitative approach and case study design, data were collected through focus groups with children and parents; interviews and focus groups with professionals;
observations; analysis of policy initiatives and case records; and a review of relevant literatures. The project aim was to theorise about the factors influencing sense-making of children's rights and the implications of these interpretations for the professionals’ interpretations of their role.

This introductory chapter begins by setting out the reasons for my interest in the study topic, followed by a description of how principles and definitions of human rights have been conceptualised and inscribed in international conventions. In the next three sections, prefacing their more detailed exploration in Chapters 2 and 4, ideas of childhood are introduced, the conceptualization of children's rights in international and UK legal frameworks is considered from an historical perspective and I introduce the place of rights within the political and policy context at the time the study took place. I then briefly introduce the theoretical approach I have adopted. Definitions of some of the key terms used in the empirical study follow, before I identify my research questions and describe how I sought to address them. The chapter finishes with a brief guide to the organisation of the thesis.

**Origins of the study**

My interest in the relationship between social justice and child welfare professional practice is longstanding (Boushel, 1994, Boushel, 2000b). My practice and academic experience has given me a particular interest in preventive work with children and families. Recent involvement with government initiatives such as Sure Start, the Children’s Fund and the development of Children’s Trusts (DfES, 2004a) increased my awareness of some profound differences in professional perspectives on and approaches to children’s participation rights. With a background in law and social work and raised in a country in which a written constitution and concepts of justice were taken for granted although hotly contested, I was fascinated and frequently unsettled and challenged by these differences in perception and response.

In exploring understandings of children's rights and attending to the contradictions, challenges and uncertainties that emerged I am aware that my own views are not neutral. However, as this chapter and the literature and policy reviews in Chapters 2 and 4 indicate, there is a substantial theoretical and professional rationale for this
study that goes beyond my personal motivation. Making my starting point explicit, whilst situating and developing it within an academic framework, provides the transparency necessary to allow the reader draw his/her own conclusions about my work. It is also, for me, part of an ongoing process of reflective thinking. My hope is that the study findings stimulate discussion of children’s rights and their place in professional and interprofessional practice and help maximise the potential for child-centred work within these fields.

**Rights concepts and categories**

**Constructions of human rights**

In the quotes at the beginning of this chapter Ife and Fortin drew attention to some of the ways in which rights are perceived and can be understood. Fortin identified them as entitlements, whilst Ife situated human rights as a ‘moral reference point’ that needs context-specific interpretation (Ife, 2001:8). The Stanford Encyclopedia of Philosophy (2007) defines rights as follows:

“Rights dominate most modern understandings of what actions are proper and which institutions are just. Rights structure the forms of our governments, the contents of our laws, and the shape of morality as we perceive it. To accept a set of rights is to approve a distribution of freedom and authority, and so to endorse a certain view of what may, must, and must not be done.” The rights of interest in this study include both legal and moral claims.

Rights-based theories often are associated with western philosophy but they are a common feature of many philosophical and religious traditions (Ife, 2001). The term ‘human rights’ generally is used to refer to moral rights underpinned by a broad universal consensus as ‘necessary for the person or group to be able to achieve their full humanity, in common with others’ (Ife, 2001:10-11). These rights cluster within three ‘generations’. The first includes civil and political rights, with intellectual origins in eighteenth century Enlightenment thinking. Such rights focus on the individual and are concerned with ‘the fundamental freedoms seen as essential to the effective and
fair organisation of democracy and civil society’ (Ife, 2001:25). Sometimes termed ‘negative rights’, they are the most likely to be enshrined in law.

Second generation rights refers to positive rights that, based in nineteenth and twentieth century concepts of social democracy or socialism, relate to social security, the redistribution of wealth and the reduction of other inequalities. The United Nations Convention on the Rights of the Child (UNCRC 1990) includes many examples of these rights. The third generation includes rights such as environmental rights, ‘defined at a collective level’ and relate to communities, populations, ‘society or nation’ (Ife, 2001:27). Using this categorisation, current political and cultural debates primarily are focused on first and second generation rights. Both are contested, in some respects, and in relation to some people, including children.

**International conventions of human rights**

The Universal Declaration of Human Rights (UDHR, 1948), developed in the aftermath of the Second World War, and adopted by the United Nations General Assembly in 1948, is ‘generally agreed to be the foundation of international human rights law’\(^1\). The rights it identifies are wide-ranging and underpinned by principles of universality, equality, interdependence and indivisibility. They can be grouped within four interdependent areas: individual rights, such as the right to life and equality under the law; civil and political rights such as rights to privacy, family life and nationality; spiritual, public and political freedoms including freedom of religion, opinion and participation in public life; and social, economic and cultural rights including rights to social security, work, rest and leisure, education and an adequate standard of living. The UDHR also attends to responsibilities and notes that ‘everyone has duties to the community’ but that the exercise of rights ‘shall be subject only to such limitations’ as necessary to secure ‘due recognition and respect for the rights and freedoms of others’ and meet ‘the just requirements of morality, public order and the general welfare in a democratic society’ (Article 29.2).

The UDHR was ratified by most nation states and is widely seen as a remarkable achievement (Ife, 2001). In 1966, two covenants (the International Covenant on Civil

and Political Rights (ICCPR, 1966a) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966b) were developed to reflect its principles in relation to economic and social rights. These were not so widely ratified and many countries still have not signed up to them. Nevertheless, these three documents, all ratified by the UK government, form the core of the International Bill of Human Rights.

During the same period, the Council of Europe developed the European Convention on Human Rights (ECHR, CE, 1950), which came into force in 1953. The ECHR is mainly concerned with the civil and political rights outlined in the UDHR, including the right to liberty, a prohibition on ‘inhuman and degrading treatment or punishment’, the right to respect for ‘private and family life’ and it includes a right to education. In 1959 the Council established a legal process to enforce ECHR rights through the European Court of Human Rights (ECtHR). Uniquely in terms of international conventions, individuals, as well as states, can apply to the ECtHR to seek redress against a Council of Europe state if they believe their ECHR rights have been violated. In a development designed to simplify and speed up these enforcement processes, the UK Human Rights Act 1998 (HRA, 1998b) obliges UK courts to interpret UK legislation in compliance with the ECHR. The ECtHR and HRA have had a significant impact on UK case law in relation to children’s civil rights. Indeed, in Fortin’s (2005:53) view the HRA ‘marked the point at which children came of age, in terms of rights enforcement’.

The UK does not have a written constitution. Instead, its subjects’ legal rights are enshrined on a piecemeal basis in legislation, including the HRA, and in common law case decisions. Conceptualisations of human rights have been, and continue to be, contentious in the UK and proposals for the development of a UK Bill of Rights are contested. This reflects a historical reticence to codifying rights, with adult suffrage rights introduced in fits and starts over more than a century and viewed as earned or withdrawn, depending not just on age but on ‘good citizenship’. Thus many prisoners are denied voting rights. Rights to bodily integrity and protection, too, reflect varying conceptualisations of patriarchal and adult power and responsibilities. Rape within

---


3 ECtHR website (http://www.echr.coe.int/Pages/home.aspx?p=home) accessed 08-01-2014
marriage was not made illegal in the UK until a court decision in 1991, and the physical punishment of children by parents continues to be conceived of as a parent’s prerogative.

The acknowledgement of second generation rights also has a chequered history. From seventeenth century Elizabethan Poor Laws to current debates about entitlements to health and welfare provision, the needs and earned entitlements of adults, rather than universal rights, have framed discussions about state responsibilities. As will be seen in Chapter 4, under Labour and Coalition governments debates about such responsibilities have hinged on whether rights are confined to civil liberties, to providing a ‘level playing field’ or to providing the differentiated conditions where equality of outcome is a possibility. The positions taken are grounded in differing political perspectives on the relationship between the individual and the state.

**Childhood**

The place of children within constructions of human rights lies at the heart of this study. Conceptualisations of children’s rights are suffused with particular and varied understandings of childhood and of inter-generational relationships and responsibilities. They include interpretations of children’s competence to exercise rights and the relevance of such capacities (e.g. Federle, 1994), perceptions of the relationship between children, their parents/carers and the state, and the rights and obligations of each in relation to the other (Fox-Harding, 1996). These are controversial areas, not least because of perceptions of children as the responsibility of their parents, and of family life as outside the public domain unless children need protection from abuse (Fox-Harding, 1996, Ife, 2001).

Prout and others (Prout, 2005, Lee and Motzkau, 2011) have used the expression the ‘hybridity of childhood’ to describe the impact of advances in biological and neuroscience and mass communication on present-day childhoods. Amongst other effects, these advances have led to less rigid boundaries between public and private family life. One example are the increased opportunities they present for children to access information, to compare experiences of home and school and to develop online contacts and relationships (Rudduck, 2006). Some of these developments made a
significant contribution to initiatives around children’s participation and service monitoring.

Within several academic disciplines the period since the 1980s has seen a new focus on children’s lives and experiences. A blossoming in attention to the nature of childhood is exemplified in, for example, the initiation of the first inter-disciplinary children’s studies degrees in the mid 1990s and, in 1993, the publication of the *International Journal of Children's Rights*. Between 1997 and 2000 the ESRC sponsored 22 studies focusing on the lives of children aged 5-16 (ESRC, 1997). By 2007, when my study started, another major ESRC programme had published several research reports related to children’s learning and participation in their education (TLRP, 2003). These initiatives increased the potential to understand and conceptualise children’s lives and experiences, to highlight the diversity of these experiences and to bring to bear wide-ranging theoretical perspectives in exploring this new knowledge.

**Children's rights**

Taking a different trajectory to that of adult rights, children’s rights to protection and social rights were the first to be recognised, whilst their civil and political rights are still contested and under-developed (Boushel, 2000b, Percy-Smith and Thomas, 2010, Quennerstedt, 2010). This is partly related to constructions of childhood and attitudes to adult power (Fortin, 2005), including debates on whether children are, can or should be rights-holders (e.g. Eekelaar, 1992, Federle, 1994, O'Neill, 1998).

**International conventions of children's rights**

The campaigning work of Eglantyne Jebb led to the first international attempt to codify children's rights, the *Declaration of the Rights of the Child* (LoN, 1924). Endorsed by the Assembly of the League of Nations in 1924, thirty-five years later it formed the basis of the 1959 United Nations Declaration on the Rights of the Child (UNDCR in Osler, 1994:141), adopted a decade after the UDHR (UN, 1948). Both focused almost exclusively on children’s social and protection rights rather than their civil and political rights.
In 1989 a new convention, the UNCRC, was ratified by the UN General Assembly and by all but three member states (UN, 1990). It is described by UNICEF as ‘the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political and social rights’. Set out in 54 articles and two Optional Protocols, and elaborated by occasional ‘Comments’ by the UN Committee on the Rights of the Child, it continues to represent the most comprehensive and universal attempt to codify children’s rights and is now drawn on by the ECtHR in interpreting its obligations (ECtHR, 2012).

The UNCRC was the result of lengthy international discussions and compromises (Quennerstedt, 2009a) to which children were not a party. Nevertheless, it codified universal aspirations about the rights and needs of children under 18 years old based on four core principles: non-discrimination, the best interest of the child, survival and development rights, and respect for the views of the child (Articles 2, 3, 6, 12). It includes rights to protection from abuse and exploitation; development rights including education, play and physical, psychological and social development; social, cultural and family rights; and children’s right to know about their rights (Article 42). In addition, the UNCRC states that parental responsibilities for their children’s ‘upbringing and development’ should be undertaken in a manner such that ‘(t)he best interests of the child will be their basic concern’ (Article 18). Another over-arching provision gives ratifying states the duty to meet children’s ‘economic, social and cultural rights’...‘to the maximum extent of their available resources’ (Article 4).

Ratifying states are required to produce five-yearly Periodic Reports of their progress on the implementation of the UNCRC. In 2007, as this study began, the UK submitted its most recent Periodic Report (UK Government, 2007). In its response the UN Committee asked for improvements in UK children’s rights in several areas including the development of a rights-based policy framework and initiatives to promote awareness of rights (UN, 2008:5)(see Chapter 4).

---

4 A linked African Charter on the Rights and Welfare of the Child (ACRWC), which included more focused attention on economic and cultural exploitation and the identification of family and community responsibilities for children was adopted by the Organisation for African Unity in 1990.
Children's rights in the UK

The history of children's rights within the UK reflects the diverse impacts of planned and sometimes serendipitous developments. For over a century children have been active in the public sphere in seeking to assert their rights. Early twentieth century attempts to achieve rights in relation to schooling and abolish authoritarian punishments led to widespread school strikes (Humphries, 1995). More recently, looked after children have organized to campaign for their rights through Young People in Care (NAYPIC), Youth Parliaments have been developed and young people have taken to the streets to protest against the introduction of university fees (http://www.bbc.co.uk/news/education-15646709, accessed 26-3-2014).

Law and policy development in relation to children's rights in England, at least until the HRA1998, was ‘incoherent and inconsistent’ (Fortin, 2005:v). The Education Act 1944 continues to underpin an approach to education in which pupils ‘are to be educated in accordance with the wishes of their parents’ (Harris, 2009:335). From the same period, however, technological and social changes led to growing awareness of child abuse, amidst increasing concerns about the quality of child protection services (Corby, 2000). Changing conceptualisations of children, influenced in part by understandings of child development (Jenks, 1996), led, in 1986, to the inclusion of child sexual abuse in national inter-agency child protection guidelines (Boushel and Noakes, 1988). Nevertheless, children continued to be viewed primarily as objects of concern (Secretary of State for Social Services, 1988) and/or human capital (Penn, 2002, Morrow and Pells, 2012).

A heightened engagement with concepts of rights is evident in UK child welfare legal and policy developments in the late 1980s and early 1990s, accompanied and in part reflected by this ‘paradigm shift in thinking about children’ (Freeman, 1997:iv, Frost and Parton, 2009, Harris, 2009, Jones and Walker, 2011). The children's rights academic Bob Franklin (1995:4) put this down to ‘a fortuitous combination of circumstances’, partly associated with wider radical movements and events, such as feminism and anti-racism in the 1970s and 1980s. The International Year of the Child in 1979 stimulated the development of organisations such as the Children’s Legal Centre,
Childwatch and, in 1986, ChildLine. Frost and Parton (2009:12) added that campaigns around domestic violence also 'helped disaggregate the interests of individual family members and supported ... the emerging children's rights movement...'.

Children’s rights came to the forefront with the 1985 judgment of Lord Scarman in the *Gillick* case\(^6\). He held that parental right to determine whether or not a child under 16 has medical treatment ‘terminates if and when the child achieves sufficient understanding and intelligence to understand fully what is proposed’. This judgment remains central to UK law, although later curtailed in relation to the refusal of medical treatment\(^7\). In the following year, Dame Butler Sloss’s criticism of child welfare professionals’ treatment of children ‘as objects of concern’ rather than persons in their own right (Secretary of State for Social Services, 1988) during the Cleveland Inquiry into child sexual abuse led to renewed attention to children’s and parents’ rights to family life.

The *Gillick* judgment and Article 12 of the UNCRC were given limited legal force by the Children Act 1989 (CA, 1989). Described by Freeman as ‘the clearest recognition yet of the decision-making capacities of children’ (Freeman, 1997:19), the CA1989 required that local authority responses to children assessed as in need\(^8\) or at risk (but not otherwise) include giving ‘due consideration’ to the ‘ascertainable wishes and feelings’ of the child ‘in the light of his age and understanding’ (CA, 1989:Sec1.17(4)). The Act went beyond the provisions of the UNCRC in identifying ‘the child’s welfare’ as ‘the paramount ‘rather than ‘a primary consideration’ (Art 3, UNCRC) in family law. Parental relationships with children were defined in terms of responsibilities rather than rights (Sec.3). However, a principle of ‘non-intervention’ underpinned the Act, leaving family life essentially a private, adult-centred matter (Fox-Harding, 1996, Fortin, 2009). Thus, unless there was risk of significant harm, it made access to

---

\(^6\) Gillick v West Norfolk and Wisbech Area Health Authority 1985 3 All ER 402 (HL)

\(^7\) Re W (A Minor) (Wardship Medical Treatment)1992:4 All ER

\(^8\) The Children Act 1989 definition of a ‘child in need’ is a child who ‘is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development ...; and/or a child whose ‘health or development is likely to be significantly impaired or further impaired’ ‘without the provision for him of services..’ or a ‘disabled’ child. (1989,p.13).
preventive services dependent on parents’ willingness to be involved and restricted court orders to situations where there was evidence that making the order would be better than making no order at all.

The UNCRC was ratified by the Conservative Prime Minister John Major in 1991. However, although increasingly drawn on in reaching judicial decisions within the UK and in the ECtHR, unless its articles are included within other legislation its provisions are only persuasive (Fortin, 2005). In 1993 the murder of two year old James Bulger by two ten year old boys led to a reduction in the age of criminal responsibility from 14 to 10 years old. This drastically increased children’s responsibilities towards others in society, but was not accompanied by any concurrent attention to their rights.

**A time of change**

This study was undertaken during a time of unprecedented change in the political, economic and social contexts of children’s lives in the UK. After 18 years of Conservative rule, a Labour government took office in 1997. From the outset, they set out a political agenda in which, within a neo-liberal economic approach, concepts of justice and rights received high priority. Prime Minister Tony Blair outlined Labour’s ‘third way’ as a vision of a ‘future with fairness’ (Blair, 1999) and in 2007 Jack Straw, Secretary of State for Justice, claimed that the decade had seen ‘a greater improvement in our democracy and people’s sense of rights than at any time since the development of the franchise’ (Straw, 2007).

The Labour government took a multi-faceted approach: tackling social exclusion, providing welfare as ‘a hand-up not a hand-out’, rooting out welfare abuse and giving a greater role to ‘public/private partnership and the voluntary sector’ (Blair, 1999:6). This vision was reframed over Labour’s period in office to give increasing emphasis to individual responsibility as the quid pro quo of rights; to reduce as well as increase children's rights; and gradually to silence, and then partially re-instate, references to the amelioration of inequalities (Barker, 2009, Frost and Parton, 2009).

Early in Labour’s administration powers of governance were devolved to Scotland, Wales and Northern Ireland, each under different arrangements. Attention to
Children’s rights was a common thread but, lacking an overarching and systematic approach, devolution led to increasing differences between the four UK nations. England, the focus of this study, took the most cautious approach in terms of formal commitment to the UNCRC (UK Government, 2007).

In England, increased investment in universal services was accompanied by a major re-focusing of services for children, organised around five outcome areas - children’s health; safety; achievement and enjoyment; making a positive contribution; and achieving economic well-being (DCSF, 2006). These developments were set out in the Every Child Matters (ECM) Green Paper (DfES, 2003) and related policies, underpinned by the Children Act 2004 (CA, 2004b). The initiative was intended to ‘improve the lives of all 0 to 19 year olds and narrow the gap between those who do well and those who do not’ (UK Government, 2007).

Interprofessional practice was essential to the ECM initiative. However, child abuse enquiries indicated that establishing and maintaining effective, child-centred interprofessional working practices is a challenging task (Hallett and Birchall, 1992, Birchall and Hallett, 1995, The Lord Laming, 2003). To meet this challenge, newly created Children’s Trusts covering each local authority area were to provide an inter-agency planning framework to identify and meet children’s needs through the provision of integrated, universal, targeted and specialist services. The expectation was that these services would use common processes and terms of reference, including a centrally designed and monitored Common Assessment Framework (CAF, see Appendix 10:1) with a common core of professional requirements (DfES, 2004a).

Then, in May 2010, as the global and national economic situation went from boom to bust the Labour government was ousted and a Coalition Conservative-Liberal Democrat government elected. It took a different approach to the economy, the welfare state and the place of rights. Soon after their election, the Coalition government announced its programme as one based on ‘freedom, fairness and responsibility’ (HM Government, 2010a). The focus on justice and welfare was a narrow one, with ‘fairness’ defined as ensuring ‘that all those most in need are protected’ (HM Government, 2010a:Forward). The rights of interest to the Coalition
government were ‘the rights of individuals in the face of encroaching state power, in keeping with Britain’s tradition of freedom and fairness’ (p.11). As the fieldwork for this study was completed, in March 2011 the government set up a Commission ‘to investigate the creation of a British Bill of Rights’ and undertake a critical analysis of the limits of UK ‘obligations under the ECHR’ (p.11)\(^9\).

In sum, therefore, the political, policy and academic context in which this study took place focused renewed attention on childhood, children and interpretations of children’s rights. The HRA 1998 challenged taken for granted perceptions of children’s civil rights and instituted access to new legal remedies in some areas (Fortin, 2005). Under the Labour government new initiatives were developed with the aim of reducing the social exclusion of children and families, amidst an increased interest from those of all political persuasions in the creation of a UK Bill of Rights. However, the history of children’s rights internationally and in the UK reflects deeply embedded understandings of childhood and adulthood. It also reflects the impact of technological and organisational changes and wider political and economic preoccupations. A concern of this study was the ways in which these and other tensions were reflected in the meanings of children's rights constructed by professionals working within child welfare settings.

**The study**

**Theoretical approach**

Theories of childhood increasingly are situated within a post-modernist perspective. From this perspective, formal texts like the UNCRC may be viewed as straddling, sometimes uncomfortably, the positivism of modernist theories and the context-specific relativism of post-modernism. I appreciate the importance, significance and usefulness of codes such as the UNCRC as a set of moral principles, a focus for debate and a representation of commonly agreed principles at a particular point in time. However, in my view, a positivist epistemological perspective in which children's rights

---

\(^9\) See [http://www.justice.gov.uk/about/cbr](http://www.justice.gov.uk/about/cbr) accessed 08-01-2014
are conceptualised as a fixed (or developing) and objective phenomenon ‘existing somehow independent of human agency’ (Ife, 2001:9) does not offer a tenable approach from which to explore this shifting, complex landscape, nor take account of the potential impact of technological and other yet-to-be imagined changes on constructions of childhood and of rights. Therefore I think that post-modernist social constructionist theories best can accommodate ‘the idea of rights, discursively constructed’ as ‘the basis of an alternative and powerful approach to morality’ (Ife, 2001:129) without leaving professionals ‘drowning in a sea of moral relativism’ (p.125).

I have chosen a combination of Bourdieu’s theories of field, habitus and disposition and Actor Network Theory (ANT) as helpful post-modernist theoretical frameworks for this study. ANT encourages exploration of the part played by a broad range of elements such as texts, values and personal and professional knowledge and experiences in constructing networks of meaning. It acknowledges the variable robustness and durability of these networks. Bourdieu’s theories support a more detailed exploration of the place of agency and structure and draws attention to wider influences as they operate on and within these networks. This theoretical framework is explored in more detail in Chapter 2.

**Definitions of terms**

Before outlining the research question, I define below some of the terms used in identifying the parameters of the study.

**Children**

In this study, unless otherwise specified, the term ‘children’ is used, as in the UNCRC, to refer to people up to the age of 18. Although there is significant disagreement about the nature, process and timing of children’s physical, psychological and social development, the experiences and expectations of most children change markedly as they age. To meet these differences, child welfare systems and services often are organised around three broad age ranges – early years, middle years and adolescence. This study focuses on services for children aged 5-13.

**Integrated and interprofessional services**
The term ‘integrated’ is used here in the sense that it is used in ECM texts to denote services in which the ‘frontline delivery, processes, strategy and governance’ is integrated across agencies and settings (DfES, 2006b). It is not a requirement that professionals delivering integrated services are co-located. These services may be delivered within single or multiple settings and involve staff from more than one professional discipline and/or setting.

The term ‘interprofessional’ is used to denote services that involve staff from more than one professional discipline and/or setting without assuming an integrated approach to service planning or delivery.

**Child welfare professionals**

The child welfare workforce includes staff with traditional qualifications such as social work and teaching and those with more diverse qualifications such as National Vocational Qualifications (NVQ) in child and family and/or learning support services. The latter often are identified as ‘para-professionals’. Increasingly, in all child welfare settings, professional and para-professionals work together to assess and provide services to children and their families. To reflect this diversity, for the purposes of the study the term ‘professional’ includes para-professionals.

**Child welfare service tiers**

Services for children and their families cover a wide spectrum, often grouped within four broad, and potentially overlapping, ‘tiers’ in ECM/CAF frameworks (DfES, Undated). Tier 1 encompasses universal services such as mainstream education and health. Tier 2 includes preventive services for children identified as vulnerable by virtue of having or likely to have non-acute additional needs that cannot be met by universal services or a single specialist service. More specialized or acute needs that meet the threshold of ‘children in need’ under the CA 1989 and include protection from abuse are defined as Tier 3 services. Services for children with severe needs, and those for looked after children, are included in Tier 4. The focus in this study is on professionals providing Tier 2 services within the ECM/CAF initiative.
Research questions

The rationale for the study was to contribute to the development of ethical and effective integrated child welfare services by exploring the place of children’s rights within the understandings and interpretations of professionals delivering these services. Its purpose, therefore, was to investigate how these professionals made sense of children’s rights and engaged their understandings in their approach to their work.

In the light of the research and my own experience I anticipated that professional understandings and interpretations of children's rights would reflect a complex mix of variable knowledge and embedded assumptions and practices, contested and negotiated in relation to welfare structures and texts, professional identities and training. With this in mind, my aim was to provide a description and analysis of the empirical data and to theorise about factors influencing sense-making in this area and their implications for professional interpretations of their role. As children's rights is not disciplinary-specific, I approached the study, and the literature underpinning it, from an inter-disciplinary perspective, situated within my own background in social work and a commitment to human rights and social justice.

The main research question was:

How do professionals providing integrated child welfare services make sense of children's rights and draw on this sense-making in their approach to their work?

The following sub-questions were used to elaborate the main question.

1. How do professionals providing integrated children’s services understand children’s rights?

2. How do professionals engage these understandings in their approach to practice?

3. How do professional approaches to children's rights match the understandings and expectations of service users?
4. How do professional understandings map onto broader understandings evident in the policy arena?

5. How do professional understandings of children's rights match the understandings and expectations of other professionals involved in integrated child welfare services?

To elaborate:

1. **How do professionals providing integrated children’s services understand children’s rights?**

Professional understandings of children’s rights were problematised rather than assumed. My initial policy and practice review indicated an ambiguous, ambivalent and inconsistent approach to children’s rights in English child welfare. Few direct references were made to children’s rights in the policy documents studied or in the procedural guidance supporting ECM interventions. Sociological and psycho-social literature drew attention to the ‘hybridity’ of childhood (Prout, 2005) and its implications for adult understandings and adult-child dynamics. Therefore, the research task was to explore with professionals what they understood by the term, the types of knowledge and experience they drew on to arrive at their understandings and to consider how these understandings might be accounted for.

2. **How do professionals engage their understandings of children's rights in their approach to their practice?**

The study did not seek to explore the relationship between understandings of children's rights, professional practices and outcomes for children. However, I was interested in exploring with professionals whether, and if so how, they drew on their understandings of children's rights in their approaches to their work. This included their understandings of the place of children’s rights in the legal, moral, policy and professional mandates they drew on and their views of the responsibilities of themselves and others in this area.
3. **How do professional approaches to children’s rights match the understandings and expectations of service users?**

Article 12 of the UNCRC and some legal and policy documents and professional codes of practice emphasise the importance of involving service users in the development of a shared understanding of and approach to the identification of their needs. It seemed essential, therefore, to include and take account of the perspectives on children’s rights of children and parents who had experienced interprofessional services and to hear their views on professionals’ responsibilities in this area.

4. **How do professional understandings of children’s rights map onto broader understandings evident in the policy arena?**

As is described in Chapter 4, although the ECM initiative identified common goals and a Common Assessment Framework, different child welfare settings had separate structural, policy and professional histories. To understand the impact of these differences on professionals’ perceptions of children's rights I needed to explore how children's rights were reflected within this complex policy environment. With this in mind, a chronological and cross-sector review of the policy literature was included in the study design.

5. **How do professional understandings of children’s rights match the understandings and expectations of other professionals involved in these integrated interprofessional processes?**

Research on interprofessional child and adult welfare services points to differences between professional groups in a range of areas (e.g. confidentiality, status and use of time). I wished to explore whether there were differences, too, in how professionals from different backgrounds and settings understood and interpreted children’s rights. To achieve this, case records were examined and interviews with professionals included attention to their perceptions of the nature and extent of any differences in perspective and approach between themselves and other professionals, and how they made sense of these differences.
Thesis organisation

The research questions are explored firstly by examining existent research and theory on children’s rights. The literature review in Chapter 2 begins by considering the empirical and other literature related to children’s rights within professional and interprofessional practice, to explore how concepts of children’s rights are perceived and employed in these practices. It continues by drawing in inter-disciplinary literatures to focus more directly on the meanings, ideas and concepts associated with children’s rights and their location within debates on the nature of human rights. In the last part of the chapter I discuss the ontological and epistemological framework of the study.

In Chapter 3 the methodological approach and methods used in the study are described and the research design and structure is outlined. This chapter also attends to ethical and other issues relevant to the approach taken. In Chapter 4, I explore in more detail the legal and policy context in which the study was undertaken. Relevant cross-cutting and setting-related social care, education and health policy initiatives are described and considered, as is the impact of the political context, new technologies and other factors on policy focus and development.

Chapter 5 provides a broad description and analysis of the study findings, using an iterative approach to indicate how findings from one aspect of the study fed into later developments. This includes a description of some of the key issues and concerns identified by professionals. At the end of Chapter 5 three inter-related themes are identified. These themes are examined in the following chapters, through a more detailed analysis of a sub-sample of interview data. Chapter 6 explores the ways in which childhood was conceptualized. Chapter 7 considers the elements, including legal and policy frameworks, that interviewees recruited in conceptualising children’s rights and the purposes they served. Chapter 8 examines what the data indicate about the impact of structural and personal factors on how children’s rights were interpreted by professionals within and across service settings.

Chapter 9 brings the analyses of the preceding chapters together in an integrated discussion and draws out three key underlying themes and their implications. In this
chapter I also reflect on the study processes and note some implications for future research before drawing the thesis to a conclusion.
Chapter 2   Literature Review

Introduction
In order to situate this project this literature review addresses three questions: What rights-related practices, pre-occupations and perceptions are evident within and between child welfare sectors? How do these findings relate to conceptualisations of children's rights? What does this suggest about the most appropriate theoretical approach to adopt in this study?

The first section outlines the methodology used. This is followed by consideration of the literatures on children's rights within child welfare professional practice. In the third section I situate these practice-focused conceptualisations of children's rights within the wider literature on childhood, rights and children's rights. I then examine theories related to how meanings are made and how concepts attract and achieve legitimacy. The final section considers the wider theoretical framework and discusses a combination of Actor Network Theory (ANT) and Bourdieu’s theories as an appropriate framework for this study.

Review methodology
The research question straddles multi- and inter-disciplinary topics and requires a theoretical, policy and practice orientation. In order to meet these overlapping and complex requirements I have taken an integrated approach to the literature review, whilst situating it broadly within my social care background. The literature reviewed here was ‘double-handled - first for constructing the meta-narrative within its own tradition’ (Greenhalgh et al., 2005:423) - in this case within social care, education and health - and again for its contribution to wider academic fields, thus allowing similar and conflicting findings to be explored and ‘turned into data’(p.423).

The discussion is restricted to the child welfare services that are at the centre of this study - social work, education, health, and related interprofessional services - as most commonly linked with Tier 2 ECM/CAF services for children aged 5-13. With
reluctance, I excluded children’s rights literature in areas such as play and the criminal justice system, literature solely related to children outside the study age-range and literatures on specialist services for children with significant disabilities, specialist hospital services and specialist social care services such as adoption. Within the contexts identified children’s perspectives were included.

Drawing on previous experience (Le Riche et al., 2008), I developed a search protocol (App.2:1), identified relevant electronic bibliographic databases (e.g. ASSIA, Ingenta, Scopus) and created a system to record keywords and search strings. Search strings were used to search document titles, abstracts and keywords for relevant English-language literature and results recorded (App. 2:1.1 Tables 1; 2; 3). Initial searches covered the period 1990 to 2007.

Trials of search strings highlighted several issues: There are no specialist UK journals focusing on the theory or practice of children’s rights. The use, and absence, of the term ‘right(s)’ in titles, abstracts and keywords was not a reliable indication of content. Within health literatures, ‘right’ often was used to identify parts of the body. In some literatures attention to right(s) frequently was implicit, for example when terms such as ‘participation’, ‘inclusion’, ‘citizenship’ and/or ‘consent’ were used, terms that also were defined in diverse ways (Vis et al., 2011, van Bijleveld et al., 2013). To include such terms as proxies hugely increased the number of citations identified, but not necessarily relevant ones. Another dilemma was the range of professional fields that might be included, particularly in health settings. I compromised by focusing the electronic searches on the explicit use of the term ‘right(s)’ and including a range of terms for child welfare occupations (App. 2:1).

I applied inclusion/exclusion criteria (App.2:2 Table 1;2) to the citations that emerged to exclude, for example, articles not of UK interest, or not focussed on professional understandings/interpretations of children’s rights. Relevant articles were entered in a single EndNote file. Where accessible, the (approximately) seventy articles identified then were read and their relevance reviewed. Bibliographies of review and key articles were explored and ‘seminal conceptual papers’ (Greenhalgh et al., 2005:420) identified and added to the database. This approach was augmented by manual
searches of key journals and research initiatives (App. 2:3 Table 1). The initial searches, completed by February 2008, were updated by a Google Scholar Alert. In May 2013 I updated some of the other electronic database and the manual searches, adding a search of two large academic publishers (App.2:3). These ongoing searches helped compensate for the length of a part-time degree, extended by health-related intermissions.

In 2007 I developed EndNote groups to reflect articles’ setting (App.2:4 Table 1), methodology, key themes etc. The database was screened to identify relevant empirical studies, their setting, focus, methods and findings identified and appraised (Table 2.1 below) and similarities and differences between key concepts, assumptions and theoretical frameworks explored (Greenhalgh et al., 2005). What resulted is not a systematic review, but a thorough and broad engagement with the literature continued in an iterative, reflective way throughout the study period.

The place of rights in child welfare practice

An overview

In this section firstly I outline the range of empirical studies of professional perceptions of and/or practices related to children's rights. I then review what these reveal about professional practice - the rights categories identified, the contexts in which they were addressed, and the inducements and barriers identified in addressing them, in each of social care, education and health service settings, and related interprofessional literature.

Researchers in the fields of social care and education reported a ‘zeitgeist commitment’ (Rudduck, 2006:133) to children's rights in the noughties. This was seen as a response to the ratification of the UNCRC, more widespread attention to rights and entitlements, newly emerging sociological perspectives on childhood, and technological developments that made it possible for children to compare experiences across institutional boundaries (Mayall, 2003, Sinclair, 2004, Rudduck, 2006, Thomas, 2007).
Table 2.1 shows empirical studies in which professional practices or approaches to children's rights were specifically addressed (references in App.2:4.2 Table 2). Where articles refer to the same study they were grouped together. More than two thirds of the studies identified were concerned with children’s participation and decision-making rights. More than half were from social care settings, and very few from health-related settings.

Table 2.1 Setting and focus of empirical studies

<table>
<thead>
<tr>
<th>Study setting</th>
<th>Study focus</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNCRC/ children’s rights</td>
<td>Participatory rights/ consent</td>
</tr>
<tr>
<td>Social care</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Health - physical</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Health - mental</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cross/interprofessional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>6</td>
<td>28</td>
</tr>
</tbody>
</table>

Rights-specific language was integrated within a small number of studies but in many others there was only fleeting evidence of its use. With one exception (Manful and McCrystal, 2010) the empirical work reviewed here did not focus directly on professionals’ understandings and interpretations of a spectrum of children’s rights. In some areas where explicit attention to children’s rights might have been expected, it was not evident, for example in relation to representations of children’s identity (Thomas and Holland, 2010) or their mental well-being in schools (Spratt et al., 2006). Moreover, rights concepts, although evident in how some authors framed their approach, often were absent in quotes from study participants, making it difficult to discover how participants interpreted the concept. With these caveats, these empirical studies, along with literature reviews and other related work are included in the discussion below.
Social care

Most rights-related studies within social care focused on children’s participatory rights. The largest number considered these in relation to the CA1989 assessment, planning and review procedures for looked after children or those in need of safeguarding (e.g. Schofield and Thoburn, 1996, Shemmings, 1996, Bell, 1999a, Thomas and O’Kane, 1999, Shemmings, 2000, Holland, 2001, Bell, 2002, Thomas, 2005, Sanders and Mace, 2006, Pinkney, 2011). Another strand, often crossing professional and service boundaries, focused on the rights of children from discriminated-against groups, such as children with disabilities and young carers (Mepham, 2010, Monds-Watson et al., 2010). Overlapping these was a third strand, covering studies of advocacy services (Dalrymple, 2005, Oliver et al., 2006, Barnes, 2007, Barnes, 2012). These mainly small qualitative case studies and/or surveys, sometimes built one upon the other, reflected the interests of particular researchers. More recently, they included other European perspectives (Fern, 2012, Vis et al., 2012).

Within these contexts, studies mainly attended to children’s and professionals’ views of professional practices surrounding participation, perceptions of conflicts between a child’s wishes and feelings and their best interests (Thomas and O’Kane, 1998), and professionals’ relationships with looked after children (McLeod, 2006, Winter, 2009, Pinkney, 2011). Their findings indicated that although many professionals acknowledged children’s participation rights, consistent rights-related participatory practices, including the recording of children’s views (Holland, 2001, Sanders and Mace, 2006), remained a goal rather than a reality (Thomas, 2005, Vis and Thomas, 2009, Bell, 2011).

Research with children suggested that professional perspectives and children’s views frequently differed, but the latter were given little ‘weight’ (Thomas, 2005) and not coordinated at practitioner or agency level (Bell, 2011, Sanders and Mace, 2006). Thus, children were more likely than social workers to think they ‘should be invited’ to planning meetings (Thomas and O’Kane, 1999:223). They had different interpretations of what being listened to meant (Thomas and O’Kane, 1998, Winter, 2009) and sought inclusion in decision-making rather than simply aiming ‘to get their own way’ as many
social workers thought (Thomas and O'Kane, 1998:142). Other differences of opinion noted related to placements, contact, school and leisure. The Children’s Rights Director reported that 70% of children involved with social care would value a clear list of rights and responsibilities (OFSTED, 2010a).

Researchers pointed to the impact of unchallenged intergenerational inequalities. Bell and others argued that such practices ‘risk modelling a (counter-productive) dominant/submissive pattern of relating’ (Bell, 2000:3), including in relationships between children and parents (Butler and Williamson, 1994, Knight and Oliver, 2007). An Icelandic study introduced a novel ‘child-directed approach’, in which such power inequalities in approaches to problem identification and solution were reduced (Fern, 2012).

Holland commented on the absence of professional attention to children’s participation in peer relationships and other aspects of their lives (Holland, 2001) and Luckock and colleagues found few studies included empowerment as an important element of communication with children (Luckock et al., 2006). Moreover, these studies generally provided little information about social workers’ interpretations of, or approaches to broader concepts of children’s rights. This was in contrast to advocacy workers, reported as attending to children’s rights in their everyday lives, including their privacy, leisure time activities and the negotiation of rights within parent-child and carer-child relationships (e.g. Oliver et al., 2006, Knight and Oliver, 2007, Mepham, 2010, Monds-Watson et al., 2010).

The studies indicated that the ‘arenas in which children are consulted are increasing’ (Bell, 2011:46, Davey, 2010) but many barriers to participation were noted. They included unsupportive and disempowering ‘structures set up by adults, for adults’ (Bell, 2011:47, Clarke and Wydall, 2013); lack of staff capacity, time and inadequate facilities (Hill et al., 2004, Bell, 2011); and organisational cultures that focused on ‘business efficiency’ (Bell, 2002:2) encouraging care management rather than individual engagement (Thomas and Holland, 2010, Pinkney, 2011, Barnes, 2012). It was notable, too, that rights seemed to be associated with particular professional roles, rather than a property of the child. Thus, it was common for advocacy workers
to be referred to as ‘children’s rights workers’ (Dalrymple, 2005, Barnes, 2007, Barnes, 2012), often to distinguish them from social workers.

Studies also pointed to the diverse influence of policy requirements, proformas and other texts, viewed as powerful ‘unstated organizing principles of practice’ (Winter, 2009:456). Thomas and O’Kane reported that children’s participation almost doubled following the introduction of the DH ‘Looking After Children’ review forms (Thomas and O’Kane, 1999) but conforming to such requirements might not reflect professionals’ personal views (Shemmings, 2000). Policy proformas also were seen to influence the type of information sought, its source (White et al., 2008, Pithouse et al., 2009), how it was used (Cleaver et al., 2008), the child development theories drawn on in making assessments (Holland, 2001, Winter, 2009) and how children were perceived and valued (Winter, 2009).

Children’s participatory rights frequently were linked with their perceived competence, with choices made on the basis of emotion alone seen as grounds for excluding their full participation in decision-making (Hemrica and Heyting, 2004). Advocacy workers were more likely than social workers both to view children as competent and to believe they should make autonomous decisions at a younger age (Shemmings, 2000, Barnes, 2012). Another common theme were tensions experienced between children’s perceived best interests and their participatory rights (Thomas and O’Kane, 1998, Bell, 1999b, Barnes, 2007, Bilson, 2007) and between conflicting rights (Bell, 1999b). Possible reasons included a tendency to take a polarised view, increasing the difficulties in managing perceived conflicts (Oliver et al., 2006:9), professionals’ ‘muddled and incoherent’ explanations and variable confidence in their ability to identify a child’s best interests (Thomas and O’Kane, 1998:151) and aligning children’s needs too closely with the well-being of the family (Butler and Williamson, 1994).

The role of professional relationships with children in encouraging participation and enabling agency was emphasised in several studies, including by children themselves (Bell, 2002, Knight and Oliver, 2007, Pinkney, 2011, Barnes, 2012). However, Bell found limited evidence of such ‘rights through the use of relationship’ approaches (Bell, 2002). Personal politics (Shemmings, 2000), defences against emotional and
psychological ‘risk to self’ (Winter, 2009:454, Bell, 1999b, Bell, 2011, Pinkney, 2011), a fear of upsetting children and/or undermining parents (Bilson, 2007, Bell, 2011), power and self-interest (Thomas and O’Kane, 1998, Bell, 2011, Pinkney, 2011) all were found to play a part in shaping social workers’ dispositions towards effective and supportive participatory practices.

**Education**

In contrast to the social care literature, several studies directly addressed children’s rights in schools. Two single-school Scottish studies, (Marshall and Maguire, 1998, Maguire and Marshall, 1999, Allen and L’Anson, 2005, Allan et al., 2005, L’Anson and Allan, 2006) explored the introduction of the UNCRC. In England, two large, related sets of studies evaluated the implementation of the UNICEF Rights Respecting School’s (RRS) initiative, adopted in 1600 schools. Over three years, Sebba and colleagues evaluated its implementation with staff, children and governors (Sebba and Robinson, 2008, Sebba and Robinson, 2009, Sebba et al., 2010), whilst Covell and Howe focused on its implementation throughout one local authority (Covell and Howe, 2008, Covell et al., 2010, Howe and Covell, 2010).

The RRS initiative interpreted positive respectful relationships as a child’s right. The evaluations indicated the challenging structural, learning and attitudinal changes involved. Thus a Level 2 RRS award, which required all staff be committed to RRS was met by a very small proportion of schools (Sebba et al., 2010). However, both sets of RRS evaluations concluded that the UNICEF initiative had ‘a profound effect’ on the majority of schools involved (Sebba et al., 2010:3) and that most participants, including children, thought the UNCRC provided a helpful framework (Sebba et al., 2010). They noted a particularly positive impact on staff/pupil relationships and behaviour and increased pupil attainment, especially those from disadvantaged groups (Covell et al., 2011). The commitment of school leaders was central in achieving positive change. However, in a minority of schools, the RRS resulted in ‘mis-education’ by giving greater emphasis to children’s responsibilities than their rights (Howe and Covell, 2010, Sebba et al., 2010). Several pupil voice studies, too, noted that respecting children’s civil rights was associated with reported improvements in learning, pupil behaviour and the school ethos (Alderson, 1999, Rudduck, 2006).

More generally, however, Alderson found that ‘many schools consistently contravene’ human rights (Alderson, 1999:194). Other studies reported that teachers relied on personal rather than professional values or sources in interpreting children’s rights (Marshall and Maguire, 1998), that few school pupils (Alderson, 2000) or headteachers (Wyse, 2001:211) were aware of the UNCRC and that only 2% of teachers identified the UNCRC with ‘the purpose’ of pupil consultation in their schools (Whitty and Wisby, 2007:118).

Within the education studies considered here, including those linked to the RRS initiative, boundaries were drawn at the school gates. UNCRC-focused studies reported that many teachers did not think parents shared their child-rearing values (Marshall and Maguire, 1998) and, although provided with information, parents seemed only marginally engaged with RRS and, in the view of many staff ‘had little understanding of the (RRS) work’ (Sebba et al., 2010:15). Adopting the UNCRC also challenged the boundaries of the physical and relational spaces in schools as children began to speak more openly about their home-life, including domestic violence and child abuse (L’Anson and Allan, 2006, Sebba et al., 2010), whilst schools’ responsiveness to pupils
with disabilities and other needs became more transparent and open to interrogation. However, some aspects of school life, too, often were off limits. Several studies indicated that consultation with pupils about teaching and learning styles ‘was not at all normal practice’ amongst British teachers (McIntyre et al., 2005:150, Fielding, 2001b, Sebba et al., 2010). Pupil involvement in staff appointments or governing bodies often was unwelcome (Whitty and Wisby, 2007:6) or somewhat unusual (Sebba et al., 2010).

Many professionals within these initiatives reported increased job satisfaction, ‘professional excitement’ and confidence (Rudduck, 2006:141, Sebba et al., 2010) and some viewed pupil voice and ECM as a ‘welcome return’ to ‘learner-centred education’ (Kirk and Broadhead, 2007:13). However, a reluctance to engage with children’s participatory rights was identified in many studies (Marshall and Maguire, 1998, Alderson, 2002, Fielding, 2007, Lundy, 2007). The reasons varied. Several respondents perceived school performance targets as inconsistent with children’s rights (Marshall and Maguire, 1998, Whitty and Wisby, 2007); some teachers linked the lack of respect they themselves experienced in school hierarchies with their reluctance to respect children's rights (e.g.Marshall and Maguire, 1998, Whitty and Wisby, 2007); some could not see how pupil voice related to the curriculum (Lundy, 2007, Whitty and Wisby, 2007). There was a common concern about ‘the feasibility’ of taking children’s views into account in a classroom situation (Marshall and Maguire, 1998:5, Lundy, 2007) and its impact on ‘the exercise of legitimate authority’ and classroom dynamics (Lundy, 2007:5).

Headteachers and teachers were the gatekeepers of change around pupil participation. Thus many studies commented that the passion and commitment of ‘one or two members of staff’ (Whitty and Wisby, 2007:78) acted as ‘catalysts for school-wide change’ (McIntyre et al., 2005:167, Rudduck and Fielding, 2006). This passion, and an understanding that effective pupil voice happened within the existing curriculum (Rudduck and Fielding, 2006:224), were seen as essential in attending to children’s rights in schools.
Health

Attention to children’s rights within health literatures was very limited and mainly confined to epidemiological reviews of children’s health needs (considered in Chapter 4) or informative articles about the UNCRC and/or exhorting greater attention to children’s views within professional practice (e.g. Lansdown, 2000, Goldhagen and Waterston, 2003), often focused on legal requirements around consent or confidentiality (e.g. Baxter et al., 1998, Harbour, 2004, NSPCC, 2012).

Some empirical studies and reviews focused on professional practices around children’s participation within community health settings (Rylance et al., 1995, Hill and Morton, 2003, Coyne, 2008, Tompsett et al., 2009) and professional attitudes to, for example, children’s competence (Mårtenson and Fägerskiöld, 2008, Coyne and Harder, 2011) and the anti-smacking initiative (Taylor and Redman, 2004). None explored professional understandings of children’s rights more generally. Many drew on survey data, although one included interviews with professionals (Tompsett et al., 2009), or were review articles on the impact of children’s participation (Coad and Shaw, 2008, Coyne, 2008, Moore and Kirk, 2010, Vis et al., 2011), competence (Mårtenson and Fägerskiöld, 2008) and the experiences of children in particular circumstances, such as those looked after (Davies and Wright, 2008). Gaps in research knowledge noted included attention to child age in study samples (Moore and Kirk, 2010), lack of data about primary school children’s experiences of CAMHS (Davies and Wright, 2008) and the impact of poor participation practices (Vis et al., 2011).

Although Alderson found that within health settings children’s ‘status as competent decision makers’ had ‘gradually gained greater respect’ (Alderson, 2007:2272), ‘long-held’ adultist assumptions (Baxter et al., 1998:189) and an absence of child-centred thinking (Barker, 2009) was noted in most studies. Thus studies reported that children ‘appear to occupy a marginalized position in healthcare encounters’ (Coyne, 2008:1682) and were rarely involved in decision-making processes, including in encounters with GPs (Tompsett et al., 2009:1), immunisation consent (Rylance et al., 1995) and pain management (Simons, 2002). This absence of attention to children’s participation in their own treatment (Strickland-Clark et al., 2000, CAMHS, 2008a,
Moore and Seu, 2011) and in service planning (CAMHS, 2008a, Coad and Shaw, 2008, Moore and Kirk, 2010) was echoed in studies of mental health services.

The cautious approach taken in policy guidelines and the Gillick judgement focus on children’s capacity was seen as acting to restrict children’s participation (Hope et al., 2005, Alderson, 2007, Kilkelly and Donnelly, 2011). Other reasons mentioned included ‘the difficulty’ of a child-centred focus (Tompsett et al., 2009:1); the large caseloads of school nurses (Croghan et al., 2004) and others (Kilkelly and Donnelly, 2011); and, within CAMHS services, the ‘weight’ of other changes (Day, 2008:5), large degree of professional autonomy (Cottrell and Kraam, 2005) and lack of understanding of ‘(t)he benefits of participation and listening to young people’ (NAC, 2011:4).

Studies of children’s nurses (Coyne, 2008) and of health visitors’ use of needs-led proformas (Cowley et al., 2004) highlighted the priority given to professional relationships with parents rather than children. Thus ‘the general obscuring, at a national level, of health visiting responsibilities towards child welfare’ (Cowley et al., 2004:513) and some health visitors’ ‘concern’ that anti-smacking advice might ‘undermine their relationship with the family’ (Cottam in Taylor and Redman, 2004:315) were noted. Other obstacles to children’s participation included professional concerns about children’s vulnerability and competence (Day, 2008:5), ‘a tendency’ to view their participation as ‘potentially disruptive to their well-being’ (Vis et al., 2011:325) and concerns about the erosion of professional authority (Day, 2008). However, despite high caseloads, school nurses supported their ‘child-centred public health role’ and reported ‘feelings of being valued by their clients’ with 10% mentioning advocacy as ‘a main element of the job’ (Croghan et al., 2004:383).

Children were keen to participate in their healthcare. They identified ‘the most important features in a good healthcare professional’ as speaking to and explaining things, along with ‘kindness, empathy and good humour’ and a child-friendly environment (Kilkelly and Donnelly, 2011:119). Some studies provided suggestions for positive participatory practices in therapeutic encounters. These included respect for a child’s right to information, ‘to maintain psychological defences’, to choose whether or not to engage, and their right to privacy (Ryan et al., 1995:134), including
opportunities to see the therapist on their own (Moore and Seu, 2011:282), viewing children’s involvement in decision-making as a process, rather than an event (Moore and Kirk, 2010, Vis et al., 2011) and addressing children's rights outside the therapeutic interaction to give them ‘the sense of something being done’ (Davies and Wright, 2008:27).

**Cross-professional and interprofessional**

Most cross-professional and interprofessional child welfare studies tended to focus on the impact on the interprofessional ‘field’ of differences in status, communication etc. A number are discussed below. A very few attended to interpretations of children's rights from more than one professional setting (e.g. Marshall and Maguire, 1998, Shemmings, 2000, Manful and McCrystal, 2010). Where their main focus was on one aspect of child welfare they were reported above (e.g. Marshall and Maguire, 1998, Shemmings, 2000). Manful and McCrystal (2010:90), reporting on the views of seventeen child welfare middle managers from various settings in Northern Ireland, was the only study identified that asked professionals the open question ‘in your opinion what are children’s rights?’. They commented that the responses emphasised children’s best interests and highlighted provision (‘food, shelter and clothing’) and protection (‘abuse and exploitation’) rather than participatory rights (Manful and McCrystal, 2010:93). They found ‘little emphasis’ on children’s ‘contribution’ (p.95) and responses reflected neither ‘the autonomy’ nor ‘the capability of the child to make a choice’ (p.94). Where drawn on, the UNCRC was perceived as an aid to understanding and to the ‘operationalisation of children's rights’ and ‘a valuable advocacy tool’ (p.94). They did not report any setting-based differences in responses.

Other interprofessional child welfare research drew attention to issues of professional identity, relationships and communication, with some work on how expertise was employed (White and Featherstone, 2005, Anning et al., 2006, Leadbetter et al., 2007, Moran et al., 2007). Findings indicated that inter-agency and interprofessional practice reflected differences in status, professional accountability, organisational hierarchies, the management of resources and the management of new learning. The studies pointed to the impact of these factors on power dynamics (Spratt et al., 2006, Moran
et al., 2007), on professionals’ interpretations of their roles (Anning et al., 2006, Leadbetter et al., 2007) and ‘the moral and emotional nature’ of professional identity and ‘its relative invisibility to those within it’ (White and Featherstone, 2005:215).

A study of inter-agency work in a health and social care setting found a common ‘discourse of child-centredness’ amongst some professionals, in which the child was ‘treated as a precious object’ (White and Featherstone, 2005:213). However, detailed attention to professional attitudes to and relationships with service users is rare. One exception is a large Scottish study of approaches to school exclusion in interprofessional settings (Kendrick et al., 2004). This found ‘a paradox’ (p.43): whilst many parents and some pupils viewed participation as ‘supportive’ and increasing transparency, in those schools where children and their families attended meetings these meetings tended to be ‘highly individually based’, with professionals less likely to acknowledge the contribution of school processes to a problem or to ‘produce informal, innovative suggestions’ (p.51). Moreover, in these situations professionals were ‘very careful’ about disclosing information and several felt it inappropriate ‘to disagree with other professionals’ or ‘be totally honest about the implications of decisions’ (p.49). However, another Scottish study suggested that pupil participation was not the only impediment. It found that school-based non-teaching professionals focusing on children’s mental wellbeing were valued by teaching professionals, but affected little change in the school ‘ethos and pedagogy’ (Spratt et al., 2006:396) because teachers ‘tended not to look outside their own profession for advice’ (p.397) and sometimes showed ‘active resistance to meaningful engagement’ with other professionals (p.391).

**The place of rights in child welfare practice - summary and research implications**

This review of the empirical data suggests that the UNCRC and concepts of children’s rights that span civil and welfare elements have been the subject of limited research and practice attention. For example, the relationship between best interest and participatory rights - a core element of the UNCRC - was not an evident consideration
in many health and education-based studies. The review also suggests that, where drawn on, the UNCRC has been found positive and useful as a code and/or framework.

Across all child welfare settings, attention to children’s rights focused primarily on their participation rights, as if a ‘rights perspective has translated into the concept of participation’ (Boylan et al., 2000:555). However, the evidence suggests the absence of a common definition of participatory rights within or between settings, and of a common interpretation of professional responsibilities in relation to such rights. Moreover, although the impact of professionals’ individual commitment was noted in several studies, it was not clear how and to what extent this and other formal and informal rights-related resources and professional structures were drawn on in shaping such commitments or wider professional understandings. These findings suggested that the impact of both child welfare structures and professional attitudes merited attention in this study.

The trajectory of research on professional practices within social care and education indicates increasing attention to the connection between professional/child relationships and children’s rights. However, whilst positive professional/child relationships were seen as a key factor in children accessing their rights, it was only within the RRS initiative that relationship was conceptualised as a right in itself. This study explored this element in more detail.

The review thus far suggests that within child care research and settings the spaces and places within which rights are sought and/or identified or excluded are bounded by a range of procedural, spacial and other factors and taken-for-granted practices. This study increases research knowledge in this area by exploring professional understandings of children’s rights from a broader perspective to gain a greater understanding and appreciation of where boundaries are drawn and what is included and excluded in professional networks of meaning. In order to do so, the following section considers conceptualisations of children’s rights relevant to interprofessional interventions in children’s lives.
Conceptualising children's rights

In this section I consider some of the conceptual challenges evident in making sense of children's rights, linking empirical and theoretical discourses to do so.

From a post-modernist perspective a concept such as children's rights carries a recognizable meaning at the same time synthesizing a range of elements within a particular focus or perspective, a process through which its meaning changes, adapts and evolves (Watson et al., 2012:chap 1). In addition, Hemrica and Heyting (2004:449) argue that discussions of children's rights inevitably include participants’ ‘pragmatic presuppositions’ about issues such as childhood, competence and children’s welfare which ‘discussants implicitly assume to be taken for granted by their audience’.

Taking account of conceptualisation and its communication I first explore the concept of childhood as reflected in perspectives on generation and competence. Then I consider qualities associated with human rights, including an exploration of concepts of justice and care as they relate to rights and the relationship between rights and needs. These two elements - children and rights - are then drawn together in considering discourses on children's rights. These areas overlap but I think the approach is helpful in exploring and engaging with differing constructions.

Conceptualising childhood

In his essays on the rights of the child Freeman argued that ‘(b)oth capacity and morality’ are central to debates about children's welfare, ‘perceptions about the moral status of children, and, accordingly, to the children's rights debate' (Freeman, 1997:10). He associated capacity and morality with four ‘intrinsic characteristics’ that Hockey and James identified as commonly associated with children and childhood: age, special nature, innocence and ‘vulnerable dependen(cy)’ (Hockey and James in Freeman, 1997:10). In this sub-section these characteristics are explored through consideration of generation and competence.
**Generation**

The identification of childhood as a phenomenon makes it possible to explore how generational differences frame children’s experiences. It also makes possible, but not inevitable, the acknowledgement of inter-generational inequalities and the recognition of children as a ‘rights-bearing’ group. Making an analogy with gender inequality, Mayall argued that the ‘concept of generation is key to understanding childhood’ (Mayall, 2002:120). Children’s rights supporters (Holt, 1975, Archard, 2004, Valentine, 2004), reflecting Mayall’s perspective, acknowledged differentials in power between children and adults. As is discussed later, others acknowledge but ascribe far less relevance to such intergenerational inequalities (Goldstein et al., 1973, 1980, 1996, Guggenheim, 2005).

Within the professional literature reviewed, intergenerational inequalities were widely acknowledged in education settings, with schools viewed as institutions in which head-teachers (Wyse, 2001, Hobson et al., 2005, Monk, 2005), parents (Harris, 2009) and teachers (Alderson, 1999) held considerably more power than pupils and pupils often had less autonomy than they did elsewhere (Rudduck, 2006). Alderson described primary school-children as ‘partly stranded in a feudal time warp’ (Alderson, 1999:186), whilst reviews of the TLRP initiative remarked on ‘the huge distance’ to be travelled in democratising schools (Fielding, 2007:308) and achieving more than an ‘inch thick’ understanding’ of pupil voice (Rudduck, 2006:133).

In other settings intergenerational inequalities perhaps had less physical presence, but were reinforced through professional processes. Thus within health settings, children were likely to be overlooked or taken for granted (Cowley et al., 2004, CAMHS, 2008b, Tompsett et al., 2009) whilst within social care Thomas concluded children’s participation was ‘too often described in non-conflictual terms’(Thomas, 2012:463) and others found social workers less likely than advocates to acknowledge ‘power relationships’ (Barnes, 2012:1285, Oliver et al., 2006). Children were aware of these intergenerational inequalities, reckoning, for example, that if they ‘asserted their rights’ they might be rejected by carers (Barnes, 2007:148). Mayall agreed. She found that
‘...many children identify conflicting notions about their moral status. Though they act as moral agents, they note that their moral status and in particularly their participation rights are constantly in question’ (Mayall, 2000:255).

Several explanations were suggested for the lack of attention to and/or acceptance of intergenerational inequalities. From a sociological perspective, children’s role in the ‘investment project’ of nation-building may make such inequalities difficult to acknowledge (Featherstone, 2006, Bell, 2011) (see Chapter 4); changing traditional power dynamics may be associated with fears of loss of authority (Marshall and Maguire, 1998, Kirk and Broadhead, 2007, Lundy, 2007, Whitty and Wisby, 2007) and its impact (Lundy, 2007). At a psycho-social level, Lee argued that intergenerational inequalities at least in part may reflect adult separation/attachment needs and fears (Lee, 2005:19). Empirical and theoretical work makes clear that such perceptions partly depend on and closely are entwined with constructions of children’s competence.

**Competence**

Competence is defined in the Oxford English Dictionary as ‘the ability to do something successfully or efficiently’. Few theorists ignore its relevance in seeking to understand children’s needs and rights. However, many argue that taken-for-granted perspectives on its existence and variability prevent us recognising ‘interdependence’ throughout the life course (Mayall, 2000:249) and ‘just how conventional the categories we habitually use’ are (Lee, 2005:34).

Traditional theories of socialisation and child development, as advanced by Parsons and Piaget, often are associated with age-related constructions of children, conceptualised as ‘unfinished or incomplete’ adults, who, through processes of socialisation and cognitive development acquire adult status (Jenks, 1996:10). However, this ‘global stage model’ has given way to a more constructivist ‘contextual or domain-specific’ approach (Ruck and Horn, 2008:690, Alderson, 2007). The latter acknowledges age-related development but shows that cognitive competence may be context-specific, emerges from social, cultural, economic and inter-personal family experiences (Mårtenson and Fägerskiöld, 2008, Peterson-Badali and Ruck, 2008) and
that children use different forms of reasoning depending on the context (Ruck and Horn, 2008, Coyne and Harder, 2011).

Lee argued that competence was best understood as a pattern of ‘multiple becomings, assemblages and extensions’ across the age-range (Lee, 2001:120). Other theorists agree and view childhood as simultaneously a state of ‘being’ and ‘becoming’ within which children’s needs and agency require flexible acknowledgement (Qvortrup et al., 1994, James and Prout, 1998, Lee, 2001, Holland et al., 2008, Uprichard, 2008, Cross, 2011). Moreover, drawing an analogy with biological ageing, Lee drew attention to the potential of competence-enabling information and technologies (Lee, 2001). However, he pointed out that acknowledging children’s competence challenges carers, because of the ‘de-territorialization’ processes involved (Lee, 2005:152).

Across all settings age was recruited by professionals, and by children themselves (Peterson-Badali and Ruck, 2008, Davey, 2010) in coming to a view about children’s competence. However, age both had a taken-for-granted quality and was interpreted differently in different settings. Thus age-related competence assessments evident in social workers’ practice (Thomas and O’Kane, 1999, Winter, 2009) often were entwined with attachment theories to conceptualise children as dependent, emotionally vulnerable and in need of rescue or protection (Thomas and O’Kane, 1998, Bell, 2011, Barnes, 2012). Within school settings, a ‘constructed vulnerability’ (Mayall, 2003:20) of childhood focused on perceptions of children as cognitively incompetent, immature (Alderson, 1999, Rudduck, 2006) and ‘morally suspect’ (Mayall, 2003:20). However, in many of the RRS schools, 4 and 5 year-old children were perceived as competent in recognising respectful behaviours in themselves and others, and in exercising choice and initiating change in a range of situations (Covell et al., 2008, Sebba et al., 2010). Within health settings Alderson found young children with diabetes more competent in making informed, "wise" treatment-related decisions in their own best interests and in ‘co-manag(ing)’ chronic illness than often assumed (Alderson et al., 2006, Alderson, 2007). Nevertheless, the literature suggests that age was the primary and often the only factor routinely drawn on in assessing children’s competence within community health settings.
Studies suggested that social workers’ practice was informed by a range of psychological, sociological and ecological theories (Bell, 2011) and attended to children’s ‘understanding and experience’ as well as their perceived ‘maturity’ (Oliver et al., 2006:8). However, Thomas and O’Kane found that when asked how they assessed children’s understanding social workers’ responses ‘tended to be muddled and incoherent’ (Thomas and O’Kane, 1998:151), indicating a ‘circularity’ and ‘considerable uncertainty’ (Thomas and O’Kane, 1999:222). Others pointed to the influence of policy texts such as national assessment proformas, which were seen as encouraging an ‘age-related’ approach to child development (Winter, 2009), a narrow emphasis on attachment theories (Holland, 2001) and serving to underestimate children’s ‘capacities and capabilities’ (Winter, 2009:455). Indeed Winter felt they encouraged the objectification of children, leading to assumptions that ‘because of their age, these (young) children felt less, asked less, demanded less and understood less’ (Winter, 2009:455). Across all settings, studies found that interpretations of children’s competence took little account of context (Thomas and O’Kane, 1998, Alderson, 1999, Alderson, 2007).

Having established the patchy attention to children's rights in the empirical research and the importance of concepts of generation and competence within conceptualisations of children and childhood, I consider now how rights are conceptualised.

**Conceptualising rights**

**The qualities and functions of rights**

Human rights commonly are understood as universal, applying ‘to all humanity or to a specific disadvantaged group’, indivisible, inalienable and inabrogable (Ife, 2001:10-11). Their qualities also include that they are ‘necessary to achieve full humanity’, acknowledged as legitimate through ‘substantial universal consensus’ and possible to realise (p.10-11). In this section I examine some of the key debates on the nature and function of human rights and their relationship with discourses on children's rights.
The varied criteria applied to human rights - and their uneven historical development - highlight the inevitably constructed and potentially contested nature of rights (Quennerstedt, 2010). Rights may be understood, therefore, as the result of ongoing debate in which diverse voices and aspirations ‘need to be valued’ whilst also acknowledging ‘the importance of universal themes of human suffering and oppression’ (Ife, 2001:33). Where there are competing claims – including those that may arise between adults and children – these claims, too, are ‘a matter for moral reasoning’ (p.48).

Rights may have moral and/or legal force. Some theorists, like Fortin, whilst pointing out that rights ‘without remedies’ are ‘of symbolic importance, no more’ (Fortin, 2005), argue that even without or with limited legal force, rights declarations ‘can make visible what has for too long been suppressed’ leading to ‘different and new stories being heard in public’ offering support for ‘reasoned argument’ and ‘an important advocacy tool’ (Freeman, 2007:7-9, Lyon, 2007a). In so doing they 'have the capacity to be elements of emancipation', provide ‘fora for action’ (Freeman, 2007:9) and even lead to redress.

Others conceptualise the nature and function of rights differently and posit that unless legally enforceable the concept of rights is not useful (O'Neill, 1992) and, in going ‘far beyond the scope of what is recognizable as law’ (King, 1997:171) conventions such as the UNCRC leave states with wide room for manoeuvre. Disagreements also exist on whether rights-holding is interpreted as the exercise of a choice (‘will theory’) or the protection of an interest (Archard, 2004) and, therefore, about the relevance of capacity and competence to the essential nature of rights (Federle, 1994). Competence, therefore, is not necessarily a prerequisite of rights and when drawn on as a requirement for adults’ pursuit of their rights is usually accompanied by complex legal safeguards against its misuse.

**Rights, justice and ethics of care**

Perspectives differ on the relationship between rights and ethics of justice and of care. Ife, although identifying a ‘clear link’ between concepts of rights and ethics, pointed to important differences in emphasis (Ife, 2001:121). He perceived ethics as
‘introspective and self-reflective’ and a human rights discourse as ‘more outwardly focused’, serving to ‘shift(s) attention from the worker to the person or group with which the social worker is interacting’ (p.122). Drawing on Foucault, Ife argued that these different discourses lead to different approaches in considering the concept of power and thus have potentially important consequences. This is visible in the literature described above.

Attention to justice and power is a central aspect of works theorising pupil voice (e.g. Lundy, 2007, Robinson and Taylor, 2007) and resonates with the attention to inequalities that marks epidemiological research on children’s health. In social work literature attention to justice is evident in relation to children whose circumstances breach culturally acceptable norms (e.g. refugees and asylum seekers (Cemlyn and Briskman, 2003), female genital mutilation (Dustin and Davies, 2007)) but is less evident otherwise. As far as legal power is concerned a review of the teaching and learning of law in social work found ‘that it was not uncommon for law and social work values to be placed at opposite ends of a spectrum, as if mutually exclusive’ (Braye et al., 2005:177).

Although Ife, Freeman and others associate rights with respectful and empowering relationships, some critiques associate rights, with its basis in ethics of justice, with an individualised approach focusing on entitlements and self-interest. Reviewing work on children’s rights and the UNCRC Reynaert and colleagues noted a ‘dominant conception of rights’ as ‘one-sided in its emphasis on individualism, rather than relationships’ (Huntington in Reynaert et al., 2009:525). They argued that such an approach ‘conceives rights as an end to dialogue’ (p.526). In the empirical studies considered above, there was evidence that some education professionals had similar views. They questioned the nature and function of rights, pointing to an association of children’s participatory rights, such as pupil voice initiatives, not with democratic, but with neo-liberal, individualised and consumerist rights constructions (Biesta and Lawy, 2006, Robinson and Taylor, 2007, Whitty and Wisby, 2007). This can lead to challenges to the universality of rights and their relationship to responsibilities. Thus some teachers seemed to view rights as contingent on responsibilities (Marshall and Maguire, 1998:5). Education researchers observed that ‘staff can be more concerned
about the responsibilities rather than the rights of pupils’ (Whitty and Wisby, 2007:78, Howe and Covell, 2010).

In reaction to an individualistic, entitlement-based approach others have suggested that an ‘ethics of care’ (Gilligan, 1982) with its focus on interdependency and responsiveness is a more appropriate, and feminist, paradigm in thinking about human welfare (Kleinig, 1982 in Freeman 2007:11, Arneil, 2002, Tronto, 2010). ‘Recognition theory’, as developed by the critical social theorist Axel Honneth (Honneth, 1997, Olson, 2008) increasingly is drawn on to theorise the role of relationships in social work practice (Hayes and Houston, 2007, Garrett, 2009, Houston, 2009), and, by implication, the embodiment of ‘social work values’. A lack of engagement with and some antipathy towards the concept of rights is sometimes evident in these discourses. For example, Froggett, in a book on psychosocial approaches to social work described rights as ‘guarantee(ing) only a talion morality and a retributive form of justice’ (Froggett, 2002:101). Others, like Turney recognised this split and argued for (but did not provide), a ‘both/and response’ in which emancipatory and empowerment-focused work is not ‘pit against relationship-based thinking and practice’ (Turney, 2012:151). Whilst relationship-based practices are more usually associated with ethics of care rather than rights, Ife conceptualised relationships between professionals and service users as necessary ‘in order to realise rights’ (Ife, 2001:152). However, critical attention to professional power and an ‘emphasis on action’ (Ife, 2001:152) remain relatively underdeveloped within this discourse.

A connection between rights and relationships is evident in social care literature on children's participatory rights (Bell, 2002, Barnes, 2007, Thomas, 2007, Thomas, 2012, Bell, 2011) and in some work on pupil voice (Fielding, 2007). In these contexts, the concepts are sometimes juxtaposed (Barnes, 2007). For others, relationships are viewed as a mechanism through which rights may be achieved (Ife, 2001, Bell, 2011, Thomas, 2012) rather than as an inalienable feature of many categories of rights, as in the RRS evaluations (Sebba et al., 2010). Young people’s perspective was akin to the integrated approach taken by the RRS initiative (Barnes, 2012). Fielding cautioned that in school settings an approach focused only on relationships might include ‘too swift
and too unproblematic assumptions about the likelihood or possibility of dialogue under conditions of hierarchy and performativity’ (Fielding, 2007:304).

**Categories of rights**

Ife argued that the relationship between needs and rights is ‘critical’ (Ife, 2001:76) and ‘lies at the heart of social work’ (p.88) in providing ‘a moral reference point for the meeting of need’, situating and contextualising human rights and establishing a ‘praxis which incorporates both relativist and universalist themes’ (p.88). He perceived meeting ‘needs’ as ‘the way in which those universal(s) (human rights) are applied in different contexts’ (p.85). Maslow, whom he quoted in support, regarded ‘instinctoid basic needs and meta needs as rights as well as needs’ arguing that this follows from ‘granting that human beings have a right to be human in the same sense that cats have a right to be cats’ (Maslow, 1970: xiii in Ife, 2001:83). Although current theorisations of wellbeing rarely mention rights (Boushel, 2012), wellbeing discourses indicate how rights-bearing needs might be identified. For example, a ‘capabilities’ approach to wellbeing (Nussbaum and Sen, 1993) suggests that needs (or wellbeing) might be understood as the opportunity to achieve various lifestyles and as a result, the ability to live a good life (Anand et al., 2005 in Watson et al., 2012:27).

Tensions around the definition of needs are a longstanding theme in social care literature (Timms & Timms, 1977:141). More widely, too, theorists draw attention to the place ‘of values, of ideologies, rather than statements of ‘fact’ (Ife, 2001:77) in identifying rights and needs within specific contexts. Thus the psychologist and sociologist Martin Woodhead and others urged caution in the use of needs-based theories, pointing out that ‘needs’ like ‘interests’ are context-specific, open to cultural interpretation and may vary between stakeholders (Woodhead, 1997, Woodhead, 1999, Boushel, 2000b). Examples of flawed professional decision-making in social care and other settings are cautionary. Partly because of this, engagement with the wishes and feelings of service users in all settings is seen as central in helping avoid normalising certain perceptions and behaviours and legitimating particular ‘regimes of truth’ (Foucault, 1980 in Watson et al., 2012:6, Thomas and O’ Kane, 1998). These
discourses suggested, as Ife did, that ‘(p)ower over definition of need’ is ‘one of the most important aspects of human rights practice’ (Ife, 2001:159).

The purposes, contexts, processes and outcomes of participatory practices in identifying and meeting needs have received considerable theoretical and empirical attention, for example in relation to partnership practices in social care (Taylor et al., 2006), parents’ rights in education (Harris, 2005) patient voice initiatives in health (Forster and Gabe, 2008) and children’s participation in a range of settings (Cockburn, 2007, Robinson and Taylor, 2007, Vis et al., 2011, Thomas, 2012). A number of models have been developed to illustrate various approaches to and degrees of participation from Hart’s participatory ladder, including Franklin’s lower rungs to reflect types of ‘adults rule’, to Treseder’s non-hierarchical ‘degrees’ (in Thomas, 2007:205) and Lewis’ attention to ‘child silence’ (Lewis, 2010).

As is implied by the term ‘experts by experience’ used in relation to social care more generally (e.g. Pawson et al., 2003), it is now generally accepted that participatory approaches need to reflect the context and the child’s relationship with that context. However, empirical studies suggested that the achievement of a partnership model in which children’s views, wishes and feelings and their best interests are brought together is still some way off in all child welfare settings (Schofield and Thoburn, 1996, Thomas and O’ Kane, 1998, Cowley et al., 2004, Oliver et al., 2006).

**Rights declarations**

‘Rights’ are an area where lists and boundaryed definitions, as in rights declarations such as the ECHR and UNCRC, often are fundamental to their acknowledgement and realisation. Inevitably, as Ife and others point out, these objective lists become outdated and, as ‘objective lists’ are open to criticism from a post-modernist perspective (Ife, 2001, Mitchell, 2005). Moreover, of their nature they are political documents and are likely to be ‘drawn up by elites’ (Ife, 2001:134). Thus, the UNCRC was developed without children’s participation and may be seen as reflecting westernised ‘biologically-based relations between parents and children’(Mayall, 2000:245). Whilst these criticisms are valid, differing conceptual approaches provide more or less flexibility in interpretation. Thus, rights declarations can be interpreted as
entitlements and/or more discursively, as codes or frameworks for moral thought and action and a ‘politically useful tool’ (Fortin, 2005:18).

### Children’s rights

The UNCRC manages the complexities inherent in these contested concepts by both circumscribing and extending children’s rights in relation to the human rights included in the UDHR. The UNCRC includes rights to the resources, circumstances and supports necessary for a child’s survival, protection and holistic development, including their right to educational and other opportunities and information to support their access to and exercise of their rights. In the exercise of these rights Article 3(1) sets out the overriding principle that ‘the best interests of the child’ is a primary consideration and ‘explicitly identifies the special rights of parents and those in loco parentis’ (Fortin, 2005:37). Article 12, another of the four general principles of the UNCRC, enshrines children’s right to give their views and have them taken into account.

The views of child welfare theorists and professionals reflect a diversity of perspectives and concerns when combining perspectives on children and their rights. In practice and at a policy level (discussed in Chapter 4), despite its limitations (Woodhead in Percy-Smith and Thomas, 2010), the UNCRC has been viewed as providing ‘guidelines for the composition of a ‘good’ childhood in modern society’ (Devine et al., 2010:814). However, all three inter-related and overlapping aspects of the approach taken by the UNCRC are contested in theoretical and professional discourses: children’s rights-bearing status; the role of parents and the state in relation to children’s rights; and children’s welfare and best interest rights.

Firstly, with regard to the concept of children as rights-bearers, many acknowledge generational inequalities and see children’s rights as an important means of creating ‘zones of mutual respect’ ‘that limit the kind of things that we may do to one another’ (Federle, 1994:366, Freeman, 2007). The findings of the empirical studies implied that most children were perceived as rights-holders, although some argued that human and children’s rights were not familiar concepts in educational settings (Fielding, 2007). However, a review of understandings of children's rights found that across all discourses in relation to both children’s competence to exercise rights and the
categories of rights to which they should be entitled, ‘developmental considerations’ (Peterson-Badali and Ruck, 2008:754) contributed to the attitudes of both adults and children.

In assessing competence Eekelaar used the term ‘dynamic self-determinism’ to suggest that the goal should be to ‘bring a child to the threshold of adulthood with the maximum opportunities to form and pursue life-goals which reflect as closely as possible an autonomous choice’ (Eekelaar, 1994:53). In Freeman’s view, too, it is ‘respect for the child's eventual capacity for autonomy, rather than autonomy itself, which is important' (in Fortin, 2005:19). Although these approaches suggest an age-related developmental trajectory rather than Lee’s fluid assemblages, they are consistent with maximum child agency.

However, in an approach partly reflected in the second aspect of the UNCRC considered here – the role of parents and the state - others argue that children lack the capacity to be rights-holders, so their ‘best interests’ are best defined by adults (Goldstein et al., 1996, Guggenheim, 2005). O’Neill agreed and claimed that children's rights are best embedded within adult obligations (Freeman, 1997). From these perspectives, theorists would have all rights exercised through ‘minimally fit’ parents (Goldstein et al., 1996) who were ‘unlikely to make significant mistakes in judgment’ (Guggenheim, 2005 in Freeman 2007:9-10). This approach reflects a ‘laissez-faire’ perspective on state intervention in family life (Fox-Harding, 1996). It carries weight in policy and professional arenas. The increased state intervention associated with the ECM/CAF initiative has been viewed with some caution (Munro, 2007, Parton, 2006) and has been a long-term concern within child welfare (Corby, 2000). Moreover, in reviewing literature on the UNCRC Reynaert and colleagues identified a ‘shift in responsibility for realizing rights from the state to the individual’ in rights discourses (Reynaert et al., 2009:524). These areas are considered in Chapter 4. These discourses are closely related to views about and to attitudes to generation and to inter-generational power imbalances.

When the state intervenes in parent-child relations or in wider initiatives to protect or support children’s development, Thomas and Fielding argued that children’s
participation in these interventions has tended to be described in terms that ignore imbalances in power and their impact (Fielding, 2007, Thomas, 2012). Peterson-Bedali and Ruck (2008:754) found that amongst adults and children more generally, support for children’s self-determination rights was relatively weak and ‘positively related to the age of the child’. Where children’s ‘best interests’ are defined by adults, adults often also define the areas of debate (Fielding, 2001a). Thus, Alderson observed that some teachers rejected school councils because children “only want to talk about uniform” (Alderson, 1999:196). For Thomas, these types of findings suggest that ‘(i)n some ways rights are the missing link in the whole process’ (2012:462).

The third aspect of the UNCRC approach to children’s rights considered here is its inclusion of, and emphasis on, development and welfare rights. Peterson-Badali and Ruck found a ‘very basic distinction’ evident in studies of children’s rights between perspectives on nurturance and self-determination rights (2008:752). Strong support for children’s nurturance rights was associated with ‘traditional views of children as dependent and in need of care and protection’ (Peterson-Badali and Ruck, 2008)p.754). However, children’s welfare rights also attracts support from many who advocate increased attention to children’s rights-bearing capacities. Thus Freeman welcomed the UNCRC approach in which a package of rights for children that ‘are additional, rather than in necessary substitution for rights others have’ (Freeman, 1997:13) is an element. However, because of their different historical trajectories (see Chapter 1) and children’s unequal political status, conceptual models for the discussion of nurturance rights are less developed than those for adult civil rights, whilst the reverse applies to children’s civil rights (Lansdown, 1994 in Quennerstedt, 2010:623, Lyon, 2007b).

A central question in relation to children’s nurturance rights, taking the discussion back to children as rights-bearers and state and parental roles in this area, is who defines children’s needs? Across all child welfare settings, children’s perceived competence, or lack of it, was a key factor in how their participatory rights were perceived and supported in assessing their needs (e.g. Mayall, 2003, Oliver et al., 2006, Alderson, 2007). Some urged caution in social workers’ identification of children’s needs as a means of achieving positive outcomes for them. Thomas and O’Kane drew on Mnookin
to highlight the ‘problem of culture’ in social workers’ constructions of needs and to their difficulty in predicting best outcomes - the ‘problem of indeterminacy’ (Thomas and O’Kane, 1998). The relationship between rights and needs was not a focus in education studies, where, researchers argued, constructions of children as incompetent led to scepticism about children’s capacity ‘to have a meaningful input into decision making’ (Lundy, 2007:929-930, Whitty and Wisby, 2007) and adult identification of children’s learning needs seemed taken-for-granted. Indeed, Lundy (2007:936) commented, the concept of giving ‘due weight’ to children’s wishes and feelings had ‘no obvious legal ancestry’ in these settings, leading her to view pupil voice as a reasonable proxy for children’s rights.

This brief review of the literature illustrates that perspectives on the relationship between rights, justice and ethics of care differ and are challenging, multi-faceted and further complicated when children’s rights are the focus. In a review of children’s rights literature on the UNCRC Reynaert and colleagues (2012) identified many of the issues considered above. They described the four dominant areas of debate as: ‘the interpretation of autonomy as accountability’; ‘the shift from rights to juridification’; the differences and ‘relationship between’ individual and collective perspectives on rights, and conceptualisations of ‘children’s rights as goals or as frames of reference’ (2012:157). They have also described current discourses as lacking ‘critique’ and ‘decontextualised’ from children’s experiences and the ‘social, economical and historical contexts’ in which they grow up (Reynaert et al., 2009:528). This project, in attending to the relationship between interpretations of children’s rights and approaches to practice helps meet some of these criticisms by exploring some of the tensions involved.

**Conceptualising children's rights summary**

The theory and research indicates that constructions of childhood and children’s competence are deeply embedded in sometimes implicit conceptualisations of children's rights, influencing perceptions of children as rights-holders, the categories of rights seen as applicable and their opportunity to participate in defining and shaping their needs. These constructions are linked to wider discourses on the nature of rights
and their role in the provision of social welfare. The UNCRC provides a useful frame in engaging with these varied discourses because of its broad range and attention to rights principles and process as well as rights categories.

In exploring and theorising professional understandings of children's rights, with the partial exception of children’s participatory rights, we seem to be at an exploratory pre-paradigmatic phase across all settings (Greenhalgh et al., 2005). Inter-disciplinary discourses on key aspects of rights such as their universality and inalienability have had little airing within and between professional literatures and discourses, whilst discussions of the relationship between rights, justice and care, along with considerations of competence and its relationship to rights-holding continue, to a large extent, to be situated within dualistic conceptual models. This study, in attending to professionals’ own accounts of how they interpret children's rights and bring these interpretations to their practice, has the potential to inform, contribute to and broaden these discussions.

**Meaning-making**

The previous sections identified that knowledge about professional sense-making of children's rights was limited and merited research attention. In this section I identify and consider conceptual frameworks to support my exploration of such sense-making.

In their research review of children’s and adults’ ‘thinking about children’s rights’ Peterson-Badali and Ruck (2008:752) identified three aspects to such thinking - ‘attitudes, reasoning, and knowledge’. They cited evidence that both parents’ and children’s support of children's rights was influenced by parent’s attitudes ‘toward broader familial and social issues’ and children’s experiences of ‘family decision making’ (p.756). They found less consistent evidence of the impact of ‘sociodemographic variables such as age and sex’ (p.756-7).

Pawson and colleagues (2003) identified five types of professional knowledge drawn on by social work professionals. Interestingly, they did not mention theoretical knowledge, but included governance and regulation and ‘tacit knowledge’ based on professional experience and gleaned from service users, research and policy
knowledge. Without specifically addressing rights, Braye and colleagues (2005) also suggested that law and policy was likely to receive implicit rather than explicit attention.

In a research review focusing specifically on ‘sense-making’ by educational professionals in relation to the implementation of policy requiring a major reinterpretation of teaching and learning in US schools, Spillane and colleagues (2002:391) described the tasks involved as including noticing, framing, interpreting and then constructing meaning, a process ‘fraught with ambiguity and difficulties’. From a cognitive and social-psychological perspective, they found that the relationship between interpretation and ‘prior beliefs and values’ was ‘not well understood’ (p.400) but was ‘not a solo affair’ (p.404). They noted, as did Peterson-Badali and Ruck (2008:409) that local contexts - ‘the spaces where the world of policy meets the world of practice’ - played an important mediating function. As the practice literature presented earlier identified (e.g. Shemmings, 2000, Hoggett et al., 2006, Whitty and Wisby, 2007), their review drew attention to the ‘often overlooked’ (Peterson-Badali and Ruck, 2008:411) place of values and emotions as crucial factors in how embedded concepts were interpreted.

The empirical studies reviewed suggested that knowledge of children’s rights was variable amongst child welfare professionals, and, as discussed in Chapter 4, professional education in this respect was poor. Focusing on children’s rights in particular, and linking the findings of several studies, Fielding pointed to the ‘importance of language’ and the need ‘to have a conceptual vocabulary not only to articulate (professionals’) views but to be able to recognise them’ (Fielding, 2001a:102). Participants in the RRS evaluation made a similar point (Sebba et al., 2010). The absence of a common language was a feature of education and social work interprofessional discussions of children’s rights (Marshall and Maguire, 1998). Moreover, in interprofessional settings related to ECM, staff with less access to formal professional knowledge experienced particular difficulties in engaging in more abstract discussions across professional and para-professional boundaries (Anning et al., 2006). What was excluded in meaning-making also was important to capture. For example, Marshall and Maguire suggested that lack of awareness of inter-generational power
could lead to a lack of ‘insight into the dynamics of abuse’ making it more difficult to protect children ‘who do not perceive themselves as having a right to have a say’ (Marshall and Maguire, 1998:5). Several researchers and commentators identified the value of a text, such as a constitution (Osler and Starkey, 1994) or the UNCRC (Fielding, 2001a, Covell and Howe, 2008, Sebba et al., 2010, Mayall, 2012) in providing a common language, focusing awareness, creating engagement and supporting practice change.

In the context of an identifiable space for research but a lack of common descriptors I also sought a language to interpret and describe study participants’ overall perspectives on children’s rights. Suchman provided such a language in his typology of the subjective meanings, or legitimacy, as he termed it, that may be assigned to ideas and concepts and how these are constructed (Suchman, 1995). He identified three broad types, allowing me to draw attention to the variously taken-for-granted, desirable and pragmatic legitimacies ascribed to children’s rights by study participants, and to consider their implications. This typology along with Spillane’s insights on interpretations of policy mandates helped understand and describe the participants’ meaning-making activities. In so doing, it also informed consideration of the practice implications of the study.

**Theoretical perspectives**

Whilst scholars focusing on children’s rights categorisation and implementation mainly have drawn on ‘legal positivist frameworks’ (Reynaert et al., 2009:526), theoreticians of children’s rights meanings and practices variously have drawn on Actor Network Theory (Lee, 2001, L’Anson and Allan, 2006), Bourdieu (Thomas, 2007), Foucault (Robinson and Taylor, 2007) and Honneth (Thomas, 2012). The criteria commonly seen as underpinning human rights include some which point to a potential tension between universal, potentially positivist aspects of rights and more fluid post-modern constructions. I sought a theoretical framework that would enable me to engage with this challenge and allow me simultaneously to explore sense-making, incorporate the views of children and draw out conclusions from professional practice.
Honneth’s (1995) recognition theory offers a useful focus on intersubjectivity, includes attention to rights and has been perceived as helpful in theorising children’s welfare (Houston and Dolan, 2008, Thomas, 2012). However, the Habermasian base of its approach, even when amended to include Fraser’s themes of redistribution and representation (Olson, 2008), makes for a relatively unquestioning and uncritical approach to the changing impact of artefacts such as texts, and of power, on constructions of meaning (McNay, 2008, Olson, 2008, Garrett, 2010). In addition, social work theorising in this area suggested that recognition theory tended to assume, rather than interrogate, the place of relationship in conceptualising rights.

In contrast, post-modernist theories, with their focus on the structured historical and social ‘space within which meanings are negotiated’ (Sapsford, 1996:2) are suited to the challenges presented in exploring meaning-making within the context of interprofessional child welfare work at a particular point in time and the criticisms of those who perceive the ‘human rights project’ as a flawed meta-narrative that takes insufficient account of cultural diversity and ‘other voices than that of the western male’ (Ife, 2001:50). Therefore I sought a post-modern theoretical framework that could help theorize the potential range, historicity and inter-disciplinary scope of the topic within the micro dynamics of the study setting. I also required the framework chosen to meet the needs presented by the data to explore the structural complexities of power within adult/child relationships and professional practice approaches.

Bourdieu’s work is widely drawn on to this purpose within educational research, where much of his work was situated (Reay, 2004a). Thomas (2007) found Bourdieu’s theories helpful in theorising children’s participation. This encouraged me to adopt a theoretical approach that drew on Bourdieu’s (1977) theories of field, habitus and disposition. Bourdieu’s theories were complemented by Dorothy E. Smith’s (1993, 2001) work on the role of texts and Actor Network Theory (ANT) (Latour, 1996) also was a strong influence. I now consider Bourdieu’s theories and their applicability to this study in more detail, followed by more limited attention to Dorothy E. Smith’s work and to ANT.
Introducing Bourdieu

Bourdieu perceived ‘the social universe’ as underpinned by ‘deeply buried structures of the different social worlds’ (Reay, 2004b:431) and developed concepts of field, habitus and disposition to explore the inter-related structural, symbolic and practise manifestations of power in society. Bourdieu saw power as exercised within an interdependent and interconnected relationship between habitus and field, using the term field to describe a ‘specific social context’ (McNay, 2008:13). In discussion with Waquant, he described this as operating ‘in two ways’:

‘On one side, it is a relation of conditioning: the field structures the habitus... On the other side, it is a relation of knowledge or cognitive construction: habitus contributes to constituting the field as a meaningful world, a world endowed with sense and with value, in which it is worth investing one's energy’. (Bourdieu in Waquant, 1989:44)

Thus habitus links agency and structure and thus is both ‘a structured structure’ and ‘a structuring structure’ (Bourdieu 1977). Habitus shapes ways of being and is ‘transposable’ (Bourdieu in Hage, 2013:84) in that it does not have to be used in every situation, but is, nevertheless, part of what we bring to our relationship with the world, contributing to a ‘durably installed generative principle of regulated improvisations’ (Bourdieu in Codd, 1990:139). In studying inequalities, Bourdieu’s (1984:122) interest was in how the boundaries between field and habitus ‘are themselves constructed and mobilized’ so that capital – ‘the set of actually usable resources and powers’ - can be accumulated and mobilized’ (Halford and Savage, 2010:944).

Commentators have defined disposition as ‘a spectrum of cognitive and affective factors’ (Jenkins, 2002:76) that transform ‘the body’s capacities’ (Hage, 2013:82) and, from Bourdieu’s perspective, contribute to habitus by providing an incentive to think or act one way rather than another – reflecting the illusion of ‘being caught up in’ a game ‘worth playing’ (Webb et al., 2002:xiii). Habitus and disposition thus are related to agency in a process described by Jenkins:
‘...the habitus *disposes* actors to do certain things, it provides a *basis* for the generation of practices. Practices are produced in and by the encounter between the habitus and its dispositions...’ (Jenkins, 2002:78).

Their interconnectedness means that ‘the most improbable practices are rejected as unthinkable, but, concomitantly, only a limited range of practices are possible’ (Reay, 2004b:433). The term ‘regulated liberties’ is used to describe this situation - ‘the creative dimensions of action in the context of immediate and latent relations of power that operate in any situation’ (McNay, 2008:194). In this study, theories of habitus and disposition are drawn on to interrogate elements included in meaning-making whilst the concept of regulated liberties is of particular interest in exploring connections between professionals’ understandings and approaches to children’s rights.

Dorothy E. Smith’s detailed focus on texts enhances Bourdieu’s theories of structure. She explored how policy texts may serve to objectify, universalise and generalise discourse and ruling across local settings, so that ‘they appear to have a kind of simple presence’ in which the process of conceptualisation itself ‘hook(s)’ people’s activities into ‘the transcending organization of the ruling relations’ (Smith, 2001:165). In such ways, she argues, their connectedness to the ruling relations ‘are invisible’ (Smith, 1997:126). Nevertheless, she argued that an element of personal agency was involved and these ruling relations ‘have a dynamic that is independent of people’s intentions but in which people’s intentions have effects’ (Smith, 1997:132). This matches Bourdieu’s theories of field and habitus but provides a more detailed focus on texts and the place of agency in their interpretation, areas identified in the child welfare field (Spillane et al., 2002, White, 2002, White et al., 2008).

Although Reay (2004b:439) found that the use of habitus as a conceptual tool ‘ensures that the research focus is always broader than the specific focus under study’ she saw a danger ‘of habitus becoming whatever the data reveal’ (p.438). She and others also criticised Bourdieu for ‘overplay(ing) ‘the unconscious impulses and aspects of habitus’, so that the reflections that help shape ‘personal and political commitments’ are marginalised (Reay, 2004b:438, Silva and Warde, 2010). In a similar vein his theories have been seen as lacking the capacity to attend fully to the standpoints of
diverse groups (Smith, 2001) and to the inclusion of what we ‘are not pre-disposed to hear’ (Hage, 2013:92), such as a lack of belief that ‘the game’ is worth playing.

**Actor network theory**

ANT is a theoretical approach in which ‘all entities’, human and non-human, ‘achieve significance in relation to others’ in networks of association within which they are defined and derive ‘essence’ (Crawford, 2005:1). As a post-modern ‘relational and process-oriented sociology’ (Law, 1992:389), ANT is concerned with exploring how materially heterogeneous network elements are assembled, organized and translated in particular circumstances, and how they become more or less durable. Thus, as Law (1992:387) put it, ANT ‘tells empirical stories about processes of translation’. ANT was found helpful by several authors drawn on in the literature review in meeting some of the concerns raised in relation to Bourdieu: by acknowledging ‘interactive systems that are larger than the behaviour and cognitive processes of an individual agent’ (Greeno in Spillane et al., 2002:412); exploring how policy processes are ‘mediated by material things’ (Koyama, 2011:23); and in emphasising ‘incompleteness and dependency’ in explorations of the hybridity of childhood (Lee, 2005, Prout, 2005). Whilst ANT alone was overly technocratic for the purposes of this study, these antecedents suggested its use in supporting the exploration of the role of texts and other elements within conceptualisations of children’s rights. Combined with Bourdieu’s theories it supported me in making connections between texts, meanings and practices without assuming causality between one and another.

Within ANT the concept of ‘translation’ is used to reflect the ‘pulling together’ processes involved in the identification, recruitment and enrolment of ‘materials, competences and practices’ (Shove et al., 2012) to serve the purpose of a network. ANT assumes that many relations form a single network that is both material and semiotic (Callon, 1986, Law and Singleton, 2005). It encourages exploration of how non-human artifacts (‘objects’/‘actants’), as well as people, contribute to such networks and are changed in doing so. From an ANT perspective, therefore, texts such as ECM/CAF proformas and how they are used (White et al., 2008, Pithouse et al., 2009) can be viewed as sources of information about professional meanings and
practices and seen as part of an ‘archi-texture of the invisible’, which Smith (2001:176) argued ‘feed(s) into the construction of an objectified ‘reality’ that is independent of and displaces particular perspectives’.

However, unlike Bourdieu, ANT suggests that rather than make assumptions about ‘the mechanics of power’, ‘we should start with a clean slate’ (Law, 1992:380). Thus, in ANT the focus of attention is on ‘power as a (concealed or misrepresented) effect, rather than ‘a set of causes’ (Law, 1992:387). In this respect, ANT has been criticised by theorists such as Star (1991) for its ‘flat’ ontology and lack of attention to elements simultaneously included and excluded, or simply excluded, in a network. This ‘flat’ ontology runs the risk of swamping the study findings and any ensuing practice implications in a ‘sea of relativism’ (Ife, 2001:125). With these concerns in mind Bourdieu’s theories of field and habitus have been combined with ANT in some recent studies (Prior, 2008, Hekkanen, 2009, Halford and Savage, 2010).

**Combining Bourdieu and ANT**

On the face of it, ANT and Bourdieu’s approaches to power seem in conflict. However, there are ‘some basic complementarities’ between the two approaches which some theorists see as offering ways of understanding inequalities within the context of fluid and more or less stable or unstable networks (Halford and Savage, 2010:947). Like Bourdieu, ANT attends to the micro dynamics of social interactions. Both are concerned with the relationships between elements and take issue with subject/object and public/private dualisms (McNay, 2008) and the reification of social groups (Halford and Savage, 2010). Both (ANT more than Bourdieu) allow for circumstances in which consciousness may change, or, in ANT terminology, irreversible translations occur, through ‘events that cause self-questioning’ (Reay, 2004b:437-438) and confront the taken-for-granted.

Bourdieu offers a sense of historicity and attention to power that helps interpret why some actors and some networks may be more robust and durable than others. His theories consequently have the potential to identify and ‘grasp inequalities in emergent, innovative and fluid or short-term networks’ (Halford and Savage, 2010:950). ANT, with its broad and fluid perspective, adds a more developed attention
to the impact of material things such as technologies and policy texts (Halford and Savage, 2010).

Thus, a framework that draws on Bourdieu’s theories but is influenced by ANT meets my main theoretical challenges and supports exploration and description of meaning-making processes, of the elements assembled in making sense of children's rights and of the interrelationships between these networks of meaning and the ‘fields’ of professional and interprofessional child welfare settings in which they are practiced. As the study developed I also drew on Bourdieu’s theories, and on ANT, as a means of reflecting on, and challenging, my own changing understandings and perspectives. Suchman’s (1995) typology complements this theoretical approach, serving as a descriptive lens through which the types of legitimacy assigned to children's rights can be identified and their implications considered.

**Conclusion**

This has been a period of significant development in theories about childhood and of increased acknowledgement of children’s rights and potential in relation to their participation in the decisions and developments that affect their lives. However, despite increasingly sophisticated attention to the exploration of these rights within professional child welfare practice, research on professional understandings of children's rights within and between settings remains limited and variable. An interprofessional focus for this study thus had the potential to contribute to knowledge in an under-researched area in a way that tried to take some account of a child's more holistic standpoint, as a potential user of ECM/CAF services.

The literature review identifies the challenges involved, pointing to the diverse and sometimes implicit conceptualisations of rights, justice and care that underpin theory of practice discussions and to the potential tensions between the fluidity of post-modernism and rights-related objective lists. However, the literature also suggests ways in which these tensions may be managed, such as by attending to the impact of perspectives on generation, children’s competence and state intervention in family life and drawing on the UNCRC as a discursive framework. The literature on meaning-
making indicates some of the elements that professionals might bring to their interpretations of the issues involved.

In constructing a theoretical framework, my concern was how best to acknowledge and describe the variability, strength and integrity in the meanings ascribed to children's rights by study participants. I wished to address the included and excluded, the challenging and taken-for-granted in the meanings constructed, bearing in mind, too, the structured and structuring role of intergenerational and other inequalities. I think that Bourdieu’s theories of field, habitus and disposition, informed by Smith’s work on texts and ANT’s fluid and wide-ranging approach to the identification of network elements, provides the flexibility necessary to attend to these challenges. All of these approaches, however, highlight the role (and responsibility) of the researcher in identifying and selecting what to attend to, exclude and disregard (Star, 1991).
Chapter 3   Methodology

Introduction

The research task was to explore how a range of actors from different professional settings and backgrounds drew on, made sense of, articulated and interpreted children's rights, and what this can tell of how this aspect of the interprofessional child welfare world works. In selecting an appropriate methodological framework for this study I am trying to find, in Silverman’s words, a ‘balance between the theoretical ‘armchair’ and the empirical ‘field’ (Silverman, 2010:x). In this chapter I begin by outlining the research approach taken, its rationale, and the study design. This is followed by a discussion of fieldwork site selection criteria and site selection. Then the research methods used, their order of use and the sampling approach taken are described and considered. The following sections outline the negotiations around access and discuss the approach taken to data analysis. Before concluding the chapter I address the ways in which I engaged with the ethical considerations that arose and the issues of validity identified.

Research framework

As the literature review indicates, conceptualisations of children’s rights reflect and are structured by interpretations of concepts, experiences, ‘attitudes’ and ‘reasoning’ as well as knowledge (Peterson-Badali and Ruck, 2008:752) drawn together in networks of meaning. Their study is not accessible to direct observation alone, it relies on the interpretations of the meanings advanced by participants and on the researcher’s interpretations of both. An epistemological approach within the interpretivist tradition, acknowledging the ‘interrelatedness’ of the social world, the ‘interpretative aspects of knowing’ and ‘the significance of the investigator’s own interpretations and understandings’ is best suited to this project (Ritchie and Lewis, 2003:7, Bryman, 2008). This approach draws on a social-constructivist ontological perspective, in which the meanings presented are understood as constructs, developed at a particular time, within specific contexts and, from a Bourdiuesian perspective as ‘constructed via an examination of the relation of the field with other fields’ (Silva and Warde, 2010:12).
My methodological approach needed to support exploration of participants’ perceptions of the essence of children's rights and the principles underpinning them as well as how these principles were arrived at, categorised and defined. These conceptualisations of children's rights and their meaning to the actors involved were likely to be ‘messy’, as are the child welfare contexts in which they are situated (Ife, 2001).

ANT, described by Latour as primarily a ‘network-tracing activity’, provided a useful starting point as a methodological paradigm (Latour, 1996:11). It encouraged attention to a wide-range of potential material and non-material network elements and discouraged premature conclusions about the nature of their association. Thus it supported attention to the impact and role of policies, processes and records. In particular it supported the use of a single, detailed case study around which theoretical concepts could be drawn upon and created. However, to take full account of power, its visibility and invisibility, I needed to move beyond an ANT perspective. Dorothy E. Smith’s recommended that ‘many perspectives on how things are being put together’ were needed if the impact of the ‘relations of ruling’ were to be understood (Smith, 1997:131). To understand their contribution and relationship to the interprofessional ‘field’ and project conceptualisations, therefore, my methodological approach attended to the place and function of children's rights within the policy domain at national and local level (Smith, 2001), and to wider cultural constructions of childhood. In addition, the study was designed to be sufficiently reflexive to assist explorations of the impact of field and habitus when interrogating the forms taken by the networks of meaning constructed (Bourdieu and Wacquant, 1992, Bourdieu, 1996).

I was mindful of the need for research that considered children's rights within parameters identified by participants (Peterson-Badali and Ruck, 2008). However, because conceptualisations of children’s rights are complex, contested and sometimes invisible, as Chapter 2 indicates, finding a language of rights, let alone a shared language, was likely to be a challenge (Anning et al., 2006). Silences, ambiguity, ambivalence, contradiction and confusion were to be expected. It seemed that interrogating interprofessional conflict (Anning et al., 2006) and encouraging the use of
examples and ‘moral tales’ (Taylor and White, 2000) might support description and reflection (Taylor and White, 2000, Anning et al., 2006) and attention to the role of power (Anning et al., 2006, Leadbetter et al., 2007, Moran et al., 2007), and illuminate moments of translation. The study design included such opportunities. In addition, Spillane et al.’s work, like Smith’s, drew attention to the importance of the ‘policy signal’ (Spillane et al., 2002:420, Smith, 2001). Analysis of policy documents was included with this in mind. Including the views of children and parents provided further perspectives on the study topic and was in keeping with the principles of the UNCRC.

Attending to the potential silences, ambiguities, ambivalences etc. was a key element in analysing both primary and secondary data. The UNCRC, despite the limitations outlined in Chapter 2, offered a potentially flexible conceptual framework in describing and analysing the data and attending to what was omitted as well as what was made explicit. Reynaert and colleagues (2010:452) found that the UNCRC also provided ‘a starting-point for critical reflection to analyse power relations’.

As with all research, there were unavoidable constraints. The design had to take account of the restrictions presented by limited resources, a lone researcher and a limited timeframe. In this small study, the external validity of the results could not be measured through statistical analysis, nor in other ways in which ‘convergence on a point or object is the desired goal’ (Mathison, 1988:18). I agree with Mathison (1988:17) that ‘a single proposition about a social phenomenon is a phantom image’. Therefore I sought a design that was mindful of Guba and Lincoln’s (1994) criteria of ‘trustworthiness’ and ‘authenticity’ amongst other quality criteria (Spencer et al., 2003). My aim was to produce a well-grounded and sufficiently detailed account for others to be able to analyse and make use of the data.

The literature review illustrated that a range of research approaches were used to good effect in child welfare studies. Surveys have been used to identify professional views (Thomas, 2005, Whitty and Wisby, 2007) but could not support detailed explorations of meaning-making. Within qualitative methodologies ethnographic approaches (White, 2002, White and Featherstone, 2005) and a design based on learning sets (Anning et al., 2006) have been used. As neither co-location nor large-
scale agency backing were available these designs seemed unsuitable for this study. However, a qualitative approach seemed most suited to the exploration of meaning-making within the ‘virtual’ (Easen et al., 2000) context of most interprofessional work. It could be situated within a responsive, contextualised, post-modernist perspective and was in keeping with the theoretical framework identified.

**Research design**

I decided that a qualitative approach within an embedded case study design was most suited to the exploration of the research questions, recapitulated here:

1. **How do professionals providing integrated children’s services understand children’s rights?**
2. **How do professionals interpret these understandings in their practice?**
3. **How do professional approaches to children’s rights map onto the understandings and expectations of service users?**
4. **How do professional understandings map onto broader understandings evident in the policy arena?**
5. **How do professional understandings of children’s rights match the understandings and expectations of other professionals involved in integrated child welfare services?**

A single case study offered particular advantages. Bryman (2008:54) defined a case as ‘an object of interest in its own right’ and a case study as one where the aim of the researcher is ‘to provide an in-depth elucidation’ of the case. Such a ‘detailed examination of a single example’ (Flyvbjerg, 2006:220) lent itself to the study of ‘contemporary phenomenon within some real-life context’ (Yin, 2003:1).

Flyvbjerg (2006:229) demonstrated that a case study, thoughtfully selected, can serve ‘to clarify the deeper causes behind a given problem’. Quoting Geertz, he suggested that approaches that lend themselves more easily to generalisation than do case studies ‘simplify matters’ but that ‘(i)t is less certain that it clarifies them” (Geertz in
Flyvbjerg, 2001:133). In an underexplored area of research such as is the focus of this study, a case study seemed an appropriate approach.

Bourdieu’s theories and ANT support a case study approach, which, from both perspectives, was viewed as underpinning theory-building (Law, 2008, Silva and Warde, 2010). I framed the ‘sense-making’ and approaches of study participants as an illustration of a broader challenge - to improve understanding of the processes of visible and invisible sense-making about children's rights and make transparent some of the ruling relations of the system. In doing so, I sought both to describe and explore how children's rights were understood and interpreted in the study site, and to ‘develop pertinent hypotheses and propositions for further inquiry’ (Yin, 2003:6).

In this case, the study setting was central, as the context within which professional perspectives were explored in relation to one another and to records and other texts. A single case study, rather than a comparative design, had other advantages in the interprofessional context of ECM/CAF developments, a context subject to change within and between settings and where ‘the investigator has little control over events’ (Yin, 2003:1). Within this fluid environment, taking an idiographic and inductive approach allowed me to ‘retain the holistic and meaningful characteristics of real-life events’ (op cit p.2). These characteristics included the complexities of the ‘virtual’ (Easen et al., 2000) nature of the integrated approach to ECM/CAF service delivery.

**Study site**

The case chosen for this study was the integrated ECM/CAF preventive services provided for children aged 5 to 13 years within one Children’s Trust area. A focus on preventive services matched my interests and experience, aiding understanding and analysis. I also anticipated that the non-acute and potentially broad nature of Tier 2 interventions might provide more visible and accessible data on interpretations of children's rights than would the more highly regulated responses required in child protection and looked after children services. The common, integrated framework for the delivery of interprofessional services had the potential to help maximize the validity of the study findings. Although the local organisational structure and form of delivery of these services could not be assumed, an integrated structure was more
likely to provide professionals with opportunities to become aware of each other’s roles and approaches and thus help illuminate similarities, differences and the contribution of the interprofessional setting in the interpretations reached. Importantly, the centrally-created interprofessional framework and proforma - the Common Assessment Framework (CAF) – used in assessing and recording Tier 2 services provided a common focus and record. For these reasons ECM/CAF Tier 2 services were chosen as the study focus, hereafter referred to as ECM/CAF services.

It was not feasible in a small study to encompass the differences in experience, expectations and needs of children across a 0-18 age range. The study focused on children aged 5-13, chosen because the structure of children’s lives during this period tends to be less diverse than in adolescence or early years, and because I am familiar with education and social care services for this age group. In addition, relatively little research attention has been given to the rights of children of this age (Thomas and O’Kane, 1999, Reynaert et al., 2009, Moore and Kirk, 2010). Thus I thought that a focus on this period would simplify the study context whilst allowing the impact of age to emerge from the data, increasing opportunities to contribute to professional knowledge.

**Site selection criteria**

I sought a study site in which access to a range of professionals would be possible and the study focus acceptable. My criteria were that professional co-location was not essential, but the site needed to have identifiable boundaries and be of limited size with an identifiable operational and interprofessional structure.

By 2006 national reports indicated that, aside from early years’ centres, most ECM/CAF integrated services were not co-located (DfES, 2006c) and the government had established ‘no hard and fast rules’ about the approach to be taken (DfES, 2006c). No Trusts in my region had developed co-located services. Therefore I decided to exclude co-location as a selection criterion.

I thought sense-making about children’s rights might be more explicit and more easily researched where an interest in child-centred services was evident. Therefore, despite
its potential for bias, given the exploratory nature of the research I included evidence of service-user participation in service development as a proxy for child-centredness, and a desirable criterion in site selection. No judgement was made about service quality.

Size was another criterion. The setting needed to be large enough to generate sufficient ECM/CAF cases to provide for interprofessional interaction. At the same time, the area needed to be small enough to offer opportunities for ongoing interprofessional contact and thus maximise awareness of diverse perspectives.

Given my timescales and the staff time involved, I needed to be reasonably sure that access would be agreed and would not cause major delays, and that the co-operation of gatekeepers might be anticipated. Ideally, I also sought opportunities to feedback study findings in acknowledgement of participants’ commitment and to contribute to service development. It was imperative too, that travel and other costs were within my resources.

With these criteria in mind, I judged that although many Trusts in south-west England might be suitable, factors such as size, rurality, political resistance or instability, and/or service out-sourcing, indicated that several would not be ideal. One Trust seemed to meet most, if not all, of the selection criteria. My previous employment meant I had good professional relationships with several key managers and gate-keepers. Informal enquiries indicated that access was unlikely to be a problem. Southtrust therefore was identified as the fieldwork site.

**Southtrust**

Southtrust is a relatively small Trust covering one large and several smaller towns within a mainly rural area. Less than 2% of its population are from minority ethnic backgrounds\(^{10}\). Whilst Southtrust is a low deprivation area, parts of its largest town, Southtown, rank amongst the 25% most deprived areas in England. This is reflected in children’s economic deprivation and poor housing, health and educational achievement.

\(^{10}\) To maintain confidentiality, references are not provided for study site data.
The quality of Southtown’s social care for children has been judged positively in OFSTED reports. In 2006 the inter-agency Southtrust Children and Young People’s Partnership developed a Participation Strategy for children, parents and carers, based on the UNCRC. There was an active Youth Parliament, Children’s Fund services were developed in partnership with children, and looked after children participated in staff selection and service planning. In consultation exercises Southtown children in the study age range identified kindness, safety and good health within family and friendship networks, and affordable access to sport and leisure facilities as their main wishes and concerns. Interpersonal violence, poor housing and poorly maintained environments were key issues for children living in the most deprived areas.

Southtrust Children’s Trust was formalised in 2007. In spring 2008 several districts were identified to co-ordinate ECM/CAF services, based on a ‘virtual’ rather than a co-located delivery model. I identified the two districts that covered Southtown as the study site. Each was too small to be a comparison site, but together they provided a sufficient number and range of professional participants for a viable study within a discrete area.

**Research methods**

To collect information within Southtrust the research methods chosen for the study included participant observation and documentary analysis as well as researcher-generated focus groups and interviews.

Naturally occurring data, defined as data derived ‘from situations which exist independently of the researcher’s intervention’ (Silverman, 2010:159), supported consideration of the study topic within its natural context and without intentional or unintentional researcher influence. In my case, since the processes of sense-making were ‘not amenable to observation’ (Bryman, 2008:466), their use alone was not sufficient. Since professionals in the study site were not co-located, an ethnographic approach based on participant observation would have been practically unsuitable as the only, or primary, research method. Researcher-generated qualitative interviews and focus groups were key to exploring sense-making. Silverman (2010:97) recommended such an approach when ‘how people assemble sense’ is the focus. The
specific methods used are outlined below, moving from naturally-occurring to researcher-generated methods, an order maintained throughout this chapter.

**Participant observation**

Although I left in mid-2007, before ECM/CAF service development commenced, my previous involvement with Southtrust and the development of its Participation Strategy meant I was familiar with the background to these developments and gave me a sensitivity to differing agency perspectives on interprofessional relationships (Ritchie and Lewis, 2003).

At the beginning of the fieldwork, to develop an understanding of ECM/CAF service arrangements and identify opportunities to access study participants, I met informally with a variety of key professional and administrative staff. During these meetings, in one-to-one discussion and with colleagues, staff spoke of their hopes and concerns for the new developments. This provided valuable insights on the scale of the process of change envisaged and on the tensions that existed in how national and local policy, the allocation of scarce resources and service user participation were conceived. Regular on-going contact with key staff increased my awareness and understanding of these issues as they played themselves out in ECM/CAF developments.

At my request, I was invited to observe relevant meetings and other events. I observed four interprofessional, district-based consultation and dissemination workshops on ECM/CAF structures and processes (November 2008, March 2009, February 2010 (2)) and a one-day conference on reducing ‘barriers to learning’ for primary school para-professionals in the study area (March 2010). To maintain a child-centred focus, it became a feature of Southtrust’s approach that CAF Team Around the Child (CAFTAC) meetings excluded all but the family, the Lead Professional and the chairperson. Occasionally, because of their specialist knowledge or as part of CAF training, other professionals were invited. However, this meant that I only observed one CAFTAC review meeting.

All of these events provided valuable insights on practitioner perspectives on ECM/CAF developments and how they were understood in relation to children’s perceived needs
and rights and professional and interprofessional priorities, experience and practices. I took detailed notes of these discussions and my reflections thereon. These notes supplemented official reports and records. This element of the design focused on all research questions.

**Documentary data**

To explore the relationship between professional understandings of children’s rights and constructions of these rights in the policy arena (Questions 2 and 4) national English child welfare law and policies, local policies and texts, and ECM/CAF case records, were examined.

The approach taken to the identification of relevant texts was recursive and multi-layered. Initial identification of national legal and policy documents related to children's rights within health, education and social care services led me to scrutinise cross-governmental spending and service planning and the various initiatives linked to ECM/CAF developments. Texts related to children's rights in national, European and international law and policy arenas, eg. UK Periodic Reports to the UNCRC Committee (UK Government, 2007) were identified separately and added to and cross-referenced with other policy documents. Over time, policies related to professional standards and relevant workforce development initiatives were included in the data.

Local documents on ECM/CAF policy and service delivery developments were provided by Trust staff and study participants. They included minutes of Trust and other stakeholder meetings, consultative documents, evaluations of staff workshops and an internal analysis of local policy development processes. Some led to the identification of further relevant national texts.

The study included examination of how children's rights were represented in the CAF proforma used as a case record. These documents comprised of a Common Assessment Framework (App. 10:1) plus a record of CAFTAC meetings with parents and (if present) child and the Action Plans that ensued. The CAF assessment proforma (App. 10) required demographic details of the child and family, reasons for referral, plus information on the family situation and current child welfare supports. Over three
sections the referrer was prompted to provide an assessment of: the child’s ‘strengths and needs’; parenting skills and practices: and the family history and environmental context. In the final section the referrer was required to identify their conclusions about the child’s needs and how these might be met. This section included an opportunity for the child and her parent/carers to register their views on the assessment and solutions identified. This element of the data supported exploration of the often invisible ‘relations of ruling’ (Smith, 2001) in such texts and of local professionals’ engagement with these centralised, technologically-driven procedures (White et al., 2008). It also provided an element of triangulation with the interview data.

**Researcher-generated focus groups**

I included focus groups with children, parents and professionals in the research design because of the interactional synergy (Kitzinger, 1994) and fresh insights such groups can produce when discussing topics with relevance for group members, or of which they have experience. Moreover, from an ethical and rights-based perspective I believe that, where possible, service-users should have the opportunity to be involved in shaping research focus and analysis and have access to research findings with opportunities to consider whether there are issues they wish to raise in other arenas (Alderson, 1995, Bell, 2002, Holland et al., 2008).

To achieve these purposes, separate focus groups with children (CFG) and with parents (PFG) were used to explore research Question 3, focusing on service users’ perspectives on children’s rights, the rights they prioritised and their reflections on professional responsibilities in relation to the rights they identified. To take account of differences in experience, interests and power children and adults met separately. I drew on the advice of Hill and others on how best to include children’s and other service users’ participation in respectful and appropriate ways (Thomas and O’Kane, 1998, Thomas and O’Kane, 2000, Hill, 2006, Cousins and Milner, 2007). As a result a workshop format was used, including case vignettes and other enabling techniques to provide structure, fun and stimulate interaction and discussion of a potentially abstract

Using a similar format, developed in consultation with the co-facilitators, I facilitated both groups along with someone known to the participants. The meetings were audio-recorded and I took notes. Group process, emerging themes, and any safeguarding or other concerns identified were discussed immediately after each group in a recorded de-briefing meeting with the co-facilitator. All written material was transcribed and a summary sent to participants with an invitation to comment. Data from these groups contributed to the interview design (see below).

The CFG and PFG discussions were analysed to identify examples of rights issues prioritised by one or both groups and where children's rights were contested or seen as challenging. The resulting statements (see App. 3:2) purposely related to aspects of children’s everyday lives and were not reliant on specialist professional knowledge.

Two focus groups for professionals served a different purpose. They were designed to feedback findings from the initial analysis of the data; to elicit views on the validity of these findings; and to discuss their interpretations of emerging themes. The groups had a similar format, with a focus on Questions 1, 2 and 5. Anonymised examples were used to stimulate discussion of key emerging themes (App. 3:3). I facilitated both groups, with note-taking undertaken by my academic supervisor. The discussions were audio-recorded and transcribed. Because of their contribution to the next stage of the analysis, a post-group report was not provided.

Child and parent participants were invited to re-convene to discuss the initial findings and keep participants informed of the impact of their contributions. The children decided not to reconvene, but the parents did so. Vignettes developed for the professional focus group were used in sharing the findings. Similar facilitation, recording, transcription, de-briefing and reporting processes were used as in the first PFG (App. 3:4).
**Interviews**

Interviews with professionals and para-professionals were used to help understand the research issues within particular contexts ‘through the eyes of the people being studied’ (Bryman, 2008:385). A semi-structured approach provided the flexibility necessary to ‘respond to the direction in which interviewees take the interview’ and encourage ‘rich detailed answers’ (op cit p.437). Perspectives differ on whether ‘knowledge is constructed in the interview or is a pre-existing phenomenon’ (Ritchie and Lewis, 2003:139). My view is that interviews are co-constructions but also can provide information on external practices and events and ‘be meaningful beyond (their) immediate context’ (op cit p.140).

In keeping with advice on interview methods (Kvale, 1996, Ritchie and Lewis, 2003, Bryman, 2008) I developed an interview guide. In four parts the guide addressed all five research questions, with an emphasis on questions 1, 2 and 5 (App. 3.5): Following a description of the study, consent etc., interviewees were invited to describe their role, respond to general questions about what children’s rights meant to them and discuss a set of 10 statements (see below). The second part encouraged more detailed exploration of participants’ interpretations of children’s rights within their own practice and setting. In the third part I sought interviewees’ perceptions of how children’s rights were understood within their interprofessional network. In the final part the focus turned to the types of knowledge and experience interviewees drew on in conceptualising children’s rights and their perceptions of relationships between children’s and parent’s rights and responsibilities, before they were invited to identify their vision for children’s rights within their role and within Southtrust.

The **10 statements** or ‘attitude items’ (Bryman, 2008:239) developed from the CFG and first PFG groups were used in professional interviews. Borrowing from the approach taken by Shemmings (2000), they were designed as ‘enabling techniques’ (Ritchie and Lewis, 2003:128). My aim was to introduce issues of interest to service users, to provide a measure of common ground between interviewees, and an opportunity to ‘think outside the box’ of professional roles and thus stimulate reflection and help
signpost potential issues. The study timetable (discussed below) allowed the 10 statements to be included in 27 of the 39 interviews.

To encourage engagement (Anning et al., 2006), ‘differentiate particular professional identities’ (White and Featherstone, 2005:212) and help uncover moral and emotional dimensions underpinning professional judgements and reasoning (op cit p.210), the interview guide encouraged the use of practice examples, ‘self-generated dilemmas’ (Peterson-Badali and Ruck, 2008:761) and identification of critical incidents (Ritchie and Lewis, 2003). Where an incident was identified by more than one participant, I sought, where feasible and ethical, to gain additional perspectives on the same issue or event.

To help me express questions clearly and in an appropriate format the focus group outlines, interview guide and 10 statements were piloted with four or more academic and professional colleagues. Interviewees were sent the interview guide prior to the interview and requested to set aside two hours to encourage meaningful discussion. All interview data was recorded and transcribed with reflective fieldnotes made immediately afterwards. Interviewees were sent a copy of the transcript and invited to correct, amend or comment on its content.

Fieldwork elements and timeframe

The order and methods of data-gathering were designed so that data gathered from earlier phases would inform, and in part determine, later phases in an iterative process. Table 4.5 outlines the timeframes, research phases and timescales.

Table 3.5 Data gathering elements and timeframe

<table>
<thead>
<tr>
<th>Fieldwork phase and data elements</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td></td>
</tr>
<tr>
<td>Policy analysis</td>
<td>Throughout</td>
</tr>
<tr>
<td>Pilot interviews and interviews</td>
<td>November and December 2008</td>
</tr>
<tr>
<td>with most senior</td>
<td></td>
</tr>
</tbody>
</table>

managers

Initial children and parents’ focus groups  August and September 2009

**Phase 2**

Most interviews with professionals  December 2009 to May 2010

CAF record sample period  July 2008 to July 2009

**Phase 3**

Professional focus groups  September 2010

Parents’ second focus group  January 2011

**Sampling**

In this section the approaches used to identify an appropriate number and range of study participants and case records are described.

**CAF record sample:** The administrator co-ordinating CAF referrals provided anonymised sets of records for 30 sequential referrals for children aged 5-13 years living in the study area. Each set included the initiating CAF assessment and review meetings records for up to one year from July 2008.

**Children’s focus group and parents’ focus group participants:** The main sample selection criteria were that participants in both groups had experience of interprofessional child welfare interventions, lived in Souhtown and that their participation would not be detrimental to them by, for example, increasing vulnerability or diminishing confidence (Ritchie and Lewis, 2003). No family connection between the parents and child participants was sought or assumed.

To ensure that consent to participation was as well-informed as possible and met NHS requirements, only children between 9 and 13 were included. To increase their
comfort and confidence, I thought it important that child participants shared membership of an existing group. A support group run by social care staff for children with substance-misusing parents provided such a context. With the permission of group members, I visited and told them about the study. The facilitator then identified children who expressed an interest in being involved and met the study criteria. She provided these children and their parents with written information I had prepared (App. 3:6 and 3:7) and, where consent was received from both, invited the children to attend. Five children participated.

Parent participants were identified through a Southtown children’s centre. Through its manager, information about the study and an invitation to participate was given to parents/carers who had children in the study age range and fulfilled the criteria (App. 3:8). Seven parents participated.

**Interview participants:** My first criterion for the interview sample was that participants were professionals or para-professionals providing ECM/CAF services in Southtown. The second was that, in order to maximise inclusion and allow comparisons to be made, the sample reflected the diversity of professional roles and services within the study setting (Ritchie and Lewis, 2003). Research methods texts suggest that 30 interviewees provides a reasonable sample in a case study such as this (Ritchie and Lewis, 2003, Bryman, 2008). My aim was to achieve this number and, beyond that, to take a flexible approach to sample size. I anticipated that a combination of purposive sampling and snowball techniques would best access the range of professionals sought.

Sample selection proceeded on this basis and thirty-nine professional participants were identified, including two practitioners who piloted the interview schedule. In discussion with staff responsible for the leadership of the ECM/CAF developments, nine managers from health, social care and education settings involved with these developments were identified and invited to participate. Using this purposeful approach, I also sought the participation of the 10 District Operational Leaders (DOLS) appointed over the fieldwork period. These DOLS held the main operational
responsibility for Souhtown ECM/CAF services, including the co-ordination and chairing of CAFTAC meetings. All agreed to participate.

To identify participants working directly with children and/or families, on my behalf the CAF administrator sent an invitation to all professionals who had participated in a CAFTAC meeting for a Souhtown child aged 5-13 years (App.3:9). I anticipated that this might not produce sufficient numbers within my timescale. Therefore, I simultaneously adopted a snowball approach, asking interviewees to give information to other practitioners who met the study criteria, with a request that I be allowed contact them. As the process of sample selection unfolded I purposefully sought to ensure that it reflected the varied settings and roles of professionals involved with ECM/CAF processes by seeking the support of the CAF administrator, district managers and DOLs in identifying appropriate potential participants within particular settings, as necessary. In addition, in a recursive approach that reflected the themes emerging in the data analysis, because of their roles in ECM/CAF related services three further practitioners were invited to participate. All agreed. Table 4.2 outlines the ECM/CAF-related roles of interview participants in each of the four broad settings identified. In total, the sample included nine senior managers, ten DOLs and twenty-nine practitioners.

**Table 3.2 Designated setting and role of interviewees**

<table>
<thead>
<tr>
<th>Designated setting</th>
<th>Interviewee roles</th>
<th>No. of interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Senior staff/district service managers: 4</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>District Operational Leaders (DOLs): 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professionals/para-professionals involved in direct practice: 8</td>
<td></td>
</tr>
</tbody>
</table>
Social care

Senior staff/district service managers: 3
District Operational Leaders (DOLs): 5
Professionals/para-professionals involved in direct practice: 5

Health

Senior staff/district service managers: 2
District Operational Leaders (DOLs): 2
Professionals/para-professionals involved in direct practice: 3

Voluntary

Professionals/para-professionals involved in direct practice: 5

By the end of the process, the spread of interviewees across service settings broadly reflected the key services involved in ECM/CAF services, as estimated by service managers and CAF administrative staff. Its composition illustrated the increasingly complex networks of roles and settings that marked child welfare services in the study area and in the UK more generally, as Table 4.3 below indicates.

Table 4.3 Service setting, agency and role of interviewees

<table>
<thead>
<tr>
<th>Designated service setting</th>
<th>Agency and role of interviewees</th>
<th>No. of interviewees (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>School based participants, including head-teachers, learning support and family support staff plus CYPS centrally-based learning support staff.</td>
<td>14</td>
</tr>
</tbody>
</table>
Social care  Most CYPS participants, including family support, social work, early years, youth offending, youth services, children’s social care workforce development staff.

Health  Primary Care Trust (PCT) participants, including school nursing, health visiting, CAMHS staff.

Voluntary Sector  Staff from child support, domestic abuse and housing agencies.

Professionals’ focus groups: All professional and para-professional staff involved with ECM/CAF processes in the study area were invited to attend either of the two focus groups in which the initial findings were shared and discussed (App. 3: 10). One group included eight participants, the other six. All but one was an interviewee.

Second Parent focus group: Five parents attended the re-convened group, including an additional participant invited by a relative. The new participant also met the sample criteria.

Negotiating access

Negotiating access to interprofessional services brings with it particular challenges. Agencies have different priorities, standards and ethical procedures, and differing perspectives on the research issues they see as their concern (Balen et al., 2006). Access also needs to be negotiated on the ground, where success is far more dependent on local and individual factors.

I first applied for and received approval for the study from Sussex University Research Ethics Committee. Negotiating access with Southtrust Children and Young Peoples Services (CYPS) directorate was a straightforward and positive experience. Following discussions with managers, I wrote to the CYPS Director, including a completed
Association of Directors of Children’s Services research application. In October 2008, access was agreed and the study welcomed (App. 3:11).

Negotiating access to NHS staff proved more challenging. Although no direct engagement with NHS patients was planned, a full submission to the NHS Ethics Committee was required. This included detailed information about interviews, focus groups and the information to be sent to all potential participants. Despite helpful advice about local Ethics Committee practices, my submission was met with a request for amendments and further information, in relation, for example to the vignettes to be used and how the term ‘rights’ would be explained to child participants. Concerns were expressed about children’s capacity to understand confidentiality. I was advised that the inclusion of children under 9 was unlikely to be approved. The application was re-submitted with these points addressed. Approval was granted in October 2008 and the submission described as ‘very good, and very thorough’. The Committee remained concerned about the participation of ‘vulnerable young children’ but ‘was reassured’ that the research was endorsed by a national children’s charity (App. 3:12). The approval of the local PCT and Acute NHS Trusts, separately applied for, was received soon afterwards.

A national children’s charity had agreed to facilitate access to service users and to co-facilitate children’s and parents groups. Unfortunately, for operational reasons, the organisation later proved unable to offer this support. As an alternative, I negotiated access to children and parents as described above. These changes necessitated a further full submission to the NHS Ethics Committee. Approval was granted in June 2009, but led to a delay of several months.

Because of local management of schools procedures, CYPS approval did not include access to school-based services. I sought access to school-based staff on an ad hoc basis, where a staff member already had agreed to participate. This caused no problems and little delay.

Throughout the fieldwork I was dependent on the support of the ECM/CAF administrator. Initially she identified and contacted potential interview participants and issued invitations to participate. Throughout, she contacted participants on my
behalf, as I followed further leads. Schools structural independence was reflected in
their variable participation in ECM/CAF processes. As the main source of referrals for
children aged 5-13 years, the result was a very erratic flow of appropriate referrals.
Along with administrative systems that did not allow easy identification of referrals by
child age or district, this meant that my requests put additional strain on an
overworked administrative team. However, thanks to the administrator’s unfailing
support sufficient potential interview participants and CAF records were identified.

Data analysis

Analytic approach
My aim in analysing the data primarily was to describe how informants constructed
their conceptualisations of children’s rights – the networks of meaning they drew on -
and to capture and interpret ‘common sense, substantive meanings in the data’
(Ritchie and Lewis, 2003:202). I also wished to consider how these descriptions and
interpretations might be understood within a wider theoretical framework.

With these considerations in mind, and a focus on content, an abductive approach was
taken to the data analysis. Some procedures associated with grounded theory were
used, such as an ‘iterative, or recursive’ approach (Bryman, 2008:541) that included
coding and comparison of data and a concern to saturate categories and draw on them
to develop more general analytic frameworks. However, unlike grounded theory, there
was no intention to introduce theoretical concepts at ‘an early stage’ (Strauss and
Corbin, 1994, Ritchie and Lewis, 2003). This approach supported a Bourdieu and ANT-
influenced theoretical perspective. It encouraged attention to complexity,
complemented the multi-dimensional and iterative process used in the data collection,
and helped exploit opportunities for triangulation. It also allowed both human and
non-human-created aspects of the data be treated as ‘situated accounts’ (Spencer et
al., 2003:202).

I took a systematic approach to the analysis. All data elements were firstly read and
explicit and implicit attention to children’s rights noted, along with a note of where
attention to their rights might have been expected but was omitted. To aid this inductive process the term ‘rights’ was not defined nor its use circumscribed.

Then an NVivo8 (an established software package that aids the thematic analysis of qualitative data) and Word in-text word searches were used to identify the contexts in which rights-related terms were used (see Chapters 4, 5 and 7). UNCRC categories, the groupings of the UNCRC articles used in UN Periodic Reports (UK Government, 2007) and ECM outcomes were drawn on to help explore and develop the categories identified. My aim was to identify and explore trends and patterns in where and how children's rights were assembled, conceptualised, enrolled and legitimised within and between different data elements.

Two-stage analysis

I anticipated that the interviews and CAF records would provide a large amount of rich and complex data, more than could be analysed in depth within the resources available. Therefore, the findings of an initial analysis of all data were shared with professionals and parents (Phase 3 of the research design). Then in a second analytical stage a sub-sample of the interview and record data were identified for in-depth analysis. Its purpose was to develop a thematic framework that expressed the sense-making at the heart of the data, grounded in how the participants talked and the examples and ‘pragmatic presuppositions’ used (Hemrica and Heyting, 2004:454). This acted as a prism through which to revisit and review the rest of the data. The initial analysis is referred to as Stage 1 and the further analysis of the sub-sample as Stage 2.

Stage 1 analysis

Documentary analysis: The abductive analytic approach described above was used to explore how children's rights were reflected in policy texts. The findings are reported in Chapter 4. Leads were followed to related policy documents and additional policy data analysed. As a result, themes and categories were identified. A chronological and cross-sector approach was developed to explore these categories/network elements further.
**CAF record data:** I had ‘read only’ access to CAF record data so a manual analysis was undertaken of this element. I created a cross-record analysis of the demographic profile of the referred children and families, reasons for referral and case progress. Records were scrutinised for evidence of the inclusion of children’s views and their impact. An initial analysis of the concepts and categories emerging from the record data and what they suggested about conceptualisations of children’s rights was developed.

**Children’s and parents’ focus group data:** The focus group discussions were printed and coded in a similar way to the first stage of the interview data analysis (see below) and analysed using a whole group analytic approach (Ritchie and Lewis, 2003). Group dynamics, interactions, topic coverage and the influence of other views were noted and their impact considered (Ritchie and Lewis, 2003). A cross-cut analysis explored differences between the CFG and the first PFG in relation to issues identified.

**All interview data:** I used an incremental approach in the analysis of interview data. Firstly, data were transcribed as soon as possible after the interview, printed, read, and a conceptual map developed to identify key themes and narrative features. Each interview was entered in NVivo8 and indexed to provide a demographic profile of the sample. A cross-sectional analysis of the 10 statements explored similarities and variation in responses between interviewees and between statements. An inductive approach then was used to code the data in a multi-dimensional way, to identify concepts or ‘discrete phenomena’ (Bryman, 2008:544) and capture the multiple case examples, ‘stories’, perspectives on and dispositions towards children’s rights that emerged.

Then, using NVivo tree nodes, sections of text were coded and organized to identify elements drawn on in conceptualising children’s rights. Using the cross-referencing ability of the software, these were grouped, cross-cut in various ways and modified to generate categories and identify their properties (Silverman, 2001). NVivo and manual concept mapping were used to develop and explore emerging themes and patterned regularities across the data. Additional interviews were arranged to increase the data available on emerging categories.
Data from the policy analysis, the CFG and first PFG were explored in relation to the categories emerging in the interview data to increase category ‘saturation’ (Ritchie and Lewis, 2003:545) and identify connections. The findings of the CAF records analysis were drawn on in a similar way.

Once the identification and saturation of categories seemed complete a report of initial findings and emerging themes was prepared. This Stage 1 analysis was discussed with focus groups of professionals and parents, using vignettes and statements to focus on differences in interpretations of children’s rights to emerge from the data. Participants were asked for their views on whether the data matched their understandings of perspectives within their settings and help me understand differences in perspective, how they might be accounted for and how they might impact on practice.

**Stage 2 analysis**

**Identification of interview sub-sample for stage 2 analysis**: To support an in-depth analysis of the Stage 1 findings and emerging themes a sub-sample of interviews and CAF record data was identified. The interview sub-sample was limited to ten, on the basis that six to ten chunks of data were sufficient for detailed analysis (Silverman, 2001). To provide as much opportunity for triangulation as possible, my starting point was to identify interviewees who also featured in the CAF record data. As opportunities for rich analysis increased where interview data overlapped with more than one CAF record and where the interviewee settings reflected the interprofessional focus of the study, these two factors were used as secondary filters. I was concerned also that the sub-sample selection was flexible enough to include attention to key themes emerging from the initial analysis. This factor operated as a final filter. Table 3:13.1 in Appendix 3:13 sets out each stage of the selection process.

The CAF referral form was completed by the professional initiating the referral. Notes of CAFTAC meetings were taken by an administrator who prepared a draft record using the CAF format. This was checked and amended as necessary by the CAF Chair before distribution. Twenty-two of the thirty-nine interviewees were recorded in the CAF record sample as attending a CAFTAC meeting. Of these, thirteen had roles as Lead
Professional or CAF chair and therefore might have been expected to contribute to the CAF record. Of this group, eight were from education settings, five from social care, and none from a health or voluntary organisation setting. Using the filters outlined above, the interview transcripts of seven of these thirteen were included for in-depth analysis. In addition, data were included for two health setting interviewees, who were recorded as invited attendees in the CAF record sample. The tenth interview included was from a social care setting, chosen because the CAF/social care interface had emerged as a key concern from the initial data analysis. Interviewees from voluntary organisation settings were not included in any CAF records and seemed to play a very peripheral role in ECM/CAF developments. Therefore their data was not included in the sub-sample. Table 4:4 sets out the settings and roles of the interviewees included in the sub-sample.

**Table 4.4 Interview data for Stage 2 analysis**

<table>
<thead>
<tr>
<th>Settings of interviewees in Stage 2 analysis group</th>
<th>No. in this setting (n=10)</th>
<th>Interviewee roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>4</td>
<td>1 SM*, 1 DOL**, 2 Pract***</td>
</tr>
<tr>
<td>Social care</td>
<td>4</td>
<td>3 DOL, 1 Pract.</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>1 DOL, 1 Pract.</td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>1SM, 5 DOL, 4PPract.</td>
</tr>
</tbody>
</table>

*SM: Senior Manager  **DOL: District Operational Leader  ***Pract.: practitioner

**Stage 2 data analysis**

The ten interview transcripts selected for in-depth analysis were subjected to close and repeated reading and, drawing on and developing the NVivo coding already in place, further interrogated and explored in relation to the emerging themes, the categories and indicators that underpinned them and data from the focus group discussions of the initial findings.
Because of its perceived dominance in child welfare discourses (Ife, 2001, Woodhead in Percy-Smith and Thomas, 2010), the use of the term ‘needs’ was analysed separately in the second stage of the analysis. The possibility that the language used in phrasing the statements influenced the language used in the responses was explored through cross-cutting analysis of and between statements and participant responses. For the purposes of triangulation, a close reading was undertaken of linked CAF records linked to explore and compare how the rights issues identified in the interview data were described and framed within these records.

In synthesising this analysis different intersecting cross sectional cuts were taken through the sub-sample transcripts and explored in relation to the Stage 2 data. This led to the identification of three key interconnected themes which seemed particularly pertinent in what was included, what was excluded, and what could be said about the impact of the context in how conceptualisations of children’s rights were assembled. These were conceptualisations of childhood, of children’s rights and interviewee dispositions and are reported in Chapters 6, 7 and 8.

These understandings then were considered further, synthesised and integrated within the wider data and the literature review to arrive at the theoretical analysis provided in Chapter 9.

**Ethical considerations**

This study raised a number of ethical concerns which I tried to meet honestly and transparently. They are discussed below.

**Ethical approvals and participant consent**

Ethical approval from the University of Sussex was received in July 2008. This included requirements relevant to work with vulnerable participants and with children and an up-to-date CRB check. I also met the ethical requirements of the CYPS, the NHS and relevant partner agencies (see above). These included attention to participants’ informed consent and ethical processes of engagement, safeguarding, confidentiality and data management.
In the main, these requirements seemed appropriate. However, some aspects of the NHS Ethics Committee processes and requirements were extremely detailed and took little account of the interprofessional nature of the project. This meant that the ethical concerns of other agencies, regardless of their relevant expertise, potentially were overruled by the NHS Ethics Committee. An example was the level of detail expected in the initial information for potential service-user participants (see Apps. 3: 6; 7; 8). This seemed to take little account of literacy levels or cognitive development. Neither I nor the professionals involved with these potential participants thought that the NHS requirements would ensure that potential participants had the opportunity to make an informed decision about their involvement. I met these concerns by asking the children’s group facilitator to initiate informal discussions about the study and basis of participation with the children and, where possible, with their parents. I then visited the group and provided further oral information and responded to children’s questions. At this stage the formal information sheets were distributed by the group facilitator to children and their parents/carers where she thought appropriate and as a basis for further discussion. In relation to potential PFG participants I provided the link professional with written information and discussed the issues with her as a basis for her informal discussions with parents. Where parents expressed an interest, she then gave them the information sheet.

The information sheets provided to all potential interview and professional focus group participants outlined the purpose of the study, my background, what participation would involve and how it would be supported and how issues of safeguarding, confidentiality and data management would be dealt with (Apps. 3: 9;10). All included my contact details and an opportunity to discuss any questions or concerns. Parents/carers were asked for their prior written consent to children’s participation.

At the beginning of each focus group and interview the information provided was discussed again and participants informed of their right to withdraw consent at any time during the event or the duration of the project (Apps 3: 1; 3; 9; 10). In the focus groups ground rules were discussed and agreed. Written consent was obtained from
all participants (Apps 3: 14; 15; 16). I am content that these processes met my own ethical concerns and the requirements of all agencies.

**Participant engagement and protection**

My priority when incorporating the view of service users was to ensure that participation should do no harm, that participants should feel supported and that none should be, or feel themselves to be, excluded or marginalised.

Given the confines of the study and the potential vulnerability of some child and parent participants, potential participants were not included if the co-facilitators had concerns about their ability to cope. A process for dealing with child protection concerns was agreed in advance with the CYPS and all agencies involved and communicated to all participants. Child safeguarding issues emerged in relation to information shared by one child. The co-facilitator and I discussed these immediately after the CFG, she contacted the child and arranged safeguarding support. Information about how to raise concerns with my supervisor about any aspect of the process was made available but not exercised.

Everyday language was used and written materials were kept to a minimum, and accompanied by an oral account, to ensure that cognitive and literacy skills were not a barrier to participation. To support participants, reduce anxieties and help manage group dynamics, the service-user focus groups were co-facilitated by professionals with whom participants had an existing relationship. Venues, provision of refreshments, group discussions and activities all were designed to ‘optimize enjoyment’ (Hill, 2006:80). Professional interviewees chose the interview time and venue and were provided with the interview guide prior to the interview. To ensure that service user participants were not out of pocket the University and CYPS offered help with the cost of childcare and travel expenses. Service-users received formal written acknowledgement and a gift token in recognition of their participation.

**Anonymity and confidentiality**

Participants’ consent included agreement to maintain confidentiality and my commitment was that data were treated confidentially in accordance with the Data
Protection Act 1998 (DPA 1998a). Nevertheless, I was aware that both service-user and professional participants were likely to know other participants. I, too, knew some informants. This created particular ethical issues around confidentiality.

To limit intrusiveness and increase awareness of confidentiality, service-user participants were advised that there was no obligation to share personal experiences and examples were provided to illustrate the risks involved. Interviewees, too, were advised that although practice examples were welcome, there was no obligation to share personal or professional experiences. Where it seemed that the same ‘critical incidents’ were identified by more than one participant, I sought to explore these without referring to other participants involved. Where professionals were suggested as possible participants by another professional this connection was made known when contacting them. Where an interviewee named another participant I maintained a non-committal approach. I was careful not to attribute information shared to individuals, whether gained during the study or previously.

Participants’ consent included agreement to electronically record interviews and focus groups, with an option that I would take notes if they preferred. No one exercised this option. An anonymised report of the focus group and invitation to comment was provided to the co-facilitators for circulation to participants. No comments were received. Interviewees were invited to indicate any comments they wanted excluded from the interview record. One did so in relation to some personal information and her request was met. The transcripts were verified by interviewees, who again were invited to indicate material they wanted included or excluded. One requested the inclusion of an additional point; none asked for exclusions.

All interview and focus group data were anonymised, with information about sources available only to me and my academic supervisors. Code numbers distinguished individual participants for research purposes. Although it limited the detail included in the thesis, to protect interviewees’ anonymity quotes were attributed to participants by broadly-defined service settings and not by role. To protect the anonymity of the small number of male participants the female pronoun was used in all quotes. Where indirect attribution seemed possible, changes were made to minor details in quotes.
and reported comments (Ritchie and Lewis, 2003). Focus group reports included no identifying details. All CAF records were anonymised by CYPS administrative staff before being shared with me and identifying details removed. Documentary data that might identify the study site were anonymised and included without explicit references.

Anonymised data was stored in a locked filing cabinet on university premises. Where necessary, contact details were stored separately in the same location. Electronic copies of data are stored in password-protected folders on university computers and, along with contact details, will be disposed of securely when the thesis is completed. In order to develop publications related to the thesis, anonymised interview and focus group transcripts will be held for five years after the thesis examination and then disposed of securely. All quotes used in publications and presentations resulting from the study will be anonymised and no identifying details used.

**Evaluating the research**

Measures of reliability and validity used in quantitative studies were inapplicable. Moreover, from an ANT perspective in particular, external reliability, in the sense of the potential replicability of the findings is almost a contradiction in terms. However, if reliability is construed as ‘sustainable’ and validity as ‘well-grounded’ as Ritchie and Lewis suggest (Ritchie and Lewis, 2003:270), the study can be evaluated positively on such methodological measures.

**Sustainability**

Each element of the study was designed to be as independently robust as possible. The iterative approach taken allowed for earlier findings to be tested in later phases of the fieldwork and its analysis, to check ‘accuracy of fit’ (Glaser and Strauss, 1967) across participants etc. Sampling was designed to be ‘symbolically’ representative of the target population’ (Ritchie and Lewis, 2003:272), including service users. However, it was based on voluntary participation and therefore excluded the views of those not choosing to participate in the study and/or in the local ECM/CAF initiative. The use of
workshop and interview guides and allocation of a common length of time for interviews helped ensure consistency in approach.

**Well-groundedness**

The design chosen aimed to maximise the study’s internal validity and ‘represent accurately those features of the phenomena it was intended to describe, explain or theorise’ (Hammersley in Ritchie and Lewis, 2003:273). Pre-participation information and interview guides were consistent and consistently provided. Provision of interview transcripts and focus group summaries encouraged transparency, and a degree of respondent validation (Bryman, 2008:377). The validity of the ‘understanding and representation’ (Ritchie and Lewis, 2003:273), or what Guba and Lincoln (in Bryman, 2008:377) termed the ‘dependability’ of the findings were further tested through checking interpretations with focus group co-facilitators and sharing and discussing initial findings with professionals and parents.

A degree of ‘triangulation of sources’ and ‘theory triangulation’ (Ritchie and Lewis, 2003:276) in exploring the research question was achieved by exploring the inter-relationship between policies, records and researcher-created data. Deviant cases were used to check and refine the analysis. Nevertheless, there were limitations: the study size and its interprofessional nature meant that sample numbers from any one setting were small; and, as is common with case studies, the uniqueness of the study site was evident (e.g. its limited ethnic diversity), which has implications for any claims to external validity.

**Researcher standpoint**

My previous role and professional networks within Southtrust meant that my standpoint in relation to this study was one of insider and outsider. I also recognised that my disposition and habitus is rights-oriented (Harker et al., 1990). I was concerned that these factors might lead to assumptions, by me and others, about the research context and/or how children’s rights were or should be constructed in that context.

To meet these concerns, in introducing the interviews and focus groups I explained my researcher status whilst briefly mentioning my previous role. Very occasionally an
interviewee assumed that previous employment in a children’s charity meant I had a particular construction of children’s rights. My response was noncommittal, whilst seeking to explore the interviewee’s perspective (Ritchie and Lewis, 2003). In addition, service-user participation, external advice on the interview guide, the number and range of interviewees identified and the attention given to deviant cases all helped reduce the ‘danger’ that my disposition towards children's rights would support ‘a preconceived account’ (Silverman, 2010).

Conclusion

In this chapter I have outlined the methodological approach taken and the methods used to manage effectively the challenges presented. I have explained the research design, the value of the methods chosen and the rationale for the combination of methods used. I have drawn attention to the challenges presented in managing the process of gaining access and ethical consent in interprofessional contexts. The realities of data-gathering in relation to child welfare services that depend on the voluntary engagement of professionals and settings was described briefly. The phases of the study and data-gathering methods and approaches to analysis used illustrate the iterative approach adopted throughout this work and the attention given to ensuring that the approach and analysis were ethical, trustworthy and credible.

In the next chapter the national and local legal and policy context is explored. The findings of the initial analysis of other aspects of the data are described and considered in Chapter 5. This is followed by three chapters that explore in more depth some of the key themes to emerge before building on this to synthesise the findings in Chapter 9.
Chapter 4  Policy context

Introduction

My objectives in this chapter are twofold. Firstly, they are to provide an account of the political and policy context in which the study took place, to help clarify what was described as ‘a hideous mass of complex legal and policy changes’ (Harris, 2009:358). In addition, I explore whether and how conceptualisations of children’s rights were drawn on, organized and translated in these policies and the functions they served (Law, 1992). Both aspects are important because policy texts, along with workplace structures, are some of the ‘materials’ and ‘competences’ upon which professionals might be expected to draw in conceptualising children’s rights and its impact on their practice approaches.

This chapter focuses initially on the cross-cutting policy developments coming up to and during the research period. This is followed by a sector-based exploration of the contemporaneous social care, education and health policies. Then Southtrust’s local response to these developments is outlined briefly before the chapter concludes with an overview of the place and portrayal of children’s rights within this rapidly shifting legal and policy arena. Appendix 4: Table 1 provides a chronological list of the main developments.

Pre 2001: the background

In 1995, in its response to the UK’s first Periodic Report on the implementation of the UNCRC (UN, 1995), the UN Committee pointed to an ‘insufficiency of measures taken to ensure the implementation of the general principles of the Convention’ (para 9); inadequate attention to child poverty; and the absence of the ‘best interests’ principle in most policy areas. Other concerns included children’s lack of participation rights, particularly in education, and the continued legal acceptance of ‘reasonable chastisement’ of children and low age of criminal responsibility. The Committee recommended that the UNCRC be incorporated into professional training and made
widely known ‘to adults and children alike’ (UN, 1995, para 26). As Fortin (2005:47) stated, the Committee ‘made it reasonably plain that for a wealthy nation our record is relatively poor’.

Over the same period research indicated that the CA1989 had been 'only partially implemented' (DH, 1995b:15), particularly in relation to children experiencing neglect and/or emotional abuse and in service co-ordination. Child abuse inquiries identified a lack of focus on the child and on interprofessional communication (Corby, 2000). These criticisms provided the basis for policy development after the 1997 election (Frost and Parton, 2009).

The Education Act 1944 underpins UK education policy, setting out that pupils ‘are to be educated in accordance with the wishes of their parents’ (Harris, 2009:335). The 1988 Education Reform Act (ERA, 1988) concentrated policy developments on curriculum, attainment and school management, areas on which children had no say. Thus Harris (2009) described children's rights within education as a game of ‘catch-up’.

In the health field the Polnay Report (1995), ‘the first formal review’ of health services for school-aged children in Britain, shifted attention from a concern with childhood morbidity and health surveillance to the structural contexts and inequalities underpinning poor health (Blair and DeBell, 2011:616). It identified rapidly increasing rates of asthma, ‘widespread evidence of increasingly unhealthy lifestyles' (Polnay, 1995:2) and the health impacts of discrimination and wealth inequalities (p.12). Children's rights explicitly underpinned its analysis.

In 1997 the new Labour government instigated a debate on civil rights and citizenship, concerned with issues such as privacy, immigration and social disorder. These concerns were reflected in subsequent legislation and policy, including a national minimum wage, the Data Protection Act (DPA, 1998a) and the Human Rights Act (HRA, 1998b), implemented in October 2000 (see Chapter 1). Because the HRA and ECHR do not give automatic priority to the 'best interests of the child’ there were fears that they might restrict children's rights. However, a 2005 assessment of the ECHR’s impact on children's rights found that:
‘when children’s claims do not endanger their parents’ rights, but are independent challenges to the criminal justice system itself, the Strasbourg institutions are willing to interpret their rights vigorously’ (Fortin, 2005:60).

From the outset, the Labour government identified children as a ‘top priority’ (Blair, 1999). An end to child poverty was to be achieved by ‘investing much more directly and strategically in improving the quality of human capital’ (Frost and Parton, 2009:162). Thus, education was identified as the ‘number one priority’ in tackling disadvantage (Blair, 1999:9). The first Comprehensive Spending Review (CSR) set out a target-driven programme, including better co-ordinated preventive front-line services and ‘the biggest single investment in education’ in UK history (Brown, 1998:4). ‘Matching rights with responsibilities’ was a key concept (HM Treasury, 1998:2). New initiatives ensued, including Sure Start and the Children’s Fund, two multi-disciplinary, community-based, preventive programmes for children and families in deprived areas.

2001-2005: Labour’s second term

A cross-cutting strategy for children and young people

In May 2001 the Labour Party won a second term. Its comprehensive and co-ordinated approach to children’s services gained momentum with the publication of the ‘Building a Strategy for Children and Young People Consultation Document’ (CYPU, 2001a:p.3). Unlike any subsequent document it was underpinned by explicit attention to the rights of children across the age-range. Children were conceptualised as actors in their own lives and the impact of structural and social contexts framed as rights issues:

Children and young people live in the same communities as adults and have to cope with many of the same day-to-day challenges...As they grow up, children and young people have rights to expect high quality services to help them prepare for their young adult lives and the responsibilities and challenges that will follow...just as the UN Convention on the Rights of the Child makes clear... (CYPU, 2001a, para 1.7:6-7).
Contemporaneously, guidance entitled ‘Learning to Listen: core principles for children and young people’s participation in Government’ was issued, identified by the government as a ‘step change’ in children’s participation in policy development and service delivery (CYPU, 2001b).

In the same year the ‘Health for All Children’ (‘Hall 4’ Hall and Elliman, 2003) report highlighted social and environmental factors as ‘determinants of health’ and fed into ECM and its health services companion policy, the National Service Framework for Children and Maternity Services (NSF). Elsewhere in government the focus was on children’s protection and behaviour, with the publication of Lord Laming’s Report (2003) on the death of Victoria Climbié and the extension of controls on children’s behaviour and freedom of movement through the Anti-Social Behaviour Act (ASBA, 2003). Breach of an ASBO was a criminal offence, with Parenting Orders included if the court was satisfied that this was ‘desirable’ (CPS, 2012), amidst reports from the Children’s Rights Alliance for England’s (CRAE) that ‘Lord Justice Brooke could not believe the Government intended to pass legislation that so deliberately flouted children’s human rights’ (CRAE, 2005).

The Every Child Matters (ECM) initiative and Children Act 2004

The 2004 Child Poverty Review reiterated the Government’s strategy of ‘achieving equal opportunities for poor children and thus eradicating child poverty’ in accordance with the principles of the UNCRC (HM Treasury, 2004:9). The Review reflected a shift towards pre-occupations with economic prosperity and parental responsibilities.

The cross-government green paper Every Child Matters Change for Children (ECM, DfES, 2003) refocused the objectives and delivery mechanisms of English child welfare services. Children’s ‘needs’ rather than rights were fore-grounded within its outcome-based framework. ECM was embedded in legislation by the Children Act 2004 (CA, 2004b). Local authorities were given a legal duty to plan and provide ‘joined up’ services through Children’s Trusts and improve children’s well-being (Sec.10) with ‘effective multi-disciplinary teams’, often co-located, using common processes and
terms of reference\textsuperscript{11}. The role of Lead Professional (LP), a Common Assessment Framework (CAF, App.10:1) and a national information-sharing database (Contact Point) were introduced to help bring about these changes, supplemented by policy guidelines directed at different professional groups e.g. (DH, 2003, HO, 2005, DH, 2004b).

The CA2004 also established the post of Children's Commissioner for England (CCE), responsible for ‘promoting awareness of the views and interests of children’ (UK Government, 2004, Sec.2.1, UK Government, 2004), but without power to initiate investigations or take up individual cases. During the passage of the CA2004 through Parliament the government unsuccessfully contested an amendment requiring the CCE to ‘have regard to’ the UNCRC (Sec.2:11) (Vevers, 2007). The Minister, Margaret Hodge, also opposed attempts ‘to criminalise parents for smacking’ and said government would ‘resist a free vote’ in this matter (Hansard, 2004, Col. 1011).

Perhaps it is not surprising, therefore, that ECM Change for Children and most related policy documents (DfES, 2004a:11) made no reference to the UNCRC, the ECHR or children's rights (Lyon, 2007a). Listening to children had a low profile in these documents and there was no suggestion that children under 14 contribute to decision-making.

The following year the Children’s Workforce Development Council (CWDC) was set up to support the development of an integrated children’s workforce strategy. The CWDC became central to the ECM initiative, providing guidance for inter-professional education and practice and a range of NVQ qualifications. In 2005 it published the ‘Common Core of Skills and Knowledge for the Children’s Workforce’ (HM Government, 2005, CWDC, 2010), identifying six ‘core competencies’ for all those working with children, young people and their families. These included ‘safeguarding and promoting the welfare of the child’ and ‘effective communication’ in which involving children ‘in the design and delivery of the services and decisions that affect them’ was a part (para. 1.3). The document made no reference to children's rights.

\textsuperscript{11} (http://www.everychildmatters.gov.uk/aims/childrenstrusts/) – no longer accessible.
The UNCRC was adopted by the CWDC to ‘underpin’ its work. However, attention to children’s rights in its publications was haphazard and sometimes bizarre, as its glossary definition of the UNCRC, which does not mention rights for children in the UK, illustrates:

The UN Convention on the Rights of the Child was adopted by the UN General Assembly on 20 November 1989. It identifies that children need special care and protection and that the family is the main form of protection for children. It emphasises the need for legal protection for the child before and after birth and the importance of respecting the cultural values of a child’s community. It emphasises the important role that international co-operation can play in achieving children’s rights (HM Government, 2005:29).

Simultaneously in the health field, and with a focus on participation unusual in children’s health (Cavet and Sloper, 2004), children and young people were consulted on the development of the new national standards for children’s health and social care (NSF, DH, 2004b:10). The NSF 11 Core Standards (DH, 2004b:9) included health promotion, improved access to services and tackling health inequalities. It identified the UNCRC and ECHR as underpinning legal frameworks, emphasised direct engagement with children in identifying their needs (DH, 2004b:150), and advocated the dissemination of information about children's UNCRC rights ‘through public education campaigns, and training and supervision for staff at all levels within the organisation’ (DH, 2004b:149).

2005 – 2010: Labour’s third term

Rights and responsibilities

Labour won a third term in 2005. Their Manifesto introduced ‘a new social contract with rights matched by responsibilities’ and reiterated a commitment to abolishing child poverty (Labour Party, 2005:8).

Soon after, a pre-budget report, Support for parents: the best start for children (HM Treasury/DfES, 2005) reiterated that ‘rights and responsibilities’, defined as a
'partnership between parents and government' (sic) was an underpinning principle. Parenting Orders were introduced ‘as a last resort’ for irresponsible parents (HM Government, 2006b). The report made no mention of children's rights, except in relation to special educational support.

In 2007 the Treasury initiated three ‘sub-reviews’ of children’s and young people’s services to advise the 2007 Comprehensive Spending Review (HM Treasury/DCSF, 2007d:Annex A). Each was to consider risk and protective factors in relation to common themes, one of which was the integration of ‘rights and responsibilities for individuals, families and communities’. However, discussion of financial support for families, ‘classroom teaching and learning practice, school admissions’ and ‘other school organisation issues’ were expressly excluded (HM Treasury/DCSF, 2007d, Annex A:94). These Aiming High reviews (HM Treasury/DCSF, 2007d) demonstrated a patchy inclusion of children's rights, which were ignored in one (HM Treasury/DCSF, 2007a), limited to social inclusion references in another (HM Treasury/DCSF, 2007b), and linked to responsibilities in a third (HM Treasury/DCSF, 2007c:7). There was no reference to the UNCRC or to children’s participation in service planning and commissioning. A separate document, Children and Young People To-day (DCSF, 2007a) reported on on-line surveys and consultations with children and parents undertaken within the same restricted parameters as the sub-reviews. Children raised concerns about poverty, housing and lack of play opportunities and the pressures experienced around schooling and in their local communities. The report did not mention children's rights or the UNCRC.

The Children’s Plan

In May 2007 Gordon Brown replaced Tony Blair as Prime Minister. The change was marked by an explicit intention to reduce inequalities and with increased central monitoring (HM Treasury, 2007, Frost and Parton, 2009, Harris, 2009).

Brown established the Department for Children Schools and Families (DCSF) and in December 2007 ‘The Children’s Plan: Building Brighter Futures’ announced a ‘new engagement between Government, children, families and experts’ (DCSF, 2007b) based on a Children and Young People’s Plan for England. Drawing on the Aiming High
reviews and other evidence, the Plan was based on five principles – to support parents and families, to develop children’s potential, for children to enjoy their childhoods, for services to be ‘shaped by and responsive to children, young people and families, not designed around professional boundaries’ and to prevent ‘failure’ (DCSF, 2007b:4).

The Plan mainly focused on education and an extended role for schools, generating criticisms of ‘educentr(ism)’ (Frost and Parton, 2009). Ofsted inspection criteria were revised to include ‘children’s wellbeing’ (DCSF, 2007b, para 4.76). Nevertheless, children continued to be excluded from the parent-school ‘partnership’ around their ‘learning and development’ (para 4.45). Only in discussing ‘activities’ outside the formal curriculum were schools ‘encouraged to consult with children and young people and their parents’ (Box 3.6). The Plan was topped and tailed with references to the UNCRC and, in a new departure, mapped against UNCRC articles. The map made no reference to articles dealing with civil rights, such as freedom of thought and religion (Art. 14), meeting in groups (Art. 15) or the right to be made aware of UNCRC (Art. 42).

An emphasis on interprofessional working was reinforced by short ‘Info Sheets’ for staff in different settings (DCSF, 2007b) and use of the CAF made a mandatory requirement for all Trusts by 2008 (CWDC, 2007b). Neither the CAF proforma nor the linked Practitioners Guide referred to children’s rights or the UNCRC. However, the Guide made clear that even ‘infants and very young children’ should be involved throughout the CAF process, their views identifiable (CWDC, 2007b:22), and their ‘ideas, solutions and goals’ taken into account (CWDC, 2008). This was reiterated at the end of the CAF proforma (App. 10:1) and there was a section for children’s comments on ‘the assessment and actions identified’, but no opportunity for children to provide their views by other means. In the only references to rights, managers were advised to ‘work towards embedding’ racial and gender equality (p.10) and reminded that non-UK citizens ‘may not have the right to remain’ in the UK (CWDC, 2007a:41). The CWDC Induction Standards publication indicated that awareness of the UNCRC was ‘important’ ‘(f)or new staff working at higher levels’ (CWDC, 2006).
The UK’s Consolidated 3rd and 4th Periodic Report to the UNCRC

The UK’s Consolidated 3rd and 4th Periodic Report on the implementation of the UNCRC (UK Government, 2007) coincided with the publication of the Children’s Plan. It reported a considerable reduction in child poverty, attempts to reduce social exclusion and improvement in children’s participation rights. The work done by campaigning organisations on an alternative UK Periodic Report to the UN Committee (CRAE, 2005) highlighted the potential of new technologies to change the nature of children’s participation in politics and policy development and provided a challenging alternative to the official version. Evidence presented by UK children indicated that they were concerned about their rights and their inconsistent and limited enforcement (UK Government, 2007).

In response, the UN Committee acknowledged recent increased attention to the UNCRC but again expressed particular concern about the lack of a consistent legislative approach. It recommended further progress be made in several areas, including (again) ‘budgetary allocations’, ‘non-discrimination’, ‘corporal punishment’, children’s rights in education and children’s mental health (UN, 2008:1). It repeated that a ‘systematic and ongoing training programme on human rights, including children’s rights’ was needed for all those working with children (UK Government, 2007 CRC/C/15/Add.188, para. 21:26). In reply, the Government stated that an ‘understanding and respect for human rights and children’s rights’ was a requirement of ‘teacher and social work training’ (p.27-28). In the same period another international report, UNICEF’s Innocenti report compared children’s wellbeing in twenty-one industrialized nations (UNICEF, 2007). The UK was judged last country overall and in the bottom third of the rankings for five of the six dimensions used.

Shortly afterwards a children’s workforce review, Building Brighter Futures, included feedback from consultations with children (DCSF, 2008b) and reported that:

The top things they want all people who work with them to have are an understanding of equal opportunities, children’s rights, child protection, disability awareness and confidentiality (DCSF, 2008b:14).
The Review included a joint draft ‘Values’ statement from a range of education, health and social care professional bodies (DCSF, 2008b). It included knowledge of the UNCRC and of children's rights. However, the only mention of children's rights in the resulting 2020 Children and Young People's Workforce Strategy consultation document (DCSF, 2008a) was a statement that ‘being allowed to take on (sic) rights and responsibilities gradually’ (p.12) was an outcome sought for children and young people. It was evident, too, from the 2020 Strategy that the workforce developments envisioned were exceedingly complex and encompassed sectors, such as schools and health services, over which the DCSF had ever-reducing control.

In 2009, following another child abuse tragedy, the political and policy focus turned again to child protection (The Lord Laming, 2009). In response, the government updated the Working Together interprofessional child protection guidance. The guidance was underpinned by the UNCRC, included children's rights to participate and be given information about their rights (HM Government, 2009) and a statement that all training to support inter- and multi-agency work should ‘reflect an understanding of the rights of the child’ (HM Government, 2010b).

2009-10, the last year of the Labour government, witnessed a 13% decrease since 1997 in the number of children living below the poverty line. In a flurry of government activity (DCSF, 2009b, DCSF 2009c, DCSF, 2009a) reservations were withdrawn to aspects of the UNCRC (DCSF, 2009b) and a report, UNCRC: Priorities for action, published (DCSF, 2009b). This made it clear that there were no plans to incorporate the UNCRC into English domestic law, raise the age of criminal responsibility, or ban smacking or the use of ASBOs. Just before the 2010 general election a Children’s Rights Bill fully incorporating the UNCRC into UK domestic law ran its course without a second reading (Hamilton et al., 2010).

To summarise the changes under Labour: Before the change of Prime Minister in 2007, ‘rights and responsibilities’ were increasingly linked, with responsibilities operating as what ANT terminology refers to as an ‘obligatory passage point’ in any consideration of rights (Callon, 1986). Following the change in leadership attention to reducing inequalities increased. It was accompanied by greater centralised regulation and a
move from social care to schools and children’s centres as the location of preventive services. What remained constant was lack of consistency and conceptual clarity about children’s civil rights and political determination to exclude comprehensive acknowledgement of the UNCRC in England.

**2010: Conservative-Liberal Democrat Coalition Government**

The election of the Coalition government in 2010 marked a major shift in economic and social priorities. The DCSF was replaced by the Department for Education (DfE) and many of the initiatives developed by the previous government, including ECM (DfE website, accessed 24-8-2012) were closed. The requirement for Children’s Trusts to produce a Children’s Plan was removed. Several professional bodies such as The General Teaching Council were disbanded and replaced. An Education Act (EA, 2011) increased schools' powers relating to pupil behaviour and exclusions and further diminished the role of local authorities.

In 2011 the UK Children’s Commissioners (2011) undertook a ‘Midterm Review’ for the UN Committee. They identified ‘limited’ (p.4) political progress on children’s rights, noting the Coalition government’s commitment to give “due consideration” to the UNCRC in policy developments. They expressed concern about children’s limited participation (p.7) and reiterated the call for legislation, ‘clear leadership’ and ‘comprehensive training’ on children's rights for the child welfare workforce (Rec.1) and emphasised the need for ‘child rights impact assessments’ (p.10). The devolved and national governments were called on to ‘prioritise services for poor children to address the wide range of inequalities in health and educational outcomes they experience’ (Rec.11). Thus children’s rights in England and the political expectations of those working with them suffered a marked reversal.
Children's rights within social care, education and health services

I turn now to focus on how children's rights were framed within key policy areas and within the requirements of different professional groups over the same period.

Social care services

By the late 1990s the poor public and political image of social work ‘was inextricably interrelated with failures...in relation to child abuse’ (Frost and Parton, 2009:159). Attempts to re-focus and adopt a more holistic approach underpinned the introduction of the Framework for the Assessment of Children in Need and Their Families in 2000 (DH, 2000). The use of ‘performance targets’ and ‘various systems of audit’ was extended (Frost and Parton, 2009:161) and in 2006 a mandatory national Integrated Children’s System (ICS) of recording was introduced in children’s social care.

Some of these developments increased the emphasis on attending to children’s views. Thus the new national Children’s Rights Director for social care sought to ensure that regulations, standards and OFSTED inspection processes took account of the UNCRC (Morgan, 2005:4). However, these developments also led to complaints about additional bureaucracy, restrictive recording requirements, and lack of local and professional flexibility (White et al., 2008, Frost and Parton, 2009, Pithouse et al., 2009, SWTF, 2009). During this period responsibility for ECM/CAF assessments and home visiting services, previously viewed as social care tasks, were included within the remit of other professionals (DfES, 2006a, HM Government, 2006b). With the 2007 Children’s Plan, the focus on schools and children’s centres as primary locations for the delivery of preventive services increased.

To these developments and dissatisfaction were added professional anxieties about state surveillance and intrusion in family life (Parton, 2006, Munro, 2007, Parton, 2010). They fed a more general professional interest in redefining social work and in 2009 the DCSF set up a Social Work Task Force (2009) to ‘undertake a comprehensive review of frontline social work practice’. The SWTF confirmed evidence of the poor, unsafe and un-integrated professional practices highlighted by Lord Laming (2009).
Recommendations for reforms in professional education and in practice standards and regulation (SWTF, 2009) were accepted by the Labour government. A Professional Capabilities Framework (PCF) was developed ‘based on human and civil rights’ (Blewett et al., 2007). One of nine interdependent capabilities - *Rights, Justice and Economic Wellbeing* - included the recognition and application of ‘fundamental principles of human rights and equality’ as ‘protected in national and international law, conventions and policies’ (The College of Social Work, 2012).

On election, the Coalition government commissioned an independent review of child protection in England. It reported that the system had become ‘over-bureaucratised and concerned with compliance’ (Munro, 2011b:7) and the national electronic CAF – *eCAF* - was de-commissioned. The review’s author, Eileen Munro (2011b) ‘strongly endorse(d)’ the PCF and the UNCRC as a basis for social work practice. She recommended that inspection frameworks include attention to children’s views and their impact and that children were recognised ‘as individuals with rights’. However, amidst concerns that the focus on child protection would heighten and narrow service thresholds (Frost and Parton, 2009), Munro’s recommendation that the delivery of ‘early help’ to children and families became a statutory duty was not accepted (DfE, 2011).

The Coalition government transferred the regulation of social workers in England to the Health Professions Council (HPC) which include no references to legal rights frameworks in their proficiency requirements (SWRB & HPC, 2012, para 2.7). Meanwhile, in a 2005 research review Braye & Preston-Shoot found that human rights legislation received ‘detailed teaching’ in only a ‘few’ social work programmes (Braye et al., 2005:75).

**Education services**

In an education policy review Harris (2009) argued that parents’ rights within school settings were ‘intensified’ in the 1980s and 1990s whilst children remained largely ‘absent as actors’ (p.335) with their rights arising ‘merely as a co-relative’ of public duties (p.337).
Under the Children’s Plan schools were ‘to actively contribute to all aspects of a child’s life in terms of health and well-being, safety’ and ‘set a young person up for success as an adult’ (Frost and Parton, 2009:170). In addition, they were to become more autonomous, efficient and competitive. To meet some of these requirements a 2003 workforce remodelling initiative increased schools’ opportunities to employ unqualified classroom assistants (Gillard, 2011). From 2005, school-based Parent Support Advisers (PSA) provided parenting support within ECM/CAF processes.

There were some improvements in children's rights in schools: the promotion of Schools Councils and school-children’s wellbeing has had some positive outcomes, as discussed in Chapter 2; a court decision led to a right for children over 12 to dress in accordance with their religious beliefs (Harris, 2009:342); the Education and Skills Act 2008 introduced duties on state schools to consult with pupils on school policies and on OFSTED inspectors to ‘have regard’ to pupils’ views (p.347). However, children have no right to appeal school admission and exclusion decisions, withdraw from sex or religious education, enter into Home-School agreements, initiate formal complaints or be a party to appeals about Statements of Educational Need (Harris, 2009). In 2009 a major interdisciplinary review of the primary curriculum (The Cambridge Review) reported that children’s ‘statutory entitlement to a broad and balanced primary education was increasingly compromised by a curriculum that lacked attention to their creativity, rights and empowerment (Alexander, 2011).

The Coalition government increased centralised control of state schools, whilst promoting the further autonomy of Academies and free schools. The General Teaching Council for England (GTCE) was disbanded and its revised Code of Practice which required teachers to ‘promote equality’ and ‘uphold children and young people’s rights and help them to understand their responsibilities’ (GTCE, 2009:11) was replaced by ‘Teachers’ Standards’ which require teachers to show ‘tolerance of and respect for the rights of others’ and not to ‘undermin(e) fundamental British values (DfE, 2012). Neither document mentioned the UNCRC or addressed children's participation rights.

Several studies have reported that children's rights received little or no attention in UK teacher training (Osler, 1994, Smith, 2005, Estyn, 2007, Lundy, 2007, Whitty and Wisby, 2007).
Health services

Policy attention to children's rights within health services has focused mainly on their right to confidentiality and their powers of consent. Guidelines based on Lord Fraser’s judgement in the Gillick case were developed in relation to areas such as medical examinations (Hope et al., 2005) and children’s involvement in research (Balen et al., 2006). From 2003 the NSF began to reflect wider changes in disability rights, in patient/professional relationships and child and parent participation (DH 2003 in Cavet and Sloper, 2004:9).

Health policy reflects the complex, diverse and often un-integrated organisational and professional structures and service delivery sites in this sector. Thus, the new focus on health promotion was viewed mainly as a matter for the promotion of self-care and ‘wellbeing’ within school settings (Watson et al., 2012). School nurses, each responsible for ‘clusters’ of schools (DH, 2004b, para 3.22:37), have a brief that included working interprofessionally to identify and take action on health inequalities whilst increasing obesity-related operational demands include providing information on the height and weight of all primary school-children (DH, 2012). Changes in health visitors’ role to health promotion and targeted support for children and families led to increased caseloads and professional tensions (Barker, 2009, Baldwin, 2012).

Children are the highest users of GP services (DH, 2004a). However, in 2004 a Chief Nursing Officer Review found GP practices had a shortage of nurses skilled in working with children, leaving children vulnerable and ‘missing opportunities for prevention and early intervention’ (DH, 2004a:107). This was seen as partly related to lack of attention to children’s health needs within general nurse training (Simons, 2002, Freeman, 2005) and to some GPs reluctance to ‘allow’ practice nurses partake in child protection training (DH, 2004a), a responsibility made explicit in the new Working Together guidelines (HM Government, 2010b). The Review was clear that nurses were expected to ‘hold themselves accountable’ for children’s health outcomes, ‘challenge other professionals’ as necessary and change ‘nursing culture to one that promotes self-care and empowers children and families’ (DH, 2004a:100).
The Hall (2006) report drew particular attention to the unmet mental health needs of children, with more than half of those with significant need unable to access Child and Adolescent Mental Health Services (CAMHS). In 2008 an independent review of CAMHS (CAMHS, 2008a) reported ‘a bleak picture’ (p.8) and called for ‘a step change’ in the accessibility and consistency of CAMHS at national, regional and local level (CAMHS, 2008b, para 4.7). It made no reference to children's rights or the UNCRC, but a National Advisory Council identified young people’s participation as a key development area for CAMHS (NAC, 2011:4), a finding borne out by other studies (Davies and Wright, 2008). Attention to children’s mental health and well-being within schools was also the subject of criticism (Coppock, 2010, Watson et al., 2012).

Attention to children’s rights is made more challenging by the discrete education, management and professional leadership within the health workforce (Cottrell and Kraam, 2005, Barker, 2009). For example, health visiting, midwifery and nursing professional organisations took differing approaches to the ‘no smacking’ children campaign (Taylor and Redman, 2004), human rights were not a high priority in nurse education (Chamberlain, 2001) and the Nursing and Midwifery Council Code of Practice, published in 2008, whilst requiring nurses and midwives to uphold ‘peoples’ rights, makes no reference to children (Nursing & Midwifery Council, 2010).

To sum up: Within a paradigm in which parents’ rights and responsibilities, rather than children's rights, were foregrounded, the Labour government shifted the primary responsibility for the delivery of preventive child welfare services from social care to school settings. These settings are closest to children’s everyday experiences but were also those in which experience of supporting parents and families was least developed and least attention was paid to children’s civil rights. Interagency differences and inconsistencies were compounded by variations in the degree of control exercised by policy-makers, by differences in accountability structures, and in the requirements and expectations of professional bodies, all of which were exacerbated with the change of government.
The Southtrust policy context

Policy and planning within the study area broadly reflected shifting national political agendas. Before and during the study period there was evidence of changing commitment to and variable interpretation of integrated Tier 2 services with the lack of consistent focus on children’s rights even more pronounced at this local level.

With the initial support and goodwill of the CYPS directorate, in 2006 the development of ECM/CAF services in Southtrust was entrusted to four enthusiastic service managers with leadership provided by the local authority education service. From the outset, one of their aims was to identify a child-centred process for CAFTAC meetings. More than ten consultative papers were produced to try and engage and accommodate differing service and professional interests. However, mixed policy messages at national level, regional NHS re-organisations and changes within the CYPS directorate led to a loss of local leadership and to drift around the implementation of the ECM/CAF programme.

Following the 2007 national political changes and the publication of the Children’s Plan, in 2009 lead responsibility for ECM/CAF was taken on by a new member of the CYPS senior management team. A district-based ‘virtual’ delivery model was agreed. The model was less ambitious than previously envisaged, excluding most social care and disabled children’s services. In March 2010 Southtrust signed up to an ECM/CAF ‘Working Guide’. This put ‘the needs of children, young people and families’ ‘at the heart of all activities’ stating that they should be involved ‘in all aspects’ of service ‘design, delivery, monitoring and evaluation’. Other principles included ‘ensuring that the best interests of the child and family and reduction of risk are met’. Detailed threshold criteria for each service tier were identified. The Guide proposed that the responsibilities of Lead Professionals - often para-professionals from education settings - were increased to include the co-ordination and chairing of CAFTAC meetings. However, it made no mention of children’s rights, the UNCRC, or the 2006 multi-agency rights-based Participation Strategy. Children were not involved in its development and there was a particular lack of clarity around whether they were included in the guidelines on consent to information sharing.
As the fieldwork finished this less ambitious programme was taking shape as Southtrust faced the post-2008 spending crisis and the policy changes following the 2010 general election. By spring 2010, a member of the CYPS directorate described ‘full implementation’ of CAF as ‘a long way off’, commenting that the Trust, with a ‘pivotal’ role, had been ‘very passive’ and was yet to ‘face up to’ the financial and other responsibilities involved. Moreover, despite a ‘long term’ aim for CAF to be fully implemented it was evident from the tone of the Integrated Working Guide that many schools had yet to be persuaded to take part.

Conclusion

These wide-ranging legal and policy developments shared an emphasis on cross-agency working and a focus on outcomes and shuffled towards an increasingly holistic approach to children’s welfare. As this condensed review has shown, however, children’s rights often were hi-jacked in pursuit of other political agendas, and there was limited engagement with, and resistance to, overcoming the limitations on children’s civil rights. By 2005 there is evidence of a steady retreat by central government from the aspirations around children’s rights set out in the 2001 ‘Building a Strategy’ consultation document. Nevertheless both the UNCRC and the HRA had a significant impact (Lyon, 2007a) and the UN Periodic Review serendipitously coincided with a change in government leadership and an increased commitment to some aspects of children’s welfare rights.

Child poverty was reduced under the Labour administration and children’s health and wellbeing projects promoted in schools. Support around parenting skills, social inclusion and anti-bullying initiatives increased the potential to improve the quality of children’s lives and relationships. However, the top-down and centralised policy approach taken suggests that very often the primary discourse focused on children - especially those within the study age-range - is as human capital and/or as objects of concern rather than as persons within their own right (Morrow and Pells, 2012), including, some argue, ‘a key aim’ of ‘shift(ing) responsibility for children from the state to the parent’(Such and Walker, 2005:43).
In some sectors there was evidence of an increased emphasis on engaging children’s views in individual professional interactions, including their involvement in decision-making. However, in most, as Lyon and others (Cavet and Sloper, 2004, Such and Walker, 2005, Lyon, 2007a, Harris, 2009) pointed out, children’s views had little influence. Moreover, children were specifically excluded from commenting on some of the policy areas with most immediate impact on their lives, such as education, child-parent relationships and the criminal justice system. In many of these areas children’s rights had to be fought for through the courts and were contested by the government to the highest levels. On other occasions, according to Lyon, children’s views have been misrepresented (Lyon, 2007a). These developments led Such and Walker to define the political and policy perspective on children’s rights as:

‘a vision of unidirectional relationship between parents’ responsibilities and children’s rights: parents are the guardians of children’s rights and are responsible for their fulfilment ‘(Such and Walker, 2005:44).

This political ambivalence is reflected in the use of ‘rights’ language in policy documents. Explicit attention to children’s rights in early consultative documents was not reflected in resulting guidelines. Even where clearly underpinned by legislation and where professional requirements were explicit, rights language was rarely used in relation to younger children, and firmly linked with responsibilities when used in relation to older children and parents. There was an absence of references to the ECHR and the HRA (Lyon, 2007a). Where the UNCRC was mentioned it was as a ‘general principle’ or value. In the 2007 Children’s Plan children’s civil rights mainly were ignored although the CAF proforma gives some encouragement to the inclusion of children’s views. CWDC workforce guidelines and codes of practice reflect a particularly un-integrated and unengaged approach to the UNCRC.

There is evidence of a lack of consistent and effective leadership within government, public sector child welfare service organisations and from professional bodies in furthering children’s rights in this period. Leadership of campaigns for children’s rights was provided mainly by non-governmental organisations, the courts and some quasi-
independent inspectors, such as the Children’s Rights Director. This lack of political commitment and inconsistent conceptualisation of children and their rights may have contributed to the ease with which many of the gains in children's rights that were made were undermined on the election of the Coalition government. Policy developments in Southtrust reflected national trends. Work on the ECM/CAF initiative was well under way by the time this study started, but by the time the fieldwork ended the implications of the down-turn in the economy and changes in political direction had already become evident.
Chapter 5  Assembling children's rights: description and initial analysis of findings

Introduction

This chapter moves on from the wider policy framing described in Chapter 4 to lay out the primary data collected as part of this project. The chapter builds on the argument of the thesis by exploring, describing and comparing the varied approaches used by study participants in conceptualising children’s rights, along with the constructions evident in CAF records. It identifies some key issues for more detailed examination in later chapters. The main findings are described using a broadly sequential approach, mirroring the iterative sequencing of the data collection and illustrating the influence of earlier findings on later data collection and analysis.

The chapter begins with a report of the findings from the children’s and the parents’ service users’ focus groups. This is followed by an analysis of the interview data, which includes interviewee responses to issues raised by children and parents, the categories of rights interviewees identified and sources of meaning drawn on. The third section provides a brief account and analysis of the data from my observations of meetings. This is followed by a description and analysis of the CAF record data, showing how children's rights were reflected in these texts. Finally, the professional and parent’s focus groups reflections on the emerging findings are described briefly, before drawing the chapter to a conclusion.

Children’s and Parents’ Focus Groups

This section describes the themes that emerged from the children’s (CFG) and parents’ (PFG) focus group discussions of their views and experiences of children's rights, their reflections on the case scenarios provided (App. 3:1), and their expectations of professionals with respect to rights identified. Reflections on the design and process of the groups are included in Chapter 9.
Children’s focus group

Five children attended a CFG in August 2009 in the premises of a children’s voluntary organisation. They included one 15-year-old girl and two boys and two girls aged 12, all with experience of interprofessional child welfare interventions. One lived in long-term foster-care, another had been recently accommodated by the local authority. Three lived at home, two of whom were without current social work support and one the subject of a CAF. At least two were living with domestic abuse. One explained that he had problems with concentration.

The children were interested in knowing about their rights, but lacked familiarity with rights language, concepts and categories. They struggled to identify rights they thought they had. Indeed one commented early on that ‘only adults have rights’. With the exception of ‘going to school’, those rights they did identify often were mentioned because they felt they had been violated, as Table 5:1 indicates.

Table 5.1 Children’s focus group - rights and responsibilities identified

<table>
<thead>
<tr>
<th>Focus of right</th>
<th>Examples of perceived right (no. mentioning this) (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voice</strong></td>
<td><strong>Rights:</strong></td>
</tr>
<tr>
<td></td>
<td>To speak my mind (4)</td>
</tr>
<tr>
<td></td>
<td>To talk about family worry if making you really sad (1)</td>
</tr>
<tr>
<td></td>
<td><strong>Not a right</strong></td>
</tr>
<tr>
<td></td>
<td>To talk about family member’s circumstances ‘unless it involves you fully’ (2)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td><strong>Rights:</strong></td>
</tr>
<tr>
<td></td>
<td>To go to school (majority)/ To learn (majority)</td>
</tr>
<tr>
<td></td>
<td>To have a school timetable (1)</td>
</tr>
<tr>
<td></td>
<td><strong>Violations:</strong></td>
</tr>
<tr>
<td></td>
<td>Having to wear school uniform (2)</td>
</tr>
<tr>
<td></td>
<td>Not being allowed leave class to go to the toilet (1)</td>
</tr>
<tr>
<td></td>
<td>Right to be consulted re move from class group (2)</td>
</tr>
<tr>
<td><strong>Family life</strong></td>
<td><strong>Rights:</strong></td>
</tr>
<tr>
<td></td>
<td>To choose which parent to live with (at 12, but not if LAC)(2)</td>
</tr>
<tr>
<td></td>
<td>See parents and family if safe (3)</td>
</tr>
<tr>
<td></td>
<td>Supervised access to parent (1)</td>
</tr>
<tr>
<td></td>
<td>Stay out late (1)</td>
</tr>
<tr>
<td></td>
<td>Eat/drink/sleep</td>
</tr>
<tr>
<td></td>
<td>Contact with family pet if LAC *(1)</td>
</tr>
<tr>
<td></td>
<td><strong>Confusion re whether a right</strong></td>
</tr>
</tbody>
</table>
Their discussions indicated that the participants distinguished childhood from adulthood in relation to differentials in power. Most were sure they had a right to be listened to, and, like other young people (CRAE, 2008, OFSTED, 2010b), it was clear that being listened to, involved in decision-making and treated fairly was a priority for them.
School featured as a place of relative calm, but one where several felt their decision-making rights sometimes were breached. The right to be in contact with parents and restrictions on those rights featured for many. They were concerned to protect themselves, and others, at home and in the neighbourhood. However, despite several describing violence at home, they spoke little of and seemed confused about their rights within parent-child relationships.

Their concerns and confusions about their rights focused on their immediate protection and their civil and legal rights. In the discussion of the case scenario (App. 3.1) about a young carer, one spoke of a responsibility to look after herself. Two others identified it as a child’s responsibility to look after parents. Three mentioned taking responsibility for the care of their siblings, none of whom expressed a clear view about whether an 8 year old had a right to expect parental help in getting ready for school. In discussing the other case scenario, they expressed mixed views on whether a child or their mother had the right to call the police if their dad was ‘turning up drunk and causing fights in the house’. One felt the father had a right to be pre-warned; another that the child’s right was ‘not to listen’. They all felt that professionals should help uphold their rights and some mentioned positive experiences in this respect. All mentioned perceived violations of their rights by police and other professionals.

The children seemed poorly informed about their rights and I was struck by the isolation, limited power, and lack of adult support they seemed to experience within and outside their families. They gave examples of occasionally bucking the system by challenging adult authority but seemed to expect, if not accept, that adults governed their lives, sometimes in arbitrary, violent ways. They rarely acknowledged their own capabilities and competences, often evident in their stories. Their isolation seemed to be exacerbated by views about the rights of birth family members to confidentiality, and the absence of attention, until prompted, of their own right to share or withhold information. Three identified a parent as someone who might stick up for them, two said they would stick up for themselves. Overall, they focused on being heard and respected in the here and now, rather than on rights that might lead to wished-for outcomes for themselves in the future - on being rather than becoming (Lee, 2001).
Parents’ focus group

The first parents’ focus group (PFG) took place in a children’s centre in September 2009. Of fifteen parents invited, seven (six females and one male (with partner)) participated. The majority lived in two-parent households. Two were employed part-time in an early years’ setting, the remainder unemployed outside the home. Between them, they parented fifteen children aged from 3 to 21 years. All had at least one child within the study age range and current or previous experience of using interprofessional child welfare services. These included services for children with additional learning, communication and/or behavioural needs, for children excluded from school and for parents with post-natal depression and/or parenting difficulties.

The parents were keen to share their views and identified a wide range of children’s rights (Table 5.2). They all stated that, just like adults, children had the right ‘to speak out and be listened to’ (their emphasis), a right not to be discriminated against, and a right to be free to enjoy ‘what’s out there’. They emphasised a right to be safe at home and elsewhere, not to be bullied, to live in well-maintained housing and to have a ‘free education, with support for special needs’.

Table 5.2 Parents’ focus group - children’s rights and responsibilities identified

<table>
<thead>
<tr>
<th>Focus of right</th>
<th>Example (no. mentioning this) (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voice</strong></td>
<td><strong>Rights</strong></td>
</tr>
<tr>
<td></td>
<td>Children’s opinions count (all)</td>
</tr>
<tr>
<td></td>
<td>To make choices, including choice not to do things… (all)</td>
</tr>
<tr>
<td></td>
<td>Provided safe and able to make decisions for themselves (all)</td>
</tr>
<tr>
<td></td>
<td><strong>Responsibilities</strong></td>
</tr>
<tr>
<td></td>
<td>Saying how you feel and giving your view</td>
</tr>
<tr>
<td><strong>Non-discrimination</strong></td>
<td><strong>Rights</strong></td>
</tr>
<tr>
<td></td>
<td>Not be discriminated against for background, colour, age, disability,</td>
</tr>
<tr>
<td></td>
<td>estate, clothes, - no postcode lottery (all)</td>
</tr>
<tr>
<td></td>
<td>All children are different – this needs to be respected (4)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td><strong>Rights</strong></td>
</tr>
<tr>
<td></td>
<td>To a good, free education, with support for special needs (all)</td>
</tr>
<tr>
<td></td>
<td>Choose secondary school (3)</td>
</tr>
<tr>
<td></td>
<td><strong>Not a right</strong></td>
</tr>
<tr>
<td></td>
<td>Choice re wearing school uniform (5)</td>
</tr>
<tr>
<td><strong>Responsibilities</strong></td>
<td><strong>Rights</strong></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Go to school</td>
<td>To be safe at home and secure from violence (all)</td>
</tr>
<tr>
<td></td>
<td>Have opinions heard re who to live with if parents separate (4)</td>
</tr>
<tr>
<td></td>
<td>To have parental support to get to school on time (5)</td>
</tr>
<tr>
<td></td>
<td>To have contact with/knowledge of non-resident parent (all)</td>
</tr>
</tbody>
</table>

**Family life**

<table>
<thead>
<tr>
<th><strong>Rights</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping out</td>
</tr>
<tr>
<td>Respecting others</td>
</tr>
</tbody>
</table>

**Protection**

<table>
<thead>
<tr>
<th><strong>Rights</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To be safe and secure from violence (all)</td>
</tr>
<tr>
<td>Not to be bullied by adults or other children (all)</td>
</tr>
</tbody>
</table>

**Health & welfare**

<table>
<thead>
<tr>
<th><strong>Rights</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To live free from filth and danger i.e. the right to housing in good repair (2)</td>
</tr>
<tr>
<td>To be in a happy home, to belong at home (4)</td>
</tr>
<tr>
<td>To try out different things, new experiences (3)</td>
</tr>
<tr>
<td>To have someone to talk to/outside help (all)</td>
</tr>
</tbody>
</table>

**Play and leisure**

<table>
<thead>
<tr>
<th><strong>Rights</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To play safely in the park.</td>
</tr>
<tr>
<td>To enjoy themselves and their childhood (all)</td>
</tr>
</tbody>
</table>

**Not a right**

| **To go out alone at night (4)** |

Three PFG participants linked voice rights to relationship building, one saying ‘you start from the very beginning and then they get confidence to talk to you when older’. All felt children had the right to make some choices, if safe to do so. The exceptions were school attendance and rights viewed as dependent on age and competence, where adult decision-making prevailed. Differences of opinion centred on interpretations of children’s competence and its development, and children’s immediate and longer-term best interests around issues such as choice of religion, school, where to live if parents separated, and going out alone. Participants emphasised both children’s present happiness and their developing independence. All felt children had responsibilities from an early age (e.g. 5 years old). These included helping out, respecting others, saying ‘how they feel or think’, and ‘going to school’. They were
perceived as part of the mutual obligations between children, parents and others, opportunities for skills development and a preparation for adulthood.

The majority acknowledged their own power in relation to children. Several mentioned having misused this power, for example by shouting, not listening to children’s views, favouring one child over another, being overprotective, and smacking children. Some saw themselves as the main protectors of children’s rights, particularly in relation to children’s learning needs. As one said, ‘if you don’t kick up a fuss they don’t do anything’. Extended family and friends mainly were referred to as supports for parents, rather than children.

PFG participants reported positive and negative experiences of school, health and other professionals ‘sticking up’ for children’s rights. The latter was considered an important part of professionals’ role because parents might not know about, or might ignore, a child’s rights. It was felt that professionals also should be ‘looking for signs that something’s not right’, ‘making sure a child knows there’s a safe space and someone confidential to talk to’ and drawing any concerns to parents’ attention.

The CFG and PFG had themes in common. These included children’s rights to be listened to and heard, to education, to protection, to have contact with family members where safe to do so, and to be supported by professionals in meeting their needs and ensuring their rights were acknowledged. However, there were marked contrasts between the two groups in the focus and range of rights mentioned. Child participants drew more attention to protection from violence within the home, and to their rights in school and in the community. Parent participants identified a broader range of rights, including children’s future well being. Parent participants were concerned that children should be able to share information with a trusted adult and had higher expectations of professionals’ responsibilities in relation to children’s rights.

**The 10 statements**

Drawing on the CFG and PFG discussions I developed a set of 10 statements for discussion in the interviews with professionals. The statements were chosen to reflect
issues related to children’s everyday lives prioritised by one or both focus groups, including those where there was disagreement about children’s rights.

Table 5.3 The 10 statements

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children should be free to choose whether they want to be involved with a religion</td>
</tr>
<tr>
<td>2. Children should get themselves up for school in the morning</td>
</tr>
<tr>
<td>3. Children should be free to go out alone or with friends in the evenings/ after dark.</td>
</tr>
<tr>
<td>4. Children should be entitled to decide who they want to live with if their parents separate.</td>
</tr>
<tr>
<td>5. Children should be smacked if they have been naughty.</td>
</tr>
<tr>
<td>6. Children should be free to take full responsibility for looking after their parent if s/he has a disability or is ill a great deal</td>
</tr>
<tr>
<td>7. Children should be entitled to give feedback on their teachers and support workers.</td>
</tr>
<tr>
<td>8. Children should be entitled to full-time education if they have been excluded from school.</td>
</tr>
<tr>
<td>9. Children should be free to hang around the streets in groups.</td>
</tr>
<tr>
<td>10. Children should be listened to and their views should have a big influence.</td>
</tr>
</tbody>
</table>

Interviews with professionals

The designated service settings, roles and professional focus of the thirty-nine professional interviewees are described in Chapter 3 and the interview outline provided in Appendix 3: 5. The anonymised interviewee and setting code used hereafter is in Appendix 5:1. Interviewees held a range of professional qualifications, with some social care and education professionals holding multiple, varied qualifications (App. 5:2).
From the outset, differences in interviewees’ narrative styles, conceptual approaches and degrees of engagement with children's rights were apparent. Thus, an NVivo word search for the term ‘right(s)’ identified large differences in the number of times it was used. For example, two interviewees mentioned the term eighty or more times, whilst two mentioned it less than 20 times (App. 5:3). Such differences may represent a difference in the number of rights perceived, and, in ANT terms, reflect the breadth of interviewees’ rights networks of meaning. They also might reflect differences in narrative style, the absence of a ‘language of rights’ (Freeman, 2007) p.6, or interviewees’ interest in reflecting my agenda. The use of rights language is considered further in Chapter 7.

Responses to the 10 statements

Within the first quarter of the interview the 10 statements were introduced to twenty-seven of the thirty-nine interviewees with the caveat that they represented areas of interest to children and parents rather than perceived rights. Interviewees provided written responses to the 10 statements in relation to 5-13 year olds and then discussed their rationale for the options chosen.

Their written responses are set out in Table 5.4, along with the number in which rights language was used in the rationale given. In this analysis I defined rights language as the explicit use of the terms ‘rights’ and/or ‘entitlement’ and/or references to the UNCRC. Although the term ‘should’ may be used as a proxy for rights, since it also is used as a normative statement it was not included. The analysis indicated that even where there was agreement with a statement, rights language was used relatively infrequently.
Table 5.4 Interviewees responses to 10 statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
<th>Rights language used in response (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children should be free to choose whether they want to be involved with a religion</td>
<td>7</td>
<td>13</td>
<td>0</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>2. Children should get themselves up for school in the morning</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>3. Children should be free to go out alone or with friends in the evenings/ after dark</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>4. Children should be entitled to decide who they want to live with if their parents separate</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>5. Children should be smacked if they have been naughty.</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6. Children should be free to take full responsibility for looking after their parent if s/he has a disability or is ill a great deal</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>7. Children should be entitled to give feedback on their teachers and support workers.</td>
<td>8</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>8. Children should be entitled to full-time education if they have been excluded from school.</td>
<td>20</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>9. Children should be free to hang around the streets in groups.</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>10. Children should be listened to and their views should have a big influence.</td>
<td>15</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
There was virtually unanimous agreement amongst interviewees that children should be entitled to full-time education if excluded from school. Sixteen of the twenty-seven used rights language in this context, mirroring children’s legal rights in this area. In contrast, despite overwhelming support for statements 7 and 10, only a small minority of interviewees explicitly identified rights issues in relation to either. This seems surprising given the legal requirements of the CA1989 and the Gillick judgement around children’s participation, but most interviewees were not based in settings where these requirements featured frequently.

Almost all interviewees disagreed with Statement 6 about children’s caring responsibilities for ill or disabled parents, a statement that related to familiar professional territory for many. The majority felt the emotional burden of caring would be too much for a child. Eight described ‘full responsibility’ as an infringement of children’s rights to play, development, welfare, education and/or parenting, which three associated with a child’s perceived right to a ‘childhood’. Very few mentioned a right to additional state resources.

Twenty interviewees felt that children should be free to choose to be involved with a religion. Five identified this as a child’s right. Nine interviewees, including four of six who mentioned that they were religious, stated that choice about religious practice should be open to all children. The remainder added age-linked qualifications associated with children’s perceived gullibility in the face of religions that abused human rights and younger children’s lack of capacity to make an ‘informed choice’ in these matters.

All but four stated that it was a parent’s responsibility to help children in getting ready for school. Three identified this as a right. There were differences in how the role of parents/carers was interpreted, with some emphasising supervisory elements, and others, the provision of emotional support. A majority (19) felt that children, too, had some responsibilities in this area.

Views were divided on who should choose where children lived if their parents separated. Seven agreed with Statement 4, of whom four saw this as related to children’s rights. Another also viewed it as a rights issue, but one with which she did
not agree (36H). Aside from situations of abuse or neglect, half of the interviewees (14) expressed the opinion that children’s views should be taken into account, with parents taking the final decision. An almost equal number (13) stated that children should be able to decide. Nine of these interviewees stated that this should be the case across the study age range. For the other four choosing who to live with was an appropriate decision for older children only. Perceptions of children’s competence and (often) implicit views of adult/parents rights underpinned these responses.

Twenty-three interviewees identified smacking as unacceptable or inappropriate, but in only two responses was this explicitly referred to as a rights issue. Seven felt smacking was acceptable in some circumstances. The responses suggested that wider cultural assumptions about parents’ rights, and interviewees’ own parenting practices, were drawn on in these responses.

Interviewees expressed considerable ambivalence about the two statements related to children’s freedom of movement within their communities. Most did not refer to this as a rights issue. The majority answered ‘it depends’ in relation to both statements and about a quarter disagreed that children should have these freedoms. Two mentioned rights in relation to going ‘out alone or with friends in the evenings/ after dark’, one identifying rights issues for parents as well as children. Three used explicitly ‘rights’ language in relation to the statement about children ‘hang(ing) around the streets in groups’. Only a quarter agreed with the statement, with most mentioning the perceived risks involved. Risk from the behaviour of others was most often mentioned and, to a lesser extent, risk from traffic. One third viewed children as lacking the competence to manage these risks, with differences between interviewees on the age at which competence might be assumed. Inter-generational attitudes seemed a factor in these responses, with several interviewees commenting that they felt it inappropriate and/or found it unsettling for children to congregate in groups.

As Table 5.5 below indicates, in their responses to the 10 statements fourteen of the twenty-seven interviewees either did not refer to children’s rights at all, or referred to them only once. Interviewees based in health settings were slightly less likely to use rights language, but no other marked differences between settings were evident.
Table 5.5 Use of rights language in the 10 statements

<table>
<thead>
<tr>
<th>No. of statement responses in which rights language used</th>
<th>No. of interviewees using rights language in this number of responses (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In more than 6 statements</td>
<td>0</td>
</tr>
<tr>
<td>In 6 statements</td>
<td>1</td>
</tr>
<tr>
<td>In 5 statements</td>
<td>1</td>
</tr>
<tr>
<td>In 4 statements</td>
<td>1</td>
</tr>
<tr>
<td>In 3 statements</td>
<td>6</td>
</tr>
<tr>
<td>In 2 statements</td>
<td>4</td>
</tr>
<tr>
<td>In 1 statements</td>
<td>7</td>
</tr>
<tr>
<td>In 0 statements</td>
<td>7</td>
</tr>
</tbody>
</table>

On many issues the general tone of interviewees’ responses was protective rather than enabling, with adults’ competence and willingness to take decisions on behalf of children assumed. Perhaps surprisingly, a child’s best interests rarely were explicitly mentioned as a right or as the basis for participant’s views. The responses reflected some of the differences in approach to how rights are conceptualised identified in the literature (Hemric and Heyting, 2004, Reynaert et al., 2012). They raised issues, too, about the use of rights language, the ways in which ‘need’ was constructed and the uses to which it was put (Woodhead, 1999). I return to these issues in later chapters.

Here, attention turns to the interview data as a whole to identify the categories of rights interviewees included in their conceptualisations of children’s rights.

**Categories of rights**

I have drawn on the UNCRC categories to aid consistency. The summary presented in Table 5.6 (see Appendix 5:4 for more detailed analysis) indicates the categories of rights given sustained attention by five or more of the thirty-nine interviewees. The number giving these rights ‘fleeting mention’ is included in brackets in Table 5.6. Sustained attention was interpreted broadly, to include anything more than a general reference. Thus, comments such as ‘a right to have access to healthy food’ (18E) and education to support ‘the fulfilment of their ability’ (24E) were interpreted within the Appendix 5.4 analysis, respectively, as sustained attention to Art. 27 physical development rights and to Art. 29(a) education rights. Examples of sustained attention also included many detailed expositions of opinions and case examples.
‘Respect for the views of the child’ was mentioned by all and received far more sustained attention than any other rights category. The right to education, and parents’ rights, were mentioned at some point by twenty-seven interviewees and each given sustained attention by seventeen. Child protection rights received sustained attention by only twelve interviewees, although mentioned by thirty-two.

Table 5.6 Interviewees’ attention to rights by UNCRC categories

<table>
<thead>
<tr>
<th>Rights given sustained attention by &gt; 5 interviewees</th>
<th>Education ints. sustained (fleeting) mention (n=14)</th>
<th>Social care ints. sustained (fleeting) mention (n=13)</th>
<th>Health ints. sustained (fleeting) mention (n=7)</th>
<th>Vol. sector ints. sustained (fleeting) mention (n=5)</th>
<th>Totals (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sustained attention by 20+ interviewees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 12: Respect for views of child</td>
<td>13 (14)</td>
<td>13 (13)</td>
<td>5 (7)</td>
<td>2 (5)</td>
<td>34 (39)</td>
</tr>
<tr>
<td><strong>Sustained attention by 15-19 interviewees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 28: Right to education</td>
<td>7 (9)</td>
<td>6 (11)</td>
<td>2 (3)</td>
<td>2 (4)</td>
<td>17 (27)</td>
</tr>
<tr>
<td>Art 5: Respect responsibilities, rights &amp; duties of parents</td>
<td>8 (9)</td>
<td>5 (7)</td>
<td>3 (4)</td>
<td>1 (2)</td>
<td>17 (22)</td>
</tr>
<tr>
<td><strong>Sustained attention by 10-14 interviewees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 27 (1) Adequate standard of living for mental development</td>
<td>6 (10)</td>
<td>6 (10)</td>
<td>1 (5)</td>
<td>1 (3)</td>
<td>14 (28)</td>
</tr>
<tr>
<td>Art 16: Protection of privacy</td>
<td>5 (5)</td>
<td>6 (8)</td>
<td>3 (5)</td>
<td>0 (1)</td>
<td>14 (19)</td>
</tr>
<tr>
<td>Art 29 (a): Education to develop child’s</td>
<td>7 (10)</td>
<td>3 (8)</td>
<td>1 (2)</td>
<td>2 (2)</td>
<td>13 (22)</td>
</tr>
<tr>
<td>Article</td>
<td>Description</td>
<td>5-9 Interviewees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 19</td>
<td>Protection against violence, abuse &amp; neglect</td>
<td>6(12) 4(11) 0(5) 2(4) 12(32)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 23</td>
<td>Full &amp; decent life for mentally &amp; physically disabled children</td>
<td>3(5) 4(6) 0(2) 3(3) 10(16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustained attention by 5-9 interviewees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 27 (1)</td>
<td>Adequate standard of living for physical, development</td>
<td>4(10) 4(9) 3 1(4) 9(26)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 31</td>
<td>Right to rest, leisure, play</td>
<td>3(9) 4(11) 4 1(3) 8(27)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 42</td>
<td>Make principles widely known</td>
<td>1(2) 4(4) 1(1) 1(2) 7(9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 4</td>
<td>Take all necessary steps to implement..to max extent of available resources</td>
<td>4(1) 7(5) 1 0 6(12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 29 (b)</td>
<td>Education re development of child’s respect for human rights, parents and responsible life.</td>
<td>3(5) 3(3) 1 0 6(9)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 18</td>
<td>Assistance to parents</td>
<td>2(9) 2(7) 1 1(1) 5(18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 2</td>
<td>Non-discrimination</td>
<td>1(7) 3(9) 1 1(1) 5(18)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Differences between interviewees and between settings in the categories that did and did not attract mention and/or sustained attention might be expected. Some rights may have been taken for granted, and their relevance to the interviewee’s role and/or thread of discussion will have varied. Differences in narrative style and in the use of rights’ proxies such as ECM are likely to have had an impact. However, the analysis also highlights rights that seemed overlooked in some or all settings, and perceived rights that currently are not included in policy sources.

Overall, half of the interviewees gave sustained attention to five rights categories or less. Only eight gave sustained attention to ten or more. There were considerable differences between interviewees within and across settings in the number of categories mentioned (App. 5:4). Social care professionals mentioned the largest number whilst those from health and the voluntary sector mentioned least. These differences reduced when the numbers of categories given sustained attention were identified.

Health professionals gave most attention to the responsibilities of parents and to privacy rights, and less sustained attention to other categories than other professionals. More interviewees from education settings gave some sustained attention to children’s rights within education (Quennerstedt, 2009b). They also were more likely to mention welfare/development rights, including fulfilling aspirations, enjoying play and activities and being ‘who they wanted to be’ (34E). Social care interviewees were more likely to mention children’s right to family life. Interestingly, both education and social care interviewees were more likely to mention health rights than health professionals.

Children’s physical development, their access to leisure and to parental assistance, were mentioned by several but given sustained attention by less than a quarter. Children’s right to know their rights and have ‘the support they need in order to be able to execute their right’ (18E) were mentioned by nine interviewees but only given sustained attention by seven. Rights related to moral development attracted little attention.
A relatively limited number of interviewees gave sustained attention to categories other than those outlined above. As Appendix 5:4 illustrates, the limited attention given to the UNCRC general principles in relation to a child’s best interests (10 mentions, 3 sustained) and non-discrimination (18 mentions, 5 sustained) is particularly notable. The latter partly may reflect the limited ethnic diversity of the workforce and the study area. Appendix 5:4 also indicates rights related to children’s standard of health as outlined in Art. 24 (21 mentions, 4 sustained), social development as outlined in Art. 27 (16 mentions, 3 sustained) and social security benefits as outlined in Art.26 (19 mentions, 2 sustained) were rarely the focus of sustained attention. These gaps suggest such areas may be taken for granted and/or not seen as a right, nor interpreted as a professional responsibility, by many.

Several interviewees mentioned that children ‘should have’ a right to ‘love and affection’. These aspects were referred to within general descriptions of children’s rights and in case examples of children seen as neglected. I included this type of data to evidence the questions they raise about the rights categories currently included in national and international policies and conventions.

The findings indicate some areas of commonality, along with wide differences in the breadth and type of categories of rights identified within and between settings.

**Sources of meaning**

The sources interviewees drew on in their conceptualisations of children’s rights help illuminate the influences recruited to their sense-making.

These professionals drew on a limited and varied range of sources. Formal sources included legal and policy texts, of which the most commonly identified were the UNCRC, the CA1989, and policy documents such as ECM. They also drew variously on what I have termed ‘informal sources’, such as their values, and their personal and professional experiences. Several identified interprofessional discussions as a missing source, commenting that they had never had ‘an official interprofessional conversation on children’s rights’ (27E).
The UNCRC, law, policy and values were mentioned more than other sources as primary reference points in interviewees’ conceptual networks. As Table 5.7 below indicates, twenty drew on more than one of these, but only four mentioned drawing on all. Twelve drew on two main sources, usually a combination of law and policy (5). Half (19) mentioned only one primary source, for thirteen of whom this could best be described as their personal or professional values. The other five interviewees identifying one primary source cited the UNCRC (3), legislation (2) and policy (1).

Table 5.7 Interviewees’ primary sources of ‘rights’ meaning

<table>
<thead>
<tr>
<th>Formal and informal sources mentioned as a primary source(s) of meaning</th>
<th>No. of interviewees mentioning this source(s) (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/professional values only</td>
<td>12</td>
</tr>
<tr>
<td>Law and policy</td>
<td>5</td>
</tr>
<tr>
<td>UNCRC, law, policy and values</td>
<td>4</td>
</tr>
<tr>
<td>Policy and values</td>
<td>4</td>
</tr>
<tr>
<td>Law and values</td>
<td>3</td>
</tr>
<tr>
<td>UNCRC only</td>
<td>3</td>
</tr>
<tr>
<td>Law, policy and values and parenting experience only</td>
<td>2</td>
</tr>
<tr>
<td>Personal/professional values and parenting experience only</td>
<td>1</td>
</tr>
<tr>
<td>UNCRC and policy or values</td>
<td>2</td>
</tr>
<tr>
<td>Law only</td>
<td>2</td>
</tr>
<tr>
<td>Policy only</td>
<td>1</td>
</tr>
</tbody>
</table>

No common formal source supporting sense-making about children's rights was evident across the interview data, or within particular professional settings (Table 5.8). ECM, mentioned by twenty-five, was the most commonly identified, followed by the CA1989 (17 mentions). Just under one third (13) mentioned the UNCRC and eight the HRA. Eight of the fifteen interviewees whose primary source of reference included their personal or professional values were from education settings. Six, including three from education, made no mention of law or policy throughout the interview. One experienced professional stated that the term ‘rights’ reminded her ‘of Victorian things like chimney sweeps and children working’ (12H). She mentioned legal and policy texts but did not associate them with children's rights, commenting that she ‘was struggling’ to think of ‘any legal rights and responsibilities for the child’ (12H). On the other hand,
less qualified and experienced professional commented that:

‘I couldn’t do the job effectively without all of that (legislation, UNCRC, ECM) - because the parents’ have got rights as well and I wouldn’t know. I need all those things to work with’. (30 E)

Table 5.8 Legislation and policies linked to children’s rights

<table>
<thead>
<tr>
<th>Sources of meaning mentioned</th>
<th>Education ints. mentioning this source (n=14)</th>
<th>Social care ints. mentioning this source (n=13)</th>
<th>Health ints. mentioning this source (n=7)</th>
<th>Vol. sector settings ints. mentioning this source (n=5)</th>
<th>Total no. of ints. mentioning this source (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Child Matters</td>
<td>7</td>
<td>11</td>
<td>6</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Children Act 1989</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>UNCRC</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Other setting specific legislation</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Human Rights Act 1998/ European Convention on Human Rights</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Children Act 2004</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No reference to legislation or policy</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
Interviewees with higher status professional qualifications were more likely to begin by citing formal sources. As Table 5.9 indicates, however, seniority within CAF-related structures was not, of itself, connected with the number of formal sources drawn on. Social care professionals, whose responsibilities included Tier3 services, were more likely to draw on the CA1989, the UNCRC and/or policy than those from education.

Table 5.9 Formal sources of meaning and professional role

<table>
<thead>
<tr>
<th>No. of law or policies mentioned out of CA 1989, CA 2004, ECM, HRA, UNCRC, DPA</th>
<th>No. of interviewees mentioning this number of policies</th>
<th>Interviewee role (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or more</td>
<td>1</td>
<td>DOL</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>SM</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>3 SM, 5 DOL, 4 Pract</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>1 SM, 3 DOL, 5 Pract</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>3 SM, 1 DOL, 7 Pract</td>
</tr>
<tr>
<td>0</td>
<td>6</td>
<td>1 SM, 5 Pract</td>
</tr>
</tbody>
</table>

When asked initially to share ‘what comes into your mind when you hear the term ‘children's rights’, and at other points, interviewees took different approaches to how they explored the topic and their relationship to it. Some began by mentioning formal rights sources, viz.:

‘Within that the Convention of Human Rights, children’s rights within a European sense, so the legal aspect, within that ECM...protocols, the participation agenda...’ (18SC).

Many others started by identifying categories of rights: ‘Listening to the voice of the child really... being kept safe, that sort of thing’ (22E). Some linked their approach to the kind of ‘thinker’ they perceived themselves to be – ‘but I’m not that kind of thinker. I’m not a policies person... they become part of me. I wouldn’t be able to name them’ (27E). To explore this aspect and gain a sense of the sources most actively drawn on, towards the end of the interview professionals were prompted to identify sources they found helpful in their sense-making. Two thirds, including ten of the thirteen in social
care and half of those in education settings (7 of 14) identified a formal resource that they found helpful (Table 5.10).

Table 5.10 Helpful formal sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Nos of interviewees who mentioned this source as helpful</th>
<th>Nos of interviewees who mentioned this source (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNCRC</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>CA 1989</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>ECM</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>HRA</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other leg</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>None of the above</td>
<td>11</td>
<td>(7)</td>
</tr>
</tbody>
</table>

The resource mentioned as helpful by the highest proportion of those who had drawn on it was the UNCRC (11 of 13). Interviewees commented, for example, that it was ‘something I always carry with me anyway’ (17E) and ‘the first thing that comes into my mind ‘ (13SC). Two thirds of those (16 of 25) who identified ECM as a rights source found it helpful, citing as reasons its breadth - it ‘gives a really big picture’ (38SC) – and/or its use as a proxy - ‘for us that (ECM) helps as regards to the rights because we see those as rights’ (34E). The CA1989 was mentioned as helpful primarily by those with social work qualifications. A range of other policies, government reports and/or reviews were mentioned as helpful by five interviewees. Two mentioned advice from colleagues.

Twenty-three interviewees, from all settings, referred to their own parenting experiences (Table 5.11), mainly when responding to the 10 statements. Few such references were made during other parts of the interview. Three interviewees (16SC, 17E, 31VO) who drew on their parenting experiences throughout identified a rights-based approach as central to their work. References to other ‘adult’ experiences most often related to feeling threatened by groups of young people. Sixteen interviewees referred to the impact of particular professional experiences on their attitudes.
Table 5.11 Personal experiences drawn on

<table>
<thead>
<tr>
<th>Type of experience</th>
<th>No. of interviewees (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>23</td>
</tr>
<tr>
<td>Specific professional experience</td>
<td>16</td>
</tr>
<tr>
<td>Own childhood or birth family</td>
<td>13</td>
</tr>
<tr>
<td>Experience as an adult</td>
<td>9</td>
</tr>
<tr>
<td>None of above</td>
<td>14</td>
</tr>
</tbody>
</table>

Eleven of the thirty-nine interviewees could not identify a helpful formal source in making sense of children's rights. Of these, six mentioned no formal sources and may not have known of any. The other five – including three education professionals – stated they found none of the formal sources of which they were aware very helpful and drew primarily on informal sources.

In summary, most interviewees reported drawing on few, if any, formal sources in making sense of children's rights and no common formal source(s) was drawn on, either within or between settings. ECM came nearest to providing a common source, even though the ECM – Change for Children (DfES, 2004a) makes only one fleeting reference to children’s rights. This may reflect limited familiarity with formal sources, as other studies found (e.g. Braye et al., 2005, Whitty and Wisby, 2007). The data indicated considerable reliance on personal values as a primary source. Mentions of personal experiences generally were confined to discussions of the 10 statements. A small number of interviewees eschewed formal sources, even when they were known to them.

The numbers of interviews in this study are relatively small, and the range of potential categories and sources large, so a relationship between categories and sources cannot be established with any clarity. Moreover, the relationship between formal and informal sources drawn on, and the breadth of categories mentioned, not mentioned, or given sustained attention, was not a straightforward one. However, formal sources were considered helpful by the majority of those who drew on them and the findings suggest a limited association between the use of formal sources of rights’ knowledge, particularly the UNCRC, and the breadth of rights categories identified and commented upon. Thus, seven of the thirteen interviewees who mentioned the UNCRC mentioned
fifteen or more categories of children’s rights. Five of these professionals were within the small number (7) that gave sustained attention to ten or more categories. At the other end of the scale, of the thirteen who drew only on their personal or professional values and/or experience as their primary source, seven gave sustained attention to less than five rights categories.

**Children's rights and professional approaches**

Several aspects of children's rights emerged as common issues within the data, as interviewees reflected on the impact of perceived rights on their own and other professional approaches to the provision of ECM/CAF services. The themes identified reflect, in turn, children’s voice - the area where most agreement was evident; children living in unsatisfactory home circumstances - the area of most concern; information-sharing practices - the area where most interprofessional disagreement was evident; and the place of passion in interviewees’ accounts.

**Children’s voice**

Almost all interviewees agreed that children had the right to state their views and have those views listened to. However, in common with other research, the data indicated significant differences in interpretation of this perceived right (Shemmings, 2000, Bell, 2002, Whitty and Wisby, 2007, Vis et al., 2011).

Most interviewees (26) focused on a child’s right to give their view of their situation, with the majority from education (9) and most from social care (12) referring to this aspect (Table 5.12). For some, ‘*hearing* what life’s like for’ the child (35SC) was seen as ‘*a basic part of everybody’s work*’ (09SC). For others, particularly those from nursing and/or health visiting backgrounds, listening to children in the study age range presented a relatively new and unexplored challenge (03H, 10H, 12H, 13SC).

The processes involved in engaging children’s views received limited attention. Nine interviewees, from a variety of settings, made no reference to their own responsibilities in this area. Discrepancies between settings were most marked around children’s participation in decision-making.
Table 5.12 Interpretations of children’s voice rights

<table>
<thead>
<tr>
<th>Interviewee interpretations of child’s right to have their views respected</th>
<th>Education (n=14)</th>
<th>Social care (n=13)</th>
<th>Health (n=7)</th>
<th>Voluntary sector (n=5)</th>
<th>Total no. of ints. identifying this category (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refs to own professional responsibilities</td>
<td>11</td>
<td>11</td>
<td>4</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Refs to rights re processes, including option of being seen alone</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Refs to rights re processes - recording and control of recording of child’s views</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Refs to rights re content - child’s view of their own situation sought</td>
<td>9</td>
<td>11</td>
<td>6</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>Refs to rights re content - child’s contribution to decision-making sought</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Refs to rights re service delivery - child’s view of service sought</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Refs to rights re service delivery - participation in service evaluation/development sought</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

Less than one third (12) of the interviewees identified a right for a child to some control over the participatory environment and context, including opportunities to be seen alone. A couple provided detailed descriptions of approaches used to ensure that children’s views were represented and recorded accurately. However, less than one fifth (7) mentioned recording children’s views as a child’s right. Despite the responses
to the 10 statements, just over a quarter (12) referred to a professional responsibility to seek children’s feedback on their practice.

Several professionals referred to the obstacles they perceived in this area, some reflecting earlier research findings (e.g. (Bell, 2002). Thus concern was expressed that because ‘you can’t deliver that, so you mustn’t let them down and you mustn’t give them false expectations’ (06E). Two acknowledged that younger children’s views often were overlooked because it took more time to elicit them (08SC) and/or because facilitating their participation was perceived as a specialist skill (09SC). For several interviewees, particularly those from health settings, traditional agency and professional practices that excluded attention to younger children’s views seemed unquestioned.

As their rationale for not including them in decision-making several interviewees mentioned children’s perceived lack of capacity to form a view, or understand the implications of a decision. A couple expressed a more fundamental concern that ‘promoting children’s rights as independent from the families’, might interfere with a professional priority to ‘keep kids involved with benign family members somehow’ (29H).

*Unsatisfactory home circumstances*

Twenty two of the thirty-nine professionals spoke of the serious dilemmas presented in meeting the needs of children who were living with domestic abuse and/or neglect. Difficulties included accessing social care and CAMHS services and responding to children whose ‘case’ did not meet their thresholds.

In situations of domestic abuse the primary concerns of many were the safety of the children, the impact on their development, and recognising that children’s views might differ from those of their parents. Professional attention focused on the non-abusing parent with only one mentioning engagement with the abusive parent/carer. The situation was summarised thus:

‘(Domestic abuse) is very high where we work, and children are involved, and we know the impact of domestic violence on those children. So I don’t actually
Interpretations of professional responsibilities were slightly different in situations of perceived child neglect. Here the focus often was on boundary disputes between professional ‘fields’. Eight interviewees, including some from social care, commented on the difficulty in meeting social care thresholds, reflected by differences of interpretation of the rights of children in situations of ‘low level chronic neglect’ (35SC). Several examples were given where parental dispositions or short-term improvements, rather than children’s welfare rights, were seen as governing social care assessments. An extreme case was described where the children ‘didn’t have beds, or bedding or clean clothes or fresh food. They were sleeping on sofas covered in dog faeces’ (30E). Immediate ameliorative action and some ongoing support by a non-social care professional meant that the family did not meet social care thresholds despite severe underlying issues. Such cases were a source of friction between social care and other settings and ‘most distressing’ (30E) for professionals involved.

**Information-sharing**

Sharply contrasting views were evident around the rights issues perceived in interprofessional information-sharing practices. Some services, particularly CAMHS and social care, were seen by others, especially education, as withholding important information about children and their families, making it difficult for others to understand and respond to a child’s welfare needs. Conversely, interviewees from other settings often described schools as ‘leaky’ (39SC) reflecting perceptions that information was shared widely and privacy rights frequently breached in this setting.

Differing interpretations of children's rights, needs and professional responsibilities and priorities underpinned these strongly held positions. The data suggested that in education settings priority was given to what were perceived, explicitly or implicitly, as children’s welfare rights, over any civil rights involved. The processes involved, in which interprofessional information-sharing might be shared with several staff in seeking to protect a sibling group, include phoning a parent and ‘tak(ing) note... and
we’ll monitor the kids, talk to the children...and fill out reports on them (11E) were of significant concern to many health professionals. One stated that the child had ‘a right to know’ about such practices and that ‘(i)t’s not clear and consent isn’t always sought ... the edges are very blurred’ (10E). However, more usually it was unclear whether parents’ and/or children’s rights were the focus of concern and, in more restrictive settings, whether service users were involved in interpreting their rights in this area. It was notable that little mention was made of how information-sharing rights were understood and interpreted within, rather than across, settings other than schools.

Conceptualisations, passions and dispositions

Children’s rights were seen as important by most and of passionate concern to a sizeable minority of interviewees. The data suggested an uneven association between interviewees’ conceptualisations of and disposition towards rights. For some, a personal and professional commitment was clear, viz:

That UN Convention, I’d like to put that up on my door. I’d like children to know about their rights. (30E)

For others, specific rights could inspire a passionate response, as reflected in a comment that although ‘a really delicate area’ it was ‘vital’ that a child was facilitated in expressing his views about his relationship with his parents ‘because it was from his heart, you know? ’ (34E). Others took a more laissez-faire approach, commenting, for example, that if children ‘want to participate (in a CAFTAC meeting), that’s ok. It can be appropriate’ (12H). For a small number, children’s rights seemed of limited relevance - as one said, she had ‘not thought about it much’ (25VO).

Where interviewees expressed ‘a huge sense of injustice when things aren’t working for children’ (39SC) this was not necessarily associated with attention to their rights. This may have been because, for a minority, rights were conceived as individualised, divisive and/or self-seeking mechanisms, as implied in this quote:

‘I think there’s too much of a division and children’s rights should be promoted through family work.’ (29H)
This interviewee did not ‘necessarily think children need any more training in children’s rights’. Instead, she preferred that they ‘have more training in that citizenship idea’ (29H). Another interviewee also was of the view that ‘we shouldn’t encourage a mere culture of rights, we should encourage a culture of rights and responsibilities’ (04SC).

A more collective conceptualisation of children’s rights was less usual but was evident in examples of children’s participation in service planning and in the following critical interpretation of local policies related to traveller children, viz:

‘We have had quite a lot of conflict within one of our schools recently ... and there’s been a certain level of quite nasty...racism really, at end of day... It’s very much dependent on the actual victim to say that they want (an anti-racist project) to come forward...’(17E)

The interviewee’s preferred option was acknowledgement that ‘(t)his is the fifth complaint we’ve had here. There’s a problem here’ (17E) followed by action that addressed structural and/or systemic issues, an approach that was not available.

The interview data indicated that a multiplicity of elements contributed to the diverse networks of meaning of children’s rights constructed by these professionals. There were differences in the elements included and excluded, in the robustness of individual networks of meaning and in the boundaries and overlap between them (Law and Singleton, 2005). Interviewees’ discussions of the impact of children’s rights on their practice approaches drew attention to interprofessional differences and concerns.

**Observations of meetings**

In November 2008 and March 2009 I observed interprofessional district-based ECM/CAF consultations on the roll-out of Tier 2 ECM/CAF processes. At the first, the emphasis was on encouraging families and schools to engage with CAF. Attendees voiced concerns that many families referred were inappropriately denied Tier 3 services. At the second meeting, led by a member of the CYPS directorate, children’s rights were not mentioned and earlier visions of flexible child-centred Tier 2 services
seemed in abeyance. Management attention focused on service delivery mechanisms, there was reference to ‘a complete lack of continuity and consistency across the referral process’ and the need for new systems including the introduction of detailed ‘threshold criteria’ between service tiers. Staff expressed concern that their roles were not understood. The manager acknowledged concerns about ‘loss of professional status and professional development’ but emphasised a need for ‘cultural changes’. She stated that ‘something more substantial’ needed to be in place before involving children and parents in these developments.

The next two events observed were interprofessional dissemination workshops in February 2010, designed to introduce Southtrust’s ‘Integrated Working Guide’ with a new ‘threshold of need and intervention criteria’ and an extended role for Lead Professionals (LPs). Twenty scenarios were discussed in small groups to seek consensus on interpretations of the threshold criteria. Children’s rights were not mentioned in the guide, or in my hearing.

The scenarios that evoked most discussion related to domestic violence and to parents with learning and/or mental health difficulties. Practitioners’ commented on the ‘huge impact’ of domestic abuse on children and schools’ need to know if it occurred. The manager responded that practitioners should decide whether incidents formally reported by the police ‘constitute(s) domestic abuse in your judgement’. Her rationale was that not all incidents ‘could be followed up’; that information-sharing processes were not ‘all that robust’ with no agreed protocol about ‘who it gets passed on to and how identified’; and that although guidance about protecting children was clear, ‘issues of due process’ meant that the Trust ‘can’t have anarchy in terms of referrals travelling across without parental consent’. These comments were met with silence, visible anger and distress, which in turn led to minor amendments in the threshold criteria. Difficulties mentioned in working with parents with mental health and learning disabilities related mainly to perceptions that adult support workers paid insufficient attention to children’s welfare.

Scenarios associated with impaired physical welfare, such as a ‘messy’ house, ‘running out of food’ or a child ‘consistently’ wearing clothing ‘in poor state’ usually were
viewed as lower-level risk. Several participants identified with parents, commenting that it’s ‘like my house’ and ‘I mean they rip their jumpers’ and that, if not a long-term problem, parents ‘may need a bit of help to make money last, and ‘if they were millionaires I’d be worried’. In contrast, lower thresholds of concern were evident around perceived emotional risk, such as ‘a child pushed aside when seeks affection’.

The fifth event observed was a one-day conference in March 2010 for primary school support staff on ‘reducing barriers to learning’. Good practice approaches in pupil behaviour management and family support were shared and discussed. In one, a handout entitled ‘The 5 R’s’ for effective behaviour support’ was provided but not discussed. It defined ‘Rights’ as ‘the Rights of all need to be discussed with all’. The other four ‘R’s’ were ‘Relationships’ (identified as the primary ‘R’), ‘Responsibilities’, ‘Rules’ and ‘Routines’.

I observed one CAFTAC review meeting attended by a 12 year old and her parent, focusing on case closure. Children’s rights were not mentioned although the child was informed how to access further support. Bell’s comments on the inappropriateness of such structures in engaging children’s participation seemed apt (Bell, 2011). Table 5.13 sets out the sequence of these observations.

Table 5.13 Sequence of researcher observations undertaken

<table>
<thead>
<tr>
<th>Date of observation</th>
<th>Event observed</th>
<th>Focus of event</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2008</td>
<td>Interprofessional, management-led workshop</td>
<td>Staff consultation on Tier 2 ECM/CAF processes</td>
<td>District-based child welfare professionals</td>
</tr>
<tr>
<td>March 2009</td>
<td>Interprofessional, management-led workshop</td>
<td>Staff consultation on service delivery of Tier 2 ECM/CAF services</td>
<td>District-based child welfare professionals</td>
</tr>
<tr>
<td>January 2010</td>
<td>CAFTAC Review meeting</td>
<td>Review CAF progress</td>
<td>Child, mother, DOL, Lead Professional,</td>
</tr>
</tbody>
</table>
February 2010

Two similar interprofessional, management-led workshop events

Tier 2 ECM/CAF Integrated working dissemination of guidance

District-based child welfare professionals

March 2010

One-day conference led by Southtown District’s education professionals

‘Barriers to learning’

Southtown Primary-school pupil and family support staff

Ongoing, ad hoc

Informal comments and opinions

ECM/CAF Tier 2 policy and service delivery

ECM/CAF Tier 2 administrative, policy and service delivery staff

In these events the emphasis on structures, procedures and compliance with government requirements was striking, as was the implicit focus on parents’ rights in management messages around information-sharing.

**ECM/CAF record data**

CAF records formed the shared record of integrated Tier 2 referral, assessment and services processes. As such, they illustrated how rights perspectives were reflected in this aspect of practice and something of the impact of CAF pro formas in shaping professional interpretations and behaviours (Smith, 1993, Pithouse et al., 2009).

**Profile of children and families**

The record analysis covered thirty sequential CAF records for a one-year period. At the end of the period thirteen cases were open, nine closed and three referred to social care. Five cases had lapsed, for reasons unknown. There had been one or two CAFTAC meetings for nearly half (13) of the sample and four or more meetings for a third (App. 5:5).
The named child was female in twelve of the thirty records and male in eighteen. At the first CAFTAC meeting, twenty-seven of the children were between 6 and 11 years old, with more girls at the younger end of the age range (App. 5:6). The ethnicity of all but four children was given as ‘White British’. Two were recorded as ‘White European’, one as ‘White and Black Caribbean’ and one ‘White and Asian’. One child was identified as disabled. Less than one quarter (7) lived in households with both birth parents. Half (15) lived in single parent households, five in households with a step-parent, and three with extended family (App. 5:7).

**Referring agencies**

Schools were the referring agency in twenty-five of the thirty records. Health and social care each referred three cases. About one third of the records indicated that parents or parents and professionals together instigated the request for support. One child was noted as the instigator of a referral (Table 5.14).

**Table 5.14 CAF records - person(s) raising initial concern**

<table>
<thead>
<tr>
<th>Person(s) identified on CAF form as raising initial concern</th>
<th>Referral setting - social care</th>
<th>Referral setting - education</th>
<th>Referral setting - health</th>
<th>Referral setting - voluntary sector</th>
<th>Totals (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional from setting</td>
<td>1</td>
<td>11</td>
<td>3</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Parent and professional</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1</strong></td>
<td><strong>26</strong></td>
<td><strong>3</strong></td>
<td></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

The CAF initiator, the CAFTAC minute-takers and the CAFTAC chairs between them completed the CAF proformas. The approach taken was fairly uniform, although there were differences in how initial concerns were framed and children’s views recorded.
Aside from the initiator, the proforma did not encourage identification of different professional contributions.

**Causes of concern**

ECM/CAF processes were used to address a wide range of concerns (Table 5.15). In twenty-eight records the child’s behaviour and/or social, emotional or (to a lesser extent) learning development was recorded as a concern. The focus of attention was on the immediate rather than the longer-term. In half (15), parenting behaviours and/or contexts were a major focus of concern, thirteen of which also included concerns about the child’s behaviour and development. Domestic abuse, child neglect and parental mental health, all more likely to be raised as issues by professionals than by parents, were mentioned as concerns several times each.

**Table 5.15 CAF records - primary causes of concern**

<table>
<thead>
<tr>
<th>Focus of primary concerns on CAF record</th>
<th>CAF initiated by professional from setting – no. of records where concern raised</th>
<th>CAF initiated by parent - no. of records where concern raised record no.</th>
<th>CAF initiated by parent and professional - no. of records where concern raised record no.</th>
<th>CAF initiated by child- no. of records where concern raised record no.</th>
<th>CAF initiated by another- no. of records where concern raised record no.</th>
<th>Totals (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child (28 cases)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child behaviour/behaviour management</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Learning development</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Social and emotional development</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Young carer</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Health issues</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Types of concerns re</td>
<td>17</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>36</td>
</tr>
</tbody>
</table>
### Children’s participation

Only five records indicated that children were seen alone during the assessment process. Four were aged 11, one was 8 (App. 5:8). Eight were recorded as seen with parents. In more than half (17) the sample, there was no clear indication whether children were seen alone or with parents. Ten of these children were aged 8 or over. The section for children’s comments was completed in one third (9) of the records, left blank in twenty, and an entry ‘not applicable because of child age’ included once (Table 5.16). The section for parents’ comments, which immediately followed the child’s section, was completed in more than half (17) and blank in thirteen. The disparity between the two suggests that attitudes to children’s involvement may account for these differences.

The views of eleven children were explicit within the assessment and referral record, with a partial indication of their views in a further five. No information was provided.
about the views of fourteen children. The views of less than half of those seen with parents (3 of 8) were recorded explicitly.

Table 5.16 CAF records - children’s engagement with referral

<table>
<thead>
<tr>
<th>Children’s recorded involvement in CAF referral process</th>
<th>Child’s views full and explicit</th>
<th>Child’s views partial and explicit</th>
<th>No direct information on child’s views</th>
<th>Total (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child seen alone (5)</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Child seen with parents/family</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Child not seen</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>No information</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>5</td>
<td>14</td>
<td>30</td>
</tr>
</tbody>
</table>

Three children were recorded as attending all or part of all their CAFTAC meetings. Twelve children were present at all or part of at least one CAFTAC meeting. According to the records, seventeen children attended no CAFTAC meetings, of whom nine were aged 8 or over. No child under 7 was recorded as attending a meeting, although there was at least a partial record of their views in three of the seven cases involved, suggesting that child age was a factor in these practices.

Where a child was recorded as seen alone, and their views recorded from the outset, they were more likely to attend CAFTAC meetings. Thus, of the eleven children whose views were evident from the CAF assessment and referral form, eight attended at least one CAFTAC meeting (Table 5.17). These eleven included eight recorded as seen alone, or with parents. Of the five children for whom there was a partial reference to their views, two later attended a meeting. Of the fourteen children for whom there was no record of their views only three attended any CAFTAC meeting. None were recorded as seen alone. Two were recorded as seen with parents.
Table 5.17 CAF records - children’s views and presence in CAFTAC meetings

<table>
<thead>
<tr>
<th>Children’s inclusion in CAFTAC meetings</th>
<th>Child’s views full and explicit in CAF record</th>
<th>Child’s views partial and explicit in CAF record</th>
<th>No direct information on child’s views</th>
<th>Total (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child present at all or part of at least one meeting</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Child not present at any meeting</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>5</td>
<td>14</td>
<td>30</td>
</tr>
</tbody>
</table>

The reason for referral also seemed associated with whether a child’s views were explicitly recorded (Table 5.18). Where domestic abuse or child protection concerns were mentioned, children’s views were fully or partially explicit in most records. Where children’s learning needs, or parental disability or mental health concerns were mentioned, the child’s views were less likely to be recorded. A child’s behaviour and/or social or emotional well-being seemed un-associated with whether their views were recorded. Thus, it could be argued that those children whose life circumstances are often associated with social exclusion – those with learning needs and young carers – were most likely to be excluded in this context also.

Table 5.18 CAF records - children’s views on primary concerns

<table>
<thead>
<tr>
<th>CAF Forms - Focus of primary concerns</th>
<th>Child’s views full and explicit (11)</th>
<th>Child’s views partial and explicit (5)</th>
<th>No direct information on child’s views (14)</th>
<th>Totals (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns re child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child behaviour/behaviour management</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Learning development</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Social and emotional development</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Young carer</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Health issues</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>---------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Totals - concerns re child</strong></td>
<td>12</td>
<td>4</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td><strong>Concerns re parents/parenting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting behaviours/skills/support</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Domestic abuse</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Disability support</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Neglect</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mental health</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Marital separation</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Totals - concerns re parents</strong></td>
<td>9</td>
<td>4</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

The records included five examples of the same CAF initiator involved with more than one record. These numbers are very small, but the analysis suggests that the level of child engagement was more likely than not to be similar across all cases initiated by the same professional (App. 5:9). It seems possible, therefore, that children’s participation had as much to do with the approach of the initiator as with factors such as child age or reason for referral.

CAF texts recruited professional attention in a way that emphasised needs and did not include mention of children’s rights. There also was an absence of rights language in the data recorded by professionals. However, the limited take-up of explicit opportunities to include children and record their perspectives suggested that other factors, too, influenced professional practices.

There were differences between the issues identified as children’s rights by interviewees and the areas of concern identified within the record sample. Although both sets of data identified concerns with parenting capacity and with domestic abuse and neglect, the CAF records contained no explicit references to children’s rights in these areas. In contrast, although access to resources to support children’s behavioural and developmental needs was mentioned by some, the interview data included few references to rights explicitly related to children’s behaviour and wellbeing.
Focus groups’ discussions of initial findings

The study design included discussion of these Stage 1 findings with professionals and with children’s and parents’ focus group participants.

Professionals’ focus groups

Two focus groups for professionals involved with Tier 2 ECM/CAF processes took place in September 2010. One included eight participants, the other six. I outlined the Stage 1 findings and, with the aid of case vignettes, asked for participants’ help in understanding the differences in perspectives and areas of concern identified.

The low level of recording of children’s views was described as shocking by several participants, but confirmed as matched by internal audits. An internal evaluation also found that CAF assessments lacked attention to children’s aspirations, a wider vision and a longer-term view (ProFG1). Several participants mentioned difficulties in addressing children’s participation adequately within CAF processes.

There was agreement in both groups that the findings ‘hit on all the key points’ (ProFG1) and matched participants’ understanding of how children’s rights were interpreted in the study area. Several spoke of how little common understanding about children’s rights they perceived, viz.:

‘I think what happens is we make assumptions that people have got our knowledge base, law, training. It’s surprised me about ECM, and things I thought were quite common, but they’re not’. (ProFG1)

In discussing the main challenges in acknowledging children’s rights the two groups focused on different issues, one on training and management and the other on the tensions experienced by practitioners. These findings are discussed in Chapters 7 and 8.

Reconvened parents’ focus group

Five parents attended the reconvened PFG in January 2011. At the outset, I asked parents to respond privately to the 10 statements. The later analysis of these responses indicated that parents took a similar view to professionals on most
statements, but were more likely to grant decision-making power to children in relation to religion and to choosing where to live if parents separated.

Discussions of the Stage 1 findings focussed on three case scenarios (see App.3:4). Parents consistently commented that professionals should consult a child first about any concerns. They all expected professionals to think and talk to children about children's rights and be advocates for a child, particularly in relation to children's additional learning needs. They expected professionals to watch out for bullying and unhappiness, and expressed surprise that this aspect had not featured more prominently in the interview data. They thought quoting children’s words in records could be very powerful and helpful, with one participant recounting the strong, positive impact of seeing her child's views and feelings quoted in a CAF form.

Information-sharing was discussed at some length and its complexity acknowledged. Several participants were concerned that sharing information with parents, and/or between primary and secondary schools might be helpful, but could ‘make things worse’ for a child. Nevertheless, parents thought that children should have a lot of say in what information about them was shared.

**Children’s focus group**

The children decided not to take up the invitation to reconvene. The professional involved thought their reasons included the time lapse since the first meeting, their changing interests, and the turbulence of many of their lives in the intervening period.

**Conclusion**

Several themes resonated across this Stage 1 analysis of the data. A common finding was the limited range of formal information sources drawn on by participants in making sense of children's rights. Children's rights were interpreted in diverse ways within and between different participants and contexts. The importance that all informants – children, parents and professionals – attached to children's right to have their views heard and respected was the most consistent element across the data, but not generally reflected in the CAF records.
However, even where interpretations about rights categories seemed to be shared the data suggested that this often may have been based on taken-for-granted assumptions. These assumptions seemed to mask more complex differences about how rights were conceptualised. The data analysis undertaken to this point, and the literature review, suggested that at least some of the findings reflected variations in professional knowledge, perceptions and interpretations of the relative importance of the human, civil, and welfare rights of children and parents.

Where disagreements were most contentious implicit assumptions about children, childhood, parents, professionals and their respective rights and responsibilities seemed to underpin the views provided, with implications for approaches to professional and interprofessional practice. In the following three chapters, perceptions of childhood, of children’s rights and the impact of professional structures and dispositions on these conceptualisations are considered in more detail.
Chapter 6  Constructing children

Introduction

Making sense of children's rights involves assembling meanings for the terms ‘children’ and ‘rights’ and the relationship between them. To help explore professionals’ understandings of children as rights-bearers the focus in this chapter is on the constructions of children and childhood on which interviewees drew.

Conceptualisations of children's rights are considered in Chapter 7 and in Chapter 8 attention turns to professionals’ interpretations of these two elements in the contexts of their work. My aim in these chapters is to explore the ways in which a range of elements were – and sometimes were not - unpacked, disentangled and reframed in assembling interviewees’ constructions of childhood, rights and professional approaches (Law and Singleton, 2005).

The chapter begins by considering how childhood and adulthood were constructed in relation to one another. Then the focus turns to areas of (in)competence associated with childhood that had a bearing on perceptions of children as rights-holders. This is followed by consideration of interviewee perspectives on how the competences identified might be acquired and why they might be needed. In the fourth section the sources drawn on by the interviewees are considered before the chapter is drawn to a conclusion.

Childhood and adulthood

At its most straightforward, childhood is depicted as a period defined, partly or largely, by generation and age (Mayall, 2002) with no ‘indisputable criteria’ available in differentiating children from adults (Hemrica and Heyting, 2004:449). In considering constructions of children's rights it was important to explore how childhood was understood by interviewees.

12 As detailed in Chapter 3 (and App. 3:13), the following three chapters draw primarily from the in-depth analysis of ten interviews with professionals and the professional focus groups discussions of the initial findings. All references to the data refer to this Stage 2 analysis, unless otherwise indicated.
Three perspectives were evident in the data drawn on in the Stage 2 analysis, but reflective of the data as a whole, in which childhood, responsibility and power were assembled to differing purposes when compared with adulthood. Table 6.1 indicates key features of these differing perspectives.

Table 6.1: Constructions of childhood

<table>
<thead>
<tr>
<th>Generational construct</th>
<th>Features of childhood</th>
<th>Features of adulthood</th>
<th>Interviewee setting (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred boundaries</td>
<td>Children are people, diverse, with experiences, capacity and responsibilities; childhood &amp; adulthood interdependent; power negotiated</td>
<td>Interdependent with children; variable competences</td>
<td>Social care (4): (15SC, 16SC, 20SC, 35SC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Education (2): (05E, 24E)</td>
</tr>
<tr>
<td>Separate and protected</td>
<td>Children are free-spirited, relatively powerless; childhood as a state protected from risk and responsibilities; power taken by children</td>
<td>Separate state; mainly competent</td>
<td>Health (2): (14H, 36H)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Education (1): (19E)</td>
</tr>
<tr>
<td>Preparation for independence</td>
<td>Children are people; childhood as preparation for adult independence; power granted by adults</td>
<td>Separate state; independent, isolated</td>
<td>Education (1): (33E)</td>
</tr>
</tbody>
</table>

Blurred boundaries

For the majority (6) of the ten interviews included in the Stage 2 analysis, childhood and adulthood were constructed as connected and inter-dependent, with overlapping
features, reminiscent of Prout’s ‘blurred childhood’ (2005:7). Five of these interviewees (05E, 20SC, 24E, 33E, 35SC) drew attention to the similarities, rather than the differences, between adults and children. They made the point that for them, children, first and foremost, were ‘people’, or ‘individuals in their own right’ (05E), albeit variously described as ‘vulnerable’ (33E) and, ‘at times’, ‘forgotten’ (24E). For some, this served to acknowledge their rights-holding status, viz:

‘...actually children’s rights is about respecting that they are people in their own right really’ (35SC).

In the relational world evoked by these interviewees, children’s experiences and competences were seen as varied, unique, relevant and sometimes as cogent as those of adults’. For several (05E, 16SC, 24E, 35SC, 15SC), this meant that children could and should make a significant contribution to decision-making about their needs and lives. Thus, attention was drawn to the need to ‘mak(ing)sure that what we are doing fits in with their concept of what’s going to work in their environment’ (05E) and to the capacity of (older) children to reflect on the importance of their own networks and their parents’ caring skills and ‘have some decision’ and ‘be listened to’ on where they might live if parents separated (24E).

Within these conceptualisations of adult goodwill, presuppositions of ‘the value of democratic family communication’ identified by Hemrica and Heyting (2004:456) and others (Reynaert et al., 2009) were evident. Adult experience and competence was not necessarily assumed. One interviewee suggested that on issues related to parental separation adult decision-making ‘often’ seemed self-interested and included treating the children like ‘the table tennis ball in the middle of a game of ping pong’ (15SC). The diversity of adulthood and a perceived fluidity between it and childhood were evident in her acknowledgement of some children’s greater experience in this area, viz:

‘Not having been in that situation myself it’s quite difficult but having spoken to quite a lot of children ...where it’s a really big issue...’ (15SC)

These factors were evident, too, in another interviewee’s comment on the impact of changed circumstances on aspects of adult-child roles and mutual responsibilities:
‘And it could be a death of a father or mother which might change their role within the family. So yes, they do have responsibilities’ (24E)

Responsibilities were viewed as something we ‘all have’, and that began when children were ‘quite young – younger than five’ (20SC), a taken-for-granted element of social interaction within families. Provided they were not overwhelming and did not detract from children’s access to other perceived rights such as education and leisure, in several interviews (15SC, 16SC, 20SC) responsibilities were construed positively for their contribution to relationship-building, to the sharing of practical tasks, and as opportunities to develop competence. In this, they reflected children’s view of family life as ‘a haven of obligation’ (Thompson in Such and Walker, 2005:48).

**Separate and protected**

Not all interviewees took this approach. From another perspective, childhood was represented as a period of protection from the concerns and responsibilities of adulthood. Three interviewees stated unequivocally that it was inappropriate for children to have any significant responsibilities. For one, responsibilities were ‘like a burden’ (14H) which she did not associate with children in the study age range; for another, caring responsibilities for an ill or disabled parent was something ‘that children absolutely shouldn’t have to’ do (19E). The reason given was that children had a right to a ‘childhood’, described as:

‘...the right to play, the right to be... just to be a child, just doing what you want to do when you want to do it, to a certain extent’. (19E)

Childhood was represented as a short-lived state, to be protected and extended where possible, viz:

‘Yes of course it’s good for them to get up and get themselves ready... but I just think well they’re only children for however many years, aren’t they?’ (19E)

This perspective did not mean that the role of power in adult-child relations was unacknowledged, rather that it was taken-for-granted, consonant with the ‘traditional approach’ to issues of separability described by Lee (2005). Thus one interviewee was
clear that children were less likely to get their rights because ‘they’re much less powerful than adults’ and therefore ‘very much in the hands of those that care for them’ (19E). Within these three interviews adulthood was constructed as a relatively homogenous and stable state, with parents described in definitive and dichotomous terms as ‘mostly reasonable’ (14H) or, alternatively, unfit to parent.

**Preparation for independence**

Another interviewee constructed concepts of generation differently than either of the two perspectives discussed above. For her, childhood was a necessary period of preparation for the autonomy and relative isolation she associated with adulthood, where ‘they’re out in the world on their own’ and ‘getting over’ hurt and adversity was an expected occurrence (33E). Within this construction, responsibilities were to be encouraged and children drawn into the adult domain as early as possible – ‘way before they hit the age of 16’. Thus, she argued:

> ‘I think that’s their right to be enabled to become their own person and become independent and not reliant on me or anybody else’. (33E)

Adults held the power within this dynamic, until they decided to relinquish it, so that ‘up to a certain age they’ve (children) got to conform with parents haven’t they?’ (33E).

**Transitions to adulthood**

Perceptions of a changing power dynamic between adults and children as children got older were evident in all three groupings. Three interviewees in the ‘blurred boundaries’ grouping gave examples from their own parenting of contested but negotiated changes in this dynamic (16Sc, 20SC, 35SC) and the challenges of getting a right ‘balance’ (16SC) as a parent in these negotiations.

Two of the three interviewees in the ‘separate and protected’ grouping described older children’s participation in decision-making as a conflict-ridden power struggle, where their views gained attention because ‘they are able to protest’ (14H) and ‘dig their heels in’ (19E). For one, older children also were perceived as likely to be ‘more affected’ (19E) than a younger child if their views about which parent they lived with were not acknowledged. The views of these interviewees resonate with Thomas and
O’Kane’s findings that some social workers thought children wanted to ‘get their own way’ (1998:142) and Winter’s (2010) perception that younger children may be constructed as less capable of feeling. In the third perspective mentioned the balance of power was likely to move from adults to children earlier in children’s lives than in the ‘separate and protected’ grouping and perhaps more abruptly than in other two.

There was some co-incidence between these inter-generational perspectives and professionals’ settings, resonating with the attention given to children’s views in social care settings (van Bijleveld et al., 2013) and the limitations in such attention in physical health settings (e.g. Cowley et al., 2004, Coyne, 2008, e.g. Barker, 2009, Tompsett et al., 2009). The association between these perspectives and interpretations of children’s competence is considered next.

**Children’s competence to exercise rights**

Differences between children and adults in relation to their competence underpinned all interviewees’ constructions of childhood and of children’s rights. For the purposes of this study two areas were of particular interest – the types of competence identified as relevant and how they were seen to be acquired.

The competences identified and the ways in which they featured within the data varied. The main focus was on cognitive, emotional and, to a lesser extent, moral competences. References to children’s social competence were rare, as were references to physical abilities. Most interviewees took a deficit approach but interviewees within the ‘blurred boundaries’ and ‘preparation for independence’ groupings acknowledged a wider range of competences.

**Cognitive competence**

All interviewees suggested that cognitive competence, combining knowledge and understanding, was needed in a wide range of areas. It was seen as needed, for example, in being properly prepared for school (14H, 16SC), in understanding and avoiding physical risks such as fire (19E) and traffic (16SC, 33E) and in choosing a religion (15SC, 24E, 35SC, 36H). Perspectives on cognitive competence were drawn on by at least half of the interviewees in determining appropriate levels of children’s
engagement in decision-making. These perspectives often reflected Piagetian theories on the egocentric nature of young childhood (Lee, 2005).

As Hemrica and Heyting (2004) also found, cognitive competence was associated with the capacity to ‘take a long term view’ (15SC). Two interviewees (14H, 24E) perceived younger children as lacking this ability, which was viewed as a prerequisite for the exercise of choice about which parent they lived with if their parents’ separated, viz:

‘... whereas for younger children it’s trickier because they’ll just go with whoever hasn’t told them off that morning or something – because they do tend to do that, don’t they?’(24E).

‘Thinking things through’ (15SC) implied breadth as well as length of vision. It was associated with maturity in this eloquent definition provided in the context of children’s participation in service planning, viz.:

‘It is about responsibility. It’s about understanding that this isn’t necessarily all about them, but the broader church... the ability to think things through and that thought process. That’s linked into actions have implications... and understanding the importance of taking things to a conclusion. There’s something in there about their own ability to internalise the process. (Pause) Yeh, confidence...’ (15SC).

In this definition, cognitive competence was defined as something which could be expected to vary depending on the child’s age, experience and confidence, and included responsibility and awareness of others.

**Emotional competence**

The types of competence most often drawn on and that raised most concern related to children’s management of the emotional aspects of their experiences. This was evident in most interviewees’ perception of a child’s need for ‘encouragement... in terms of their emotional wellbeing’ (35SC) in getting ready for school and their perceived lack of competence in choosing which parent to live with and managing the consequences, including that ‘they are maybe going to be put in the position of feeling very disloyal to
the other parent’ (36H). These concerns focused most frequently on children’s relationships with parents/carers, but emotional lack of competence was identified in other contexts also. These included fears that children would not be able to resist the negative influences of others in exploring ‘a radical type of religion’ (15SC) and/or in making new acquaintances in public spaces. In such circumstances, children’s exercise of choice was interpreted, as Vis and colleagues found, as ‘disruptive to their wellbeing’ (Vis et al., 2011:325).

Moral competence

Some interviewees included moral dimensions of competence in their reflections. This was most evident in interpretations of children’s competence to identify an appropriate level of personal responsibility for the care of an ill or disabled parent. It was evidenced in remarks such as ‘(i)t’s nice that they want to help but I don’t think they should have that fully on their shoulders’ (24E). It was evident, too, in the issues one interviewee felt needed to be addressed in supporting a child in coming to a view about which parent to live with:

‘... awareness, understanding emotions, around enabling them to understand the accountability of that decision and what the consequences are’. (33E)

Social competence received little attention. Where referred to, it was viewed as a competence acquired at a later stage of childhood.

The priority assigned to cognitive competence reflects those evident in law and policy, including the UNCRC, the Gillick judgement and legislation such as the CA1989. It includes an emphasis on the management of emotion which, as Hemrca and Heyting found took precedence over ‘understanding in an empathic sense’ (2004:458). It is possible to interpret concerns about children’s competence as at least partly reflecting adults’ capacity to manage issues of attachment and separability, as suggested by Lee (2005). At work here, too, was something like the ‘circularity in thinking’ that Thomas and O’Kane (1998) found. Thus, children might be excluded from participating in decision-making because they were perceived as unable to manage their parents’ lack of competence in managing the emotional impact of children’s preferences.
Interviewees’ varied interpretations of children’s competence raised questions as to how competence was acquired, discussed in the next section.

**Acquiring competence**

The types of competences valued and the reasons for which they were enrolled had implications for how they might be acquired. However, most interviewees gave few explicit indications, aside from age, of how an adequate level of competence might be achieved.

**Age**

As other studies found (e.g. Shemmings, 2000, Barnes, 2007), age was recruited as a marker of competence by all, with increased competence associated with rising age. Most interviewees also explicitly or implicitly acknowledged that ‘becoming an adult’ was a diverse process, dependent on variables including individual differences in developmental capacity and social contexts. However, aside from the parenting capacity of some service users, the competence of adults generally was assumed and constructions of adulthood in this respect attracted little attention.

Age was recruited in more diverse ways than some earlier research suggested (Shemmings, 2000). One interviewee (14H) implied an age-defined process that was particularly abrupt, with the age of 11-12 seen as a transition point. For others the process was more varied. Some linked the age of 5 with the competence to take on some responsibilities, others did not. Many thought it appropriate for children ‘over about 10’ (24E) to influence decisions about where they lived if parents separated. One, however, expressed the view that ‘even for a 13 year old’ the decision ‘becomes a huge responsibility’ and ‘very, very difficult for a child’ (36H), who therefore should not be allowed to take it. This approach suggests, as some theorists do, that ‘growing up’ was the only solution to this impasse (O’Neill, 1998).

Where cognitive competence was emphasised, age-related assessments of competence were more likely to be relied on and were associated with postponements in children’s participation in decision-making. Thus the following quotes demonstrated quite significant differences in how children’s communications were problematised,
situated and interpreted. In the first, the competence at issue was identified as ‘how well you (sic) would be able to articulate the sort of wishes and feelings’ and the suggestion that children under 11 might lack adequate competence viz.:

‘But children of 11 and 12, that’s certainly an age where I think when children need to be very much included ...I’m not saying it doesn’t need to be heard by younger children but I think that’s slightly more complex just because of the child development at that age but I don’t know how well you (sic) would be able to articulate the sort of wishes and feelings in a way that I do think the top end of age group we are talking about.’ (14H)

Alternatively, the capacity to communicate feelings was deemed sufficient to exercise rights to express views and have them acknowledged, viz.:

‘...I think children give feedback in different ways and that’s not just on forms, it also comes out as behaviour, what they say to parents, how well they sleep at night and things like that... we all need to listen to those sorts of things’. (16SC)

**Experience**

Children’s development of competence is related to their experiences (Alderson, 2007, Peterson-Badali and Ruck, 2008), suggesting the importance of attention to children’s ‘being’ and ‘having been’ (Lee, 2001, Cross, 2011). For five (15SC, 16SC, 20SC, 24AR, 35SC) of the six professionals in the ‘blurred boundaries’ grouping attention to the nature and context of children’s experiences – and their reactions - contributed to an interpretation of children’s competences as dynamic and complex.

In exploring appropriate responsibilities for a young carer a professional sought knowledge of a young child’s daily routine and her feelings as a means of understanding her experience and the competences she exhibited:

‘She does know how to call an ambulance but is there a neighbour? It’s about the context of actually ...most importantly ... what does she feel about it? Is she living in fear that something’s going to happen?’ (35SC)
Another interviewee remarked that living in a single parent family meant her children had ‘become very independent and I’ve given them those skills’ (20SC). This interviewee recognised, too, the impact of culture in the experiences available and consequent competence. She remarked, in relation to decision-making around caring responsibilities for an ill or disabled parent that children were:

‘not really equipped emotionally, mentally, socially, in our society - I’m talking about our society here - to give that judgment. They need to be guided’ (20SC)

An interviewee in the ‘separate and protected’ grouping, however, left unmentioned the potential of children’s everyday lives to provide them with relevant, transferable experiences and, consequently, competences in participating in decisions about their lives, viz.:

‘... but it’s difficult talking about children’s rights when you’ve got a 12 year old girl saying I don’t want to go into foster care and yet actually it’s about children’s aspirations in relation to what they know...they can’t do the blue skies thinking because they’re skies have never been blue, so the best that they can hope for is what they know, isn’t it? (19E)

Strikingly, all of the interviewees focused on narrow adult-child contexts and processes in mentioning the acquisition of competences. References to the function of play, wider social relationships and solitary pursuits in this area were at most fleeting, and mainly non-existent. In particular, as Holland (2001) found, few references were made to children’s experiences as competence learners, and none as competence educators within peer relationships. For example, despite the frequency of parental separation and re-partnering within society, amongst the interviewees, and evident in the CAF record data (App.5:7), no interviewee mentioned the possibility that children whose parents separated might know others in similar circumstances on whose experiences
they might draw. In the small number of references to social competences that might be acquired from peer relationships the focus was on ‘becoming’:

‘The social side of it I think is very important because that’s where you form relationships and form friends and know how to interact as you get older, which is an important base for when you get to teenage and adulthood’. (24E)

The potential of children’s peer-related and wider intergenerational experiences in school to support their development of social and emotional competence was not addressed.

**Learning**

Many types of competences can be learnt. Three interviewees referred to the acquisition of practical and independence skills, such as getting dressed and crossing roads, as areas in which competence was learnt. Two described a didactic process - ‘learnt’ from an adult (16SC, 33E). The third described an incremental, adult-defined and adult-led ‘scaffolding’ in which ‘guided by you as a parent’ a child was ‘helped to become more independent’ (36H). Schools were mentioned by all but one interviewee as a source of knowledge about religion - knowledge which would develop the cognitive competence seen as necessary by many in making choices about religious practices. However, only two interviewees (05E, 16SC), both in the ‘blurred boundaries’ grouping, spoke more broadly of providing children with information as a means of developing competences, so that, ‘if you’re saying no to them you’re giving them reasons and helping them understand’ (05E). There was an absence of attention, too, to children’s use of the internet and other means to extend (Lee, 2001) experience and increase knowledge and understanding.

Two interviewees referred to the contribution of mistake-making in competence development. This type of learning was described in relation to older children’s participation in service planning (15SC), and in the development of self-care competences:
‘... my daughter is old enough to know what she wants to take on holiday and if she then forgets her swimming costume, she forgets her swimming costume – but she doesn’t because she knows she wants to go swimming’. (16SC)

Given the importance interviewees attached to emotional competences and their management it was notable that there was so little discussion of how children might acquire such competences. Only one spoke explicitly of ‘supported’ and partly child-led decision-making processes that might enable a child ‘to reach a point where they understand the consequences of making that decision’ and are they able to ‘manage the consequences of that decision’ (33E) in relation to choices about which parent to live with if parents separated.

**Being and becoming – why competences might be needed**

Despite the focus on age as a marker of competence the data indicated very limited and mainly implicit attention to the acquisition of competence as related to longer term outcomes for children and the developmental processes associated with ‘becoming’ an adult.

Some interviewees noted the relevance of competences for children’s current and future lives. The rationales they provided cast further light on how they constructed childhood, adulthood and family relationships. Competence acquisition for some was related to children’s contribution within democratic conceptualisations of family life.

One interviewee stood out for her perspectives on the present and future role of competence-building in children’s lives and the clarity with which she described her rationale. She identified the acquisition of self-care skills as important for children’s social interactions in the present, citing, for example, the disadvantages faced by a disabled child who ‘didn’t really know how to dress himself’ on a group holiday because his mother felt it was ‘easier and quicker’ for her to do it (16SC). She associated the acquisition of communication skills with the capacity to access education and to become educated, describing children gaining knowledge as putting
them ‘in a position to be able to’ (16SC) claim these rights. She was one of only two interviewees who viewed the acquirement of competence as a rights-related issue.

For another, the acquisition of practical skills was seen as contributing to a child’s capacity to be independent and take responsibility - ‘with the independence comes that responsibility’ (33E), viewed as an essential preparation for an autonomous adulthood. For a small number, a future-oriented rationale was provided in discussing the acquisition of social skills (24E).

Theorists (Lee, 2001, Mayall, 2002, Lee, 2005, Prout, 2005) have drawn attention to the tendency within western cultures to interpret childhood as a period of preparation for adulthood, in which the developmental tasks seen as necessary to ‘become’ take on more importance than the here and now of children’s everyday lives. The findings of this study rarely indicated that such preparations were construed as children’s rights. I return to this aspect in Chapter 8, where the structuring effect of present-focused, systems-oriented conceptualisations of childhood and children’s rights are discussed. In the final section of this chapter I consider the sources drawn on by interviewees in developing their conceptualisations of childhood, children’s competence and its acquisition.

**Making sense of childhood - sources of knowledge**

Some interviewees fleetingly attended to legal and policy texts such as ECM outcomes and the *Gillick* judgement in categorising aspects of children’s development. However, they were more likely to draw on their own parenting experiences. A minority drew on their professional learning. Only one drew on her own childhood experiences. In the main, their sources were opaque, suggesting that implicit ‘pragmatic presuppositions’ (Hemrica and Heyting, 2004) underpinned their constructions of childhood and children’s competence.

In conceptualising children and childhood interviewees differed in the extent and purpose to which they drew on personal experience. They mainly recruited their parenting experiences to establish expectations of children’s and parents’ behaviour, for example, children knowing that ‘there are boundaries’ (14H). A smaller number
enrolled these experiences as a means of exploring children’s understandings as in this
description of a child’s attempts to shield his friends from witnessing violence between
his parents:

‘...but he had to make his friends promise that they wouldn’t come out of the
bedroom and really, I just thought that is terrible, that you – imagine at 11 – my
daughter used to sometimes say to me, if I was singing by accident in the
kitchen, “shut up, how embarrassing” and you just think ... ’(35SC)

Occasionally these reflections highlighted moments of translation, in which taken for
granted inter-generational dynamics were disrupted, as this interviewee depicted:

‘I mean I was challenged a bit by my daughter in the last few months because I
suppose I am quite controlling ... ’(16SC).

Three interviewees explicitly referred to formal knowledge as a basis for their views.
Those with early years’ qualifications considered a more complex range of
competences in young children than other interviewees, which they related to their
‘grounding’ (35SC) in child development. One described its contribution as:

‘... really good in terms of having an understanding ... of children’s development
and of the practice of what went with that... because I think there is a link
between the rights of children and the development of children’. (35SC)

Another included a confusing reference to Piaget’s theories: ‘There was always their
basic rights like Piaget’s theory’ (24E).

I was surprised at the absence of attention to interviewees’ own childhoods. Except in
discussing children’s choices around religion, only one interviewee in the Stage 2 data
mentioned her own childhood experiences – to outline her father’s objections to
smacking. A ProFG participant who recounted her childhood feelings and views stood
out amongst the data.
The findings reflect the restricted and tacit knowledge sources drawn on by professionals (Pawson et al., 2003) and provided by much professional education (Simons, 2002, DH, 2004a, Luckock et al., 2006). The widespread enrolment of parenting experiences, almost exclusive attention to adult/child dyads and absence of childhood experiences as sources of understanding indicate the extent and strength of the adult-centred focus that operated as a taken-for-granted dimension of these conceptualisation of childhood.

**Conclusion**

Interviewees constructed childhood and adulthood in ontologically and epistemologically diverse ways. Even where the elements drawn on were similar, there often were differences in perspective and emphasis and differing purposes underpinning their enrolment, as, for example, with perceptions of the role of responsibilities in children’s lives.

A number of interviewees consistently constructed children as people, with feelings, views, capacities and potential agency within democratic adult-child relationships. For others, childhood was viewed as a separate protected space, responsibility was not encouraged and there was little attention to factors other than age in relation to the development of competence. In a third perspective identified childhood was constructed as preparation for adulthood and the development of competence and independence given a high profile.

The interviewees differed in the extent to which the detail and context of children’s everyday lives — their ‘being’ — was drawn on. As reflected in the policy arena and in other studies cognitive competence was seen as particularly relevant in exercising choice. Children’s perceived lack of emotional and, to a lesser degree, moral competence was a primary concern for many.

These variations in the ways in which children’s competence, or lack of it, was understood had implications for how it might be addressed. In this respect, attention to the hybridity of post-modern childhoods (Prout, 2005) was evident only occasionally. Age was the main marker of competence drawn on, although some
interviewees included life experience and more formal learning as other means of developing competences. The focus was on the parent/adult-child dyad and attention to the impact of factors such as peer relationships within and outside the family, or formal learning and access to communication technologies was very limited. The lack of attention to the place of competence development in children’s longer-term welfare and wellbeing suggested that age-related conceptualisations of childhood and children’s competence dominated these constructions.

The networks of meaning emerging from this analysis varied in their breadth and complexity and in what was included, excluded and taken-for-granted. It pointed to similarities and differences in interviewee generational and professional habitus. The sources drawn on were opaque, but when evident were remarkably adult-centred. In the next chapter I consider the contribution made by these conceptualisations of childhood to the elements assembled in the construction of children's rights.
Chapter 7  Constructing children's rights

Introduction

This chapter explores the factors that professionals drew on in conceptualising rights and how rights applied to children. It considers the type and range of factors drawn on and the ways in which they were enrolled.

To identify some of the challenges involved, the chapter begins by interrogating how rights and needs language and concepts were used by interviewees and the relationships between rights and needs evident in the data. Next I explore the use of legal and policy frameworks and sources. The following section attends specifically to children's rights, investigating the conceptualisations of children as rights-bearers and categories of rights identified. I then explore how qualities associated with human rights were represented. Before concluding, the data on the relationship between state and parental responsibilities and children's rights are considered.

Rights and needs

‘...there isn’t a core language. There isn’t a common language and that’s an essential starting point because until we know exactly what we mean by various things we are forever going to be, not at loggerheads with each other, but wasting time’ (ProFG 2).

This comment by a Professional Focus Group (ProFG) participant reflects the value of a common rights language identified in the literature review (Fielding, 2001a, Sebba et al., 2010). The literature review also drew attention to the dominance of ‘needs’ language in child welfare discourses (Ife, 2001, Woodhead, 1999, Woodhead in Percy-Smith and Thomas, 2010) and that some definitions of rights, including the UNCRC, include the right to have needs met (Ife, 2001). To consider these issues I firstly interrogated the data to explore the presence and interrelationship in the use of rights and needs language in responses to the 10 statements, followed by considering the categories of the UNCRC that attracted one or both terms.
Rights and needs language

The 10 statements were discussed by nine of the ten interviewees (05E was interviewed before they were developed) and allowed for comparisons to be made between the responses provided. The term ‘needs’ was included in Table 7.1 when the data indicated that particular resources, processes or relationships were identified as a prerequisite for a child’s wellbeing. Where a need was identified as a right, it was included as both.

The responses to the statements showed limited, variable use of rights and needs language and, unsurprisingly, the absence of a common approach to the use of both. The two terms were used almost the same number of times. It cannot be presumed that rights and needs reflect separate interpretations of an issue. In fact, the interviewee who drew most extensively on rights language (35SC) also used needs language more than most others and the two terms often were used in the same context. Moreover, in one (16SC) of two interviews in which rights language was used less often than needs language, in the interview transcript as a whole children’s needs were subsumed within a positively-expressed rights-based approach in which rights were described as ‘what they are entitled to and should expect from life in terms of attention and relationships and their outcomes and things’ (16SC).

Table 7.1 Analysis of rights language and needs language

<table>
<thead>
<tr>
<th>Statement</th>
<th>Identified as explicit rights/entitlement (number of rights also identified as needs)(N=9)</th>
<th>Identified explicitly as a child’s ‘need’ (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children should be free to choose whether they want to be involved with a religion</td>
<td>3 (14H, 20SC, 35SC)</td>
<td>0</td>
</tr>
<tr>
<td>2. Children should get themselves up for school in the morning</td>
<td>2(1) (20SC, 35SC)</td>
<td>4 (14H, 16SC, 19E, 35SC),</td>
</tr>
<tr>
<td>Statement</td>
<td>Agreement</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>3. Children should be free to go out alone or with friends in the evenings/after dark</td>
<td>0</td>
<td>1 (16SC)</td>
</tr>
<tr>
<td>4. Children should be entitled to decide who they want to live with if their parents separate</td>
<td>3(1)</td>
<td>2 (33E, 35SC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Children should be smacked if they have been naughty</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Children should be free to take full responsibility for looking after their parent if s/he has a disability or is ill a great deal</td>
<td>3(2)</td>
<td>4 (16SC, 19E, 20SC, 24E)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Children should be entitled to give feedback on their teachers and support workers</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Children should be entitled to full-time education if they have been excluded from school</td>
<td>6(1)</td>
<td>3 (16SC, 19E, 35SC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Children should be free to hang around the streets in groups</td>
<td>0</td>
<td>2 (14H, 16SC)</td>
</tr>
<tr>
<td>10. Children should be listened to and their views should have a big influence</td>
<td>1</td>
<td>2 (16SC, 20SC)</td>
</tr>
</tbody>
</table>

Interviewees’ agreement with a statement was not systematically related to the use of rights language, even in relation to children’s expression of their views, an area unanimously identified as a right in the wider data. All interviewees agreed or strongly agreed with statements 7, 8 and 10. However, in two of these, 7 and 10, only one
interviewee used rights language. Thus the findings may be indicative of, but cannot be assumed to indicate the absence of, rights-based rationales. They may reflect lack of a common language to express children’s participatory rights. Another possibility is that this aspect of children’s rights was ‘taken for granted’ amongst these child welfare professionals (Suchman, 1995). This interpretation is supported by the frequent use of the term ‘should’ and of emphatic phrases such as ‘I fully agree’ (14H) and ‘Absolutely, no debate’ (15SC) in interviewee responses.

Six interviewees referred to education (statement 8) as an entitlement. The term ‘entitlement’, included in three statements, was used consistently only in responses to statement 8. This suggests that where a rights term forms part of the vernacular within a particular setting, and/or in relation to a particular aspect of children’s experience, it was associated with increased use of rights language. In some responses to statement 8 and elsewhere rights language was employed to emphasise a point of view, evidence of the ‘moral tale’ (White, 2002) it was used to tell. When used in this way, it implied that the right mentioned was inalienable – ‘they still have that right’ (20SC) - and of higher status than other claims made.

No interviewee used rights language in their response to statement 5, yet eight of the nine disagreed with smacking children. Six responses could be understood as taking for granted children's rights to bodily integrity. However, even when perceived as ‘showing them the more powerful person gets to smack the less powerful person’ (36H) rights language was not used. Six participants (14H, 16SC, 19E, 20SC, 24E, 36H) mentioned that ‘there are other ways’ or ‘better ways’ to deal with naughtiness, reflecting, perhaps, a pragmatic and/or rights-based rationale. For three the acceptability of smacking depended on the context. For one, it was acceptable, if not desirable, only as an ‘instant reaction’ to ‘danger’ (24E). Another, although it made her feel guilty, saw no alternative to its use, remarking ‘I don’t know what I would have done differently’ (19E). A third viewed smacking as acceptable in dealing with naughtiness (33E). None mentioned the law (i.e. CA, 2004a, Sec.58) but most responses were provided from an adult standpoint (Smith, 2001) indicating the structuring impact of generation on interviewees’ reactions.
These findings indicate that narrative style, the presence or absence of a common rights language, ‘pragmatic presuppositions’ about children's rights (Hemrica and Heyting, 2004:449) and interviewee standpoint all had an impact on how rights were conceptualised and suggest the need for caution in the interpretation of the data.

**Identification of rights and needs**

To explore further differences between conceptualisations of rights and needs I now consider the UNCRC categories that attracted use of one or both terms. In Table 7.2 below the analysis is extended to include all Stage 2 data, grouped within an adapted version of the general principles and main subsections the UNCRC (see App.7:1 Table 1 for detail).

All interviewees used both needs and rights language, but overall, far greater use of rights language was evident. Undoubtedly this partly reflects the impact of the study focus. However, Table 7.2 indicates variation in the categories of rights that attracted rights and needs language and provides an indication of the relationship perceived between them.

**Table 7.2 Rights and needs identified by categories adapted from the UNCRC**

<table>
<thead>
<tr>
<th>UNCRC principles and sections</th>
<th>No. of interviewees identifying rights in this area (number of mentions) N=10</th>
<th>No. of interviewees identifying needs in this area (number of mentions) N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-discrimination</td>
<td>6(6)</td>
<td>0</td>
</tr>
<tr>
<td>Best interests of child</td>
<td>6(7)</td>
<td>2</td>
</tr>
<tr>
<td>Acknowledgement of and respect for child's views</td>
<td>10(55)</td>
<td>7(14)</td>
</tr>
<tr>
<td>Civil rights and freedoms</td>
<td>7(17)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Family environment and</td>
<td>9(26)</td>
<td>10(36)</td>
</tr>
</tbody>
</table>
The term ‘needs’ rather than rights was used most often in relation to the physical and emotional care of children, and to their supervision. Conversely, needs language was not used in relation to civil rights and far less likely to be used in relation to participation, education and leisure rights. In these areas rights language dominated. Needs language was used in the majority of general references to ECM, indicating that ECM was interpreted mainly as a needs- rather than a rights-based policy.

The findings reflect that rights were associated more often with survival, protection and civil aspects of children’s lives, whilst needs rather than rights language dominated in relation to their development and welfare. At odds with the UNCRC approach to children's rights, this is consonant with a wider cultural and professional reluctance to acknowledge social and welfare needs as human rights and the absence of a familiar
rights language in these areas (Ife, 2001). I turn now to consider further what the data indicates about the sources interviewees drew on in their conceptualisations.

**Rights frameworks and sources**

In this section the laws, policies and frameworks drawn on in conceptualising rights and the circumstances in which they were recruited are explored, drawing on all of the Stage 2 interview data.

ECM was mentioned most often and the UNCRC and CA1989 mentioned by five of the ten interviewees (Table 7.3). Despite its high political profile, and its perceived potential as an instrument in pursuit of children’s rights (Lyon, 2007b), the HRA (1998b) was acknowledged by only two interviewees, neither of whom referred to the ECtHR. No one mentioned the Data Protection Act (1998a).

**Table 7.3 Frameworks, laws and policies drawn on as rights’ sources**

<table>
<thead>
<tr>
<th>Frameworks, laws and policies mentioned</th>
<th>Numbers mentioning this N=10</th>
<th>Numbers mentioning this as helpful (H) N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Child Matters</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Children Act 1989</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>UN Convention on the Rights of the Child</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Human Rights Act 1998</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other legislation</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No legislation or policy drawn on</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The ways in which legal and policy texts were recruited by interviewees in their constructions of children's rights formed four broad configurations (Table 7.4).

Table 7.4 Recruitment of legal and policy texts

<table>
<thead>
<tr>
<th>Extent and level of attention</th>
<th>Interviewees (n=10)</th>
<th>Interviewee setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embedded as framework with evidence of reflection</td>
<td>15SC, 20SC, 35SC</td>
<td>Social care (3)</td>
</tr>
<tr>
<td>Limited use as framework</td>
<td>05E, 16SC, 24E</td>
<td>Education (2) Social care (1)</td>
</tr>
<tr>
<td>Drawn on in specific circumstances only</td>
<td>14H, 19E</td>
<td>Education (1) Health (1)</td>
</tr>
<tr>
<td>No/fleeting references</td>
<td>33E, 36H</td>
<td>Education (1) Health (1)</td>
</tr>
</tbody>
</table>

In the first configuration, references to the UNCRC and/or UK domestic legislation were interwoven throughout the interview, reflecting engagement with rights issues and familiarity with policy and legislation and the principles perceived to underpin them. These professionals, all of whom had management experience, were prepared to challenge the constructions of children's rights evident in policy texts and related local practices. Thus, one reflected on the links between ECM and the UNCRC, commenting that:

‘...if you sift through that outcome framework (ECM) and say where does that bit of the UN Convention sit, I think you can pull it out, but whether the Framework was designed alongside the Convention I tend to doubt. (15SC)’

Another (35SC) had a narrower focus, but included some detailed discussion of the
CA1989, identifying it as both an asset and limitation in relation to children's rights. She described drawing on it to assess and sometimes challenge local threshold policies, on the basis that whilst ‘a threshold’s a threshold’, ‘overall we have a duty to these children by law’ (35SC). She also commented that ‘exceptionally high’ court thresholds meant that ‘children’s rights are being compromised, even if it’s for that period of time’ (35SC).

In the second configuration, three interviewees (05E, 16SC, 24E) drew on some legal and policy sources as a framework, but in a less detailed and more uncritical manner. One distinguished between the UNCRC as ‘sort of principles’ and ECM as ‘quite a useful framework’ (16SW). The other two focused just on ECM, as this comment makes clear:

‘(ECM)...doesn’t label itself children’s rights, but meeting the needs of the whole child is pretty much close to what a child’s entitled to, isn’t it and I see those as very closely linked’. (05E).

These sources may have provided a reasonably broad framework in conceptualising children's rights, but the extent to which they were drawn on was not explicit. Other aspects of the data suggested that my interpretation perhaps was overly cautious, but well-grounded.

Two other interviewees (14H, 19E) recruited one or more legal and policy sources for specific and limited purposes only. The HRA was mentioned briefly by one within the context of treating people as ‘individuals’ (14H), whilst another drew on legislation only in relation to education entitlements.

One (33E) of the two interviewees in the fourth configuration made no explicit references to law or policy; the other (36H) made fleeting references to the HRA, the UNCRC and un-sourced references to confidentiality and consent policies, mentioned as ‘muddying the (rights) waters’ (36H).

These findings re-confirm the variable range of sources drawn on and reflect more explicit enrolment of legal and policy sources by some professionals than indicated by Pawson and others (Pawson et al., 2003, Braye and Preston-Shoot, 2006b). They also
highlight the absence of attention to key sources in many accounts. This suggests either a limited knowledge of relevant sources and/or that pragmatic presuppositions include implicit acknowledgement of a legal basis for some rights. Thus only one interviewee (19E) mentioned a formal rights source in relation to education, despite its identification as a child’s right by most. It also may be that some sources such as the HRA, DPA and anti-discrimination legislation, because of their focus on civil and political rights, were not known of or not perceived as relevant to children. This interpretation is supported by interviewees’ limited attention to children’s civil and political rights (see Table 5.6, Chap. 5) and by fact that neither the HRA nor ECtHR were mentioned by a member of the training unit interviewed. It raises questions about children’s perceived rights-bearing status. Before considering this aspect, in the next section the categories of children's rights interviewees identified are interrogated to examine their interpretation and how the sources drawn on were used to contribute to that endeavour.

Categories of children’s rights

No interviewees drew attention to differences between categories of rights usually associated with children and those associated with adults, nor made ‘an arguable case’ for an additional package of rights for children as Freeman suggested (Freeman, 1997:13). The categories identified (Table 7.2) were closely linked with interviewees’ professional roles rather than with broader aspects of children’s lives. The categories mentioned are discussed in order of the number of interviewees mentioning them.

Most participants interpreted children’s ‘involvement in decision-making’ (35SC) and opportunity ‘to actually influence some of the things us grown-ups do’ (05E) as a right. A small number mentioned that it ‘might be easier’ (33E) for a child if someone else made the final decision, for example, about where to live if parents separated. None referred to a right to remain silent (Lewis, 2010) or to decide whether to ask someone else to make such a decision.

When children's right to a family environment was mentioned, the focus almost entirely was on children’s protection from abuse and neglect. These references usually
were made in the context of interprofessional disagreements over access to social care resources to meet children’s perceived ‘basic needs’ (19E).

Children’s health rights were mentioned but not explored in any detail. Aside from references to education, four interviewees made limited references to children’s rights in relation to their longer-term development. These included providing children with new experiences (24E) and their right to be taught ‘things that are important to them for life-long skills, like fitting in and keeping to the law and things like that’ (05E).

Another took a more wide-ranging approach that included ‘making relationships’ and a right to:

‘have an education and to learn and even have some of those coping strategies in place’ (16SC).

Four interviewees attended to rights in, as well as to, education (Quennerstedt, 2011). Two (05E, 33F), both from education settings, referred to aspects of children’s home life that might present ‘barriers to learning’. The other two, from social care, referred to rights to appropriate assessment and support in meeting behavioural (35SC) and learning (16SC) needs. One described her perception of these rights as follows:

*I think they’ve got a right to an education very much, but we’ve got a duty to understand and assess what those needs are, because I think some of the children aren’t almost able to claim their rights because the adults and the systems haven’t necessarily put them in a position to be able to do that.* (16SC)

Within the ‘civil rights and freedoms’ category in Table 7.2 above, interviewee focus mainly was on information-sharing. Three participants (15SC, 24E, 35SC) perceived young children as having some independent, realisable rights in this area, all of whom referred to legal (CA, 1989) or CAF policy texts (HM Govnt., 2006a), but not the DPA (1998a). However, the majority rarely disaggregated children’s and adults’ information-sharing rights nor mentioned policy documents. Children’s freedom of assembly was mentioned as a right in only one interview (24E).
There was no mention of non-discrimination rights in a third or more of the interviews although for many interviewees it seemed implicit in their references to children who were not accorded the same rights as others. Impoverished (14H, 19E) and disabled (19E) children, children excluded from school (20SC, 35SC), the siblings of children who were the focus of professional or parental concern (16SC, 24E) and children who, for whatever reason were not deemed ‘worthy’ (24E) all were mentioned as excluded. Rights to information about rights were mentioned by two interviewees (15SC, 16SC).

Although seven interviewees mentioned acting in a child’s best interest as a right, very limited explicit attention was given to this category and its interpretation. Only three (16SC, 20SC, 35SC), all from social care settings, made any sustained use of the term. This indicates the impact of setting-specific texts such as the CA1989. It also suggests, as Woodhead (1997) argued, that embedded and unproblematised inter-generational, adult-oriented standpoints lie behind references to children’s needs and more general comments such as ‘adults should decide’ (36H).

The findings indicated the variability in the categories of rights identified and the role played by legal and policy texts in shaping their identification and interpretation. The use of the UNCRC as a framework seemed to have some impact on the breadth of rights areas addressed. Thus, four of the six interviewees who mentioned non-discrimination (15SC, 16SC, 19E, 20SC) also mentioned the UNCRC, including those who mentioned rights to knowledge about rights (15SC, 16SC). Knowledge of the UNCRC, however, is only a partial explanation, partly because only three of the five who mentioned the UNCRC referred to rights across the range of areas it encompasses.

At this stage a complex and somewhat confusing picture emerges. Adult-oriented generational perspectives are a constant theme in interpretations of childhood, children’s competences and children’s participatory and best interest rights. Yet the categories of rights mentioned match closely those of adult civil rights discourses. This suggests that the perceived position of children as rights-bearers merits attention.
**Children as rights-bearers**

Overall, there was no evidence of a consistent conceptualisation of children as autonomous rights-bearers. A perception of children as having interest rights was most common. However, two interviewees (14H, 36H) from health settings seemed to take it for granted that ‘for the younger children again we often seem to look at parents’ rights rather than children’s rights in a way’ (36H), which may reflect an approach to children’s rights-bearing status more akin to wills theory (Archard, 2004).

As seen in Chapter 6, all participants mentioned circumstances where they perceived children as lacking competence and at least some circumstances where their power to make autonomous decisions should be limited. Eight interviewees made no reference to differences in the role played by competence in relation to children and adult’s legal capacity autonomously to exercise rights. For most, reflecting the general approach evident in the policy arena, perceived lack of competence, or limited competence, meant that an adult made decisions on a child’s behalf. Only two interviewees (16SC, 33E) spoke of meeting limitations in competence not by removing or reframing the rights concerned, but by supporting children in accessing them. One drew an analogy between children and adults who needed support in exercising their rights, viz:

> But then actually, in my head, I’m not seeing that as any different to an adult’s rights, ...the difference is with the child, like with any vulnerable person, it’s up to those around them to ensure it’s happening for them if they’re not able to do it themselves isn’t it? (33E)

The responsibility for doing this, the other interviewee stated, fell to ‘parents and other adults’ (16SC) and included actively informing children about their rights. These interpretations of adults’ role in relation to children’s rights echoed Lee’s concept of extensions and Eekelaar’s theory of dynamic self-determination in which children’s competence to exert rights is maximised (Eekelaar, 1994, Lee, 2001).

There were differences, too, in the circumstances in which competence was seen as a requirement. For example, three thought that children’s wishes should be the
deciding factor around choice of religion. The other seven included a variety of competences as requirements in the exercise of rights in this area.

To explore these areas in more depth the data was interrogated for what it indicated about the application of the qualities associated with human rights to children's rights.

**Qualities of rights**

Chapter 2 identified human rights as having universal moral, indivisible, inalienable and ‘inabrogable’ dimensions, associated with criteria such as ‘necessary to achieve full humanity’ (Ife, 2001:86). I now consider how interviewees interpreted these qualities in relation to children’s rights.

In most interviews it seemed taken for granted that rights related to important issues and not to the ‘trivial’ (05E) and could not be abrogated. However, it was implicit in the accounts of all but one interviewee (16SC) that adults identified what was trivial and what was important with regard to rights and how they might be exercised. Indeed, one interviewee drew on a similar example to that used by Alderson (1999) in this matter, commenting that ‘you have to bear in mind the context — for example, they might love pink, but if the school uniform is blue...’ (05E).

Although only one interviewee explicitly distinguished between a legal and moral basis for rights (20SC) a moral dimension seemed involved for most and was linked with personal value systems. Five interviewees (05E, 14H, 15SC, 16SC, 20SC) referred to rights as ‘part of my values’(15SC), related to ‘deeper values’ (05E) or implied such a connection in talking about the ‘passion’ (20SC) brought to the childcare task.

All made some reference to the universal applicability of rights: referring to the UNCRC (15SC, 16SC, 20SC), using the term universal (33E), or identifying rights as applicable to all children (05E, 14H, 19E, 24E, 35SC, 36H). Some interviewees implied universality by making it clear that they integrated their professional and personal values and expectations, viz.:

‘I’m aware I’ve been talking from a personal as well as a professional and I think that’s the sort of approach I take quite a lot of the time’ (16SC)
This approach was not comfortable for, or shared by all. Thus, in responding to the statement about children hanging about the streets, one professional mentioned that she found it ‘hard not to apply’ (14H) her own situation in arriving at her responses. Another, responding to the same statement commented that ‘(m)y children are quite protected so I shouldn’t go by my own standards’ (19E).

It was relatively unusual for the concept of universality to be used to situate children’s rights in engagement with the rights of others. Only three interviewees drew attention to the inter-relational quality of rights, as in this comment:

‘You can’t divorce the child’s rights from the caregiver’s rights or society’s’ (20SC)

Thus understandings of children’s participatory rights sometimes conflated participation in decision-making with taking decisions unilaterally. In a minority of accounts, as is discussed in Chapter 8, this inter-relational aspect of rights was perceived as threatening to parental authority and family harmony. More usually, however, interviewees focussed mainly on the parent/child dyad and seemed to assume that most parents acted in children’s best interests. As a consequence, if conflicts arose, children’s views of their rights were subordinated to those of their parents. This may explain the absence of attention in many accounts to the ‘tensions’ noted by Reynaert et al (2009:524) between parents’ and children's rights.

The inalienability of survival and protection rights seemed taken-for-granted by all and fears about the abrogation of rights were mentioned by several interviewees in relation to young carers and children not accessing education. However, as the previous section indicates, it cannot be assumed that concepts of universality and inalienability are interpreted as applying to children across all the rights categories identified in the UNCRC.

The concept of indivisibility was raised by a minority (15SC, 19E, 20SC, 35SC) who were critical of organisational and professional practices that did not take a holistic approach to children’s welfare. They gave examples of situations where the pursuance
of one right was seen as trumping others of equal importance. Thus, one participant commented:

‘Sometimes I hear social workers saying ‘oh they’ve got a good bond with their parent’ - never mind the fact that actually ever single other basic need isn’t being met for that child.’ (19E)

From a social care perspective, a similar criticism was expressed in relation to other professionals, i.e. ‘some people are looking at certain aspects of a child’s rights in isolation of other stuff’ (35SC). Awareness of the indivisibility of rights was less likely to be recognized in relation to participant’s own practice. For at least one interviewee, its absence was intentional, as this quote illustrates:

‘I would say I use my values which have been developed over the years on documentation and acts, you know, ECM, the CA and all the various things ...the UN this...and all those things. But I pick...I don’t know if I pick on the ones I like that best that fit in with my values – that’s what I feel I do. Em...I’m obviously a value-driven person...’ (05E)

The concept of inalienability was most at issue, but least likely to be acknowledged, in relation to participatory rights. All interviewees mentioned a child’s right to be listened to and/or heard and only one (36H) seemed to interpret participatory rights as implying ‘independent decision making’ in the sense used by Peterson-Badali and Ruck (2008:765). However, perceptions differed on how this right was defined, whether it applied to children of all ages and when and if it depended on a child’s perceived competence. In many instances I was reminded of Barbara Franklin’s participatory categories of ‘adults rule’ and ‘adults rule kindly’ (Franklin in Thomas, 2007:205).

Overall, children’s rights were conceptualised as relating to substantial issues – as defined by adults - and associated with personal values. However, concepts of universality did not automatically extend to welfare rights, and the inalienability and indivisibility of rights were not interpreted in similar ways or included in all interviewees’ constructions of children’s rights.
Rights and responsibilities

A final important facet of the construction of children's rights that emerged from the interview data was the responsibility of others to see that children's rights were upheld. This section explores perceptions of state and parental responsibilities in meeting children's rights. Professional responsibilities are discussed in Chapter 8. No one identified the rights of children in the study age range as contingent on their responsibilities.

State responsibilities

State responsibilities for children's rights received little attention from interviewees. Only one (15SC), quoted earlier, mentioned the failure of the state to integrate the UNCRC within domestic legislation. A number referred briefly to political power in shaping child welfare processes and intervention thresholds (05E, 15SC, 16SC, 35SC) and mentioned the role of the state in resource allocation and – fleetingly - in redressing child poverty (14H, 19E, 35SC). However, when offered the opportunity to comment on what they would do to improve children’s rights locally, interviewees most often mentioned a need for additional staff. This focus on child welfare professionals is in keeping with the ‘shift in responsibility for realizing rights from the state to the individual’ as identified by Reynaert and others (Reynaert et al., 2009:524, Such and Walker, 2005). It was in contrast with the strong emphasis by parents in the PFG discussions on state responsibilities to provide adequate education, housing and leisure opportunities for children.

Parents’ responsibilities

Parents’ responsibilities of children received more attention from professionals than did state responsibilities. They reflected the approach taken in all English child welfare policy, i.e. that children primarily were the responsibility of their parents. My analysis suggests, however, that parental responsibilities rarely were linked explicitly with children's rights and that, paradoxically, expectations of parents in the child welfare system were quite limited. This was in contrast to the expectations of parents in the focus group, particularly around relationships within the home and advocacy around
children’s education and experiences in school. I start by exploring the areas where there was most agreement between professionals.

Parental responsibility to protect children from abuse, neglect and risk seemed assumed by all and was made explicit by some. All identified a parental responsibility, when children were outdoors, ‘to ensure that they know they’re safe and what they’re up to’ (35SC) and three (15SC, 16SC, 36H) spoke more generally of a responsibility to provide ‘safety boundaries’ (36H).

Parental responsibilities in relation to children’s emotional development received widespread attention. Responsibilities included letting children know ‘that they are special’ (05E), being positive about their attributes, not ‘talk(ing) down to’ them in public and ‘listening to and taking account of their views’ (24E). Child supervision and emotional support often were intertwined in these accounts and had a higher profile than children’s physical welfare and development.

Boundary setting was mentioned by several, including one mention of ‘the moral bits about being respectful’ and teaching children how to behave in a ‘reasonable’ way (20SC). There were divergent views on how boundary setting should be achieved. Smacking was acceptable to two (33E, 19E) because it was ‘important ‘not to let your children just get away with anything’ (19E) whilst it was defined by another as ‘an inability to parent your kids ‘(15SC). The latter, in a rare reference to behaviour modelling, said parents had the responsibility of ‘holding that line’ and not ‘dropping down to the same level’ or ‘us(ing) the child as a reason for you not delivering what you are responsible for’ (15SC).

Some mentioned responsibilities for children’s longer term development. Parenting behaviours seen as important included knowing ‘the capabilities of their child’ (36H) ‘scaffolding’ children’s development (mentioned by four), enabling a child ‘to feel safe, secure and to develop’ (14H), ‘to guide, inform and educate’ (20SC) and support the development of independence skills. For two this included responding to the changing nature of children’s needs as they grew and described it as ‘one of the challenges for parents and other adults is to incorporate that’ (16SC). She was the only interviewee to mention responsibilities for children’s health needs. Other areas that received little or
no attention included exercise, play, support with education and relationships with adults and peers.

Despite the attention to breakfast-time and needing ‘to be sure’ that children ‘are appropriately dressed for school’ (35SC), lack of physical or other resources rarely was identified as an obstacle in meeting parental responsibilities. A number of interviewees thought that being up to support children getting ready for school would ‘probably be a big expectation in some households’ (36H) but only two commented that this might be for reasons such as ‘people on night duty or ill’. One of these two opined that the nature of parental responsibilities ‘becomes a greyer area then’, including where children were ‘left to get up and maybe get siblings up’ (16SC). The other relied on the law to enforce parental availability, even if it meant a parent lost her employment (19E).

The responsibility to consider ‘the best for their children’ (16SC, 36H) was mentioned by two interviewees and implicit in the accounts of others. Parents in the focus group identified advocacy on behalf of children as a significant element of parental responsibility in this area. However, three of the four (14H, 15SC, 16SC, 36H) professional interviewees who mentioned parental advocacy expressed qualifications. One saw it as necessary ‘in certain circumstances’ (36H); for another it was coupled with ‘a bit of a duty to see the other side of things’ (16SC); in a third it was viewed as a potential ‘problem’ for professionals ‘because they (parents) want something particular’ from the CAF process (14H).

Only one interviewee suggested that parents and the state had a responsibility to understand and help children achieve their rights, describing this as follows:

‘...but also about other people understanding like parents, professionals, teachers and society generally and I think it can get played out in lots of different ways. I think children can have their own rights in their own terms and I think also parents and other adults can help children achieve their rights.’ (16SC)
Another, and more common view, was that whilst ideally parents would have ‘aspirations’ for their child and be ‘aware’ (14H) of their rights, most would have little knowledge of children's rights, and by implication, could not be expected to inform or support their children in this area:

‘I think as a parent you’re governed by your experience aren’t you and each person with their psychological makeup and their experience, is going to create a different understanding of what their child’s rights are’. (33E)

To sum up, state responsibilities in providing the material and environmental resources to support children's rights was a key issue for parents but received little explicit attention from professionals. Rather, the focus was on the responsibilities of parents. However, although interviewees expressed views on many aspects of parenting, aside from situations that met legal safeguarding thresholds there was little evidence of a perceived link between children’s rights, including their best interest rights, and parental responsibilities. Moreover, the role and impact of limited resources and other disadvantage on parenting practices received little attention and interviewees expressed some ambivalence about practices, such as advocacy, which parents suggested as necessary in order to achieve rights for children. There was no expectation that parents should know about children's rights.

Conclusion

The data suggest the absence of a common rights language amongst interviewees and its limited and variable usage even where it might be expected. More frequent use of rights language was associated with attention to children's rights. However, its limited use was not always a reliable indicator of the absence of such attention.

National and international rights-related texts were recruited by many as a framework or model. Their use as a means of interrogating policy and practice to some extent supported the development of integrated and robust conceptual networks in relation to children's rights and related responsibilities. Conversely, where the use of rights sources was limited and drawn on only in specific circumstances, the evidence suggested more fragile assemblages of meaning.
There was a broadly consistent perception that children had interest rights. However, the categories of rights identified, along with the limited attention given to dissemination, non-discrimination and best interest rights across the data suggests a focus on the immediate and the individual, to the exclusion, in many accounts, of attention to children’s longer-term best interests, health and welfare and the social aspects of children’s lives and relationships.

Rights were seen as having a moral basis by most, and associated with personal values. However, it cannot be assumed that there were commonly held understandings and interpretations of rights concepts such as inalienability and indivisibility or a common view on the place of social and welfare rights. This suggested that children’s rights were subordinated to adults’ interests and interpretations. Relatively little attention was paid to the role of the state as a guarantor of rights or provider of resources. In most accounts broadly common perceptions of parental responsibilities were evident but not necessarily associated with children’s rights.

The data from this and earlier chapters suggest that variation in formal rights knowledge played a part in the robustness of the networks of meaning drawn on by these professionals. However, it is only a partial explanation for these findings. Participants’ setting and habitus and their personal disposition also had an impact on their perceptions. These aspects are considered in more detail in relation to their impact on professional interpretations of their practice responsibilities in the next chapter.
Chapter 8  Professional dispositions

Introduction

In this chapter, building on the analyses in Chapters 6 and 7, I consider how differences in professionals’ attitude and approach to children’s rights shaped and were shaped by practice contexts.

I begin by considering how approaches to interprofessional practice in relation to children's rights were shaped by and shaped policy procedures and processes related to ECM/CAF and interprofessional interactions. I then disaggregate perspectives on children's rights by professional settings, as perceived by professionals inside and outside the setting. In the third part of the chapter I consider some common issues across professional settings before identifying cross-professional groupings that exhibit significantly different approaches to children's rights in their work. In drawing the chapter to a close I consider what the data indicate about omissions, gaps and the impact of wider structural forces evident in these interpretations.

The interprofessional child welfare field

The ECM/CAF policy framework brought with it new spaces within which child welfare professional practice was undertaken. These frameworks provided situations in which conceptualisations of children's rights were confirmed, challenged and constructed, and taken-for-granted perceptions sometimes re-examined in moments of problematisation and translation. These included opportunities for professionals to observe alternative approaches and extend the initiatives taken to meet children’s needs.

Many interviewees were positive about the impact of CAF processes for children's rights. There was evidence in the CAF records that support and resources for children increased as a result of the initiative. As Brandon and colleagues (2006) noted, ECM/CAF processes provided better opportunities for families to be supported and could heighten attention to the rights of children living with domestic violence,
substance misuse and/or neglect. In the study area this was facilitated mainly by providing increased opportunities for professionals in education settings to draw such situations to the attention of others. By thus improving interprofessional ‘working together’ ‘barriers to learning’ sometimes were reduced (05E).

These interprofessional processes also presented opportunities to acclaim or criticise practices of other settings and perhaps draw greater attention to areas where additional resources or a more integrated perspective was needed. The increasing role played by schools in supporting vulnerable children generally was welcomed, as was its further development as part of Learning Mentor and Parent Support Assistant initiatives (e.g. HM Treasury/DFES, 2005). Widespread concern about what was perceived as ‘the rule of optimism’ (19E) underpinning social care service thresholds led to a new interprofessional process for the discussion, mapping and monitoring of ‘threshold’ cases where social care decisions were disputed. Sometimes differences in perception about particular cases or changed interprofessional responsibilities led to interactions that, reminiscent of Shemmings’ (2000) findings, could ‘get(s) a bit volatile’ (05E).

However, the identification of an issue did not necessarily mean it was addressed. Many participants viewed social care service thresholds as a systemic, embedded problem, which one attributed to ‘the pressure on local authorities to keep families together, because of the lack of resources’ (20SC). The status quo sometimes was accepted, even where infringements of children’s rights were acknowledged. Thus although ECM/CAF processes increased interprofessional awareness of and concerns about the absence of local specialist provision for young children excluded from school and the long delays in accessing adequate provision for all excluded children was a cause of concern, at the time the study took place this was identified by some as ‘just the way things are set up’ (36H) and ‘a bit of a lost cause’ (35SC).

ECM/CAF processes, intentionally or otherwise, served to structure how interviewees practised. The holistic approach to children’s needs that underpinned the ECM/CAF assessments increased awareness of settings-related differences in professionals’ perceptions of children’s rights. This was beginning to highlight and challenge taken-
for-granted practices in which everyone was ‘coming from our own worlds to say we do holistic work’ (ProFG2). Moments of translation were described, in which ECM/CAF processes led professionals to re-imagine their understandings of children's rights as they ‘suddenly’ realized ‘that other people do things differently’ (05E). Some asked themselves, in relation to children’s competence to participate, ‘would we have considered that?’ (14H) or initiated action ‘that we wouldn’t have done before’ (05E).

The CAF texts included explicit opportunities to comment on children’s development. Bell and others complained that the CAF pro forma focuses ‘on normative standards of development’ that ‘can detract from seeing children as individuals’ (Bell, 2011:79, Winter, 2006). The CAF record analysis undertaken for this study found a narrative about a child in many of these records, but one usually created by adults, rather than the child. As mentioned in Chapter 4, the membership, size and function of CAFTAC meetings had been the subject of considerable discussion within Southtrust. Its structure was designed to be as child-centred as possible, but remained an adult-oriented process. In practice, younger children often were not included and children’s involvement in these meetings did not have full support, for similar reasons to those outlined by previous research (Shemmings, 2000, Bell, 2011, Vis et al., 2011). As a ProFG commented:

‘A meeting full of people is not the place... I’m not saying you can’t get anything from a child, it would depend on their age on their confidence. It would depend on lots of things. I don’t think the actual CAF process is conducive...’ (ProFG2)

The new opportunities for interprofessional working required by CAF texts highlighted other embedded differences between professionals and professional settings. The most commonly identified interprofessional disagreement centred on information-sharing. It was interesting that despite its apparent lack of clarity in engaging service-users’ perspectives, the higher-status medical model prevailed against the wishes of school-based professionals. New Southtrust proposals that Lead Professionals coordinate and chair most CAFTAC meetings also drew attention to these status differentials. One para-professional described feeling treated as ‘low-life’ in
interprofessional interactions amidst a more general view that the proposals were flawed because para-professionals ‘lacked clout’ with higher-status professionals (ProFG1).

Policy texts did not entirely control all interprofessional interactions. A professional recounted how, to overcome perceived deficits in the CAF meeting protocols, she took time to talk alone with a child before a CAFTAC meeting, an action neither banned nor encouraged in the policy texts. This led to a response from another professional that it was ‘the first time I’ve seen a chair take a young person out and speak to him one to one’ (20SC). It indicated, as Winter observed, the rarity of deviation from expected procedures (2009) as well as evidencing the ‘new stories being heard’ (Freeman, 2007:7).

The processes involved in some of these ‘new stories being heard’ reflected more general interprofessional noticing, framing, interpreting and then constructing meaning in relation to interpretations of children’s rights (Spillane et al., 2002). The data collection provided opportunities for such processes in the interprofessional discussions it instigated and led to moments of challenge and translation around children’s rights. Thus, a discussion on the reasons why children’s views were still not ‘standard’ in CAF shifted to staff training, supervision and support in relation to this requirement, with staff described as having ‘competing rights’ (ProFG2) with those of children. Towards the end of the group, in a moment of problematisation, it was realised that although there were many children ‘out there’ whose rights were not upheld, neither Southtrust’s common core interprofessional training nor other professional training addressed children’s rights. Discussing children’s rights was described as useful and ‘very interesting and a conversation that we often don’t allow ourselves to have’ (ProFG2). In the other Professional Focus Group participants confirmed the initial findings that a short term professional focus on the immediate and the individual, rather than the longer-term and the child in her social context was usual. One participant related this to working from a ‘rescue mentality’, encouraged by lack of resources. However, she added, and others agreed, this was not inevitable, and ‘something to think about a bit more’ (ProFG1).
Attention to children's rights was not seen as positive by all. In an example of competition between different perspectives within the interprofessional field, a ProFG participant with a mental health background perceived a focus on children's rights as a potent and potentially divisive force in parent-child relationships, because ‘by encouraging the child to have a voice and to talk about their rights we could bring them into conflict with their parents’ (ProFG1). It was felt that this might lead to increased risk and decreased stability in children’s home environments, as this quote illustrates:

‘...you have to think about it (rights) in the context of what’s their safe and nurturing environment and how to sustain relationships... And you have to work within that, to fit the child into that environment because...you can raise expectations that are not sustainable (ProFG1)

These factors were seen as ‘a great big pull’ (ProFG1) and an encouragement not to address children's rights. Other participants, mainly from education settings, reframed this by coupling it with insensitive and clumsy safeguarding procedures and professional protectiveness of children leading to increased risk for children through professionals’ and parents’ reluctance to hear what children might wish to disclose. A participant from a social care setting associated these perceptions with some professionals’ lack of confidence in their ability to work with the child and parent to ‘negotiate outcomes’ (ProFG1) and ‘trust the process’ (ProFG1). This led her to speak of her own childhood, recruiting memories of feeling ‘let down’ and alone, carrying the burden of trying ‘to make a parental decision based on what they know the family culture is’ (ProFG1). This intervention not only highlighted contested perspectives, it re-focused and re-problematised the child within the intergenerational field and led to a re-visiting of the implications of ignoring children's rights. These then were interpreted by some as serving to isolate children and diminish their opportunities to develop the ‘resilience’ needed ‘to enable them emotionally to manage’ such difficulties (ProFG1), with the longer-term outcomes this implied.

The interprofessional system and children’s family contexts were two of several fields that structured and were structured by the impact of texts, processes and professional
habitus. The particular professional settings of the interviewees also had this structuring impact, each in somewhat different ways. This area is considered next.

**The professional field**

In this section professional perceptions of children's rights within settings-related professional fields are explored to draw attention to the differences between professional settings and backgrounds and their structuring impact on children's rights.

**Social care**

Social workers perceived themselves, and were perceived by other professionals, as having 'nearly 10 years' of listening to children’s views (ProFG2) and well-established skills in ascertaining and recording those views. Such perceptions can be viewed as implicit references to the impact of the CA1989 and guidelines emanating from child abuse reviews (e.g. DH, 1995a). It also was a commonly held view that lack of resources, ‘workload’ (05E) and being ‘massively constrained by statutory procedures’ (05E) and thresholds had a severe impact on the capacity of these professionals to respond adequately to children’s rights and needs. Thus, they described themselves as ‘ruled by a legal framework’ (20SC), with texts producing practices and ascribing roles in which, as White and others warned (White et al., 2008, Munro, 2011a), visible and invisible relationships of ruling (Smith, 1993) prevail and ‘children’s rights are being compromised’ (35SC).

Some in social care identified their practice as more ‘holistic’ than those from other settings. However, a more common view from outsiders was that service thresholds were applied inconsistently, particularly in relation to child neglect. Thus, in a description that chimed with several stories from educational professionals across the data, a social care professional described the type of situation that would not meet social care thresholds:

*Mum’s struggling, perhaps they’ve got young children where they are having a packet of crisps for breakfast, their hair does look a bit matted, they’re not always as clean as they could be but she’s struggling to do her best with three kids under 5 or whatever* (35SC).
Professionals from other settings often perceived this as a focus on parents’ attitudes rather than children's rights. Within the ProFG discussions it was acknowledged that social care assessments of children’s needs were limited by being ‘kind of risk-based’, narrow, and missing attention to children’s education, attainment and longer-term wellbeing (ProFG2).

**Education**

Professional hierarchies were particularly evident within education settings. As a consequence, engagement with children's rights and/or with the ECM/CAF initiative throughout Southtrust was very dependent on head-teachers’ views. Reflecting on this ‘top-down’ approach, one interviewee described head-teachers as able to and used to ‘call(ing) the shots’ (05E) in interpreting children's rights. This perception of head-teachers’ power mirrored that in the literature e.g. (Mayall, 2003, Monk, 2005) and was very evident to interviewees who worked closely with schools.

This structuring seemed taken for granted by school-based staff at all levels. Para-professionals identified themselves strongly and positively with their school and described innovative and painstaking approaches to support vulnerable or troubled children. They all described reporting to the head-teacher and taking referrals from teaching staff. However, none seemed actively involved in school councils or internal structures linking the individual issues they addressed with the wider school community. They noted that ‘quite often’ the sources of rights-based problems for children were teachers’ attitudes but children ‘daren’t say anything’ (24E). As others found (Watson et al., 2012: chap.11, Spratt et al., 2006), they generally seemed to accept that, as para-professionals and non-teachers, they too had little influence in such situations.

Comments made by others, that para-professionals ‘are bridging that gap between schools, parents and the child’ (ProFG2), testified to the insider-outsider perceptions of these roles and to the structural tensions they carried in increasing attention to children’s wellbeing in education-focused settings (Spratt et al., 2006). Moreover, para-professionals were less likely than others to draw on legal or policy texts, thus missing out on their validating potential in relation to interpretations of children's
rights. These challenges were seen as one of the reasons why these professionals sought to ‘push things up to Tier 3’ (ProFG1).

It was a commonly held view that education-setting professionals ‘probably (have) got more experience of the child and the families’ (05E) and therefore, some thought that ‘schools should theoretically be in a better position to get the child’s view’ (ProFG2). However, the absence of home-visiting within school settings, the focus on ‘barriers to learning’ and the perceived absence of a focus on family relationships and attachments, led to interpretations of school-based assessments of children’s needs (and rights) as ‘narrow’, ‘naïve’ and often driven by a middle-class interpretation of good enough parenting (35SC). These factors, along with the perception that skills in ascertaining and recording children’s views were ‘very new for schools’ (ProFG2), matched the limited findings on this area in other research (Marshall and Maguire, 1998, Sebba et al., 2010). They were seen, particularly by outsiders, as constraints on engagement with aspects of children’s rights within this setting.

**Health**

Health settings were of two broad types: health visiting, with a home-visiting element and specialist health services traditionally provided on health service sites. In both cases, children’s rights had a low profile, often sub-ordinate to and mediated by parents, as other research (Cowley et al., 2004) and the understandings I gained about health visitor education from participants indicated. Health visitor interviewees spoke of their professional focus as primarily on their relationship with parent(s). Some outsiders expressed concerns that, as a consequence, children’s rights could be overlooked. A ProFG participant spoke of a complaint she made where despite what she viewed as potentially severe child neglect the health visitor ‘clutch(ed) on to anything that was positive’ because she ‘had this relationship with parents that she didn’t want to scupper’ (ProFG2).

Parents often also seemed the central focus in specialist services. Within CAMHS settings in Southtown access to services was dependent on parental involvement. Where services were offered, children usually were not given an opportunity to be seen without parent(s) present, particularly in the assessment and early stages of
intervention. My findings echoed those of Trinder (1997) on the implications for children's rights of the focus on the parental dyad in family-systems approaches. The appointment-based approach to specialist health services, described as a ‘two strikes and you’re out’ system (05E), shaped practices in other ways by denying children services if their parents did not manage to take them to the appointments offered. Some health-setting professionals tried to ‘circumvent’ (05E) the system, by, for example, providing appointments at more convenient venues. However, the adult-focused rationale underpinning these usual practices remained mainly intact.

Health settings were viewed by insiders and outsiders alike as modelling information-sharing practices in which strict confidentiality was highly regarded. However, there was no evidence that children’s, as well as parents’ rights underpinned these practices. Other professionals, especially those in education settings, complained that this led to lack of the information needed to support children's rights in their setting.

**Voluntary sector**

Insider and outsider perspectives on voluntary sector settings assumed a narrow, specialist focus within these settings. Where the agency was a children’s charity, a small number of participants within the Stage 1 analysis assumed that these agencies did not have to take account of parents’ views and thus were able to concentrate on children's rights. The perspective within a domestic abuse agency was that their priority was supporting women, with insufficient resources to take account of children’s needs and rights unless they were at risk of immediate significant harm.

Thus, the data indicated that the professional settings discussed above differed considerably in their structures and processes and that these differences had implications for the ways in which children's rights were conceptualised and interpreted in practice approaches.

**Habitus, disposition and regulated liberties**

The focus now turns to the relationship between the fields explored in the previous sections and individual interviewees’ dispositions and habitus and interpretations of their opportunities for agency in relation to children's rights.
A member of a ProFG reflected the structured and structuring nature of field, habitus and its relationship to disposition in her description of ECM/CAF as a situation ‘where resources and mindset can come together – you can’t always separate them’(ProFG1). Within such contexts, Bourdieu used the term ‘regulated liberties’ to acknowledge ‘the creative dimensions of action in the context of immediate and latent relations of power that operate in any situation’ (McNay, 2008:194). This is a useful concept to explore the differences in professional dispositions towards children’s rights.

Several challenges were identified by professionals across all settings in engaging with children and their families around children’s rights. The impact of legal and national policy constraints, mainly identified in social care settings, were mentioned above. Resource constraints and workload pressures were mentioned by many. They were seen to have a varied impact on practice approaches. Some participants commented that ‘most’ practitioners will ‘have the child’s rights and welfare at the heart of it’ (35SC). Others commented that the poorly resourced environment led to professionals becoming ‘accommodated’ so that thresholds ‘of what worries us’ (ProFG1) had risen. Ways of managing this included only raising issues where it was known that ‘something was possible’ (19E) and highlighting action plans that ‘didn’t cost anybody anything at all and really will make a difference’ (05E).

At an emotional level, children’s rights also were seen as ‘difficult’ (ProFG1) to acknowledge because of a protective, if unrealistic, wish to shield children from awareness that their rights were not being met and avoid the need to address the ensuing implications with them. As Thomas and O’Kane noted (Thomas and O’ Kane, 1998), self-interest also played a part. Acknowledging and supporting children’s rights was viewed as likely to lead to extra work, leading to ‘some people’ not taking a holistic view (35SC), with the result that risk is ‘normalise(d) and generalise(d)’ (ProFG1).

Remaining child-centred was a challenge within an adult-oriented environment. Thus, losing sight of children’s views was associated with a focus on parents and their issues. As one commented, in recognising that she did not always record children’s views in CAF records, this oversight was not necessarily intentional:
I’m reeling because I don’t quite know how that has happened and I’ve been part of it...I’ve lost sight of it and need to go back to it...(ProFG1)

These reflections on the impact of habitus and disposition resonate with interviewees’ diverse approaches to practice. Three broadly identifiable dispositional groupings were identifiable. Each included a preponderance of interviews from the same type of setting, but was not exclusive to that setting, indicating the strong but not automatic impact of the different professional fields. The first grouping I have termed ‘golden thread’, the second ‘pick and mix’, and the third ‘uncomfortable accommodations’. It is notable that all those in the first grouping were identified as taking a ‘blurred boundaries’ perspective on childhood (Chapter 6) and also were identified as drawing on formal rights sources as a framework, in either an embedded (15SC, 20SC, 35SC) or more limited (16SC, 24E) manner (Chapter 7). Conversely, the interviewee identified in the ‘uncomfortable accommodation’ dispositional grouping was identified within the ‘separate and protected’ perspective on childhood and drew on formal rights sources only around specific issues.

Table 8.1 Stage 2 data – interviewees’ dispositions

<table>
<thead>
<tr>
<th>Disposition towards children's rights</th>
<th>Interviewees in this grouping</th>
<th>Interviewees’ setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden thread</td>
<td>15SC, 16SC, 20SC, 24E, 35SC</td>
<td>4 Social care; 1 Education</td>
</tr>
<tr>
<td>Pick &amp; mix</td>
<td>05E, 19E, 33E, 36H</td>
<td>3 Education; 1 Health</td>
</tr>
<tr>
<td>Uncomfortable accommodations</td>
<td>14H</td>
<td>1 Health</td>
</tr>
</tbody>
</table>

Table 8.2 indicates that an analysis of all 39 interviews indicates that the relative size of each grouping was broadly similar in the interview data as a whole. In the following discussion the Stage 2 interview data are drawn on to explain each grouping.
Table 8.2 All interview data – interviewees’ dispositions

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Education N=14</th>
<th>Social Care N=13</th>
<th>Health N=7</th>
<th>Voluntary sector N=5</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden thread</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Pick &amp; mix</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Uncomfortable accommodations</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

Golden thread

Five interviewees were identified within the ‘golden thread’ grouping, including all interviewees based in children’s social care settings and one from an education setting.

A positive and relatively consistent disposition towards children's rights was evident in these data. The factors that contributed to this interpretation included what the interviewees indicated about their intuition, values and beliefs; the perspectives presented on generation, power and relationship they presented; and the reflexive approaches they indicated. The data indicated similarities, and some internal variability in these areas. The variability partly is explained by differences in their degree of familiarity with children in the study age range and in their knowledge of formal rights sources.

For the ‘golden thread’ grouping a rights-based perspective had an intuitive, taken for granted quality - it was impossible to imagine practice otherwise. Thus, when asked whether children's rights ‘had an impact’ on her approach to her work, one responded thus:

*I’d probably say no but I need to qualify that because actually, it’s the way I work and I couldn’t think of working any other way. So it’s like a gold thread I*
suppose...it’s such a strong principle or value. ‘Impact’ suggests something that makes a difference. It’s the way I work! (15SC)

Another commented that ‘I just think intuitively that children do have certain rights’ (35SC)

All, explicitly or implicitly, linked a commitment to the concept of rights with their personal value system. Often this was expressed passionately, indicating Bourdieu’s concept of ‘illusio’ and supporting Hoggett et al’s (2006) view that ‘passion’ was an element in stimulating professionals’ commitment to justice and rights-based interpretations of their responsibilities. Thus an interviewee described herself as:

‘...also I like to think of myself as a very child-centred practitioner. That’s where I come from. That’s my passion’ (20SC).

These professionals conceptualised children from both a generational (Alenan and Mayall, 2001, Prout, 2002) and relational standpoint. From a generational perspective, this was evidenced in the connections made between children in differing circumstances; the acknowledgement of inter-generational inequalities, including their own self-positioning as adults; and the attention given to the attempts of groups of children to address these inequalities. Thus most did not distinguish and sought consistency between the rights of their own children and those of children with whom they worked, viz:

so I refer back to how would my child be with it, and also how would I be as a parent, and I think I’ve often done that... (16SC)

In addition, the generational and socially-structured nature of child-adult relationships was acknowledged (Alenan and Mayall, 2001). These individuals were marked both by an identification of children as an active rights bearing group - ‘forgotten people’ whose rights were ‘a work in progress’ (24E) - and an inclusion of children as co-constructors of ‘rights in practice’. Children’s involvement in service design and development was seen as a professional responsibility, described by one interviewee
as a necessary ‘transparency’ because ‘as a professional, as a worker...you're providing the service’ and needed to do so in ways that ‘children find helpful and useful to them’ (35SC). Two had facilitated groups of children attempting to change their collective situation. The following quote illustrates the interviewee’s self-positioning as an adult in this context:

But their views have helped shape services and I just feel really proud of that, that they have been enabled to say that and influenced us. (20SC)

All interviewees in the ‘golden thread’ group described practice interpretations of children’s rights in which they sought to use perceived ‘regulated liberties’ to extend or challenge professional norms as consistently as possible. One described rights-related practices as embedded in her approach:

So I suppose that’s how it works for me, I just try and think about if you put aside all the resources, if you put aside the fact that we’ve got too much work, not enough – actually children do have a right really. (35SC)

Others spoke of ‘try(ing) my utmost to bring those children's views to the forefront’ of inter-agency meetings (24E); of seeing it as a professional responsibility to ensure that parents had the opportunity to learn about children's rights (16SC) and of perceiving it ‘part of my job’ ‘to make sure (children) can access their rights’ and are ‘clear about what they believe they should be able to do’ (15SC) and what they ‘should expect from life’ (16SC).

However, only one provided a comprehensive and explicit interpretation of professional responsibilities towards parents and children in meeting children’s rights. The task was described as

‘work with parents is about their rights and responsibilities as parents and their duties towards children and professional duties towards children to enable them to have what they should have as well, their voice heard, their rights.(16SC)
It was addressed by providing parents with information about state support for children in all aspects of their lives, including income, education and health, within parenthood groups and otherwise and modelling parent-child communication so that parents ‘understand some of that, particularly if they’ve not had those needs met themselves’ and ‘children’s rights becomes a theme even if it’s not there explicitly’ (16SC). This was the only participant who included ‘educating so that parents can be more informed and be able to stand up for their children’ (16SC) as a professional responsibility.

Explicit attention was given to professional responsibilities towards children themselves in relation to their rights. All were agreed that ‘the key bits are children should not be subject to abuse in whatever form’ (35SC) and that this might involve challenging the behaviour and decision-making of a range of others. These included parents or children themselves (20SC, 35SC), the local authority management of resources and thresholds (20SC) and the practice of other practitioners (35SC). It might include moving beyond the boundaries of team responsibilities to ensure children’s rights were upheld elsewhere, viz.

I expect myself to listen and to take regard particularly of anything that’s wrong or anything that’s fed back that’s negative from a child. I’ve just been talking to X - she’s not from my team - ...but (something) is not right and ...if she needs me to intervene I will. I would see that as my responsibility. It’s very important. (20SC)

The ‘golden thread’ interviewees provided the most detailed attention to the quality of children’s relationships with the adults in their lives (including the interviewees), perceiving children’s rights ‘as a frame of reference to shape our daily interaction with children’ (Reynaert et al., 2012:164). This included creating opportunities to learn about the context of children’s lives. Thus a child’s interest in football was explored and its purpose interpreted by one interviewee as ‘about identifying the fact that they are doing things’ and have ‘parents who make sure they get there’ as well as recognising children’s skills - ‘You’re actually trying to build them up’ (115TB, p.11).
This approach also included making sure children had control over the construction of records of their views, viz.

‘...we read it back so that they can hear what they said and we say is that right, is that true, have we got it all down as you’ve said it?’ (24E).

For this interviewee it was a ‘very general but hugely fundamental expectation’ (20SC); that children’s views and their impact were evident in children’s records; that children, and ‘not just their parents’, saw CAF Action Plans (24E); and that children’s permission to share their records was sought. This approach was evident in the CAF records completed by one of these interviewees. Three within this grouping (15SC, 24E and 35SC) provided examples of children (one as young as six) being asked their views on whether information they had provided should be shared with parents. In each situation the children’s views were respected, despite some professional nervousness.

There was evidence, too, that a rights-based perspective was drawn on reflexively by these interviewees, each of whom described themselves as learning from experience. An example, as a consequence of the interview focus, was an interviewee’s reflections on a recent referral in which there were concerns about neglect of a young teenager:

‘I suspect if you asked him what his rights were he’d say not a lot. He wouldn’t have felt that he had any rights. That would be an interesting one I think to go back to...’ (20SC).

This participant’s engagement with children’s rights explicitly included attention to the role of place and space as a rights issue, such as ‘being in an environment where everybody was welcome’ and ‘children and families could speak to me when they wanted to, within reason...It’s a real basic thing’ (20SC).

Within this group a children’s rights disposition fitted within interviewees’ interpretations of their role and its legal and policy context and their values. In this respect, it can be viewed as providing an integrated perspective on their personal, professional and political worlds, a sense of philosophical integration that shapes and is shaped by passion, the drive that ‘gives their life a meaning’ (Hage, 2013:80). In
other words, for this group rights held both a taken-for-granted and a desirable legitimacy within what Bourdieu termed the illusion of ‘being caught up in’ a game ‘worth playing’ (Webb et al., 2002:xiii).

**Pick and mix**

This grouping included the data of three participants based in education settings and one from a health setting. Within this grouping children's rights were assembled in a fragmented way and formed a desirable, but inconsistent - rather than embedded - element of the interviewee’s habitus.

On the face of it, this group have a lot in common with the ‘golden thread’ grouping. An intuitive, passionate and broadly positive response to the concept of children's rights was evident to different degrees in these four interviews. Thus one described children's rights as ‘massively’ impacting on her role and her belief that children should have the opportunity ‘to actually influence some of the things us grown-ups do’ (05E). Another mentioned that ‘giving (children) the opportunity to actually voice their opinion’ was ‘the biggest thing for me’ (36H). The third said that children’s rights impacted on ‘all’ of her work (33E) and the fourth (19E) expressed grave concerns about the perceived unmet needs and rights of many of the children with whom she had contact.

However, the data suggested these attitudes formed a less pervasive and less durable element of their habitus than was the case with the ‘golden thread’ grouping. Thus, whilst one made several references to the ‘deeper values’, that guided her practice, as noted in Chapter 7, when asked about policies, legislation or guidelines that she found helpful around children’s rights, she responded that she ‘picks the ones I like best that fit in with my values’ (05E). In another, the interviewee expressed the view that smacking naughty children was acceptable in some situations, and part of her own parenting practice (33E). Two of these interviewees commented that they were content with their attitudes to children's rights. One described herself as 'feeling) quite comfortable with how I deal with children’s rights’ (36H), the other that her ‘ethos and values are where I want them to be’ (05E). Such certainty, and stability, was
not expressed by those in the ‘golden thread’ grouping, who were more likely to position themselves as learners.

Adult-centred constructions of childhood and of children’s best interests seemed to underpin these inconsistencies. For the majority it was ‘key’ to ‘get the voice of the child as best as you can, irrespective of their age...irrespective of the wishes of the parents sometimes’ (05E). The bottom line for this interviewee seemed to be a child’s best interests, but the implication was that these best interests were identified by professionals, as this quote suggests:

‘...The big message ... is (to be) child-centred... ...to put the children and young people and families at the heart...because we always ask the question what’s right for the child/young people...’ (05E)

Two of these participants (19E, 36H) reported that children were ‘not usually’ (19E) offered the opportunity to talk to professionals independently of their parents until they were 10 (19E) or even 13 (36H) years old. In one (14H), as seen in Chapter 6, her approach suggested that the relationship between context and competence was overlooked. Instead, particular features such as the child’s age or the issues that brought them to professional attention were drawn on to imply wide-ranging lack of competences, leading to a rather one-dimensional construction of the child as an incompetent victim of circumstances.

For the other, opportunities to be seen alone were offered on rare occasions if she felt ‘it would be useful’ (36H). A perspective that fore-grounded professional expertise also was evident her approach to representing children’s views in interprofessional discussions, viz.

‘I know personally and professionally that if I felt very strongly about a child’s view, I would be advocating for them...’(36H)

Children’s participation in service development was viewed as desirable by this interviewee, but their perceived ‘vulnerability’ took precedence, creating a halo effect, and led to their exclusion:
‘I think it’s the ethical dilemmas we struggle with as well as where we would recruit them from. There’s a vulnerability about people who’ve come through our service, I think even when they come out the other side in a way’. (36H)

The other interviewee in this grouping did ‘not usually’ see children alone either, and the practice examples given did not suggest that children’s perceptions were included consistently in arriving at her professional opinions.

There were fewer examples within the ‘pick and mix’ grouping of the use of ‘regulated liberties’ to extend agency beyond the usual expectations of the setting. The examples given included, for one interviewee, ensuring that children always had the option to be seen alone – ‘I firmly believe that child has got the right to spend some time with me alone if that’s what they choose to do’ (33E), although their views were not separately recorded in CAF records. For another, it was allowing a child telephone home from school to ‘make sure mummy was safe’ (05E). A third described attempts, including a formal complaint, to ensure that her concerns for children’s wellbeing were addressed within and outside her own setting (19E). However, compared to the ‘golden thread’ grouping, the examples given were more likely to relate to particular events rather than represent embedded practices.

Uncomfortable accommodations

Although only one interview from the Stage 2 analysis was included in the last of the groupings identified - ‘uncomfortable accommodations’ – the conceptualisations and approach to children’s rights illustrated were evident as representations of positions found from others in the rest of the data. This interview data suggested an ambivalent disposition towards social and welfare rights in general, and children’s rights in particular, based on concerns about state intrusion in family life. Positive constructions of rights mainly were confined to the protection of adult civil liberties. Describing herself as a ‘liberal’ at several points, the interviewee mentioned that whilst she thought ‘broadly’ about human rights, her focus was on the ‘individual’, ‘over everything’ else (14H).
She described the ‘key principles’ she drew on in relation to children’s rights as ‘(j)ust the inclusiveness that every child has the right to be heard and that the basic physical, emotional needs are met’ (14H). However, for this interviewee the focus was almost exclusively on relationship-building with parents and on child outcomes. Children’s views were ‘included’ only once they were about 11 years old. Her approach was light-touch or what Fox-Harding termed laissez-faire (Fox-Harding, 1996). Children’s experiences were constructed as mostly ‘fine’ ‘if they are wanted and there is good extended family’, and ‘most families’ were ‘perfectly reasonable’, something, in her view, that professionals were in danger of forgetting. Where parenting was at issue, she described suggesting to parents that differing ‘expectations’ in many cases could be understood as a lack of fit with ‘the wider society’, viz:

‘…it’s not about it’s not acceptable but you (parents) need to really look at how you’re doing things because as a society we’re part of the wider society in terms of the expectations of parenting that are there… (14H)

Rights were perceived as categorical and harsh constructs, best avoided. Thus, when asked for a practice example ‘where a child may have had a different perspective (on children’s rights) than the parents’, she described a CAFTAC meeting in which an 11-12 year old disagreed with his mother’s perspective. The interviewee recounted that she introduced the word ‘reasonable’ because it was a ‘comfortable’ word and avoided ‘setting a standard’. She did not comment on the child’s re-framing of the disagreement in terms more closely aligned to rights:

Because I like the word reasonable. I think it’s quite a comfortable word to use. Everyone has their own idea of what’s reasonable so it’s not sort of setting a standard. And there’s a broad agreement on what’s reasonable very often. And from early he clearly seemed to … I used it once and it seemed ok to use it again. I think he turned it back to being what was fair. (14H)

This interviewee mentioned drawing on personal as well as professional experiences in thinking about rights, but was concerned that this was ‘unprofessional’ (14H). The
practices she described as acting to support children's rights focussed on her careful approach to information-sharing described as ‘the big issue’, ‘sit(ting) under a lot of what we do’ (14H). Her approach, defined as ‘slow to share information’ except where safeguarding was an issue, reflected accepted practices within her setting.

This data provides an example of an interpretation of children's rights as a concept that might be called upon, somewhat reluctantly, if needed from a mainly pragmatic perspective, but one in some conflict with her disposition and habitus.

**The political context**

These discourses are situated within wider political and cultural contexts. One professional drew attention to some of the wider political discourses that she felt might underpin professionals’ concerns about intervening in family life with the aim of increasing children's rights. She suggested that ‘right-wing’ political perspectives upholding parents’ rights at the expense of children's rights were a factor:

> I know there is a discourse going on about how we’ve undermined parents and carers by treading this road...I’m sure it’s going to be a right-wing think tank view coming out that parents need that notion of rights and responsibilities restored to them. (ProFG2)

However, although several interviewees referred to their religious beliefs, very few interviewees explicitly referred to their social class, educational level or other economic or cultural capital or the impact these may have had on their interpretations or beliefs. One interviewee (16SC) spoke of the impact and advantages of education in a way that indicated that she identified it as cultural and social capital. Social class was referred to only in two accounts, to different ends. In one it was drawn on both to suggest that ‘people’s class, people’s ethnicity, the areas they live in, can change some of that about what people perceive as rights for those children’ (35SC) and to contradict perceptions that only poorer children might be deprived of their rights, as the following illustrates:
‘...we work with families where they’re on very low incomes but their needs are met and ...there’s lots of kids we work with in very middle class families where actually they’re probably as worrying, if not more so in terms of depriving children of their rights.’ (35SC)

In another, class was drawn on to give credibility to an interviewee’s view that in ‘most’ cases children hanging about the streets in groups ‘is harmless’, something she knew because of her own class background, as she stated ‘I haven’t always been this middle class, I’ve lived in rough areas’ (20SC). These three interviewees were in the ‘golden thread’ grouping.

Two professionals referred to the impact of professional status and the cultural and social capital related to it. One spoke of professional status taking precedence over children’s rights, saying that:

‘...it’s become really apparent to me that there are some services, some professionals who are really frightened to lose the status that their profession gives them...and although I can understand that feeling, I feel that sometimes they are putting what’s right for the child second to what’s right for my status as a professional.’ (05E)

Another suggested in vivid terms that her views, like those of children and parents held a low status in inter-professional settings: – ‘Egos get in the way of hearing that from either a child or a parent or a low life member like me’ (33E).

The one interviewee in the ‘uncomfortable accommodations’ grouping expressed concern regarding the introduction of ContactPoint, the government-proposed centralised child information. She believed it to infringe privacy rights, adding, however, that she did not want ‘to sound unprofessional’ and that ‘if it’s adopted then I’ll use it’ (14H).

Overall, however, there were remarkably few references to the impact such structural factors may have had on professional interpretations or to situate narrators’ own dispositions and habitus.
Conclusion

The data indicated that these new integrated CAF settings provided some opportunities to re-examine understandings, opportunities that occasionally led to minor adjustments in practice approaches. The evidence suggests that the opportunities, and professional participants’ concerns, were constructed and shaped by the parameters imposed by CAF national and local interprofessional processes. Within these processes, some areas of children’s lives and experiences were included, others taken-for-granted or excluded, so that increased shared professional knowledge about the lives of children did not necessarily lead to explorations of their circumstances from rights-based perspectives.

Although almost everyone had identified rights abuses and inadequacies, questioning assumptions about children’s rights within the contexts in which children spent most of their lives was challenging and seemed to sit outside the purview of many interviewees’ interpretation of their responsibilities. Some participants perceived attending to children’s rights as a threat to themselves, the children and their families.

The practice interpretations of children’s rights suggest that both the interprofessional and the professional fields were strong influences, structuring the ways in which children’s rights were thought about and understood. The three dispositions identified, which largely reflected interviewee settings, give an indication of this impact. However, the groupings also suggested that interviewee setting was not the only structuring factor. They indicated that there was an element of regulated liberty at play, too, in how individual interviewees responded to and structured, as well as being structured by, their setting. This regulated liberty was exercised in different ways, reflecting individual understandings and dispositions towards rights in general and children’s rights in particular. In doing so, professional approaches mirrored wider cultural and political rights discourses.

The data presented indicated the contradictions apparent in interpretations of children’s rights, so that, for example, even where a positive disposition towards rights was evident, it was not necessarily applied consistently. It provided insights about the limits within which ‘regulated liberty’ was conceptualised and practised in the study.
settings. This was particularly evident in relation to interpretations of children's rights to have their views heard and listened to, and in engaging with children in coming to a view about their 'rights in practice'. The data suggested a restricted interpretation in many interviewee accounts of the degree and type of 'regulated liberty' perceived as available, more restricted than the demands of structuring texts and processes. They also indicated that, explicitly or implicitly, the concept of power was an underlying theme in most interview data.
Chapter 9  Discussion and conclusion

Introduction

How do child welfare professionals make sense of children’s rights and draw on this sense-making in their professional work? My aims in this study were to provide empirical data and to theorise about sense-making in this area, the comparisons and links between professionals, service-users and policy perspectives, and their implications for professionals’ interpretations of their role. The relationship between these interpretations and outcomes for children was outside the study remit.

Here I summarise my findings. Three key themes emerge from the analysis: rights language and frameworks; children’s being and becoming; and connections between rights and relationships. I then discuss the theoretical adequacy of the study, its conceptual innovation and contribution to knowledge. The chapter closes with suggestions about practice implications.

Summary of findings

My five core research questions were as follows:

1. How do professionals providing integrated children’s services understand children’s rights?

2. How do professionals interpret these understandings in their approach to practice?

3. Do professional approaches to children’s rights match the understandings and expectations of service users?

4. How do professional understandings map onto broader understandings in the policy arena?
5. How do professional understandings of children's rights match onto the understandings and expectations of other professionals involved in integrated child welfare services?

These questions underpinned a two part exploration: of the elements – the knowledge, values, views etc. - that child welfare professionals drew on in making sense of children’s rights, and how they perceived that sense-making as reflected in their approaches to practice; and, through a consideration of policy and service-users’ views, of how these elements reflected other parts of the child welfare system. I provided a policy analysis in Chapter 4 and described the empirical findings in Chapter 5, before exploring general themes in Chapters 6 and 7 and considering professional dispositions in Chapter 8. Now I draw these explorations back together, to respond to the research and debates laid out in Chapters 1 and 2.

**How do professionals providing integrated children’s services understand children’s rights?**

All study participants agreed that children had rights. These rights usually were identified in relation to familiar cultural, legal and professional territory. Several categories of civil, social and welfare rights included in the UNCRC received very limited attention.

The findings presented in Chapter 5 and 7 echoed those of others (e.g. Fielding, 2007) that rights language was not common currency amongst child welfare professionals. Participants drew on limited sources in their interpretations of children’s rights. Nineteen of the thirty-nine interviewees mentioned only one primary source. Few mentioned rights frameworks such as the UNCRC and/or legislation or other formal sources. The HRA was mentioned by eight. The UNCRC was drawn on by one third. Most participants drew on policy texts. Thus, the ECM policy, although needs rather than rights-based, was drawn on by twenty-five, often as a proxy for a rights framework. Where frameworks were identified, they were welcomed. The formal sources used were enrolled in different ways: for a minority these sources provided an embedded framework, integrated in their approach and open to challenge; others drew on them in a more limited way as broad frameworks; yet others mentioned
formal sources only in relation to specific issues, such as school attendance; some
drew on no formal sources at all in their interpretations of children's rights. Rights
were seen as having a moral basis by most, and associated with personal and
professional values. Indeed, one third relied on their personal or professional values as
their primary source.

The rights identified differed between professionals, and did not include all of those
identified in the UNCRC. All participants held that children have rights to survival and
protection. Rights to be listened to and to education were identified by most. A
number identified some rights related to children's emotional welfare and
development. Children's best interests were identified explicitly as a right in only a
small number of interviews. However, several categories of civil, social and welfare
rights received very limited attention: children's health, play and social life and,
particularly, their longer–term development. No mention was made of the implications
for children's lives of developments in communication technology. Parents' rights were
mentioned briefly by most participants, in relation to interventions in family life, and
more usually in relation to information-sharing.

A very small minority identified a right for children to be informed about children's
rights. Some mentioned rights related to relationships between children and others,
such as being treated with respect. Whilst many of the protection and welfare rights
mentioned also were identified as needs, it was exceptional to find children's civil
rights acknowledged in this way, and/or as a potential contribution to their
development of confidence and resilience, as Munro argued (Munro, 2001).
Protection, rather than civil rights were more likely to be identified in relation to
children's use of public spaces.

Attention tended to focus on children's rights within the confines of the interviewee's
setting rather than within children's lives. References to the distribution of state
resources to families were rare and none mentioned the distribution of resources
within families as a rights issue. Moreover, specific child welfare settings influenced
which rights received attention. Thus none of the education-setting professionals
included attention to the full range of school-based civil rights included in the RRS
initiative (Sebba et al., 2010) and participatory rights within child welfare processes received more attention from social care interviewees than other rights, whilst information-sharing was the main focus of attention within health settings.

A perception of children as having interest rather than will rights was common. As earlier studies have shown (Thomas and O’Kane, 1998, Vis et al., 2011, van Bijleveld et al., 2013), children’s perceived lack of competence was seen as a reason for adults to exercise rights on their behalf. The types of competence at issue were cognitive, emotional, moral and usually, but not always, linked with age. Perspectives on what constituted competence, and on its appropriate application to children’s decision-making rights differed markedly.

Concepts usually associated with human rights such as universality, inalienability and indivisibility were acknowledged and interpreted inconsistently by many professionals. Thus children’s right to have their views heard, although acknowledged, was not necessarily interpreted as inalienable and some interviewees indicated that they chose which rights to recruit and which to overlook.

There was little evidence of ‘shared properties of common-sense knowledge’ (Silverman, 2010:95). Even where professional interpretations of rights seemed to be shared, the data suggested that this often was based on taken for granted assumptions within and between settings. Not all included the same categories of rights nor drew on similar sources in reaching their understandings, nor invoked similar assumptions and views in the significance attached to the rights identified.

Values, democratic constructions of generational power and a positive disposition towards children’s rights seemed to underpin such approaches, attesting to the value-based and political nature of the topic. Constructions of childhood and adulthood and of children’s development and competence were central to how children’s rights were understood. Those who described childhood and adulthood as inter-related were more likely to assign competence to children at an earlier age and across a wider range of contexts than those who constructed childhood as a more separate protected state. However, constructions of adulthood as an independent and autonomous state inclined a small number of interviewees to perceive childhood as a period of
preparation for a tough life ahead, a viewpoint not evident in other studies. A small minority engaged critically with the concept of best interests, drawing attention to the relevance of situational factors and/or their own lack of competence. Interprofessional and professional fields, and interviewees’ professional identity, were strong influences.

Within these accounts, children's rights achieved differing types of legitimacy (Suchman, 1995): for some they were taken for granted, and for many seen as desirable at least in some circumstances. A minority took a pragmatic approach, responding as law and policy required.

**How do professionals interpret these understandings in their approach to practice?**

Child welfare professionals’ understanding of children's rights was a factor, but not the only factor, in how they interpreted their practice responsibilities. In their interpretations of children's rights in practice most participants drew on legal and policy texts, particularly ECM and the CA1989. A minority drew on the UNCRC.

Professional participants identified several significant deterrents in engaging children's rights in practice. These included lack of resources and high thresholds for services and a consequent concern not to promise what could not be delivered, along with concerns about de-stabilizing family relationships and avoidance by professionals of the pain and anxiety they experienced in acknowledging unmet rights and raising such issues with parents. Other reasons given included the lack of training and experience outside social care settings and that, within social care, facilitating children’s voice often was perceived as a specialist skill and not ‘everybody’s business’ (09SC).

In contrast, there were also many examples of professionals recounting what they identified as rights-based practices in interpreting their responsibilities in creative, attentive, consistent and persistent ways and sometimes pushing the boundaries of accepted practice. These related to areas such as children’s participation in decision-making as an individual within schools and at an individual and collective level in social care settings, attending to the wider context of children’s lives and ‘looking out’ for children’s interests, advocating for resources and services on their behalf and
sometimes challenging decision-makers and other professionals in their own and other settings to achieve these ends.

There were identifiable limits within and differing ways in which professionals’ ‘regulated liberty’ was constructed in the study settings. The data suggested that many interpreted the ‘regulated liberty’ available as very restricted, far more restricted than the demands of policy texts and local procedures. Discrepancies were most marked around involving children in decision-making in decisions affecting their lives, rather than just listening to their views. Nine interviewees, from a variety of settings, made no reference to their own responsibilities in this area. No one mentioned engaging children in discussions about their perspectives on their competence or interest in participation in decision-making. Overall, less than one fifth of the total interview sample mentioned it as a right that children’s views should be recorded. A minority attended to how records were used and the children' rights implications involved. None drew direct attention to the implication of new technologies in engaging children’s participation.

Despite local attempts to effect child-centred procedures and processes, the CAF record analysis reflected these findings and found limited evidence of children’s engagement within ECM/CAF processes. Children’s views were evident in just over half the sample and their comments included in one third. Children’s views were more evident where their protection was a concern. The views of children at risk of social exclusion because of learning needs or parental disability were most likely to be excluded in the CAF records also. As other research found, where children were recorded as seen alone their views were more likely to be recorded and they were more likely to attend CAFTAC meetings (Bell, 2011, Vis et al., 2011). There was a correlation between the approach of the CAF initiator and CAFTAC chair in determining the ways in which children were engaged with the CAF process, regardless of setting. These factors appeared as determinant as the child’s age or the reason for referral. The CAF records indicated a focus on immediate concerns within fairly narrow terms of reference, with a lack attention to children’s aspirations, a wider vision, and a longer-term view. Behaviour problems were a concern in almost all of the 30 CAF records
examined, an area that received limited attention in interviewees’ constructions of children's rights.

Interviewees’ professional identity was associated with how rights were interpreted in practice. However, the findings indicate that personal disposition was at play in how individual interviewees responded to and structured, as well as being structured by, their setting. Three groupings were identified: those for whom children's rights operated as a ‘golden thread’; those who took a ‘pick and mix’ approach; and those for whom children's rights and rights-based practice represented ‘uncomfortable accommodations’. An association was evident between democratic constructions of childhood and understandings of children’s rights, their universal qualities, and rights-supportive interpretations of professional responsibilities. Those participants whose understandings drew on integrated and robust networks of meaning were more likely to describe their professional role in rights-supportive ways. A number of interviewees drew on the UNCRC to achieve these goals. Interviewees who drew on their personal as well as professional experiences and sought consistency between these spheres in how rights were applied showed a tendency to apply their understandings of rights positively. Nevertheless, interviewees’ own childhood experiences were drawn on very rarely and an adult-oriented standpoint (Smith, 1993) pervaded all accounts.

The lack of attention to children's rights in how professionals described their approaches to work with parents was notable. Although most interviewees described a range of parental tasks and behaviours perceived as supportive of children's rights, this area elicited little attention in relation to professional approaches. Some interpreted talking to parents about children's rights as being ‘critical of families’ (29H). The data added weight to Trinder’s (1997) finding that those whose professional approach was deeply embedded in traditional systemic family therapy practices found this area most challenging. The findings also indicated a more general lack of attention to the potential of rights-modelling as an element of a rights-related practice approach.
How do professional approaches to children's rights match the understandings and expectations of service users?

Some common rights themes were evident across the data gathered from professionals, children and parents. All were agreed that children had a right to education and to protection from abuse. Children and parents, like many professionals, perceived childhood as a much less powerful state than adulthood. However, parents, in particular, were more emphatic and positive than many professionals about the right of children of all ages to be listened to and for their views to be heard and contribute to decision-making.

Like many interviewees, children and parents did not have a strong, pre-existing engagement with rights or rights language. Children struggled to identify rights they thought they had. They drew more attention to protection from violence within the home and to children’s rights in school and in the community than other participants. However, children ascribed themselves few rights in these situations or in relation to caring responsibilities for siblings and other family members and in parent-child relationships more generally.

Parents identified a broader range of rights than did the children or most professionals and gave more attention to children’s access to positive experiences and future wellbeing, including non-discrimination, adequate housing and welfare rights and support for children with special needs. They held broadly similar views to professionals about the relationship between competence and children’s autonomous exercise of rights, but put more emphasis on factors other than age in assessing competence. They were a little more likely to grant decision-making power to children in some areas and more ready to acknowledge parents’ self-interest as a factor in decision-making and parent-child relationships more generally. Unlike most professional interviewees’ some explicitly connected engaging children’s views with the development of long-term trusting relationships between children and adults.

Children and parents saw upholding rights as an important part of the professional role and identified both positive and negative experiences of school, health and other professionals upholding children’s rights. The children expressed limited expectations
of professionals, but parents were unanimous in their expectation that professionals should watch out for bullying and unhappiness, speak with both children and parents about children's rights, provide confidential safe spaces for children to talk to them, and be advocates for a child. Parents thought that having children's words quoted in records could be very powerful and helpful.

Both children and parents, in common with many professionals, had concerns about information-sharing. Parents were of the view that children should be engaged in decisions about information-sharing. Their concerns centred on protecting, helping and not ‘mak(ing) things worse’ for a child. In contrast, children talked about breaching the perceived privacy rights of other family members rather than identifying their own rights.

**How do professional understandings map onto broader understandings evident in the policy arena?**

As outlined in Chapter 4, the gaps in professional understanding of rights were not only located in practice situations. Children's rights came within the political and policy-making gaze in fits and starts, accompanied by legislative and policy attention that was uneven, often unclear and sometimes contradictory.

Legislative and policy texts do not provide a clear framework in relation to children's rights (Braye and Preston-Shoot, 2006a). The policy developments introduced by the Labour government drew little attention to important sources of rights, such as the HRA/ECHR and their potentially radical impact on children's rights in many settings. Government ministers actively sought to block the integration of the UNCRC in the enabling legislation for the ECM initiative. Attention to ‘children’s rights’ formed a partial, poorly articulated and largely inexplicit framework within child welfare policies such as ECM.

Under the Labour administration the language of justice and fairness was drawn on in introducing some considerable structural improvements for children. Very often the policy discourse focused on children as human capital: on their becoming rather than their being (Morrow and Pells, 2012). This was particularly evident in education where
rights to education and to the reduction of ‘barriers to learning’ were highlighted whilst rights within it often ignored or denied. Moreover, a focus on parenting practices implied concepts of responsibilities as the quid pro quo of rights. In doing so the family rarely was disaggregated, especially for children in the study age range, and their diverse perspectives and rights were not acknowledged or addressed (Frost and Parton, 2009). At key moments in the policy review process children were specifically excluded from commenting on areas that might be of most interest and concern to them, such as their experiences within education, family life and the criminal justice system (HM Treasury/DCSF, 2007d, Lyon, 2007a, Harris, 2009).

These policy developments reflected both changing and contested understandings of childhood and adulthood. However, taken together they suggest that in English legislation and policy of this period children’s rights were assigned a mainly pragmatic legitimacy. Where evident, they were closely associated with responsibilities. Children in the study age range continued to be viewed mainly as objects of concern and sometimes as threats rather than as persons within their own right.

Local policy and operational developments closely reflected the pace, focus and re-focusing of national developments. This was evident in the somewhat reluctant engagement of Southtrust partner agencies, and erratic development of ECM/CAF Tier 2 structures and processes, and in the attempts to recruit schools and the health sector within these processes. The inconsistent policy attention to children’s rights and political resistance to the use of the UNCRC as a rights related framework was replicated at a local level. There was no evidence of consistent or effective leadership from Southtrust in this area. References to the UNCRC and the rights-based Participation Strategy ratified by the Shadow Trust in 2006 were absent in local ECM policy documents, although drawn on by a minority of ‘passionate’ managers and operational leaders.

Attention to children’s participation rights at a local level mirrored national policy developments. Thus, in settings such as social care, where there already was a legal and policy emphasis on children’s participation, this was maintained and developed further, reinforced by OFSTED processes. There also was evidence, outside the focus of
this study, of children’s engagement with local play and leisure policies. In education settings the data indicated that whilst most schools had school councils, school-wide practices related to children’s participation at an individual and collective level were dependent on the views of individual head-teachers. Within health settings, aside from school nurses, there was no evidence that policy encouragement to increase children’s participation had changed more traditional practices.

Many professionals tried to recruit legal and policy texts to provide a sense of direction. In the absence of an over-arching, consistently acknowledged rights framework more than half of the interviewees drew on the ECM policy as a proxy. The absence of a shared understanding and language of rights was evident to several participants and conspicuous in the study findings. Within this study, where professional training included a focus on child development and/or children’s participation rights, it was recruited in developing professional understandings. Several interviewees with social work qualifications mentioned the contribution of their professional education to their understanding of the CA1989 and participation rights. Aside from early years qualifications, neither professional education nor post-qualifying training were identified as making a significant contribution to professionals’ understandings of children’s development and competence.

The CAF texts recruited professional attention in a way that provided only implicit and inconsistent opportunities to attend to children’s rights. There was no reference to rights in the pro forma and no opportunity for children to contribute using forms of communication other than speech or writing (c.f. Art.13 of the UNCRC). Several participants commented on the difficulties they perceived in addressing children’s participation adequately within CAF pro formas and processes. However, it was notable that the opportunities provided to include children’s views in CAF records so rarely were taken up.
How do professional understandings of children's rights match the understandings and expectations of other professionals involved in integrated child welfare services?

The absence of an over-arching legal and policy framework in relation to children's rights, variations in the degree of control of service settings exercised by central and local government, differences in accountability structures and differences in the requirements and expectations of professional bodies all increase the potential for sectoral differences in the interpretation of children's rights.

My findings suggest that professional fields exerted strong influences in structuring the ways in which children's rights were thought about and understood. The groupings identified in Chapter 8 gave an indication of this impact. One of the differences was in the range of formal rights sources drawn on in making sense of children's rights and its relevance to their professional activities.

The categories of rights identified and discussed were closely associated with participants’ professional settings. Thus, despite widespread identification of a right to be listened to, eleven interviewees from social care but only four from education and two from health referred to children’s involvement in decision-making as a right. However, children’s participatory rights within educational settings only occasionally were mentioned, and then almost entirely by professionals working in such settings. Participants from education settings were more likely to give priority to what was perceived, explicitly or implicitly, as children’s welfare and developmental rights rather than their civil rights. Social care interviewees were more likely to mention children’s right to family life. In the view of some professionals, the disposition of the parent, rather than the broader rights of the child, seemed central to social care assessments. Interviewees from health settings gave most attention to engaging parents and to privacy rights and less sustained attention to any other rights categories, including children’s health, than interviewees from other settings.

Professional status made some difference, not to the number of formal sources drawn on when thinking about children's rights, but to how they were engaged. Thus interviewees with higher status professional qualifications were more likely than
others to begin by citing formal sources. However, professionals were clear that children's rights were not directly addressed in local common core interprofessional training and that ‘conversations’ about children's rights was something these child welfare professionals ‘often don’t allow ourselves to have’ (ProFG2). Perhaps partly as a result, perspectives in general were not holistic or necessarily child-centred. The priority given to different rights domains - such as civil and welfare rights - varied, with apparent implications for professional and interprofessional understanding and practice. The data indicated that a common view on the place of social and welfare rights cannot be assumed. Neither were there commonly held understandings and interpretations of concepts such as inalienability and indivisibility.

Differences in implicit assumptions about children, parents, professionals and their respective rights and responsibilities operated as pragmatic presuppositions (Hemrica and Heyting, 2004) and underlay interprofessional disagreements. Some services, particularly CAMHS and social care, were seen by interviewees, especially those from education settings, as withholding important information about children and their families, and, as a result, making it more difficult for other professionals to understand and respond to a child’s needs. Conversely, interviewees from settings other than education often described schools as ‘leaky’ (39SC) settings where frequently there were breaches of perceived rights around privacy of information. The data provided some evidence that this was the case. However, only a small minority of interviewees spoke of children’s participation in these decisions.

Taken-for-granted practices operated as boundary setters in the interpretation of children's rights and professional responsibilities even where professional interpretations about rights categories seemed to be shared. However, interprofessional practice also was described as providing moments of translation, in which taken-for-granted assumptions, particularly in relation to children’s participation, were challenged.

**Key themes**

In considering the data as a whole within the context of the literature and policy reviews, three overarching themes emerged. These related to rights language and
frameworks, children’s being and becoming and the ways in which conceptualisations of rights and relationships were connected. In this section I consider each in turn.

**Rights language and frameworks**

The literature review identified the importance of shared vocabularies, ‘modes of representation’ (White et al., 2008:18) and shared language in developing professional and interprofessional understandings (Reder and Duncan, 2003, 2004: White and Featherstone, 2005), including conceptualisations of children’s rights (Marshall and Maguire, 1998, Sebba et al., 2010). It also indicated that children in receipt of social care services would value a clear, accessible indication of their rights and responsibilities (OFSTED, 2010a). However, previous studies have pointed to the lack of clarity and the diversity in how children’s participatory rights are defined and understood (e.g. van Bijleveld et al., 2013). My study illustrates that this lack of clarity and diversity applies to broader conceptualisations of rights.

The recruitment of ECM to do the work of a rights framework reflects the absence of an alternative national or local rights-based policy framework within English child welfare. It provided an example of how texts were valued as providing a framework and how they may be recruited, adopted and adapted to a role different than that intended (Smith, 2001, Spillane et al., 2002, White et al., 2008). However, the study also found that an earlier local Participation Strategy based on the UNCRC and advocating the participation model recommended by Kirby and colleagues (Kirby et al., 2003) was not enrolled by local policy-makers or by a large majority of interviewees in this endeavour. Such enrolments and exclusions reflect both the fluid nature of meaning-making and the impact of changing legal and policy mandates. As has been argued elsewhere (e.g. Boylan and Braye, 2006, Hunter, 2008), policy mandates do not necessarily result in changes in professional practice, but often are a prerequisite to such change.

The study findings indicate that most participants drew on and valued a framework as an aid to their conceptualisations, with those drawing on the UNCRC most positive about its usefulness. The findings also suggested that for many, their perspectives on children's rights had acquired a taken-for-granted legitimacy in which issues such as
professional power and children’s competence received limited examination. A further
issue was that frameworks such as ECM did not serve to question professional
constructions of children’s needs. There was little evidence of a rigid rights-as-
individual-entitlements construction of the UNCRC, although such constructions
certainly were evident in some interview data, without being ascribed to the UNCRC.

The RRS evaluations and other research indicated some of the ways in which the
UNCRC was helpful in making sense of children’s rights and supporting rights-based
practice approaches (Covell et al., 2010, Sebba et al., 2010). It was construed as a
value-based rights framework or ‘code for living’ that was ‘more concrete’ (Sebba et
al., 2010:32) than personal ethics alone, ‘accessible and clearly understood by
everyone’ (p.31) and a code that made difficult discussions easier. The findings of my
study indicated that most, although not all, participants, explicitly or implicitly valued
the potential of a framework to provide what Lee termed ‘extensions’ (Lee, 2001) and
others have referred to as ‘mediating influences’ (Alexander and Pia Lara, 1996) in
exploring, recognising, respecting and supporting children’s rights. Within this study,
its benefits were seen as supporting professional and inter-professional discussions
and interpretations. A small number extended this perspective to include children and
their parents/carers. The UNCRC thus had the potential to support consideration of
and movement from ethics to practice expectations and to cut across professional and
child contexts to identify rights that children ‘carried with them’ (Hodgkin, 1993).

This potential was expressed by study participants in suggesting the UNCRC might be
‘used as a tool to go back to some of these principles’ (16SC); in supporting the
‘conversation’ about complying with the requirements of the UNCRC that many said
they had never had; and in exploring what Fielding has referred to as ‘the beginnings
of alternative possibilities’ evident in the complex and “slippery” concept of pupil
participation (Fielding, 2007:302).

The findings indicated that such an over-arching framework would be necessary if a
reasonably consistent approach to children’s rights was to be a hallmark of integrated
child welfare services. At a minimum it has the potential to provide professionals with
a language and set of principles within which to discuss the complex legal and moral
issues involved in their work. The data presented here indicated that it also could provide a framework within which a holistic approach to children's rights can be situated. However, the findings reinforce the views of sociologists of childhood and supporters of children's rights in illustrating the deeply-held beliefs and taken-for-granted approaches that underpin professionals’ sense-making around children’s rights (Thomas and O’Kane, 1998, Mayall, 2000, Rudduck and Fielding, 2006). They indicate that a framework, although necessary, would not be sufficient to change such conceptualisations and practice approaches unless it was drawn on to explore, take account of and challenge the various ways in which legitimacy was assigned both to children as rights-bearers and to the categories of rights to which they are entitled.

**Being and becoming rights**

Discussions in the literature on being and becoming have tended to focus on these constructs as they relate to perceptions of children’s competence. In that context attention has been drawn to the hybridity of childhood (Prout, 2005) and ‘being and becoming’ assemblages of children and adults (Lee, 2001). However, the findings of this study suggest that viewing concepts of being and becoming through a different – and ostensibly more traditional - lens also may be necessary if both children’s welfare and their participation rights are to be acknowledged.

As Chapter 2 indicated, educational policy and school practices have been criticised for their focus on educational outcomes and children’s futures, rather than their current experiences. The RRS and related initiatives presented a major challenge to this perspective by attending to children’s rights in the here and now. Conversely, literature on children’s participation within social care has tended to emphasise their ‘being’ and their views on the contexts in which they currently are engaged. My data reflected other studies in suggesting that child welfare procedures and processes, rather than children’s lived experience, tended to be the focus of this attention to being (Winter, 2009). They also reinforced the findings of other studies (e.g. Thomas and O’Kane, 1998) in highlighting professionals’ limited critical attention to the term ‘best interests’ within any child welfare context, aside from protection from immediate harm. Indeed the term was not used by the majority of participants. Consequently
there was little information on how best interest rights were to be identified and interpreted. Moreover, the limited focus on children’s longer-term welfare rights and on rights that might contribute to their longer-term well-being, including their best interests, non-discrimination and information about rights illustrates a professional focus on the immediate. This and the ways in which concepts of professional responsibility often were defined suggest that there are missing links in these constructions of being and becoming.

This suggests that the relationship between rights and becoming would benefit from greater attention. What seems to be missing, from the literature and the study data, is attention to ‘becoming’ in a way that engages children’s participation and is situated within, but broad enough to take account of, all aspects of their lives. This would include knowledge of the comprehensive range of rights under the UNCRC. In addition, although many interviewees spoke of parental roles in scaffolding children’s development, the data had little to say about how professionals might interpret the processes of becoming in their work. At an operational level the RRS findings provide an indication of possible benefits. Three of the four schools in the RRS evaluation with more than fifty per cent of pupils entitled to free school meals increased attendance and attainment and reduced fixed term exclusions (Sebba et al., 2010). Sebba et al suggest that one possible inference is that ‘the RRS mediates the influence of poor socio-economic outcomes’ (p.30), a finding confirmed by Covell et al (2011).

**Rights and relationships**

As Reynaert et al (2010:450) noted, ‘both the individual level and the social dimension of realizing rights are interconnected’. The findings of this and related studies suggest a strong association between rights and relationships, my third key theme. There were three aspects in this respect: understandings of rights as relational; attention to rights in relationships; and interventions in relationships to support children's rights.

As discussed in Chapter 2, whilst some theorists seemed to conceptualise the association between rights and relationships as one of binary opposites (Froggett, 2002), and others as complementary approaches (Honneth, 2004, Barnes, 2007), a third perspective was of rights as an intrinsic aspect of relationships (Hoggett et al.,
All three interpretations were evident in the study data. Where rights were perceived as intrinsic to relationships, they received more explicit attention in professionals’ relationships with children. Thus not only were they evident in the networks of meaning drawn on by some interviewees in the ‘golden thread’ grouping, but these interviewees also interpreted their professional responsibilities as including attention to children’s views and perspectives. This in turn was linked with respectful and positive approaches in their interactions with children. They described talking directly to children to establish their view of issues, engaging children’s participation in decision-making in a range of ways such as checking back with, informing and supporting them, and advocating on their behalf. Their accounts indicated that they understood these as rights-related practices that both were intrinsically important and needed to support children’s access to other rights such as protection, additional support and resources.

However, attention to and incorporation of children’s rights in professionals’ approaches to parents were acknowledged as challenging. Parents were viewed as having responsibilities to support children and there were explicit references to children’s rights to protection from abuse within the family, yet in between there was something of a void. Although half of the CAF records indicated that parenting behaviours and/or contexts were a major focus of concern, a very small number of interviewees stated that they brought a children’s rights dimension explicitly into their work with parents. Only two interpreted their role as directly and positively informing and engaging with parents around rights issues. However, parents were of the view that rights-explicit discussions with parents would be helpful and the perspectives of children captured in this research illustrated the sense of isolation, limited power and lack of adult support these children seemed to experience within and outside their families.

Several reasons were given for the absence of rights-related approaches in work with parents. Some professionals interpreted such approaches as potentially divisive. More commonly, participants stated that they recognised children’s rights within families but found it difficult and/or painful to engage with parents and with children in relation to these rights when they felt that they were not acknowledged. Many of the barriers and
fears expressed in earlier studies were reiterated, including a degree of self-interest (Thomas and O'Kane, 1998). However, rights respectful practice needs to extend beyond the professional-child dyad and be recognised as something children carry with them in all contexts (Hodgkin, 1993). Many children coming to the attention of child welfare services live in, or are deeply connected with, family systems in which they and others, too, have rights, but in which children's rights often are overlooked or breached. Child welfare professionals need to engage with these dynamics and 'find our place in a complex personal and social dynamic in which children are already active participants' (Butler and Williamson, 1994 in Bell, 2011:80).

I think this gap in attention and reluctance to engage partly may be explained by a lack of awareness of and attention to rights-modelling as an important element of a rights-related approach to practice. Aside from an interviewee in the 'golden thread' grouping (16SC), only one interviewee, in a moment of reflection on children's responsibilities, commented on this aspect:

'...maybe we expect of them as well, but we should model it, you know. Maybe that's another way to talk about it'. (04SC)

The consequences of modelling rights-respectful practices, as much of the education-based rights research discussed in Chapter 2 illustrates, is that it provides examples of good practice that can be copied by children and adults and raises children's (and adults') expectations of and behaviour in their relationships with others. This was found to be especially important for those children 'who have been brought up to think they have no rights' (LSA, special school in Sebba et al., 2010:16). Conversely, where rights-reflecting relationships are missing, a passive model of childhood is reflected back to children, modelling dynamics of abuse (Marshall and Maguire, 1998, Bell, 2000, Knight and Oliver, 2007). In addition, whilst the absence of professional engagement with parents around children's rights was evident, too, in the focus and findings of the RRS studies, Sebba et al.'s evaluation contained fleeting references to the helpful impact of rights-based discourses in discussions with parents seen as acting in breach of children's education rights. In that context a focus on rights was seen to engage parents more easily because where children's rights rather than parent's
behaviour was the focus, confrontations diminished and it was easier to develop a partnership approach whilst maintaining an appropriately authoritative professional position (Sebba et al., 2010).

My findings suggest that informed discussions about rights and children's rights are absent from most professional relationships with parents. Inter-generational and other structural inequalities are underpinned and maintained by power differentials. As Bourdieu identified, the use of power is deeply embedded in all aspects of the social context (Bourdieu, 1977, 1989). Conceptualisations of rights that include a critical analysis of power differentials and the concept of the universality of rights challenge professionals to recognise the power they bring to their professional relationships and how they use it. As the RRS studies noted, the challenges are demanding and not always welcome (Howe and Covell, 2010, Sebba et al., 2010). In my view the possibility of including discussions about rights and children's rights within these relationships merits further exploration, so that professional relationships with children and their parents model and inform about rights-based relationships and thus engage children’s and parents’ trust. In these contexts professionals hold most power and, as Federle comments, ‘rights flow downhill’ (Federle, 1994).

**Theoretical adequacy and potential**

This study was based on fieldwork in one local authority area at a particular point in time, providing a moment of assemblage within a wider and ever-changing scene.

ANT encouraged and supported me in developing and maintaining an open, data-based approach to the factors that might be drawn on in making sense of children’s rights. It helped me keep an open mind on a topic about which I had strong personal convictions and facilitated reflection on my own networks of meaning and their shifting nature. I found, as had Koyoma and others, that ANT had ‘the power to disaggregate and link policy sites across multiple private and public contexts’ (Koyama, 2011:34). It helped question, unpack and describe the differing purposes to which similar elements might be recruited and encouraged attention to ‘moments of translation’ and ‘obligatory passage points’ (Callon, 1986). ANT encouraged me to treat the material and immaterial world as both relevant and fluid in exploring networks of
meaning, for example in exploring the ways in which children's rights were recruited in texts and the diverse ways in which these texts subsequently were recruited in professional meaning-making and practice approaches.

As these networks of meaning ‘created or assembled circumstances in which certain activity was enabled or constrained’(Koyama, 2011:32), Bourdieu’s theories of field, habitus and disposition supported focused attention on structure and agency in ‘differentiating associations’ (Latour 1996 in Hekkanen, 2009:10) in the meanings made, in identifying situations where the use of ‘regulated liberties’ was apparent or ignored and increasing awareness of the excluded as well as the included. Smith’s work on standpoint and on text was helpful in identifying generational positionings and ruling relations within texts and interview data. Thus the combination of ANT, Smith and Bourdieu’s theories helped deal constructively with the challenges outlined by Ife (2001) and Mitchell (2005) in theorising the place of rights declarations and frameworks from a post-modernist perspective. Suchman’s (1995) theories encouraged consideration of the types of legitimacy attached to the meanings made, the structuring processes underpinning attitudes and their implications for practice development.

**Methodological footnotes**

The boundaries provided by a qualitative study best allowed me to concentrate on the detail of how children's rights were interpreted in one local setting whilst providing the potential to produce findings that might contribute to wider discussions on the place of children's rights in child welfare. The approach necessarily had limitations. I was aware, for example, that the demographic structure of the fieldwork site and the engagement with ECM developments were likely to be unique, at least in some respects. However, as Flyvbjerg and others have shown, this does not mean that they were not of value and wider import (Flyvbjerg, 2006, Law, 2008).

A focus on preventive services drew attention to many of the complexities outlined by Munro (2007) and others about state intervention in family life and, in particular, issues around information-sharing. In this study, I noted such issues whilst trying to keep the focus on professionals’ interpretations of all aspects of children’s rights.
An interprofessional approach seemed essential given my desire to take a broad, child-centred focus. Identifying an appropriate interprofessional sample proved challenging, but is a problem endemic to interprofessional research. In this respect I especially appreciated the support and advice provided by local connections. I think the sample identified was a reasonable reflection of the local ECM/CAF Tier 2 workforce. In addition to the omission of some specialist services, the organisation of such services and the voluntary nature of study participation meant that no classroom teachers and few social workers were involved. The nature of the area and its workforce meant that the participants reflected a cultural and racial homogeneity typical of parts of southwest England, but not the case elsewhere. I acknowledge the presence and absence of attention to culture and race within the data (Boushel, 2000a, Ritchie and Lewis, 2003).

I am confident that the design as implemented was sufficiently robust and fit for purpose in accomplishing the study aims. It encouraged thick description and engagement with a range of viewpoints. The research review and my practice experience led me to anticipate that the potentially abstract nature of the topic would present particular challenges in developing an appropriate design, especially since the existence of a common rights language and framework was an area I wished to explore. Encouraging the use of practice examples by all participants was helpful. Attention to the views of service users proved a useful as well as an ethical approach. The Children’s Focus Group and Parent Focus Group discussions emphasised for me the importance of the study topic and, I think, increased the study’s credibility with professional interviewees. The inclusion of the 10 statements proved particularly helpful in exploring a wide range of issues that otherwise would have been very difficult to access and also allowed similarities and differences in interpretation to emerge. The dialogical and iterative process used proved essential.

Inevitably, the study did not progress completely to plan. The delays and complications in gaining NHS ethical approval meant that the Children’s Focus Group was re-scheduled to the end of the school summer holidays, a less appropriate time for all concerned. The children found it difficult to settle and at times I felt a conflict between their wishes and my needs. There certainly were points where, as others remarked in
relation to research with children, ‘power shifted’ (Bell, 2002:4) and the children ‘exercise(d) choice in more subtle ways’ (McLeod, 2007:281). I dealt with this by drawing the workshop to a close earlier than intended. In retrospect, I think that taking an observational role rather than the role of facilitator might have helped. In common with many other studies, the children choose to ‘withdraw from later stages’ (Hill, 2006:78). However, I am satisfied that the workshop did no harm. Indeed for one child, it led to further interventions to protect him. Moreover, according to their usual group facilitator the Children’s Focus Group instigated subsequent useful discussions about children’s rights. Parents and professionals, too, commented on the ‘food for thought’ the discussions provided.

The data analysis situated the study within the context of other work and identified similarities and differences in findings. Whilst its findings cannot be generalised, the reflections gained from this site enrich the discussions that can be held by both practitioners and academics, and present directions for further research.

**Conceptual innovation**

Studies in interprofessional contexts are theoretically and methodologically challenging because of their potentially diverse and wide-ranging theoretical and practice cultures and concerns. Situating the study within such a context, and focussing on preventive child welfare services, provided an innovatively holistic perspective on professional constructions of children’s rights and their impact on practice approaches and encouraged a discourse on children’s rights that took account of Reynaert et al’s (2009) plea for attention to the context of children’s lives and development.

The exploration of the association between rights and relationship brings together and develops earlier studies considering the nature of that association through a different lens (e.g. Fielding, 2007, Sebba et al., 2010, Thomas, 2012). It encourages attention to the conceptualisation of rights as an integral feature of all relationships and thus contributes to debates within social care about the nature and place of relationship-based practice approaches.
Because both Bourdieu and ANT-influenced approaches focus on thick description and have the capacity to encompass multiple materials, practices and meanings, a conceptual framework based on Bourdieu’s theories, and inspired by ANT, provided an innovative and appropriate theoretical and methodological approach in dealing with the challenges mentioned above. Combining Bourdieu’s theories with ANT is still relatively unusual. Within this study it has provided an innovative means of exploring the complex and fluid associations between meanings and approaches in professional practices. In doing so it enriches understandings of field, habitus and disposition. It also attends to a criticism of Bourdieu’s of theories that they take insufficient account of moral agency (Reay, 2004b) and of diversity of standpoints (Smith, 1997), and of some ANT approaches that they do not take account of the excluded as well as the included e.g.(Star, 1991).

**Contribution to knowledge**

Previous empirical studies of children’s rights within child welfare settings have evaluated the implementation of a rights-based framework within schools (e.g. Sebba et al., 2010) and explored attention to children’s participatory rights in school settings (Lundy, 2007) and in relation to the processes and procedures surrounding children in receipt of social care interventions (Thomas and O’Kane, 1999, van Bijleveld et al., 2013). This study takes a broader focus and, so far as I am aware, is the first empirical study to explore children’s rights ‘from below’ in an interprofessional context as professionals explored their interpretations of children’s rights ‘in their day-to-day lives’ (Ife 2004 in Reynaert et al., 2010:449). At a time when the nature of civil and welfare rights are attracting increasing political attention, this is useful in highlighting some of the issues and challenges involved.

The study contributes to knowledge in several ways. The findings draw attention to the absence of a common framework and language of rights within and between settings. Indeed, they serve to question the place of rights in current child welfare practice. In previous studies Article 12 of the UNCRC often was used as a descriptive device by researchers, often without clarifying whether study participants were aware of it and if so, how they interpreted it (e.g. van Bijleveld et al., 2013). By providing participants
with the opportunity to define children’s rights in their own terms, the study findings indicated that some of the qualities of human rights such as their universality and inalienability may not be included in professionals’ conceptualisations of children’s participatory rights. It also illustrated that knowledge of the UNCRC could not be presumed and was relatively unusual.

The broad focus taken helped avoid fragmentation (Fortin, 2005) and a ‘piecemeal’ approach (Bell, 2011:81) to children’s rights. It illustrated that whilst some sociological studies of childhood have pointed to a cultural focus on children’s becoming rather than their being, many child welfare professionals pay limited attention to children’s longer term welfare and best interests. Therefore, whilst children’s participatory rights are an underpinning principle, I think the findings presented are at odds with Lundy’s (Lundy, 2007) view that Article 12 of the UNCRC can, on its own, provide a reasonable proxy for children’s rights. The analysis presented also suggested that whilst children’s survival and protection rights commonly were acknowledged, there was an absence of a holistic approach across and within settings. Indeed, interpretations of children’s welfare rights verged on the ontologically ‘lumpy’ (Law and Singleton, 2005). The study deepens understanding of the diversity in professional sense-making in this area, the relative embeddedness of various conceptualisations of children’s rights and the consequent diversity in approach that may be necessary to encourage development in professional and interprofessional understandings and approaches.

The literature review highlighted varied interpretations of the connection between rights and relationships within and across professional settings. The study findings suggested that a view of rights as integral to relationships supported a broad approach to children's and human rights and was strongly associated with professional modelling of rights-based practices in relationships with children.

By including attention to professionals’ dispositions and their use of regulated liberties the study findings cast additional light on how professional approaches acted as ‘powerful gatekeepers of children’s access to rights’, including their participation rights (Peterson-Badali and Ruck, 2008:764). The impact of field and habitus was such that rights often were not only a conceptual ‘missing link’ (Thomas, 2012:462) but, even
when acknowledged, often were missed out in practice approaches. The findings were more equivocal on the impact of texts than some previous studies. Whilst texts served to structure practices in some respects, as far as children’s participatory rights were concerned professional practices often did not take advantage of the limited encouragement they offered to include children’s views. They highlighted that the focus of professional attention has been on rights perceived in the professional-child dyad, with an absence of attention on rights within all of the child’s significant relationships. The study focus on preventive services with their voluntary engagement of service users, served to highlight the absence of engagement with children and parents on the topic of children's rights.

**Practice implications**

This study has illustrated the absence of a common language or framework for rights within interprofessional child welfare practice and the absence of opportunities, within the study setting, for professionals to discuss the nature and application of rights to childcare practice. In this respect, practitioners are very poorly served by politicians and policy-makers. However, as the RRS initiative illustrates, adopting the UNCRC to frame and develop a rights-based approach, even at a local level, could make a significant difference to children's rights. Provision of information about rights and explicit modelling of rights-based practice in professional relationships with service-users seemed integral to the success of RRS and might be adopted to positive advantage within other child welfare settings.

It is clear from the literature review and the study data that understandings of children's rights are varied, draw on diverse elements and lead to differing approaches and priorities in practice. The study findings also indicate that many of those in interprofessional services would value opportunities to tease out and explore such differences and their implications. I would argue that the UNCRC is the best available resource from which to try and develop a consistent and coherent interprofessional approach, especially when it is drawn on to support explorations of the breadth and detail of children's rights.
Given the integral importance of relationships to rights, practice approaches that maximised opportunities for professional continuity and that meet the right of children and their parents to be informed about children's rights and have opportunities to discuss their implications would be advantageous. One element of such an approach would be greater clarity about the role of particular practitioners, and particularly Lead Professionals, in relation to children's rights – to answer the question ‘whose job is it?’. Attention to the impact of places and spaces, and to information-sharing protocols also would be helpful.

Within professional education, the findings suggest the importance of attending to both child development theories and to children's rights in professional and post-qualifying training across all child welfare professions and UK jurisdictions. They also provide some ideas in responding to the questions raised by Reynaert et al (2010) about the goals, target groups, contexts and scope of children's rights education.

The provision of child education, health and welfare is becoming consistently more fragmented as large state institutions are disassembled. This suggests the increasing importance and potential of professional organisations in highlighting, campaigning for and continuing the discourse about children's rights.

**Further research**

Several further research projects are suggested by the study findings. Within an interprofessional arena, with the support of a sympathetic local Trust, an action research project on rights-based practice has the potential to increase knowledge of how meanings impact on professional approaches, further illuminate some of the barriers and challenges presented and perhaps suggest how they might be addressed. Building on the focus on preventive services taken in this study, I think further research on an aspect of interprofessional and/or professional practice such as interpretations of children's welfare rights, the introduction of rights-based information and discussions in work with families or children’s rights to consent around information-sharing is warranted. The study findings might stimulate research in the teaching and learning of children's rights within professional education. Within social care I think the relationship between rights and relationship-based practice merits further research.
and theoretical development. Others (Oliver et al., 2006, e.g. Bell, 2011) indicate similarities and differences which might be explored around the perceived responsibilities and approaches of social workers and advocates in relation to rights-based practice.

On a larger scale, exciting and challenging research and practice development opportunities suggest themselves in seeking to work in conjunction with the Children’s Commissioner for England and UNICEF - perhaps working with children and young people to extend the RRS initiative to other settings and explore its impact. An interprofessional UK journal focusing on children’s rights would be useful in this aim.

**Conclusion**

This study has been a fascinating, challenging and constantly engaging enterprise. It has served to shift and shape my own networks of meaning as it has developed, leaving me at this stage with a broader, deeper and more complex understanding of children's rights and the issues involved in meaning-making in this field.

The commitment on the part of many of the professionals I have met to providing good professional services to children and their families has been truly impressive, as has been their resilience in difficult times. The success of the RRS and the practice of some professionals is testimony to what’s possible and to the challenges of rights-based practice.

In England, the UNCRC has limited impact on children’s lives and is a long way from being ‘part of an emergent common sense’...‘articulated within social practices' (Hunt 1990 in Freeman, 1997:16). The identification of schools as early intervention and prevention service hubs has brought these services closer to children’s lives and everyday experiences, but further from the public gaze. This research took place in a period of political flux in which the nature and responsibilities of the state towards its citizens, and particularly its youngest citizens, were hotly debated. As these debates continue, accompanied by the increasing autonomy of schools and narrowing focus of social care services, a clear national strategy on children’s rights and a willingness to inform children and those who work with them about their rights, seems a long way
off. Indeed, so far are many children’s rights from being ‘part of an emergent common sense’ that gains already made may be undermined.

Ife, and many others, argue that a human rights perspective is about ‘power relationships’ and ‘is therefore inevitably political’ (Ife, 2001:144). This was very evident in this study. What was clear also was the intractable nature of generational inequalities. Yet there was evidence, too, that shifts in understanding and behaviour not only could bring about changes in adult, and children’s behaviour, but had a positive impact for the well-being of both (Covell and Howe, 2008:8). In exploring these issues the lawyer in me asks that we keep as a central question – ‘who benefits’?

As Maguire and Marshall identified in 1999, responsibilities also lie with professional education and training institutions and, I would add, with professional bodies and the Children’s Commissioner to provide the leadership and the tools needed by practitioners to explore and challenge meaning-making (Maguire and Marshall, 1999). Importantly, children themselves need opportunities to engage nationally and internationally in the identification of their rights. If involved, they might want to add very different dimensions to the human rights project.

Since the Coalition government took office, huge increases in child poverty and other markers of disadvantage mean that the quality of many children’s lives has deteriorated. In her 2012 progress report Munro (2012:7) drew attention to this, to the rise in children’s social care referrals and to the ‘well established’ evidence that ‘poverty correlates with neglect’. However, we have tools at our disposal. The increased evidence of the impact civil and welfare rights for children is one. Another, I would argue, is the UNCRC, which, despite its limitations ‘provides guidelines for the composition of a ‘good’ childhood in modern society’ (Devine et al., 2010:815).


CAMHS (2008a) Children and young people in mind: the final report of the National CAMHS Review. London, CAMHS.


CYPU (2001b) *Learning to listen core principles for the involvement of children and young people*. London, CYPU.


DCSF (2007a) *Children and Young People To-day: Evidence to support the development of the Children’s Plan*. London, DCSF.


DCSF (2008a) *2020 Children and Young People's Workforce Strategy*. Nottingham, DCSF.

DCSF (2008b) *Building Brighter Futures: Next Steps for the Children's Workforce*. Nottingham, DCSF.


DfES (Undated) *ECM Multi-agency working glossary*. London, DfES.


DH (2004a) *The Chief Nursing Officer’s review of the nursing, midwifery and health visiting contribution to vulnerable children and young people*. London, DH.


ECTHR (2012) *Factsheet - Use of international conventions by the European Court of Human Rights*. Strasbourg, ECTHR.


www.educationengland.org.uk/history.


New York, New York Free Press.

Burnett Books Ltd.


HM GOVERNMENT (2005) *Common Core of skills and knowledge for the children’s workforce*. Nottingham, DfES.


HM GOVERNMENT (2010b) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Nottingham, DCSF.


KITZINGER, J. (1994) The methodology of Focus Groups: the importance of interaction between research participants. Sociology of Health & Illness, 16, 103-121.


Vulnerability and Maintaining the 'Rights of the Child'. *Child Care in Practice*, 16, 35-55.


OFSTED (2010b) *Fairness and unfairness: a report of children's views by the Children's Rights Director for England*. Manchester, OFSTED.


Appendices

Appendices to Chapter 2 Literature review

Appendix 2:1 Search protocol and database queries

Search Protocol

The search terms were chosen to include literature related to child welfare professionals and children and young people and rights. It included searches of relevant electronic databases and hand searches of key journals.

App. 2:1.1 Searches of electronic databases

Electronic data bases identified

The following electronic databases were identified as relevant and sufficiently comprehensive to meet the requirements of the study focus:

ASSIA: covers health, social services, psychology, sociology, economics, politics, race relations and education

Web of Science

Ingenta: a comprehensive multi-disciplinary document delivery service

Scopus: Social Sciences and Humanities

Quickbib

Google Scholar

Main search terms

The search strings used to search electronic databases were developed and adapted to comply with their protocols. Using the ASSIA database as an example, over the following tables and commentary the process used is described. ASSIA search queries are identified in the tables. This is followed by some examples of the search queries
used for other electronic databases. Searches were undertaken at the end of 2007 and checked and (usually) repeated in May 2013.

**App. 2:1.1 Table 1: ASSIA initial search queries and results**

<table>
<thead>
<tr>
<th>ASSIA search number</th>
<th>Database</th>
<th>Search query</th>
<th>No. of refs to end 2007</th>
<th>No. of refs to May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search1</td>
<td>ASSIA - title</td>
<td>1. results for (TI(child* near right*) or (young people near right*) or (student* near right*) or (pupil near right*))</td>
<td>468</td>
<td></td>
</tr>
<tr>
<td>Search 2</td>
<td>ASSIA - abstract</td>
<td>(AB(child* near right*) or (young people near right*) or (student* near right*) or (pupil near right*))</td>
<td>965</td>
<td></td>
</tr>
<tr>
<td>Search 3</td>
<td>ASSIA – title &amp; abstract</td>
<td>Combined 1 and 2 above</td>
<td>1044</td>
<td></td>
</tr>
<tr>
<td>Search 4</td>
<td>ASSIA - title</td>
<td>(TI(nurs*) or (social work) or (teach*) or (psych*) or (speech ther*) or (medic*) or (doctor) or (occupational ther*))</td>
<td>336476</td>
<td></td>
</tr>
<tr>
<td>Search 5</td>
<td>ASSIA - abstract</td>
<td>(AB(nurs*) or (social work) or (teach*) or (psych*) or (speech ther*) or (medic*))</td>
<td>334565</td>
<td></td>
</tr>
</tbody>
</table>
or (doctor) or (occupational therapist*)

| Search 6 | ASSIA – title and abstract | Search 3 and (Search 4 or 5) | 352 | 466 |

Citations subjected to second stage inclusion/exclusion scrutiny  352  466

**App. 2:1.1 Table 2: ASSIA search results breakdown by specific professional and interprofessional areas**

<table>
<thead>
<tr>
<th>ASSIA search number</th>
<th>Database</th>
<th>Search query</th>
<th>No. of refs to end 2007</th>
<th>No. of refs to May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search 7</td>
<td>ASSIA – title or abstract</td>
<td>((TI(inter-prof*) or (inter-disc*) or (interprof*) or (interdisc*)) or (AB(inter-prof*) or (inter-disc*) or (interprof*) or (interdisc*)))</td>
<td>3183</td>
<td>5023</td>
</tr>
<tr>
<td>Search 8</td>
<td>ASSIA – title and abstract</td>
<td>Search 6 and Search 7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Citations subjected to second stage inclusion/exclusion scrutiny</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search 9</td>
<td>ASSIA – title and abstract</td>
<td>((TI (social work)) or (AB(social work)))</td>
<td>16922</td>
<td></td>
</tr>
<tr>
<td>Search 10</td>
<td>ASSIA – title and abstract</td>
<td>Search 3 and 9</td>
<td>42</td>
<td>52</td>
</tr>
<tr>
<td>Search</td>
<td>Source</td>
<td>Query</td>
<td>Citations subjected to second stage inclusion/exclusion scrutiny</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>-------</td>
<td>-------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>ASSIA – title and abstract</td>
<td>((TI(teach*)) or (AB(teach*)))</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>ASSIA – title and abstract</td>
<td>Search 3 and 11</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>ASSIA – title and abstract</td>
<td>((TI(nurs*) or (psych*) or (speech ther*) or (medic*) or (doctor) or (occupational ther*)) or (AB(nurs*) or (psych*) or (speech ther*) or (medic*) or (doctor) or (occupational ther*))</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>ASSIA – title and abstract</td>
<td>Search 3 and Search 13</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>ASSIA – title and abstract</td>
<td>((TI(health vis*)) or (AB(health vis*)))</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

Citations subjected to second stage inclusion/exclusion scrutiny

| 200   | 287 |

Search 15

ASSIA – title and abstract

((TI(health vis*)) or (AB(health vis*)))

6524
<table>
<thead>
<tr>
<th>Search 16</th>
<th>ASSIA – title and abstract</th>
<th>Search 3 and 15</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Citations subjected to second stage inclusion/exclusion scrutiny</strong></td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

**App. 2:1.1 Table 3: Examples of search queries for other electronic databases**

<table>
<thead>
<tr>
<th></th>
<th>To end 2007</th>
<th>2008- May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web of Science</td>
<td>TS = (children same rights) <strong>And</strong> TS = ((profession*) and (view<em>or discours</em> or attitude* or perception* or approach* or understand<em>or practice</em> or engage*))</td>
<td>13-8-07</td>
</tr>
<tr>
<td></td>
<td>33 citations: 8 met inclusion/exclusion criteria; 6 additional to ASSIA search</td>
<td></td>
</tr>
<tr>
<td></td>
<td>227 citations; 87 met inclusion/exclusion criteria; 54 additional to ASSIA search findings (mainly health-related)</td>
<td></td>
</tr>
<tr>
<td>Scopus Social Sciences and Humanities</td>
<td>251 citations; 28 met inclusion/exclusion criteria; 20 additional relevant citations (mainly health-related)</td>
<td>1-8-2013</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>((TITLE-ABS-KEY((pupil near right*)) AND LANGUAGE(english)) AND SUBJAREA(mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR &lt; 2008) OR ((TITLE-ABS-KEY((student* near right*)) AND LANGUAGE(english)) AND SUBJAREA(mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR &lt; 2008) OR ((TITLE-ABS-KEY((young people near right*)) AND LANGUAGE(english)) AND SUBJAREA(mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR &lt; 2008) OR ((TITLE-ABS-KEY((child* near right*)) AND LANGUAGE(english)) AND SUBJAREA(mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR &lt; 2008)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search Type</td>
<td>Query</td>
<td>Citations</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>QuickBib</td>
<td>'nursing and health visiting and children’s rights’</td>
<td>68</td>
</tr>
<tr>
<td>Search 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QuickBib</td>
<td>'psychology and civil rights’</td>
<td>164</td>
</tr>
<tr>
<td>Search 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Google Scholar</td>
<td>“children’s rights” and “social work”</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Search 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Google Scholar</td>
<td>“children’s rights” and “education”</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Search 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Google Scholar</td>
<td>“children’s rights” and “health”</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Search 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2:2 Inclusion and exclusion criteria

To identify a manageable number of relevant citations the following inclusion/exclusion criteria were developed for used in a second stage scrutiny process.

App. 2:2 Table 1: Literature review inclusion/exclusion criteria

<table>
<thead>
<tr>
<th>Second stage inclusion/exclusion criteria</th>
<th>To 2007</th>
<th>2008- May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not focussed on children’s rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not focussed on child welfare or education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus specific to another country, not of UK interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No focus on children 5-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not focussed on professional understandings/interpretations of children’s rights and/or related rights concepts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citations remaining</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table below indicates the results of the application of these inclusion/exclusion criteria, to the ASSIA citations identified in the initial database search.

App. 2:2 Table 2: Application of inclusion/exclusion criteria to ASSIA citations

<table>
<thead>
<tr>
<th>ASSIA search dated 6-5-2013 Inclusion/Exclusion criteria</th>
<th>To 2007</th>
<th>2008- May 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not focussed on children’s rights</td>
<td>84</td>
<td>16</td>
</tr>
<tr>
<td>Not focussed on child welfare or education</td>
<td>43</td>
<td>2</td>
</tr>
<tr>
<td>Focus specific to another country, not of UK interest</td>
<td>114</td>
<td>17</td>
</tr>
</tbody>
</table>
Appendix 2:3 Manual searches

I carried out hand-searches for the term ‘children’s rights’ in journals that appeared regularly in the electronic literature searches. To ensure that as many relevant publications as possible were identified I searched the On Line libraries for two of the major UK academic publishing houses – Wileys and Taylor Francis. The journals, the number of citations and the number of additional relevant articles identified are set out in the table below. I also searched the on line publication lists of the ESRC Children 5-16 Programme and the Teaching, Learning and Research Programme (TLRP).

App. 2:3 Table 1 Manual searches

<table>
<thead>
<tr>
<th>Journal/On line library</th>
<th>Searchperiod – all issues unless otherwise stated</th>
<th>Search query - ‘children’s rights’ unless otherwise stated</th>
<th>No of citations identified</th>
<th>No. of additional relevant citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BJSW</td>
<td>1990 – May 2007</td>
<td>Title or abstract</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>British Journal of Educational Research</td>
<td>All content</td>
<td>143</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>British educational</td>
<td>All content</td>
<td>169</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Journal/Database</td>
<td>Searchable Content</td>
<td>Number of Records</td>
<td>Note</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------</td>
<td>-------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>British journal of sociology of education</td>
<td>All content</td>
<td>298</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Child abuse review</td>
<td>abstracts</td>
<td>15</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Child &amp; Family Social Work</td>
<td>1997 - Title &amp; abstract</td>
<td>29</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Children &amp; Society</td>
<td>abstracts</td>
<td>54</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Mental Health</td>
<td>Abstracts</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Critical social policy</td>
<td>Titles, abstracts or key words</td>
<td>24</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Journal of advanced nursing</td>
<td>abstracts</td>
<td>7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Journal of family therapy</td>
<td>All content for UNCRC, UN</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>International Journal of Children’s Rights</td>
<td>Title &amp; abstract</td>
<td>17</td>
<td>Record not kept</td>
<td></td>
</tr>
<tr>
<td>Wiley Online Library</td>
<td>Titles</td>
<td>161</td>
<td>6 (mainly law)</td>
<td></td>
</tr>
<tr>
<td>TaylorFrancis Online</td>
<td>Title, abstract or keywords</td>
<td>273</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2: Analysis of professional literatures

Appendix 2:4.1 Relevant citations by setting

Where applicable, the relevant citations were linked to the main child welfare or interprofessional setting to which they applied.

App. 2:4.1 Table 1 Relevant citations by child welfare/interprofessional setting (to May 2013)

<table>
<thead>
<tr>
<th>Professional/interprofessional settings</th>
<th>To end 2007</th>
<th>To May 2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>12</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Social work</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Health</td>
<td>20</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Interprofessional</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Generic, but related rights concepts</td>
<td>37</td>
<td>2</td>
<td>36</td>
</tr>
<tr>
<td><strong>Total number of relevant citations</strong></td>
<td></td>
<td></td>
<td><strong>110</strong></td>
</tr>
<tr>
<td><strong>Total when duplicates removed</strong></td>
<td></td>
<td></td>
<td><strong>71</strong></td>
</tr>
</tbody>
</table>

The following is a brief description of the focus of the citations in relation to the setting identified.

Social care

Of the 17 social care citations, four related to children’s rights in relation to parents rights, three to advocacy, two each to participation, spirituality, and UNCRC, and one each to human rights, law, and values.
Education

Of the 15 citations, five related to inclusion of children with disabilities, three to the curriculum, two each to discipline, bullying and pupil participation/the Rights Respecting Schools (RRS) initiative and one to inter-agency approaches to exclusion. Of the three since 2007, two related to inclusion, one to RRS.

Interprofessional

Of the seven interprofessional citations, two were related to child protection, two to health policy and one each to school exclusion, social exclusion and police interprofessional processes.

Miscellaneous

Of the nine citations identified as miscellaneous, three were related to participation, two to poverty, and one each to consent, advocacy, education about rights and use of the ECtHR.
### App.2:4.2 Table 2 Setting and focus of most relevant empirical studies

<table>
<thead>
<tr>
<th>Setting</th>
<th>Focus</th>
<th>Participatory rights/consent</th>
<th>Competence/Best interests</th>
<th>Other rights issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------</td>
<td>--------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>MAGUIRE, R. &amp; MARSHALL, K.</td>
<td>McIntyre et al (2005); LUNDY, L. (2007);</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOWE, R. B. &amp; COVELL, K.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEBBA, J. &amp; ROBINSON, C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health - physical</th>
<th>0</th>
<th>4</th>
<th>0</th>
<th>1</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rylance et al (1995);</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croghan et al (2004);</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hill &amp; Morton (2004);</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tompsett et al (2009)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor, J. &amp; Redman, S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2004) smacking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health - mental</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Interprofessional</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>6</td>
<td>28</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>
## Appendices to Chapter 3 Methodology

### Appendix 3:1 Children’s Focus Group

**App. 3:1.1 Workshop outline for Children’s (and Parents’) focus group**

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.30pm</td>
<td><strong>Children and Young People’s Focus Group 28-8-09</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Agenda</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.30pm Begin with lunch – but spread food breaks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>throughout workshop period.</td>
<td></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td><strong>Content</strong></td>
<td><strong>Notes</strong></td>
</tr>
<tr>
<td>5 mins</td>
<td><strong>Introductions</strong></td>
<td></td>
</tr>
<tr>
<td>5 mins</td>
<td><strong>Ground-rules &amp; consents</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Respect, confidentiality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Safety - no running, CP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- If want to move to another activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- if upset or want to leave</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Gift voucher – keeping to groundrules</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Questions and consents</td>
<td></td>
</tr>
<tr>
<td>1.10pm</td>
<td><strong>Children’s rights - What are they?</strong></td>
<td>Brainstorm; children draw/scribe on flipchart</td>
</tr>
<tr>
<td>5 mins</td>
<td>- what comes to mind when they think of CRs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- where heard of them</td>
<td></td>
</tr>
<tr>
<td>1.15pm</td>
<td><strong>What do you think are your rights?</strong></td>
<td>Flipchart headed lists on wall;</td>
</tr>
<tr>
<td>20 mins</td>
<td>- Age-related</td>
<td>a)Wander around room, maybe in two groups,</td>
</tr>
<tr>
<td></td>
<td>- Universal – for all humans</td>
<td>adding to list (10 mins)</td>
</tr>
<tr>
<td></td>
<td>- Context/place, e.g. school, street</td>
<td>b) As group, look at lists, add, amend</td>
</tr>
<tr>
<td></td>
<td>- Relationship, e.g. parent, social worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Universal – for children (e.g. development,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>family, play)</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Notes</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.35pm</td>
<td><strong>Children’s rights - what should they be?</strong></td>
<td>and give stars to ‘fair’ ones (5 mins)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Collect ideas for changes – same two groups, add new ideas/changes wanted for each area (e.g. ages etc.) (5 mins)</td>
</tr>
<tr>
<td>1.35pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.50pm</td>
<td><strong>Who will stick up for your rights?</strong></td>
<td>Stickers to pictures on wall of teachers etc. (5 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two groups discuss and scribe what makes for trust (10 min)</td>
</tr>
<tr>
<td>1.50pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.55 pm</td>
<td><strong>Break</strong></td>
<td>Short break &amp; bring food &amp; drink to case discussion</td>
</tr>
<tr>
<td>1.55 pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.15pm</td>
<td><strong>David’s case /Jenny’s case - presentation</strong></td>
<td>MB focus on questions and scribe main points (20 mins)</td>
</tr>
<tr>
<td>2.15pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.15pm</td>
<td></td>
<td>Put notes on wall and YP present case to other group for further discussion</td>
</tr>
</tbody>
</table>
2.30pm | **Children’s rights – messages for adults**

- Do’s
- Don’t’s

Interview each other in pairs; scribe and stick on wall for general wander and comments (including priorities, etc.)

2.55pm | **What next?**

- thanks and gift voucher
- report of meeting
- future meeting

*Case scenarios

**David**

*David is 12. He is just finishing his first year in secondary school. He has always found school hard, especially reading and maths, but it has been harder since he went to secondary school. At primary school one of the dinner ladies was nice to him, and at home his big sister used to make sure he got to school on time, give him some money sometimes and sometimes help him with his schoolwork. Now his sister has moved out to live with her boyfriend and he often misses school or gets muddled over where he has to be and what he needs to have with him. He feels way behind with his schoolwork. He hasn’t got to know many of the other pupils and has no money to hang out with them. He is getting into more fights and getting thrown out of classes for being disruptive. The school has asked to see his parents. He’s worried because neither he nor his Mum told them his Dad is in prison. He lives with his Mum and his step-Dad and has a 5 year old half-sister and a 7 year old half-brother.*

*What are David’s rights?*

*What are other people’s rights?*
Who should stick up for David and his rights?

What could David and others do to change things for the better?

List the rights you think young people about 11 years old should, at home and at school, especially when they are changing school.

Jenny

Jenny is 8 and has a brother aged 11 and a sister aged 6. She lives with her Mum and her brother and sister. She doesn’t see her Dad much – she’d like to but her Mum won’t allow her. Her Mum doesn’t sleep well and her brother often gets Jenny and her sister ready for school, but that makes them late. Now and then her Dad turns up drunk and then he and her Mum usually have big arguments which sometimes end in fights. A few times neighbours have called the police. Other children have started bullying Jenny on the street and at school. The bullying gets worse after there’s been a fight at home with her Mum and Dad. Jenny hasn’t told anyone except her brother and has stopped going to the after-school club she used to go to.

What are Jenny’s rights?

What are other people’s rights?

Who should stick up for Jenny and her rights?

What could Jenny and others do to change things for the better?

List the rights you think young people about 8 years old should have, at home, at school and in the neighbourhood, especially when their parents are not getting on or when they are drinking too much or taking too many drugs.
## Appendix 3:2 The 10 Statements

### App. 3:2.1 The 10 statements proforma for interviewees

**Making sense of children’s rights in inter-professional settings**

*Please give your opinion on the following statements in relation to children aged 5-13 years old. For each statement please circle one of the responses. Add any qualifications you wish to make, for example … ok for children over xxx only…. etc.*

**Your name:**…………………………

1. **Children should be free to choose whether they want to be involved with a religion**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

2. **Children should get themselves up and ready for school in the morning**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

3. **Children should be free to go out alone or with friends in the evening/after dark**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

4. **Children should be entitled to decide who they want to live with if their parents separate**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>
5. *Children should be smacked if they have been naughty*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

6. *Children should be free to take full responsibility for looking after their parent if s/he has a disability or is ill a great deal*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

7. *Children should be entitled to give feedback on their teachers and support workers*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

8. *Children should be entitled to full-time education if they have been excluded from school*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

9. *Children should be free to hang around the streets in groups*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

10. *Children should be listened to and their views should have a big influence*  

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>It depends</th>
</tr>
</thead>
</table>

Thank you. *Margaret*  

*December 09*
Appendix 3:3 Professional focus groups

App. 3:3.1 Workshop outline for Professional focus groups

*A golden thread or pie in the sky? Making sense of children's rights in inter-professional settings*

*Feedback and discussion of initial research findings*

*29th September 2010*

1. Feedback focus and purpose (MB powerpoints)

*Questions*

1. How do professionals involved with CAF understand the rights of children aged 5-13?
2. What common issues and dilemmas around children’s rights were identified?
3. Do differing approaches to children’s rights have an impact on professional and inter-professional practice?
4. What is the impact of the CAF process on children’s rights – and how might it be improved?

*Purpose*

- Share and discuss initial findings
- Help develop and fine-tune the framework for analysis.

2. Ground-rules and consents

3. Feedback and discussion of findings (MB powerpoints)

3.1 Research methods

3.2 Findings - The rights of children aged 5-13

- Definitions and themes
- Influences on understanding

Discussion

3.3 Findings - Perspectives and dilemmas

- How ‘rights’ are understood
• How children’s competence understood
• Views of professional responsibilities
• Competing rights
• Limited shared understanding and shared language of rights

Discussion

3.4 Findings – impact of children’s rights on approaches to practice

• Impact of children’s rights on approaches to practice
• Impact of inter-professional processes on children’s rights – areas/processes of concern

Discussion
Appendix 3:4 Second Parents’ Focus Group

App. 3:4.1 Workshop outline for Second Parents’ focus group

Making sense of children’s rights in interprofessional settings

2nd Parents’ Focus Group

20-1-2011

Outline programme

Aim of 2nd Parents’ Focus Group

1. To share my findings from the research so far and hear your views.
2. To ask your advice on three areas that professionals find difficult.
3. To discuss your views on whether it is useful to think about children’s rights.
4. To discuss your views on whether it is useful to talk about children’s rights with children and parents.

Agenda

12.30pm Begin with tea/coffee.

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.45pm or before - 5 mins</td>
<td>Introductions, welcome to 1st FG members and to new members, and outline of programme</td>
</tr>
<tr>
<td>5 mins</td>
<td>Groundrules</td>
</tr>
<tr>
<td></td>
<td>(MB link names and voices on tape, plus information re number and age of children; MB ensure got consent forms and get group confidentiality forms signed and returned)</td>
</tr>
<tr>
<td>12.55pm - 10 mins</td>
<td>Update since last Parents Meeting.</td>
</tr>
<tr>
<td></td>
<td>The 10 statements – on wall with envelopes – name and question number and response on stick-it in envelope.</td>
</tr>
<tr>
<td>1.05pm</td>
<td>Feedback and discussion of research with examples of similarities and differences between parents’ and professional views re</td>
</tr>
</tbody>
</table>
| 20 mins | a) Types of rights children have  
| | b) Types of responsibilities children aged 5-13 have  
| | c) Gaps/areas where children’s rights difficult to achieve |

| 1.25pm | Issues professionals struggle with – your views and advice |
| 30 mins | a) The right of children to be **listened to and heard**: Tommy is 9 and seems very tired and unhappy in school. He has told a parent support worker that he is stressed out because his mum and dad are arguing all the time. He wishes his father would stop drinking. How should the PSW deal with this information?  
Who should she tell about Tommy’s views?  
Would you expect his views to be recorded in any notes taken?  

b) Children’s rights around **longer term issues**: Sarah and Emma are aged 6 and 10 and are often late for school and arrive looking scruffy and without breakfast. This has been going on for a long time. Their mum gets depressed and is not on good terms with the school. Emma is soon due to go to secondary school. Should information be shared with the secondary school – about Emma, about her mum’s problems?  

c) **Resource gaps**: Jake is 7 and he is finding school a struggle. His parents and his teacher think he needs extra help but there is a very long delay for additional educational needs assessments.  
How would you expect his teacher to respond? and the school? |

| 1.55pm | Is it helpful to think about children's rights? |
| 10 mins | 1. Do you expect **professionals to think** about children's rights?  
Why/why not? In what areas? |
2. Do you think about children's rights?
   
   a) Does thinking about children’s rights affect the way you behave? How?
   
   c) Does the child’s age make a difference to you in whether you think about ‘rights’?

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.05pm</td>
<td>Is it useful to talk about children's rights? (Maybe in two small groups?)</td>
</tr>
<tr>
<td>10 mins</td>
<td>1. Do you expect professionals to talk about children’s rights: - with children? - With parents? - Are there pros and cons?</td>
</tr>
<tr>
<td></td>
<td>2. Do you talk about children's rights?</td>
</tr>
<tr>
<td></td>
<td>To whom? Why/why not?</td>
</tr>
<tr>
<td></td>
<td>Does talking to children about children’s rights affect the way you behave?</td>
</tr>
<tr>
<td></td>
<td>Does the child's age make a difference to you in whether you talk to them about ‘rights’?</td>
</tr>
</tbody>
</table>

2.15pm Main/more messages for professionals

2.20pm What next?

- thanks and gift voucher requests
- report of meeting
Appendix 3:5 Schedule for interviews with professionals

Lead Professional Interview Guide

Making sense of children’s rights in interprofessional settings

Lead Professional interview no:

Date:

Name:

Role title:

Agency:

Professional background/quals.:

1. Introduction

Thank you for your time. I know you will be very busy. As I said in my letter, this research is about increasing understanding of how staff who work in interprofessional settings make sense of children’s rights. The focus is on children aged 5-13 years.

The aim is to contribute to professional development and good interprofessional practice.

I am interested in hearing about how professionals interpret their own and other’s responsibilities in relation to CRs and the impact on interprofessional approaches. The main focus will be on the views of lead professionals and key professionals. I am also including children’s and parents’/carers’ views of the most important issues.

What you say will be confidential and not shared or attributed to you without your consent – unless there is a child protection issue. I will send draft interview notes for amendment or comment.

Check:- Had the information sent? Had time to read it? Any questions at this stage?

Consent form to be signed.
May I tape the interview?

1. Role

Firstly, have I got your name and job title correct?

Would you briefly tell me about your role and responsibilities and age-range of children you work with?

2. What CRs means to you:

When you hear CRs mentioned, what comes to your mind?

3. The rights of children you work with:

Thinking of the children you work with, what rights do you think they have?

What rights should they have?

(explor – why do you think this is/should be a right? Would it be the same if they were older/younger/older adults?)

4. Children’s responsibilities

Do you think they have responsibilities? If so, what are they?

(explor – why do you think this is/should be a responsibility? Would it be the same if they were older/younger/older adults?)

Introduce 10 Statements – complete and discuss rationale for each response

5. The place of CRs in your setting
What do you think the role of staff should be in relation to CRs in your type of setting?

How does this work out in practice, in your opinion,? Can you give examples?
In what ways do you think CRS are well supported/ overlooked/denied?

6. What impact do CRs have on your own work?
Are there any key CR principles you bring to the work you do? What are they?

7. Children’s rights and the CAF process:
In your opinion, how does the CAF process deal with CRs?
What works well?
Are there any problem areas? Pl. describe.

8. Other professionals
To what extent do you think that you and other professionals see eye to eye about CRs?
Give examples of when you thought that worked well/when there were different perspectives.
What would you change?
(e.g should children should have their own advocate at CAF meetings)

9. Children's rights and parents
What do you think the role of parents should be in relation to CRs?
What is your experience of how that works out in practice with the families you work with
in the CAF process?

10. Professional education and development

I’d like to get a sense of the training and backgrounds of the people I’m interviewing. Would you tell me please what professional background is? And your qualifications – with dates?

Has your professional training or continuing professional development been useful in developing the knowledge and skills you need around CRs?

11. Organisational and practice changes

Over the next two or three years are there any changes you would like to see happen around children’s rights in your own work?

Over the next two or three years are there any changes you would like to see happen around children’s rights more broadly?

Help and advice re setting

I’d very much appreciate any advice and help you can give me in speaking with other staff involved in the CAF process.

Thank you.

I will send draft interview notes for amendment or comment. May I come back to you if I have further questions?
Appendix 3:6 Information Sheet for parents/carers about children’s participation

University headed paper

Making sense of children’s rights – a research study

Information Sheet for parents and carers about children taking part in the study

My name is Margaret Boushel. I used to work for XXXXYY, but now I am a student at Sussex University. This research is part of my PhD degree.

XXXX have agreed to send this information sheet to some parents and carers they know in Southtown who have children aged between 9 and 13 years old.

I would like to invite your child to take part in this research study. To do this, I first need your agreement. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask (XXxx’s staff…) if there is anything that is not clear or if you would like more information from me. Take time to decide whether or not you wish your child to take part. Thank you for reading this.

Background

Some children need extra help at school or at home if they are to stay healthy, learn well, and enjoy life as much as possible. Sometimes several different professionals may need to be involved, such as teachers, speech therapists and health visitors or social workers. It is important that these professionals work closely with children and with their parents and carers.

We know very little about how these professional staff, parents and children think about children’s rights. We do know that it can be difficult to decide what a child’s rights are, and that not everyone will agree. For example, people have different views about when a child is old enough to have a say in decisions. This may make it difficult for everyone to work well together to support the child and family.
What is the study about?
This study is to understand more about what different professionals and parents and children think about the rights of children. It’s also about understanding what happens when people with different ideas about children’s rights are trying to work together to support a child. I want to hear what staff, parents and children think are the most important issues and how these issues are dealt with. When the study is done, I would like to share it with those who train staff such as teachers, social workers, nurses, psychologists so that it can help them in their training.

Why have you been invited to give your consent to your child taking part?
You have been invited to give your consent to your child taking part because your child is aged 9-13 and lives in Southtown and is involved in some activities with XXXX. XXXX’s staff thought you might like information about the study so that you could decide if you want your child to be invited to be involved. XXXX’s staff have mentioned a little about the study to your child and s/he seemed interested in finding out more.

Do you have to agree?
It’s up to you to decide whether or not to give your consent to your child taking part. If you decide your child should not be invited to take part, it will make no difference to any activities or support you or your child receives from XXXX’s or any other agency.

If you agree to your child being invited to take part, then sign and return the form at the end of this information sheet to say that you agree. Your child will then be given more information about the study. If she or he decides they want to take part, they will be invited to a workshop discussion with other children. You can change your mind about your child being involved at any time, without giving a reason.

What will happen if you give your consent and your child decides to take part?
Your child will be invited to a workshop meeting with about 10 other children aged between 9 and 13 years old. The purpose of the workshop is to hear children’s views about questions like –
Should children be involved in meetings when adults are discussing them?
Who should decide what a child needs? How important is the child’s point of view?
What are the most important rights a child your age should have?
What would you like to see those who work with children doing about children’s rights?

We will help children get involved and give their views by playing games, doing artwork and other activities. XXXX’s staff will help plan and run the event and help make sure everyone is safe and well looked after. The workshop will last about 2 hours. If the children agree, I will tape record some of the activities and discussion. If a child does not wish to be recorded, I will make notes instead. If you would prefer your child not to be tape recorded, I will not do so.

If you give your consent and your child takes part in the workshop, in a few months time I will contact you again to ask if you wish your child to be invited to another workshop group. This will be to let the children know what parents and professionals have said, and to hear what children think about that. You will get separate information about that workshop, and will not have to agree to your child being invited if you don’t want to.

When and where will the workshop meet?

We will arrange the workshop at a time that suits most children. It will be held in Southtown, possibly at the XXXX Centre. Help will be given with travel expenses and with transport. I will contact you through XXXX’s to give you details nearer the time and to see if your child can make it.

Will your child benefit from taking part?
Not directly. However, your child will have a chance to talk about children’s rights, which s/he may find helpful. Your child may find that other children have ideas that are useful in thinking about his or her rights and how to raise issues.

Will anyone be told what your child says?
At the beginning of the workshop group everyone will sign an agreement to keep the discussion confidential. The only exception is if I or XXXX’s staff thought a child was at risk of serious harm or of harming someone else. In that case, I would let you know who I needed to tell to make sure that the child was safe.
Any tape records will be kept in a locked filing cabinet at the university. My notes and computer records will not include real names or personal information. Any quotes used in the study or in any articles will not include real names. Details which might allow anyone to be recognised will be changed. After 5 years all records will be destroyed.

What will happen to the study report?

Your child will get a brief report when the study is finished. The university will keep a copy of my report. I will write articles and talk about the study at conferences. No one will be named.

Funding

Sussex University have given me a scholarship to do this study. The University will help also with the cost of children’s transport and a book token for children who take part. Southtrust Children and Young People’s Services may also help with these costs.

What if something goes wrong?

Sussex University, Southtrust Children and Young People’s Services and the NHS have looked at the study plan. They have all agreed that there are proper arrangements in place to keep the records confidential and to look after the interests of those who take part.

If you want to make a complaint about the research, you may contact my university supervisor, Professor Suzy Braye, Head of Department, School of Social Work & Social Welfare, Sussex University, Brighton BN19QQ (email: s.braye@sussex.ac.uk).

Contact for further information

If you have any questions about the study, or if you would like more information to help you decide whether or not to consent to your child being invited to take part, please contact me:

Margaret Boushel 0117 942 3720 M.Boushel@sussex.ac.uk

Sussex University
### Children’s rights

**Information Sheet for children taking part in the study**

My name is Margaret. I used to work for XXXXYY’s, but now I am a student at university. I am doing a project to find out what happens when children your age need extra help at school or at home.

I want to know about things like

- **Do adults listen to what children say would help them?**
- **Who should decide what help a child gets?**
- **Does what children say make a difference?**
- **Should children be at meetings when adults are talking about them?**

I would like to hear what children think about questions like these. I will be talking separately to parents and other adults who try to help children as well. I want to hear what everyone really thinks. There are no right or wrong answers.

Joe/Mary….. in XXXX’s said you might like to take part in a workshop to share ideas about questions like these. This information is to help you decide. Ask (XXXX’s staff…) if there is anything that is not clear or if you would like more information. You might want to show this leaflet to your parent or carer and talk about it together. Take time to decide if you want to take part. Thank you for reading this.

Your parent/carer knows about this workshop. XXXX’s sent them a leaflet about it. Your parent said that you can take part if you want to. You can also say no if you don’t want to. That’s fine. It will not affect anything else you do at XXXX’s. And you can change your mind at any time. That’s fine too.

**What would happen if you took part?**

If you decide to take part, I will invite you to a workshop with about 10 children. I will be
there and so will XXXX’s staff. They will help make sure everyone has fun and is safe and well looked after.

First we would all decide together what we need to agree to make sure everyone feels comfortable. We will all have to agree not to talk to people about anything private that anyone else has said. The only time the adults might have to tell someone about what was said is if you told us something that made us very worried about your safety or someone else’s safety.

Then we will do things like play games and do art activities and talk together to help find out what everyone thinks. We will look at how children should be treated at home, at school and in their neighbourhood. I will bring along some ‘made up’ examples of children who are having problems so that we can think about how adults like teachers, health staff, social workers and police should try to help them. You will not have to talk about anything that you don’t want to talk about. I would like to use a tape recorder. This is so that I can listen to it again afterwards and it will help me remember everyone’s ideas. Only me and my teachers at the university will listen to the tape. The workshop will last about 2 hours.

I will be talking to lots of children and adults and writing a report about what everybody says. But no one will know who said what things. I will not use anybody’s real name in the report.

If you decide you want to take part, then please would you and your parent sign the form at the end of this leaflet to say you agree. Then give it to someone in XXXX’s and they will give it to me.

The workshop will be held in Southtown, maybe at the XXXX Centre. I will give you more information about the time and date later. If you need help to get there or to translate what people are saying, I will talk to you and your parents and arrange that.

If you have any questions or if you would like more information to help you decide please contact me or someone at XXXX’s:

Margaret Boushel 0117 942 3720 M.Boushel@sussex.ac.uk

Sussex University
Appendix 3:8 Information Sheet for parent and carer participants

University headed paper

Making sense of children’s rights – a research study

Information Sheet for parents and carers

My name is Margaret Boushel. I used to work for XXXYY’s, but now I am a student at Sussex University. I am doing some research as part of my PhD degree.

XXXX have agreed to send this information sheet to some parents and carers they know in Southtown who have children aged between 5 and 13 years old. It invites you to take part in this research. Before you decide, it is important for you to know why the research is being done and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Ask (XXXX staff...) if there is anything that is not clear or if you would like more information from me. Take time to decide whether or not you wish to take part. Thank you for reading this.

Background

Some children need extra help at school or at home if they are to stay healthy, learn well, and enjoy life as much as possible. Sometimes several different professionals may need to be involved, such as teachers, speech therapists and health visitors or social workers. It is important that these professionals work closely with children and with their parents and carers.

We know very little about how these professional staff, as well as parents and children think about children’s rights. We do know that it can be difficult to decide what a child’s rights are, and that not everyone will agree. For example, people have different views about when a child is old enough to have a say in decisions. This may make it difficult for everyone to work well together to support the child and family.

What is the study about?

This study is to understand more about what different professionals and parents and
children think about the rights of children. It’s also about understanding what happens when people with different ideas about children’s rights are trying to work together to support a child. I want to hear what staff, parents and children think are the most important issues and how these issues are dealt with. When the study is done, I would like to share it with those who train staff such as teachers, social workers, nurses and psychologists, so that it can help them in their training.

Why have you been invited to take part?

You have been invited to take part because you live in Southtown and have a child aged 5-13 and XXX staff thought you might like information about the study so that you could decide if you want to be involved.

Do I have to take part?

It is up to you to decide whether or not you take part. If you decide not to take part, it will make no difference to any activities or support you or your child receive from XXXX or any other agency.

If you want to take part, and sign the form to say that you agree to be involved, you will be invited to a meeting with other parents. You can change your mind and stop being involved at any time, without giving a reason.

What will happen if you decide to take part and what do you have to do?

You will be invited to a meeting with about 10 other parents and carers. The purpose of the meeting is to hear what parents and carers have to say about questions like –

- Should children be involved in meetings when adults are discussing their needs?
- Who should decide what a child needs? How important is the child’s point of view?
- What would you like to see those who work with children doing about children’s rights?

The meeting will include group discussions about the types of rights parents think children should have at home, at school and elsewhere. I will bring along some ‘made up’ examples of children with behaviour or health needs to help discuss how professionals should take account of parents’ and children’s points of view. There will be a choice of activities such as quizzes, games and wall charts to help discuss issues and get parents’ message across. My job will be to help everyone get involved and give their views and to listen to what you
have to say. However, no one will have to participate in any activity or share their personal views if they do not wish to do so. An XXXX staff member will be there also, to help people feel comfortable. The group is likely to last about 2 hours. If you agree, I will tape record the discussion. If you or anyone else does not wish to be recorded, I will make notes instead to help me remember the important points.

A few months later, I will invite you to another group to let you know what children and professionals have said on the same topic, and to hear your views again. You will get a separate invitation to that meeting, and will not have to attend if you don’t want to.

**When and where will the group meet?**

I will arrange the group at a time that suits most parents/carers. The meeting will be held in Southtown, possibly at the XXXX Centre. Help will be given with childcare and travel expenses and with transport. I will contact you through XXXX to let you know the time and place and to see if you can make it.

**Will you benefit from taking part?**

Not directly. However, you will have a chance to talk about children’s rights, which you may find helpful. You may find that other people have ideas that are useful to you as a parent, or in talking with professionals.

**Will anyone be told what you say?**

At the beginning of the group meeting everyone will sign an agreement to keep the discussion confidential. The only exception is if the discussion made me worried a child was at risk of serious harm. In that case, I would let the parents know who I needed to tell to make sure that the child was safe.

Any tape records will be kept in a locked filing cabinet at the university. My notes and computer records will not include real names or personal information. Any quotes used in the study or in anything I write about it will not include real names. Details which might allow anyone to be recognised will be changed. After 5 years all records will be destroyed.

**What will happen to the study report?**

You will get a brief report when the study is finished. The university will keep a copy of my
I will write articles and talk about the study at conferences. No one will be named.

**Funding**

Sussex University have given me a scholarship to do this study. The University will help also with the cost of childcare, travel expenses and a book token for children and parents/carers who take part. Southtrust Children and Young People’s Services may also help with these costs.

**What if something goes wrong?**

Sussex University, Southtrust Children and Young People’s Services and the NHS have looked at the study plan. They have all agreed that there are proper arrangements in place to keep the records confidential and to look after the interests of those who take part.

If at any point you wanted to make a complaint about the research, you may contact my university supervisor, Professor Suzy Braye, Head of Department, School of Social Work & Social Welfare, Sussex University, Brighton BN19QQ (email: s.braye@sussex.ac.uk).

**Contact for further information**

If you have any questions about the study, or if you would like more information to help you decide whether or not to take part, please contact me:

Margaret Boushel 0117 942 3720 M.Boushel@sussex.ac.uk

Sussex University
Appendix 3:9 Participant Information Sheet for professionals and para-professionals

University headed paper

Making sense of children’s rights – a research study

Participant Information Sheet for professionals and para-professionals

You are being invited to take part in this research study, part of my PhD degree at Sussex University. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Background

Children’s rights and needs underpin child welfare practice. Every Child Matters and the Children Act 2004 increase the emphasis on working interprofessionally to meet children’s needs, and give increased attention to the views of parents/carers and children. However, legal and professional requirements around children’s rights are complex and may differ from one area of a child’s life to another, and from one professional group to another.

We know very little about how child welfare professionals, parents and children think about children’s rights. We do know that it can be difficult to decide what a child’s rights are, and that not everyone will agree. For example, people have different views about when a child is old enough to have a say in decisions. This may present challenges to working together to support the child and family, and may have an effect on interprofessional and partnership working. Greater understanding is needed about the professional challenges in this area and the educational and developmental needs of those involved.

What is the purpose of the study?

This study sets out to understand more about what professionals, parents and children think about children’s rights. It will explore how those working in interprofessional settings make sense of children’s rights and how they interpret their own and other’s
responsibilities. I am interested in finding out what staff from different professional backgrounds, parents and children think are the most important issues and how these issues are dealt with. I would also like to gather views on professional education and development needs around children’s rights, in order to contribute to the development of education for interprofessional practice.

**How will the study be done?**

The study will centre on the two new interprofessional District Team areas in Southtown, chosen because of your role in delivering newly-focused interprofessional preventive services within the ECM Common Assessment Framework (CAF) guidelines. It will focus on professional understandings of the rights of children in the 5-13 age range, a time between early childhood and adolescence, which may present particular ethical and professional challenges around children’s rights.

There are several stages to the study. Initially, I spent time learning about the District setting and arrangements. During this time, with the support of local authority children and young people’s services staff working directly with groups of children, young people and parents receiving support services, parents/carers and some children took part in separate focus groups to explore their perspectives on children’s rights. I have now begun to interview ‘Lead Professionals’ and other linked professionals in the CAF process to explore understandings, issues and critical incidents. This is the stage you are being invited to take part in. When the interviews are finished I hope to discuss and explore the findings in Southtown-based focus groups, to which professional and para-professional staff will be invited. These will be followed by focus groups with children and young people and with parent/carers to get their views on the findings. Finally, once the data is analysed and discussed I will share it with professional educators and trainers so that the implications for professional education and development can be considered.

**Why have you been chosen?**

I am inviting a number of staff in the Southtown District areas who have worked with families involved with CAF and who wish to participate in the study or to discuss it further to contact me. The CAF Lead Professionals already interviewed as part of this research have identified some CAF cases (anonymised) where they think children’s rights may be
involved. Where it has seemed appropriate they have given the names of these cases to YY, the CAF administrator. YY is forwarding this invitation to you as a professional or para-professional who is also involved with one of the cases identified. In this way, the same issues or incidents can be explored from a variety of perspectives. From the response to this invitation those staff who wish to participate in an interview will be invited to do so.

**Do you have to take part?**

It is up to you, with your manager’s agreement, to decide whether or not you take part. If you do, you will be asked to provide your contact details (telephone or e-mail) to enable me to contact you. You will also be asked to sign a consent form. Refusal to take part will not affect your current or future educational or employment prospects in any way. If you do decide to participate, you are still free to withdraw at any time without giving a reason.

**What will happen to you if you decide to take part and what do you have to do?**

You will be asked to take part in an interview about your views and experience of children’s rights in interprofessional practice. The purpose is to hear your perspective on children’s rights in interprofessional settings, how they affect your work and any issues and dilemmas you have encountered. This is an area where very little is yet known and there are few ‘right’ answers. The interview may include discussion of situations where different perspectives on children’s rights have emerged. You will also have an opportunity to discuss how well your professional education and training prepared you for this area of work and your professional development needs in this area.

I will contact you to arrange a convenient time and place to conduct the interview. It is anticipated that the interview will last up to two hours. With your consent, an audio recording will be made of the interview. If you do not wish to be recorded, I will make notes.

**What are the possible benefits of taking part?**

There are no direct potential benefits to participants. However, participation may provide an opportunity for you to reflect on your learning and experiences of children’s rights in interprofessional contexts, and this may enable you to develop your understanding of this area. In the wider context, better understanding of how children’s rights are thought about and addressed in interprofessional practice can inform and help meet the educational and developmental needs of child welfare professionals.
What if something goes wrong?

In the event of a complaint arising in connection with the research, participants may contact my academic supervisor, Professor Suzy Braye, Head of Department of Social Work & Social Welfare, School of Education and Social Work, Sussex University (email: s.braye@sussex.ac.uk)

Will your taking part in this study be kept confidential?

All data will be treated confidentially. Any quotes which are used in publications resulting from the study will be anonymised. Anonymised data will be stored in a locked filing cabinet on university premises. Electronic copies of data will be stored in password-protected folders on university computers. Data will be stored for a period of 5 years, at the end of which, it will be disposed of securely.

What will happen to the findings?

You will receive a summary of the findings of the study. The findings will be written up as part of my PhD thesis, which, if successful, will be available on request from Sussex University or the British Library. They will be published also in professional journals and presented at professional conferences. Participants will not be identified in any report/publication. If there is a risk that a quotation could be linked with a particular participant (for example, because of a specialist role) then your consent will be sought before publication, and the quotation will not be used without your consent.

Funding

The study is being funded by an award in ‘Interprofessional Education and Practice’ made to me by Sussex University School of Social Work and Social Care. Sussex University and Southtrust Children and Young People’s Services are contributing to the parents'/carers’ and children’s expenses and the cost of a book token for children and young people and parent/carer participants as an acknowledgement of their time and contribution.

Ethics

Sussex University Ethics Sub-Committee, Southtrust Children and Young People’s Services and the NHS Research Ethics Committee have reviewed the study proposal. They have agreed that there are proper arrangements in place to keep the records confidential and
to look after the interests of those who take part.

Contact for further information

If you have any questions about the study, or if you would like more information to help you decide whether or not to take part, please contact me (see below for contact details). ZZ, manager is the Southtrust CYPS research link-person. ZZ is happy to provide further information about Southtrust CYPS and Southtrust Children’s Trust support for this project.

Margaret Boushel 0117 942 3720 M.Boushel@sussex.ac.uk

School of Education and Social Work

Sussex University (Version 2 June 09)
Appendix 3:10 Invitation to Professionals’ focus group

Making sense of children's rights in interprofessional settings

Feedback and discussion of research findings

for ECM/CAF Souhtown District A members

on

29th September 10am-12 noon

at XXXX.

• How do staff in Southtown involved with CAF interpret the rights of children aged 5-13?
• Do differing approaches to children’s rights have an impact on practice, professionally and interprofessionally?
• What common issues and dilemmas around children’s rights do staff face?
• What is the impact of the CAF process on children’s rights – and how might it be improved?

You are invited to attend this feedback and discussion for staff from all Southtown agencies involved with the CAF process.

The workshop will discuss the emerging findings from the research undertaken by Margaret Boushel, University of Sussex (supported by Southtrust Children’s Trust) in which many Southtown staff participated. The findings are based on detailed interviews with staff from a variety of backgrounds and agencies within Southtown, an analysis of CAF records, and the views of a small number of children and
The aims of the workshop are to:

- Share key issues emerging from the research data.
- Discuss similarities and differences in the way children's rights are interpreted and how these differences might be accounted for.
- Consider how approaches to children's rights have an impact on professional and interprofessional practice and on the CAF process.
- Contribute further to the research findings.

The workshop will be facilitated by Margaret Boushel and Prof. Suzy Braye from the University of Sussex. All examples etc. used will be anonymised. Your consent will be requested to record the discussions which (anonymised) will contribute further to the research data.

A maximum of 12 places are available in the workshop. **Staff wishing to attend should complete the form below and forward to Margaret Boushel (m.boushel@sussex.ac.uk) by Monday, 6th September.** To encourage interprofessional discussion it is hoped to include staff from a variety of agencies and backgrounds.

A similar feedback event is planned in the Southtown District B area. The research (with all data anonymised) will be presented to the Southtown Districts’ Partnership Boards during the autumn, and to the Southtrust Children’s Trust. It is anticipated that the findings will contribute to the development of district services and workforce development.

I look forward to hearing from you.

Margaret Boushel

5th August 2010

‘Making sense of children’s rights in interprofessional settings’

I wish to attend the Southtown feedback event at XXXX from 10am-12noon on the 29th September 2010.
<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address:</td>
</tr>
<tr>
<td>Job title:</td>
</tr>
<tr>
<td>Setting (e.g. school name, team etc.):</td>
</tr>
<tr>
<td>Employer:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
Appendix 3:11 Southtrust CYPS Consent to study

Subject: RE: Request for research access - ‘Making sense of children’s rights in interprofessional settings’
Date: Fri, 18 Jul 2008 10:43:02 +0100
From: AB
To: M.Boushel@sussex.ac.uk
CC: ECM/CAF lead staff

Dear Margaret,

Thank you for your email and attachments. I am very pleased that you are undertaking this research. We are entering new territory with the advent of true integrated working - which embraces all of our services (not just ECM/CAF district - I think there has been an overemphasis on district - this needs to include remodelling of social care and other teams across the tiers). So your proposed research is most welcome. We have always stated our intentions to evaluate progress and the research will definitely help here. So, I am happy to give formal consent to your research access on behalf of the CYPS Directorate within Southtrust Council.

Best wishes

AB

Director of Children and Young People’s Services
Southtrust Council
Southtown
Appendix 3:12 NHS Consent to study

03 October 2008

Ms Margaret M. Boushel
Doctoral Student, Social Work and Social Care
University of Sussex
The Sussex Institute
University of Sussex
Falmer, BN1 9QQ

Dear Ms Boushel

Full title of study: Making sense of children's rights in interprofessional settings - an exploratory study of professional understandings of and approaches to children’s rights in interprofessional settings and the implications for education for interprofessional practice.

REC reference number: 08/H0101/141

Thank you for your letter of 15 September 2008, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered at the meeting of the Committee held on 25 September 2008. A list of the members who were present at the meeting is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

In discussion, the Committee noted the following ethical issues.

1. It was noted that you had provided a very good, and very thorough, response to the issues raised at the meeting on 21 August 2008.
2. It was noted that, following the Committee's concerns about including vulnerable children under nine years of age in the focus groups, this had now been revised to only include children aged nine years and above.
3. It was noted that children under nine years of age would still be included in the study but agreed that this was acceptable.
4. There was some concern that children were being asked to retain confidentiality at an age where they would not be able to do so. It was noted, however, that children aged nine years and above would be able to understand the importance of retaining confidentiality if it was made clear to them that this was for a good reason.
5. There was some concern over vulnerable children being put into a situation which it would not be necessary to impose on them, particularly as they would already be in contact with relevant organisations. It was agreed, however, that good back-ups were in place and the Committee was reassured that the research had been endorsed by Barnardo's.

**Ethical review of research sites**

The Committee has designated this study as exempt from site-specific assessment (SSA). The favourable opinion for the study applies to all sites involved in the research. There is no requirement for other Local Research Ethics Committees to be informed or SSA to be carried out at each site.

**Conditions of the favourable opinion**

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission at NHS sites ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission is available in the Integrated Research Application System or at [http://www.rdforum.nhs.uk](http://www.rdforum.nhs.uk).

**Approved documents**

The final list of documents reviewed and approved by the Committee is as follows:

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation Arrangements</td>
<td></td>
<td>11 August 2008</td>
</tr>
<tr>
<td>Supervisor CV - Professor Suzy Braye</td>
<td></td>
<td>03 August 2008</td>
</tr>
<tr>
<td>Supervisor CV - Dr Elaine Sharland</td>
<td></td>
<td>01 August 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Attached to PIS for Professionals/Para-professionals (Lead Professional interview invitation)</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Professionals/Para-professionals (Lead Professional interview invitation)</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Peer Review</td>
<td></td>
<td>01 August 2008</td>
</tr>
<tr>
<td>Protocol</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Investigator CV</td>
<td></td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Application</td>
<td>1.1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Attached to PIS for Parents and Carers</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Consent Form: Attached to PIS for Parents and Carers (observation)</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Parents and Carers</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Information Sheet/Assent Form for children taking part in the study</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Information Sheet/Consent Form for Parents and Carers about children taking part in the study</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Participant Information Sheet: Parents and Carers (observation)</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>Interview Schedules/Topic Guides</td>
<td>1</td>
<td>04 August 2008</td>
</tr>
<tr>
<td>E-mail from Suzy Braye (Educational Supervisor)</td>
<td></td>
<td>15 September 2008</td>
</tr>
</tbody>
</table>
Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

Enclosures:
List of names and professions of members who were present at the meeting and those who submitted written comments.
"After ethical review – guidance for researchers" [SL-AR1 for CTIMPs, SL-AR2 for other studies]

Copy to:
Professor Suzy Bray, Head of Department, School of Social Work and Social Care, The Sussex Institute, University of Sussex, Brighton, BN1 9QQ
**Committee Members:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
<th>Present</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jenny Bell</td>
<td>GP</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mr Michael Bowman</td>
<td>Lay Member</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mr Grey Giddins</td>
<td>Consultant Hand Surgeon</td>
<td>Yes</td>
<td>Not present during the review of this study.</td>
</tr>
<tr>
<td>Dr Jeffrey Handel</td>
<td>Consultant Anaesthetist</td>
<td>Yes</td>
<td>Not present during the review of this study.</td>
</tr>
<tr>
<td>Dr Eleanor Korendowycz</td>
<td>Consultant Rheumatologist</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Mrs Lynden Lever</td>
<td>Solicitor/Vice-Chair</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mr Philip Morgan</td>
<td>Lay Member</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Reverend Maureen O'Hagan</td>
<td>Lay Member</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Brian Robinson</td>
<td>Consultant Psychiatrist/Chairman</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Peter Rudd</td>
<td>Consultant Paediatrician</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Antoine Schembri Wismayer</td>
<td>Consultant Clinical Psychologist</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Jenny Scott</td>
<td>Lecturer in Pharmacy Practice</td>
<td>Yes</td>
<td>Not present during the review of this study.</td>
</tr>
<tr>
<td>Mr Paul Shipley</td>
<td>Lay Member</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Andrew Taylor</td>
<td>Consultant Biochemist</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dr Gordon Taylor</td>
<td>Medical Statistician/Alternate Vice Chair</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dr George Walker</td>
<td>Private General Practitioner</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mr Trevor Wild</td>
<td>Staff Nurse - CCU</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mrs Jane Woodward</td>
<td>Lay Member</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Also in attendance:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position (or reason for attending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss Vanessa Bishop</td>
<td>REC Co-ordinator</td>
</tr>
<tr>
<td>Mr Robin Hutchinson</td>
<td>Auditor</td>
</tr>
<tr>
<td>Mr Laurence King</td>
<td>Clinical Scientist Trainee</td>
</tr>
</tbody>
</table>
### Appendix 3:13 Criteria used to identify interview and record data sub-set for in-depth analysis

**App. 3:13 Table 3:13 Criteria used to identify interview and record data sub-set for in-depth analysis**

<table>
<thead>
<tr>
<th>Criteria used to identify sub-sample</th>
<th>Interview data</th>
<th>Linked record data</th>
<th>Interviewee role and agency setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interviewee had experience of Lead Professional role</td>
<td>5</td>
<td>6</td>
<td>5 Education (5 practs.)</td>
</tr>
<tr>
<td></td>
<td>(22E; 24E x2; 27E; 32E; 33E x2)</td>
<td>R01; R15; R18; R26; R29; R33</td>
<td></td>
</tr>
<tr>
<td>2. Interviewees chaired at least one CAF family meeting/review before date of interview</td>
<td>8</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(15TB x3: 05E x2; 06E x2; 16SC x2; 18SC x2; 19E x2; 13SC x1; 20SC x1)</td>
<td>R01; R02; R11; R12; R18; R19; R20; R21; R22; R27; R33; R35; R36</td>
<td>3 Education (2SM, 1 DOL); 5 social care (5 DOLs)</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>13</td>
<td>24E (R18; R33)</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>33E (R26; R29)</td>
<td>8 Education (2SMs, 1ALL, 5</td>
<td></td>
</tr>
</tbody>
</table>
3. Additional interviewees, not included above, but relevant to key themes identified in Stage 1 analysis

35SC  14H  36H

4. Final group for in-depth analysis


Removed: 06E, 22E, 27E, 32E, 13SC, 18SC

15SC: (R01; R18; R33) pract.)  5 Social care (5 ALs)

16SC: (R21; R22)  6 Social care  2 Health  8 Education
### Appendix 3:14 Consent form for child participants

University headed paper

**Children’s rights**

Put a circle around everything that you agree with:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read the information about the study and the workshop</td>
<td></td>
</tr>
<tr>
<td>Someone has explained to me about the study and the workshop</td>
<td></td>
</tr>
<tr>
<td>I understand what the study and the workshop is about</td>
<td></td>
</tr>
<tr>
<td>I have asked all the questions I want</td>
<td></td>
</tr>
<tr>
<td>I have understood the answers to the questions I asked</td>
<td></td>
</tr>
<tr>
<td>I understand that I can stop taking part at any time</td>
<td></td>
</tr>
<tr>
<td>I am happy to take part</td>
<td></td>
</tr>
</tbody>
</table>
If any answers are 'no' or you don't want to take part, then don't sign your name!

If you do want to take part, you can write your name below

Your name --

Age

Date

Parent/carers name

Print

Sign

Date

The name of the person who explained this study and workshop to you

Print name

Sign

Date

Thank you for your help
Appendix 3:15 Consent form for parents’ focus group

<table>
<thead>
<tr>
<th>Making sense of children’s rights – a research study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researcher: Margaret Boushel</td>
</tr>
</tbody>
</table>

**Please initial box**

1. I have read and understand the information sheet dated August 2009 for this study. I have had the opportunity to think about the information, to ask questions about it and to have my questions answered.

2. I understand that it is up to me to decide if I want to be involved and that I am free to withdraw at any time, without giving any reason. I know that if I withdraw it will not affect any services or activities I or my children get from the Children’s Centre or from other agencies.

3. I agree to be involved in one group discussion with other parents and carers to discuss what I think about the rights of children aged 5-13, especially those who need extra support from professionals. I will also discuss with other parents what I would like to see professionals who work with children do about children’s rights.

Participant research number for this study: _____________

Participant’s Name:____________________ Date:________

Signature:____________________________

Researcher’s Name:____________________ Date:________

Signature:____________________________
Appendix 3:16 Consent form for child welfare professionals

<table>
<thead>
<tr>
<th>Consent form for child welfare professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making sense of children’s rights – a research study</td>
</tr>
<tr>
<td>Researcher: Margaret Boushel</td>
</tr>
<tr>
<td>Please initial box</td>
</tr>
</tbody>
</table>

1. I confirm that I have read and understand the information sheet Version 2 June 09 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.  

2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my current or future educational or employment prospects being affected in any way.  

3. I agree to be interviewed about my perspective on children’s rights in interprofessional settings, how they affect my work and issues and dilemmas I have encountered.  

4. I agree to the interview being audio recorded.  

Participant research number for this study: ________________

Participant’s Name: ___________________________ Date ________

Signature: ___________________________
Invitation to comment on research transcript

Dear

Attached, as agreed, is a transcript of the interview you gave me on xxx as part of my research study. I hope you find it interesting. Please feel free to send me comments amending, or adding to it, if you wish.

The research interviews and data collection are now complete and I am analysing the data. I plan to share and discuss the initial findings with interested Districts A and B staff at two feedback and workshop events. These will both be held on Wednesday, the 29th September (District A in the am and District B in the pm).

More details will follow nearer the time. The invitations for these events will go out through the Districts within the next three weeks. If you let me know that you are interested in attending, I will also send an invitation directly to you. There will be a limit on spaces, but the aim is to include staff from a range of agencies and roles.

Thank you again for your time and thoughts. They have made a very valuable contribution to the project.

With best wishes
Appendices to Chapter 4 Policy context

Appendix 4:1 Timeline of key legal and policy events

An indicative timeline of key legal and policy events related to children’s rights is presented below. For reasons of space, legal and policy texts are not fully referenced or included in the bibliography unless they appear elsewhere in the thesis.

**App 4: Table 1 Timeline of Key legal and policy events related to children’s rights**

<table>
<thead>
<tr>
<th>Period</th>
<th>Focus</th>
<th>Key legal and policy events related to children’s rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre 1997</td>
<td>Cross-cutting</td>
<td>1985: <em>Gillick</em> case</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1989: UNCRC; Children Act (CA1989)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1991: UNCRC ratified by UK; Working Together - children to be informed of their rights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1993: <em>doli incapax</em> age reduced from 14 to 10 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1995: UNCRC Committee Concluding Observations</td>
</tr>
<tr>
<td>Social care</td>
<td>1974: Maria Colwell Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1975: Children Act - children’s wishes and feelings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1987: Cleveland Enquiry</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1987: physical punishment banned in state schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1988: Education Reform Act (ERA)</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>1995: Polnay Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>Labour first term</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1998 introduced ASBO’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1999: Labour commitment to end child poverty within 20 years;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working Together 1999</td>
<td></td>
</tr>
<tr>
<td>Social work</td>
<td>2000: Framework for the Assessment of Children in Need and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Their Families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2001: Quality Protects – performance targets re participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2000: Framework for the Assessment of Children in Need and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Their Families</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2001: Quality Protects – performance targets re participation</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1998: Crick Report on citizenship education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1999: Corporal punishment banned in private schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2000: Academy status schools introduced</td>
<td></td>
</tr>
<tr>
<td>2001-2005</td>
<td>Cross-cutting</td>
<td></td>
</tr>
<tr>
<td>Labour second term</td>
<td>2001: Building a Strategy for Children and Young People</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C&amp;YP) Consultation Document; Learning to Listen – C&amp;YP’s participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2003: Laming’s Report on the death of Victoria Climbié; Anti-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Behaviour Act 2003</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Matter: Change for Children; Children Act 2004; Common</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment framework (CAF); Children’s Commissioner for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>England; Children’s Trusts and C&amp;YP’s Plans; electronic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>recording</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2005: Children’s Rights Director appointed; Children’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Workforce Development Council (CWDC) ‘Common Core of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skills and Knowledge for the Children’s Workforce’</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2001: Children’s right to attend SEN appeal hearings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2002: Education Act</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Schools’ workforce re-modelling</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td><em>Health for All Children</em> (Hall4) report</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td><em>National Health Service Framework for Children, Young People and Maternity Services</em> (NSF); school nurse role extended; Review of nursing services contribution to vulnerable children</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Healthy Schools policy introduced</td>
<td></td>
</tr>
<tr>
<td>2005-2010</td>
<td>Cross-cutting event: Support for parents review</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>Aiming high for children: supporting families; Aiming high for disabled children: better support for families; Aiming high for young people: a ten year strategy for positive activities reviews; C&amp;YP To-day consultation and report; DCSF established; <em>The Children’s Plan: Building Brighter Futures</em>; UK Consolidated 3rd and 4th Periodic Report on implementation of UNCRC; UNICEF Innocenti report</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>UN CRC: Concluding observations; Use of CAF mandatory; <em>Building Brighter Futures: Next Steps for the Children’s Workforce</em>; Workforce Values’ statement; 2020 C&amp;YP’s <em>Workforce Strategy</em> consultation</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Lord Laming report</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>revised <em>Working Together to Safeguard Children</em> guidelines; 13% decrease in child poverty; <em>11 Million</em> Children’s Commissioner organisation established</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>Integrated Children’s System (ICS) introduced</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>Social Work Reform Task Force established</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Social Work Taskforce recommendations accepted</td>
<td></td>
</tr>
</tbody>
</table>
| Education                             | 2005: Parent Support Advisors introduced  
|                                      | 2007: Children’s Plan - increased role for schools  
|                                      | 2008: Education and Skills Act 2008, reduction in local authority control of schools; consultation with pupils re school policies and inspections  
| Health                                | 2006: School children’s height and weight to be measured  
|                                      | 2008: CAMHS services review  
|                                      | 2010: Increased role for health professionals in Working Together guidelines  
| 2010 - Coalition Govnt                | 2010: Child benefit means-tested; 60% cut in education capital budget; £20b cut in NHS spending; DCSF disbanded, replaced by DfE; ECM and Workforce developments closed; requirement for Children’s Plan removed; review Children’s Commissioner post  
|                                      | 2011: Munro report; eCaf decommissioned; Munro recommendations re ‘early help’ not accepted; Midterm review by UK Children’s Commissioners  
|                                      | 2012: Increase in child poverty; Welfare Reform Act 2012  
| Social care                           | 2010: General Social Care Council duties referred to Health Professions Council (HPC)  
|                                      | 2011: Munro review first report  
| Education                             | 2010: General Teaching Council disbanded  
|                                      | 2011: Academy status programme expanded; increased school powers re children’s behavior  
| Health                                | 2011: National Advisory Council for Children’s Mental Health and Wellbeing established  


Appendices to Chapter 5 Description of findings

Appendix 5:1 Interviewee data

App. 5:1 Table 5 Interviewee code including setting

<table>
<thead>
<tr>
<th>Interviewee and setting codes (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01VO 11E 21SC 31VO</td>
</tr>
<tr>
<td>02VO 12H 22E 32E</td>
</tr>
<tr>
<td>03H 13SC 23SC 33E</td>
</tr>
<tr>
<td>04SC 14H 24E 34E</td>
</tr>
<tr>
<td>05E 15SC 25VO 35SC</td>
</tr>
<tr>
<td>06E 16SC 26H 36H</td>
</tr>
<tr>
<td>07SC 17E 27E 37VO</td>
</tr>
<tr>
<td>08SC 18SC 28E 38SC</td>
</tr>
<tr>
<td>09SC 19E 29H 39SC</td>
</tr>
<tr>
<td>10H 20SC 30E</td>
</tr>
</tbody>
</table>

Setting key: SC: social care; E: education; H: health; VO: voluntary org.
**Appendix 5:2 Interviewees’ professional qualifications**

**App.5:2 Table 1 Interviewees’ most relevant professional qualification by service setting**

<table>
<thead>
<tr>
<th>Qualification field</th>
<th>Interviewee setting: education (n=14)</th>
<th>Interviewee setting: social care (n=13)</th>
<th>Interviewee setting: health (n=7)</th>
<th>Interviewee setting: vol. sector (n=5)</th>
<th>Totals (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Counselling</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Teaching</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Learning support (NVQ 3&amp;4)</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Nursing and related</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Youth &amp; Community Work/Play</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Early years/NNEB</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other or none</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Number of qualification types in this setting</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>
Appendix 5:3 Professional interviewees’ use of rights language

App. 5:3 Table 1 Professional interviewees use of term right(s)

<table>
<thead>
<tr>
<th>Number of usages of term right(s) during interview</th>
<th>Interview setting – education (n=14)</th>
<th>Interview setting – social care (n=13)</th>
<th>Interview setting – health (n=7)</th>
<th>Interview setting – vol. sector (n=5)</th>
<th>Total (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>80-89</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>70-79</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>60-69</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>50-59</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>40-49</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>30-39</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>20-29</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>10-19</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>0-9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>14</td>
<td>13</td>
<td>7</td>
<td>5</td>
<td>39</td>
</tr>
</tbody>
</table>
Appendix 5:4 Rights mentioned by professional interviewees

App.5:4 Table 1 Rights mentioned by professional interviewees identified by setting and linked to UNCRC articles (Figures in brackets reflect sustained mention)

<table>
<thead>
<tr>
<th>UNCRC Categories – as grouped in UN Concluding Observations outline</th>
<th>Mention of this right by interviewee from education setting (n=14)</th>
<th>Mention of this right by interviewee from social care setting (n=13)</th>
<th>Mention of this right by interviewee from health setting (n=7)</th>
<th>Mention of this right by interviewee from vol. sector setting (n=5)</th>
<th>Totals (n=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Principles (Arts 2,3,6 &amp; 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 2: Non-discrimination</td>
<td>7 (1)</td>
<td>9 (3)</td>
<td>1</td>
<td>1(1)</td>
<td>18 (5)</td>
</tr>
<tr>
<td>Art 3 Best interests of child</td>
<td>3(1)</td>
<td>5(1)</td>
<td>1</td>
<td>1(1)</td>
<td>10 (3)</td>
</tr>
<tr>
<td>Art 6: Life, survival &amp; development</td>
<td>13 (3)</td>
<td>11(1)</td>
<td>5(1)</td>
<td>3(1)</td>
<td>32 (6)</td>
</tr>
<tr>
<td>Art 12: Respect for views of child</td>
<td>14(13)</td>
<td>13(13)</td>
<td>7(5)</td>
<td>5(2)</td>
<td>39(34)</td>
</tr>
<tr>
<td>Civil rights &amp; freedoms (Arts 7,8,13-17 &amp; 37(a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts 7-8: Nationality, identity</td>
<td>0</td>
<td>1(1)</td>
<td>0</td>
<td>0</td>
<td>1(1)</td>
</tr>
<tr>
<td>Art 13: Freedom of expression</td>
<td>7(3)</td>
<td>3(2)</td>
<td>0</td>
<td>1</td>
<td>11(5)</td>
</tr>
<tr>
<td>Article</td>
<td>Description</td>
<td>1</td>
<td>2(1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>---</td>
<td>------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Art 14</td>
<td>Freedom of thought, conscience, religion</td>
<td>3(1)</td>
<td>2(1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Art 15</td>
<td>Freedom of peaceful assembly</td>
<td>3</td>
<td>1(1)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Art 16</td>
<td>Protection of privacy</td>
<td>5(5)</td>
<td>8(6)</td>
<td>5(3)</td>
<td>1</td>
</tr>
<tr>
<td>Art 17</td>
<td>Access to information; protection re mass media</td>
<td>1(1)</td>
<td>0</td>
<td>1(1)</td>
<td>0</td>
</tr>
<tr>
<td>Art 37(a)</td>
<td>Protection from cruel, inhuman or degrading treatment or punishment</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**Family environment & alternative care (Arts 5, 18(paras 1-2) 9-11, 19-21, 25, 27(para 4) & 39)**

<table>
<thead>
<tr>
<th>Article</th>
<th>Description</th>
<th>9(8)</th>
<th>7(5)</th>
<th>4(3)</th>
<th>2(1)</th>
<th>22(17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art 5</td>
<td>Respect responsibilities, rights &amp; duties of parents..in a manner consistent with evolving capacities of child</td>
<td>9(8)</td>
<td>7(5)</td>
<td>4(3)</td>
<td>2(1)</td>
<td>22(17)</td>
</tr>
<tr>
<td>Art 9</td>
<td>Right to family life unless abuse or neglected</td>
<td>0</td>
<td>5(3)</td>
<td>2(1)</td>
<td>0</td>
<td>7(4)</td>
</tr>
<tr>
<td>Art 10</td>
<td>Right of families to be together</td>
<td>0</td>
<td>0</td>
<td>1(1)</td>
<td>0</td>
<td>1(1)</td>
</tr>
<tr>
<td>Article</td>
<td>Description</td>
<td>Count 1</td>
<td>Count 2</td>
<td>Count 3</td>
<td>Count 4</td>
<td>Count 5</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Art 18: (1)</td>
<td>Common responsibilities of both parents;</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 18: (2)</td>
<td>Assistance to parents</td>
<td>9(2)</td>
<td>7(2)</td>
<td>1</td>
<td>1(1)</td>
<td>18(5)</td>
</tr>
<tr>
<td>Art 9:</td>
<td>Protect against separation from parents.</td>
<td>1</td>
<td>3(1)</td>
<td>0</td>
<td>1(1)</td>
<td>5(2)</td>
</tr>
<tr>
<td>Art 10:</td>
<td>Family reunification between States</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 11:</td>
<td>Combat illicit transfer of children abroad</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 19:</td>
<td>Protection against violence, abuse &amp; neglect, with support for child &amp; carers</td>
<td>12(6)</td>
<td>11(4)</td>
<td>5</td>
<td>4(2)</td>
<td>32(12)</td>
</tr>
<tr>
<td>Art 20:</td>
<td>Special protection of children deprived of family environment</td>
<td>1(1)</td>
<td>3(1)</td>
<td>0</td>
<td>0</td>
<td>4(2)</td>
</tr>
<tr>
<td>Art 21:</td>
<td>Adoption systems to ensure best interest of child</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 25:</td>
<td>Review for children in placements</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Art 27(para 4): Secure</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art</td>
<td>Description</td>
<td>0</td>
<td>0</td>
<td>1(1)</td>
<td>0</td>
<td>1(1)</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Art 39: Promote physical &amp; psychological recovery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Basic health & welfare (Arts 6, 18(para 3), 23, 24, 26 & 27 (paragraphs 1-3)**

<table>
<thead>
<tr>
<th>Art</th>
<th>Description</th>
<th>0</th>
<th>1(1)</th>
<th>0</th>
<th>0</th>
<th>1(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art 6: Survival &amp; development to maximum extent possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 18(para 3): Childcare for children of working parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 23: Full &amp; decent life for mentally &amp; physically disabled children, incl. support &amp; inclusion</td>
<td>5(3)</td>
<td>6(4)</td>
<td>2</td>
<td>3(3)</td>
<td>16(10)</td>
<td></td>
</tr>
<tr>
<td>Art 24: Highest possible standard of health</td>
<td>9(2)</td>
<td>9(2)</td>
<td>2</td>
<td>1</td>
<td>21(4)</td>
<td></td>
</tr>
<tr>
<td>Art 26: Social security benefits</td>
<td>6(1)</td>
<td>6</td>
<td>3</td>
<td>4(1)</td>
<td>19(2)</td>
<td></td>
</tr>
<tr>
<td>Art 27 (para 1-3): (1) Adequate standard of living for <strong>physical</strong>, (mental, spiritual, moral &amp; social) development;</td>
<td>10(4)</td>
<td>9(4)</td>
<td>3</td>
<td>4(1)</td>
<td>26(9)</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>(2) Parent’s have primary responsibility re conditions of living;</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(3) State provide material assistance and support</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1(0)</td>
<td></td>
</tr>
<tr>
<td>Art 27 (para 1-3): (1) Adequate standard of living for (physical, mental, spiritual, moral &amp; social) development;</td>
<td>10(6)</td>
<td>10(6)</td>
<td>5(1)</td>
<td>3(1)</td>
<td>28(14)</td>
<td></td>
</tr>
<tr>
<td>Art 27 (para 1-3): (1) Adequate standard of living for (physical, mental, spiritual, moral &amp; social) development;</td>
<td>4(2)</td>
<td>1(1)</td>
<td>0</td>
<td>1(1)</td>
<td>6(4)</td>
<td></td>
</tr>
<tr>
<td>Art 27 (para 1-3): (1) Adequate standard of living for (physical, mental, spiritual, moral &amp; social) development;</td>
<td>6(2)</td>
<td>7</td>
<td>2</td>
<td>1(1)</td>
<td>16(3)</td>
<td></td>
</tr>
<tr>
<td>Education, leisure &amp; cultural activities (Arts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>28, 29 &amp; 31)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Art 28: Right to education and equal opportunity; human dignity in school discipline</td>
<td>9(7)</td>
<td>11(6)</td>
<td>3(2)</td>
<td>4(2)</td>
<td>27(17)</td>
<td></td>
</tr>
<tr>
<td>Art 29 (a): Education to develop child’s personality, talents, &amp; mental &amp; physical abilities to fullest potential; incl respect for human rights, parents, environment &amp; prep for responsible life</td>
<td>10(7)</td>
<td>8(3)</td>
<td>2(1)</td>
<td>2(2)</td>
<td>22(13)</td>
<td></td>
</tr>
<tr>
<td>Art 29 (b): Education directed to development of child’s respect for human rights, parents and responsible life</td>
<td>5(3)</td>
<td>3(3)</td>
<td>1</td>
<td>0</td>
<td>9(6)</td>
<td></td>
</tr>
<tr>
<td>Art 31: Right to rest, leisure, play &amp; recreational activities, cultural &amp; artistic life</td>
<td>9(3)</td>
<td>11(4)</td>
<td>4</td>
<td>3(1)</td>
<td>27(8)</td>
<td></td>
</tr>
<tr>
<td><strong>Special protection measures (Arts 22, 30, 38, 39, 40, 37 (b)-(d), 32-36)</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Article</td>
<td>Description</td>
<td>Ass</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Art 30</td>
<td>Enjoy own culture, practice religion</td>
<td>1(1)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2(1)</td>
</tr>
<tr>
<td>Art 38</td>
<td>Protection of children in armed conflict</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 39</td>
<td>Promote recovery from neglect, exploitation, abuse etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 40</td>
<td>Dignity etc. &amp; take account of age in criminal justice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 37</td>
<td>Deprivation of liberty a last resort; Separation from adults in custody;</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Art 32</td>
<td>Protection from economic exploitation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 33</td>
<td>Protection from illegal use of narcotics</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Art 34</td>
<td>Protection from sexual exploitation &amp; abuse</td>
<td>1(1)</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>5(1)</td>
</tr>
<tr>
<td>Article</td>
<td>Description</td>
<td>Score 1</td>
<td>Score 2</td>
<td>Score 3</td>
<td>Score 4</td>
<td>Score 5</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Art 35: Prevent abduction</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Art 36: Protection against all forms of exploitation prejudicial to welfare.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Art 37: No torture, inhuman or degrading treatment; fair treatment by law in manner that takes account of age.</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Art 38: No recruitment or armed conflict under 15</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Art 40: Minimum age for capacity to infringe penal law which takes account of age &amp; understanding, dignity &amp; worth; alternatives to judicial proceedings.</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Implementation and dissemination (Art 4 &amp; 42)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art 4: Take all necessary steps to implement ..to max extent of available resources</td>
<td>4(1)</td>
<td>7(5)</td>
<td>1</td>
<td>0</td>
<td>12(6)</td>
<td></td>
</tr>
<tr>
<td>Art 42: Make principles widely known</td>
<td>2(1)</td>
<td>4(4)</td>
<td>1(1)</td>
<td>2(1)</td>
<td>9(7)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5:5 CAF Record sample: number of meetings

App. 5:5 Table 5:5.1 CAF record sample: number of CAFTAC meetings per case

<table>
<thead>
<tr>
<th>Numbers of CAFTAC meetings</th>
<th>Number of case records (n=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CAFTAC meeting</td>
<td>5</td>
</tr>
<tr>
<td>2 CAFTAC meetings</td>
<td>9</td>
</tr>
<tr>
<td>3 CAFTAC meetings</td>
<td>6</td>
</tr>
<tr>
<td>4 CAFTAC meetings</td>
<td>6</td>
</tr>
<tr>
<td>5 CAFTAC meetings</td>
<td>2</td>
</tr>
<tr>
<td>More than 5 CAFTAC meetings</td>
<td>2</td>
</tr>
</tbody>
</table>

Appendix 5:6 CAF record sample: child age and gender

App. 5:6 Table 1 CAF record sample: age and gender of referred children

<table>
<thead>
<tr>
<th>Child age at date of first CAF family meeting (n=30)</th>
<th>Number of children in this age range</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>1</td>
<td>1f</td>
</tr>
<tr>
<td>11+</td>
<td>7</td>
<td>5m, 2f</td>
</tr>
<tr>
<td>10+</td>
<td>1</td>
<td>1m</td>
</tr>
<tr>
<td>9+</td>
<td>5</td>
<td>4m, 1f</td>
</tr>
<tr>
<td>8+</td>
<td>6</td>
<td>4m,2f</td>
</tr>
<tr>
<td>7+</td>
<td>3</td>
<td>2m, 1f</td>
</tr>
<tr>
<td>6+</td>
<td>5</td>
<td>1m, 4f</td>
</tr>
<tr>
<td>5+</td>
<td>2</td>
<td>1m, 1f</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>18m, 12f</td>
</tr>
</tbody>
</table>
### Appendix 5:7 CAF record sample: children’s households

App. 5:7 Table 1 CAF record sample: children by household type

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Single parent</th>
<th>Two birth parents</th>
<th>Birth parent and step-parent</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of children recorded as living in</td>
<td>15</td>
<td>7</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>this household type (n=30)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appendix 5:8 CAF record sample: child age and CAF participation

App. 5:8 Table 1 Child age and engagement with CAF process

<table>
<thead>
<tr>
<th>Child age at first CAF meeting</th>
<th>No. of children that age in sample</th>
<th>CAF preparation: child seen alone (SA); Seen with parent (SP); Not seen (NS); No info (NI)</th>
<th>CAF assessment record: Child’s views explicit (E); Child’s views partially explicit (P); No info (NI)</th>
<th>No child in whole or part of any CAF TAC meeting</th>
<th>Child attended whole or part of at least one CAF TAC meeting</th>
<th>Child attended whole or part of all CAF TAC meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>1</td>
<td>1 SP</td>
<td>1 E</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>4 SA, 2 SP, 1 NI</td>
<td>5 E, 1 P, 1 NI</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>1 NI</td>
<td>1 E</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>1 SP</td>
<td>1 E</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 NS</td>
<td>1 P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 NI</td>
<td>3 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>1 SA</td>
<td>2 E</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 SP</td>
<td>4 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 SP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 NS</td>
<td>4 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 NI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>1 SP</td>
<td>1 P</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 NS</td>
<td>2 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 NI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>1 SP</td>
<td>1 E</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 NI</td>
<td>2 P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>1 SP</td>
<td>2 NI</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 NI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>17</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 SA</td>
<td>11 E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 SP</td>
<td>5 P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 NS</td>
<td>14 NI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14 NI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5:9 CAF record sample: association between CAF initiator and children’s participation

App. 5:9 Table 1 CAF initiator and children’s involvement in CAF process

<table>
<thead>
<tr>
<th>Children’s involvement in CAF process</th>
<th>CAF initiator 1 – 4 cases</th>
<th>CAF initiator 2 – 3 cases</th>
<th>CAF initiator 3 – 3 cases</th>
<th>CAF initiator 4 – 2 cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child seen alone (5)</td>
<td>2 (ages 11 &amp; 9 years)</td>
<td></td>
<td></td>
<td>2 (ages 11 &amp; 8 years)</td>
</tr>
<tr>
<td>Child seen with parents/family</td>
<td>1 (aged 6)</td>
<td>2 (ages 5 &amp; 7 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child not seen/ No information on whether child seen/spoken to in relation to CAF referral</td>
<td>1 (aged 6)</td>
<td>1 (aged 10 years)</td>
<td>3 (ages 9, 5 &amp; 9 years)</td>
<td>2 (ages 8 &amp; 6 years)</td>
</tr>
<tr>
<td>Child’s views full and explicit</td>
<td>2 (ages 11 &amp; 9 years)</td>
<td>1 (aged 10 years)</td>
<td></td>
<td>2 (ages 11 &amp; 8 years)</td>
</tr>
<tr>
<td>Child’s views partial and explicit</td>
<td>1 (aged 6)</td>
<td></td>
<td>1 (aged 9 years)</td>
<td></td>
</tr>
<tr>
<td>No direct information from child about his/her views</td>
<td>1 (aged 6)</td>
<td>2 (ages 5 &amp; 7 years)</td>
<td>2 (aged 5 &amp; 9 years)</td>
<td>2 (ages 8 &amp; 6 years)</td>
</tr>
<tr>
<td>Child present at all or part of at least one CAFTAC meeting</td>
<td>2 (ages 11 &amp; 9 years)</td>
<td>1 (aged 10 years)</td>
<td></td>
<td>2 (ages 11 &amp; 8 years)</td>
</tr>
<tr>
<td>Child not present at any CAFTAC meeting</td>
<td>2 (both aged 6)</td>
<td>2 (ages 5 &amp; 7 years)</td>
<td>3 (ages 9, 5 &amp; 9 years)</td>
<td>2 (ages 8 &amp; 6 years)</td>
</tr>
</tbody>
</table>
Appendices Chapter 7 Constructing children’s rights

Appendix 7:1 Rights and needs identified in Stage 2 analysis

The UNCRC categories included within the principles and sections identified in Table 7.2 are detailed below.

App. 7:1 Table 1 Stage 2 analysis - rights and needs identified by UNCRC categories

<table>
<thead>
<tr>
<th>UNCRC Principles and sections</th>
<th>No. of narratives identifying rights in this area (number of mentions) N=10</th>
<th>No. of narratives identifying needs in this area (number of mentions) N=10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art.2 Non-disc’n.</td>
<td>6(6)</td>
<td>0</td>
</tr>
<tr>
<td>Art 3 Best interests</td>
<td>6(7)</td>
<td>2</td>
</tr>
<tr>
<td>Art 12: Respect for views</td>
<td>10(55)</td>
<td>7(14)</td>
</tr>
<tr>
<td>Civil rights &amp; freedoms (Arts 7,8,13-17 &amp; 37(a))</td>
<td>7(17)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Family environ’t &amp; alternative care (Arts 5, 18(paras 1-2) 9-11, 19-21, 25, 27(para 4) &amp; 39)</td>
<td>9(26)</td>
<td>10(36)</td>
</tr>
<tr>
<td>Basic health &amp; welfare (Arts 6, 18(para 3), 23,24,26 &amp; 27 (paras 1-3)</td>
<td>9(35)</td>
<td>8 (30)</td>
</tr>
<tr>
<td>Educ, leisure &amp; cultural activities (Arts 28,29 &amp; 31)</td>
<td>8(37)</td>
<td>7(11)</td>
</tr>
<tr>
<td>Special protection measures (Arts 22,30,38,39,40,37 ((b)-(d)), 32-36</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Implementation to be resourced</td>
<td>5(11)</td>
<td>0</td>
</tr>
<tr>
<td>(Art 4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Disseminate information re rights principles</td>
<td>2(8)</td>
<td>2(4)</td>
</tr>
<tr>
<td>(Art 42)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General, non-specific statements, incl. references to ECM outcomes as rights/needs proxy</td>
<td>5(7)</td>
<td>9(33)</td>
</tr>
<tr>
<td>Totals</td>
<td>10(209)</td>
<td>10(131)</td>
</tr>
</tbody>
</table>
Appendix 10 Common Assessment Framework (CAF)

Proforma

The CAF Referral and Assessment proforma is included in the following several pages.
# CAF form

**Notes for use:** If you are completing form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply.

## Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother’s name, e.g. unborn baby of Ann Smith.

<table>
<thead>
<tr>
<th>Name</th>
<th>AKA/previous names</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postcode</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Ethnicity

- [ ] White British
- [ ] Caribbean
- [ ] Indian
- [ ] White & Black Caribbean
- [ ] Chinese
- [ ] White Irish
- [ ] African
- [ ] Pakistani
- [ ] White & Black African
- [ ] Any other ethnic group*
- [ ] Any other White background*
- [ ] Any other Black background*
- [ ] Bangladeshi
- [ ] White & Asian
- [ ] Not given
- [ ] Gypsy/Roma
- [ ] Traveller of Irish Heritage
- [ ] Any other Asian background*
- [ ] Any other mixed background*

*If other, please specify__________*  

<table>
<thead>
<tr>
<th>Immigration status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s first language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s first language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Does the child have a disability?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If "yes" give details__________

<table>
<thead>
<tr>
<th>Is an interpreter or signer required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of any special requirements (for child and/or their parent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Assessment information

People present at assessment

What has led to this unborn baby, infant, child or young person being assessed?

Details of parents/carers

Name __________________________ Contact tel. no. __________________________

Relationship to unborn baby, infant, child or young person __________________________

Address __________________________ Parental responsibility? Yes ☐ No ☐

Name __________________________ Contact tel. no. __________________________

Relationship to unborn baby, infant, child or young person __________________________

Address __________________________ Parental responsibility? Yes ☐ No ☐

Current family and home situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)
### Details of person(s) undertaking assessment

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact tel. no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of lead professional (where applicable)</th>
<th>Lead professional's contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Services working with this infant, child or young person

#### Universal

<table>
<thead>
<tr>
<th>GP</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early years or education/training provision</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other services

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**CAF assessment summary: strengths and needs**

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

**1. Development of unborn baby, infant, child or young person**

<table>
<thead>
<tr>
<th>Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General health</strong></td>
<td>Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information</td>
</tr>
<tr>
<td><strong>Physical development</strong></td>
<td>Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)</td>
</tr>
<tr>
<td><strong>Speech, language and communication</strong></td>
<td>Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding</td>
</tr>
<tr>
<td><strong>Emotional and social development</strong></td>
<td>Feeling special; early attachments; risk/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy</td>
</tr>
<tr>
<td><strong>Behavioural development</strong></td>
<td>Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted; attention span/concentration</td>
</tr>
</tbody>
</table>
1. Development of unborn baby, infant, child or young person (continued)

<table>
<thead>
<tr>
<th>Identity, self-esteem, self-image and social presentation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of self, knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family and social relationships</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-care skills and independence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding, reasoning and problem solving</td>
<td></td>
</tr>
<tr>
<td>Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation in learning, education and employment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and engagement; attendance, participation; adult support; access to appropriate resources</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress and achievement in learning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aspirations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambition; pupil's confidence and view of progress; motivation, perseverance</td>
<td></td>
</tr>
</tbody>
</table>
2. Parents and carers

| Basic care, ensuring safety and protection |  |
| ------------------------------------------ |  |
| Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment |  |

| Emotional warmth and stability |  |
| ------------------------------ |  |
| Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves |  |

| Guidance, boundaries and stimulation |  |
| ------------------------------------ |  |
| Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities |  |

3. Family and environmental

| Family history, functioning and well-being |  |
| ------------------------------------------ |  |
| Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour |  |

| Wider family |  |
| ------------- |  |
| Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities |  |

| Housing, employment and financial considerations |  |
| -------------------------------------------------- |  |
| Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship |  |

| Social and community elements and resources, including education |  |
|------------------------------------------------------------------|  |
| Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships |  |
**Conclusions, solutions and actions**

*Now the assessment is completed you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals.*

**What are your conclusions?** (For example strengths, no additional needs, additional needs, complex needs, risk of harm to self or others)

<table>
<thead>
<tr>
<th>Action plan (in order of priority)</th>
<th>Who will do this?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agreed review date**

**How will you know when things have improved?**
Child or young person’s comment on the assessment and actions identified

Parent or carer’s comment on the assessment and actions identified

Consent for information storage and information sharing
I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

☐ Me

☐ This infant, child or young person for whom I am a parent

☐ This infant, child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons.
I agree to the sharing of information, as agreed, between the services listed below. Yes ☐ No ☐

(Practitioner to detail what information may be seen by which agencies)

Signed ___________________________ Name ___________________________ Date ________________

Assessor’s signature

Signed ___________________________ Name ___________________________ Date ________________

Exceptional circumstances: significant harm to infant, child or young person
If at any time during the course of this assessment you feel that an infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures as set out in the booklet

What To Do If You Are Worried A Child Is Being Abused (Department of Health, 2003).

© CWDC Copyright 2008 Originally produced by DCSF; this version produced by CWDC and agreed by DCSF, Feb 2008

www.ecm.gov.uk/caf