Psicoperspectivas
ISSN: 0717-7798
ISSN: 0718-6924
Pontificia Universidad Católica de Valparaíso, Escuela de Psicología

Montserrat, Carme; Casas, Ferran
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Psicoperspectivas, vol. 17, no. 2, 2018, pp. 1-13
Pontificia Universidad Católica de Valparaíso, Escuela de Psicología

DOI: 10.5027/Psicoperspectivas/vol17-issue2-fulltext-1152

Available in: http://www.redalyc.org/articulo.oa?id=171059630005

PSICOPERSPECTIVAS
INDIVIDUO Y SOCIEDAD
ISSN 0717-7798 ISSNe 0718-6924
VOL. 17, No. 2, 15 de julio, 2018

What role do children play in social services?

¿Qué rol desempeñan los niños y niñas en los servicios sociales?

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Recibido: 15-septiembre-2017
Aceptado: 15-junio-2018

ABSTRACT
Greater emphasis is being placed on developing policies that provide services based on the user's perspective and this includes the perspective of children's rights. This study analyses professional practices in interventions involving children and families at 40 Social Services Centres in Barcelona with a view to identifying the degree of child participation. Taking into account the perspective of the different stakeholders, i.e., practitioners as providers and children and families as users, we implemented a mixed methodological research design: data analysis from the city council database (N=56,468); quantitative data collection based on a questionnaire directed to practitioners (N=225); qualitative data collection based on interviews with adults and children (N=39); focus groups made up of practitioners (N=30), and user satisfaction surveys directed to adults (N=280) and children (N=120). We use triangulation for data analysis. Results indicated low child participation, lack of clarity regarding work methods and professional profiles, and problems in evaluating outcomes. Perceptions differed greatly depending on the sources consulted, and this could have implications for policy and practice.

Keywords: children participation, quality of life studies, social services, user's perspective

RESUMEN
Crece el énfasis en el desarrollo de políticas que contemplen los servicios desde la perspectiva de los usuarios, incluyendo el enfoque de los derechos de la infancia. Este estudio analiza las prácticas profesionales en 40 Centros de Servicios Sociales de trabajo con infancia en riesgo y sus familias, de Barcelona (España), para identificar el grado de participación de los niños y niñas en los procesos de intervención, partiendo de la perspectiva de los agentes sociales implicados. La metodología mixta implementada contempló la re- explotación de la base de datos municipal (N=56.468), un cuestionario dirigido a profesionales (N=225), entrevistas a adultos y niños (N=39), grupos de discusión con profesionales (N=30) y encuestas de satisfacción a usuarios adultos (N=280) y niños (N=120). Para el análisis de datos se efectuó un proceso de triangulación. Los resultados indican baja participación infantil, borrosidad en la metodología de trabajo y perfiles profesionales, y problemas para la evaluación. Las percepciones difieren según las fuentes consultadas, lo que tendrían implicaciones para la política y la práctica.

Palabras clave: estudios de calidad de vida, participación de la infancia, perspectiva de los usuarios, servicios sociales

Financiamiento [Financial support]: Concejo de la Ciudad de Barcelona, España. [City Council of Barcelona, Spain].

Cómo citar este artículo [How to cite this article]: Montserrat, C., & Casas, F. (2018). What role do children play in social services? [¿Qué rol desempeñan los niños y niñas en los servicios sociales?]. *Psicoperspectivas, 17*(2). https://doi.org/10.5027/psicoperspectivas-vol17-issue2-fulltext-1152

Children may encounter difficulties that affect certain aspects of their well-being, either due to health- or disability-related issues, or because they have been placed at risk by people close to them, as in cases of abuse or neglect. Some children may also be victims of bullying by their peers in or outside school. There are also children who put themselves at risk with their behaviour and may harm themselves or others. In some cases, their opportunities may be compromised by the poor or violent environments in which they live. Some may be affected by more than one of these issues at the same time. All these children are faced with a complex mixture of needs and risks (Aldgate, & Rose, 2006), which require timely and suitable interventions often from welfare services; essential conditions for promoting their development and well-being.

General risk assessment not only entails considering the current impact of the situation of risk for the child, but also its mid- and long-term impact, and foreseeing the consequences of not meeting the child's needs in time. Risk assessment has been, and continues to be, a primary focus of research, policy-making and professional practice (Montserrat, et al., 2014).

However, some authors, such as Vanistendal and Lecompte (2002), arguing from the perspective of resilience, have asserted that children have an exceptional capacity to recover from negative experiences, despite being exposed to multiple-risk situations, thereby proving false the clichés and stereotypical views on the chances of achieving well-being for those faced with adversity.

An approach is needed, therefore, that strikes a balance between interventions with children based only on risk assessment, and at the other end of the scale, only on strengths. Graybeal and Konrad (2008) pointed out the dangers of interventions being polarised towards one extreme or another, as it was important to obtain a complete picture of the child, while accepting that problems and strengths were interrelated. Accordingly, risk assessment and risk management should be part of the same system (Aldgate, & Rose, 2006), while Casas (1998) pointed out that that social risks were complex, blurred situations. Thus, social services should also work together in an integrated manner and not treat children only on the basis of the problem addressed. To this end, an ecological approach could provide a more global view of children and their families, it means focusing on multiple factors for assessment and intervention, working with individuals, but also with the family, social, and cultural factors that impact their lives.

This article analyses social services interventions in cases of children at risk in a large city (Barcelona), focusing on the role children are allowed to occupy for the duration of the intervention, identifying gaps in, or challenges for, child welfare policy-making and the professional practice derived from it. The Social Services Centres (CSS) are general social services providers and there are 40 centres in Barcelona.

Children's participation within the social services

Interest in children's opinions and evaluations regarding different areas of their lives, even when they are social services users, is a reflection of the slow, but increasing recognition of children's rights. At the same time, greater emphasis is being placed on developing policies that provide services based on the user's perspective and voice, and this also includes children as citizens (Oliver, 2010).

For Lansdown (1997), the right to participation was fundamental when valuing children as people and should not be contingent on judging the competence of the child, nor restricted by adult perceptions of the best interests of the child. The Council of Europe (2012) stated that decisions made with the participation of all parties tended to be more respected and better implemented if they could continue to be monitored by these parties, and this also applied to social services. Bessell (2011) drew attention to, first, the intrinsic value of participation; second, its instrumental value, and third, that participation was central to promoting children's human rights.

However, what is done in practice still differs greatly from all these principles. In Norway, Paulsen (2015) analysed the type of participation that children had had in their contact with social services and identified three different participation practices: (i) little or no participation or invitation, in which children felt they were seldom encouraged to talk about their situation; (ii) being present without participating, in which children usually attended meetings and were consulted, but their voices carried no weight in decision-making; and (iii) participation, in which children felt they were taken seriously and played a major role in decision-making.

Whincup (2011) provided a complementary perspective, pointing out that the degree of participation of children and young people in assessment and decision-making in the child welfare system depended on the capacity of practitioners, their training in working with children and the support they received to communicate effectively with them. Participation in decision-making was seen as a learning process for both social workers and children (Thomas, 2000).

Moreover, when children were given opportunities and participated in decision-making, not only did they achieve a feeling of being in control of their own lives, they also learnt to be responsible. Consequently, they should be treated as individuals, and not identified with a specific problem (Hill, 1999; Ofsted 2009).

Our approach in this study was based on the child-centred perspective in welfare systems, it means elevating the role of children's views, rights and needs in the social work practice, which requires the participation of the children in decision making regarding matters that affect them, and promotes changes in practice and policies (Gaitan, 2015). According to Skivenes and Strandbu (2006) it includes 3 elements: (i) a structural element (children's legal rights) (ii) adults' recognition of children as individuals with particular interests and needs; and (iii) a belief in the importance of a child's perspective.

Challenges for child and family policy-making

Munro (2012) considered that one fundamental change was to re-establish expectations of what could actually be done by child welfare services. She believed that everyone –families, services and the media– should have realistic expectations of how practitioners were able to protect children, as their work involved facing uncertainty. Too often they were expected to guarantee child safety, strengthening the conviction that if something had gone wrong, it must have been the social worker's 'fault'. This led to a defensive attitude centred on keeping to the rules, which did not necessarily meet children's needs, and could even undermine their rights.

Another issue was the fact that, despite the intervention of different services, children actually preferred to interact with one key, reliable practitioner. They also preferred all the care providers, starting with their schools, to be included in the care programme, pooling any information that needed to be shared (Mainey, Ellis, & Lewis, 2009), avoiding what some authors have referred to as the "start-again syndrome" (Thoburn, 2009).

Another challenge for the political authorities was to obtain service users' periodic and systematic feedback to the planning and development of social care services, recognising users' opinions and level of satisfaction as valuable contributions. According to Carr (2004), users played an active role in efforts to improve health and social care services.

Going a step further, Hennun (2014) asked whether child-centred Western societies were in the process of developing standardised children on the basis of scientific studies of middle-class people; the notion of a universal child without gender, class or ethnicity. Avoiding this concept of the child constitutes an enormous challenge, not only for welfare systems.

This study incorporates the quality-of-life perspective, it means the inclusions of both positive and negative subjective perceptions and assumes that the viewpoint of all the stakeholders involved is needed to understand a complex social phenomenon. Intervention in families with children from a public social services system represents a complex situation, in which different social agents are involved, who may have different perceptions, opinions and evaluations. Rather than thinking that some stakeholders (or social agents) may be "right" and others may be "wrong", our conceptual position is that perhaps all of them are "right", but just have a different perspective; we believe that real social phenomena is not only made up of agreements, but also of discrepancies among observers, and, therefore, different evaluations provide a richer, more comprehensive vision of a social phenomenon (Casas, 1998, 2011). The applied research presented herein is intended to deepen this knowledge with a clear view to exerting an influence on professional practice.

The aim of this research is to analyse different approaches to professional practices in interventions with children at social risk carried out in Social Services Centres (henceforth CSS –Spanish initials) in order to identify the degree of child participation in welfare interventions. Child participation is also analysed from the perspective of practitioners, mothers, fathers and children with a view to making suggestions for improvements.

Method

Design and instruments

A mixed methodological research design was used to collect data on the stakeholders' points of view:

- Secondary analysis of the Barcelona city council database (1986-2013).
- Quantitative data collection based on a questionnaire of closed-ended questions directed at practitioners from the city's 40 CSS.
- Qualitative data collection based on in-depth interviews with families receiving support from 5 CSS, and focus groups made up of practitioners from the remaining 35 CSS.
- Satisfaction surveys completed by users of the 40 CSS (adults and children separately).

Both the ad hoc questionnaires and the interview and focus group discussion scripts had the same questions in order to study the same issues in greater depth using different (qualitative and quantitative) techniques, and from different perspectives (children, mothers, fathers and practitioners). Three main aspects were covered in the questions, providing information on: child participation in social services; methods used to work with children, and outcome evaluation. Establishing the same questions throughout the questionnaires and interviews facilitated triangulation. Triangulation refers to the application and combination of more than one research method to analyse the same problem or phenomenon (Rothbauer, 2008), i.e., it involves using more than one method to gather data, such as interviews and questionnaires, or database searches.

Sample, participants and procedure

Data collection took place between 2013 and 2015. The first step was secondary analysis. The database included all Barcelona city council CSS records for children up to 18 years of age from 1986 to 2013. Each professional intervention (a total of more than 300,000 entries) counted as one entry unit, so data reorganisation was necessary. After data cleansing, entries relating to 56,468 children remained. However, little information was available in some fields, so the usefulness of some of the data was extremely limited. In particular, very little information regarding professional intervention outcomes was available.

Secondly, CSS practitioners were given an anonymous questionnaire, including mostly closed-ended questions, to fill out voluntarily online. A total of 225 professionals took part (50.8% response rate). 76.4 per cent were between 30 and 49 years of age and 89.1% were women. Of them, eight per cent were directors, and 92%, practitioners. Professional profiles are analysed in the Results section. 87.3 per cent had 4 years' experience or more at the CSS.

The next stage (qualitative data collection) centred on interviews with former CSS users. These centres were chosen after analysing data from the questionnaires, taking into account the city's sociodemographic diversity. Basically, criteria for selecting families were: child care cases closed in the last two years with positive outcomes; cases with different requirements, such as, material needs, school issues, relationship problems, abuse/neglect, temporary crises, and cases with a certain diversity in age, gender and country of origin.

The interview script had the same questions as the practitioners' questionnaire. The CSS made contact with families to ask them if they were willing to participate in the research. If they agreed, two researchers interviewed the mother and/or father and then sought permission to interview their children.

Thirty-nine individuals from 28 families finally took part, of whom seven were children (between 8 and 18 years), seven fathers and 25 mothers (between 26 and 56 years). 19 were foreign born (mainly from Latin America). The majority had one or two children (26 families). Almost half of the interviewed adults were unemployed and they had different levels of education. All the interviewed children attended school. One limitation of this study was the limited number of children participating at this stage due to lack of parental consent.

After the interview stage, focus groups were organised with practitioners using a script with the same questions. Participants had to be practitioners from the remaining 35 CSS, and the different professional profiles had to be sufficiently represented. A total of 30 professionals –5 directors, 12 social workers, 8 social educators and 5 psychologists– took part in 3 focus groups.

Finally, a user satisfaction survey was launched by placing a suggestion box in each of the 40 CSS so that children, and mothers and fathers seeking help for any issue related to their under-age children could deposit their answers anonymously and voluntarily. Unlike the interviewees, whose cases had already been closed by social services, survey respondents had ongoing cases. Surveys were available in Catalan, Spanish, French, English, Arabic, or Urdu and two versions were issued, one for adults and one for children, with language adapted to their age. All questions were closed-ended and aimed at measuring their level of satisfaction with the CSS.

We received 401 correctly completed surveys: 281 from adults and 120 from children. 77 per cent of the adults were mothers. 71.6 per cent of the children were students, and 15.5% did not work or study. 57 per cent of all respondents were foreign born.

Data analysis

Some variables in the city council database were recoded to enable relevant aspects of interventions with children and reasons for case closure to be analysed. The SPSSv21 program was used to analyse the data obtained from the questionnaires completed by practitioners and the CSS user satisfaction surveys, and to present basic descriptive statistics. Meanwhile, a literal transcript was made of the information obtained in the interviews and focus groups to allow subsequent content analysis, each topic being the unit of analysis (Bardin, 2002). NVivo

(v10) software was used for text coding and categorisation.

Results were then triangulated to process the data obtained from the convergence of quantitative and qualitative methods and enable the viewpoints of the stakeholders to be expressed. Triangulation of data was used to contrast results, as one of the possible combinations of results stemming from the different methods (Greene, Caracelli, & Graham, 1989). These analyses had to be recoded throughout the research process in both the quantitative and qualitative stages until a final format was reached.

Ethical issues

Participation was voluntary at every stage and participants gave their informed consent. Personal data was processed and used confidentially in accordance with Law 15/1999. Consent to be audio-recorded was given by participants in the interviews and focus groups.

Results

Results were based on the integration of data from different sources regarding the following topics:

- Common situations involving children at the CSS.
- Direct or indirect interventions with children.
- How children feel when they become involved with social services.
- What the social care environment is like.
- What children know about social services.
- Age at which children usually become involved.
- Interventions with children according to professional profiles.
- Level of satisfaction with CSS child interventions.
- Reasons for child support case closure.

Each section has a minimum of two tables: one summarising quantitative data from the questionnaires and database, and another with qualitative data with classified information featuring the number of textual comments (not the number of respondents) that were collected on a specific category. Items were equivalent in both tables to enable results to be explained, elaborated on, or extended. Explanations were also accompanied by direct quotes.

Common situations involving children at the CSS

Table 1 shows that most families sought help from social services for economic reasons, followed at a distance by school issues (information, guidance, extra learning support, absenteeism, etc.), difficult family relationships (including cases of abuse), and leisure activities. However, practitioners' perceptions differed from service users in the satisfaction surveys and from the information provided in the database, giving almost equal importance to all fields.

Economic reasons were also mentioned most in the qualitative study, especially by mothers (Table 2). Nonetheless, mothers and, above all, children highlighted the emotional support received, not only on an individual basis, but also as a group. Child-rearing support was also mentioned:

> *'They helped me to feel confident.'* (Son, 12)
> *'Group meetings were like having psychological support*.' (Mother)
> *'We attended a school for parents, via the social services, where parents who wanted could go and we were given guidance about our kids. There were several sessions*.' (Father)

It could also be observed that children generally found it difficult to know or describe what support was available.

Table 1
Child care-related issues dealt with at the CSS

Issues	Reasons for seeking help from CSS according to			
	Barcelona City Council database (N=19,617)	User satisfaction surveys (N=401)	Interviewees with families (N=39)	Practitioners' questionnaires* (N=225)
Financial support	69%	70.8%	53.8%	75.7%
School and training	21.3%	33.5%	43.6%	78.3%
Family relationships	18%	25.8%	28.2%	70.7%
Leisure activities	17.9%	12.9%		72.4%

Notes: * (4) quite often, and (5) almost always, on a 0-5 scale
Source: Own elaboration.

Table 2

Issues usually dealt with at the CSS according to families

Categories that emerged from interviews	Quotes	According to		
		Children	Mothers	Fathers
Total nº of quotes	92			
Financial support	28	2	20	6
Psychological/emotional support	25	6	16	3
Parental guidance	19	5	10	4
Support for extra-curricular and leisure time	10	2	6	2
Don't know what help is available	7	6	1	-
School-related guidance	3	1	2	-

Source: Own elaboration.

Direct or indirect interventions with children

Practitioners confirmed that in the majority of cases involving children, no direct intervention with children took place, as the procedure was usually conducted in the presence of the child's adult relatives (79.6%), or child welfare services (71.6%). When they were in contact with the child, it was usually together with the family (53.5%) and in 38.7% of cases, directly only with the child (Table 3). They also recognised that the approach at the CSS was basically family-centred.

Practitioners in the focus groups (Table 4) explained indirect interventions as follows:

> *'As for children who've got used to their leisure club, their school, who practise a sport, I understand that my work with those children is more indirect, (...) through the different professionals who are the people in daily contact with them and can provide more information. I think we have to be very careful with children.'* (Social educator)

Table 3

According to practitioners' questionnaires (N = 225)

	Quite often / almost always*
How is the intervention conducted in child welfare cases?	
Indirectly with the child, directly with the family	79.6%
Indirectly with the child, directly with services	71.6%
Directly with the child and family together	53.5%
Directly with the child (indirectly with family and services)	38.7%
Type of approach	
Family-centred	92.5%
Child-centred	39.0%
How do children receiving support from CSS feel?	
They feel respected	79.9%
They have reservations about openly telling their friends	52.2%
They feel involved	23.8%
On the adaptation of the CSS for children, and spaces for interventions with children	
The environment and materials at the CSS are suitably adapted to children's needs	14.9%
Direct interventions with children take place in	
Interview room	94.8%
Family home	39.3%
Degree of child participation	
Directly informed	68.8%
Asked for their opinion	63.4%
Direct participation	44.4%
Age at which children participate directly in interventions	
Practitioners have direct contact regardless of age	50.5%
Contact is usually established from a certain age (often 12 years old)	53.2%

Notes: *(4) quite often, and (5) almost always, on a 0-5 scale

Source: Own elaboration.

Practitioners discussed when, how and why they should work with children separately from their parents, as they felt that direct interventions could re-victimise the child or run the risk of undermining parental authority:

> *'It's easy to give children the message that their parents aren't getting it right and that's the worst thing you can say to children, because they need strong parents.'* (Director)

> *'It isn't always good for children to participate, because some procedures require a certain distance between children and social services to avoid re-victimising the child.'* (Psychologist)

However, practitioners in the focus groups increasingly tended towards including children in procedures related to issues that affected them, albeit with differences with regard to when, how and why. They also mentioned the limited time available to devote to children and their lack of experience in working with them, as well as difficulties in establishing contact with the child when the parents did not wish it.

The children interviewed in this study described situations in which they had received one-on-one support, but manifested that they had not been informed about meetings held with their parents by practitioners.

Table 4

According to interviews with families and focus groups with practitioners

Categories	Quotes	According to:			
		Children	Mothers	Fathers	Practitioners
How do children receiving support in the CSS feel, according to the different stakeholders?					
Total nº of quotes	123				
They do not feel comfortable	25	6	15	4	-
Their opinion was sought	23	5	10	3	5
They have not told their friends	17	6	8	3	-
They find it helpful	16	4	11	1	-
Their opinion was not sought	15	4	4	2	5
They feel respected	12	4	6	2	
Importance of establishing bonds	11	-	-	-	11
They have told their friends	4	-	3	1	-
Has the CSS environment been adapted to be child-friendly?					
Total nº of quotes	59				
More than before	28	3	10	3	12
It has not been adapted	22	2	8	2	10
Don't know	9	-	8	1	-
Where do children receive support?					
Total nº of quotes	53				
Always at the CSS	26	3	19	4	-
Different places are proposed	27	4	5	3	15
What knowledge or information do children and adolescents have about the CSS?					
Total nº of quotes	112				
Difficulties in explaining what the CSS are	36	5	11	4	16
They know what the CSS are	25	5	15	4	1
They don't know that the CSS are	21	1	12	7	1
They have a negative perception	16	-	1	1	14
They are able to describe the CSS	14	4	5	1	4
Do intervention criteria exist according to age?					
Total nº of quotes	34				
Distinctions are made	18	3	3	-	13
Don't know	16	2	9	5	-
How much do children and families know about their caseworker's professional profile?					
Total nº of quotes	81				
No differences perceived between professional profiles	44	2	23	6	13
Professional roles are distinguished	21	-	4	1	16
They know their caseworker's name	16	5	11	-	-

Source: Own elaboration.

Worthy of not in the *Mothers* and *Fathers* column in Table 4 is the number of times parents mentioned visiting the service without their children. Moreover, when parents were accompanied by their children it was often because they had no one to leave them with:

> *'My children have come along because there was nowhere for them to go, not because I wanted to bring them.'* (Mother)

It should be emphasised that many of the interviewed families were reluctant to let social services intervene directly with their children, except when they were adolescents. In fact, we had problems interviewing more children because parental consent was not given:

> *'I don't like my son coming with me and hearing everything and seeing all sorts of things … I don't like long sessions or him having to see all this.'* (Mother)

How children feel when they become involved with social services

Practitioners believed that children receiving support felt respected, but not very involved (Table 3). Similarly, children said that they did not usually explain their experience with child social services to their friends. In the focus groups (Table 4), many comments often made by mothers indicated that children did not feel comfortable going to the CSS with them, partly because they did not see it as useful. These comments were consistent with those made by parents who were reluctant to take their children there. Other mothers and children mentioned feeling positive and liked being asked their opinion.

Children confirmed the practitioners' opinion that children's visits to social services were seldom explained to their friends, as in these examples:

> *'No, I don't usually talk about that kind of stuff.'* (Daughter, 16); and
>
> *'No, not ashamed, but it isn't something I want to do either'* (Daughter, 15)

Moreover, practitioners highlighted the importance of establishing a bond with children to develop their trust and lay down the foundations for effective action. This perception was corroborated by families who had established a bond with practitioners, which they valued most positively. Practitioners added that this was not always easy due to the large number of families they worked with.

What the social care environment is like

Only 14.9% of practitioners reported being quite or totally satisfied with child-friendly spaces at the CSS; however, they did recognise that contact with children took place most often in their office or, in second place, at the child's home (Table 3). The use of other options, such as the school, leisure centre, or park was minimal.

Many believed, therefore, that environments designed for working with adults needed to be improved (Table 4). Practitioners recognised the effort made to adapt these spaces by bringing materials from their own homes, and this was also appreciated by some families:

> *'We bring what toys we have and they're recycled to make a space for children. You make do with what you've got.'* (Social worker)

There were also some families who did not know what the environment for children was like, because they had never taken their children there. Some children, but particularly mothers and practitioners, thought the environment had not been adapted at all.

> *'But it's all very cold, cause you've had a bad experience, even if you don't know what this place is, you know why you're there and it's all really cold.'* (Daughter 15)
>
> *'I think an area is needed for children, because having a child sit at a table is too formal.'* (Mother)

Mothers said that interviews were always conducted in the office, and practitioners discussed how to manage interviews with children in places that were familiar to them, such as their own home, leisure centre, the street, or school. Home visits were not always well accepted by families.

> *'They told me they were coming to see if I was ok at home; I had to tell them about my home life (…) I'm really reserved about that kind of stuff, but I was little so I did what I was told.'* (Daughter, 15)

What children know about social services

Different degrees of child participation were observed (Table 3): two-thirds of children were given information; slightly fewer were asked their opinion, and fewer than half were invited to participate. This was also reflected in the interviews and focus groups (Table 4). Adults and children found it very difficult to define and explain the kind of services offered at the CSS, and children were not always clear about why they went.

Not all the children interviewed understood what the social services were. Some parents explained that their children only knew a little about the CSS they went to, but the information they had was always incomplete. They

actually preferred not to talk about it, mainly because they had problems doing so.

> *'No, because the kids don't know that we come here to ask for help. They know we come here, but they don't know what this is. They know they're given toys.'* (Father)

Practitioners also highlighted difficulties in explaining to children what the CSS were and what was going to be done in each case; in other words, their objectives and way of working. Mothers had the impression that practitioners 'played it by ear' when explaining what they were going to do. Logically, this did not happen in every case as it depended on the problem and how the case had arisen. Practitioners in the focus groups also frequently expressed concern for the negative perceptions that people often had towards them.

> *'Maybe we don't explain what we do clearly enough, or why we're here, or what we are (...) I think we're not always well-regarded possibly because we don't explain things well enough.'* (Director)

Age at which children usually become involved

Age criteria for interventions with children were unclear and far from consensual; at times practitioners said that direct interventions were held with children from 12 years onwards only, while at other times, regardless of the child's age (Table 3). In the focus groups (Table 4), practitioners explained that distinctions were made based not on age, but on capacity and maturity, so it would appear that 'less' mature and capable children were not invited to participate. Generally, they recognised that no agreed-upon model existed and it depended, therefore, on the practitioner.

Families in general were unaware whether a distinction was made based on age or on other criteria. One girl made the following suggestion:

> *'They should also help little kids. They can talk at 4 and they could be helped'* (Daughter, 10)

Interventions with children according to professional profiles

Two-thirds of the questionnaire respondents were social workers, the most common professional profile at the CSS (Table 5). However, the database revealed that 70.3% of child welfare cases were assigned, above all, to social educators, and practitioners claimed that this figure was nearer 100%.

Yet, according to practitioners taking part in both focus groups, this 'clear' distribution on paper can be highly confusing (Table 4). The debate focused on the professional profiles that practitioners working with children should have, on how decisions regarding work distribution are made and, above all, on how interventions with children are communicated to families, and how they are perceived by them. Despite a few exceptions, most families were unable to see exactly what the specific role of the different professionals was; in particular, they found it difficult to distinguish between social workers and social educators. Most child cases were dealt with by a social educator often accompanied by a social worker, but could also be a psychologist.

However, consensus did not exist on this issue and it was even complicated for the professionals themselves. They said that having one caseworker only in children's cases should be regarded as the best option as far as bonding was concerned.

> *'It irritates me (...) we have this mindset that it's the educator who works with children (...). A social worker doesn't just sort out financial support. I don't know if a social educator always has to be involved or it's just done this way out of habit.'* (Social worker)

Table 5

Professional roles and child care case assignment

Professional profiles at the CSS in Barcelona	Distribution social work professionals City council (N=443)	Who child care cases are assigned to according to database (N=7.676)	Who child care cases are assigned to according to questionnaire responses (N=225)	Who child care cases are assigned to according to practitioners (N=225)
Social worker	71.4%	60.9%	66.7%	35.4%
Social educator	13.4%	70.3%	24.9%	97.7%
Psychologist	7.2%	6.1%	8.4 %	18.6%

Source: Own elaboration.

When parents were asked who worked with their children, they generally said the "assistant", even though the term "educator" had been successfully adopted by children, despite not knowing how to explain what these professions actually entailed:

> *'Not the profession, for me she was the assistant, but I don't know what kind of profession that is" (Father); and "'I don't know what profession it is. I only know he's an educator'* (Daughter, 10)

Level of satisfaction with CSS child interventions

CSS users (both adults and children) expressed a high level of satisfaction in the surveys (Table 6). It should not be forgotten that they were still receiving support. This contrasted with the low level of satisfaction expressed by practitioners in the questionnaires regarding the work they carried out with children. Among the different professional profiles, social workers (5.7) appeared to be considerably less satisfied than educators (6.7).

User satisfaction was higher among women (8.3) compared to men (8). The level of satisfaction was higher among children who were studying (8.2), or studying and working (9), and lower among those who were neither working nor studying (7.8).

In general, the least satisfied were users who had requested financial support (8.1) compared to those who required help with school-related issues (8.8), leisure time activities (8.5), or psychological support (8.4).

In answer to whether they had received the support needed, most adults' scores were in the 'very much' band (maximum value in a 5-point scale) (42.4%). In contrast, the majority of children's scores were in the 'quite a lot' band. The level of satisfaction was very high when they felt they had been helped a lot (9.3) or quite a lot (8.1), and much lower when support was considered to be insufficient (4.7).

Table 6

Satisfaction according to users and practitioners (0-10 scale)

Adult user surveys N= 281	Child user surveys N=120	Practitioners' questionnaires N=225
M=8.32	*M*=8.16	*M*=5.9
DT=1.86	*DT*=1.78	*DT*=1.38

Source: Own elaboration.

Finally, 96.2% of the survey respondents (both adults and children) would recommend their CSS. Those who would recommend it had a higher level of satisfaction (8.51) than those who would not (5.25).

The 39 interviewees were asked to rate their satisfaction with their CSS on a scale of 0 to 10. The average was 7.6; between 6.6 and 8.8 depending on the centre. Asked if they would recommend the centre, the majority said they would, coinciding with the survey respondents, and some even reported having already recommended it:

> *'I'm satisfied with the attention received, which is the most important thing.'* (Mother); and
>
> *'Of course I've recommended it when someone's asked me. I tell them to go along!'* (Mother)

Reasons for child support case closure

Only four possible reasons for closing child support cases were contemplated on the database (Table 7). While the primary reason for closure on the database was 'goals were met' (34.9%), the main reason given by practitioners in the questionnaires was 'family move from service area' (36.1%), which provided no information about intervention outcomes.

They wondered whether children were informed directly of the closure of their case. Some said that children were largely forgotten and if they had not come with their parents on that particular day, they were not told. In general, practitioners expressed difficulties in informing families about case closure owing to a lack of systematisation, time, strategy, etc.

This was also reflected in the interviews in which it can be observed that only one-third of interviewees were aware that their cases had been closed. Another third thought their case was still open, and almost one-third were unaware of their case status: "They haven't come for 2 years, and you tell them their case is closed and they ask you what that means." (Social worker).

Table 7

Reasons for case closure

Most common reasons:	According to database	According to practitioners' questionnaires
Goals were met	34.9%	29.4%
Absence/ family move from service area	22.1%	15.1%
Family move to another region	15.6%	36.1%
Referral to other services	11.1%	20.7%

Source: Own elaboration.

Discussion and Conclusions

The different stakeholders agreed that child-related situations were usually handled at the CSS with very little child participation; interventions were made more directly with relatives and services, probably influenced by a family-centred model. According to Hill (1999), practitioners recognised that initial contact was usually made with somebody other than the child, such as parents or teachers, which meant that children tended to treat social workers with caution, because they were afraid of decisions that might be taken in relation to them. Children found the procedure confusing and criticised an over-emphasis of social services on parental concerns and little support to enable them to face these challenges (Laws, & Kirby, 2008).

However, in our research, explanations for this differed widely. On the one hand, professionals argued that this was partly due to their lack of training in working with children, and excessive caseloads, but also they expressed a fear of re-victimising the child. This perception is closer to a protective-paternalistic approach rather than child-centred and child participation perspective (Gaitán, 2015). On the other, parents tended to 'protect' their children from the social services, either because they did not consider it was a place for children (because a lot of problems were seen there), or because they were afraid that their parenting capacity would be called into question, sometimes protecting themselves. As for children, they had little information about what social services actually were, and the physical space and language used at the CSS were not child-friendly. Furthermore, they did not usually explain their involvement with social services to their friends, as they felt that it did not form part of the commonality of children's lives (also in Montserrat, & Casas, 2006).

Likewise, some aspects of interventions with children were considered most unclear, such as difficulties in clarifying the risk assessment and the stages of the intervention, ranging from setting objectives on what action would be taken, explanations of the methods used and the professional profile of those involved, to case closure. Another unclear aspect was age criteria or capacity or maturity levels to be taken into account in direct interventions with children. The question is who decides the capacity or maturity; it seems that it is not the child. However, the stakeholders differed in degree of concern. Practitioners debated the differences between social workers and social educators, while parents tended not to see any difference between the different types of professionals and referred to them all as 'assistants', while children, for their part, referred to them all as 'educators'. It can be inferred that social services have little visibility in society and, therefore, little is known about the kind of work social workers do or the different professions within the social services.

Practitioners were concerned about explaining the risk assessment and the intervention to the family and reaching an agreement with them about it. In this respect, Whincup (2011) indicated that evidence demonstrated the need for better training for practitioners to promote child participation. Improved communication skills for interviewing children were also required, which entailed learning a variety of methods for working with children, and also with children with disabilities, whose voices were rarely heard.

One of the clearest discrepancies in the results related to level of satisfaction. Adults and children who were users or former users were highly satisfied with the attention received at the CSS, while practitioners expressed a low level of satisfaction with interventions involving children. Such a great difference was an unexpected result. Adult and child users valued positively the bond established with the caseworker, being listened to, and the effort made to help them, giving less importance to the financial support they might have received, even though this may have been the main reason for seeking help. In short, the most valued support was the professional support and the (educational or therapeutic) relationship established, and this would appear not to be enough for practitioners. Thomas (2012) pointed out that many children recognised that it was more important that someone really listened to them than finally achieving what they wanted. Decisions taken by social services may be hugely significant for many children, and research (Stein, 2009) has pinpointed the tension existing between the demands of practitioners' tasks and the skills required by them to carry out effective work directly with children.

Another result to highlight is that in cases in which children's voices were heard, their level of participation remained mostly at the information stage and rarely had a real influence on decision-making; in other words, it did not go beyond the first rung of Hart's Ladder of Participation (1992). Lansdown (2010) claimed that participation was a complex, multi-faceted concept that too often remained merely at a consultation level in which adults asked for children's views to get to know and understand them, but this did not mean sharing power with them. Only very rarely did collaborative participation, which provided the opportunity to share decision-making, actually take place.

Regarding recommendations for policy-making, practice and research, more adequate support is needed for

evaluation management to establish an enhanced data collection system that enables outcomes to be identified and evaluated, and to promote an evaluation culture among practitioners and policy-makers. Longitudinal designs are needed to follow-up the effects of programs and improvements, rules and budget, It is important to develop an evidence-based approach and a culture of learning from best practices, as well as drawing lessons from serious case reviews to prevent already identified problems from recurring (on this latter, see more details in Department for Education, 2014).

Interventions with children should be clarified and differentiated according to professional roles and type of intervention. Support must be given to interdisciplinary team work.

A child-centred approach should be promoted, incorporating this approach in case evaluation and effectively taking children's views into consideration. Child care environments and the language and techniques used by the CSS should be more child-friendly.

Communications with children on case plans need to be improved. A model based on establishing bonds should be promoted.

Social services should be made known to all children; they should be present in society and made visible, especially in schools and other settings where children carry out their activities. Despite their long history and evolution, social care services have often remained 'on the margin', making it difficult for children to understand them.

The traditional social representation of social services has too often been related to and focused on people "in poor personal situations". A very different social image should be promoted. Social services should be represented as promoting universal social rights –as human rights recognized to all human beings– and that promotion of a different image should start at childhood and assuming children as agency –i.e.: as active social agents.

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