



# Being 'child centred' in child protection

## What does it mean?

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*In 2005 the Institute of Child Protection Studies, Australian Catholic University, was approached by the ACT Government and asked to evaluate the 'child centredness' of its child protection policies and procedures. An early review of the literature discovered some use of the term 'child centred' in government documents but very little clear indication of its meaning in the theoretical and empirical literature. This paper canvasses the literature and develops a set of principles for child centred practice which may apply to all child and family agencies. In developing these principles, the researchers identified four key themes which provide a broad, overarching framework for child centred approaches. These themes emphasise the importance of: recognising critical time frames in childhood and adolescence; taking into account the developmental needs of children and young people in all practice contexts; providing children and young people with appropriate opportunities to participate in decisions that affect them; and promoting a collaborative approach to influencing children's multiple environments. The researchers claim these principles can be used to provide the basis for evaluating policies and practices and for ongoing training.*

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One axiom of good practice in child protection is putting children at the centre of policy and service delivery. In general terms what this represents is a commitment to move children from traditionally marginalised positions to the practical and conceptual centre of policy and practice (Cowan, Steinberg & Woodhouse 2000). However, what does the term mean for practice in statutory child welfare, and how do services judge how child centred their practice is?

In June 2005, following an inquiry into the safety of children in care which called for more 'child centred' practices in child protection (Vardon 2004), the Australian Capital Territory (ACT) Government approached the Institute of Child Protection Studies at Australian Catholic University to evaluate the 'child centredness' of ACT Care and Protection Policies and Procedures.

The first step in the process was to identify and agree upon the meaning of the term 'child centred'. While acknowledging the limited empirical research and therefore the 'evidence base' of 'child centred' practice, this paper discusses the context and rationale for a child centred approach and identifies the literature which supports the development of principles to guide policy and practice. We propose a set of principles (listed at the end of this article) to underpin contemporary child protection practice, particularly the need to strengthen early intervention approaches and collaborative practice. The principles identified in this paper will have differing degrees of relevance for other jurisdictions.

In developing a set of child centred practice principles for the ACT, we found four overarching themes in the literature. These themes emphasise the importance of:

- recognising critical time frames in childhood and adolescence, including assisting children and young people as early as possible – early in life and early in the life of the problem;
- taking into account the developmental needs of children and young people in all practice contexts;
- providing children and young people with appropriate opportunities to participate in decisions that affect them; and

- promoting a collaborative approach to influencing children's multiple environments (family and home, school, community and society) as well as the interactions among these environments.

## THE IMPETUS FOR A CHILD CENTRED APPROACH

All state and territory legislation articulate a set of principles which are intended to guide actions and decisions in relation to children and young people. Naturally any consideration of child centred practice must incorporate these principles because they provide the overarching legal framework for child protection policy and practice. At the same time, most practitioners recognise that legislated principles on their own – even where these refer to the child's 'best interests' being the paramount consideration and the high priority that should be given to supporting family members to care for their children (for example, see ACT Children and Young People Act 1999) – are insufficient to guide a more nuanced understanding of 'child centred practice'.

In a risk averse society, child protection is governed by a myriad of policies, procedures, structures, court processes, inter-agency agreements, performance management frameworks and quality standards. These comprehensive administrative arrangements are in place to make sure that children and young people are safe, that their assessed needs are met and that systems work in ways that lead to best possible outcomes for them. With so many concurrent agendas, it is easy to lose sight of the child and to allow other interests to dominate. Indeed, with increasingly complex and procedurally driven care and protection processes, there is a risk that practices are not sufficiently attuned to the experiences, perspectives or 'life worlds' of children and young people.

One important development to benefit children over the past ten years has been to broaden child protection perspectives away from a narrow focus on child abuse towards prevention and family support. The family support focus of services that emerged in the US in the early 1990s led to a range of new 'family-centred' interventions in Australia, including programs which offered parental support, knowledge and skills via centre-based groups and/or as home visitation programs (Scott & O'Neil 1996; Tomison 2004). The philosophical basis of the family support movement does not mean, argue Scott and O'Neil (1996), that the focus on 'family' should be achieved at the expense of the child.

It is a 'child *in* family' rather than a 'child' or 'family' focus (1996).

Drawing on theoretical perspectives such as crisis intervention, social learning, family systems and ecological/systems theories, the family preservation model, which redirected focus on the family as the centre of

interventions to keep children safe, has been extremely important in improving the quality of children's lives and preventing the placement of children in out-of-home care. However, recently there has been a concern that efforts to embrace family support approaches have diverted attention from the specific *experiences* of children and young people within their families or within the systems set up to protect and care for them. Seeking to expand our focus on children and young people, in or outside of their families, and the development of policies and practices which support this, may be referred to as 'taking a child centred approach'.

## WHAT IS THE MEANING OF 'CHILD CENTRED'?

Although the UK Looking After Children Program (LAC) has not been universally embraced in Australian jurisdictions, it is underpinned by probably the most important research to inform what may be called a 'child centred' approach over the past twenty years. Four distinct phases of research commencing in 1987 culminated in the development of LAC, with its major contribution being the identification of children's experiences, concerns and expectations at different ages and stages across seven key life dimensions. These dimensions are helpful to this discussion and are referred to later in the paper.

The UK *Framework for the Assessment of Children in Need and their Families* (Department of Health 2000) defines 'child centred' as meaning:

... the child is seen and kept in focus throughout ... and that account is always taken of the child's perspective (2000: 1.34).

Two perspectives from the children's rights literature which assist in conceptualising the meaning of child centred are the *will* perspective (what the individual child needs in order to exercise choice and make claims on others) and the *interests* perspective (the baseline requirements believed to be necessary to secure a child's welfare) (Cooper 1998). In the everyday language of child protection agencies, these two perspectives are known as the child's 'voice' and the child's 'best interests' or 'welfare'.

The recent literature in the child, youth and family arena includes a number of important research papers and reports which help cast some light on the nature of child centred practice. From these it is possible to induce a set of principles against which policies and procedures can be evaluated.

## RECOGNISING CRITICAL TIME FRAMES

### INTERVENTION EARLY IN LIFE

Child development is a result of the complex interplay of biology and experience (Rutter 2002). In recent years, the new evidence affirming the importance of the first years of

life for the developing child (McCain & Mustard 1999) has major implications for all human services contexts which are involved with children.

Ground breaking research by McCain and Mustard (1999) identified two main mechanisms related to early brain development. The first involves the development of neuronal connections, which occurs rapidly in the first three years of life, including prior to birth (Silver 2000). In explaining how neurons are connected and pruned or sculpted in the early development of the brain, McCain and Mustard (1999) argued that there are sensitive periods for development during which children's brains need appropriate stimulation and nutrition to establish neural pathways. If children do not experience the required interactions, they may suffer permanent cognitive or sensory limitations (Glaser 2000). Further, the quality of caring received by a child, and attachments formed, affect the extent to which the brain develops normally and also the way the child will act upon (behave) in his or her environment (Schoore 2000). According to Newman and Vimpani (2004), early attachments provide a foundation for many aspects of social functioning later in life.

The second area of brain research links research in neuro-biology, psycho-neuro-endocrinology and psycho-neuroimmunology and relates to human stress response (Mustard 2000). Young children who experience high levels of stress are thought to be 'wired' for stress, leading to neuro-chemical changes which foster anxiety, depression and problems in anger management (NSW CCYP & CCYP (Qld) 2004).

Although there is a lack of consensus on the extent to which the development of critical brain functions is irretrievably locked into the early years, and recognising also the literature on resilience as a mediating factor (Fancourt 1998; Rutter 1987; 2002; Rutter et al. 1979), there is compelling evidence that children who do not have responsive caring early in life will have greater difficulty overcoming these deficits later (NSW CCYP & CCYP (Qld) 2004). The outcomes most affected include learning (literacy, numeracy and academic achievement); mental health and behaviour (anti-social behaviour, violence, drug and alcohol abuse and smoking); and physical health (coronary heart disease, blood pressure, type 2 diabetes, immune pathways, obesity) (McCain & Mustard 1999).

With this knowledge now well established, it is argued that child centred practice means being particularly vigilant about the experiences of young children whose safety and well being is threatened by lack of stimulation, poor nutrition, and problems with attachment and stress over a prolonged period. In addition, most child protection reports to human services departments are about neglect and emotional abuse rather than concerns about the *immediate* safety of children (AIHW 2006). A question that should be

asked of the policies, procedures and practices of *all* child and family agencies, including the statutory child protection agency, is: to what extent is special attention given at every opportunity to link very young children and their families with services and supports which can improve children's physical, cognitive and social functioning? Furthermore, there is a clear message here for child protection, family support, education and health systems to prioritise policy and practice attention towards the very young.

#### PRINCIPLE

SPECIAL ATTENTION SHOULD BE GIVEN AT EVERY OPPORTUNITY TO LINK VERY YOUNG CHILDREN AND THEIR FAMILIES WITH SERVICES AND SUPPORTS WHICH CAN IMPROVE CHILDREN'S PHYSICAL, COGNITIVE AND SOCIAL FUNCTIONING.

#### INTERVENTION EARLY IN THE LIFE OF THE PROBLEM

Over the past decade, research indicates that the course of children's development *can* be altered in childhood by interventions which change the balance between risk and protection (National Research Council and Institute of Medicine, cited in NSW CCYP & CCYP (Qld) 2004; National Crime Prevention 1999). This research points to the importance of intervening 'before problems develop to the point where a full scale protective intervention is necessary' (Cashmore 1999, cited in Edwards & Wearing 2003). This can be achieved by referral to community-based programs, and services such as family (or child and family) support programs, and home visiting programs which are specifically designed to intervene early to prevent child abuse and neglect (Edwards & Wearing 2003). To act early, however, requires a commitment to design programs which actively outreach to families who are isolated and have not had positive experiences with traditional services (Daro 2003).

The knowledge that early intervention programs can positively affect life outcomes for children is now well established. The US Head Start programs of the 1960s and 1970s, and the proliferation of similar prevention programs which have emerged in the 1990s, are based on evidence that particular combinations of intensive child care programs, *together with* home visitation to reinforce parents' understanding of child development and to connect families with helpful services, result in lasting benefits to both children and their parents (Cashmore 2001; Currie 2000; Karoly et al. 1998; Scott 2001).

What is less clear, however, is the extent to which statutory agencies actually use critical opportunities to link children and their families to early intervention programs. In 2003-2004, direct interventions (investigations) were instigated for less than half the children who were the subject of reports to statutory care and protection services (AIHW 2006). While data is generally not available on what happens to the large cohort of children who are *not* 'investigated' or the large group for whom reports of 'abuse and neglect' are

'unsubstantiated' (AIHW 2006), it is reasonable to ask the question: are all opportunities taken up to offer early intervention services to the vast majority of children, reported, but 'ineligible' for further statutory action? Apart from a relatively small number of reports that can be labelled 'malicious', in most other instances mandated and non-mandated 'reporters' have been sufficiently concerned about these children and their *emerging* problems to take what is generally a difficult and time-consuming action of reporting to a statutory agency.

A child centred approach to practice would involve policies, procedures and practices which ensure that every effort is made to assist and support children and young people as early as possible in the emergence of problems by linking them with services to strengthen individual and family functioning. These efforts should include assertive outreach to families who are unlikely to use mainstream services.

**PRINCIPLE**

EVERY EFFORT SHOULD BE MADE TO ASSIST AND SUPPORT CHILDREN AND YOUNG PEOPLE AS EARLY AS POSSIBLE IN THE EMERGENCE OF PROBLEMS BY LINKING THEM WITH SERVICES TO STRENGTHEN CHILD, YOUTH AND FAMILY FUNCTIONING. THESE EFFORTS SHOULD INCLUDE ASSERTIVE OUTREACH TO FAMILIES WHO ARE UNLIKELY TO USE MAINSTREAM SERVICES.

## THE DEVELOPMENTAL NEEDS AND 'LIFE WORLDS' OF CHILDREN AND YOUNG PEOPLE

A focus on timing and timeliness is just one aspect of what is discussed in the literature as 'developmental approaches' to interventions with children and young people (National Crime Prevention 1999). The broader body of knowledge of developmental approaches to the care and protection of children which underpins the UK Looking After Children case management system has developed over nearly two decades of extensive research. It also provides a case planning framework for children and young people in out-of-home care. This framework for understanding the 'life worlds' of children and young people was further expanded in the UK *Framework for the Assessment of Children in Need and their Families* (Department of Health 2000). Drawing on elements of Bronfenbrenner's ecological model (Bronfenbrenner, Moen & Garbarino 1984), it considers children's developmental needs against seven critical 'life worlds'. These 'life worlds' are identified as health, education, identity, family and social relationships, social presentations, emotional and behavioural development and self-care skills. This is a very comprehensive framework and further elaboration of its meaning and practice implications is outside the scope of this paper. However, its importance here is to emphasise the complex experience of children and the way in which societal, family and environmental factors

uniquely intersect at critical points in children's development.

This framework reminds us that a child centred approach means respecting and seeking to understand the individuality of every child or young person and their circumstances across a generic set of developmental tasks. Thus, for example, consideration of the 'identity' needs of a young infant in care might require the location and safe keeping of a birth certificate and photographs of the early months of life, whereas the consideration of identity issues for a thirteen-year-old may involve a different set of issues such as the need to provide information about, and possibly contact with, a previously unknown birth father. These so-called needs are not set in concrete and should be considered alongside the age, maturity and wishes of the child. To assist this process, it is important for child and family agencies (including, but not only, child protection agencies) to systematically use evidence-based knowledge at every point with children and young people to ensure that the developmental tasks of childhood and adolescence are addressed.

A child centred approach to policies, procedures and practice will ask the question: To what extent do assessment processes, actions, decisions and planning involving children and young people take into account their developmental level across a spectrum of 'life worlds', including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care?

**PRINCIPLE**

ALL PROCESSES INVOLVING CHILDREN AND YOUNG PEOPLE SHOULD TAKE ACCOUNT OF THEIR DEVELOPMENTAL LEVEL ACROSS A SPECTRUM OF THEIR 'LIFE WORLDS', INCLUDING HEALTH, EDUCATION, IDENTITY, FAMILY AND SOCIAL RELATIONSHIPS, SOCIAL PRESENTATION, EMOTIONAL AND BEHAVIOURAL DEVELOPMENT AND SELF CARE.

## APPROPRIATE OPPORTUNITIES TO PARTICIPATE

### THE VOICE OF THE CHILD

Children's voices and experiences are often overshadowed unless a conscious effort is made to ensure children's participation in processes that impact upon them. Sinclair (1998) argues that participation by children and young people and listening to the 'voice of the child' achieve positive outcomes for children and young people, both as a group, and individually. As a group, participation helps to uphold children's and young people's rights as citizens and service users; fulfils legal responsibilities; and improves the quality of services. Listening to children also improves the accuracy and relevancy of decision-making about individual children, therefore increasing the likelihood that they will be

protected. Participation enhances their individual communication skills, their self esteem and their sense of self efficacy. A recurring theme of abuse inquiries has been the failure to listen to children (Waterhouse 2000, cited in Sinclair 1998; Utting 1997).

In a study of 22 child protection investigations, Bell (2002) found that the views of the child were obtained in only just over one-quarter of cases. Children and young people felt most satisfied about 'participation' if they had access to a helpful adult (other than their direct carer) who combined emotional support with practical help, such as arranging contacts with siblings, arranging camps, and so on. What was most unhelpful were the controlling attitudes of some adults and the discontinuity and frequent turnover of workers. Some children and young people identified teachers as the most important trusted adult; others identified their statutory social worker (Bell 2002). Through the narrative accounts of children and young people, Bell concludes that child protection investigations are essentially adult-focussed and that 'there is a need to ground our theory, our practice and our language in the world of children' (2002:9)

Further considerations in the provision of participation opportunities for children and young people in decisions that affect them are the questions of how, and to whom, children should voice their feelings and wishes. Participating does not necessarily mean being present or taking part in all events; it can mean knowing that one's actions and views are being noted and may be acted upon (Sinclair 1998). Participation means:

... taking account of their wishes and feelings and including the child's perspective in all matters. This is ongoing and requires continuous dialogue but may also be exercised around procedures such as assessment, care planning and reviews, child protection conferences, care or adoption proceedings, Family Group Conferences or complaints (Sinclair 1998).

The findings from research and from multiple inquiries dictate a clear bottom line for statutory child protection services to seek out the views of children and young people and to do this in ways that cause them no more harm. The limited research that has been conducted with children and young people points to the need for both direct and indirect opportunities to express their feelings and wishes. In expressing their feelings and wishes, children and young people can be greatly assisted to participate by an adult (other than the carer) whom they trust, who provides regular emotional and practical support and who is likely to have a continuous involvement with them.

#### PRINCIPLE

CHILDREN AND YOUNG PEOPLE IN CONTACT WITH THE CARE AND PROTECTION SYSTEM SHOULD BE PROVIDED WITH DIRECT AND INDIRECT OPPORTUNITIES TO EXPRESS THEIR FEELINGS AND WISHES; IN THIS THEY CAN BE GREATLY ASSISTED BY AN ADULT

(OTHER THAN THEIR CARER) WHOM THEY TRUST, WHO PROVIDES REGULAR EMOTIONAL AND PRACTICAL SUPPORT AND WHO IS LIKELY TO HAVE CONTINUOUS INVOLVEMENT WITH THEM.

### A FLEXIBLE APPROACH

Scott (2000) argues that any information gathering involving children should take account of the wide range of cognitive and social development that depends primarily on age, but gender, socio-economic background and ethnicity also need to be taken into account.

In assessing these issues it is important not to become fixed on 'one size fits all' processes, such as always interviewing children at school; always requiring children and young people to read their case files; always requiring attendance at particular planning forums. Participatory practice takes account of the venues, timing and language which suit the individual profiles of particular children and young people. Opportunities to participate should be provided in a range of developmentally appropriate ways which take into account age, cognitive and social development, gender, socio-economic background and ethnicity.

#### PRINCIPLE

POLICIES AND PROCEDURES SHOULD SPECIFICALLY DISCOURAGE A 'ONE SIZE FITS ALL' APPROACH TO PARTICIPATION BY CHILDREN AND YOUNG PEOPLE. THE SETTINGS, LANGUAGE, AND TIMING OF PARTICIPATION SHOULD TAKE INTO ACCOUNT THE AGE, COGNITIVE AND SOCIAL DEVELOPMENT, GENDER, SOCIO-ECONOMIC BACKGROUND AND ETHNICITY OF CHILDREN AND YOUNG PEOPLE.

### FAMILY DECISION MAKING MODELS

Family decision making models of practice have emerged in child protection contexts in recent years as a way of empowering children and families and reducing the regulatory role of the state. The benefits of involving families in decision making emerged clearly in the UK Dartington studies (Dartington Social Research Unit 1995). Moreover, there is some evidence that use of such models, including family group conferencing, has enabled the least powerful members of families, especially children, to participate and to influence decisions (Lupton & Nixon 1999; Sinclair & Franklin 2000). There is strong evidence that taking the views of young people and children seriously is emerging as a strong predictor of placement stability (Schofield 2003; Triseliotis 2002).

A qualitative Welsh study (Holland et al. 2003) involving 38 interviews with 25 children from 17 Family Group Conferences (FGCs) found the participatory process reduced power differences between professionals and families and also tended to 'democratise' family decision making. Most children had a say in the FGC, and the factors that helped them participate were appropriate preparation before the conference with the help of an advocate or informal supporter and also the formal or informal support of an adult

during the meeting. While the nature of the study was not experimental and other intervening variables cannot be ruled out, six months after the FGCs, only 2 of the 25 children were still in out-of-home care. Children attributed a number of other positive outcomes to the FGC including improved educational experiences, attendance and happiness at school, and improved family relationships (Holland et al. 2003).

**PRINCIPLE**

MODELS OF FAMILY DECISION MAKING/PROBLEM SOLVING SUCH AS FAMILY GROUP CONFERENCING SHOULD BE USED WHEREVER POSSIBLE TO MAXIMISE THE PARTICIPATION OF CHILDREN AND YOUNG PEOPLE.

### PREPARATION FOR PARTICIPATION

The existing research on the views of children and young people about participation suggests that while they do see participation as important, they often find the experience uncomfortable, and are sceptical about its value. They feel ill-prepared for participation at meetings, and they often do not know who will be present; what will be discussed; what will happen afterwards; when and how to speak; and how to say what they really feel, especially when it concerns other people who are present in the room (Sinclair 1998).

A common experience of initial contacts with the child protection system, reported by both adults and children, is of 'shock – that a time-bomb had exploded' (Westcott 1995, in Bell 2002). For children, who lack the cognitive capacity of adults to 'scaffold' events, the 'sense of uncertainty engendered makes it difficult for them to assimilate the information they were given and to know how to respond' (Bell 2002). Further, another feature identified by Bell is the responsibility that children feel for events. It is common for children to think that the intervention is because of their bad behaviour and this contributes 'to the negative internal working models that children construct for themselves' (Bell 2002).

Bell's (2002) research supports the view that children have mixed feelings about attending conferences and other forums. Most wanted to know what was being said about them and needed assurance that their views were being represented, but at the same time they were frightened by the size, formality, adult language and structure of reviews and conferences. They also lacked the belief that they could influence decisions. Similarly, in relation to ownership of records, children did not feel they owned them. Bell's research was consistent with the experiences described in research by Baldry and Kemmis (1996) who found that only one-quarter of children in a London Borough had received copies of their care plans.

Complaints procedures can offer children protection, demonstrate their right to be consulted, enable them to participate in problem solving and decision making, and contribute to improved service provision (Ariers & Kettle

1998). In the UK, complaints procedures for children and young people have been legislated for since 1989. Furthermore, administrative policies and procedures detail the stages of the process and suggest that complaints procedures should satisfy certain principles: they should be accessible to users and carers; be understood by staff; they should guarantee a prompt and considered response and provide a strong problem-solving element (Sinclair & Franklin 2000).

In an age where children and young people access information in every conceivable form, particularly through the electronic media, children and young people should be provided with age appropriate information, including multimedia packages, to supplement information conveyed verbally.

**PRINCIPLE**

CHILDREN AND YOUNG PEOPLE SHOULD BE PROVIDED WITH INFORMATION ABOUT CHILD PROTECTION PROCESSES, INCLUDING HOW TO MAKE COMPLAINTS. THEY SHOULD BE WELL PREPARED FOR FORUMS IN WHICH THEY ARE EXPECTED TO PARTICIPATE THROUGH THE PROVISION OF DEVELOPMENTALLY APPROPRIATE INFORMATION, INCLUDING MULTIMEDIA PACKAGES, TO SUPPLEMENT INFORMATION CONVEYED VERBALLY.

### INFORMING CHILDREN OF THE OUTCOMES OF DECISIONS

Children have also expressed great anxiety about what happens after meetings and court processes. They need to have clear feedback as quickly as possible and to be kept informed about the implementation of decisions (Sinclair & Franklin 2000). Where administrative or legal decisions are made which affect children, including delays in decision making, children should be informed of outcomes as soon as possible (HREOC & ALRC 1997). In the child protection context, this should mean that decisions are relayed the same day that they are made.

**PRINCIPLE**

CHILDREN AND YOUNG PEOPLE SHOULD BE INFORMED AS SOON AS POSSIBLE, PREFERABLY THE SAME DAY, OF LEGAL AND ADMINISTRATIVE DECISIONS WHICH AFFECT THEM.

### COLLABORATIVE PRACTICE

#### SHARE INFORMATION

Contemporary understandings of the experience of children draw heavily on Bronfenbrenner's ecological theory of human development (Bronfenbrenner 1979). Underpinning these theories is recognition of the complex, multidimensional nature of child abuse and neglect (Belsky 1980; Garbarino 1976; National Research Council 1993, cited in Tomison & Wise 1999). There is a high level of agreement among researchers across a range of disciplines that the pathways to poor outcomes for children and young

people are extremely complex (NSW CCYP & CCYP (Qld) 2004; Stanley 2001) and that problems are often interlinked and reinforcing of each other.

Yet child protection practice in the last quarter of the 20<sup>th</sup> century often does not reflect the multidimensional nature of this experience. Other government and non-government therapeutic, educational and support systems are alienated from a partnership approach to the prevention of harm to children and to their support and protection (Armytage, Boffa & Armitage 1998). No discipline, agency or sector can possibly have the resources, knowledge and skills to understand or address the issues confronting children and young people or the mandate to address these issues on their own. Professionals from different systems (e.g. education, health, police) who are involved with children and young people need to share knowledge and expertise and cooperate closely at every stage of intervention. Previous studies and inquiries clearly demonstrate, however, that cooperation between professionals, including information sharing, is very patchy and tends to deteriorate after the early stages of intervention (Dartington Social Research Unit 1995; Queensland Crime and Misconduct Commission 2004).

A child centred approach will recognise the importance of knowledge and expertise being actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service delivery. An ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.

#### PRINCIPLE

KNOWLEDGE AND EXPERTISE SHOULD BE ACTIVELY SHARED BETWEEN PROFESSIONALS WHO ARE INVOLVED WITH CHILDREN AND YOUNG PEOPLE AT EACH STAGE IN ASSESSMENT, CASE PLANNING AND SERVICE IMPLEMENTATION; AN ONGOING DIALOGUE WITH OTHER PROFESSIONALS, INCLUDING FEEDBACK ABOUT CRITICAL DECISIONS, IS AN ESSENTIAL PART OF PROTECTION AND SUPPORT.

### SUPPORT AND STRENGTHEN NETWORKS

At a theoretical level, the ecological perspective described above is an increasingly accepted paradigm of practice. Bronfenbrenner's model (2004), which explains the significance of the connections between the important relationships in the child's world, provides a strong reason to ensure that the state, when acting as parent, does everything possible to improve the connections between the important relationships and systems which impact on children and young people.

Major writers have argued since the 1970s in the UK (Statham 1978) and the USA (Bronfenbrenner 1979; Maluccio, Fine & Olmstead 1986) that these perspectives should underpin all work with children and families. Part of this acceptance is the recognition that the majority of support

most children receive, in the early years at least, will come from their parents, carers, and relatives; and for older children, from their families, carers, peers, teachers and people in various community-based settings. To understand the lived experience of children and young people, child protection agencies need to also work collaboratively with the people who know them well, who can, where necessary, help interpret their feelings and wishes, and who can assist in meeting their multiple needs.

A child centred framework would require practitioners at every intervention point in the care and protection continuum to seek to broaden their understanding of the networks that are important to children and young people, strengthen them where possible through the provision of information and support, and consciously seek not to cause them harm.

#### PRINCIPLE

ALL INTERVENTIONS SHOULD AS FAR AS POSSIBLE SEEK TO CREATE AND STRENGTHEN THE POSITIVE EVERYDAY NETWORKS WHICH SURROUND CHILDREN, INCLUDING THE PROVISION OF APPROPRIATE INFORMATION AND SUPPORT WHICH WILL ENABLE THESE NETWORKS TO INCREASE PROTECTION AND SUPPORT.

### CONCLUSIONS

This paper questions the meaning of 'child centred' practice. It argues that the term 'child centred', despite its frequent use in government documents, tends to be used uncritically in child and family work. We found there was no framework based on research evidence with which to evaluate the 'child centredness' of current policies and practices in all human services agencies, including health, education, family support and child protection. Using the research literature, we have developed a set of principles which could be applied generally across child and family contexts, but more specifically in statutory settings.

A review of the literature identified four themes that are relevant to child centred practice. These themes emphasise the importance of: recognising critical time frames in childhood and adolescence; taking into account the developmental needs of children and young people in all interventions; providing children and young people with appropriate opportunities to participate in all processes which affect them; and promoting a collaborative approach to the care and protection of children, including the strengthening of networks, both formal and informal, that are critical to their wellbeing. Principles drawn from these key messages can be used to define and frame child centred practice in more explicit ways; and to provide the basis for policies and practices, as well as for ongoing training. We hope that these principles can be a starting point for discussions rather than a set of 'must do' principles for working with children and young people. ■

<b>PRINCIPLES FOR CHILD CENTRED PRACTICE</b>	
<b>CRITICAL TIME FRAMES</b>	
Principle 1	Special attention should be given at every opportunity to link very young children and their families with services and supports to strengthen children's physical, cognitive and social functioning.
Principle 2	Every effort should be made to assist and support children and young people as early as possible in the <i>emergence</i> of problems by linking them with services to strengthen child, youth and family functioning. These efforts should include assertive outreach to families who are unlikely to use mainstream services.
<b>DEVELOPMENTAL NEEDS OF CHILDREN AND YOUNG PEOPLE</b>	
Principle 3	Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of 'life worlds', including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care.
<b>APPROPRIATE OPPORTUNITIES TO PARTICIPATE</b>	
Principle 4	Children and young people in contact with the care and protection system should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their carer) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.
Principle 5	Policies and procedures should specifically discourage a 'one size fits all' approach to participation by children and young people. The settings, language, and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.
Principle 6	Models of Family Decision Making such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people.
Principle 7	Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through the provision of developmentally appropriate information, including multimedia packages, to supplement information conveyed verbally.
Principle 8	Children and young people should be informed as soon as possible, preferably the same day, of legal and administrative decisions which affect them.
<b>COLLABORATION TO PROTECT CHILDREN AND STRENGTHEN NETWORKS</b>	
Principle 9	Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation; an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.
Principle 10	All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children and young people, including the provision of appropriate information which will enable these networks to increase protection and support.

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