

Theme: Voice of the Child

Key Barriers	Key Solutions
<ul style="list-style-type: none"> • Access to Information • Cycle of Low Aspiration • Service Criteria/Age Restrictions • Community Breakdown • Funding/Staffing 	<ul style="list-style-type: none"> • Delivery of Information improvements ie. Timing, Form • Mentoring/Nurture Groups/Empathy/Early Support • Loosening definitions/restriction on age. More Focus on NEED • Children/Young Peoples definition of community • Change in funding/structure – government money direct to children’s services.
<ul style="list-style-type: none"> • Unable to Identify Triggers • Processes for support • Not taking responsibility • Medical model seen as cure • ‘passing the book’ • History repeating itself • Low expectations • Dependency on the state • Fall between children’s and adult services 	<ul style="list-style-type: none"> • Workforce Development • Common Assessment Framework (CAF) • Safeguarding • Stop doing quick fixes • Everyone is accountable • Breaking the cycle • Great Expectations! • Empowerment for own actions • Change in legislation
<ul style="list-style-type: none"> • Short term funding, short term thinking for partnership working • Grant restrictions working in your own ‘silos’. Family Centred processes. • Lack of shared understanding 	<ul style="list-style-type: none"> • Flexible funding methods ‘funnel’ approach top funding allocations. Being able to carry forward funds from one year to next • More flexibility, having shared responsibility • Overlap of services, Avoiding duplication, long term vision/knowledge
<ul style="list-style-type: none"> • Resources. Profile of children’s services. Trained staff. Awareness of children in care/perception/stereotyping • Ability to disclose, no voice, powerless. • Subject of concern, not a ‘subject’ in own right. Target driven, Vision (lack of) • Risk taking vs Risk aversion, case load • Short termism 	<ul style="list-style-type: none"> • Resources improving DAAT services –not focusing on treatment but prevention. The ‘best’ training/most able staff. Maternity/paternity pay • Listening to children – actively positive relationships • Cultural change, face to face communication • Political will, social learning, resilience, SEAL • Seek out best practice from other countries, vision, risk taking, partnership working, pull out all the stops
<ul style="list-style-type: none"> • Medical Model, Parental ‘guilt’ – blame culture • ‘Benefit’ culture/societies reawards – i.e. recognising sickness (mad or bad?) • Fashionable, Schools/Nurseries Culture – Diagnosis = extra help 	<ul style="list-style-type: none"> • Listening to children – actively & being there! Resources/time etc. Training. • Holistic approach, face to face communication • Changing culture, those giving the medication should be

<ul style="list-style-type: none"> • Quick fix for convenience – solves problem quickly 	<ul style="list-style-type: none"> empowered to say NO. • Look at other solutions, this should be a last resort.
<ul style="list-style-type: none"> • Fear, Confusion, Expression - what word to use, trust, why am I different • Change mindset, finance, mum has no aspirations 	<ul style="list-style-type: none"> • Communicate – appropriate level, whole school approach, parent involvement, key workers, CAF • School Nursery referral – CAMHS, Support for parents – PSW, school nurse • Life skills, SEAL, school, connexions, children’s centre, housing, social services, multi-agency working together.
<ul style="list-style-type: none"> • Looked after children: can be offended and/or disheartened by the statistic. Don’t want to be stigmatised or labelled. Sometimes being LAC is the best thing for them. • Treating child as a behavioural problem – not understanding why. To the child their ‘naughty’ behaviour & acting out IS a normal response to their situation. • Barrier can be how to communicate with 6 year old about what’s going on – they can’t articulate their feelings about such a diagnosis/treatment at that age. • What exactly does ‘family breakdown’ mean in this measurement? Child will often find it hard to communicate their feelings to parents. Sometimes voice of the child & voice of the parent are very different. Sometimes people have too much to cope with to account for the voice of the child. • If young person has a voice and it is ‘I don’t want to do it’ what can we do but that? Often voluntary intervention. (Also, 0-3’s literally don’t have a voice!) 	<ul style="list-style-type: none"> • Positive messages and role models giving the message that their fate isn’t a forgone conclusion. Giving support where needed to ‘rewrite their script’ • CAF process? May not have parents agreement. Also to late, this case has slipped through the net? Organisations need to talk with each other & workers. Need to be alert to the signs of abuse. Whole family approach. Staff training in ways using eg. Puppets/sand trays to aid communication. Peer mentoring. Child learning, what is normal & what they can say no to. • Services can help give voice to the child here. • Ask the young people what would get them interested in a programme of support? More flexibility. Chang the perceptions of young people – make links (police_ with them at a younger age.
<ul style="list-style-type: none"> • Stereotype – offensive. Let young people know not stereotyped. Positive things, group like peers. • Knowing facts – picking up the abuse. Misinterpret signs of behaviour. Label bad parenting skills, reluctance to raise issues. Disclosure. Quick fix – society. 	<ul style="list-style-type: none"> • Positive – peers. Like young person celebration. Challenge and goal – be truthful. Positive – focus on support without kids. • CF? agreement with parents. Organisations looking and talking to each other. Flagging up behavioural problems/issues. Puppets/Sand trays – professionals/mentors/trust adult. Children to be taught what is wrong or right. Professionals working with adults utilising services.
<ul style="list-style-type: none"> • Children would be offended – Label • Not knowing all the facts, society offers quick fixes, cry for help behaviour • Family breakdown – what does it imply? 	<ul style="list-style-type: none"> • Positive role models, relationships, support, • Resources to induce explanations (through play). Mentors, think outside the box. Discuss what is wrong/right. • Enact their thoughts through play. Observations. Discussions. Change thought patterns. Confidence to disclose info.
<ul style="list-style-type: none"> • Lack of Education – Parents & Children • Poor choices in deprived areas, (also pockets in affluent areas) 	<ul style="list-style-type: none"> • Children’s Centres & extended schools outreach & relationship building.

<ul style="list-style-type: none"> • Poor housing • Poor health, (including sexual health) also mental health, obesity, smoking alcohol etcetc • Poverty of ambition or not knowing how to achieve ambitions. 	<ul style="list-style-type: none"> • Particular issues for pockets of deprivations in otherwise areas – equality of access to services and opportunities – subsidies going to the child not the area. • More affordable housing for low income families –ensure benefits-council tax and rent don't act as disincentive to work. Teach life skills at school. • Support healthy schools and use extended schools to get messages to parents and children. Importance of health messages from pre-conception (midwives & health visitors) FNP etc. • Connexions to work with much younger children (why not age 3 or 4??) Listen to children and take notice.
<ul style="list-style-type: none"> • Emotions – how to understand and control them • Listening to children – not assuming they cant understand or express themselves. • Treating a child as an individual in classes of 30 	<ul style="list-style-type: none"> • Education, nurture groups, PPP, cognitive behavious programmes, SEAL, emotional literacy. • Listen. Ask. • Personalised learning, mentoring etc
<ul style="list-style-type: none"> • Quick fixes, lack of multiagency information sharing. • Child has lack of skills to identify their own behavioural triggers. • Lack of appropriate signposted agency. • Agencies driven by wrong targets and therefore families can become hard to reach. • Stigmatisation – these agencies are from problem parents. 	<ul style="list-style-type: none"> • Early (antenatal) team around the family appropriate agency identified. Full assessment. • Counselling & identification. Empower the child to make decisions & make choices. • Appropriate inclusion, child takes ownership of own issues. • Access for child at an early age to engage with other services. Also self esteem. • Equality of access to facility so it is the norm.

Question: Considering what you have heard about the messages in Best Practice What are the Key Barriers in taking this forward in practice?

Question: What action could organisations take to address and overcome these barriers? (Key Solutions)

- **Listen to Children, act**
- **Joined up services / resources**
- **Removal of stigma in visiting services/asking for help.**
- **Time**
- **Resources**
- **Success measures – Qualitative not quantitative.**