Voice of the child: learning from case reviews

Summary of key issues and learning for improved practice around the voice of the child

May 2024

Introduction

This briefing highlights learning from a sample of case reviews published between 2019 and 2023 where practice issues around hearing the voice of the child were identified as a key factor. These case reviews do not reflect the experiences of all children who were harmed and whose voices were not heard. Concerns can go unidentified or unreported; and not all identified cases will result in a review.

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The right of a child or young person to be heard is included in the United Nations Convention on the Rights of the Child (UNCRC) and reinforced by national legislation and guidance. For example, in England Working Together 2023 makes it clear that one of the core principles of effective safeguarding practice is a child centred approach which aims to understand children's lived experiences and seeks their views about their lives and circumstances (Department for Education, 2023).

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Under the UNCRC a child is defined as anyone under the age of 18, so when this briefing uses the term 'child' this refers to babies, children, and young people up to 18 years.

The voice of the child refers not only to what children (including those who are pre-verbal and non-verbal) say directly but to their behaviour as a whole. Facilitating the child's voice involves developing relationships and creating environments in which children feel comfortable and confident sharing their thoughts and experiences. It also means making sure that children's views, opinions, and preferences are sought and listened to when decisions are made which impact their life.

The serious case reviews analysed in this briefing highlighted how children's voices are not always heard by professionals in safeguarding and support work. Key issues included a lack of engagement with children and their views, too much focus on the needs of adults, and a lack of trusted relationships with children. These issues often arose in the context of high caseloads, lack of resources and high turnover of staff.

The case reviews emphasised the importance of considering what the voice of the child is and how it can be heard, as well as the need for the child's voice and knowledge about their day to day lived experiences to feature in assessments and arrangements.

Reasons case reviews were commissioned

In the case reviews analysed for this briefing, children were harmed, seriously injured, or died in several different ways:

- neglect
- suspected fabricated or induced illness
- physical abuse

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- sexual abuse
- life threatening self-harm
- attempted suicide
- suicide
- unexplained death of an infant
- death caused by parent or carer.

Key issues identified in case reviews

Children weren't seen frequently enough or asked about their views and feelings

Professional understanding of the child's lived experience was limited when the voice of the child was not prioritised. There was a lack of consistency in how the child's voice was sought, heard and recorded, particularly among very young children.

- The views of children who had disabilities or complex communication needs were not always sought or heard. This was sometimes due to a lack of professional confidence and knowledge around how best to communicate with children who had limited verbal skills or who communicated non-verbally.
- The child's voice was more likely to be recorded and reflected upon where practitioners were responding to a particular incident or concern rather than during more routine contacts. This meant that progress, changes in circumstances or development were sometimes missed.
- Views of pre- or non-verbal children were sometimes sought solely through conversations with parents instead of seeking ways to interact with the child such as through observing behaviours, interactions with parents, relationship dynamics, and play.
- Adolescents were sometimes seen as 'hard to engage' or uncooperative. This sometimes led professionals to misunderstand them or stop trying to

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understand their experiences, instead of prompting further investigation of the reasons behind their behaviour.
- In some cases, professionals were too ready to accept what parents said on behalf of their child. Sometimes this meant that adults' explanations for children's behaviour were too readily accepted.
- When children were not asked about their experiences or given assurances about the steps being taken to support them, their confidence to speak out about what was happening was lost.
- Professionals sometimes made assumptions about a child's feelings or wishes, rather than seeking the child's views.
- In some cases, children who weren't regularly in school became less visible to services. This limited the ways in which their voices could be heard.

Professionals didn't always challenge barriers to seeing the child and hearing their voice

Professionals faced various barriers to gaining an understanding of the child's life and developing a stable relationship with them. In some cases, professionals didn't take adequate action to overcome or challenge those barriers effectively.

- In some cases, professionals didn't explore other ways to engage families where there was resistance to bringing children to health appointments. These were missed opportunities to gather the child's voice and lived experience.
- Sometimes children were not able to safely disclose because professionals didn't speak to them independently of other adults in their lives. This was sometimes due to professionals not providing opportunities for children to speak to them on a one-to-one basis., and sometimes it was due to a parent refusing to allow the child to be seen alone.
- Home visits were not always used effectively as opportunities to communicate with children about what was happening to them and what they needed from professionals.

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- Professionals didn't always consider how children may simply be echoing their parents' views and how this might prevent the child's own voice from being heard. In one case, a child with asthma simply repeated his father's views of his health and well-being rather than being given the confidence to express his own opinion (Nash, Elwick and Peplow, 2020). When recording what had been said by a child, professionals didn't always clearly differentiate the child's voice from that of the parent.
- In some cases, professionals did not explore alternative ways to engage with children who had been discouraged from talking to them by parents.

Too much focus was placed on the needs of adults

Professionals' sympathy for the needs and difficulties of parents and carers sometimes meant the focus was on the adults rather than on the lived experience of the children.

- In some cases, significant issues experienced by parents and other vulnerable family members became the focus of professional assessments, decisions and interventions. This sometimes diverted attention away from the voice and needs of the child.
- When speaking to children, professionals sometimes used a questioning style that focused on the ways in which a child's behaviour might impact their parent or carer. Such verbal cues could indicate to the child that the professional is more interested in the parent's needs.
- Professionals sometimes gave priority to maintaining a relationship with parents rather than hearing the child's voice and involving children in decisions.

Difficulty in understanding and reflecting upon the child's voice

Too often professionals did not take steps to understand and reflect upon what was being said by a child or the reasons behind a child's behaviour.

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- In some cases, professional didn't record their reflections on what children said and did.
- There was a lack of critical questioning by professionals who did not appreciate how the fear of potential separation from family and siblings may prevent a child from speaking out.
- Sometimes professionals recorded their interpretation of the child's voice, rather than the child's actual own words.
- In some cases, children reported feeling that professionals should have asked more probing questions in response to things they said or did, particularly when these things suggested they were trying to ask for help.
- Some professionals did not recognise that children may be trying to communicate important information through their behaviour or partial verbal disclosures.
- When working with children who had disabilities, professionals sometimes assumed that a child's mood and behaviour were related to their disability, rather than a means of communicating feelings and disclosing possible abuse. Similarly, the presence of illness or injury that would be cause for concern in a non-disabled child, was sometimes assumed to relate to the child's disability when it actually related to abuse.

Trusted relationships between professionals and children were not developed

The voice of the child is a vital part of effective assessment and case progression. But too often, the voice of the child was missing because a trusted relationship between professional and child wasn't established.

- Frequent changes in social worker and lengthy gaps between visits due to high workloads and turnover of staff made it harder for children to form relationships with social workers.

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- In some cases, the absence of a trusted relationship with a social worker made it harder for the child to discuss their personal circumstances and have their voice heard.
- Sometimes children became disengaged when there was no improvement in their situation following disclosures of abuse or neglect.

Professionals did not hear from others who had information to share

Other children and adults in the child's life were not always spoken to, meaning important information that could have helped build a deeper picture of the child's life was not captured.

- Sometimes the child's voice was lost when records were not shared with other professionals and agencies.
- In some cases, social workers did not seek the advice of professionals who worked directly with the child and who had developed trusted relationships with them. These other professionals could have provided opportunities to engage with the child, helped with communication, or been an advocate for the child's voice and lived experience.
- Sometimes the voices of siblings who could have provided vital information on the lived experience of the child were not present in records, assessments, or support packages.
- Professionals didn't always give sufficient weight to third party reports of disclosures made by the child.

Learning for improved practice

Understanding what the voice of the child is

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A child's voice spans everything they say and do, from their words, sentences and sounds to their expressions, gestures, eye gaze, play, demonstrations, behaviours, drawings and presentation (Marchant and Turner, 2017). Professionals should be aware of all the ways in which a child's voice can be expressed and communicated; especially when working with babies, pre-verbal children and children with disabilities.

- Consideration must be given to what children may be trying to communicate through their behaviour and whether behaviour that professionals find 'challenging' could be an indication of unmet needs and/or abuse.
- Thought always needs to be put into how best to communicate with a child, taking in to account disability, age, development and language. This will sometimes need wider discussion with other agencies.
- Professionals should critically reflect on what children say, what they might be trying to communicate through their behaviour, and how they might be trying to make their voice heard.
- Professionals should consider taking a blended approach to facilitating the voice of the child by including a greater emphasis on play, creative tools, and observation.
- Although parents and the wider family can provide important insights into the child's experiences, professionals should seek the child's views directly rather than relying solely on information provided by a parent or family.
- The absence of the child's voice should raise safeguarding concerns or prompt further professional curiosity.

Including the voice of the child in assessments and arrangements

All professionals should make sure that the voice of the child is present in any assessments, interventions or arrangements.

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- When conducting assessments, professionals should consistently listen to, understand and record the voice of the child in the child's words to capture their perspective, concerns and feelings, and what they experience on a daily basis. This should also include how their voice has been determined.
- Following a visit, professionals should always record the current lived experience of the child and any observations of changes in the child's circumstance, behaviour or demeanour since their last visit.
- Practitioners should describe the child's physical appearance and demeanour, behaviour, expressions and interactions. Observation is especially important for pre-verbal and non-verbal children, and should be used to establish what a day in that child's life is like.
- Professionals should consider any specialist communication support needed for children who have disabilities and/or complex communication needs.
- If a parent is obstructive or avoidant when seeking to hear the voice of a child, professionals should highlight this as a matter of concern.

Gaining appropriate skills and knowledge to understand and reflect upon the voice of the child

Whatever the child's age or communication style, a skilled and knowledgeable team of professionals is an integral part of the process of understanding and reflecting upon the child's voice.

- Communication is a necessary skill for those working directly with children. However, when communication proves difficult, or children's responses seem unusual or hard to make sense of, professionals should seek advice, expertise or support from other specialist settings or advocacy services.
- Professionals who are successfully meeting the needs of children who have additional needs or disabilities should be invited to contribute to multi-agency meetings to bring the voices of those children into better focus.

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- Where determining a child's wishes requires more specialist knowledge, for example because of additional needs, professionals should record how they have determined the child's best interests.
- Effective interviewing techniques and alternative ways to capture the child's voice should form part of any training and mentoring process for social workers.
- Professionals should be trained to identify potential parental coping strategies, such as 'disguised compliance', that may make it more difficult for the child's voice to be heard. Disguised compliance involves parents and carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement (Reder, Duncan and Gray, 1993).

Building relationships to ensure the child's voice is heard and properly understood

A trusted relationship between a child and a professional is essential to hearing, understanding and acting upon what a child is communicating. It will also help children to feel confident and reassured that anything they say will be responded to thoughtfully and that the necessary action will be taken.

- Professionals need to provide a stable relationship with children if children are to feel they can open up about their experiences, thoughts and feelings.
- Professionals should ask questions beyond what is on their organisation's standard record-keeping template. Children expect to be asked relevant questions by professionals.
- When parents or carers don't engage with services, professionals need to ensure there are still opportunities for children to have their voices heard.
- There is huge value in face-to-face work, but children may find that phone calls, texts or online communication via approved channels are easier for relationship building. Professionals should aim to use a blended approach where appropriate.

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- There should always be one professional who has oversight of a child's progress and is best placed to hear the child's voice and take a lead when updating other professionals.
- Professionals need the confidence to be pro-active and assertive about seeing children alone and away from their carers. Requests to see children alone should be made in a child-focused and creative way and case notes should include the reasons given if a child refuses to be seen away from their carer.
- As part of building a trusted relationship, professionals should inform children what they are going to do with the information that has been shared.
- Hearing and promoting the voice of the child should be a high priority for professionals working with families where a child has been permanently excluded, is absent from school or is home schooled.

References and resources

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A **list of the case reviews** analysed for this briefing is available on the NSPCC Library Catalogue.

<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=0FF50244-4468-4D86-99FA-8326953AACC7&DataSetName=LIVEDATA>

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