# Implementing Article 12 of the UNCRC in Child Protection Decision Making

* Paul McCafferty
* WHSCT

# Article 12

* 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

* 2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

* UNCRC 1989

# Reasons for Involvement

* Legal
* Conceptual
* Practical

# Legal [1]

* Cornerstone of children's law (Fenton-Glynn, 2014)

* Fundamental right with pervasive influence on all other rights (UNCRC General Comment No.12)

# Legal[2]

* Creates two fold obligation on states –that wishes and opinions are ascertained and taken into consideration with due regard to age and maturity

* In any judicial and administrative proceedings children must be given the opportunity to be heard (Thomas, 2007).

# Conceptually[1]

* Recognises children as full human beings with integrity and the ability to participate freely in society (Freeman, 2007).

* New Sociology of Childhood (James & Prout, 1997; Qvortrup, 2005).

* This translates into mandated Convention requirement for all actors in CP to see children as able to make choices (Tisdall et al., 2008)
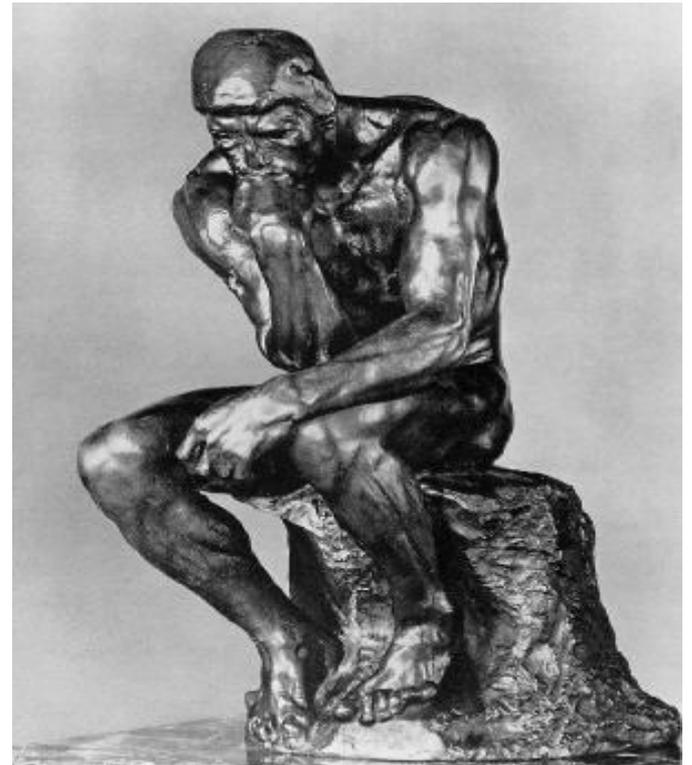
# Conceptually[2]

* 'The energy and creativity of children must be nurtured so that they can actively take part in shaping their environment, their societies and the world they will inherit', Special Session on Children' in 2002; p, 7).
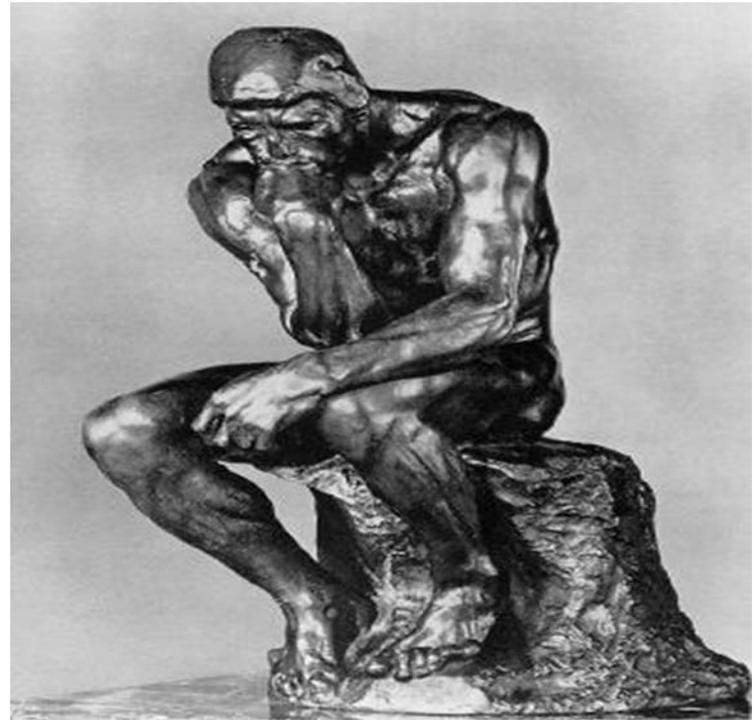
# Conceptually [3]

* 'The new and deeper meaning of [Article 12] is that it should establish a new social contract. One by which children are fully recognised as rights-holders who are not only entitled to receive protection but also have the right to participate in all matters affecting them' United Nations Committee on the Rights of the Child (UN Committee) 2006 (p, 2).
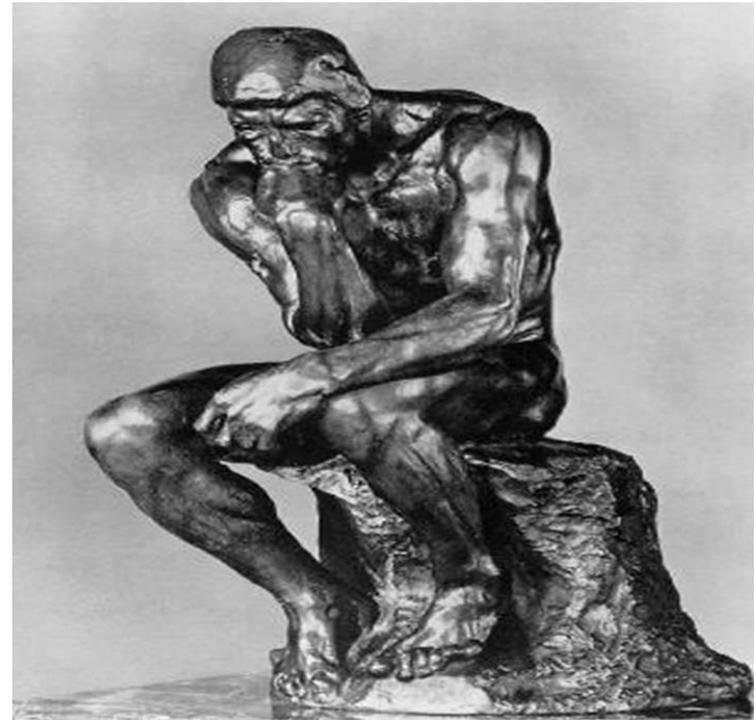
# Practically[1]

* It upholds children's rights
* It fulfils legal responsibilities
* It improves services
* It improves decision making
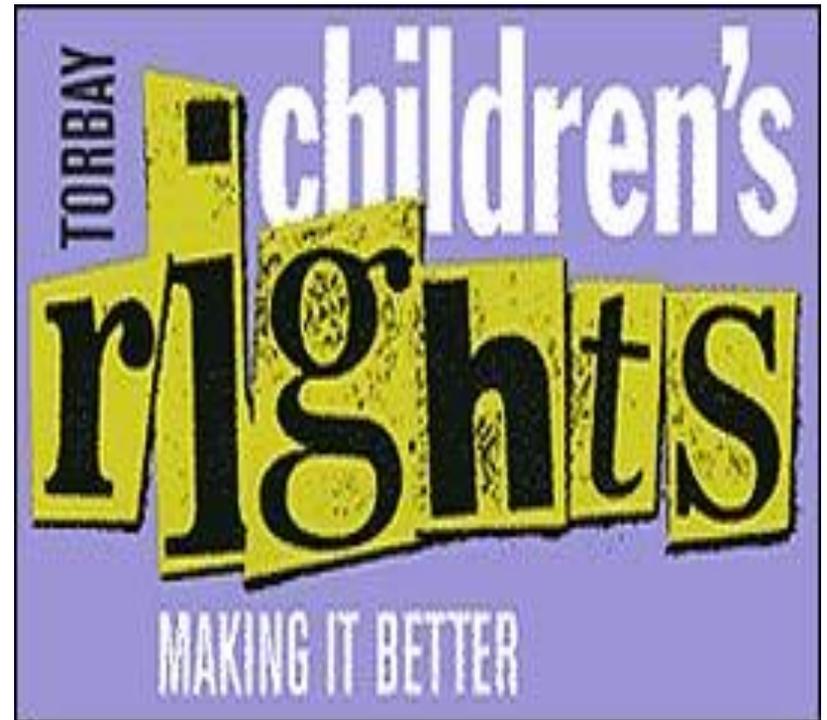
# Practically[2]

* It enhances democratic processes
* It enhances children's protection
* It enhances children's skills and
* It empowers and enhances self-esteem.
  (Sinclair&Franklin, 2000;Lansdown , 2011).
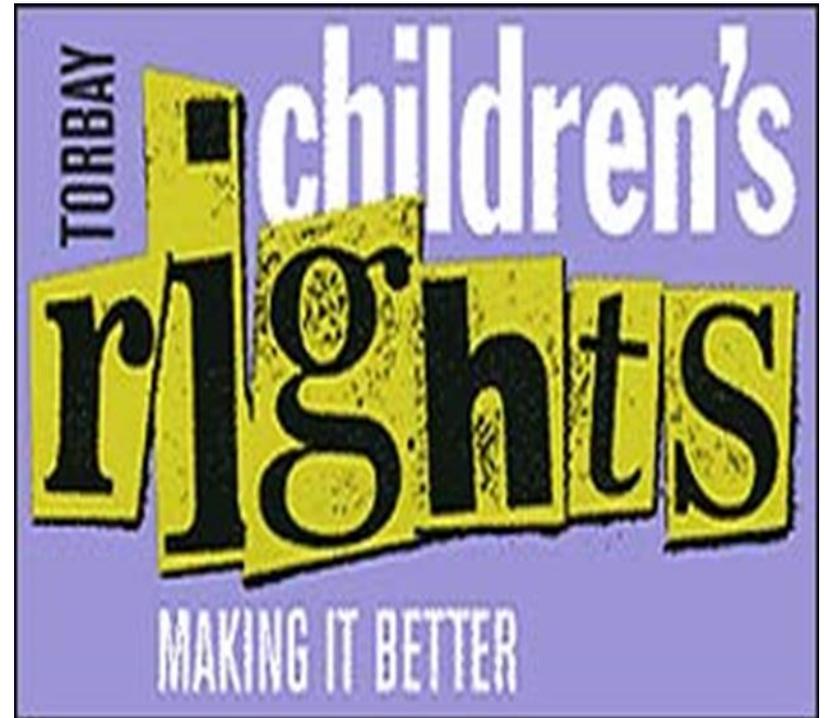
# Is Social Work Measuring up?[1]

* **Key findings from Thematic Report: The Voice of the Child: Learning Lessons from SCRs (Ofsted, 2011).**

* Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland

# Is Social Work Measuring up?[2]

* the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings

* agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute

# Is Social Work Measuring up? [3]

* parents and carers prevented professionals from seeing and listening to the child

* practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child

* agencies did not interpret their findings well enough to protect the child.

# Examples to the contrary[1]

* Thomas (2002), Bell (2002), Cashmore (2002) and Halvorsen (2009) researching children's involvement in decision making practices in social work found that when children were involved in decision making that this involvement increased children's commitment to those decisions maximising the success of protection plans.
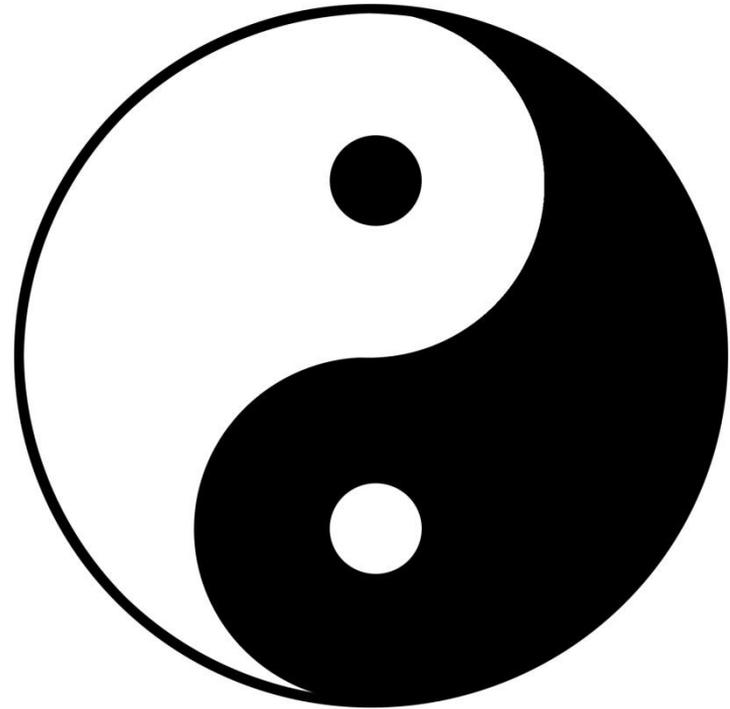
# Examples to the contrary [2]

* Vis *et al.,* (2011) examining the practice of involving Looked after Children in decisions about their health care concluded that involving children had a positively demonstrable impact on their health.
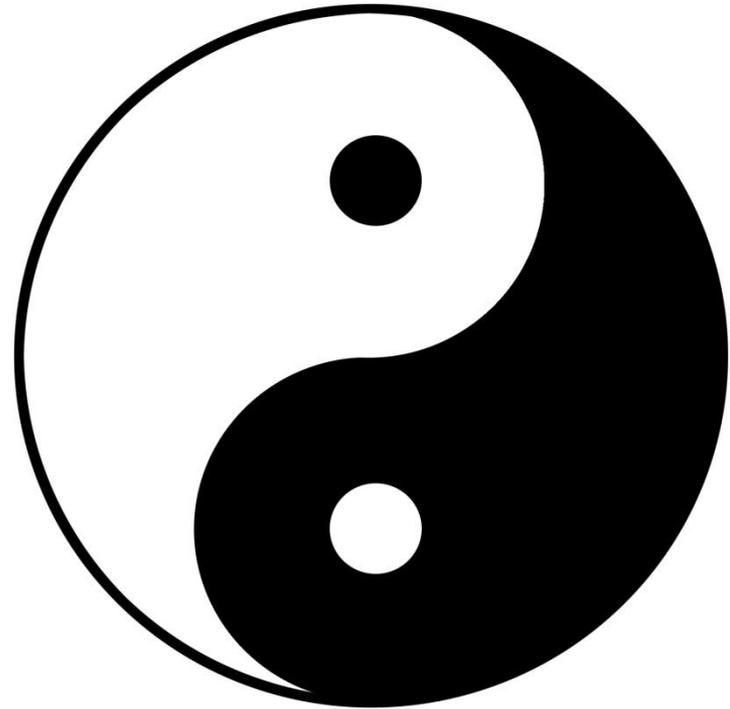
# Examples to the contrary

* Research by Munro (2001) Bell, (2002) Leeson (2007) and McLeod (2007) found that by involving children in decisions that children felt greater feelings of mastery and control over their lives.
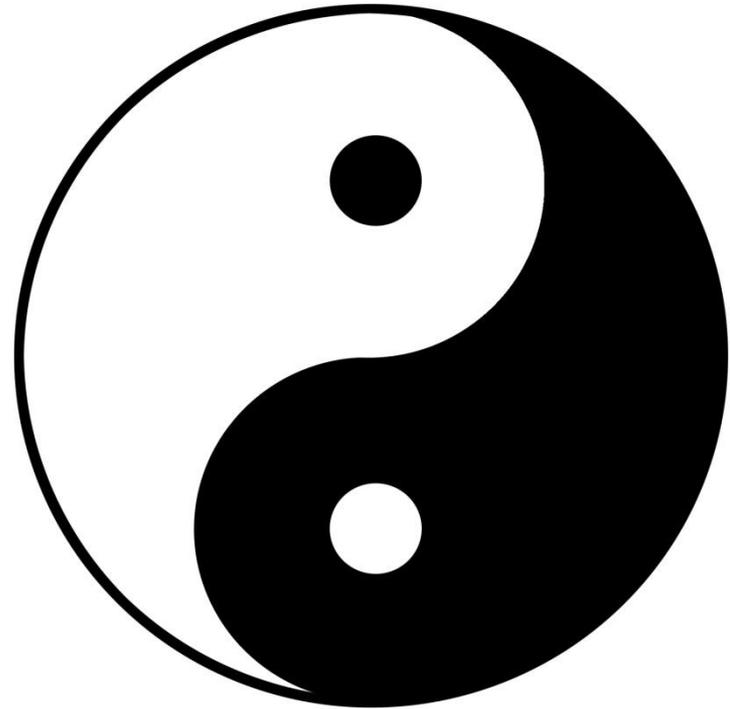
# Examples to the contrary[4]

* Barnes (2012) found that by taking children's wishes into account that interventions were more responsive, therefore more effective.

* Healy and Darlington (2009) reported that assessments were more accurate and as a result safety planning was more real.
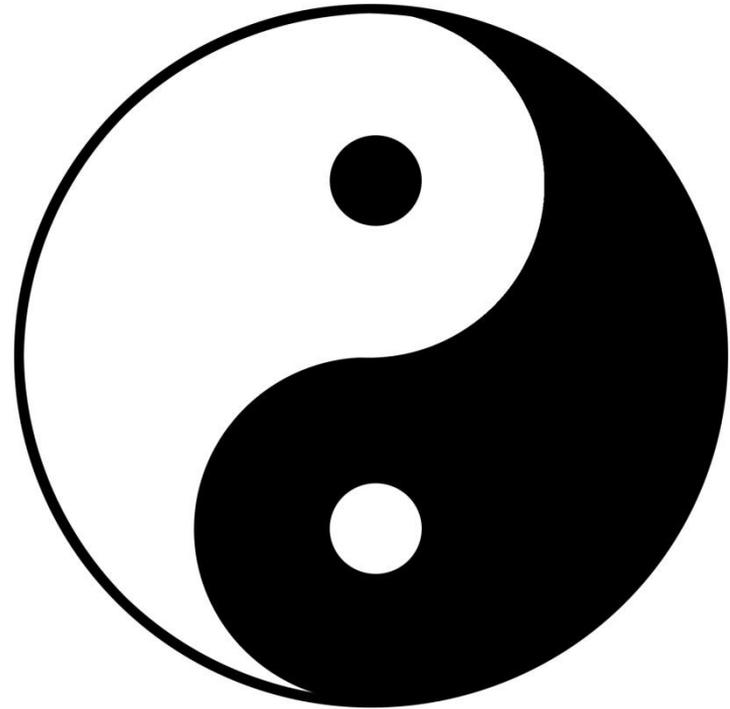
# Why the ambivalence?

## *Challenges to*

* Managers

* Children

* Organisations
  (VanBijleveld, 2015)

* Philosophical

# Challenges for Managers

* Perplexing work

* Best interests vs keeping safe

* Lack of consensus about what is in the best interest

* No guidance as to who assesses the age and maturity

* Problems are adult centric

# Challenges for Children

* They have powerful yet sometimes uninvolved adults in their lives (Cashmore, 2010).

* They may lack helpful role models (Bell, 2002).

* Afraid to cede control over their lives (Sanders&Mace, 2006).

# Challenges for Organisations

* High levels of organisational anxiety (Howarth, 2010)

* Focus on risk management diminishes opportunities for participation (Weatherall&Duffy, 2008).

* Lack of awareness of children's rights and accompanied legal obligations (Kilkelly et al., 2005).

# Philosophical

* Traditional Liberal theory of rights which assumes independent rational individuals capable of making decisions (Ezer, 2004; Tisdall et al., 2008).

* Bourdieu's notion of Habitus (1992).
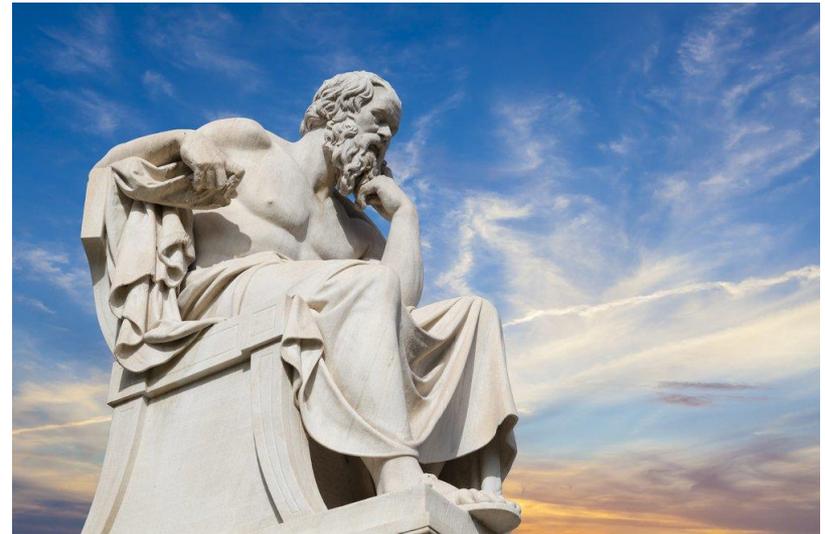
# Vital to find a systematic and consistent approach

* Lundy's (2007) Model for increasing participation


WE HAVE A DREAM
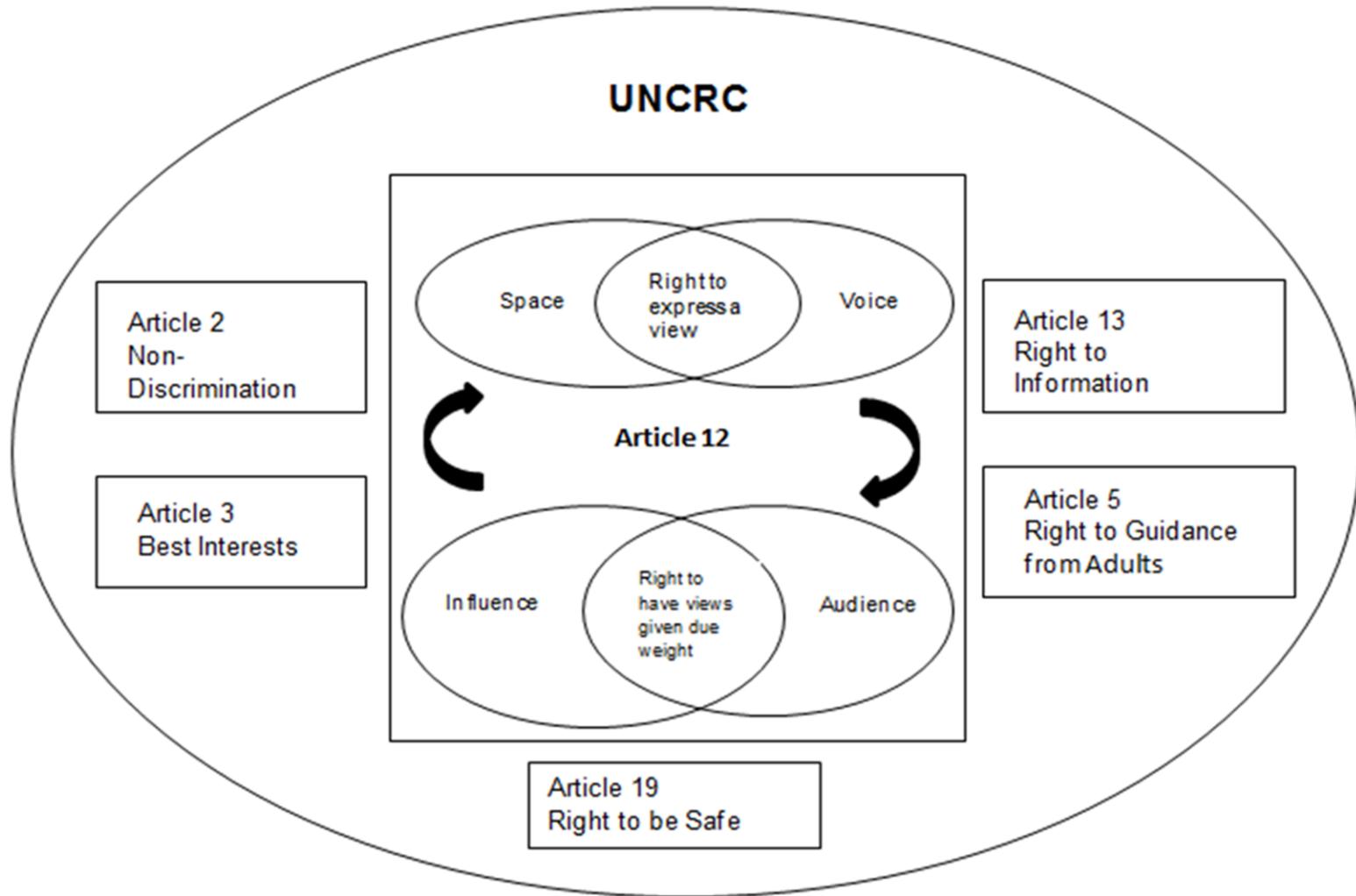
Figure 1. Conceptualising Article 12

# Applying Lundy to Social Work Practice

* _Space_: Children must be given the opportunity to express their views

* _Voice_: Children must be facilitated to express their views

* _Audience_: The view must be listened to

* _Influence_: The view must be acted on, as appropriate.

# Practice Implications[1]

Practitioners should:

* see children and young people in places that meet their needs – for example, in places that are familiar to them

* see children and young people away from their carers

* use direct observation of babies and young children by a range of people and make sense of these observations in relation to risk factors

# Practice Implications[2]

* routinely involve fathers and other male figures in the family in assessing risk and in gathering all the information needed to make an assessment.

* consider the implications of risk to children where they have concerns for their own personal safety

* ensure that the assessment of the needs of disabled children identifies and includes needs relating to protection.

# Practice Implications[3]

* ensure that respect for family privacy is not at the expense of safeguarding children.

* recognise the specific needs of children and young people who have a caring responsibility for their parents

* be alert to how acute awareness of the needs of parents can mask children's needs.

# Practice Implications[4]

* ensure that actions take account of children and young people's views

* recognise behaviour as a means of communication

* understand and respond to behavioural indicators of abuse

* sensitively balance children's and young people's views with safeguarding their welfare. Key findings from Thematic Report: The Voice of the Child: Learning Lessons from SCRs (Ofsted, 2011).

# Future Research

* Experiences of young people's participation
* Organisational structures that encourage participation
* Practitioner knowledge and understanding of the right of children to participate
* Views on children's capacity to participate.
* What influences decisions regarding participation

Increasing young people's resilience when affected by parental alcohol use.

What the evaluation of the *Steps to Cope* Intervention is telling us

Ed Sipler

South Eastern Trust

# What I said I was going to do today

Aim: To explore the potential of the Steps to Cope Intervention to support young people affected by parental alcohol misuse.

Objectives:

- Present an overview of the Steps to Cope Intervention

- Report of the evaluation tools used and findings to date

- To present challenges and opportunities that exist to support the intervention past the current level of funding.

# What is Steps to Cope?

- Structured brief intervention for YP aged 11-18 who are living with/affected by parental substance misuse and/or mental health problems.

- Adapted from theoretical & evidence based adult '5-Step Method' – for adult family members with a relative with alcohol/drug problems

- Funding is from Big Lottery 'Impact of Alcohol' hence our focus on parental alcohol misuse

# The 5 steps
## *All five step 2 services are delivering adult support*

**one** Listen, reassure and explore concerns

**two** Provide relevant, specific and targeted information

**three** Explore coping responses

**four** Explore and enhance social support

**five** Discuss and explore further needs
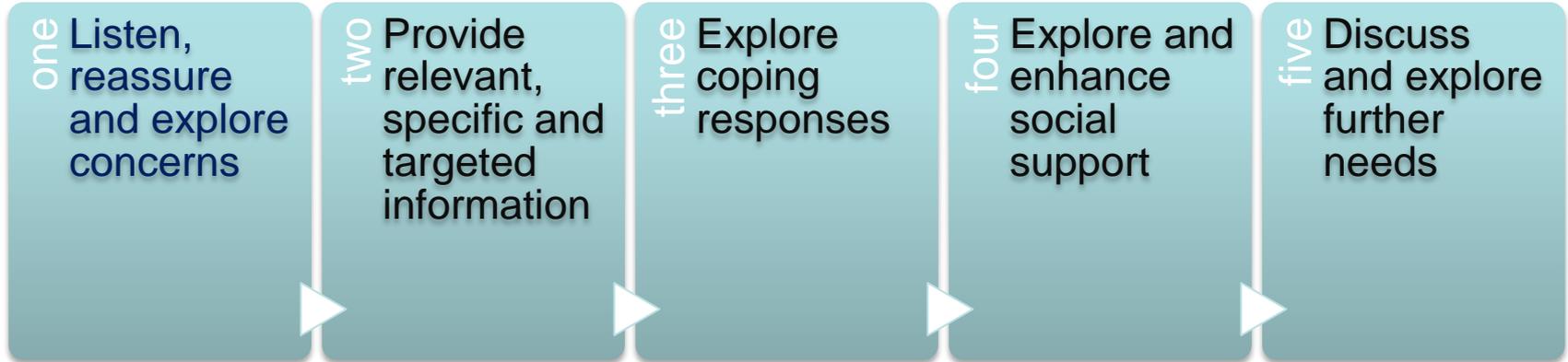
# Development of Steps to Cope

- Adaptation of 5-Step Method with young people,
- Parental substance misuse and/or parental mental health problems.
- 2 pilot projects (2011-2013).
- Encouraging findings – in the short-term it seems that StC can benefit YP in a range of areas in line with the steps.

- Currently StC is starting final year  (of a 4 year project)



Lorna Templeton , Ed Sipler , (2014) "Helping children with the *Steps to Cope* intervention", Drugs and Alcohol Today, Vol. 14 Iss: 3, pp.126 - 136

# In her own words – girl aged 14

# What we are trying to do: Young people aged 11-18 across Northern Ireland will be better protected from the harm caused by parental alcohol misuse (PAM)

Aims:

– Young Person to become more resilient.

– YP better able to deal with impact of PAM.

– Increase competency of practitioners and organisations to respond to parental alcohol issues

# What is resilience?

- **Resilience is defined as the capacity to transcend adversity, (Gilligan, 1997).**
- **Coping may not mean being resilient. For some, it may mean doing what you have to do to get by." (Silent Voices, 2012)**

# Information coping, support and building resilience

- Internal lotus of control
- Active agency ( making choices)
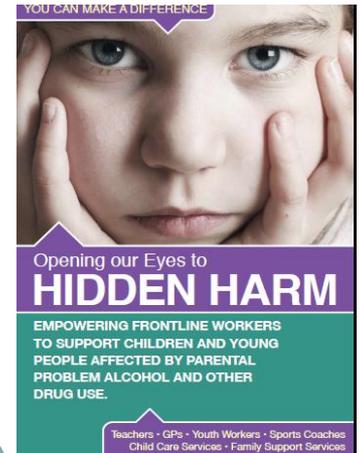
Young people actively choosing
Information they want
How they respond
Support they use

Builds a sense of competence
A key resilience strengthening factor
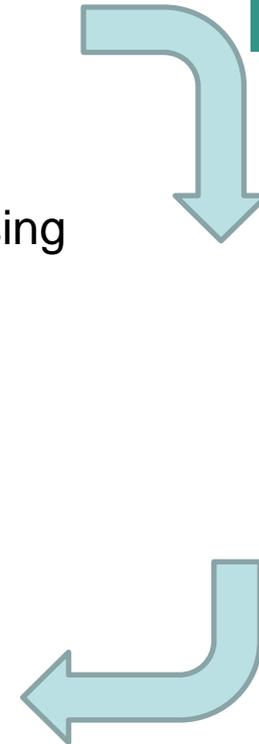
# Delivering Steps to Cope

- Website- online StC support.

  www.stepstocope.co.uk

- Face to Face delivery of StC through core team

- Network of trained practitioners regionally

- Youth participation throughout project.

- Schools based awareness raising on Hidden Harm

# So what have we done so far

- *126 young people referred to core team since project began. 70 referred in 2016.*

- 1651 have accessed stepstocope.co.uk in 2016 and 4839 since the website went live. Additionally there have been 17165 page hits on the site, while 56 have registered for Online support.

- *Over 180 practitioners have been trained to deliver the intervention regionally*

- School based awareness raising has reached high numbers

# Does it raise resilience?

- To date 45 young people have completed the 'before' and 'after' questionnaires.
- While the data must be interpreted cautiously as the numbers are low and more data coming in as the project continues, it was enough to use statistical measures.
- Using a paired samples t-test it would suggest that the overall increase in young people's resilience was significant and based on the intervention with resilience strengthened significantly in two sub scores: personal competence and structured style.

# Finding look promising

Table 2: Change in READ score over time (N=45)

|  | 'Before' intervention (Mean, SD) | 'After' intervention (Mean, SD) | Paired samples t-test |
|---|---|---|---|
| Total resilience* | 100.76 (15.31) | 107.22 (14.83) | t=-3.210, p<0.05 |
| Personal competence* | 27.27 (5.39) | 29.73 (4.81) | t=-3.382, p<0.05 |
| Social competence | 19.18 (3.49) | 19.87 (2.95) |  |
| Structured style* | 12.67 (2.54) | 14.20 (2.32) | t=-4.254, p<0.05 |
| Social resources | 20.76 (2.99) | 21.27 (3.14) |  |
| Family cohesion | 20.89 (5.06) | 22.16 (4.69) |  |

# The use of evidence based practice

A wide range of workers across Northern Ireland have been trained to use the intervention. To date very few have used the quantitative evaluation tools required.

Using evidence based practice is not like using a microwave…..

Its by following a recipe you are more likely to get the desired results.

Donald Forrester and Judith Harwin

How does the workforce use:
Structured interventions
Evidenced based
interventions
Quantitative outcome tools

# A stepped cared approach for support for children and young and people and families

## Support for children and young people affected by parental alcohol / drug misuse

**If a child is in immediate danger contact the PSNI**

If you have concerns about a child under the age of 18 contact the Gateway Team 0300 100 0300

**For procedures**
http://www.safeguardingni.org

**Childline Northern Ireland: 08448 920 245**

**Information for young people**

**Information for professional**

### Steps to Cope

The Steps to Cope project offers support to children aged 11 to 18 experiencing harmful effects of alcohol in their home. It is aimed at following five steps.
1) Listening to you about what life is like for you living with this
2) Giving information on Alcohol and drugs misuse, addiction and mental health
3) looking at how you currently cope
4) identifying the strengths and supports you have
5) Looking at further support you may need

Young people can receive this help 1-1 or through an on-line intervention
http://stepstocope.co.uk/  08002 545 123

### Action for Children: Young Carers

Action for Children supports young carers aged 8 – 18. A young carer may help care for a parent, sibling or grandparent.

There are many young people in Northern Ireland who care for someone else.

Support for young carers in this area is provided by Action for Children. We support young carers by offering fun activities, group work or 1:1 support.

**For further information please contact Jennifer Hamilton on (028) 9046 0500.**

www.nidirect.gov.uk/young-carers

### Barnardo's Pharos Service

Pharos offers intensive therapeutic support for families and children affected by parental substance misuse.
Services include:
• 1-1 work with adults
• Direct work with children
• Family work
• Group work

Referrals are received from Social Services and adult addiction services.
Contact:  (028) 9066 3470

www.barnardos.org.uk/pharos

# A way forward

- We are looking at an intervention that has great potential

- Do we commission services ( mostly from the voluntary sector) to deliver this intention

- How do we build capacity in our own workforce to deliver

# Questions and discussion

- How does the workforce use: Structured interventions Evidenced based interventions Quantitative outcome tools

- Do we commission services ( mostly from the voluntary sector) to deliver this intention

- How do we build capacity in our own workforce to deliver

# Thank you very much



A pocket guide to
using the
5 Step Method
and Steps to Cope



Ed Sipler
Ed.sipler@setrust.hscni.net

Gregg Nicholl
gregg@ascert.biz

# Involving PWD as co-researchers in analysis of qualitative data

**Wednesday 1ˢᵗ March 2017**

**Mabel Stevenson, Research Assistant, Ulster University**

**m.Stevenson@ulster.ac.uk**

**ulster.ac.uk**

# Context

❖ Patient and Public Involvement (PPI) widely acknowledged as good practice in research

❖ Involving users as <u>partners</u> in research

❖ Good practice – PPI incorporated into all phases of the research cycle (HSC Public Health Agency, 2014; INVOLVE, 2012)

❖ Low levels of user involvement in some activities – data collection, report writing, data analysis (Mathie et al., 2014)

❖ Research papers describing involvement of PWD as co-researchers are lacking – particularly in analysis of research

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# Why should users be involved in data analysis?

❖ Users should be involved at all stages of the research process

❖ **Enhance quality and credibility –** applying multiple perspectives to interpretation of data

❖ **Reduce power imbalances** – analysis central to knowledge construction and consequent impact (Nind, 2011)

❖ **Generating new ideas** – exploration in any subsequent data collection

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# Risk communication in dementia study

➢ Identify *concepts of risk* used by people with mild to moderate dementia, family carers & professionals.

➢ Identify *risk factors* encountered and addressed most commonly in dementia care decisions.

➢ Explore how professionals *understand and communicate likelihoods of some risks* using words, numbers and visual methods to present probabilities.

Participants – people with dementia (interviews), family carers (focus groups), practitioners (focus groups and survey).

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# Co-research session

➤ Data – (anonymised) extracts and quotes from **interviews with people with dementia**

- *Meanings of risk*
- *Discussions about risk with family members and health and social care practitioners*

➤ Generation of ideas and themes – not verification

➤ Completed mid-way through data collection process

➤ Grounded theory approach – themes and topics identified were explored in subsequent interviews

➤ Recruited through Alzheimer's Society – Service User Review Panel, Belfast Group

➤ Ethical approval – OREC NI

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# Co-research session

➢ Short presentation - outlining the research study and their role as co-researchers

➢ Continuous reinforcement of distinction between participation as a respondent and co-research

➢ Presentation of anonymised extracts and quotes from interviews with PWD – role play, hand-outs

➢ Discussion – prompts

➢ 2 hours (including a coffee break)

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# Sample prompts

- *Based on these responses, what you think risk means to a person with dementia?*
- *Are there any words or sentences you would group together?*
- *Is there anything that stands out to you when reading these quotes?*
- *Is there anything you find interesting?*
- *What do you think is important?*
- *Can you identify any themes from these responses?*
- *Can you see any ways in which these themes connect?*
- *How are (e.g. theme A) or (e.g. theme B) different from each other? OR Do you think (e.g. theme A) or (e.g. theme B) are the same?*
- *Is there anything we should ask more questions about the next time we do an interview?*

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# Impact of user involvement in analysis

➢ Improved overall quality – expert perspective

➢ Identification of new sub-topics for subsequent interviews

➢ Development of ideas for dissemination of findings – based on themes users connected most with and found most relevant and practical

➢ Users reported positive experiences – using their cognitive skills and meeting with others of similar ability

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# Ethical and practical issues to consider

➢ Ensuring users are not misled about the nature of their involvement – clear distinction between participation as a respondent and involvement as a co-researcher

➢ Reflections from co-research session should not be presented as findings in reports

➢ Developing research literacy of co-researchers and building capacity

➢ Diversity in user groups

➢ Resources and planning

➢ Environment

➢ Avoiding tokenism

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# Conclusions

- Improved quality of research

- Positive experience for users

- Further guidance needed – better reporting and evaluation (of impact) of involving users as co-researchers

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# *Risk communication in Dementia*

http://www.socsci.ulster.ac.uk/irss/risk.html

1. Literature search methodology
2. Literature review
3. Interviews with people with dementia (submitted)
4. Service user involvement in analysis
5. Focus groups with family carers
6. Focus groups with professionals
7. Survey with professionals (soon to be submitted!)
8. **Summaries for public and for professionals**

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Ulster University

# Living Well

**Lee Wilson**

**Community Care Division**
**Northern Health and Social Care Trust**

**Duane Farrell**
**Age NI**

# What service users want



- Joined up/seamless health and care services leading to better outcomes/quality of life

- Services that are responsive, promote self-care, centred on their wants and needs

- Provision closer to home, helping them to remain safe and well in their own home

# Living Well Principles

# Living Well Moyle

# Living Well Aims

# The Land Girls

http://knowledgebucket.org/landgirls/