

THE ROLE OF CHILDREN IN THE SOCIAL SERVICES. DO WE AIM FOR CHILD-FRIENDLY SERVICES?

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PURPOSE

- × To explore direct actions taken by social services professionals with children and their families
- × To analyse the experience of children who have been service users
- × To identify, with reference to the results, any aspect of the service or organisation which indicated a change or improvement in the situation of the child at risk

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METHOD

A mixed methodological research design:

1. **A secondary analysis of administrative data** (1986 - 2013) N=56,468 (children)
2. A quantitative study based on a **questionnaire administrated to professionals** (N= 225)
3. A qualitative study based on:
 - + **In-depth interviews with social services users** N=39 (adults and children)
 - + **3 Focus groups with professionals** (N=30)
4. **User satisfaction survey** (N= 401; 281 adults and 120 children)

CHILD PARTICIPATION IN SOCIAL SERVICES

It is not considered normal to seek help from the Social Services among children:

- × Children **do not know** what these services are.
- × They **do not usually talk about** them at school, nor do they tell their friends about them.
- × Some **are afraid of what might be done** there and, moreover, they are seldom encouraged to go to these centres by their parents.
- **Professionals in social services** not always explain to the children clearly what these services are.
- **Families** often find it difficult to explain to their children what the social services do.
- **Children** receiving support from these services also have difficulties in defining what these services are.

SOME QUOTATIONS FROM THE QUALITATIVE STUDY

- ❖ *“No, I don’t usually talk about that kind of stuff.”
(Daughter, 16)*
- × *“No, not ashamed, but it isn’t something I want to do either. When I was little, I used to tell my friends that I was going to a psychologist.” (Daughter, 15)*
- × *“They helped me to feel confident” (Son, 12)*

DO PROFESSIONALS DEAL DIRECTLY WITH CHILDREN?

Questionnaires responses according to professionals (N=225)

<i>Type of intervention</i>	Quite often/ almost always
Indirectly with the child, directly with the family	79.6%
Indirectly with the child, directly with the services	71.6%
Directly with the child and family together	53.5%
Directly with the child (indirectly with family and services)	38.7%
<i>Type of approach:</i>	
Family-centred	92.5%
Child-centred	39.0%

SOME QUOTATIONS FROM THE QUALITATIVE STUDY

- × *"It isn't always good for children to participate, because some procedures require a certain distance between children and child welfare services to avoid re-victimizing the child"* (Psychologist)
- × *"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)
- × *"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)
- × *"My children have come along because there was nowhere for them to go, not because I wanted to bring them."* (Mother)
- × *"They should also help little kids. They can talk at 4 and they could be helped."* (Daughter, 10)

CHILD-FRIENDLY SPACES AND AGE CRITERION

Questionnaires responses according to professionals (N=225)

On the adaptation of the Social Services Centres (CSS) for children:	Quite often / almost always
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%
Age at which children are directly involved 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%

SOME QUOTATIONS FROM THE QUALITATIVE STUDY

- × *But it's all really cold and impersonal, because if you've been through a bad experience, even if you don't know what it is, you know what you're there for, and it's all really cold (Daughter, 15)*
- × *"We bring what toys we have and they're recycled to make a space for young children. You make do with what you've got." (Social worker)*
- × *"I think an area is needed for children, because having a child sit at a table is too formal." (Mother)*
- × *"They told me they were coming to see if I was ok and they asked me 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)*

PROFESSIONAL PROFILES

According to Database and Questionnaires to professionals

Professional profiles at the CSS in Barcelona	Distribution professionals City council (N=443)	Who child care cases are assigned to (according to database) (N=7.676)	Who did answer the Quest. (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%

HOW MUCH CHILDREN AND FAMILIES KNOW ABOUT THEIR CASEWORKERS' PROFESSIONAL

According to interviews and focus groups

Categories:	Quotes	According to:			
		Children	Mothers	Fathers	Practitioners
No differences 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	-	-
Total Quotes	81				

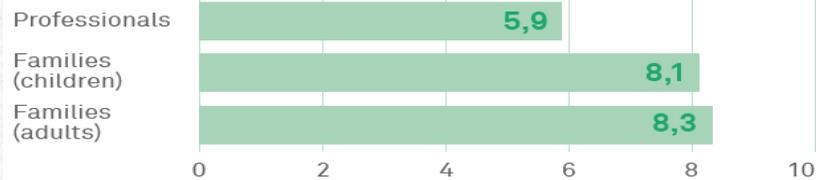
SOME QUOTATIONS FROM THE QUALITATIVE STUDY

- × *"Not the profession, for me she was the assistant, but I don't know what kind of profession that is." (Father)*
- × ***"I don't know what profession it is. I only know he's an educator."(Daughter, 10)***
- × *It's very clear when the psychologist intervenes (...). The social worker shouldn't just sort out financial support. I don't know if a social educator always has to be involved or we just do things this way out of habit." (Social worker)*
- × ***"Maybe we don't explain what we do clearly enough, or why we're there, or what we are (...) I think we're not always well-regarded possibly because we don't explain things well enough." (Director)***

DEGREE OF SATISFACTION



Level of satisfaction



- × *Adults and children valued the sympathy and kindness shown by the professionals, the establishment of an attachment and the promotion of empowerment.*
- × **The access to material resources often took second place.**
- × *Professionals valued involvement, motivation, availability, sensitivity, experience and professional training.*
- × *Everyone gave importance the resources for children in the local area.*

SOME QUOTATIONS FROM THE QUALITATIVE STUDY



- × *I think what made me feel better wasn't the fact that I might get financial help, but that you could go there and ask for information about how to do it on your own or go about it yourself, because you're totally overwhelmed and you need some advice or just to hear someone say they believe in you. Those are the things - not just the money - that lift your spirits and help you look for a way to find a solution to your problems on your own, which is what we want to be able to do (A mother)*
- × *The peace of mind knowing they were there. At any time, if anything happened to me, I knew I could go there and I'd get a response. They transmitted that confidence to me (A mother)*



CLOSING A CASE

Most common reasons:	According to database	According to 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%

How to explain it to children and their families According to interviews and focus groups	Quotes	According to practitioners
Difficulties in providing families with feedback	21	21
Problems to close cases depending on outcome evaluation	7	7
Closure due to family leaving service area without notice	5	5
Administrative closure	5	5

The ending is not always based on a mutual sense of **closure**.

RECOMMENDATIONS (1)

- × Interventions with children should be clarified and differentiated **according to professional roles** and type of intervention. Support must be given to interdisciplinary team work.
- × More adequate support is needed for **evaluation** management: to establish an enhanced data collection system that enables outcomes to be identified and evaluated; to promote an evaluation culture among practitioners and policy-makers.
- × 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.

RECOMMENDATIONS (2)

- × A **child-centred approach** should be promoted, incorporating this approach in case evaluation and effectively taking children's views and opinion into consideration.
- × Child care environments and the **language and techniques** used by the Social Services continue to **be adapted to children**.
- × Communications with children on case plans need to be improved (**Training**). A model based on **stable relationships** should be promoted.
- × Social services **should be made known to all children**; they should be **present 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.