



Voice of the Child Practitioner Briefing

This briefing aims to help practitioners and their managers understand the voice and lived experience of children. This briefing is just as important for those working with adults who are parents and we refer to children which includes young people.

The voice of the child is of paramount importance in testing out whether the apparent outcomes of interventions are having the desired impact for them. Seeking their views will ensure that there is not over reliance on parental accounts which can therefore minimise the risk of disguised compliance. Practitioners need to ensure the voice and lived experiences of the child runs through everything they do and that the child's perspective is clearly visible throughout any assessment that affects them and taken into account no matter what their age or ability to communicate directly.

Ask yourself:

'Do I understand what this child's life is like, what do they do each day? How do they feel about their lives, how would they want things to change?'

Why this is important? Children's right to be heard:

- the right of a child to be heard is included in the [UN Convention of Rights](#)
 - the [Children's Act 2004](#) emphasises the importance of speaking to the child as part of any assessment
- Reviews have consistently highlighted the following learning;**
- children were not seen enough by the practitioners involved, nor asked about their views or feelings.
 - adults who tried to speak on behalf of the child were not listened to and they had important information to give.
 - parents stopped practitioners listening/seeing the child.
 - practitioners focused too much on the needs of the parents/adults, especially vulnerable adults and overlooked the implications for the child
 - agencies did not interpret their findings well enough to protect the child.

Please watch this video developed by children (click on the image below).



Top Tips for practitioners recording: Voice of unborn babies

When a family is expecting a new baby, complexities in the antenatal period can become a priority and this can sometimes lead to the unborn baby's voice not being heard. Therefore, practitioners must use their skills to interpret what life is like in the womb and how this may impact on them when born. Things to consider include

- Are parents attending for appointments? If not, what does this mean for their unborn baby?
- How do the parents interact with their unborn baby? Do they talk to them and stroke their bump? What is their body language like when discussing their baby?
- What is the environment like for the unborn baby? Babies can hear in the womb, what are they hearing?
- Are parents preparing for their baby? Do they have the equipment they need? Is the home environment safe for a baby to live in?

Top tips for practitioners recording;

Children may have means of 'speaking' other than verbal speech such as Makaton or signs and symbols, so be creative

- encourage children to draw or write about themselves and their lives
- use a range of ideas; start off non-specific such as 'draw your favourite food, favourite pop star' then be more directive such as 'draw where you live, who lives there, draw a picture of a happy day, a sad day, what do you wish was different, who is special' etc.

Describe a child's physical appearance, do they appear thin, pale, dark shadows under their eyes, listless, or do they appear curious, 'smiley', active.

Observe the interactions between the child and their parents/carers, is there any difference in their interactions with other people?

Describe the child's interactions with practitioners;

- what is your hypothesis about this behaviour?
- does the child appear relaxed, wary, or overly familiar?
- does the child respond as you would expect a child to respond in that situation?

Ensure you include the views of other significant people in the child's life who may have contributions to make about their experiences such as siblings, grandparents, aunts, uncles, neighbours and teachers. Research has found that these people often had a unique insight into the lives of children yet their views are often given less weight than the views of practitioners.

Include the views of fathers; they may have useful info to share, even if there are concerns about them.

Use independent advocates to ascertain children's views as sometimes they can bring valuable context to children's experiences

Encourage children to participate in plans drawn up about them –they can do this directly by attending meetings or contribute by putting something in writing or drawing a picture, or giving someone a 'message' from them

Practitioners to be reminded of the importance of information relating to children's disabilities and ethnicity is known and recorded on their file. Please

consider this in your interactions with children and families and when recording on your agency records.

Source: [Manchester Safeguarding Partnership Resources for Practitioners](#)



Gillick competency and Fraser guidelines;

When consenting to medical treatment, the terms 'Gillick competence' and 'Fraser guidelines' are frequently used interchangeably despite there being a clear distinction between them.

Gillick competence is concerned with determining a child's capacity to consent.

Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

The **CQC** have published a '[myth-buster](#)' to clarify the principles, laws and guidelines used when assessing children's ability to make decisions about their treatment, as well as the differences between Gillick competence and Fraser guidelines.

The **NSPCC** have published [Gillick competency and Fraser guidelines](#) to help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.



Other useful resources;

Pan Bed Interagency Child Protection Procedures - [The Voice and Lived Experience of Children and Young People and A Day in My Life Practice Guidance Tools](#) – all ages. [Voice of the Child Toolbox](#)

NSPCC: [Learning from case reviews –thematic briefings](#)

SCIE/NSPCC -Inter-professional communication and decision-making: [Practice issues from Serious Case Reviews –learning into practice](#)

Top Tips for practitioners recording: Voice of babies and young children

Like with unborn babies, very young babies and children who are unable to verbalise their thoughts and feelings will rely on the skills of practitioners to interpret their voice. Practical ways to gain the voice of these children could be:

- Observing a child's play –is it age appropriate? How does the child interact with different adults in play? What might the play be showing you?
- How does the child act around familiar adults? Do they act differently with one compared to another?
- How does the child interact with unfamiliar adults? Is it appropriate?
- Are they taken to appointments to ensure their needs are being met? **Video: [Was Not Brought](#)** encourages practitioners to reflect on the impact that missed appointments have on a child's wellbeing.
- Does the child seek comfort from a care giver when upset/hurt/tired?