Abstract

Despite the introduction of guidelines and procedures aimed at encouraging and supporting children and young people to complain about the services they receive, children in care still face barriers to doing so in practice. This paper explores what happens when children in care are dissatisfied with the services they receive. Specifically, this study examines the complaints procedure for children in care. The findings are based on semi-structured interviews with children in care, social workers, senior managers and independent reviewing officers from one English local authority. Thematic analysis of this data identified five emergent themes: (1) complaints by children in care are managed at the lowest possible level, (2) senior managers have an overly optimistic view about children in care being informed of complaint procedures and being encouraged to do so, (3) children in care are worried about complaining, which is recognised by professionals, (4) children’s voices are often not heard and (5) when issues are clearly defined, independent reviewing officers have some degree of success in resolving complaints from children in care.

Introduction

Most children in care have experienced trauma at some point in their lives (Wade et al., 2011). Children in care, like all children, must be provided with stable and loving homes where the rules and boundaries are fair, consistent and appropriate for their age. Furthermore, children in care must feel a sense of belonging, an age-appropriate sense of empowerment, control over their own destiny and a feeling of being loved and valued (Pert et al, 2017)

In 2017, almost one in ten children in care surveyed by Ofsted reported that their foster carers or staff at children’s homes rarely or never helped them when they were upset (Ofsted, 2017). Given that children in care and care leavers consistently have some of the worst outcomes of all children in the UK, this fact is concerning (Berridge et al., 2015). Almost one third of children in care leave school with no qualifications (Mannay et al., 2017.) The mental health of looked
after children is significantly poorer than that of their peers with almost half meeting the criteria for a psychiatric disorder; in comparison 1 in 10 of non looked after children suffer from a diagnosed mental health disorder (Luke et al., 2014), whilst there are disproportionate numbers of children in care and care leavers in the Criminal Justice System (The Who Cares? Trust, 2016).

This paper explores what happens when the services received by children in care fail to meet their needs, or when they are dissatisfied with the services they are provided.

**Complaining as a social construct**

In general terms complaining is stigmatised, as such, individuals may refrain from complaining out of fear of being characterised as rude or impolite (Cowan and Halliday, 2003; George et al., 2007). Best and Andreasen (1977) posited that high socio-economic status households were more likely to complain, due, in part, to either greater access to resources or out of a higher sense of self-worth. Hirschmann (1970) demonstrated that clients who were more capable of exiting relations with an organisation were also more effective at voicing their complaints. In contrast, disadvantaged groups in society, particularly those unable to exit a service, invariably feel they should be grateful for any service they receive. Consequently, they often resign themselves to the expectation that they will not receive a fair service that meets their needs (George et al., 2007). Lipsky’s research, conducted during the 1970s and 1980s, concluded that ‘poor people receive a qualitatively different kind of treatment from the state’ and that because this is non-voluntary for many of these clients, professionals had ‘nothing to lose by failing to satisfy clients’ (1980, p. 54). It has been argued that children are even less likely to challenge the service they receive and tend to accept what adults tell them (Muench et al, 2017).

Complainants are most satisfied when the organisation responds flexibly and quickly (Hanna, 1992). Complainants also feel that complaints procedures are most effective when they are impartially administered or when an independent or lay-person is included, and it is important to them that they believe the organisation will change things in the future as a result of their complaint (Donaldson and Cavanagh, 1992; Mulcahy and Lloyd-Bostock, 1994). In other public services, such as policing, it is particularly important that effective, clear and accessible complaints procedures are well managed in order to build and maintain trust between the service and the service-user. Since service-users have little choice between services, and
may not be able to exit the service at all, it is key that the relationship between the two is preserved as much as possible when a grievance occurs (Goodman Delahunty et al., 2013).

*The history of complaints procedures for children*

The Children Act 1989 instantiated the right of children in care to complain in an attempt to reduce the abuse of children in institutional care. There was a perception that the abuse of children in care had continued as a consequence of complaints not being heard (Levy and Kahan, 1991). While there were indeed children who complained but were not heard, a complaints procedure can only truly be successful if children feel empowered to complain in the first place. The notion of there being a power imbalance between children and the professionals who support them is extensively supported by social work research, which identifies that children and young people feel they have little power and perceive social workers as holding control (Barnes, 2009; Munro, 2001; Farnfield, 1998). In practice, this means that children may remain silent despite dissatisfaction or even if incidents of abuse have occurred. Therefore, children must be, or must feel, empowered before they can effectively engage with the complaints procedure.

With regards to this issue, during a debate in the House of Lords in 1989, Lord Meston described complaints as being akin to a social construct designed to enable the continuity of relationships, rather than, say, being purely a mechanism of redress. He said, “There should be a specific complaints procedure to deal with matters, which may be relatively trivial or serious, that need to be ventilated and redressed, but which perhaps are not appropriate matters to put before the court”. Thus, he argued there were three reasons for implementing complaints procedures: to enable problems to be diffused easily and quickly; to maintain standards of service delivery; and to protect children (Hansard HL Deb, 17 January 1989:175).

The Children Act 1989 dictated that children’s wishes and feelings should be ascertained and considered in the provision of services, whilst Section 26 of this Act introduced the requirement that local authorities should establish complaints procedures. Roche (1999) and Lowden (2002) argue that this specific section was rash because in 1989 adults still failed to adequately acknowledge the rights of children. Indeed, children’s involvement and participation in the services and decisions that affect their lives continues to be underplayed (Pert et al 2017). The concept that a complaint is a useful quality and feedback measure was also deemed to be premature, as researchers noted that this was still not welcomed by local authorities (Waterhouse, 2000). The Waterhouse Report into sexual abuse in care homes also (conducted in Wales between 1974 and 1990) highlighted that children do not complain
because they are embarrassed or ashamed, lack full understanding of the severity of the events that occurred or fear reprisal, and, as such, may be “justified” in their cynicism towards complaints handling (Waterhouse, 2000, p. 426-427).

Consequently, the mechanisms for children to complain were reconsidered in the Adoption and Children Act 2002, which introduced the role of the IRO whose role it is to ensure that looked after children’s care plans meets their needs. If an IRO is unhappy about a care plan, and they have been unable to resolve this with the team manager informally or during reviews, then they have the ability to raise their concern with the Children and Family Court Advisory and Support Service (CAFCASS). However, this mechanism is rarely used: as at February 2015 there had only been 10 referrals by IROs to CAFCASS (Dickens 2015). IROs also have the option to raise concerns with the inspectorate Ofsted as well as with the Children’s Commissioner. IROs are required to ensure children know about the complaints procedure (IRO handbook chapter 6) in each Local Authority and they should support young people to make complaints when they deem it appropriate. There is also potential overlap between complaints procedures and the dispute resolution processes that are in place in Local Authorities which IROs can use to challenge practice. There have been a number of research studies completed recently on the role of the IRO. In 2013 Ofsted explored the efficacy of the IRO role, findings indicated a general dissatisfaction with reviews amongst children and the feeling that IROs were not meeting the specifications of their role in terms of ensuring young people participated meaningfully in their reviews. Jelicic et al (2014) also carried out a study which considered in depth the IRO role, it concluded that children’s experiences of IROs varied greatly, some had a very positive experience and some a more negative one. There is increased scrutiny over the efficacy and independence of the IRO service, with the recent Fostering Stocktake report commissioned by the Department of Education suggesting that local authorities should be able to abandon the IRO role (Narey et al., 2018).

Moreover, under the Adoption and Children Act 2002, a requirement was introduced for local authorities to provide an advocate to those children making a complaint. The subsequent policy supporting this Act was the Every Child Matters document in 2004. This purported that “vulnerable children and young people [should] get the help they need, when they need it, however small or large their complaint” (DfE&S 2004, p. 5). A key tension, however, is that advocacy services are commissioned by local authorities. Service providers risk losing (or believe they may lose) the contract if they vociferously challenge the local authorities.
A new standardised format for how local authorities should deal with complaints was introduced in Representative Procedures (England) 2006, which partitioned it into three stages:

Stage 1: Informal Complaint. The complainant should receive an acknowledgment of their complaint along with detail of the complaints procedure and advice on obtaining an advocate. The local authority must appoint one of their officers who must try to resolve the complaint within 10 working days.

Stage 2: Formal Registered Complaint. The local authority must appoint an independent person to consider the representations. Investigations should be completed within 25 days.

Stage 3: Review Panel. The local authority organises a review panel that consists of 3 independent persons. The panel compiles a written report and the local authority must, within 15 day of receiving the report, determine what they propose to do and inform the complainant.

An interesting contradiction has arisen within this system. Whilst making a complaint should be easier for children now that advocacy services are available and there is legislation and policy in place, it is also well-established that many children in care feel unhappy with the service they receive. However, the number of complaints registered by children in care remains very low. While national statistics on complaints from looked after children are unavailable, the best indication of their rate of occurrence comes from Ofsted’s 2012-13 statistics on fostering. From the data submitted by all 152 local authorities across England, a total of 216 complaints were reportedly received from children in foster care. That equates to 0.4% of the 53,369 children reported to have been placed in foster care that year. Of the 216 complaints made by children and young people, local authorities reported that 87 were not upheld (40%).

Both children and adults face barriers to complaining to local authorities and, in response, the Commission for Local Administration in England produced guidance in conjunction with the LGO, on good practice for running a complaints system (Local Government Ombudsman, 2009). The first key area in this guidance is that councils should make complaints systems accessible for their clients. The guidance encourages councils to provide visual information for those with learning difficulties or literacy problems, making systems accessible to children and young people, and while it is not specifically mentioned, the inference is that the

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information should be accessible for those for whom English is not a first language. The guidance is clear that it is “not a question of meeting minimum requirements but of taking an imaginative and informed approach” (Local Government Ombudsman, 2009, p.6).

While access to information and communication has become widely universal, there are still some residual issues around making such information accessible to clients of all ages and backgrounds (Keegan Eamon, 2004). In recent years local authorities, due to financial pressures, have tended to centralise their complaints services into one corporate complaints system. This can make it more difficult for children in care to access the complaints service, especially where the complaints form is generic and held on the corporate services section of the website, rather than under children’s social care.

Even where children do complain, it is thought that many grievances expressed by children are not recorded as complaints, but, rather, treated as informal service requests or feedback. This process of diverting complaints is legitimised on the basis that grievances are being resolved, but without a formal acknowledgment of grievances, or independent evaluation of them, there is no evidence of resolution (Neil, 2015). The Local Government Ombudsman (2009, p. 4) asserted: “There is no difference between a formal and informal complaint. Both are expressions of dissatisfaction that require a response”. This is not to suggest that every concern should be treated as a formal complaint, as, indeed, children do just want someone to listen sometimes and, it is desirable that complaints be resolved informally where possible (Pinkney, 2013; McLeod, 2000). Mediation and resolution, as close to the source of the complaint and as quickly as possible, may well lead to a better outcome and be more satisfactory for children. However, the lack of complaints by children in care against the system means it is difficult to ascertain the level of complainants’ satisfaction (Mulcahy and Tritter, 1998; Simons, 1995).

Complaints often centre on an individual feeling they have not been listened to. McLeod (2000) argues that children and social workers have different perceptions and experiences of what constitutes listening. Hence, even when social workers were focused and engaged in what they designated as ‘listening’, children believed they were not being heard. There is a growing body of research showing that children in care do not feel listened to (O’Quigley, 2000; Sinclair, 2004; Duncalf, 2010). Other research demonstrated that children and young people are concerned about how complaining would impact on their relationship with their social worker (Carmel, 1988). Children also tend to have a propensity to feel guilty or blame themselves for difficult situations; this is likely to be keenly felt by children in care who have experienced the breakdown of their family and often blame themselves. Children feeling
unable to voice their concerns can have long-term emotional effects, as they may blame themselves for not being confident enough to speak up when unhappy (Pert et al 2017)

There is a paucity of research on complaints by children in care, whilst the available data on complaints is limited (Muench et al 2017). Where complaints data is available, a recurrent theme is the emphasis on meeting deadlines and targets. Monitoring is geared towards quantitatively measurable statutory objectives, including timescales for completing bureaucratic duties (Ofsted, 2013; Clarke et al., 2000). This means that professionals may be tempted to place greater emphasis on adhering to timescales, rather than learning from complaints on a qualitative level.

**Methodology**

The research was conducted in one local authority in England and aimed to combine the perspectives of children and young people and those professionals working alongside them, including IROs, social workers and senior managers. The study explored the following questions:

- How do professionals working with children in care view and manage complaints?
- Why are children reluctant to complain?
- In what other ways do children voice their grievances or have their views heard?

The data presented here formed part of a broader study exploring children's participation and views of social workers and IROs, as well as professionals' views of participation. Adopting a purposive sampling method, children who had been in care for at least 6 months and who had attended at least one child in care review were recruited. Ten young people, eleven social workers, eight IROs and seven senior managers were interviewed in one large rural English local authority. All participants were asked specifically about complaints made by children in care and how these were managed. Ethical approval was granted by Cardiff University.

Semi-structured interviews were conducted with both young people and professionals, each of which lasted between 30-45 minutes. The young people were aged between 11-17. The data were thematically analysed through recourse to grounded theory in an attempt to discern how they ‘construct’ their day-to-day worlds with others via discussion. Thematic analysis ‘is the search for patterns in data and for ideas, which help explain why those patterns are there
in the first place (Bernard, 2006, p62.) As such the researchers followed Braun and Clarke’s (2006) six stages of analysis:

1. Familiarising yourself with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

One notable challenge encountered during this research was that none of the children interviewed had formally complained about a social worker or other professional. This was, in part, because so few young people had ever made such complaints. Those who had declined to participate in the study. This limitation is however balanced by relevant data from IROs and senior managers that were interviewed for this study.

Data from young participants has been triangulated with the views of professionals interviewed, all of whom had experience of young people making complaints. We wholly acknowledge that being unable to interview young people who had made formal complaints constitutes a weakness of this study, and it is suggested that future research addresses this.

Findings

All ten children reported that, at times, they had a social worker (or in some cases numerous social workers) who had not treated them well. All of them stated that complaining would have made their situation worse. It is also important to stress, here, that all the young people also reported working with ‘good’ social workers.

Thematic analysis of the interview data identified five key themes, which will be explored in detail below:

1. Complaints by children in care are managed at the lowest possible level.
2. Senior managers have an overly optimistic view about children being informed about complaint procedures and being encouraged to do so.
3. Children worried about complaining, which was recognised by professionals
4. Children’s voices were often not heard.
5. Where the difficulty was clearly defined, IROs did have some success in resolving the issue.
Complaints by children in care are managed at the lowest possible level

Frustration was expressed by all the young people, social workers and IROs interviewed about complaints by children not being taken seriously and being managed at the lowest possible level. The following exchange with an IRO, talking about a 16-year-old whose placement was moved in an unplanned manner, illustrates this:

IRO2: Our EDT got involved because … the child was refusing to go in. She was sixteen-years-old. And eventually she went in at two o’clock in the morning. I went down to see her a few weeks later and actually put a complaint together for her because she said she wanted to complain. She felt the way she’d been treated was really, really bad. And I agreed. Put the complaint in. And, of course, it was dealt with at stage one. She got an advocate….. She didn’t get a satisfactory answer. She got a kind of half-hearted apology from the deputy team manager. She wanted to go to stage two with the advocate. They wouldn’t have it.

INT: Who decides that?

IRO2: The complaints manager.

INT: And can they just say no?

IRO2: Yeah. It seems so.

What is especially concerning about this exchange is that this young person knew the service she received was unacceptable, however her attempt to complain and have her voice heard in a manner that allowed her to feel the issue had been properly dealt with was thwarted.

IRO1 commented: “In the end the child just gives up”. This feeling of giving up likely has an emotional impact on children, particularly those who have been let down by their families,. This example also raises questions about the efficacy of advocates and advocacy services, as there is no evidence to suggest that the advocate appealed this, formally or otherwise.

Some professionals felt keeping things at a low-level was the most appropriate course of action, and that their professional discretion could determine whether the matter should be escalated or not:
IRO4: If a specific issue comes up, or usually in my chat with the young person before the meeting starts, I talk with them about if they’re not happy what they can do about it. So that might be bringing the social worker in and saying “what are we going to do about this?” Keep it at a low-level. If I feel it’s more significant, I might think with them more about the role of an advocate and I’ve referred loads of people for advocates in my time.

The difficulty with professional discretion being used in this manner is that it is not empowering for children or young people, because they are still restricted in the information shared with them, whilst decision-making about the validity of their complaint remains subject to gate-keeping by a professional.

*Children worry about complaining, which is recognised by professionals*

A recurrent theme in the interviews with young people was that they worried about speaking up. Every young person referred to having “stayed silent” at some point when in care, because speaking up either felt too difficult or pointless as they would not be listened to:

INT: Okay, so you’ve had one social worker the whole time.

George: Yes, that was more because I was too afraid to challenge him and change to a different one though.

Some of the young people had very negative views of some of their social workers but they still did not consider complaining. For example:

Charmaine: I didn’t like my first one. I hated her. She was terrible. She didn’t get anything done at all. For the whole six weeks holidays in the summer I wanted to stay at my friend’s house to be like a normal person. I asked her to get my friend’s house police checked and everything so I could stay there and six weeks later she still hadn’t done it. She would always be late.

INT: Did you consider making a complaint about this social worker?

Charmaine: No there would have been no point, it would have just made things worse.
Professionals working directly with children and young people expressed how difficult it was for children and young people to complain through the language they used. For example, IRO1 referred to one young person he worked with as ‘brave’:

IRO1: One time, years and years ago, there was a boy in a foster placement and his social worker wasn’t any good, and he was brave enough to say so and he made a formal complaint.

Four of the seven senior managers interviewed endorsed the notion that children were right to be worried about complaining, as, from their experience, there were times that this impacted upon a child’s relationship with their social worker:

SM1: In a small minority of cases the social worker has taken it as an offence that there’s been a complaint and has then complained to the young person which is not on.

SM7: He said, well my social worker told me off for complaining because he got him into trouble. So yes, I think it is a difficult one for young people to [complain]

The most troubling aspect of these exchanges is the suggestion that young people feel worried about complaining and social workers feel concerned about being blamed when a child they are working with complains. This could potentially lead to a blame culture and, in turn, leave children not feeling confident enough to challenge decisions they are unhappy with.

Children’s voices were often not heard and social workers seemed to accept that this was part of the system

In instances where young participants voiced opinion, they reported feeling that they were not listened to and expressed that “I had no choice” or “I wasn’t asked my opinion”. It was notable that all social workers reported that children and young people’s views could be disregarded and, moreover, that agency processes enabled this:

SW11: I don’t always think we’re that good at allowing children and young people to say what they want if it’s in conflict to what’s written. I think we take that away from them because it’s that “they’re in care, we need to protect them, we need to make these decisions for them”, and I think that comes down to again the view that it’s statutory, it’s bureaucratic, and we’re there to set things and put things in motion, and we’re not as flexible as we should be, and we maybe don’t say to children and young people
“this is a plan that we’ve put in place” or “we need to look at a plan for this, let’s do it together”.

Here, SW11 shows insight into the way the system is set up, inasmuch as the forms and the bureaucracy take prominence, rather than there being a discussion with the child or young person to ensure that they play an active role in the decisions that are made about their lives.

Another social worker reported that children and young people may be unable to get their views heard:

SW6: Her [the young person’s] involvement was tokenistic because she had an advocate who would share her views, but she couldn’t understand why the advocate didn’t carry the weight of opinion that I did or the other professionals in the room.

What is particularly interesting about this comment is the assumption by the social worker that their opinion and that of other professionals in the room should carry more weight than the advocate or the young person. Indeed, this assumption is so engrained that the social worker provided no explanation for why their opinion was of greater relevance.

In terms of the young people’s views of review meetings most of them found them boring and pointless and sometimes scary. However again none of them considered complaining about this as they felt it would just make things worse.

*Where the difficulty is clearly defined, IROs can have some success in resolving the issues*

Most of the young people stated that at times IROs were able to resolve fairly straightforward things such as ensuring young people saw a dentist regularly but they were less effective at resolving more complex issues such as contact with siblings.

Keira: Like my health checks would be sorted, all my… like the day to day schooling would be sorted, but when it came to contact if… like the IRO would help me try and get it but it’s obviously not her decision, that’s up to the social worker.
Overall, IROs appeared to be more responsive to children’s needs and showed greater recognition of the importance of children’s voices being heard than social workers and senior managers. IROs reflected upon the impact of children not being listened to:

IRO5: It can get really quite challenging sometimes, young people storm out of meetings. And I’m sure a lot of the time there’d be themes to those scenarios which are about not feeling heard.

Several IROs were able to cite the following examples of when they had advocated on behalf of a child or young person. Where the issue was clearly defined and narrowed, most had examples of success. This was exemplified by IRO5s account of a young person with very few clothes who was living on a Care Order with her mother:

IRO5: We had a meeting downstairs with her mum and everybody, and the girl lost it, because I was saying, ‘Right’... because I’d said to her, ‘Do you want an advocate?’ ‘No’. ‘Do you want me to do something about it?’ ‘Yes’. ‘Well, there’s a limit to what I can do about it, but I’ll do my best, and if I can’t, then we’ll talk about an advocate’……. Why didn’t I do that before? When I’ve got 50 [cases]. I work three days a week. But so now I’m making it my business.

IRO3 discussed the role that IROs can play in helping children at least feel that their voices have been heard, even if they do not get the desired outcome:

IRO3: I think they’re probably quite successful I would think, because quite often we know about those concerns prior to the review, especially if you’ve spent any time with the child. So, we can bring it up on their behalf. We can then talk about it openly then because we set decisions at the review.

The aforesaid difference in attitudes towards the importance of the child’s voice between social workers and IROs calls into question the proposal by the Fostering Stocktake (2018) to disband the IRO role. It can be discerned from the preceding discussion that social workers appear to be more attached to the bureaucracy, more fearful of a blame culture and less able to exercise professional discretion, while IROs appeared to be more confident in their professional views, perhaps because oversight of the care plan and challenging poor practice is a key part of their role (Dickens et al, 2014).
Discussion

The findings of this study will now be discussed in relation to the three research questions.

How do professionals working with children in care view and manage complaints?

This study found that complaints by children in care were managed at the lowest possible level, and that professional discretion was exercised to determine whether complaints should be escalated via formal procedures. Consequently, even when children were aware of their right to make a complaint, they encountered barriers exercising this right. The young people interviewed for this study all stated that, although there were things they wanted to complain about, they did not as they felt it would have made things worse for them. These findings are in accordance with Parry et al. (2008) and Dickens et al. (2014), who found that social workers and team managers often played a gate-keeping role with respect to complaints and had a tendency to downplay complaints to resolve issues outside of formal procedures. Indeed, some professionals avoid the use of formal complaints mechanisms as these are viewed as being a ‘pointless and unnecessary layer of bureaucracy’ (Parry et al., 2008, p. 14).

Furthermore, this study found that, even when children in care did complain or voice their opinions, this did not carry equal weight to the professionals and, consequently, were not always listened to. As aforementioned, earlier research has highlighted how children and young people can feel powerless in their relationships with social workers (Farnfield, 1998; Munro, 2001). As Adams et al. note, ‘the power and status imbalance is firmly with the worker who is advantaged as a representative of the state’ (2009, p.16). Whilst this imbalance was recognised by social workers in the present study, it was viewed as simply being ‘part of the system’. These findings are in accordance with Barnes’ (2009) study, in which interviewed social workers also recognised the presence of a power imbalance between themselves and young service users, but saw this as relatively unproblematic and natural in light of the fact that children and young people are ‘immature’ and ‘dependent upon adults’ (Barnes, 2009).

A commitment to anti-oppressive practice is central to core social work values (BASW, 2012) and includes the empowerment of children and young people. However, social workers may encounter difficulties in achieving the right balance between exercising their powers to protect children and young people, and working in collaboration with them (Cossar et al., 2016). Social workers (and other professionals) should consider these power imbalances more explicitly in their work with children and young people (Cossar et al., 2016), so that ‘the imbalance be negotiated in a manner least likely to be oppressive’ (Adams et al., 2009, p. 22). Furthermore,
as previously noted, not feeling listened to may have a negative emotional impact on children in care, as it may ‘compound or reactivate [the] feelings of powerlessness’ (Cossar et al., 2016, p. 104) that were triggered by being removed from one’s family and placed in care.

Children’s reluctance to complain

The findings from this study also underscore that children are reluctant to make complaints against children’s services, as they perceive this to be either pointless or too difficult. These findings resonate with Pithouse and Crowley’s (2007) research, which found that young people did not complain because they felt as though they were not listened to or taken seriously by professionals. Similarly, Barnes (2009) posited that children may refrain from complaining about social services, as they feel ‘it is not worth it’. Moreover, Neil (2015) found that children often find alternative, maladaptive methods of resolving their grievances... For example, a child who is unhappy in their placement may go missing, self-harm or display violence against their carer to force a placement breakdown.³

Although it is positive that some of the professionals interviewed in this study recognised and understood the difficulties children face in making complaints, it is concerning that the majority of the senior managers felt that children were justified in being worried about complaining, due to the negative impacts this may have upon the child/social worker relationship. The findings of this study suggest that this may be due to the existence of a ‘blame culture’ in which social workers are fearful of being blamed when a child they are working with makes a complaint. The suggestion here, then, is that social workers, to some extent, have to keep the child on board and, as Lipsky (1980, p. 54) noted, keep clients compliant. This does not engender a positive learning culture where children and young people’s needs are considered a priority.

In the broader research, it was noted that senior managers took little responsibility for service failings, instead directing these towards individual social workers (Diaz and Aylward 2019). The Munro Review of Child Protection (2011) argued that social workers need to assert their professional standing and develop their expertise in working with families, and that this would subsequently lead to a move away from the compliance and blame culture within child protection services towards a learning culture in which professional judgment and effective relationships with service users improve services to vulnerable children and families. Munro’s
(2011) challenge is far from being met by leaders and practitioners in the childcare social work field; indeed, this has become even more difficult in light of the cuts by the current government.

In what other ways do children voice their grievances or get their views heard?

The findings from this study demonstrate that IROs were generally more responsive to the needs of children in care, as well as showing greater recognition of the importance of their voices being heard, than social workers and senior managers. This is consistent with previous research which found that children and young people generally view their IRO positively and that IROs often play an advocacy role, either directly or by referring children to independent advocacy services (Dickens et al., 2014). Despite this, children and young people may not perceive their IRO as having a role in supporting them to make complaints against a local authority (Jelicic et al., 2014). Furthermore, there is conflicting evidence about the extent to which IROs fulfil their duty of resolving complaints via formal procedures where necessary. An inspection by Ofsted (2013) found that IROs did not consistently understand or utilise formal dispute resolution processes, whilst Dickens et al. (2014) found that complaint escalation procedures were used by most IROs in their study. Nonetheless, despite inconsistencies in extant research, it is fair to suggest that for some children in care, the loss of the IRO to advocate and speak on their behalf could be keenly felt.

This study also found that independent advocacy services, designed to promote the rights of children and young people, can also be helpful in ensuring that the voices (and complaints) of children in care are heard. Indeed, such services can help to ‘redress power imbalances’ (Braye and Preston-Shoot, 1995, p. 139), without which, ‘changes in the balance of power are unlikely’ (Barnes, 2009, p. 45). Furthermore, Barnes (2009) highlighted that young people expressed that they would like advocates to assist them in making complaints, expressing their views and challenging decisions made by social services.

However, this study found that the views of children’s advocates are not of equal weight to other professionals. There are manifold reasons why the views of independent advocates may be discredited by other professionals. Firstly, complaints can be seen as an attack on organisational or professional security (Oliver and Dalrymple, 2008) and, as such, independent advocates may be ‘viewed with suspicion by risk-averse welfare systems’ (Parry et al., 2008, p. 7). Secondly, advocates may be resented by those social workers who ‘view themselves as the rightful and determined professional best able to voice a child’s needs’ (Parry et al., 2008, p. 12). Finally, advocates may be viewed negatively by professionals who
are personally implicated in a complaint. Having said this, it has been found that relationships between advocates and other social care professionals can improve over time (Oliver et al., 2006). Thus, in order to ensure that negative attitudes towards independent advocates do not act as a barrier to children’s voices being heard, awareness of the advocacy role should be increased amongst social care professionals (Oliver and Dalrymple, 2008).

**Conclusion**

This study aimed to explore what happens when the service received by children in care does not meet their needs, or when children in care are dissatisfied with the services they are offered. More specifically, this study focused on what happens when children in care face barriers to complaining, how their grievances are perceived and managed by professionals, as well as exploring the alternative means by which children express their views outside of a formal complaints system. Similar to previous research, this study found that, despite the introduction of guidelines and procedures aimed at encouraging and supporting children and young people to complain, children in care are still wary about making complaints about the services they receive (Pithouse and Crowley, 2007; Barnes, 2009). This was found to be the case even when children were aware of the complaints mechanisms available to them. Further barriers to complaining for children in care were also identified within this study, including gatekeeping by professionals, power imbalances and the existence of a ‘blame culture’. Given that a complaints mechanism was built into the Children Act 1989, partly, in an attempt to give a formal voice to children who are abused in care, it is concerning that it remains largely unused. As we have seen in recent years, child sexual exploitation of children in care across the country has continued, and, much like during the Waterhouse scandal, children’s voices have gone unheard and the system has failed to protect them as a result (Waterhouse 2000; Ofsted 2014). While a complaints process now exists, as long as children face barriers in using it, it will remain largely ineffective. IROs and advocacy services nevertheless play an important role in ensuring that children’s views (including grievances) are heard and taken seriously by professionals. Having said this, it is important to acknowledge that this study took place in just one Local Authority in England and, as such, is not generalisable. Hence, it is important that further research is conducted to find out whether this issue is a systemic one.

**References**


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