Describe how the child's place in society and other issues related to counselling children and young people have affected your work with a particular client

The place of children in society differs according to the country they live in, their race, religion, class and gender, and whether they are disabled (Foley et al, 2001: 3). Even so, children are usually in a relatively powerless position, having been construed as:

> *"the passive recipients of adult protection and good will, lacking the competence to exercise responsibility for their own lives.*
> *In recent years we have begun to question the adequacy of this approach." (Lansdown, 2001: 87)*

We have moved from rescuing children for charitable reasons, to adopting policies to fulfil their needs (an investment in society's future), to the present emphasis on seeing children as social actors in their own lives, able to exercise a measure of that competence and responsibility (Montgomery et al 2003: chapter 5). This changing view of children affects the interventions we make in their lives and can be mapped from the 1924 Geneva Convention (the first specific children's rights document in the world), through the 1948 Universal Declaration of Human Rights (with clauses about special protection rights for children), the 1959 UN Declaration on the Rights of the Child, and finally to the 1989 UN Convention on the Rights of the Child (UNCRC). Only the USA and Somalia are not signatories to this, yet world progress in allowing children to participate in and orchestrate their lives is slow and spasmodic. Montgomery asserts that:

> *"Ensuring children's rights is radical, and sometimes controversial, because it necessitates a fundamental shift in power away from adults towards children." (Montgomery et al, 2003: 217)*

The difficulty of accepting this transfer of power lies in the current parallel demand for greater accountability from both government and service users, and continued parental nervousness about children's rights (Foley et al, 2001: 3-4). When offering children and young people any service, and counselling in particular, there is bound to be conflict between respecting the child's rights and being expected to answer for the consequences.

These wider social and political concerns form the background to issues that affect my work with one child in the microcosm of my counselling room.

Rebecca, 10, witnessed and experienced extreme domestic violence, culminating in her father taking a knife to her throat. She had issues of trauma, extreme fear of bullying, hypervigilance, lack of confidence and self-esteem, an expectation of needing to be rescued, and an inability to make lasting friendships.

The first thing to look at is her **referral and access** to counselling. Rebecca became involved with Social Services when her mother took the children and left the family home, finding initial refuge at a friend's empty house. Had she run to a women's refuge, Rebecca would have suffered further by being constantly moved to avoid discovery, thus having no reasonable access to education, stable friendships or counselling.

Various temporary housing continued for a year and the family was eventually rehoused at some distance, and Rebecca assessed as being 'in need' and offered voluntary support in terms of counselling to recover her natural progress to maturity.

The Children Act 1989 states that the Local Authority must provide suitable support for 'in need' children (Daniels and Jenkins, 2000: 13), counselling being one option.

This has worked straight-forwardly for Rebecca. But it is worth pointing out that even with the obligation under the Children Act to take into account a child's ethnicity, had Rebecca been black, her mother would have found it more difficult to avoid prejudice about their difficulties - black children are over-represented in the public care system (Barn, 1993). Additionally, rehousing a black child many miles away would have isolated her from her ethnic community group and introduced another risk factor (Bright Futures, 1999). Additionally, provision of counselling would possibly have contravened the family culture, causing friction and a sense of shame about sharing family business elsewhere. Against this could be argued the findings that children are able to recover more quickly from domestic violence once they live in violence-free surroundings, and this could supersede the community aspect of the decision. With any child, we no longer assume that the need to have contact with two parents overrides the right of the child to be free of violence (Humphreys, 2001: 147-8) and in Rebecca's case, moving away appears to have been the best plan.

At Rebecca's school there is a bought-in counselling service. Otherwise, Rebecca would have been referred to the local CAMHS team, which has a waiting list that would effectively mean no access. In 1991, the government became signatory to the United Nations' Convention on the Rights of the Child, which states that all children under the age of 18 have a right to the highest attainable standard of health (Article 24). But having a right does not ensure access to health provisions, possibly because current

government policies prioritise children's academic achievements over their emotional and physical well-being (Anning and Edwards, 1999).

Here, the head teacher has sought to provide a mental health service, but Rebecca's access to counselling was still a lottery because around 60 children compete for 21 slots. As Lines (2002: 15) points out: *"Serving a large school community in a designated social priority area will at times involve prioritization of referrals."* Rebecca's access to counselling is further constricted by us offering mainly a model based on non-directive play therapy and that most counsellors have no training in other methods of working with children. She is, however, able to undertake long-term work with me, when she might be limited to 6-8 sessions elsewhere for economic reasons. Our limited provision, although useful, does nothing to contradict the statements in the Bright Futures report that:

> *"Voluntary counselling services have developed on an ad hoc, piecemeal basis. … This has led to uneven levels and distribution of services, together with variability in skills levels held within services. … All too often these services are seen as marginal activities." (The Mental Health Foundation, 1999).*

My agency requires parental permission, as the children are minors. In this case, Rebecca was encouraged by her mother to attend, and wished to do so, representing Hart's level 6 participation (Daniels and Jenkins, 2000: 15). With a school-employed counsellor, if her mother had refused permission, the headteacher could have given his consent from the position of *in loco parentis* – if this was in her best interests – or he could have decided her Gillick competence to give her own informed consent to health treatment (*Gillick v.West Norfolk AHA*, 1986). In fact, at 10, Rebecca may have been considered not competent to give such informed consent: thirteen is considered a more

likely age in England for showing mature understanding of a course of action (although understanding is more important than age). My opinion is that this sometimes depends on familiarity with the topic and the child's cognitive stage of development. Research among 10-14 year olds in 6 countries suggests that 10-year-old children were able to weigh up multiple considerations relating to their own '*income, independence and autonomy, security, safety, health, openness to abuse … etc'* (McKinnon, 2003: 206) and relate it to their future prospects. But I judge that these children were in 'concrete' situations, balancing actual work/school experiences. Up to age 10, children often need a concrete basis to help them describe their views. Formal operational thought, which can work at one remove from the topic, usually develops only from about age 10 (Inhelder and Piaget, 1958). Counselling is a much more nebulous process to analyse than work and school attendance - and play therapy in particular is even less overtly associated with the problems that Rebecca knew she had. For this reason, I would not have assessed Rebecca as Gillick competent despite her being able to name her problems. But over-sixteens are allowed to give informed consent or refusal for their own medical treatment (in most cases) without parental permission, based on English case law (*Gillick v. West Norfolk AHA*, 1986). In Scotland, where she lived until the family break-up, the age for being deemed mature enough to form a view is defined in statute as 12 (Children (Scotland) Act, 1995, s. 6, cited in Daniels and Jenkins, 2000: 18).

Of course, Rebecca could have applied for a Section 8 Specific Issue Order under the Children Act 1989, to allow her to access counselling (Daniels and Jenkins, 2000:

79). But approaching a court might have proved too difficult for her in her circumstances.

The issue of **contracts and confidentiality** affects my work with Rebecca. I have to work to my agency's 'qualified confidentiality' guidelines, reporting disclosure or signs of the child being abused or abusing, or at risk of harm. Those working for Social Services and the Local Educational Authority are equally constrained in their employment contracts. However, if I worked in private practice, there would be no obligation to break confidentiality unless ordered to do so by the courts - with the exception of drug-trafficking or threat to national security (which must be reported to the police). Meanwhile I could work with the child to see how s/he would like the issue dealt with.

Having to work to the agency's contract raises issues for me in the eventuality of Rebecca disclosing further abuse or imminent harm. Firstly, breaking confidentiality against her expressed wishes might harm the therapeutic relationship and further weaken her sense of agency and trust in others, as Daniels and Jenkins (2000: 95) agree:

> *"The practitioner who maintains the role of therapist will be in a position to enable the client to make such a decision and then continue to offer therapeutic treatment should the child decide to involve outside agencies. The therapist who takes on the role of law enforcer, however, may confuse the client sufficiently for the child to lose faith in the therapist and/or to end treatment."*

On the other hand, Dennis Lines' (2002) view is that school counsellors should *never* promise absolute confidentiality since with teenagers there are likely to be issues not only of child protection but of drug use, sexual conduct, delinquency and suicidal

ideation. Rebecca's age makes these issues seem less likely at the moment, though on one occasion I was concerned about a displaced expression of suicidal behaviour. However, whatever the age of child, these are issues where I have to consider confidentiality, the law and a child's rights, which may be limited to those of being heard/consulted rather than of determining what happens (the requirement of the Children Act if statutory bodies are involved).

Another issue here for me is that, in my previous experience, once Social Services or the police are involved, the child is at risk of being objectified as the 'situation' takes over. The child is further harmed if removed from the house, when the stopping of the abuse would be preferable. This goes against my ethical principles of respect for the child's process and agency. I wondered how Rebecca interpreted my contract, what she understood by my provisos, how much she has *not* said in case it ends her counselling, and how I may feel if forced to act against what I think best.

Rebecca's records are confidential and kept securely on the premises according to my contract with her, but deemed to be 'mine' on termination. However, now or later, Rebecca could have access to them if considered of mature understanding or over 16. If not, her mother could access them. Therefore I keep factual accounts only. This covers Rebecca's right to privacy under Article 16 of the UNCRC - her mother would not be greatly enlightened to read that she orchestrated puppets to make friends with wild animals. I am also covered in the event of being sub-poenaed to produce her notes in court: I have assigned no interpretations to the facts.

I will deal now with the interrelated issues of Rebecca's **developmental stage, her place in the family and her family system**.

Whereas Rebecca is chronologically the youngest child, Rebecca's eldest sibling is a learning-disabled girl of 21. Her brother is 12. Therefore Rebecca has had to take on more adult responsibilities than usual, helping to look after the sister. Additionally, during the time of the father's violence, the family system caused Rebecca to be variously victim, witness or peacemaker (Montgomery et al, 2003: 143), the latter engendering perfection-tendencies (in an effort to prevent the violence) that fed into the adult-responsibilities issue. Consequently, Rebecca had been distracted from her natural developmental tasks, leaving a deficit that needed addressing in therapy.

During middle childhood (7 to 11), children need to develop a sense of industry and competence, forming deeper relationships with peers, comparing competencies and finding their place in the group (Wilson et al, 2002: 143). However, the need to be perfect causes Rebecca dissatisfaction with anything she does - experiencing stuck-ness instead of competence. Being different from her peers in terms of ability to trust and settle to tasks has given her a sense of inferiority instead of industry (Erikson, 1964). And she cannot risk the initiative of making and keeping friends: she understands better the machinations of adults.

I am aware that if these developmental steps are not achieved to a 'good-enough' extent before adolescence, Rebecca will have problems with establishing her sense of identity (Erikson, 1968). A child's intra- and inter-familial experiences are so linked to this work in therapy that I would prefer to have concurrent access to Rebecca's family. As Papp (1983: 7) says:

> *"The central ideas of this [family systems] theory are that the whole is considered to be greater than the sum of its parts; each part can only be understood in the context of the whole; a change in any one part will affect every other part; and the whole regulates itself through a series of feedback loops."*

This means that family consensus is needed over any changes Rebecca requires or makes - an agreement that the family's natural desire to maintain its original homeostasis will not undermine the effort she is making in therapy. Some organisations encourage this family contact. And if I worked privately I could propose it. One reason would be that Rebecca's mother assessed her child's problems in the initial SDQ (Goodman, 1997) as affecting her 'only a little' in class, leisure time and friendships, and as being 'only a little burden on the family'. Rebecca's own scores (and therefore judgement of her difficulties) differed to such an extent that I believe the family would benefit from time together to communicate. However, as her family has settled down with a new stepfather, Rebecca is becoming more relaxed and more able to be a child and play – evidenced in the use she makes of play therapy in resolving the major trauma and fears:

> *"Through symbolic play, troubled children spontaneously work through emotions experienced in frightening and confusing situations." (Wilson et al, 1992: 50)*

If the resultant changes in Rebecca are not accepted within the family system, she will be forced again into her previous role as victim, caretaker and mini-adult, leading to an absence of the morphogenesis needed in a healthy family system:

> *"… morphogenesis describes the behaviour within the system that allows for growth, creativity, innovation and change. (Course handout on systems theory, 2004)*

With regard to her biological father (technically no longer in the system), Rebecca has no wish to see him at present, but may one day need to talk about him to her mother and mourn his loss in order to complete that gestalt (Clarkson, 1989: 42). Her mother needs to understand this, because it would go against her own feelings of having made closure on her former husband.

Change and a new homeostasis in the family system should follow any change in Rebecca unless the family rejects the temporary destabilisation of the system necessary to effect this. The prospect of change will engender anxiety which, according to Kelly's Personal Construct psychology, is an *"awareness that the events with which one is confronted lie mostly outside the range of convenience of one's construct system"* (Bannister and Fransella, 1971: 173). Rebecca needs to become a normal girl, able to refuse to do things, do them sloppily on occasions, make her views known and be unafraid to challenge what is happening. Her mother does not construe her that way (hence her judgement in the SDQ scores) and her new step-father will be confused after knowing her for a short time and then finding he doesn't know her at all. But Rebecca cannot become herself without the explicit agreement of her family to endure the anxiety while it lasts and to reconstrue their own roles as well as Rebecca's. This is why I would prefer to be dealing with the family too.

Rebecca is not only part of her family system but also involved in her **family/local culture, school culture and youth culture**. As a former teacher working with a pupil, the school culture is well known to me. She and I have a common understanding about it, although our detail might differ. Her family and/or local culture impacts me more.

The area they live in is the fourth most deprived ward in the country, with attendant poverty, ill health, unemployment and lack of prospects. According to Panter-Brick (2003: 113), health difficulties linked to poverty give Rebecca nine years less life expectancy than I myself have as a person from a middle-class background, in good health, well educated and married to a banker. My personal view is that I do not have to have 'been there' to empathise, but it does mean that she often says something that makes me do an inward double-take. This is the world of borrowing to pay off debt, expensive presents instead of regular books or cultural stimulation ("*Children have a right to… participate freely in cultural life and the arts*" (UNCRC, Article 31)), and chaotic boundaries (possibly because no one has experienced the benefits of consistency). I have to be aware of acting on social guilt or a need to rescue. But this is my generalisation, of course, and Rebecca's life is not exactly that because she has relocated from another (albeit still poor) area – thus making her something of an outsider in an area where local loyalty is fierce. Deciding to support the town's football team has not meshed her into the local culture overnight and the meaning she makes of this has exacerbated some of her issues. Her mother tends to prevent her going to the shops casually on account of the ubiquitous bullying (it affects the mother too) but this is not helping Rebecca to integrate. The family has now adopted a culture of keeping themselves to themselves, and this contributes to making the family a partially-closed system because less information is going in and out. For Rebecca to adapt to where she lives, the family also needs some help, as I indicated earlier:

> *"It is important that the system is able to interact effectively within the environment, allowing useful information to be processed and screening out unacceptable information."*
> *(Course handout on systems theory, 2004)*

Apart from her school and local/family culture, Rebecca also belongs to youth culture. If she were a teenager, she might possibly be less willing to relate to me as an adult, more likely to declare that I cannot understand her, and less likely to discuss things openly. However, the youth culture of a female ten-year-old is more concerned with finding one or two good friends with whom to promise progressively 'friends', 'best friends' and 'friends forever'. Rivalries are intense and any fall-out a drama of enormous importance. Rebecca's experiences have made her an outsider to this practice too. She simply does not have those kinds of offers and cannot make them to others. If she were a boy of this age, sufficient peers available at lunch time to play Power Rangers or football would suffice, which would make her more included and inclusive without needing the same level of interpersonal skills. So the way Rebecca relates to me has been more like a mini-adult and less like a member of her youth culture.

In other ways, however, she has been like other primary children in my experience, willing to tell me what I do not know about any DVD, TV programme, music band or film star currently popular in the youth culture. A teenager, on the other hand, might perhaps feel scorn or be alienated by my ignorance - or even seek to cultivate that very difference to prove they are separate. This is part of what Erikson (1968) calls establishing a *coherent identity* to avoid *identity confusion/diffusion*, and the therapist would understand this rather than react to it.

Rebecca is not yet into pre-teenage things such as shopping at Claire's and wanting her ears pierced – something I see as interesting rather than abnormal. She has started judo classes, finding it easier to participate in youth culture by doing a common but parallel activity. (Interestingly, this fits in with her mother's preferences for her within

the family.) In middle class areas, many more children of ten would be at Guides, ballet, horse riding or music lessons, and in this respect she is still within a 'normal' microcosm of youth culture. But in her local area, some of her peers have already started to hang around together in town in preference to doing one of the few formal activities on offer.

My job is impacted by all these cultural facts, in that I have to equip Rebecca to survive in the culture and circumstances she now finds herself in, without trying to rescue her, and while helping her learn her own preferences and potency.

The quandary of who and how Rebecca will be in future is most clearly shown in her assertion to me that she wishes to be a professional potter. The ethos locally is that girls ditch their aspirations somewhere en route to school leaving age and get married, have several children in quick succession and live lives of relative poverty with a man who is unemployed or in a low-paid job. It is interesting that the Thompson Report (1982) recommends that

> *"young people need freedom to choose, to experiment and to reflect. … Some may need to have their confidence restored, perhaps through exposure to the probably unfamiliar sensation of being valued for their own sake, before they can be in a position to grasp these freedoms." (Section 3:9)*

One of my most useful roles therefore is to value her as we work together collaboratively, despite all the aforementioned issues that affect us. Support and understanding provided within the context of a confiding relationship has repeatedly been found to promote psychological wellbeing, esteem, confidence and resilience (eg Browne and Harris, cited in Howe, 2001: 204). In the absence of major progress being

made quickly enough in effecting the rights enshrined in the UNCRC, work such as this is probably the only way in which I can help change children's and young people's lives.

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