

## **Collaboration and conversations with children in Child Welfare Services – Parents' viewpoint.**

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### **Abstract**

Collaboration and conversations are important in meeting vulnerable children's needs in the context of Child Welfare Services (CWS). Building on 10 qualitative interviews with parents of children in Norwegian Child Welfare Services, this paper discusses parents' views on collaboration between children and child welfare professionals. The parents stated that a constructive collaborative relationship depends on professionals' attitudes towards the child, their ability to connect with the child and their awareness of how the child's emotions and how the parents influence the child–professional relationship. A collaborative relationship is essential for child welfare professionals to meet the child's needs and to help improve relations between the child and the parents. The parents asked for more collaboration between children and child welfare professionals. The findings call for more discussion of child welfare workers' tasks and competence.

### **Introduction**

Recently, Norwegian authorities have emphasized collaboration with children in the context of Child Welfare Services (CWS) (NOU: 16, [2016](#)). This obligation is not unique to Norway but is also relevant in other countries, as the United Nations Convention on the Rights of the Child (UNCRC, [1989](#)) confirmed children's right to be involved in matters affecting them. The Norwegian Child Welfare Act ([1992](#)) states that child welfare professionals should collaborate with children, parents and other agency providers in the helping process (§ 1-7; § 3-2). Often, adjoining agency professionals collaborate with CWS to strengthen the children's care, well-being, development and schooling.

Collaboration is a valued strategy when establishing good family–worker relations in child welfare practice (De Boer & Coady, [2007](#)). Collaboration also facilitates better service provision and makes families more receptive to child welfare interventions (Dumbrill, [2006](#); Littell, [2001](#)). Constructing casework as a collaborative process appears to be in line with children's own expectations (Cashmore, [2002](#); Pölkki, Vornanen, Pursiainen, & Riikonen, [2012](#); Thomas & O'Kane, [1999](#)). However, both nationally and internationally, studies suggest that collaboration with children is limited in child welfare practices (Juul, [2010](#); Myrvold et al., [2011](#); van Bijleveld, Dedding, & Bunders-Aelen, [2015](#); Vis & Thomas, [2009](#)). Midjo ([2010](#)) and Slettebø and Seim ([2007](#)) note that collaboration in CWS casework is a complex and challenging phenomenon, partly due to the double mandate of CWS to provide both assistance and control. Collaboration typically includes some forms of

conversation between the parties involved, and the agencies' public mandate will have an impact on the collaboration and conversations among the child, parents and the professionals.

Despite the existing literature, more knowledge on collaborative practices and the role of children as collaborators in the field of child welfare work is still needed (Christiansen et al., [2015](#); Slettebø & Seim, [2007](#)). Based on a research project on collaboration between Norwegian CWS families and different public service professionals, we have already published two articles from the child's point of view. In this paper, we explore parents' perceptions of collaboration with children in the context of CWS. The objective is to obtain a greater understanding of the challenges related to collaboration and conversations with children in the context of CWS. We believe that parents' experiences with both CWS and neighbouring agency practices can be informative when discussing assistance, follow-up and collaboration with children in CWS. We examine the following question: What can CWS learn from parents' perceptions and experiences with collaboration and conversations among their children and the child welfare workers and other agency professionals involved?

Parental views as means of informing child welfare practice have been less of a focus in research (Smithson & Gibson, [2017](#)). As reported by Dale ([2004](#)), it is important to allow families to inform child protection and welfare service practices. The existing knowledge is mostly based on analysing parents' (Christiansen, [1992](#); Slettebø, [2008](#); Smithson & Gibson, [2017](#)) and children's own relationships with professionals (Husby, Slettebø, & Juul, [2018](#); Jensen, [2014](#); Paulsen, [2017](#)), as well as professionals' experiences with the concept of partnership with children (Vis, [2014](#)).

In the following, we present knowledge about parents' understanding of child welfare collaborative practices with children and explain the concepts of collaboration and conversation. We then outline the research methodology and the findings before closing the paper with a discussion of some of the findings and their implications for child welfare practice.

### **Knowledge about parents' understanding of child welfare collaborative practices with children**

Based on parents' experiences with child welfare work in general, we can learn a great deal about parents' perspective on the process of collaboration in CWS casework with children. Parents believe that child welfare professionals should have first-hand knowledge of the children (Aamodt, [2015](#); Ghaffar, Manby, & Race, [2012](#); Slettebø, [2008](#); Strandbu, [2001](#)),

and conducting child welfare casework without contact with the child is considered inappropriate (Strandbu, [2001](#)). Moreover, parents claim that the various agency professionals involved should more fully consider children's positive resources, listen more to parents' information about their children and appreciate parental daily follow-up (Sandbæk, [2000a](#), [2000b](#)). Parents are grateful to workers who spend time with their children (Ghaffar et al., [2012](#)), and they expect professionals to conduct conversations with both parents and children; some parents also consider that these conversations should occur separately (Slettebø, [2008](#)). However, treating the child as an individual or partner appears to be difficult in child welfare work. Children are often not seen individually but in the company of their parents, and social workers have a propensity to let parents speak on behalf of their children, even when the children are old enough to speak for themselves (Ferguson, [2016](#)). Moreover, parents are unsure whether service providers are sufficiently skilled to allow children to be heard, and they fear that professionals do not truly understand the strength of children's loyalty to their parents (Slettebø, [2008](#)). Regardless, professional–child conversations are considered to be particularly helpful in overcoming strong emotions of fear towards child welfare interventions and the shame of receiving professional support (Fuller, Pacey, & Schreiber, [2015](#)). In one study, parents expected caseworkers to talk to the children about their personal difficulties, but the parents did not feel comfortable requesting such conversations and did not receive assistance in conducting such talks with their children (Strandbu, [2001](#)). Regrettably, some parents have reported that the child protection system is uncaring, inflexible and harmful for both themselves and their children (Smithson & Gibson, [2017](#); Strandbu, [2001](#)), and families must work with professionals who lack empathy (Ghaffar et al., [2012](#)). In contrast, other parents have reported that workers were responsive to their children, able to talk to the children in a friendly way and were sensitive to the children's needs (Ghaffar et al., [2012](#); Mason, [2012](#); Strandbu, [2001](#)). However, to succeed in social work with families, parents believe that professionals should assist each member of the family and should not only think of the child as an individual with personal/private needs but also deliver practical help to parents and be alert to parents' needs (Mason, [2012](#)).

A review of the literature indicates that parents welcome professionals who are becoming close to their children both physically and mentally and who are facilitating child conversations. However, studies also demonstrate that parents are concerned about whether professionals truly understand that children are part of a family system and that this family belonging can make it difficult for children to act on their own behalf. The parents also believe that they have an important mission to be supportive of the child and keep the agencies informed. This concern calls for further exploration and understanding of parents' views on collaborative practices with CWS children.

## **Collaboration and conversations with children**

Collaboration may be understood as a process of co-creation, generating new answers and conclusions regarding the parties' common case. Neither the issues nor their solutions are determined in advance; the parties must work through the issues together through dialogue, which is based on a subject–subject relationship. The opposite mode is to speak monologically or have a subject–object relationship (Aasland, **2014**). The dialogical mode of communication calls for a certain humility towards the perspective of one's partner and a willingness to adjust one's own perspective (Gadamer, **2004**). Graham and Fitzgerald (2010) argue that when engaging in dialogical conversations, professionals need to be willing to question their existing assumptions, prejudices and understandings and change them if necessary. This dialogical approach is more conducive to fully recognizing children, as they are invited to participate. Hafstad and Øvreeide (**2011**) argue that dialogical communications is always about the relationship and the content.

Collaboration as a starting point in child welfare work with children and their families means valuing dialogical communication as an epistemological stance (Tuttle, Knudson-Martin, Levin, Taylor, & Andrews, **2007**: 378: 378). When including children as collaborative partners and including their narratives, professionals must take into account that children's participation is imbedded within complex power relations that cannot and should not be ignored (Graham and Fitzgerald, 2010). Children hold an asymmetric relation to adults and parents due to their dependency on them for care. Moreover, the child's age, past and present experiences with communication and the fact they are part of a family will also influence his or her ability to participate in dialogues. Children's vocabulary to articulate their own experiences varies with age and development. Anxiety over rejection and disgrace may also be present. All of these are issues that professionals must handle in conversations with children (Øvreeide, **2009**). Finally, we want to underline that collaboration and conversations must be understood as complex. Interpersonal communication is related to the context and language and the hidden power implicit in politics and professional discourses (Foucault, **2005**).

## **Research methodology**

This article is based on 10 qualitative interviews with CWS parents in three Norwegian municipalities, and the interviews were part of the study mentioned in the introduction. The overall aim of the research project was to construct knowledge to improve the municipalities' service provision to children and families with complex and challenging life circumstances, particularly the work with families organized by the CWS.

The study was initiated by a university college in central Norway and approved by the Norwegian Centre for Research Data (NSD). In line with guidelines for research ethics, all parents provided informed consent for participation. Personal details that might have served to identify the participants have been removed without altering the meaning of the statements wherein they appeared. When the parents' statements are presented, they are denoted as Y1, Y2 and so forth, and the municipalities to which the parents belong are indicated as X1, X2 or X3.

The parents were recruited from the CWS, and the selection criteria were families with complex and challenging life circumstances receiving CWS assistance and support from at least one other welfare agency. The municipalities assisted the university college in the process of recruiting participants for the study. CWS workers delivered the request, and 15 families consented; however, for five of these families, it proved impossible to arrange a suitable appointment within the time allocated for data collection. Thus, the mothers and fathers of ten families, including four single parents, three divorced parents with a new partner and three parent couples, were interviewed. All participants were of Norwegian ethnicity. The number of children in each family varied from one to five, and all the participating families had one or more children with a registered case in the CWS system.

The data collection took place between the autumn of 2013 and spring of 2014. The interviews were conducted in the participants' homes and were approximately 2 hr in duration. At the time of the interviews, all the families had contact with CWS and one or more other welfare agencies. This contact involved supplementary follow-up meetings at the children's schools, conversations with the school nursing services, educational and psychological counselling services, Family Counselling Services, somatic and mental health services and the police-run Children's House conducting the judicial examination for children exposed to violence and abuse. Moreover, some of the families were in contact with the Norwegian Labour and Welfare Administration (NAV).

The sample composition and the small sample size create some limitations in this study. First, the range of professionals and welfare agencies involved in the children's cases have different "welfare missions" to carry out, and this could have affected the children's experiences and hence the parents' experiences with collaboration between their child and the agency professionals. However, we argue that whatever works well and poorly in collaborations with children in the adjoining agencies adds to our understanding of the complex dynamics of child welfare work involving professionals, children and parents. Second, the means of accessing families through CWS may have created some bias with regard to which parents were asked to participate in the study, which parents gave their consent and, furthermore, what stories the parents shared. This means that some subjects

may have been filtered out. Moreover, 10 parents is not a representative sample. However, we suggest that these local experiences can be relevant in similar contexts in which children must receive assistance from CWS.

Most of the families had been in contact with CWS for years. During the interviews, it emerged that parents who had experienced long contact with these services had undergone a gradual change in their assessment of what would be damaging for children and what their children's needs were. This gradual change might have coloured the parents' perceptions on collaboration and conversations between children and CWS professionals. All the parents had undergone both positive and negative experiences with collaboration during their contact with CWS and the other welfare agencies.

The interviews with the parents assumed a largely narrative form (Kvale & Brinkmann, **2009**; Riessman, **2008**: 23: 23) in which the parents were encouraged to talk about: (a) the background of the family's contact with CWS; (b) their needs for assistance; and (c) the collaboration between the family members and the range of professionals involved.

The parents stated various reasons for their contact with CWS, including issues related to the children themselves, such as social problems, bullying, disruptive behaviour, learning difficulties in school and mental health problems. Other risks were related to the parents' caregiving ability and their presence and actions as parents, such as depression and other mental health issues, substance abuse, domestic violence, neglect, low income and poor living conditions. These different reasons for CWS involvement might have influenced the parents' perceptions of professional collaboration with their children.

The parents spoke primarily about encounters between the child and the CWS professionals. However, they also reported on stories from encounters with the other professionals involved. Sometimes the parents and children were together during the meetings, while at other times, the children met with one or more professionals without the parents being present.

The transcribed sequences concerning collaboration and conversations between professionals and children were analysed thematically (Kvale & Brinkmann, **2009**). Units of meaning were first divided into two main categories without reducing the text: (a) parents' experiences with collaboration and conversations between their child and various welfare agency professionals and (b) parents' perceptions of what an ideal collaboration or conversation would look like. Further analysis was carried out abductively. The two main categories were subjected to text-based coding in which the utterances were condensed. Related codes within main category (i) were grouped into broader themes, and the same

procedure was followed for main category (ii). After completing this step in the analysis, the themes of each main category were cross-referenced, and four themes emerged in both.

## **Research findings**

The themes that proved to be prominent in parents' stories were as follows: (a) viewing the child as a partner in the professional's agenda; (b) connecting with the child—a prerequisite for engaging in collaboration and dialogic conversations; (c) recognizing the impact of feelings on collaboration and conversations; and (d) understanding the importance and purpose of collaborative practices with children. We note that variations in the parents' statements within each theme are considered when presenting quotations. All the parents called for more collaboration and for the child welfare professionals to arrange for more conversations with their child. The parents also remarked on some of the challenges and expectations related to collaboration and conversations with children in the context of CWS.

### *Viewing the child as a partner in the professional's agenda*

When reflecting on collaboration between children and professionals, the parents broadly agreed that professionals should treat the child as a partner with his/her own point of view. The parents expected professionals to recognize the child as an actor and a unique individual.

They (CWS workers) have to show respect and consider that they are dealing with human beings, not a case number (X1, Y2).

The professionals (in CWS) have to listen to both the children and the parents because everyone is different and has their own needs. They have to stop going by the book when thinking about the people and their needs; to see the person. That is essential (X1, Y3).

The parents emphasized that the CWS professionals must treat children and parents as subjects and not objects, engaging in face-to-face conversations with each and listening to their experiences and needs. Some of the parents also noted the child's right to be included in CWS cases.

As long as the child is old enough to understand the situation, they should be allowed to offer their opinion as to what's good and not good. Everyone should have an equal right to express themselves, to be heard and to be respected. Then no one will feel that they are overruled and ignored (X1, Y5).

The parents noted that children have the right to express their views on issues that concern them and that the involvement of the child has an ethical element. The consequences of not

treating the child as a subject can negatively influence the child's sense of self. The parents had different experiences with collaboration between their child and CWS professionals. A father said:

When they (CWS workers) are in my home, we all sit down, and they mostly address the kids. Everyone is included. The children ask questions, and they get answers (X1, Y6).

This statement indicates that the CWS workers included the children in the conversation during their visit. Several parents stated that the CWS professionals listened to what the child had to say and showed an interest in the child's perspective. Other parents had contrasting experiences. One mother described meetings at school involving her 16-year-old son, the CWS workers and a teacher: 'He had tried to tell them that he wasn't happy at school, but they wouldn't listen to him' (X1, Y2). The professionals invited the boy to the meetings but demonstrated little interest in his perspective; thus, it appears that the professionals' agenda was at the forefront. Another mother described a similar experience:

The school nurse took her (the daughter) out of class and began to talk to her without consulting us parents ... . Started asking about us and reporting to the Child Welfare Services. That's a breach ... and the feeling you're left with, you get so scared (X1, Y3).

This narrative demonstrates that one-on-one conversations with children about family matters can create a risk of children saying something unfavourable about their parents without understanding the consequences. These reflections indicate that professional child conversations are difficult in terms of children's loyalty to parents. Sometimes, the parents experienced their children's resistance to collaborating. One parent talked about her daughter, who did not want to engage in a dialogue with professionals in Family Counselling Services:

We had two or three meetings, both with just her (a girl of 17) and with all of us. The last time, they asked her directly, 'What is it you want?' They got no answer. Then the one from the Family Counselling Services said 'Judging by this, it seems like you don't know what you need from us; you don't want any help. So, for the time being, this will be the last meeting'. That was the end of it (X1, Y1).

The worker tried to involve the child in the conversation and ask about the child's wishes, but the child responded with silence. Thus, the collaboration among the child, the parents and the professional broke down.

To sum up the parents' experiences with professionals from CWS, school, health nursing services and family counselling, professionals should view the child as an actor with his/her

own experiences, viewpoints and rights and act accordingly. The findings in this section suggest that the degree to which children's views were taken seriously varied. The parents called attention to three issues that can hinder effective collaboration between children and professionals: (a) when the professionals do not take the child's perspective seriously, (b) when the child experiences loyalty conflicts with the parents; and (c) when the child opposes and resists. When this happens, the professionals might fail to understand the child's experiences and way of looking at life; thus, it becomes difficult to comply with the child's needs.

### *Connection with the child – a prerequisite for engaging in collaboration and dialogic conversations*

A good connection between the child and the professional seems to be a prerequisite for engaging in dialogic collaboration and conversations. The parents were concerned with how professionals established contact with their children, and their assessments varied regarding whether the professionals had succeeded in creating a connection with their child:

Child number three (15 years old) has been to the Mental Health Services for Children and Adolescents. I followed him to the consultations. He sat there and wouldn't say a word before suddenly saying 'I have to go now!' But then another therapist took over. Things were different. They sat and played cards, and he was talking like anything (X2, Y3).

The card game served as a tool to establish contact and encourage the boy to talk. Engaging in activities with the child, such as games or play, can be a way to establish a connection. Some parents observed that simple conversations about the child's interests could also have such an effect, and two recalled that CWS professionals had used pedagogical tools in their conversations with the children. According to one parent, 'CWS professionals have been to school multiple times and made network charts and such with the kids' (X1, Y6). Another parent noted how important it is for CWS professionals to use language that the child understands (X1, Y1), and several emphasized the style of communication that was used. Some parents recalled CWS workers using a confrontational style of communication: 'The children were scared ... They don't have to be so pushy and brusque when meeting kids ... it scares them' (X2, Y2). If the professional adopts a manner that frightens the child, connection and trust become difficult to establish. The parents seemed to be in relative agreement that:

If you're going to talk to kids, you have to find the right wavelength pretty quick. If you don't find the wavelength, there is no point (X2, Y3). It's crucial that the conversation is conducted at the child's level (X1, Y1).

These statements indicate that the professional must engage the child in a way that the child finds interesting and can understand. Some parents noted that different approaches are called for when speaking to a younger child as opposed to an older child: 'If he can't speak, he can point. You can follow him, and he can show you' (X1, Y1). Several parents noted that establishing a relationship of trust, which allows the child to express him/herself, is a time-consuming process. One parent talked about the follow-up in CWS and said, 'It takes more than one meeting ... we can't expect children to talk to strangers' (X2, Y2).

The findings suggest that some professionals are capable of connecting with children, while others are not. Parents regard as important that the professionals (a) are child sensitive and capable of using pedagogical tools or activities that attract the child's interests, (b) customize communication and language to the child's age and level, (c) use a communication style that does not frighten the child and (d) spend time with the child.

#### *Recognizing the impact of feelings on collaboration and conversations*

All the parents described their ambivalence towards CWS. The controlling function of CWS gave rise to fear, stress and uncertainty in both children and their parents. Some stated that their own fear might have had a negative influence on their children. Several parents stated that their children had responded with fear and anger in conversations with CWS professionals. One parent said,

He (the child) trembles, feels sick, scared and becomes pale when he hears her name (the CWS worker). He fears the worst ... They (CWS workers) had many meetings with him last winter. He left one meeting after another crying, hysterical and angry. He said 'they force problems on me' ... his brother was moved out of home. I was afraid he would kill himself (X1, Y2).

It appears that the boy's fear, in combination with a focus on problems, created difficulties for the dialogue between the boy and the CWS professionals. The conversations seem to have been unpleasant for the boy, and his fear persisted, which seemed to prevent constructive collaboration between him and the workers. The parents reported variation in whether child welfare workers calmed, maintained, or exacerbated the level of fear and uncertainty during conversations with the children. A father said,

None of my kids are scared of the child welfare workers. They are happy to see them and trust them. Trust has to be earned. They have treated us with respect and understanding.

When something comes up, they help straight away. They say positive things about the kids and motivate them. The kids and I have been lucky with these workers (X1, Y6).

In this particular case, CWS workers were capable of fostering security and confidence as a basis for constructive collaboration.

To sum up this section strong feelings such as fear, insecurity and stress have an impact on collaboration between children and CWS professionals. The parents wanted more open communication about such feelings and said that child welfare workers should assume responsibility for ensuring that talking about emotions is on the agenda during conversations.

With regard to preparing for a collaboration, it seems necessary for professionals to understand the child's and the parent's feelings about the situation and to talk with the child and the parents about their feelings related to CWS working with the family.

#### *Understanding the importance and purpose of collaborative practices with children*

The parents called for greater understanding from CWS professionals regarding the needs of the children for support and follow-up. The parents noted that painful experiences such as bullying, abuse, violence, stress and neglect generate powerful emotions and affect children's sense of self and their behaviour in daily life:

My daughter (14) feels inadequate due to bullying on social media (X1, Y5).

The anger that he (16) felt due to the bullying was not vented at school but at home because he felt safe here (X1, Y2).

The boys (15 and 16) were seething with frustration and terrorised both in their home and at school. There were constant conflicts at school. They were bottling up a lot of stuff. Then they came home and acted out here (X2, Y3).

Children vent many of their frustrations at home, which creates stress and dismay in families. Other parents described reactions in which the child retreated from social settings:

A lot of anger and frustration can stop you, in a way. I saw this particularly in the girl (17), who ended up being alone (X1, Y5).

Overwhelming emotions stemming from painful experiences seem to stifle normal self-realisation. The notion that conversations could help children overcome such experiences was a recurrent theme among the parents:

It is better to talk about stuff that's happened sooner rather than letting the kids get the harm or fallout later (X1, Y7) ... that she doesn't have to carry it with her and be destroyed (X1, Y5).

This comment highlighted that children can be harmed by not talking about serious or traumatic events in their lives. One mother noted that children need help to speak about taboo subjects:

It was embarrassing for him (13). 'We don't talk about this'. In the police-run Children's House, he had to talk. I think it did him some good ... if they feel guilty, I don't think they'll talk voluntarily (X1, Y1).

This mother suggested that the feeling of guilt can stop children from speaking about events or experiences of their own accord. The parents also expressed that professionals must consider what a child might need to talk about:

My two boys had somewhat different needs ... They were struggling mentally. The 12-year-old wanted to talk to someone about his father, to work some things out. He didn't want to talk to me (the mother) (X2, Y2).

My daughter (12) needs to talk about all the emotions related to the whole process of going into foster care ... The rush of thoughts that starts at night, and all the questions. She needs to talk to a professional ... I can't talk to her about this. I just start crying. It is so painful ... Mental Health Service should have a meeting with mother and child to guide us through conversations (X1, Y3).

Most parents asked for more conversations between the child and a child welfare professional, but some asked for assistance from Mental Health Services. This desire suggests that parents lack trust in the competence of CWS. Some parents also requested practical training so that they could engage in supportive child conversations on their own.

A few parents expressed that professionals should provide children with cognitive tools to handle their everyday lives. One parent said, 'The therapist (from Mental Health Services) taught her (16) techniques to handle her everyday life' (X3, Y1). Several parents related that conversations between their children and professionals (child welfare workers or psychologists) had been helpful for the children and had improved the parent-child relationship and the child's well-being.

To sum up the parent's viewpoints, children need to talk about their experiences, feelings, thoughts and taboo issues to better understand and handle everyday life and avoid developing physical or mental health problems in the future.

### *Discussion*

The parents contributed significantly to knowledge on two main subjects. First, they are concerned about CWS professionals' attitudes toward children, and they underline the importance of CWS: (a) respecting children's participation rights; (b) treating the child as a subject; and (c) trying to capture the child's point of view. However, our findings also indicate that some CWS professionals do relate well to the children, while others do not. This last finding is in line with Ferguson ([2016](#)). Related to these issues, the parents have called attention to a number of challenges related to collaboration between children and CWS professionals and underline the importance of child-sensitive professionals with skills to connect and build trusting relationships with vulnerable children. Ruch et al. ([2017](#)) note that social workers should strive for a child-friendly way of establishing contact, and Øvreeide ([2009](#)) discusses how to do this. Morrison ([2016](#)) and Ruch et al. ([2017](#)) found that some child welfare professionals are skilled in using pedagogical tools to make connections with children, while others not. This could mean that some child welfare workers lack knowledge and skills in collaboration with children. Warming ([2011](#)) states that professionals cannot act in a competent manner according to the child's needs without knowing the child's perspective, and this requires collaboration with the child. The new knowledge offered by our study is that a constructive collaborative relationship between CWS professionals and children is influenced by the professionals' attitudes towards the children, their collaborative skills, and their ability to handle strong feelings and be aware that the child is a part of a family.

We know that children in CWS have called for child welfare workers to speak with the children involved (Alexander proff, proff, Toresen, & Steinrem, [2018](#)). However, a child's feelings, such as fear, insecurity, shame and guilt, can create resistance to a collaborative relationship. How does a professional address this? A collaborative attitude and dialogical communication may prevent resistance, thus making the child feel more recognized as an equal partner, which may encourage the child to become more talkative and disclose emotions of fear. Based on the parents' remarks regarding the challenges they recognized, CWS professionals' collaboration with children should be done in close partnership with the parents. Parents can support collaboration between the child and the professional. However, we also know that parent's skills in collaboration and communication may be weak; some parents may speak in a monological mode, lack capability to connect or act in a

hostile manner (Hafstad & Øvreeide, [2011](#)). Both parents' fear and a desire to keep matters hidden from CWS can affect the child in a way that obstructs collaboration between the child and the CWS professionals.

Although children should be treated as subjects and partners, they need to be seen as members of their families. It can be beneficial for a professional to develop a rapport with the parents while collaborating with the child. Based on whether they feel threatened or respected, parents can oppose collaboration, pressuring the child to remain silent, or they can give their explicit or unspoken blessing for the child to collaborate with the professionals. Thus, parents can impact the degree to which a collaboration can be established. If the child or the parents does not understand the purpose or see the point of collaborating, dialogue becomes difficult to establish (Gadamer, [2004](#)). On the other hand, if the professional is more concerned with interrogating the child for information pertaining to the case than with safeguarding the needs of the child, the chances of having a superficial dialogue increase, as was the case with the school nurse's perceived interrogation (X1, Y3). The child may also wish to avoid important topics because of loyalty conflicts, guilt or shame, and the boy who was interviewed by the police was an example of this (see p.12). Professionals should also recognize the strength in children's loyalty to their parents and be aware that these strong relationships do not always mean the child is given adequate everyday care (Hafstad & Øvreeide, [2011](#)). Thus, they have to act responsibly and make sure the child receives necessary assistance. The concept of collaboration involves a shift in the positioning of children from passive informants or recipients of information to actors who can contribute to the interaction. Treating children as objects can have a negative impact on their self-image (Leeson, [2007](#)).

Second, parents have emphasized the importance of (a) helping the child understand and cope with stress resulting from child welfare coming into the family, (b) helping the child understand and cope with painful experiences, emotions, thoughts and stress related to the child's life to strengthen his or her ability to deal with everyday life, and (c) helping improve the relation between the child and parents.

Related to these issues, parents asked for more conversations and collaboration involving the child, child welfare professionals and parents. This is in line with the findings in Aamodt ([2015](#)), Ghaffar et al. ([2012](#)), Slettebø ([2008](#)) and Strandbu ([2001](#)). Sometimes parents ask for a psychologist. Conversations may have therapeutic effects (Kinge, [2006](#)) and improve the parent–child relationship (Mason, [2012](#)), as our parents suggested. It can be a relief for children, as well as health-promoting, to talk about painful experiences or taboo subjects (Leira, [1994](#)). For this reason, it is sometimes necessary to assist a child in setting an agenda. Professionals should avoid giving a child too much responsibility for leading the discussion,

as it seems the worker from Family Counselling Services did with the 16-year-old girl (X1, Y1).

The most important findings in this study are that child welfare workers should engage in more conversations and closer collaboration with CWS children to strengthen their ability to cope with everyday life. This finding suggests that CWS follow-up does not optimally align with children's psychological and mental health issues. This calls for a set of skills that child welfare workers may not currently have. The discussion suggests that CWS professionals should be aware of the complexity when collaborating with vulnerable children. As a minimum they should be trained in dialogical communication. CWS professionals should also know their skill limitations and be able to assess when others need to step in.

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