

## Space, voice, audience and influence: Reflecting on children's participation in child and youth care centres

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*Research on children's participation in various contexts has recently increased nationally and internationally. However, minimal research has been conducted on how South African child and youth care centres uphold children's participation rights. Additionally, insufficient research is available on how child and youth care workers and residential social workers perceive children's participation in multidisciplinary meetings. This research, therefore, included twelve child and youth care workers and six residential social workers from three child and youth care centres in the Cape Peninsula who participated in focus groups and semi-structured interviews. A deductive approach was used to analyse the data collected, underpinned by Lundy's model of child participation.*

**Keywords:** children's participation; multidisciplinary meetings; child and youth care centre; Lundy's model of child participation

## INTRODUCTION

South Africa ratified the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989) in 1995; therefore, all South African children have the right to participate in decisions that impact them. In addition, the Children's Act 38 of 2005, as amended (RSA, 2005), also mentions children's participation rights in Section 10. This gives residential social workers and child and youth care workers in child and youth care centres (CYCCs) the responsibility to actively listen to and consider the views and wishes of children. However, this does not indicate that children have the authority to make the final decisions that impact them. According to Jamieson's (2017: 89-102) literature analysis on children's participation in South Africa, the Children's Act (RSA, 2005) is committed to the child participation process. However, Kosher and Ben-Arieh (2020: 294) highlight that legislation and policies cannot ensure the implementation of children's rights.

Children's participation necessitates active dialogue between children and professionals in all matters affecting them (Bouma, Grietens, López López, Knorth & Witte, 2017: 281; Jamieson, 2017: 91; Kruger & Coetzee, 2011: 36; Richardson, Barter, Stanley & Churchill, 2021: 466). The way professionals interact with children is profoundly affected by including children and considering their views and wishes when making decisions. It implies that professionals must engage in dialogue with children rather than simply talking to them and acting on their behalf. Adults are, therefore, responsible for educating children, informing them of their options, determining their views and wishes, and considering these when making decisions. According to Kruger and Coetzee (2011: 36), "it is only through listening to and considering children's points of view that professionals can grasp the essence of children's experiences and act in their best interests". This means that professionals are responsible for providing an enabling environment for children to participate in all matters impacting them. However, professionals often experience children's participation as both "uncomfortable and disorienting" and lack the necessary knowledge and skills to encourage an enabling environment (Jamieson, Pendlebury & Bray, 2011: 72). In a study conducted by Pölkki, Vornanen, Pursiainen and Riikonen (2012: 119) on children's participation within the foster care system; social workers indicated that they listened to the opinions of children and noted that "hearing

about their experiences was valuable” as significant information could be obtained. However, the social workers also recognised that children are often “invisible” within the field of child protection and that the social workers often focus more on the adults involved than the children. Despite the introduction of South African legislation and policies that require professionals to facilitate children’s participation, the study emphasised that this remains a challenge in practice.

On an international level, various studies (Bouma et al, 2017, Cahill & Dadvand, 2018; Pölkki et al, 2012; Shemmings, 2000; Vis, Holtan & Thomas, 2012) have focused on the perceptions of social workers about the participation of children in the field of child protection. However, children’s participation in CYCCs in South Africa has received minimal exploration (Jamieson, 2017; Johannisen, 2014). This gap in the existing body of research on children’s participation served as justification for conducting a more extensive study on the facilitation of children’s participation within multidisciplinary meetings in a CYCC. The focus of the larger research project was to firstly explore the experiences of children’s participation within multidisciplinary meetings in a child and youth care centre and, secondly to explore and describe the perceptions of residential social workers and child and youth care workers of children’s participation within multidisciplinary meetings and thirdly to develop guiding principles for the facilitation of children’s participation within multidisciplinary meetings in a CYCC.

Investigating the perceptions of residential social workers and child and youth care workers of children’s participation in multidisciplinary meetings is fundamental. Their perceptions will directly impact how they facilitate children’s participation in a CYCC. In addition, there are differences between the way children and adults experience and perceive the same phenomena. Therefore, this phase of the study focused on how residential social workers and child and youth care workers in CYCCs in the Cape Peninsula, South Africa, perceive children’s participation in multidisciplinary meetings.

This article starts by exploring children’s participation in matters pertaining to children’s care in CYCCs both nationally and internationally. Furthermore, it describes multidisciplinary meetings within the context of a CYCC. The primary focus of the article is on the perceptions of residential social workers and child and youth care workers about children’s participation in multidisciplinary meetings in a CYCC. Lundy’s model of child participation guided the analysis of the data presented.

## **LITERATURE REVIEW**

### **Child and youth care centres**

Section 150 of the Children’s Act (RSA, 2005) highlights the various elements contributing to children needing care and protection. These factors include being abused, neglected, exploited, abandoned and living in circumstances that could seriously harm their well-being. Children who have been found in need of care and protection by the children’s court are usually placed into alternative care, which includes temporary safe care, foster cluster homes, foster care, or a CYCC. A CYCC is a residential care facility that cares for six or more children (RSA, 2005). The Children’s Act (RSA, 2005) requires alternative care facilities to provide suitable residential care and protection as well as programmes that are established based on the needs of the children. These include developmental, therapeutic and recreational programmes.

Children who have been found in need of care and protection and consequently placed in CYCCs should be provided with the necessary support to participate in decisions that impact them. Subsequently, multidisciplinary meetings act as an institutional mechanism where residential social workers and child and youth care workers can support children to participate in decision-making processes (Jamieson, 2017: 91; Johannisen, 2014: 65).

### **Multidisciplinary meetings**

Multidisciplinary meetings act as an institutional mechanism where a child’s individual development plan, permanency plan and care plan are reviewed every six months as required by regulation 55(3) of the Children’s Act (RSA, 2005). During this process, the multidisciplinary team will determine whether the current placement in the CYCC is still in the best interest of the child/ren or whether a different placement option should be considered. Consequently, multidisciplinary meetings aim to encourage permanence planning for children (Jamieson, 2017: 93; Thomas, 2011: 390). Furthermore, multidisciplinary meetings also aim to promote mechanisms to be put in place to ensure the well-being of children and support them in being part of decision-making processes (Johannisen, Van Wyk & Yates, 2021; Sinclair, 1998: 141; Thomas, 2011: 390).

A range of mediums should be introduced to children to allow their active participation in multidisciplinary meetings. Participation should not be limited to direct verbal communication; other mediums such as writing a letter or drawing a picture should be explored (Johannisen et al, 2021).

### **Children's participation**

According to Article 12 of the UNCRC (UN, 1989), Article 4 of the African Charter on the Rights and Welfare of the Child (African Union, 1990), and Section 10 of the Children's Act (RSA, 2005), it is the right of all children to participate in all matters that affect them. Ponet (2011: 9) describes children's participation as:

*An ongoing process of children's expression and active involvement in decision-making at different levels in matters that concern them. It requires information-sharing and dialogue between children and adults based on mutual respect and full consideration of children's views in light of their age and maturity. This is best done through empowering children and nurturing positive relationships amongst children, adults and communities based on mutual respect and partnership at familial, local, national and international levels.*

However, children's participation in the field of child protection remains a complex process, especially since it was previously considered a process where adult views were prioritised (Vis et al, 2012: 9-10). Furthermore, children placed in alternative care are uniquely positioned in decision-making processes (Thomas & O'Kane, 1999: 221). These children often have more adults involved in daily and long-term decision-making processes, and the types of decisions made are often more complex. Within a CYCC in South Africa, adults involved typically include residential and designated social workers, child and youth care workers, and professionals such as psychologists, psychiatrists, medical doctors, nurses, teachers, religious leaders, and occupational therapists (RSA, 2005).

### **Lundy's model of child participation**

Lundy's model of child participation provides a conceptual framework for children's participation in all matters that affect them and is based on Article 12 of the UNCRC (Lundy, 2007: 933; UN, 1989; Welty & Lundy, 2013: 2). This model aims to support adults in the facilitation of children's participation in decision-making processes and to be cognisant of the interconnected elements of these processes. The following elements are part of Lundy's model of child participation: space, voice, audience and influence (Welty & Lundy, 2013: 2). These elements will be discussed below.

#### **Space**

Children should be allowed to participate in all matters that affect them. This is reinforced by the UNCRC in Article 12 (UN, 1989) and the Children's Act in Section 10 (RSA, 2005). Subsequently, it is imperative to provide children with the space to give input on critical matters and be actively involved in decisions made in their lives (Welty & Lundy, 2013: 2).

#### **Voice**

Legislation on both a national (RSA, 2005) and international (UN, 1989) level indicates that children should be allowed to share their views and wishes regarding matters that impact them. It is, however, fundamental to recognise that this right depends more on their ability to develop their perspectives than it does on their capacity to express their opinions maturely (Welty & Lundy, 2013: 3). Subsequently, children often need the support and guidance of adults to develop their capacity to form a perspective. This is consistent with Article 5 of the UNCRC (UN, 1989). Furthermore, according to Article 13 (UN, 1989), children should have a variety of methods to share their views and wishes.

#### **Audience**

Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act (RSA, 2005) indicate that children's views and wishes should be considered when making decisions that impact their lives. This implies that the role players involved in decision-making in children's lives should listen and consider their views and wishes (Welty & Lundy, 2013: 3).

#### **Influence**

Welty and Lundy (2013: 3-4) maintained that children's views and wishes should be given "due weight". This means that the role players involved in children's decision-making should consider their views. Furthermore, children should be provided with information on the decisions made and how their views and wishes were considered during the process.

## THEORETICAL FRAMEWORK

The theoretical framework that guided this study was a children's rights perspective (Kosher & Ben-Arieh, 2020: 294), a strengths perspective (Early & GlenMaye, 2000: 120), and Bronfenbrenner's bioecological perspective (Palareti & Berti, 2009: 1082). These theories provided three lenses to holistically understand the multifaceted process of facilitating children's participation within multidisciplinary meetings in CYCCs.

A children's rights perspective highlights the commitment professionals have according to legislation both nationally (RSA, 2005) and internationally (United Nations, 1989) to ensure that the rights of children are fulfilled (Kosher & Ben-Arieh, 2020: 294). A strengths perspective emphasises the strengths, capacities and resources of individuals and is therefore essential when understanding children's participation. Children possess various strengths, and residential social workers and child and youth care workers must utilise these strengths to empower children to be actively involved in decision-making processes that affect them. Bronfenbrenner's bioecological perspective of human development (Palareti & Berti, 2009: 1082) is the third theoretical framework in this study and emphasises the impact of the environment on any individual and vice versa. This theoretical framework, consequently, contributes to understanding children's participation as a complex process where various factors influence the fulfilment thereof.

## RESEARCH AIM

The research aimed to explore and describe the perceptions of residential social workers and child and youth care workers about children's participation in multidisciplinary meetings in CYCCs.

## RESEARCH QUESTION

How do residential social workers and child and youth care workers perceive children's participation in multidisciplinary meetings in a CYCC?

## RESEARCH METHODOLOGY

This study used a qualitative descriptive design (Creswell & Creswell, 2018: 41). Purposive sampling (Creswell & Creswell, 2018: 212; Donalek & Soldwisch, 2004: 356), was used as a non-probability sampling technique to make sure that the participants had enough knowledge and experience of children's participation within multidisciplinary meetings in a CYCC. Semi-structured interviews and focus groups were used to collect the necessary data from residential social workers and child and youth care workers. An interview schedule was used for the semi-structured interviews and an interview guide for the focus groups.

## PARTICIPANTS

Participants included in this study were residential social workers and child and youth care workers working in CYCCs. Typically, the residential social worker will chair the multidisciplinary meetings, and child and youth care workers will present feedback on the child's progress. In addition, child and youth care workers usually provide emotional support to the child before, during, and after the meeting. Although designated social workers remain the case managers of the child/ren and are consequently part of the multidisciplinary meetings, they usually work more with the families than with the children placed in a CYCC. Consequently, this study did not include designated social workers.

The Department of Social Development provided a list of all CYCCs in the Cape Peninsula. Thirty-one registered CYCCs were invited to participate in the study. Three CYCCs accepted the invitation.

## Coding of the participants

Individual semi-structured interviews and focus groups were conducted with six residential social workers and twelve child and youth care workers. Three focus groups were held with child and youth care workers, one focus group was held with residential social workers, and two semi-structured interviews were held with residential social workers. Consequently, the participant codes could not be individualised. Therefore, the following abbreviations were used:

- RSW: residential social worker.
- CYCW: child and youth care worker.
- FG: focus group.

The table below indicates the code of the residential social workers and the child and youth care workers who were part of the study.

**Table 1: Coding of residential social workers and child and youth care workers**

Participant code	CYCC	Number of participants
RSWFG1	CYCC 1	4
RSW2	CYCC 2	1
RSW3	CYCC 3	1
CYCWFG1	CYCC 1	5
CYCWFG2	CYCC 2	2
CYCWFG3	CYCC 3	2

## PROCEDURES

Participants were recruited by contacting the managers of each CYCC who indicated that they would be willing to participate in the research. CYCC managers served as gatekeepers (Kalina & Scott, 2019: 312), discussing the research with potential participants to establish whether they would participate in the study. Participants who were willing to participate in the study gave their written consent. The necessary logistic arrangements for the focus groups and semi-structured interviews were made. Based on the different interactions with children, residential social workers and child and youth care workers were interviewed or part of separate focus groups. The interviews and focus groups were audio-recorded and transcribed.

## DATA ANALYSIS

To extract themes, subthemes, and categories from the interviews, thematic analysis was used. A consensus meeting was held to ensure that the researchers agreed with the identified themes, subthemes, and categories. The following steps, as presented by Fouché, Strydom and Roestenburg (2021: 862-874), were used to analyse the collected data: data familiarisation, coding, theme development, data interpretation, defining themes and categories, and data presentation.

This article used a deductive approach to present the data according to a pre-identified conceptual framework. This means the data analysis was “predicated on the theoretically informed interpretation of the researcher” (Byrne, 2022: 1396). This pre-identified conceptual framework was Lundy’s model of child participation.

## TRUSTWORTHINESS

Lincoln and Guba’s model of trustworthiness (1985: 289-294) was used to ensure trustworthiness in this study. The model includes four elements: dependability, credibility, transferability, and confirmability. Dependability was confirmed by ensuring that the research process was logical and evaluated frequently through supervision. Credibility was ensured by conducting semi-structured interviews and focus groups with the participants from three different CYCCs in the Cape Peninsula, South Africa. The research process, context and participants were methodically described to ensure trustworthiness. Furthermore, proof of all verifications validating the findings and data analysis were retained (Lincoln & Guba, 1985: 289-294).

## ETHICAL CONSIDERATIONS

Ethical approval was provided by both the Department of Social Development’s Research Ethics Committee and the Health Research Ethics Committee at North-West University (Ethics No: NWU-0126-14-A1). Written consent was provided by residential social workers and child and youth care workers prior to the research being conducted. Privacy was ensured by facilitating semi-structured interviews and focus groups in a location where others could not hear what was being said. All documentation linking participants’ names to the data obtained was stored in a locked office. Furthermore, the data was stored on a computer that was password-protected.

## DISCUSSION OF THE FINDINGS

The study findings will be presented using the four elements of Lundy’s model of children’s participation: space, voice, audience and influence. These elements, including their subthemes, will be presented,



demonstrated with examples, and compared with relevant literature.

## Space

Lundy's model of child participation emphasises that establishing a safe and inclusive space for children is essential to facilitate child participation (Welty & Lundy, 2013: 209). Within multidisciplinary meetings in a CYCC, this safe and inclusive space can take on various forms. The study's findings identified the following components that are part of providing a safe space for children to express their views and wishes: the relational process, the venue of the multidisciplinary meeting, and the child's presence at the multidisciplinary meeting.

### *Relational process*

The study revealed the importance of the relational process in creating a safe and inclusive space for children to participate in multidisciplinary meetings. Three significant role players were acknowledged as meaningful to children within multidisciplinary meetings. These role players include residential social workers, child and youth care workers and the designated social worker and will be discussed below.

The relational process was highlighted as significant by a residential social worker who maintained that multidisciplinary meetings need to be more "relationship-based" for children to participate more freely (RSWFG1). This quote indicates that children with positive relationships with role players will be more inclined to participate actively, as the relational process will provide a safe space for them. In addition, RSW2 mentioned that without a positive relationship, children experience discomfort when sharing their views and wishes:

*"Because I think if that is lacking, they are not going to feel comfortable. For many of them, I think they will not feel comfortable expressing what they want to when the relationship is not good ... other children feel that they don't trust you [referring to the designated social worker] because they don't know them. What also happens is they say they're going to come, and they don't come and so that breaks trust and so I think that makes them reluctant and a big obstacle."*

These quotes highlight the significance of residential social workers and child and youth care workers spending quality time with the children to build a trusting relationship. This, in turn, impacts children's feelings of safety and security and thus being able to express their views honestly. In fact, without a meaningful relationship, children may resist active participation in multidisciplinary meetings. This was highlighted by a quote from RSW3 mentioning that:

*"a lack of relationship can hinder their participation within this process."*

Various aspects related to the relational process were emphasised in the study. For example, it is imperative to understand that building meaningful relationships with children in a CYCC takes time, and that staff need to make a concerted effort to develop relationships with the children to allow them to feel safe and secure. This was supported in a study by Kennan, Brady and Forkan (2019: 210), where social workers mentioned various ways to develop trusting relationships with children, including playing, going to the park, or taking them for hot chocolate. It was also highlighted that children feel comfortable sharing their views honestly as part of a safe and secure relationship. Children's participation is hindered when they do not have a trusting relationship with the adults.

In addition to the findings, the link between children's participation and trusting relationships is evident in the literature. Lansdown (1995: 30) claimed that participation is:

*"a simple and self-evidently worthy principle that would, if taken seriously, have a revolutionary impact on the nature of adult-child relationships ... Without it, children are denied the most basic principles – to be accepted as people in their own right."*

Furthermore, Bell (2002: 2-3) highlighted that children can only participate meaningfully when they feel safe and secure in their relationship with their social worker. Other studies conducted (Kennan, Brady & Forkan, 2018; Pert, Diaz & Thomas, 2014) also maintained that children who have a significant relationship with their social worker feel more optimistic about their multidisciplinary meetings, which consequently implies that the relationship between the child and the social worker is significant and will have an impact on how children engage in such meetings. This research's findings, therefore, confirmed what is emphasised in the literature regarding the significance of the relationship between the child and his/her residential social worker in providing a safe and inclusive space for the child when participating in multidisciplinary meetings.

Child and youth care workers were another relationship that was viewed as 'important' in multidisciplinary meetings. They are often seen as 'parent figures' (RSW2) for children due to their role as caregivers and generally share a meaningful and trusting relationship with them. A child and youth care worker highlighted that the relationship with children is 'just different' as they spend so much time with the children (CYCWFG2). In the larger study documented by Johannisen et al (2021: 384), a child participant highlighted that she felt more at ease communicating with her residential social worker and child and youth care worker because of their relationship. It is therefore understandable that meaningful relationships will encourage children's participation in multidisciplinary meetings (Gallagher, Smith, Hardy & Wilkinson, 2012: 76). In short, a trusting and meaningful relationship between children and their child and youth care workers will enhance children's participation in multidisciplinary meetings.

Another significant person in the lives of children placed in CYCCs are designated social workers, as they are the overall case managers of these children. The role of the designated social worker is to ensure the care and protection of children. Therefore, when children are at risk, they will be responsible for the removal of children and the opening and finalising of the children's court investigation (RSA, 2005). Therefore, the designated social worker will be responsible for placing children in CYCCs and will remain the case manager of such children. Once a child has been placed at the CYCC, designated and residential social workers work collaboratively as case managers. The study highlighted the significance of the relationship between the child and the designated social worker. However, it was also noted that very few children experienced positive relationships with their designated social workers. A quote from RSW2 supports this:

*"The relationship between the external social worker and the child is really, it's hardly a relationship, and I mean they are such an important person in that child's life."*

This was further supported in the larger study conducted by Johannisen et al (2021: 384), where a child participant said the following when referring to the relationship with her designated social worker:

*"...she doesn't know me, we don't even talk ... I don't feel comfortable at all speaking in front of her, because I don't even know if I can trust her."*

Although designated social workers are appointed as children's case managers, the research emphasised the insignificant role designated social workers played in the lives of children placed in CYCCs. RSWFG1 indicated that, despite the designated social worker being the case manager, the residential social worker often requested and chaired multidisciplinary meetings because they knew the child and the family better. RSW2 mentioned that some designated social workers requested rather to receive a report on the child's progress than have the multidisciplinary meeting:

*"The external social workers ... will say, I just want a report, and I'll say no, I want a meeting, please."*

RSW2 also mentioned that designated social workers would sometimes make recommendations that were not in the best interest of the child, which was often a result of not having a relationship with the child and not knowing their views and wishes:

*"So, external social workers are quick to say that there cannot be contact, for example, and then we need to say, 'But there has to be, we need to work it out' ... because that is in the child's best interests because they cannot just sit here and stay here and not have contact with family."*

Not enough time is spent improving the relationship between children and their designated social workers, resulting in a lack of trust and children experiencing discomfort when being expected to participate in multidisciplinary meetings. This is confirmed by Cossar, Brandon and Jordan (2014: 110), who maintained that children disliked that their designated social workers were distant figures, especially since they were crucial to the decision-making process.

### **Venue of multidisciplinary meetings**

Within this study, a safe physical space can indicate the location and arrangement of the multidisciplinary meeting. The data indicated that multidisciplinary meetings were usually held at the CYCC, where the child is placed. RSWFG1 said:

*"I think they [children] are comfortable here [CYCC]. They are relaxed here, more so than they would be in another environment ... I think this is a safer space."*

An additional residential social worker believed that children "participated more" during the multidisciplinary meeting when it took place at the CYCC (RSW2). This was due to the CYCC being a familiar space for children and thus allowing them to feel comfortable. It was also mentioned that children

were more engaged in multidisciplinary meetings when they were held in colourful “playrooms”. One residential social worker mentioned the value of a child-friendly space:

*“I think if the atmosphere is already more relaxed, then it will encourage more participation of children in the decision-making.”* (RSWFG1)

This underlines the significance of conducting multidisciplinary meetings in a child-friendly space (Manful, Cudjoe & Abdullah, 2020: 16-17).

Two residential social workers indicated that the venue used for multidisciplinary meetings was frequently “intimidating” as it was structured in a way that was best suited for adults. Therefore, these venues were:

*“not the best place to get the child’s participation because the child clams up.”* (RSWFG1)

Therefore, child-friendly venues are essential to encourage children to feel relaxed and comfortable (Kennan et al, 2019: 210; Manful et al, 2020: 16-17). Smith (2009: 98) highlighted that the physical environment directly influences interactions between people. This implies that the physical space of the multidisciplinary meetings will impact children’s participation. A child and youth care worker powerfully expressed:

*“The person first to enter a room owns the room.”* (CYCWFG1)

This quote corresponds with a citation by Maier (1982: 153):

*“The space we create controls us.”*

The two quotes by the child and youth care worker and Maier (1982: 153) emphasise the significance of children being actively involved in creating the ‘space’ in multidisciplinary meetings and being permitted to enter the room first, should they wish to. This would then allow them to decide where they would like to sit.

Participants indicated that refreshments should be offered to those attending the meeting, as this can result in the minimisation of stress and tension (CYCWFG1 and RSWFG1). Additionally, offering refreshments is also related to the lowest rung in Maslow’s hierarchy of needs (McLeod, 2016).

### **Presence in a multidisciplinary meeting**

Being present in multidisciplinary meetings is essential to creating a safe and secure space for children to express themselves. Although the participants recognised the importance of involving children in such meetings, the residential social workers recognised that they would occasionally exclude children. However, residential social workers considered it necessary to exclude children from “crucial, more serious stuff” and “intense discussion” to “protect them” (RSWFG1). The protection of children from possible hostility in multidisciplinary meetings was fundamental for residential social workers. However, a child and youth care worker (CYCWFG2) expressed that the inclusion of children in multidisciplinary meetings should be prioritised: “What can I [child and youth care worker] say about the child without the child being there?” A study by Vis et al (2012: 9) established that being physically present in the meeting makes children three times more likely to influence decision-making.

One potential barrier to children’s participation in multidisciplinary meetings was the number of people present at the meeting. The participants perceived children’s experiences of feeling “intimidated” and “overwhelmed” by the number of persons attending the meeting (CYCWFG1 and RSWFG1). This was supported by a study conducted by Pert et al (2014: 7), where the findings indicated that many children prefer fewer people at their multidisciplinary meetings. Kennan et al (2019: 210) verified this, highlighting that smaller meetings with only the most significant adults present allowed children to feel more comfortable participating in decisions impacting their lives.

### **Voice**

According to Article 12 of the UNCRC (1989), all children:

*“who [are] capable of forming his or her own views have the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.”*

Lundy’s model (Welty & Lundy, 2013: 3) demonstrates the significance of including children’s voices in decision-making processes and supporting children to express their views in various ways. The following components of voice were identified in the study and will be discussed next: language, the expression of children’s views, evolving capacities of children, using various mediums for children’s views and wishes to be expressed, and preparation through information sharing.



## Language

The use of language plays an integral part in ensuring children's voices are included in decision-making. However, in this study, two challenges were highlighted about language: language barriers between children and adults and the use of child-friendly language during multidisciplinary meetings. In South Africa, where there are 12 official languages, language barriers can often arise between children and professionals. Professionals are occasionally not able to converse in the child's mother tongue, which could result in information getting 'lost' (RSWFG1). Language barriers may impede children's ability to participate as they would be required to communicate in their second or third language. This is apparent from the following quote from CYCWFG1:

*"We don't only have African children. Moreover, the social worker is often not Afrikaans from the outside either. There is no one to interpret. No one speaks the language that the person (Xhosa social worker) speaks, and then we hold a family conference. Information is passed on that is lost."*

Section 52(2)b of the Children's Act (RSA, 2005) highlights that when language barriers occur, children should be provided with an interpreter. However, interpreters are considered a luxury in third-world countries such as South Africa. Consequently, adults involved in multidisciplinary meetings often need to consider alternative solutions to address this problem. Maiter, Alaggia, Chan, and Leslie (2017) also emphasise language barriers as a challenge within child protection.

The use of child-friendly language was another critical aspect of the study. The participants agreed that age-appropriate language should be used in multidisciplinary meetings. In addition, the terminology used in meetings should be child-friendly. This is confirmed by a participant in the following quote:

*"Yes, the kind of child-friendly language because we have got some children that are very low-functioning ... I don't think she understands what it's about, it's very difficult to communicate with her ... but we do try to be sensitive to a child's needs and their language and their ability to communicate."* (RSW2)

A social worker referred to the link between child-friendly language and children's participation:

*"I think in the past there was a lot of legal discussion in front of children, the 159 [court report] and the child doesn't have a clue what that is. But I do think we are more aware now also of participation and what the child's level of understanding is."* (RSWFG1)

Similarly, Lundy (2007: 66) maintained that children's participation should be facilitated by using child-friendly language, and social work terminology should be avoided. Children cannot fully engage if they do not comprehend the discussion. This is further supported by Thomas and O'Kane (1999: 228), who maintained that child-friendly language will promote children's participation and it will encourage them to feel more comfortable sharing their views and wishes.

## The expression of children's views

This study emphasised that multidisciplinary meetings allow children the "opportunity to talk" (RSW3) and "to express what they would like and what they would want to happen" (RSWFG1). However, it became evident that some children still experience discomfort in participating in this space (Johannisen et al, 2021: 383). Therefore, residential social workers and child and youth care workers play a significant role in supporting children to engage in processes where decisions are being made. In this study, the participants understood the various benefits of children's participation, which included developing the "confidence" of children, providing them with a "sense of control", and allowing them to "voice how they feel" (CYCWFG1 and CYCWFG2). A residential social worker mentioned:

*"I think it's important that children get to voice what they think and what they feel and what they would like to happen and that they feel that ... what they say is important."* (RSWFG1)

Kennan et al (2019: 211) also highlighted the value of children being part of decision-making processes.

## Evolving capacities of children

According to Kennan et al (2019: 211), adults must support children to actively engage in decision-making according to their evolving capacities and specific needs. This was also emphasised by the participants in this study. Residential social workers maintained that the personalities and temperaments of children and their age and maturity (RSWFG1) directly impacted their participation. A child and youth care worker (CYCWFG1) revealed that an "outspoken" child would find it easier to express themselves than a "quiet, withdrawn" child. The literature also substantiates that a child's personality, confidence, and evolving capacities influence the ability to participate effectively (Thomas & O'Kane, 1999: 228). Section 10 of the Children's Act (RSA, 2005) clearly states that:

*“Every child that is of such an age, maturity, and stage of development as to be able to participate in any matter concerning that child has the right to participate appropriately, and views expressed by the child must be given due consideration.”*

Furthermore, Article 5 of the UNCRC (UN, 1989) highlights that adults should provide children with guidance and support to express themselves according to their evolving capacities. Consequently, children’s evolving capacities should be considered, and children should be supported to participate actively in decision-making processes.

### ***Using various mediums for children’s views and wishes to be expressed***

To recognise and acknowledge the evolving capacities of children, adults must use various mediums to obtain their views and wishes. In their study, Kennan et al (2019: 211) emphasised the use of age-appropriate and child-friendly methods to facilitate children’s participation. They highlighted that all children are unique and therefore should have various options to convey their views. For example, some children may not feel comfortable sharing their views verbally in a multidisciplinary meeting. Opportunities must be provided for these children to use alternative mediums such as writing or drawing pictures. In this study, the use of alternative mediums with children was highlighted when one residential social worker said the following:

*“I will read it or give them the opportunity, ‘Would you like to read your letter?’ So that they can participate that way.”* (RSW2)

Another participant (CYCWFG1) also mentioned the importance of play for younger children to express themselves:

*“The games that they play are also important, and we need to be aware of this.”*

Participating in multidisciplinary meetings can be an overwhelming experience for children. Consequently, social workers may need to act as the “voice” for these children. Numerous residential social workers mentioned that, although children are prepared for multidisciplinary meetings, they find it challenging to express themselves verbally in such meetings. In these instances, the social worker becomes “the voice of the child” and “assists them [children] to be heard” (RSWFG1) in the meeting. This should only be done with the child’s consent to avoid breaking confidentiality.

Another aspect highlighted in the study was non-verbal communication as a means of expression, particularly with younger children. Both groups of participants recognised that, even when children were not participating verbally in multidisciplinary meetings, it was essential to be cognisant of their non-verbal communication. A residential social worker commented:

*“If a child is sitting there crying, they are participating because you know what they are feeling even though it is not verbalised.”* (RSWFG1)

Therefore, the child’s verbal and non-verbal communication must be observed and evaluated as an exchange of information, ideas, or emotions (Fostering and Adoption, 2014).

### ***Preparation through information sharing***

Presenting children with information and preparing them for multidisciplinary meetings was crucial to facilitating children’s participation in this study. In a CYCC, it was often the residential social worker and/or the child and youth care worker who prepared the child for the multidisciplinary meeting. The research findings highlighted the significance of managing the expectations of children so that there were “no surprises in the meeting” (RSWFG1) and that the residential social workers could establish the views and wishes of the child before the meeting. A participant mentioned that lack of preparation could cause children to not actively participate in meetings. Evidence of the impact of a lack of preparation was apparent in the following quote:

*“They just sit still the whole time ... he sits with his head down ... and some of the children don’t speak at all in a family conference.”* (CYCWFG1)

This was supported by Sinclair (1998: 140), who highlighted the importance of preparing children, which would allow their confidence to increase and thus impact their ability to express their views and wishes.

### **Audience**

Lundy’s model of child participation highlights the importance of those in power (audience) giving “due weight” to the views and wishes of children when making decisions about their lives (Welty & Lundy, 2013: 3). This does not suggest that children make the final decisions. However, it ensures that adults consider

their views and wishes when making decisions. The following components are part of ensuring that children's views are communicated to those with the responsibility to listen: multidisciplinary meetings as a decision-making forum, South African legislation, and individual development plans of children.

### **Multidisciplinary meetings as a decision-making forum**

According to Kennan et al (2019: 212-213), Lundy initially developed the model of child participation to encourage a deeper understanding of children's participation. Lundy wanted to ensure that the views and wishes of children are shared with someone who has the authority to make decisions (Kennan et al, 2019: 213).

This study recognised multidisciplinary meetings as an institutional mechanism that allows children and adults to engage and subsequently make essential decisions about children living in CYCCs. The participants in this study emphasised this:

*"Significant decisions, especially those regarding children's futures, are discussed in multidisciplinary meetings, and this provides an opportunity for everyone involved in the child's life to be present."* (RSWFG1)

And:

*"It's a meeting to decide about what's in the child's best interests, whether it's a placement review for the order to be extended. So, we would have those meetings when we decide about the child's placement, whether the child continues to stay here, whether he can go back home, and if there are concerns about the child. Then we would also have that kind of a meeting and decide on interventions and the way forward."* (RSW2)

Professionals such as designated social workers, residential social workers, psychiatrists, psychologists, occupational therapists, speech therapists, and nurses, as well as any other meaningful people, may attend the meeting. This allows everyone to convene and consider the numerous aspects of the child's life to make decisions in the child's best interest. Consequently, multidisciplinary meetings serve as a forum where the significant role players are responsible for listening to children when making decisions.

### **South African legislation**

The Children's Act (RSA, 2005) provides an appropriate audience for children's voices to be heard and considered. As discussed above, multidisciplinary meetings provide a forum for making decisions and are a statutory prerequisite of the Department of Social Development. According to the regulations of the Children's Act (RSA, 2005), multidisciplinary meetings should be facilitated every six months for every child in a CYCC. This was acknowledged by the residential social workers in this study:

*"I think it says it in legislation ... I think it is a requirement that at least every six months there must be one, so either that or when we have to make decisions ... but sometimes we also just want to share progress ... I think there are statutory requirements ... and we fulfil that, but there is also sometimes based on the need that we have the family conference."* (RSWFG1)

Although children's participation is mandatory by national (RSA, 2005) and international legislation (UN, 1989), the process thereof is not monitored (Jamieson, 2017: 89). Therefore, this means that participation of children cannot be prioritised. Furthermore, the baseline study on registered CYCCs (Jamieson, 2017) indicated that South Africa does not effectively encourage children's participation on issues that impact them within residential care. Therefore, it is essential for residential social workers and child and youth care workers working in the context of a CYCC to ensure that they act as an appropriate audience to listen to and consider children's views as indicated by legislation.

### **The individual development plans of children**

Multidisciplinary meetings serve as a decision-making platform for developing children's individual development plans (IDP), care plans, and permanency plans (RSA, 2005). Therefore, IDPs are a tool that professionals use to ensure that children and adults perform the tasks needed for the development of children in a CYCC. The importance of the IDP is to ensure that professionals give the children's views the necessary weight as indicated in this study by a residential social worker:

*"It's about, apart from us, you have to look at progress in terms of your IDP. You must look at where we are going with this child. This also pertains to the child's stay in the CYCC, and then you get feedback from parents on whether there is any progress in their circumstances."* (RSWFG1)

Another participant confirmed this:

*"I think a panel [multidisciplinary meeting] is where we talk about the child's goals and dreams and where you get the family, the child, the social workers all together, child care workers, and to decide what is going forward and ... what must go in the IDP of the child."* (CYCWFG2)

In the opinion of Jamieson (2017: 91), an IDP:

*“should include an assessment of the child’s developmental needs and strengths and articulate the recommended programmes to meet those needs.”*

Multidisciplinary meetings also allow children to receive feedback on decisions made and how their views were considered. Jamieson (2017: 91) stated that each child placed in a CYCC should have a care plan, an individual development plan, and a permanency plan. Additionally, children should participate in the formulation of these plans and should be informed of any changes (RSA, 2005). Furthermore, it is imperative to note that children should have their views heard and considered by those who are responsible for making decisions. This was motivated by a participant who said:

*“I think it’s important that children get to voice what they think and what they feel and what they would like to happen, and that they feel that ... what they say is important. They have had the opportunity to say it, and what they say is considered that it’s not just everybody else making decisions for them and that they’re not even part of the conversation. For me, it’s important for them to have that ability to just voice what they would like and to know that that’s important for us to know.” (RSW2)*

This is supported by Cashmore (2002: 838) who maintained that children’s participation does not imply that they make the final decisions; instead, it means that children’s views and wishes have been listened to and considered when making decisions.

## **Influence**

‘Influence’ in Lundy’s model of child participation emphasises the importance of adults taking the views and wishes of children seriously during decision-making (Welty & Lundy, 2013: 3). The following components help to ensure that children’s views are considered and acted upon where appropriate: considering the views of children, children’s participation versus the best interest of the child, and the consequences of not considering children’s views.

### **Considering the views of children**

Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children’s Act (RSA, 2005) highlight that children’s views should be given “due consideration” during decision-making. This means that before decisions are made that affect children’s lives, adults are responsible for listening to and considering children’s views. In this study, residential social workers were concerned that children may understand participation as their ability to make the final decision. This was evident from a quote by RSW2:

*“I think sometimes children get confused about their concept of participation because they think that if I’m participating, it means that whatever I say must happen.”*

However, researchers (Jamieson, 2017: 91; Kruger & Coetzee, 2011: 36) mentioned that it is essential to understand that children’s participation does not imply that children make the final decision. Instead, it means that adults should listen to and take children’s views seriously when making decisions. When the decision is not the outcome that the child had anticipated, adults are responsible for discussing the outcome with the children and explaining how the decision was reached. RSW2 said the following in this regard:

*“And also for them to understand why you can’t go home ... that we can have an open conversation about what are the reasons and what can we do about that”.*

Another residential social worker indicated that the individual development plan acts as a guide to make sure that children’s views and individual needs are considered:

*“... individual development plan ... that almost is our measuring tool as to whether we are considering individual children’s needs.” (RSWFG1)*

### **Children’s participation versus the best interest of the child**

Although participants in this study understood the importance of listening to children, they felt that there were several reasons why children’s views did not impact the decisions made. One reason given was that children’s views are occasionally idealistic and impractical, and that children may not have the evolving capacity to make complex decisions. This was evident from the following quote:

*“... our children are here because they are children; they aren’t adults, and we as adults are taking that responsibility to assist in the decision making, and that is why it is important to have a multi-professional team and not just one individual. However, I do think, at the end of the day, our role is to ensure that the decisions that are made are in the child’s best interest. Moreover, sometimes the child, given that a child doesn’t always understand what is maybe in his or her best interests, but that is why they have got to be included so that they can get to that understanding of why it is.” (RSWFG1)*



Residential social workers highlighted that children's wishes could sometimes place them at risk and not be in their best interest. Residential social workers maintained that for this reason, adults needed to have the final say in the decision-making process. This relates to the conflict between protection and participation, as described by Shemmings (2000: 241). This author highlighted that professionals can implement a "rescue or rights approach" when working with children in the field of child protection. When the "rights" approach is adhered to, the professional ensures that the child's rights are implemented in practice. However, when the "rescue" approach is adopted, the professional focusses only on protecting the child, which occasionally means that children are not allowed to exercise their right to participate in decision-making. This was highlighted by a residential social worker in the study:

*"We are here to protect the child."* (RSWFG1)

Research by Pert et al (2014: 14) revealed that professionals are inclined to protect children from "adult conversations", which may lead to them excluding children from multidisciplinary meetings. Adults need to come to the realisation that protecting children does not imply denying them the chance to learn to be active citizens (De Winter, Baerweldt & Kooistra, 1999: 21). Providing children with the opportunity to participate has a variety of benefits, including developing their confidence and self-respect and providing them with a sense of control over their lives. Furthermore, children develop their negotiation and communication skills (Lansdown, 2004: 3). Adults are therefore responsible for helping children navigate their participation in this tense field of children's participation and what is in their best interest.

### ***Consequences of not considering the views of children***

Children may experience feelings of powerlessness when their views and wishes are not taken seriously during multidisciplinary meetings. The theme of powerlessness also featured in the study by Pert et al (2014: 6), where children expressed that they experienced a lack of control when excluded from decision-making processes. In this study, residential social workers recognised the benefits of listening to children's views and wishes and considering them in decision-making. They highlighted that encouraging children's participation empowers children and develops their self-confidence. This was apparent from the subsequent quotes:

*"So, it's a way to empower them and to say, 'You may not have had power before, but now you do have some power'"* and, *"It gives them an element of control over their own lives."*

Consequently, participation can provide children with a sense of agency. This is corroborated by Pert et al (2014: 12), who maintained that children are not only empowered when given the opportunity to participate, they also have a positive effect on their confidence, self-esteem, and healing. Therefore, children's participation may have a variety of additional outcomes for children and their development.

## **CONCLUSION**

Children's participation is part of national (Children's Act, 2005) and international legislation (UN, 1989) and is deemed a basic human right. Furthermore, Lundy's model of children's participation provides a framework for considering children's right to participate meaningfully in decisions that affect their lives. The model comprises of four elements to facilitate children's participation in CYCC multidisciplinary meetings. Thus, children's participation can only be understood and facilitated when these four elements of children's participation (space, voice, audience, and influence) are considered.

The findings of this study highlight that it is vital to implement Lundy's model of children's participation in the context of multidisciplinary meetings as it facilitates the promotion of children's involvement and participation. Residential social workers and child and youth care workers fully comprehend and appreciate the significance and benefits of children's participation in multidisciplinary meetings. However, this study also reveals that many residential social workers and child and youth care workers do not effectively involve children in decision-making processes. This is despite children's participation being made obligatory through regulations in national (RSA, 2005), regional (African Union, 1999) and international legislation (UN, 1989). The research also reveals that the participants want children to participate actively in multidisciplinary meetings. However, again, one of the main concerns was the extent to which children's participation may ultimately impede making decisions in the child's best interest.

In addition, residential social workers and child and youth care workers can obtain a comprehensive understanding of the integration of knowledge if they are provided with specialised training and support to adequately facilitate active participation and participation of children as an ongoing process. This is



crucial as children's participation is a fundamental human right with numerous advantages for both children and adults. Supposing the four elements of Lundy's model of child participation are understood and practised collaboratively by residential social workers and child and youth care workers, then children will ultimately be able to participate in a meaningful manner in multidisciplinary meetings in a CYCC.

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