



Facilitating children's participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention

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DECLARATION OF RESEARCHER

I, Jessica Clarissa Johannisen, hereby declare that the manuscript with the title, “*Facilitating children’s participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention*” is my own work and that I have not submitted it previously, either in its entirety or in part, at any other university in order to obtain a degree.



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To whom it may concern: Professional Grammar and Language Edit

I hereby certify that I, Sonja Bräsler, tended to the professional language editing and proofreading of the Doctoral thesis of Jessica Clarissa Johannisen to the best of my professional knowledge and ability, without compromising the integrity of her research, or the style in which it was presented. The thesis was called *Facilitating children's participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention* and this was submitted in partial fulfilment of the requirements for the degree *Philosophiae Doctor* in Social Work at the North-West University.

Yours faithfully

Sonja Bräsler

ABSTRACT

KEYWORDS: children's participation, child protection, child and youth care centre, multi-disciplinary meetings, social work intervention.

On both a South African and international level there has been an increase in both literature and research on children's participation in society. This includes research that has been conducted on children's participation within the family environment, as well as children who have been found in need of care and protection who have consequently been placed into alternative care. Within the field of child protection, there continues to be various challenges with regards to children's participation for both children and the adults working with children in this environment. A child and youth care centre forms part of the broader field of child protection where children have the right to be part of daily decisions as well as more significant decisions. Within a child and youth care centre, multi-disciplinary meetings act as an institutional mechanism for children to participate in matters affecting them. These meetings usually include various role-players but are not limited to children, families, designated social workers, residential social workers, child and youth care workers, and therapists. The purpose of a multi-disciplinary meeting is to discuss the progress of the child and family in terms of family reunification and to consequently make decisions in terms of the child's individual development plan, permanency plan and care plan. Furthermore, children have a right to participate in the decisions that are made within multi-disciplinary meetings as these decisions affect them directly.

International research in the subject field of the participation of children in alternative care reveals that children do not experience meaningful participation in multi-disciplinary meetings. No research could be found on the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre within a South African context. In addition, no guidelines exist in South Africa for the facilitation of children's participation within multi-disciplinary meetings. This means that residential social workers facilitate these meetings differently according to their experience and personalities. This leads to inconsistencies in the ways in which multi-disciplinary meetings are facilitated which in turn may have an impact on the nature of children's participation within multi-disciplinary meetings.

This study aimed to address the identified void in literature, as well as the challenges and limitations observed in the practice field of child protection. In line with this aim a social work intervention was developed for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

The research process was conducted in four phases. During phases 1 to 3, data was collected from children, residential social workers and child and youth care workers from three different child and youth care centres in the Cape Peninsula, South Africa. Data collection methods included individual semi-structured interviews and focus groups. During phase 4, a social work intervention was developed using literature, the theoretical frameworks, as well as the data collected in the previous three phases. The social work intervention consisted of five guiding principles for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. These five guiding principles were as follows:

1. Preparation of children prior to the multi-disciplinary meetings.
2. Creating encounters and relations with an adult in the child's professional network.
3. Creating a child friendly environment within multi-disciplinary meetings.
4. Encouraging children's involvement in decision making in multi-disciplinary meetings.
5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.

The social work intervention that was developed filled the gap that was identified in both literature and practice.

OPSOMMING

SLEUTELWOORDE: kinderdeelname, kinderbeskerming, kinder- en jeugsorgsentrum, multi-dissiplinêre vergaderings, maatskaplike werk-intervensie

Op beide Suid-Afrikaanse en internasionale vlak word daar tans 'n toename in navorsing en literatuur aangaande kinderdeelname gevind. Dit sluit navorsing in wat toegepas is op kinderdeelname binne die gesinsomgewing en navorsing aangaande kinders wat sorgbehoewend bevind en in alternatiewe sorg geplaas is. In die kinderbeskermingsveld is daar voortdurend uitdagings vir kinders en die volwassenes wat met kinders in hierdie omgewing werk, met verwysing na kinderdeelname. 'n Kinder- en jeugsorgsentrum vorm deel van die breër veld van kinderbeskerming waarvolgens kinders die reg het om deel te wees van daaglikse besluite, maar ook van belangriker en meer beduidende besluite. Multi-dissiplinêre vergaderings dien as 'n institusionele meganisme vir kinders om deel te neem aan besluitneming aangaande sake wat hulle affekteer. Hierdie vergaderings sluit gewoonlik in - maar is nie beperk nie - tot kinders, gesinne, aangewese maatskaplike werkers, residensiële maatskaplike werkers, kinder- en jeugsorgwerkers en terapeute. Die doel van die multi-dissiplinêre vergadering is om die vordering van die kind en gesin te bespreek in terme van gesinshereniging en om ingeligte besluite te neem in verband met die kind se individuele ontwikkelings-, permanensie- en versorgingsplan. Verder het kinders die reg om deel te neem aan besluitneming tydens multi-dissiplinêre vergaderings, aangesien hierdie besluite hulle direk affekteer.

Internasionale navorsing aangaande die onderwerp van kinderdeelname in alternatiewe sorg dui daarop dat kinders nie betekenisvolle deelname in multi-dissiplinêre vergaderings ervaar nie. Geen navorsing kon gevind word met betrekking tot die fasilitering van kinderdeelname in multi-dissiplinêre vergaderings in 'n kinder- en jeugsorgsentrum binne 'n Suid-Afrikaanse konteks nie. Verder bestaan daar ook geen riglyne in Suid-Afrika vir die fasilitering van kinderdeelname in multi-dissiplinêre vergaderings nie. Dit beteken dat residensiële maatskaplike werkers hierdie vergaderings verskillend volgens hul ervarings en persoonlikhede fasiliteer. Dit lei tot wisselvallighede in die wyse waarop multi-dissiplinêre vergaderings gefasiliteer word, wat weer 'n impak op die aard van kinderdeelname in multi-dissiplinêre vergaderings mag hê.

Die studie het dit ten doel om die duidelike leemte in die literatuur aan te spreek, asook die uitdagings en beperkinge wat in praktyk in die kinderbeskermingsveld waargeneem is. In lyn met hierdie doelstelling is 'n maatskaplike werk-intervensie ontwikkel vir die fasilitering van kinderdeelname in multi-dissiplinêre vergaderings in 'n kinder- en jeugsorgsentrum.

Die navorsingsproses het in vier fases geskied. Gedurende fases 1 tot 3 is data ingesamel van kinders, residensiële maatskaplike werkers en kinder- en jeugsorgwerkers van drie verskillende kinder- en jeugsorgsentrums in die Kaapse Skiereiland, Suid-Afrika. Data-insameling het individuele semi-gestruktureerde onderhoude en fokusgroepe ingesluit. Gedurende fase 4 is 'n maatskaplike werk-intervensie ontwikkel deur die benutting van literatuur, teoretiese raamwerke en die data wat in die vorige drie fases ingesamel is. Die maatskaplike werk-intervensie bestaan uit vyf leidende beginsels vir die fasilitering van kinders se deelname in multi-dissiplinêre vergaderings in 'n kinder- en jeugsorgsentrum. Hierdie vyf leidende beginsels is as volg:

1. Voorbereiding van kinders voor die multi-dissiplinêre vergaderings.
2. Die skep van ontmoetings en verhoudinge met 'n volwassene in die kind se professionele netwerk.
3. Die skep van 'n kindervriendelike omgewing tydens dissiplinêre vergaderings.
4. Die aanmoediging van kinderdeelname in besluitneming tydens multi-dissiplinêre vergaderings.
5. Die inagneming van 'n kind se ontwikkelende kapasiteit gedurende besluitneming tydens multi-dissiplinêre vergaderings.

Die maatskaplike werk-intervensie wat ontwikkel is, vul die leemte wat geïdentifiseer is in beide literatuur en praktyk.

PREFACE

- An article format was used in presenting the research findings. This is according to the Academic rule 2.4.1.2.2.2, as stipulated by North-West University postgraduate faculty manual (2016).
- This thesis consists of four sections:
Section A is divided into three parts: Part 1 is the introduction; Part 2 presents an overview of the research findings and Part 3 describes the social work intervention. Section B comprises of the literature study, while Section C consists of three articles which have been written according to the author guidelines of each journal to which it was submitted. In Section D the summary, conclusions and recommendations can be found. This is followed by a combined reference list, an addenda, a list of tables and a list of diagrams.
- Different referencing styles are used in this document. The North-West University's Harvard (2012) referencing style is used in Sections A, B and D.
- The referencing style and format of the journal articles in Section C is in accordance with the journal's author guidelines, which are indicated before each journal article:
 - Article 1 – Social Work/ Maatskaplike Werk (Harvard)
 - Article 2 – Child Abuse & Neglect (APA)
 - Article 3 – Child and Family Social Work (Harvard)
- Any reference made to 'researcher' within this thesis will refer to the student, Jessica Johannisen.
- The references for Section B and D are included after each section. However, the references for Section A, Part 1 and Part 3 are included immediately afterwards. A reference list is included immediately after each journal article in Section C. A combined reference list will be included before the addenda.

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SECTION A

INTRODUCTION TO THE STUDY

Section A will be divided into Part 1, 2 and 3. Part 1 describes how the research was conducted, part 2 provides an overview of the research findings and part 3 is the social work intervention.

SECTION A: PART 1

INTRODUCTION

1. ORIENTATION AND PROBLEM STATEMENT

Whilst in recent years there has been an increase in children's participation within various social contexts both in South Africa and internationally (Cele & Van der Burgt, 2015; Gal, 2017; Johannisen, 2014; Moyo, 2015; Nolas, 2015; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis & Fossum, 2013; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009) this area needs continual improvement in order to comply with the participation principle stipulated in the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989). Research regarding children's participation has increased over the past decade due to a shift in the perception of children and children's rights where their participation and contribution is emphasised (Cashmore, 2002:838; Gal, 2017; Moyo, 2015; Skiveness & Strandbu, 2006:11; Van Bijleveld *et al.*, 2015:129; Vis & Fossum, 2013; Viviers & Lombard, 2012:7). Research has established the value of children's participation in terms of childhood development and has highlighted the various life skills that can be acquired during this process (Cook, Blanchet-Cohen & Hart, 2004:1; Van Bijleveld, Dedding, & Bunders-Aelen, 2014:256). Lansdowne (2001:3-4) supports this by maintaining that children's participation promotes the survival, protection and development of children. Furthermore, children's participation allows for the enhancement of control and influence over their own lives and as such forms part of the process of mobilizing the rights of children (Ansell, 2005: 225; Van Bijleveld *et al.*, 2014:256). Nevertheless, research indicates that too many children continue not to be actively involved in the decisions made in their lives (Cook *et al.*, 2004:1; Johannisen, 2014:55; Van Bijleveld *et al.*, 2014:257). The different responses to the involvement of children, and in particular adults' reluctance to the participation of children, are often linked to the differing social attitudes that adults have towards children (Bell, 2002:2; Sinclair, 1998:140; Van Bijleveld *et al.*, 2014:257; Van Bijleveld, *et al.*, 2015:137).

Developmental psychology highlights the different developmental stages that take place between the ages of 0 and 18 years (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007: 265; Louw, 1997; RSA, 2005; Shaffer & Kipp, 2013:7; Spano, 2004:1-3). One of these stages includes adolescence, which usually occurs between the ages of 12 and 18 years. *Adolescence* is a significant stage in children's lives as they develop the ability to think and reason in an abstract manner and start to think critically about social, political and religious systems (Hall-Lande *et al.*, 2007:265; Louw, 1997:505; Spano, 2004:1-3). Whilst adolescence is a different stage to infancy or toddlerhood (Shaffer & Kipp, 2013:7), the Children's Act (RSA, 2005) uses the term "child" or "children" for any person between the ages of 0 and 18 years. When discussing participation in literature (Cele & Van der Burgt, 2015; Johannisen, 2014; Nolas, 2015; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009) researchers refer to children's participation, even when referring to adolescents. This study included adolescents and, for the purpose of the study, these adolescent participants will be referred to as children.

It is evident from the literature mentioned above that there are various ideas of what defines *children's participation* and what this process should entail. Skiveness and Strandbu (2006:14) describe participation as the interaction between individuals in order to identify their specific views and that these views should be taken into consideration through discussion in the decision making process. Percy-Smith and Thomas (2010:2) emphasise that children's participation is an ongoing process where the outcomes of decisions are influenced by the various arguments that are presented by various parties. Furthermore, Vis *et al.* (2012:8) concurs that children's participation is a process that begins with the presentation of a specific problem and ends once a decision has been made as to how the problem will be addressed. Pölkki, Vornanen, Pursiainen and Riikonen (2012:108) maintain that participation can be described as "interaction; belonging; and integration" whilst child participation refers to children being actively involved in the decisions that affect their own lives as well as the lives of their families and communities (Percy-Smith & Thomas, 2010:2; Van Bijleveld *et al.*, 2014:255; Ward, 2008:3). According to Cashmore (2002:838) it is important to note that children's participation does not mean that children have the right to determine the outcomes of decisions made, but rather means that children are being listened to and that their views are being taken into consideration. As illustrated above, various aspects form part of children's

participation. For the purpose of this study, the researcher will make use of the definition of participation by the Council of Europe Committee of Ministers (2012) as:

Individuals and groups of individuals having the right, the means, the space, the opportunity and, where necessary, the support to freely express their views, to be heard and to contribute to decision making on matters affecting them, their views being given due weight in accordance with their age and maturity.

Although this definition refers to participation in general, it is also applicable to the process of children's participation. Whilst various authors (Kirby & Woodhead, 2003:236; Percy-Smith & Thomas, 2010:2; Van Bijleveld *et al.*, 2015:129; Ward, 2008:3) seem clear about what children's participation involves, the practical implementation thereof remains a complex and dynamic process. Within a South African context, Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act (RSA, 2005) promote the notion of children's participation within a family, community and the child protection environment and highlight that it is the right of all children.

According to the Guidelines for the Alternative Care of Children (UN, 2010):

All decisions, initiatives and approaches falling within the scope of the present Guidelines should be made on a case-by-case basis. They should respect fully *the child's right* to be consulted and have his/her views duly taken into account in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information.

Since 1994, South Africa has moved forward in terms of ensuring the constitutional rights of children and Lulu Xingwana, former Minister of Women, Youth, Children and People with Disabilities, emphasised government's commitment to ensure that children's rights, including their right to participate in the decisions made in their lives, are enhanced, protected and developed (South African Child Gauge, 2011:7; Ward, 2008:7). Section 28 of the South African Constitution, adopted in 1996, ensures the protection of children's rights and South Africa is also a signatory to the African Charter on the Rights and Welfare of the Child (African Union, 1990) and the UNCRC (UN, 1989). Article 12 of the UNCRC (UN, 1989) stipulates the importance of listening to children and states that children 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". The Children's Act (RSA, 2005) clearly states in Section 10 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 participation in an appropriate way and views expressed by the child must be given due consideration.

It is therefore evident that, in terms of the constitution of South Africa (RSA, 1996), children have the right to participate in the decisions that have an impact on their lives. Children are consequently entitled to having rights and thus being active citizens in society and not merely being recipients of adult protection (Lansdown, 2001:1). Both Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act (RSA, 2005) confirm that children have the legal and moral right to active participation, protection and provision of services (Bell, 2002:2). Sinclair, (2002:137) however argues that it remains unclear as to how these rights are implemented with children who have been placed into alternative care and furthermore how it is implemented in a manner which is beneficial to all parties involved.

Numerous authors (Hart, 1992:5; Manion & Nixon, 2012:30; Pölkki *et al.*, 2012:123) have been of the opinion that children are vulnerable and should not be burdened with adult decisions and thus need constant guidance from adults. As a result, adults may struggle to recognise children as being fully human and thus also having rights and the capability of participating in the decisions made in their lives (Manion & Nixon, 2012:30). This may be even more the case with children who have been found in need of care and protection and consequently placed into alternative care (Leeson, 2007:270-274). For children in alternative care, participation is of particular significance, as it has the potential to provide them with an appreciation of their inputs, the development of their skills and also the necessary protection (Cashmore, 2002:838; Cook *et al.*, 2004:11; Johannisen, 2014:61-62; Mannion, 2007:408; Melton, 1987:363). For the purpose of this study, child and youth care centres will be focused on as a type of alternative care.

Legislation (UN, 1989; RSA, 2005) highlights that all South Africans, including children, are provided with an opportunity to play an active role in promoting their own well-being and in contributing to the development of their evolving independence (Integrated Service Delivery Model, 2005:13). This means that children who have been placed into a child and youth care centre, regardless of their age, also have the right to be provided with the opportunity to participate actively in decisions affecting their lives. However, according to Section 7 and Section 9 of the Children's Act (RSA, 2005), children also have the right to have decisions made that are in their best interest.

Whilst it is evident that legislation (UN, 1989; RSA, 2005) endorses children's participation within the decisions made in their lives, the aspect of making decisions in the *child's best interest* is also important (RSA, 2005; Tilbury & Osmond, 2006:265). Archard and Skivenes (2009:7), Thomas and O'Kane (1998:137) and Van Bijleveld *et al.* (2015:130) highlight that there is often a controversy in both theory and practice between ensuring a child's best interest and allowing a child to be part of the decisions made in their lives. In many cases in the past, children have been limited in terms of their participation in making decisions about their lives as the adults were of the opinion that children were not able to act in their own best interest (Ansell, 2005:226). In general, but especially within the field of child protection, there seems to be constant conflict between the concept of promoting children's participation, and ensuring that decisions made are in the child's best interest (Archard & Skivenes, 2009:7; Thomas & O'Kane, 1998:137-142; Van Bijleveld *et al.*, 2015:130). According to Section 10 of the Children's Act (RSA, 2005), all children have the right to participate in the decisions made in their lives. Furthermore, Section 9 of the Children's Act (RSA, 2005) maintains that it is crucial that "in all matters concerning the care, protection and well-being of a child the standard that the child's best interest is of paramount importance". The dilemma that therefore presents itself, is maintaining the balance between children's participation and ensuring children's best interests (Archard & Skivenes, 2009:1; Thomas & O'Kane, 1998:141-142; Van Bijleveld, *et al.*, 2015:130; Viviers & Lombard, 2012:14-17). Another aspect that adds to this debate is that literature has revealed that adults have sometimes failed to do what is in the child's best interest because they did not listen to the child's opinion (Lansdown, 2001:3). In addition to this, the UNCRC (UN, 1989) and the Children's Act (RSA, 2005) both include a requirement about "age and maturity", which leads one to the recognition of children's evolving capacities. However, neither the UNCRC (UN, 1989) nor the Children's Act (RSA, 2005) specifies the weight that children's views should carry at any specific age. Article 5 in the UNCRC (UN, 1989) stipulates that guidance should be provided to children with regards to exercising their rights "in a manner consistent with the evolving capacities of the child", which emphasises that the age and maturity of a child play a significant role in terms of children's participation (Cook *et al.*, 2012:12).

The aim of *child protection* work is to prevent and deal with all forms of harmful treatment that places a child's safety, well-being, development or human dignity at risk (Ruiz-Casares, Collins, Tisdall, & Grover, 2017:4). Those working in child protection deal with these issues

regardless of who has committed the act or whether it was intentional or not. Children who have been placed in a child and youth care centre in terms of Section 158 of the Children's Act (RSA, 2005) are those who have been found in need of care and protection in terms of Section 150 (1). A child is in need of care and protection in terms of Section 150 (1) of the Children's Act (RSA, 2005) if the child:

- (a) Has been abandoned or orphaned and is without any visible means of support. An abandoned child is a child who has obviously been deserted by a parent, guardian or caregiver or has, for no apparent reason, had no contact with the parent, guardian, or caregiver for a period of at least three months. An orphan is a child who has no surviving parent caring for him or her.
- (b) Displays behaviour that cannot be controlled by a parent or caregiver. Parents who cannot control their children's behaviour may be engaged in parenting programmes or positive discipline programmes as possible early intervention measures. The designated social worker should only consider statutory intervention if early intervention efforts fail or are deemed not to be the best option for the child.
- (c) Lives or works on the streets or begs for a living. This includes a child who, due to abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs or works on the streets or, due to inadequate care, begs or works on the streets but returns home at night.
- (d) Is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency.
- (e) Has been exploited or lives in circumstances that expose the child to exploitation. Exploitation in relation to a child includes all forms of slavery or practices similar to slavery, including debt bondage or forced marriage, sexual exploitation, servitude, forced labour or services, child labour and the removal of body parts.
- (f) Lives in or is exposed to circumstances which may seriously harm his or her physical, mental or social well-being.
- (g) May be at risk if returned to the care of a parent, guardian or caregiver as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm his or her physical, mental or social well-being.
- (h) Is in a state of physical or mental neglect. A child who is physically neglected may be identified by being grossly underweight with stunted growth and clear signs of malnutrition. Before approaching the court with a view of finding that child in need of

care and protection, the designated social worker may, where applicable, assist the family to meet the nutritional needs of the child. This would depend on whether the family is only destitute but still in a position to provide for the child's emotional and psychological needs. Other role-players may be approached to assist the family.

- (i) Is being maltreated, abused, deliberately neglected or degraded by a parent, a caregiver, a person who has parental responsibilities and rights, a family member or a person under whose care the child is. Abuse in this case includes assaulting a child or inflicting any other form of deliberate injury on a child; sexually abusing a child or allowing a child to be sexually abused; allowing a labour practice that exploits a child; or exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.

Within the context of this study, all *children who have been found in need of care and protection* in terms of Section 150 (1) of the Children's Act (RSA, 2005) may be placed in a child and youth care centre.

Children are removed from their parents' care by designated social workers or police and if they are found in need of care and protection during the court proceedings, they will either be placed into alternative care or permanent care (RSA, 2005). Alternative care includes: foster care, child and youth care centres, places of safety, cluster homes and permanent care including adoption. According to Section 158(1) of the Children's Act (RSA, 2005), family preservation should always be considered a priority. However, when the presiding officer at the children's court orders for the child to be removed from his or her current caregivers, designated social workers should first look at the possibility of a placement with extended family and/or a family-like environment (RSA, 2005). If the above two options are not possible, then a placement within a child and youth care centre should be considered.

Chapter 13, Section 191 (1) of the Children's Act (RSA, 2005) describes a *child and youth care centre* as "a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility. Section 191(2) of the Children's Act (RSA, 2005) highlights that a child and youth care centre needs to be registered by the Department of Social Development which ensures that the services provided are in line with the norms and standards, as well as the therapeutic and developmental programmes prescribed in the Act. Child and youth care

centres therefore form part of statutory residential care which functions with the assistance and guidelines from government (Desmond, Gow, Loening-Voysey, Wilson & Stirling, 2002:451; RSA, 2005). Anglin (2001b) describes child and youth care as:

Work with children and youth, as whole persons, in order to promote their social competence and healthy development, by participating in and using their day-to-day environments and life experiences, and through the development of therapeutic relationships, most importantly the relationship with the particular child or youth who is the focus of attention.

Children who have been placed into a child and youth care centre therefore have the right to participate in the decisions made in their lives. Saying this, in order to ensure that the decision making process is transparent; there should be a sense of accountability by a multi-disciplinary team (Sinclair, 1998:137).

Within the context of child protection, residential and designated social workers are involved in *multi-disciplinary meetings*, which focus on the needs and progress of children in order to establish individual development plans, care plans and permanency plans (RSA, 2005). Legislation on both an international (UN, 1989) and South African (RSA, 2005) level emphasises the principle of children's participation in the decisions made in their lives and therefore the various meetings act as institutional mechanisms that provide a space to engage, allowing children the opportunity to express their views and wishes (Johannisen, 2014:54). On an international level, these meetings which allow for decisions to be made in children's lives include child protection conferences, case conferences, review meetings and family group conferences (Campbell, 1997:1; Cashmore, 2002:840; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143), whilst on a South African level they include family group conferences, family conferences, review meetings, panel discussions and multi-disciplinary meetings (Jamieson, 2017:93; Johannisen, 2014:55; RSA, 2005). It is evident that different terminology is used to describe the various meetings held within the context of child protection at both national and international levels. Literature highlights that family group conferences, child protection conferences and case conferences occur before court proceedings commence (Campbell, 1997:3-5; RSA, 2005). The aim of these meetings is to discuss the case and the issues related to the child who has been found to be possibly in need of care and protection and to look at the various alternatives for the family (Campbell, 1997:3-5; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143). On the other hand, review meetings, panel discussions, family conferences and multi-disciplinary meetings occur after

the court proceedings, once the child has been found in need of care and protection (Campbell, 1997:2; Johannisen, 2014:52-56; RSA, 2005). For the purpose of this research, the term multi-disciplinary meetings, as mentioned in the Children's Act (RSA, 2005), will be used to describe the institutional mechanism that occurs once the child has been found in need of care and protection and placed into alternative care, and where the various decisions are made regarding the child's individual development plan, care plan and permanency plan.

Multi-disciplinary meetings provide the space where children and adults are able to engage and consequently make important decisions in the lives of children (Johannisen, 2014:54). Every six months a child's permanency plan, care plan and individual development plan (IDP) must be reviewed in terms of regulation 55(3) of the Children's Act (RSA, 2005) and this should be in accordance with the norms and standards for child protection and child and youth care centres. By ensuring that the placement is reviewed on a regular basis, it is possible to evaluate whether the placement is still appropriate and in the child's best interest. Furthermore the multi-disciplinary meeting allows for the review of the child's care plan, permanency plan and the IDP, and to determine if the placement should continue or if family reunification should take place. A multi-disciplinary team may include social workers (designated and residential), child and youth care workers as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders and occupational therapists (RSA, 2005). Research highlights the significance of multi-disciplinary meetings in terms of providing an opportunity for the child, together with the family and professionals to express their opinions and views and consequently make decisions in the best interest of the child (Holland & O'Neill, 2006:94; Johannisen, 2014:55). The attendance of children at their multi-disciplinary meetings encourages the process of children's participation, and those children who attend are three times more likely to have their voices heard and their views taken into consideration than children who meet their case managers in individual sessions (Vis *et al.*, 2012:9). Multi-disciplinary meetings provide an opportunity for children to be part of the decisions made in their lives, however planning in terms of children's care is an intricate process and in order for children to be involved in this process, they should not only be involved in the actual meeting (Sinclair, 1998:137). This means that what happens before and after the meeting is also vital in terms of children's participation (Sinclair, 1998:141). Residential social workers play a significant role in terms of facilitating children's participation within multi-disciplinary meetings. However, due to child and youth care workers working in the life

space of children and also working closely with residential social workers in child and youth care centres, it is important for them to provide a supportive role to residential social workers in the facilitation of children's participation within multi-disciplinary meetings.

As a result of the increased focus on children's participation and children's rights within society, more children are being expected to attend multi-disciplinary meetings and their experiences within these meetings are often negative (Cashmore, 2002:840; Johannisen, 2014:55). Research indicates (Cashmore, 2002:840; Johannisen 2014:55; Sinclair, 1998:140-141) that children often felt that their multi-disciplinary meetings were "intimidating, boring, frustrating, disempowering and alienating" and that it was attended by too many people whom they did not know. The children also felt that too much confidential information was shared at these meetings; they were not always prepared; and they were not free to express their views openly (Cashmore, 2002:840). However, research conducted by Johannisen (2014:55) within the context of a child and youth care centre in South Africa, highlights that many children felt that multi-disciplinary meetings provided them with a space to be both part of the decisions made in their lives and to be informed of decisions made. It is clear from the literature on both a national (Johannisen, 2014:55) and international level (Cashmore, 2002:840; Sinclair, 1998:140-141) that children have varied experiences of their multi-disciplinary meetings.

Within the context of child protection, children's participation remains a sensitive issue especially as it involves children being informed of and involved in issues that are viewed as adult issues (Vis *et al.*, 2012:10). Due to the delicate nature of the issues involved and the absence of any form of *social work intervention* to guide residential social workers, social workers are often left to their own devices or insights in facilitating the process. The purpose of the social work intervention is to provide guidance to residential social workers for the facilitation of children's participation within a multi-disciplinary meeting.

Frost and Robinson (2007:185) highlight that, whilst multi-disciplinary meetings is a multifaceted and challenging process when working with families, it can be implemented effectively if the necessary assistance and guidance is available. Through the researcher's experience in working within a child and youth care centre, it became evident that each residential social worker facilitates multi-disciplinary meetings in a different way according to experience, training and possibly personality. The reason for this phenomenon is the lack

of any social work intervention to assist residential social workers in how to facilitate multi-disciplinary meetings in order to ensure meaningful participation for children. Whilst the Children's Act (RSA, 2005) is clear in terms of the purpose of multi-disciplinary meetings, a gap remains in terms of a social work intervention not being required to ensure the meaningful participation of children in multi-disciplinary meetings. The implications are that not every social worker will work with the same goals in mind (Shemmings, 2000:235) which in turn may affect the level of participation that the residential social worker will encourage or discourage within the multi-disciplinary meeting. A social work intervention providing guiding principles for the facilitation of children's participation within multi-disciplinary meetings can be instrumental for children, residential social workers and child and youth care workers. This in turn will boost the confidence of residential social workers and child and youth care workers to facilitate children's participation within multi-disciplinary meetings, which will consequently allow for the various benefits that are associated with children's participation (Cook *et al.*, 2004:11; Johannisen, 2014: 61-62; Mannion, 2007:408; Melton, 1987:363).

A social work intervention refers to the planning and then actions implemented by social workers in order to provide clients with support in dealing with a certain issue (Zamboni, 2017). In order for a social work intervention to be developed, an assessment of the situation is conducted to identify the client's strengths and needs. An intervention is then developed accordingly and subsequently implemented. In order to develop a social work intervention it is necessary to understand the experiences of children and the perceptions of social workers and child and youth care workers. The reason for including children, residential social workers and child and youth care workers in the study is to emphasise the importance of understanding the context in the process of developing a contextual social work intervention.

A considerable amount of research has been conducted in the area of children's participation both nationally and internationally focusing on a family context and also within a context of children who are placed in alternative care (Cele & Van der Burgt, 2015; Johannisen, 2014; Nolas, 2015; Pölkki *et al.*, 2012:108; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009). However, there is insufficient research on children's participation within multi-disciplinary meetings in a child and youth care centre in South Africa. On an international level, the research has focused on review meetings (Campbell, 1997; Pölkki *et al.*, 2012; Sinclair, 1998; Skiveness & Strandbu,

2006), family group conferences (Campbell, 1997; Dalrymple, 2002; Holland & O'Neill, 2006) and child protection meetings (Campbell, 1997; Hall & Slembrouck, 2001). On a national level, there has been minimal research in any of these fields, including multi-disciplinary meetings (RSA, 2005; Jamieson, 2017: 89). The researcher has therefore aimed to contribute towards filling this void within the literature and within the field of child protection by developing a social work intervention to facilitate children's participation within multi-disciplinary meetings in a child and youth care centre.

Based on the problem as explained above the main research question for this study was:

What should be included in a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre?

In order for this question to be answered, the following sub-questions needed to be asked:

1. How do children experience their participation within multi-disciplinary meetings within a child and youth care centre? (Phase 1)
2. How do residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings? (Phase 2)
3. What do the children, residential social workers and child and youth care workers think should be included in a social work intervention to ensure that children's participation is facilitated within multi-disciplinary meetings in a child and youth care centre? (Phase 3)
4. What elements should be included in the development of a social work intervention for facilitating children's participation within multi-disciplinary meetings in a child and youth care centre? (Phase 4)

2. AIM AND OBJECTIVES

The aim and objectives of the study will be discussed below.

2.1 AIM

The aim of this research was to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

2.2 OBJECTIVES

The objective for this research was as follows:

1. To explore and describe the experiences of children on their participation within multi-disciplinary meetings in a child and youth care centre. (Phase 1)
2. To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings. (Phase 2)
3. To explore the inputs of the children, residential social workers and child and youth care workers regarding how children's participation can be facilitated within multi-disciplinary meetings in a child and youth care centre. (Phase 3)
4. To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. (Phase 4)

3. PARADIGMATIC ASSUMPTIONS AND THEORETICAL FRAMEWORK

In this section, the researcher provides more information about the paradigmatic assumptions of the study. Furthermore the following theoretical frameworks will be discussed: Bronfenbrenner's bioecological approach, a rights-based perspective and a strengths perspective.

When researching the topic of children's participation within multi-disciplinary meetings in a child and youth care centre, it was important that the researcher recognised that there are different philosophical assumptions that will influence the acquisition of new knowledge (Creswell, 2014:35; Terre Blanche & Durrheim, 2006:3-4). According to Botma, Greef, Malaudzi and Wright (2010: 39) and Terre Blanche and Durrheim (2006:3-4) a paradigm refers to the background knowledge against which an observation is made. It is therefore a

framework for both observation and understanding, which influences the way in which one makes sense of a specific situation.

The researcher conducted the study by using an interpretive paradigm, which means that reality is created in terms of people's personal experiences of their world (Maree & Van der Westhuizen, 2007:33; Terre Blanche & Durrheim, 2006:6). Ontology refers to the nature of the reality that is to be studied which, within an interpretive paradigm, originates from people's subjective experiences (Botma *et al.*, 2010:40; Creswell, 2014:54; Maree & Van der Westhuizen, 2007:31; Terre Blanche & Durrheim, 2006:6). This means that when using the interpretive paradigm, there will be various truths as each person may experience and perceive the phenomenon of children's participation within multi-disciplinary meetings in a different way. This was especially true within this research as the various role players within multi-disciplinary meetings (children, residential social workers and child and youth care workers) provided their own experiences and perceptions of children's participation. By including all the role players, it was possible to highlight the aspect of context in the process of developing a contextual social work intervention.

Within an interpretive approach, the methodology utilised was qualitative in nature and recognised the interaction between the researcher and subject (Braun & Clarke, 2013:20; Creswell, 2014:32; Maree & Van der Westhuizen, 2007:33; Terre Blanche & Durrheim, 2006:6). Epistemology refers to the nature of the relationship between the researcher and the phenomenon being studied (Botma *et al.*, 2010:40; Creswell, 2014:54; Maree & Van der Westhuizen, 2007:31-32; Terre Blanche & Durrheim, 2006:6). Therefore the interpretive paradigm recognises that the researcher would not have been able to distance herself from the study as her own subjective experience would have emerged within on the study as discussed by Botma *et al.* (2010:42) and De Vos, Strydom, Schulze and Patel (2006:8).

The researcher's theoretical framework on the phenomena of children's participation within multi-disciplinary meetings was a rights-based perspective as children's participation is considered to be a basic children's right (Jamieson *et al.*, 2011:22; RSA, 2005; UN, 1989). A second theoretical lens, Bronfenbrenner's bioecological approach, was used as a child cannot be viewed in isolation (Smith, 2009:104) especially within a multi-disciplinary meeting. Instead, the child forms part of various systems both within his or her life and within a multi-

disciplinary meeting. Based on the experiences of the children and the perceptions of the residential social workers and child and youth care workers with regard to child participation within multi-disciplinary meetings, a social work intervention was formulated for the facilitation of children's participation within the multi-disciplinary meetings in a child and youth care centre. Whilst the rights-based perspective focused on the child's right to participate within multi-disciplinary meetings, the bioecological approach focused on the individual child within the wider social context (in relation to residential social workers, child and youth care workers and the process of children's participation).

Child and youth care work is deeply embedded in various principles which include being "holistic, strengths-based, context sensitive, developmentally-informed, collaborative and committed to social justice and diversity" (Mattingly & Stuart cited by White, 2007:227). Based on this, a strengths perspective was also used within this study. A strengths perspective requires professionals such as residential social workers and child and youth care workers to focus on the child's strengths and it highlights the importance of allowing the child to participate in the process of improving his or her circumstances (Early & GlenMaye, 2000:120). Children are consequently included in the process and take accountability for their own lives instead of the residential social worker taking ownership.

4. RESEARCH METHODOLOGY

The following aspects will be included in the following discussion on the research methodology: the literature study, glossary, research approach, research process, data analysis, ethical aspects and trustworthiness.

4.1 LITERATURE STUDY

The literature study was compiled throughout the process, as new research is published on a regular basis and it was essential that the theory used was up to date (Babbie & Mouton, 2001:103; Creswell, 2014:57; Fouché & Delport, 2011:133). The literature study aimed at providing an inclusive understanding of the nature of the problem thus putting the research into perspective; it also aimed to ensure that similar research had not yet been conducted (Babbie & Mouton, 2001:565; Creswell, 2014:57; Fouché & Delport, 2011:33; Kaniki, 2006:19). The literature study in this research study therefore ensured that the researcher had

adequate knowledge regarding children's participation within multi-disciplinary meetings in a child and youth care centre; it identified the gaps in previous research conducted and proposed that the current study would attempt to fill those gaps (Babbie & Mouton, 2001:565; Delport, Fouché & Shurink, 2011:302; Kaniki, 2006:22).

The researcher started writing the literature study at the beginning of the research project in order to gain better understanding of children's participation in general and also within the field of child protection. However, during the development of the social work intervention, more recent and relevant literature was found in order to support the research findings. Therefore additional literature was included in the development of the social work intervention.

Resources that were utilised within the literature study consisted of text books, journal articles and electronic search engines. The search engines were those available through the NWU library services: Ebsco Host, A to Z Journal List, Google Scholar, and Sage Publications.

The subsequent aspects that were included in the literature study:

Children found in need of care and protection and placed within a child and youth care centre	Anglin, 2001; Jamieson, 2017; Johannisen, 2014; RSA, 2005; Smith, 2009
Multi-disciplinary meetings	Campbell, 1997; Cashmore, 2002; Dalrymple, 2002; Hall & Slembrouck, 2001; Jamieson, 2017; Johannisen, 2014; RSA, 2005; Vis, Holtan & Thomas, 2012
Children's participation	Arnstein, 1967; Cashmore, 2001; Cele & Van der Burgt, 2015; Cornwall, 2008; Gal, 2017; Hart, 2013; Johannisen, 2014; Lundy, 2007; Moyo, 2015; Nolas, 2015; RSA, 2005; Shier, 2001; Skiveness & Strandbu, 2006; UN, 1989; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis & Fossum, 2013; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Willow, 1996; Wyness, 2009
Rights-based perspective	Coyne and Harder, 2011; RSA, 2005; Shemmings, 2010 UN, 1989
Child's best interest	Hall & Slembrouck, 2001; Jamieson, 2017; Johannisen, 2014; RSA, 2005; Shemmings, 2010; UN, 1989
Child protection	Bell, 2002; Cashmore, 2001; Healy & Darlington, 2009; Jamieson, 2017; Johannisen, 2014; RSA, 2005
Professional and child client	Bell, 2002; Cook, <i>et al.</i> , 2004; Johannisen, 2014; Leeson,

relationship	2007; Van Bijleveld <i>et al.</i> , 2015; West, 2007
Childhood development	Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007; Manion & Nixon, 2012; Petrone, Sarigianides & Lewis, 2015; RSA, 2005; Trinder, 1997; West, 2007
Bronfenbrenner's bioecological approach	Palareti & Berti, 2009; Rosa and Tudge, 2013; Smith, 2009; Tudge, Mokrova, Hatfield & Karnik, 2009; Wulczyn <i>et al.</i> , 2010
Strengths perspective	Allison, Stacey, Dadds, Roeger, Wood & Martin, 2003; Early & GlenMaye, 2000; Hammond & Zimmerman, 2012; Saint-Jacques, Turcotte, Pouliot, 2009; The National Technical Assistance and Evaluation Centre, 2008
Social work intervention	Day, Fraser, Galinsky & Richman, 2009; Proctor & Rosen, 2003; Trevithick, 2005; Zamboni, 2017

4.2 GLOSSARY

Various concepts were used in the research and the researcher aimed at providing clarity regarding the following concepts in the glossary below: social work intervention, children's participation, child and youth care centre, multi-disciplinary meetings, designated social worker, residential social worker and child and youth care worker.

Key concepts	Definition
Social work intervention	A social work intervention can be described as the planning and then actions taken by social workers to provide support to clients in order to address a certain issue (Zamboni, 2017). According to Rosen and Proctor (2003:2) social work is a profession which is very hands-on with an intention to encourage social change and empower clients to improve their lives. Using social work interventions which are in line with the goals which have been set in order to address various problems can consequently improve the circumstances of the client. Furthermore, social work interventions often need the cooperation and support of various role-players in order for the implementation and outcome to be effective (Day, Fraser, Galinsky & Richman, 2009:5).
Children's participation	Participation is the "interaction with others that is concerned with identifying the meaning of that which comes to expression. Individuals are taken seriously and have influence,

	whereby others take up their expressions for consideration and discussion” (Skivenes & Strandbu, 2006:14). Furthermore, children’s participation includes, “individuals and groups of individuals having the right, the means, the space, the opportunity and, where necessary, the support to freely express their views, to be heard and to contribute to decision making on matters affecting them, their views being given due weight in accordance with their age and maturity” (Council of Europe Committee of Ministers, 2012).
Child and youth care centre (CYCC)	According to the Children’s Act (RSA, 2005) a CYCC is a facility that is registered with the Department of Social Development to care for six or more children who have been found in need of care and protection by the children’s court.
Multi-disciplinary meetings	According to the National Norms and Standards for Child Protection in the Children’s Act (RSA, 2005) multi-disciplinary meetings should be held every 6 months in order to develop and maintain the child’s individual development plan, permanency plan and care plan. Furthermore, the family or any other significant people should be included in the meeting if it is in the child’s best interest.
Designated social workers	Literature (Pölkki <i>et al.</i>, 2013:123; Vis <i>et al.</i>, 2010:11) also refers to designated social workers as “child protection social workers” or “child protection case managers”. These social workers are employed at child protection organisations (in the Western Cape, South Africa, child protection organisations include: Department of Social Development, Child Welfare Society, Cape Town Child Welfare, CAFDA, ACVV and Badisa), and are registered as social workers with the South African Council for Social Service Professionals (SACSSP) (RSA, 2005). According to Chapter 13, Section 63 and Chapter 12, Section 59 of the Children’s Act (RSA, 2005) it is stated that

	designated social workers who work for a child protection organisation are given permission from the Director-General or provincial Head of Social Development to perform child protection services. In the context of this study, designated social workers would be responsible for placing children at a child and youth care centre.
Residential social workers	Social workers who are employed at a child and youth care centre are referred to as residential social workers and act as case managers over the children (RSA, 2005). In the context of this study, it would usually be the residential social worker's role to facilitate children's participation in a multi-disciplinary meeting.
Child and youth care workers	Child and youth care workers are employed at child and youth care centres and work in the life space of the child (RSA, 2005). According to Van Weezel and Waaldijk (2000) working in a child's life space means working "within the daily living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way". According to Anglin (2001a), child and youth care workers "work with children and youth, as whole persons, in order to promote their social competence and healthy development, by participating in and using their day-to-day environments and life experiences, and through the development of therapeutic relationships, most importantly the relationship with the particular child or youth who is the focus of attention".

4.3. RESEARCH APPROACH

This research explored children's participation within multi-disciplinary meetings in a child and youth care centre using a qualitative approach as described by Botma *et al.*, (2010:182),

Terre Blanche, Kelly and Durrheim (2006:272), and Terre Blanche and Durrheim (2006:6) which allowed the researcher to study children's participation within multi-disciplinary meetings in depth. Qualitative research is part of the interpretive paradigm as it focuses on the participant's experience (Braun & Clarke, 2013:20; Creswell, 2014:61; Terre Blanche & Durrheim, 2006:6). Botma *et al.* (2010:182) maintains that qualitative research, rather than quantitative research, aims at providing insight on a phenomenon by understanding "the feelings, behaviours, thoughts, insights and actions" of individuals. Therefore this study allowed the researcher to gain more insight on the experiences of children and the perceptions of residential social workers and child and youth care workers with regards to children's participation within multi-disciplinary meetings in a child and youth care centre.

Botma *et al.*, (2010:98) and Durrheim (2006:44) maintain that there are three goals within qualitative research namely: exploratory, descriptive and explanatory research. This research adopted both the exploratory and descriptive goals as the focus was to gain insight into a situation, phenomenon, an individual or community. This study therefore focused on gaining an in-depth understanding of children's participation within multi-disciplinary meetings in a child and youth care centre. Descriptive research focuses on describing the phenomenon accurately (Creswell, 2014:192; Durrheim, 2006:44). In this context, the phenomena would be children's participation within multi-disciplinary meetings. Exploratory research on the other hand, aims at making initial investigations into an environment where minimal research has been conducted (Durrheim, 2006:44). Exploratory research therefore seeks to identify new insights into the phenomenon. Minimal research has been conducted on children's participation within multi-disciplinary meetings in a child and youth care centre within the South African context. For this reason, the researcher has conducted this research in order to gain more insights on children's participation in this context.

This research aimed at adding to the knowledge base by developing a social work intervention and this was referred to as applied research (Babbie, 2014:33; Durrheim, 2006:45) as it focused on solving specific problems in practice. Applied research means that the findings will be able to be implemented practically and may contribute in terms of "problem solving, decision making, policy analysis and community development" (Durrheim, 2006:45). This research has focused on solving concerns regarding children's participation within multidisciplinary meetings in a child and youth care centre by developing a social work intervention. The social work intervention consists of five guiding principles that will

assist residential social workers with the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

4.4 RESEARCH PROCESS

The research process can be described as the process that is followed by the researcher in a way that will maximize the trustworthiness and credibility of the research (Botma *et al.*, 2010:38; Durrheim, 2006:37). The research was conducted in four phases in order to ensure that the research question was linked to the actual execution of the process. The four phases of this research study will be discussed in detail below:

4.4.1 Phase 1

The following table provides a summary of the research methodology in phase 1.

Table 1: Summary of research methodology in phase 1

Phase 1			
Objectives	Research design	Participants	Data collection method
To explore and describe the experiences of children on their participation within multi-disciplinary meetings within a child and youth care centre.	Phenomenological design	15 Children	Individual semi-structured interviews

The research design, sampling and data collection method will be discussed in the following sections.

4.4.1.1 Research design

The researcher made use of a phenomenological design (Delpont *et al.*, 2011:305) in phase 1 in order to understand the children's experiences about their participation within multi-disciplinary meetings. This led to the researcher being able to assign specific meaning to

certain aspects (Delpont *et al.*, 2011:316). Therefore, the focus in phase 1 was on the children within a child and youth care centre in terms of their experiences of their participation within multi-disciplinary meetings.

4.4.1.2 Sampling

Sampling refers to the process whereby the participants are selected from a larger population (Creswell, 2014:2014; Durrheim, 2006:49). The selection of participants was an important process as the participants needed to have a direct link to the type of data that was collected. This section will focus on the following aspects of sampling: population, sampling method and sampling size in phase 1.

Population

The population refers to the larger group where the sampling elements are drawn from (Durrheim & Painter, 2006:133). In order for the researcher to answer the research question, it was necessary to involve the individuals who play a role in multi-disciplinary meetings. The first population that was included was children who have been part of a multi-disciplinary meeting within the child and youth care centre and thus have had first-hand experience of participation within these meetings. In order to identify participants for the study, the researcher obtained a list of all the registered child and youth care centres in the Cape Peninsula from the Department of Social Development. Once these details were received, the researcher invited the 31 child and youth care centres on the list to be part of the study. Three child and youth care centres accepted the invitation to be part of the study. Fifteen children from three child and youth care centres in the Cape Peninsula, South Africa were included in the population.

While children in general are identified as vulnerable and even more so when they have been found in need of care and protection, the researcher was of the opinion that the inputs of the children would be instrumental in terms of providing insight into their experiences of their participation within multi-disciplinary meetings. This information would be very valuable in allowing residential social workers and child and youth care workers to become more aware of their own behaviour within multi-disciplinary meetings and the manner in which the

meetings are facilitated. This information could only be obtained in an accurate manner if children were included in the study.

The children were asked to share their experiences of their participation within multi-disciplinary meetings and the individual semi-structured interviews were held in a sensitive manner in order to minimise any emotional discomfort that the children might have experienced. In the case of the researcher becoming aware that a child was experiencing any emotional discomfort, the individual semi-structured interview would have been stopped and the child would have been referred to an external counsellor.

Sampling method

Purposive sampling, which is a non-probability sampling method (Botma *et al.*, 2010:200-201; Nieuwenhuis, 2007:80; Strydom, 2011:232), was used due to the qualitative nature of the study to ensure that only children who were placed at one of the three child and youth care centres that agreed to be part of the study, were interviewed. The researcher conducted individual semi-structured interviews with the children who met the following inclusion criteria:

- The children must have been placed at one of the three child and youth care centres that agreed to be part of the study.
- The children must have had at least one multi-disciplinary meeting whilst being placed at the child and youth care centre.
- Children had to be between the ages of 12 and 18 years:

Children in this age group were more likely to feel comfortable verbalising their experiences and the data collection method of individual semi-structured interviews and collages would be age appropriate (Louw, 1997:487-489; Mayaba & Wood, 2015:1). The researcher also chose this group of children to ensure that children who were on her caseload were not participants (the researcher was the case manager of children under the age of 11 at one of the child and youth care centres). The reason for not conducting the research with children on the researcher's caseload was ethical as the participants may have felt obliged to take part in the research due to the

researcher's relationship with them, and they may have therefore provided answers that they thought the researcher would have wanted to hear.

- The children needed to be able to speak either English or Afrikaans.
- Any child meeting the above criteria could participate regardless of ethnicity, gender, or religion.
- Participation had to be voluntary.

In order to gain access to the children in phase 1, the researcher contacted the respective managers of the child and youth care centres and requested permission to conduct the research at the specific centres. The managers of the three child and youth care centres therefore acted as gatekeepers (Lavrakas, 2008) and were asked to discuss the research with the residential social workers. The residential social workers acted as mediators (Lavrakas, 2008) between the researcher and the children. The residential social workers then discussed the research with all the children who met the inclusion criteria and invited them to be part of the study. The residential social workers were therefore responsible for the recruitment of the children and needed to obtain written assent (addendum 4) from the children under the age of 18 years. It was also necessary for the manager of each child and youth care centre to give consent for the children under the age of 18 years to participate in the study (addendum 3). Arrangements were then made to conduct the individual semi-structured interviews in a child friendly space at each of the three child and youth care centres.

Sampling size

The criteria for the sampling size was regulated by adequacy and saturation of data. Data saturation occurs when the same themes keep reoccurring and no new information is forthcoming as discussed by Botma *et al.* (2010:200) and Terre Blanche *et al.* (2006:288). Fifteen children agreed to participate in the research study. After 13 individual semi-structured interviews, the researcher felt that data saturation had been reached. However, the remaining individual semi-structured interviews were conducted. Fifteen children agreed to participate in the research study and to be part of the population: five children from each child and youth care centre.

4.4.1.3 Data collection method

Individual semi- structured interviews

Two separate interviews were held with the children. These interviews were held about a week apart. During the first interview the children were asked to create collages on their experiences of their participation within multi-disciplinary meetings in a child and youth care centre. Collages form part of visual text and were used with the children as it is a child friendly method that may assist with the expression of certain ideas (Mitchell, Theron, Stuart, Smith, & Campbell, 2011:19). The collages were not interpreted by the researcher, but merely used as a tool to assist the children in becoming more aware of their participation within multi-disciplinary meetings. The researcher also noticed that it allowed the children to feel more relaxed and that it helped to build rapport with the researcher.

The second interview was conducted in two parts. During the first part of the interview, the children were first asked to describe their collages to the researcher. The collages therefore provided the children with a voice and encouraged them to express themselves. The main purpose of the collages was to allow the children to feel more comfortable sharing their experiences, thereby making the data more accessible to the researcher.

Individual semi-structured interviews as discussed by Greeff (2011:351) and Botma *et al.* (2010:208) were used for the second part of the interview to explore and describe the experiences of the children with regards to their participation within multi-disciplinary meetings in a child and youth care centre. An interview schedule was used (addendum 6). The interview schedule was developed through the review of literature, with regular supervision by the researcher's promotor and with guidance from the Ethics committee of both HREC and the Department of Social Development. This form of data collection allowed for flexibility and was more appropriate for issues that are of a complex, controversial and/or personal nature (Botma *et al.*, 2010:208; Greeff, 2011:352). Individual semi-structured interviews therefore allowed the researcher to obtain a detailed picture of children's experiences in their multi-disciplinary meetings. Whilst the researcher had an interview guide with the basic questions, these questions only acted as a guideline. This consequently provided the researcher with flexibility in terms of exploring any other issues that emerged from the interview. The interview guide consisted of certain questions that needed to be

covered during the interviews (Botma *et al.*, 2010:209; Welman *et al.*, 2005:166). Interviews require more interaction than filling in questionnaires or doing a test (Kelly, 2006:297) and this interaction created an opportunity for the researcher to build rapport with the children and to obtain a better understanding of how the children experienced their participation within the multi-disciplinary meetings.

The first two children that were interviewed formed part of the pilot study in order to assess the quality of the interview guide and to ensure that the questions were clear and easy to understand as discussed by Welman *et al.*, (2005:148). These two individual semi-structured interviews were also transcribed and analysed.

After each individual semi-structured interview, the researcher had a brief discussion with the children, determining whether the child would need to be referred to an external counsellor for further support. No children requested additional emotional support. The individual semi-structured interviews were audio recorded with the assent of the children, after which they were transcribed.

The researcher made use of personal reflections throughout the data collection process. Personal reflections assisted in the research process in terms of ensuring that the researcher remained aware of her own attitude and possible biases.

4.4.2. Phase 2

The following table provides a summary of the research methodology in phase 2.

Table 2: Summary of research methodology in phase 2

Phase 2			
Objective	Research design	Participants	Data collection method
To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's	Qualitative descriptive design	6 Residential social workers 12 child and youth care workers	Focus groups Individual semi-structured interviews

participation within multi-disciplinary meetings.			

4.4.2.1 Research design

During phase 2, the researcher made use of a qualitative descriptive design. Sandelowski, (2000:334) and Collorafi and Evans (2016:16) highlight that the goal of qualitative descriptive studies is to provide an all-inclusive synopsis of events using terms that are used by those involved in those events. Qualitative descriptive study is the technique that is utilised when the researcher aims at identifying descriptions of a specific phenomenon (Sandelowski, 2000:334; Collorafi & Evans, 2016:16). For the purpose of this study, the researcher was able to obtain the perceptions of residential social workers and child and youth care workers on children's participation within multi-disciplinary meetings in a child and youth care centre. According to Sandelowski, (2000:335) description is necessary for an investigation and also needs to be interpreted. In order to understand a specific phenomenon such as children's participation within multi-disciplinary meetings, it was important to have knowledge of the phenomenon. It is therefore important to have knowledge of both the context within which the phenomenon occurs as well as the perceptions of the one describing the phenomenon (Sandelowski, 2000:335; Collorafi & Evans, 2016:17). It is important to note that, whilst no description can be conducted without any form of interpretation - unlike the phenomenological design - the qualitative descriptive design involves minimal interpretation and rather focuses on the actual description. The researcher therefore attempted to keep interpretation to a minimum and rather utilized the descriptions from the residential social workers and child and youth care workers.

4.4.2.2 Sampling

This section will focus on the following aspects of sampling: population, sampling method and sampling size in phase 2.

Population

In order for the researcher to answer the research question, it was necessary to involve the role players within the process of multi-disciplinary meetings within the child and youth care centre. This included the residential social workers and child and youth care workers working within a child and youth care centre. It was important to include residential social workers as it is usually their role to facilitate the process of multi-disciplinary meetings. Residential social workers also play a vital role in the process of facilitating children's participation within multi-disciplinary meetings. They are assisted in this role by the child and youth care workers who, due to their work taking place in the living space of the children, are able to facilitate the children's participation and to work in partnership with residential social workers in terms of the children.

Sampling method

Purposive sampling, as discussed in point 4.4.1.2 b was used due to the qualitative nature of the study to ensure that only residential social workers and child and youth care workers working within the three child and youth care centres were included in the focus groups and individual semi-structured interviews. The population in phase 2 therefore included residential social workers and child and youth care workers working within the three child and youth care centres who met the following inclusion criteria:

- The residential social workers and child and youth care workers needed to have worked in this context for a minimum period of 6 months as it was important for them to have some experience in the specific field in order to give their input.
- The residential social workers needed to be registered with the SACSSP.
- The residential social workers and child and youth care workers needed to have facilitated or been part of a multi-disciplinary meeting whilst working in this context.
- The residential social workers and child and youth care workers needed to be able to speak either English or Afrikaans.
- Any residential social worker and child and youth care worker meeting the above criteria could participate regardless of ethnicity, gender, or religion.
- Participation needed to be voluntary.

The researcher gained access to the participants in phase 2 by contacting the managers of the three child and youth care centres. The managers therefore acted as gatekeepers and were asked to discuss the research with the residential social workers and child and youth care workers to determine their willingness to participate within the study. Once the participants were identified, the process commenced by the participants giving their written consent (addendum 5). Arrangements were then made to conduct two separate focus groups at each specific child and youth care centre. The residential social workers and child and youth care workers were interviewed separately due to the different interactions that they have with the children. It also ensured that the residential social workers and child and youth care workers felt more comfortable to share information in front of each other.

Three focus group sessions were held for the child and youth care workers at the three different child and youth care centres. The first focus group consisted of two child and youth care workers, whereas five child and youth care workers attended the second and third focus groups. The researcher was aware that it would have been ideal for there to be more participants in each focus group. However, valuable data was obtained regardless of the slightly smaller size of the focus groups.

The researcher's study promotor conducted the focus groups with the residential social workers and child and youth care workers at the child and youth care centre where she is employed. The reason for this was that, as the researcher had relationships with the residential social workers and child and youth care workers working at the child and youth care centre, the data might have been influenced if the researcher conducted the focus groups with her colleagues as they might have felt compelled to voice their perceptions differently. Furthermore, the researcher's promotor was best equipped to conduct the focus groups as she had sound knowledge of the research study, but did not have a relationship with any of the participants.

The researcher intended to have focus groups with the residential social workers at the three child and youth care centres. However, two of the child and youth care centres had only one residential social worker employee each. Therefore, one focus group session was held with the residential social workers from one of the child and youth care centres, while individual

semi-structured interviews were conducted with the two residential social workers from the other two child and youth care centres.

Sampling size

There were fewer residential social workers working within child and youth care centres than child and youth care workers. For this reason, the sample of residential social workers was smaller than that of the child and youth care workers. Table 3 outlines the number of participants who were part of the individual semi-structured interviews and focus groups held at the three child and youth care centres.

Table 3: Number of participants that were part of the research study at each child and youth care centre.

Child and youth care centre	Number of residential social workers	Number of child and youth care workers
Child and youth care centre 1	4	5
Child and youth care centre 2	1	2
Child and youth care centre 3	1	5

4.4.2.3 Data collection methods

Focus groups

Focus groups were held with one group of residential social workers and three groups of child and youth care workers as discussions would allow for a wide variety of responses from the participants. Whilst participants may experience focus groups as threatening, it allows rich data to be collected (Nieuwenhuis, 2007:90). Focus groups promote a discussion on a specific topic and debates and disagreements are encouraged in order to gain insight on the various perceptions of others. The focus groups in this study were very helpful as the participants all had different work experience and different knowledge which led to rich discussions about children's participation within multi-disciplinary meetings. The participants did not seem threatened by the group and they appeared to enjoy the conversation

dialogue. Focus groups also provide the opportunity for participants to extend each other's ideas and views and therefore various perspectives can be obtained (Nieuwenhuis, 2007:90).

Two separate focus groups were held with the residential social workers and child and youth care workers at each child and youth care centre in phase 2. An interview guide (addendum 6) to facilitate these focus groups was developed through the review of literature, regular supervision with the researcher's promotor and guidance from both HREC and the Department of Social Development's Ethics committee.

The following four components were applied to the focus groups: "procedure, interaction, content and recording" as described by Kelly (2006:304). *Procedure* refers to the group norms that are established by the group in order to ensure structure; *interaction* refers to the group dynamics which the researcher needs to be aware of in order to ensure participation of all members; *content* refers to the information that is shared within the focus group and *recording* refers to the audio recording and field notes that the researcher would make during the group meeting (Kelly, 2006:305-307). The researcher followed these components in order to ensure that focus groups were conducted orderly and that the participants showed each other respect. Confidentiality was also discussed with the participants as it cannot be guaranteed. Furthermore, the researcher was aware of some participants who were more verbal in the focus groups and therefore encouraged the quieter members to also give their input. The focus groups allowed the researcher to gain a better understanding of how residential social workers and child and youth care workers perceive children's participation within multi-disciplinary meetings. The focus groups were audio recorded with the consent of the participants after which they were transcribed.

Individual semi-structured interviews

It was the intention of the researcher to have focus groups with the residential social workers at all three child and youth care centres. However, due to the fact that there was only one residential social worker employed at two of the child and youth care centres each, individual semi-structured interviews were instead conducted with those two residential social workers. Individual semi-structured interviews were discussed in point 4.4.1.3. The interview schedule used was the same as the interview guide used in the focus groups (addendum 6).

Personal reflections and field notes were used as discussed in 4.4.2.3.

4.4.3 Phase 3

The following table provides a summary of the research methodology in phase 3.

Table 4: Summary of research methodology in phase 3

Phase 3			
Objective	Research design	Participants	Data collection method
To explore the inputs of children, residential social workers and child and youth care workers in terms of what should be included in a social work intervention to ensure that children's participation is facilitated within multi-disciplinary meetings in a child and youth care centre.	Qualitative descriptive design.	15 children 6 residential social workers 12 child and youth care workers	Individual semi-structured interviews were held with the children and 2 residential social workers. Focus groups were held with the residential social workers and child and youth care workers.

4.4.3.1 Research design

During phase 3, the researcher made use of a qualitative descriptive design as discussed in point 4.4.1.1. The advantage of qualitative descriptive design was that it allowed for the children, residential social workers and child and youth care workers to provide their input of what should be included in a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

4.4.3.2 Sampling

In order for the researcher to identify what should be included in a social work intervention, it was necessary to obtain the input of the children, residential social workers and child and youth care workers. Therefore, the same participants that were part of phases 1 and 2, were

also part of phase 3. These inputs were obtained during the same individual semi-structured interviews and focus groups that were held in phases 1 and 2.

4.4.4 Phase 4

During phase 4, the researcher used the data collected in phases 1 to 3, additional literature, as well as the theoretical frameworks to develop a preliminary social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. The researcher then included the residential social workers from phases 2 and 3 in a group discussion in order to gather feedback regarding the preliminary social work intervention.

The table below provides a summary of the research methodology in phase 4.

Table 5: Summary of research methodology in phase 4

Phase 4			
Objective	Research method	Participants	Data collection method
To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.	Integration of the data collected in phases 1 to 3, in conjunction with literature and theoretical frameworks of the study in order to develop a preliminary social work intervention.	Four of the residential social workers who were part of phases 2 and 3.	A group discussion with four of the residential social workers from the three child and youth care centres.
		After the preliminary social work intervention was developed, a group discussion was held with four residential social workers in order to obtain feedback for the finalisation of the social work intervention.	

4.4.4.1 Sampling

The population in phase 4 included four of the residential social workers. The number of residential social workers in the group discussion was reduced due to one of the residential social workers resigning from her organisation, while the other residential social worker was on extended study leave. This left only four residential social workers to be part of the group discussion. During phase 4, these four residential social workers representing the three child

and youth care centres formed a group discussion and provided feedback on the preliminary social work intervention.

The preliminary social work intervention was developed using the analysed data from phases 1 to 3, additional literature, as well as the following theoretical frameworks: Bronfenbrenner's bioecological approach, strengths perspective and rights-based perspective.

4.4.4.2 Data collection method

Group discussion

Arrangements were made for the discussion group to be conducted in a neutral environment and refreshments were provided. The researcher provided each residential social worker with a copy of the preliminary social work intervention one week prior to the group discussion. As an icebreaker, the researcher started the discussion by asking the residential social workers to share their understanding of what is meant by children's participation. This exercise allowed the residential social workers to become more aware of what children's participation is and what it entails. The researcher then explained that the preliminary social work intervention was developed through analysing the data in phases 1 to 3, as well as using literature and the theoretical frameworks. The data, together with literature and theoretical frameworks therefore assisted in the development of a preliminary social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. The researcher then went through the preliminary social work intervention step by step and facilitated a discussion between the residential social workers. The group discussion contributed to the process by generating further suggestions regarding possible guiding principles to ensure the facilitation of children's participation within multi-disciplinary meetings. The discussion continued until consensus was reached amongst all the participants on what should be included in the final social work intervention.

The social work intervention was developed for residential social workers to use as they usually facilitate the multi-disciplinary meetings held within a child and youth care centre. However, due to child and youth care workers working in the life space of the children and designated social worker remaining the overall case manager of the child, parts of the social

work intervention were also applicable to them. The final social work intervention can be found in Section A, part 3.

The social work intervention consists of the following five guiding principles:

1. Preparation of children prior to the multi-disciplinary meetings.
2. Creating encounters and relations with an adult in the child's professional network.
3. Creating a child friendly environment within multi-disciplinary meetings.
4. Encouraging children's involvement in decision making in multi-disciplinary meetings.
5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.

4.5 DATA ANALYSIS

Data was collected from children, residential social workers and child and youth care workers from three different child and youth care centres. The individual semi-structured interviews and focus groups were audio recorded and then transcribed. After each phase (1 to 3) the data was analysed using thematic analysis by Terre Blanche, Durrheim and Kelly, (2006:322-6). Once the data was analysed from phases 1 to 3, the researcher started working through all the data again in order to identify overarching themes from all three phases for the development of the social work intervention. Therefore, during phase 4, the analysed data, together with literature and theoretical frameworks, assisted in the development of the social work intervention.

The following steps by Terre Blanche, Durrheim and Kelly (2006:322-6) were followed for the data analysis of the data collected in phases 1 to 3.

4.5.1 Familiarisation and immersion

During data collection it was already important for the researcher to start identifying themes and analysing the data. After the completion of the data collection process in each phase from phase 1 to 3, the researcher read the transcripts several times and reflected on the various themes and patterns. The researcher also made notes and formulated mind maps during this process. It was vital that the researcher did this in order to immerse herself with the data.

4.5.2 Development of themes

The researcher made use of a bottom-up approach to identify reoccurring themes within the transcripts (Terre Blanche, Durrheim and Kelly, 2006:322). Exploring themes is an active process requiring the researcher to construct the main themes and subthemes of the content (Terre Blanche, Durrheim & Kelly, 2006:322). An ideal number of themes were identified to ensure that the study was not too vague. This process took time, as it was necessary to not have either too many or too few themes.

4.5.3 Coding

During the process of identifying the themes within the data, the researcher also coded the data. Coding refers to the process whereby the researcher aims at extricating the data in a systematical manner. The researcher made use of track changes on the computer to identify the various quotes and to link them to the themes.

4.5.4 Elaboration

During elaboration the researcher focused on the themes more comprehensively. This process involved reviewing the individual themes and ensuring that they did not either overlap or need to be broken down further. This way, the researcher was able to ensure that all the finer details were identified and that a detailed analysis was conducted.

4.5.5 Interpretation and checking

Once the themes were identified, and the coding and elaboration had been done, the researcher started with the interpretation of the study in order to develop the social work intervention. This stage also provided the researcher with the opportunity to reflect on the process and how the data was interpreted, to ensure as much objectivity as possible.

After analysing the data from phases 1 to 3 using the process described above, the preliminary social work intervention was developed.

4.6 ETHICAL ASPECTS

Ethics form an important aspect of research in social sciences as people are objects within the study (Strydom, 2011:113). The researcher applied to the HREC at North West University for ethical clearance. The Department of Social Development is responsible for children who are found in need of care and protection in terms of Section 150 (1) of the Children's Act 38 of 2005 as amended. The researcher therefore obtained formal permission to conduct the research from the Department of Social Development's Ethics committee.

The research proposal received ethical clearance from the various committees as follows:

Name of ethics committee	Date of approval
HREC (Ethics No: NWU-0126-14-S1)	09.12.2014
Department of Social Development's Research Ethics committee.	11.03.2015

Following final approval and clearance from the Department of Social Development on 11 March 2015, the researcher commenced with phase 1 of the research proposal on 12 March 2015. The ethical clearance from HREC was reviewed through a monitoring process on a yearly basis.

The following ethical aspects as discussed by Creswell (2009), Hofstee (2006:210), Padgett (2008:69), Strydom (2011:113-29), Whittaker (2010:18,111,115,117), and Willig (2008:19) were taken into consideration within the study:

4.6.1 Avoidance of harm

The research participants were protected against physical and emotional harm by ensuring that the individual semi-structured interviews and focus groups were conducted in sensitive manner. In addition, the researcher was attentive of the verbal and non-verbal communication of the participants in order to ensure that they were not experiencing any emotional discomfort. Should the researcher have become aware of any emotional discomfort experienced by the participants, the individual semi-structured interviews and/or focus groups would have been stopped and the participant referred to an external counsellor for further support. However, no participants needed additional emotional support.

Participants were interviewed at a time that was suitable for them, in a safe and comfortable space such as a private office, to ensure their anonymity. Participation was completely voluntary and participants could withdraw at any time. No withdrawals occurred.

4.6.2 Informed consent/assent

It was imperative for the researcher to obtain the participants' permission to be part of the research. The purpose of the research and the manner in which the research would be conducted was discussed thoroughly with the potential participants by the managers who acted as gatekeepers and residential social workers who acted as mediators for the children. Consent forms (Addendum 5) were filled in by the residential social workers and child and youth care workers and assent forms (Addendum 4) were filled in by the children. Consent (Addendum 3) was also received from the managers of the child and youth care centres, stating that the children under the age of 18 years may be part of the study. The researcher ensured that the participants understood what the research entailed and informed them that they could withdraw from the research at any point. It was important that the participants understood that they were not being forced to participate in the research.

4.6.3 Right to privacy/confidentiality and anonymity

The researcher ensured that the information obtained was handled in a confidential manner and that the limits to confidentiality, anonymity and privacy were discussed with the participants according to guidelines provided by Strydom (2011:119). The researcher ensured that the names of participants were not linked to the contents of the data-capturing forms, except through the confidential code that was only familiar to the researcher. The identity of the participants was not linked to the collected data that was made available for analysis, thereby ensuring anonymous reporting of data. Participants' right to privacy, anonymity and confidentiality was maintained by ensuring that documents which linked names to data were stored securely at all times. Confidentiality was also maintained by means of password-protected documents on the computer of the researcher. Only the researcher had access to this data. Individual semi-structured interviews and focus groups were held in venues that were located in an area where others were not be able to hear what was being said.

After completion of the study, the researcher will hand over the data to the relevant administrative officer at the Centre for Child, Youth and Family studies. Data will be stored in Annex of CCYF in Malherbe Street, Wellington, in a safe. A record book will be kept which contains the dates for destruction of data (hard copies/CDs/DVDs) 5 years after the student has graduated.

4.6.4 Compensation

The researcher conducted the study on the premises of each child and youth care centre and the participants therefore did not need any form of compensation for travelling, staying out of work etc. The researcher provided light refreshments for the participants.

4.6.5 Honesty, trust and avoidance of deception

According to Punch (2006:56) it is important that the researcher displays honesty towards the participant in order to gain their trust. The researcher should not deceive her colleagues, the public or any other persons. The researcher was honest at all times and with all people concerned during the process. She was honest with the participants in terms of the purpose of the research and how the information would be obtained.

4.6.6 Competence of the researcher

The researcher is a qualified social worker with 10 years' experience and has acquired the necessary interviewing skills. More specifically, she has 7 years' experience working within a child and youth care centre. Furthermore, the researcher has a Master's degree in child protection. The researcher ensured that she was competent and skilled to conduct the research by regularly engaging in supervision with her promotor and consulting literature continuously. Personal reflections were also recorded on a regular basis.

4.6.7 Findings of the research

The researcher will allow the participants to have access to the findings of the research. The findings will be shared in the form of a presentation at each child and youth care centre for the children and then one separate presentation for the residential social workers and child

and youth care workers. The researcher will ensure that the presentation for the children is child friendly. Each residential social worker and child and youth care worker will also be provided with the graphical representation of the social work intervention. After the research study is finalised, a child friendly graphical representation of the social work intervention will be developed and shared with the children. The residential social workers and child and youth care workers will each receive a copy of the final social work intervention and copies of the three articles that the researcher has written.

4.6.8 Risks versus benefits of the research

One of the risks in terms of conducting this research is the possibility of it causing the participants emotional discomfort. After each individual semi-structured interview and focus group the researcher held a brief discussion with the participants to determine whether there was a need for further emotional support. None of the participants identified a need for further emotional support.

Literature highlights the vulnerability of children in general and even more so for children who have been found in need of care and protection (Leeson, 2007:270-4). However, the researcher believed that the children's input would provide invaluable insight regarding their experiences in terms of their participation. The children were also given the opportunity to suggest any necessary changes and in that way they contributed further towards ensuring the facilitation of children's participation within multi-disciplinary meetings.

It was believed that this research would benefit the children indirectly in terms of providing them with the opportunity to have their voices heard and to participate in the development of a social work intervention to ensure that they would always be able to participate meaningfully within multi-disciplinary meetings. This in turn would also allow the children to feel empowered as they were part of this process and their views and inputs had been taken into consideration.

Conducting this research could provide residential social workers with the necessary social work intervention to confidently facilitate children's participation within multi-disciplinary meetings. Residential social workers may lack the necessary skills and insight in ensuring that children participate meaningfully within multi-disciplinary meetings and this research

would provide them with a social work intervention plan to ensure that this process is implemented in practice. This in turn would benefit the children as they would then be provided with the opportunity to participate meaningfully within multi-disciplinary meetings.

The research may also benefit the child and youth care workers in terms of them becoming more aware of the role that they need to play within the process of facilitating children's participation within multi-disciplinary meetings. Once the child and youth care workers are more aware of their role within multi-disciplinary meetings, they will be able to act accordingly. This will then benefit the children as they will receive the necessary support within the process of their participation in multi-disciplinary meetings.

4.7 TRUSTWORTHINESS

The researcher ensured trustworthiness of the study by ensuring that the following criteria were met:

4.7.1 Credibility

Credibility refers to the process whereby the researcher ensures that what the participants discussed in the data collection had been accurately described (Schurink, Fouché & De Vos, 2011:419-420). Lincoln and Guba (cited by Schurink *et al.*, 2011:420) outline triangulation as a means of ensuring the credibility of a study:

According to Tobin and Begley (2004:388), triangulation is the process whereby multiple types of data collection methods are used. The process of triangulation therefore requires researchers to collect various forms of data, to utilise different approaches, and to use more than one theoretical framework (Tracy, 2010:844). The researcher aimed at ensuring triangulation through the following processes:

- Data was collected from children, residential social workers and child and youth care workers.
- The participants were recruited from three different child and youth care centres in the Cape Peninsula.

- The data was collected using individual semi-structured interviews, focus groups and a group discussion.
- Furthermore, the researcher made use of personal reflections and field notes.

These processes ensured that the data obtained was more credible and that it ensured a comprehensive understanding (Tracy, 2010:844) of children's participation within multi-disciplinary meetings in a child and youth care centre.

4.7.2 Transferability

Transferability is the process whereby the researcher would be able to conduct the same research in another setting and obtain similar findings (Schurink *et al.*, 2011:420; Tracy, 2010:845). The researcher ensured transferability by providing a thorough description of the process, context and participants involved in the research.

4.7.3 Dependability/Reliability

Dependability refers to the description of the research methods used so that the study can be repeated (Schurink *et al.*, 2011:420). The researcher therefore provided a thorough description of the data gathering methods and data analysis methods to ensure that the study can be replicated. The dependability of the research was also ensured by making certain that the research process was coherent, well developed and reviewed. This was checked through regular supervision.

4.7.4 Confirmability

Confirmability refers to whether the findings of the research could be confirmed by another study to ensure that the researcher has been objective (Schurink *et al.*, 2011:421). To ensure confirmability, it was important for the researcher to keep proof of all the verification that validates the findings and the analysis (Schurink *et al.*, 2011:421). The researcher therefore kept all of the transcripts and the data analysis on file.

5. CHOICE OF STRUCTURE OF REPORT

The article format was used in presenting the research findings. This was according to the Academic rule 2.4.1.2.2.2, as stipulated by the North-West University postgraduate faculty manual (2016). The chapters were divided as follows:

Section A: Introduction

Section A is divided into three parts. Part 1 is the introduction to the study, part 2 presents an overview of the research findings and part 3 is the social work intervention.

Section B: Literature study

The literature study was written at the beginning of the research project. However, during the development of the social work intervention, more recent and relevant literature was found in order to support the research findings. Therefore, additional literature was included after the literature review had been written.

Section C: Three articles

Article 1

“Experiences of children’s participation within multi-disciplinary meetings: Listening to the voices of children in a child and youth care centre”

This article will be submitted for publication in the Social Work/ Maatskaplike Werk journal.

Article 2

“Do children participate in multi-disciplinary meetings? The perceptions of residential social workers and child and youth care workers”

This will be submitted for publication in the Child Abuse & Neglect journal.

Article 3

“Facilitating children’s participation within multi-disciplinary meetings: Introducing guiding principles for child and youth care centres”

This article will be submitted for publication in the Child and Family Social Work journal.

Section D: Summary, conclusions, limitations and recommendations

Section D included a summary, conclusions, limitations and recommendations for the research. In addition there is a combined reference list, an addendum, a list of tables and a list of diagrams.

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SECTION A: PART 2

OVERVIEW OF RESEARCH FINDINGS

1. INTRODUCTION

Section A part 1 provided information on how the research study was conducted. This section of the report will present an overview of the research findings.

2. OVERVIEW OF RESEARCH FINDINGS

This section aims at providing an overview of the research findings according to the four phases of this research study.

The aim of this research was to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. The objectives for this research were as follows:

1. To explore and describe the experiences of children on their participation within multi-disciplinary meetings within a child and youth care centre. (Phase 1)
2. To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings. (Phase 2)
3. To explore the inputs of the children, residential social workers and child and youth care workers regarding how children's participation can be facilitated within multi-disciplinary meetings in the context of a child and youth care centre. (Phase 3)
4. To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. (Phase 4)

The research process was conducted in four phases. Data was collected from children, residential social workers and child and youth care workers from three different child and youth care workers in the Cape Peninsula, South Africa. Data collection methods included individual semi-structured interviews, focus group sessions and a group discussion.

A summary of each phase as well as the research findings will now be discussed.

2.1 PHASE 1

The objective of phase 1 was to explore and describe the experiences of children on their participation within multi-disciplinary meetings within a child and youth care centre. Fifteen children from three different child and youth care centres in the Cape Peninsula, South Africa, were part of the research study. Five children were recruited from each child and youth care centre.

Two interviews were held with each of the children. During the first interview the children were asked to create a collage on how they experienced their participation within multi-disciplinary meetings. The purpose of the collages was on the one hand to encourage the children to become more aware of their own experiences in their multi-disciplinary meetings, but on the other hand, to also allowed them to relax and build a rapport with the researcher. The collages were not analysed by the researcher. The second interview was conducted in two parts. During the first part of the interview the children were asked to describe their collages. After that, an individual semi-structured interview was followed.

The interviews were audio-recorded and then transcribed. The data collected was then analysed using thematic analysis as discussed in Section A, part 1. Below is a table which represents the themes, subthemes and categories that were identified from the data collected in phase 1. The quotes that are linked to the table can be found in Addendum 8.

Table 6: Summary of research findings in phase 1

THEME	SUBTHEME	CATEGORY
Proximal Processes Interactions and relationships within multi-disciplinary meetings	The relationship between the child and residential social worker	The significance of a positive relationship
		Children's expectations of the relationship with residential social worker
	The relationship between the child and designated social worker	Deficiencies in the relationship between the child and designated social worker
		The effect of designated social workers having high caseloads
	The relationship between the	Limitations in the relationship

	child and child and youth care worker	Experiences of a positive relationship with the child and youth care worker
	The relationship between the child and his/her family	Limitations of the relationship
		Elements of a positive relationship
Person (micro) Internal and external characteristics and resources.	Internal challenges	Feeling unprepared
	Internal strengths	Evolving capacity of children
		Faith/Religion
	Internal characteristics	Temperament/ personality
Context The enabling environment of the multi-disciplinary meeting	Micro level	The venue in reality
		The use of child friendly language during the meetings
		Power and control
		The reactions of people within the multi-disciplinary meeting
	Meso level	Support received from: Family
		Residential social worker
		Child and youth care worker
	Macro level	Legislation: Children's right to participate
Time Chronosystem: Children's interactions with residential social workers and child and youth care workers.	Before the multi-disciplinary meeting	Preparation for the multi-disciplinary meeting
		Feelings experienced before the meeting
	During the multi-disciplinary meeting	Purpose of multi-disciplinary meeting
		Feelings experienced during the meeting
	After the multi-disciplinary meeting	Emotional support
		Feelings experienced after the meeting

A few aspects became very clear in the findings in phase 1. Firstly, the significance of the relationships between children and their residential social workers, child and youth care workers, designated social workers and family was highlighted. It was evident that without meaningful relationships, children's participation within multi-disciplinary meetings is hindered. Secondly, the research findings highlighted that children have various strengths or developmental areas that either promote or hinder their participation within multi-disciplinary

meetings. Furthermore children highlighted the importance of being prepared in advance for their multi-disciplinary meetings. A conducive environment was another factor that played an important role in children's participation. Lastly, emotional support provided by various role players before, during and after the multi-disciplinary meeting was highlighted as important to all of the children.

These findings were presented in an article entitled, "Experiences of children's participation within multi-disciplinary meetings: Listening to the voices of children in a child and youth care centre". The article will be submitted to the *Social Work/Maatskaplike Werk* journal and can be found in Section C.

2.2 PHASE 2

The objective of phase 2 was to explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings. Six residential social workers and twelve child and youth care workers were included in phase 2. Three focus groups were held with the child and youth care workers at each child and youth care centre. One focus group was held with the residential social workers at one child and youth care centre. Two individual semi-structured interviews were conducted with two of the residential social workers.

The individual semi-structured interviews and focus groups were audio-recorded and then transcribed. Thematic analysis was used to analyse the data collected as discussed in Section A, part 1. Below is a table which represents the themes, subthemes and categories that were identified from the data collected in phase 2. The quotes that are linked to the table can be found in addendum 9.

Table 7: Summary of research findings in phase 2

THEME	SUBTHEME	CATEGORY
Space – providing children with the safe <i>space</i> to express their views	Providing a space for children to express their views through the relational process	The nature and importance of the relationship between the child and the residential social worker
		The nature and importance of the relationship between the child and the child and youth care worker

		The nature and importance of the relationship between the child and designated social worker
	The physical space of the multi-disciplinary meeting	The venue of the multi-disciplinary meeting
		The arrangement of the multi-disciplinary meeting
	Being present in the space of the multi-disciplinary meetings	Not being present: Excluding children from multi-disciplinary meetings
		Being present: including children in the multi-disciplinary meetings
		The number of persons present in the multi-disciplinary meetings
Voice – providing children with support to have a <i>voice</i>	Language as a means of expression, in multi-disciplinary meetings	Language barriers between children and adults
		Child friendly language
	The expression of children's views within multi-disciplinary meetings	Children expressing their views in multi-disciplinary meetings
		Children not expressing their views in multi-disciplinary meetings
		The benefits of children expressing their views in multi-disciplinary meetings
		The importance of children expressing their views in multi-disciplinary meetings
	How personal traits affect children's abilities to express their views	Temperament/personality
		Age and emotional maturity of children
	Providing children with information: preparation for multi-disciplinary meetings	Preparation by the residential social worker
		Preparation by the child and youth care worker
	Children being provided with a range of options as to how they choose to express their views	Non-verbal communication as a means of expression
		Children's views being expressed freely in the medium of choice
		Social workers acting as the "voice" for the child in the multi-disciplinary meeting
	Factors hindering children to express their views	Children not expressing their views due to receiving negative feedback in the multi-disciplinary meetings
		Children not expressing their views due to parents/social workers not arriving for the multi-disciplinary meetings
		Children not expressing their views due to their loyalty towards their parents
		Taking children's views into consideration
Audience – ensuring that	Multi-disciplinary meetings as a milieu where children's	The purpose of the multi-disciplinary meetings

children have an audience to appreciate their views	views can be communicated	
	The composition of the multi-disciplinary meetings who have the responsibility for listening to the views of children	Professionals
		Significant persons in the child's life
	The nature and importance of the audience listening to the views of the children	Multi-disciplinary meetings as a statutory requirement by the Department of Social Development
		Multi-disciplinary meetings is a body that has the power to make decisions
		Taking children's views into consideration by those who have a responsibility to listen when making decisions
		Children's views not being listened to by those who have a responsibility to listen
		Providing feedback to children about the decisions that have been made
Influence – ensuring that children's views have an influence on the decisions made.	Reasons for children's views not having an influence on decisions made	Children's views being unrealistic
		Adults having the final say in the decision making process
		Ensuring the child's best interest when making decisions
	Taking children's views seriously and how it was acted upon	Children's views having an influence on decisions made
	The process of empowerment of children when their views are taken seriously	Providing children with a sense of control
		Children feeling powerless when their views are not taken seriously

The research findings in phase 2 highlighted four important aspects: Firstly, children need to be provided with a safe space to express their views and wishes. This safe space could be a child friendly environment where the multi-disciplinary meeting is held (ensuring that not too many people attend the meeting) and also a meaningful relationship between the child, residential social worker, child and youth care worker and/or the designated social worker. Secondly, children should be provided with the necessary support in order to express their views and wishes in multi-disciplinary meetings. This means that child friendly language should be used, children should be comfortable with the language that is spoken in the meeting and the role players should be actively involved in promoting children's participation in multi-disciplinary meetings. Thirdly, residential social workers, child and youth care workers and designated social workers should listen to the views and wishes of children and consider these views and wishes when making decisions. Lastly, children's views and wishes

should be taken into consideration as it provides children with a sense of control. However, residential social workers, child and youth care workers and designated social workers should also ensure that the decisions would always be in the child's best interest.

These findings were presented in an article entitled, "Do children participate in multi-disciplinary meetings? The perceptions of residential social workers and child and youth care workers". The article will be submitted to the Child Abuse & Neglect journal and can be found in Section C.

2.3 PHASE 3

The objective of phase 3 was to explore the inputs of the children, residential social workers and child and youth care workers regarding what should be included in a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. These inputs were obtained during the same individual semi-structured interviews and focus groups in phases 1 and 2. The table below represents the themes, subthemes and categories that were identified from the data collected in phase 3. The quotes that are linked to the table can be found in addendum 10.

Table 8: Summary of research findings in phase 3

THEME	SUBTHEME	CATEGORY
The facilitation of children's participation through preparation prior to the multi-disciplinary meeting	The nature of preparing children for their multi-disciplinary meeting	Preparing children through providing them with information on matters that concern them
		Preparation as a continuous process
		Preparing children through explaining the procedure of the multi-disciplinary meeting
		Providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meeting.
	The value of preparing children for their multi-disciplinary meeting and the consequences of the lack thereof.	Providing children with a sense of empowerment
		Feeling unprepared for a multi-disciplinary meeting
The facilitation of	The nature and significance of	Providing children with the

children's participation through relations with an adult in the child's professional network	relationships with the child and youth care worker, designated social worker and residential social worker in multi-disciplinary meeting	necessary emotional support
		Characteristics of adults which enhance children's participation
	Relationships as a mechanism for children's participation	The impact of the relational process between the child and adult on children's participation
The facilitation of children's participation through involvement in decision making in multi-disciplinary meetings	The nature of including children in decision making.	The impact of a lack of relationship on children's participation
		Children being provided with an opportunity to speak
	Children having an influence on the decision making process	Hearing children's voices
		Providing children with choices in the decision making process
	Providing children with a range of options as to how they choose to express themselves and be involved in decision making.	Taking children's views into consideration when making decisions
		Children's views being expressed freely in the medium of choice
The facilitation of children's participation through creating a child friendly environment	Language as a means of ensuring a child friendly environment	Social workers acting as a "voice" for children in multi-disciplinary meetings
		Child friendly language
	Physical aspects that contribute to ensuring a child friendly environment	Verbal communication in the child's mother tongue
		The physical environment
	Presence in multi-disciplinary meetings	The layout of the meeting.
		Being present: including children in the multi-disciplinary meetings
Taking a child's acquired competency into consideration in order to facilitate children's participation in multi-disciplinary meetings	The evolving capacities of children: age and maturity of children	The number of persons present in the multi-disciplinary meetings
		Taking the child's age into consideration
	How personal traits affect children's abilities to express their views	Taking the child's maturity into consideration
		Temperament/personality

Using the data collected in phase 3, the following research findings were highlighted. Firstly, the participants highlighted it as vital to provide children with thorough preparation prior to the multi-disciplinary meetings. This means providing children with the necessary

information, explaining to them how the meeting would be structured and who will be present and providing them with an opportunity to express their views and wishes. Secondly, the importance of building and maintaining meaningful relationships with children was highlighted. When children feel that they receive the necessary support and guidance from their residential social workers and child and youth care workers, it enhances their participation within multi-disciplinary meetings. Thirdly, residential social workers and child and youth care workers need to make more of an effort to allow children to be actively involved in the decisions made in multi-disciplinary meetings. This means listening to their views in the medium of their choice and considering these views when making decisions. Creating a child friendly environment was the fourth aspect that was highlighted in these research findings. This means ensuring that the venue of the multi-disciplinary meeting was child friendly, that there were snacks and drinks available and that child friendly language was used in the meeting. The last important aspect was taking the evolving capabilities of children into consideration during children's participation. It was highlighted that all children should be given the opportunity to express their views and wishes, but that residential social workers and child and youth care workers needed to provide children with the necessary support and guidance to do so. The themes in phase 3 became the basis for the five guiding principles that were developed as part of the social work intervention in phase 4.

2.4 PHASE 4

The objective of phase 4 was to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Using the experiences of the children and the perceptions of the residential social workers and the child and youth care workers on children's participation within multi-disciplinary meetings in a child and youth care centre, the researcher was able to obtain an understanding of what is happening in practice. Moreover, using the inputs with regards to what should be included in a social work intervention for the facilitation of children's participation within multi-disciplinary meetings from the children, residential social workers and the child and youth care workers provided further insight on the development of the social work intervention. In addition to the data collected in phases 1 to 3, the researcher consulted literature and made use of the following theoretical frameworks: Bronfenbrenner's bioecological approach, a strengths perspective and a rights-based perspective in order to develop a preliminary social work intervention.

The researcher then arranged a group discussion with four residential social workers to generate feedback and suggestions on the preliminary social work intervention. The residential social workers were provided with the preliminary social work intervention one week prior to the group discussion to allow them time to cogitate. The researcher then discussed each aspect of the preliminary social work intervention and facilitated a discussion between the residential social workers. The group discussion was very helpful in that it allowed the researcher to receive further suggestions and recommendations. The discussion was 2.5 hours long and continued until consensus was reached amongst the residential social workers on what should be included in the final social work intervention.

The group discussion was audio recorded with the consent of the residential social workers in order to ensure that the researcher could make all the necessary adjustments accurately. Through the group discussion, the social work intervention was finalised and the following five guiding principles were identified as essential for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre:

1. Preparation of children prior to the multi-disciplinary meetings.
2. Creating encounters and relations with an adult in the child's professional network.
3. Creating a child friendly environment within multi-disciplinary meetings.
4. Encouraging children's involvement in decision making in multi-disciplinary meetings.
5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.

These findings were presented in an article entitled, "Facilitating children's participation within multi-disciplinary meetings: Introducing guiding principles for child and youth care centres". The article will be submitted to the Child and Family Social Work journal and can be found in Section C.

3. CONCLUSION

This section provided an overview of research findings according to the four phases of this research study. The final social work intervention, which consists of five guiding principles for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre, will be presented in Section A, part 3.

SECTION A: PART 3

THE SOCIAL WORK INTERVENTION

The aim of the social work intervention is to provide residential social workers with five guiding principles for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Child and youth care workers may not be directly involved in the implementation of the social work intervention, however due to them working in the life space of the children, they play a supportive role to residential social workers in the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. For this reason the child and youth care workers were included in the practical implementation of certain aspects of the social work intervention. Furthermore, whilst the designated social workers work more with the children's families than with the children who have been placed in a child and youth care centre, they remain the overall case manager of the child. Therefore the designated social workers were also included in the practical implementation of certain aspects of the social work intervention.

These five guiding principles are presented in Diagram 1 below:

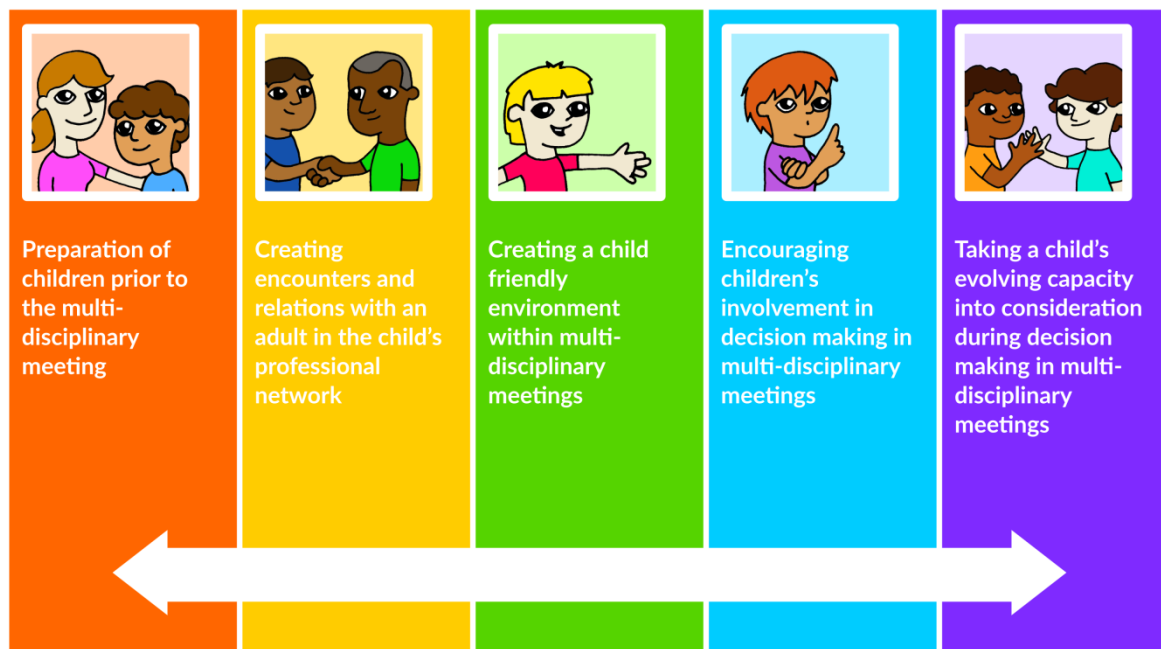


Diagram 1: The five guiding principles for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre

FACILITATING CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CENTRE: A SOCIAL WORK INTERVENTION

1. INTRODUCTION

Literature on an international level provides professionals with various guidelines of how to facilitate children's participation in general and within formal meetings (Hertfordshire Grid for learning; Review Process for Looked After Children, 2005; Hull City Council: "Looked After Children (LAC) Reviews; Our reviews, our choice"; Child-Centred Looked After Reviews; Participation of Children in Looked After Reviews). Furthermore, the various international child protection organisations (Hertfordshire City Council; Hull City Council) are provided with specific guiding principles as well as useful tools to facilitate the participation of children within their multi-disciplinary meetings. Whilst this information on an international level is very useful, there are aspects of these guidelines that are not relevant to a child and youth care centre within a South African context. For this reason, an empirical study was conducted to obtain information of how children's participation is facilitated within multi-disciplinary meetings in a child and youth care centre in the Cape Peninsula, South Africa. The social work intervention was developed through research findings, literature and the use of theoretical frameworks. Based on the research findings, a literature control was conducted and the applicable literature was incorporated into the social work intervention.

This social work intervention is based on an empirical study conducted with children, residential social workers and child and youth care workers from three different child and youth care centres in the Cape Peninsula, South Africa. Whilst designated social workers are also important role players within multi-disciplinary meetings, they usually work with the families of the children, rather than the children themselves. It is therefore usually the role of the residential social worker to facilitate children's participation within multi-disciplinary meetings. Furthermore, literature (Cashmore, 2002) indicates that the reason for the lack of service delivery by designated social workers is often due to increased staff turnover, high caseloads and staff burnout. For this reason, this social work intervention was developed for residential social workers with the support of child and youth care workers.

The structure of this document will be as follows: Firstly the aim of the social work intervention will be discussed, followed by the legislation on which it is based and the guiding ethical values and principles that need to be applied. Bronfenbrenner's bioecological approach, a strengths perspective and a rights-based perspective were the three theoretical frameworks that were utilized in order to gain perspective on the facilitation of children's participation. The relevance of these three frameworks as well as a glossary of the terminology will then be discussed. This will be followed by a graphical representation of the social work intervention. Finally, the social work intervention, which includes the five guiding principles as well as the practical implementation of these principles, will be discussed.

2. AIM

This social work intervention will provide residential social workers and child and youth care workers with five guiding principles for the facilitation children's participation within a multi-disciplinary meeting in a child and youth care centre.

3. LEGISLATIVE FRAMEWORK

The following legislative frameworks have been integrated in the development of this social work intervention:

- United Nations Convention on the Rights of the Child (1989)
- African Charter on the Rights and Welfare of the Child (1999)
- Children's Act 38 of 2005
- SACSSP Code of Ethics (2017)
- SACSSP Scope of Practice (2017)

In order for the implementation of this social work intervention to be relevant and contextual, it is necessary for it to be based on policy frameworks and legislation in a regional, national and international context.

4. GUIDING ETHICAL VALUES AND PRINCIPLES

All residential social workers and child and youth care workers need to be registered with the South African Council of Social Service Professions (SACSSP). This means that they have an obligation to abide with Section 27(1)(a) of the Social Professions Act, 1978 when working with clients. In an attempt to ensure high quality care for children who have been placed in a child and youth care centre, residential social workers and child and youth care workers should ensure that they implement the following ethical principles as indicated by Section 27(1)(a) of the Social Professions Act, 1978:

- Social justice: Ensuring that social injustice does not occur and work towards social change.
- Respect for people's worth, human rights and dignity: Ensuring that all clients are treated with respect and that their human rights are not violated.
- Competence: Ensuring that they are competent in the tasks that need to be fulfilled, and understand their professional boundaries in terms of their abilities. Furthermore, they should be involved in continuous training to improve their skills.
- Integrity: Ensure that they act in an honest and fair manner.
- Professional responsibility: Ensure that they uphold the professional standards and cooperate with other professionals and institutions.
- Show care and concern for others' well-being: Relationships play a significant role within the social work and child and youth care fields. They should therefore work with clients in a caring manner, making the client's well-being a priority. Furthermore, clients should never be exploited.
- Service delivery: The primary goal should be to provide support to clients and ensure a high level of service delivery.

5. THEORETICAL FRAMEWORK

A theoretical framework provides a perspective through which to examine a specific phenomenon. Bronfenbrenner's bioecological approach, a strengths perspective and a rights-based perspective were the theoretical frameworks utilized to gain perspective on facilitation of children's participation within a multi-disciplinary meeting in a child and youth care

centre. The theoretical frameworks will be discussed in the following order: Bronfenbrenner's bioecological approach, a strengths perspective and a rights-based perspective.

5.1 BRONFENBRENNER'S BIOECOLOGICAL APPROACH

Prior to the contributions of Bronfenbrenner, developmental psychology concentrated on the influences on an individual's development in an unnatural environment (Palareti & Berti, 2009:1082). Developmental psychology therefore did not take the environment into consideration as a factor that may affect a person's development. The bioecological model of human development was the final version of Bronfenbrenner's theory (from 1993-2006) and it highlighted the importance of interrelationships within an environment (Palareti & Berti, 2009:1082). Furthermore, the bioecological theory incorporated the Process-Person-Context-Time (PPCT) model which will be explained furthering.

Process

Process refers to the interactions between the individual and the environment (Tudge *et al.*, 2009:200). This refers to the day to day interactions of the child and his/her immediate environment. The child is therefore interacting with child and youth care workers, residential social workers, designated social workers and family members on a day to day basis but also within a multi-disciplinary meeting.

Person

Person refers to the person and his or her personal characteristics. Bronfenbrenner identified three types of personal characteristics namely demand (age, gender, ethnicity, and physical appearance), resource (mental and emotional resources, and social and material resources) and force characteristics (temperament, motivation and persistence) (Tudge *et al.*, 2009:200). These personal characteristics will have a direct impact on how a child participates within multi-disciplinary meetings.

Context

Context refers to the microsystem, mesosystem, exosystem and macrosystem (Tudge *et al.*, 2009:201). The *microsystem* refers to the system closest to the child, i.e. the child and

youth care centre, the child's home and the child's school. A child will be in contact with several microsystems and the interaction between the various microsystems is referred to as the *mesosystem*. Mesosystems include contact between the social workers, child and youth care workers and the child's teachers or families. The *exosystem* indirectly has an effect on the child's development even if he or she is not actively involved in that system. For example, changes in the Children's Act or UNCRC have direct impact on the child even though the child is not necessarily involved in developing legislation. Finally, the *macrosystem* is the cultural environment where the child resides. It comprises of any group of individuals who share the same values or belief systems, "resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange" (Tudge *et al.*, 2009:201).

Time

Time refers to the chronosystem which includes the events over the course of an activity or interaction (Rosa & Tudge, 2013:253-4). This would therefore refer to the time children spend interacting with social workers and child and youth care workers during the multi-disciplinary meeting, the various multi-disciplinary meetings held for the child and a change in expectations in the larger society and within legislation with regard to children participating in multi-disciplinary meetings.

Bronfenbrenner's bioecological approach highlights that there are various factors that interact with and influence each other, which in turn allows for the focus to be more collective, thus understanding children and their participation in relation to their environment (Smith, 2009:104). Children within a child and youth care centre cannot be viewed in isolation, especially with regards to the process of their participation within a multi-disciplinary meeting. Instead, the various systems that they form part of, have a direct impact on their participation within these meetings. Some systems may encourage their participation whilst others may hinder it. However, Bronfenbrenner's bioecological approach recognises the daily interactions between the child and their environment; it highlights the various strengths of the child; it understands the various systems that exist in a child's life; and it highlights the process of time within these daily interactions.

5.2 A STRENGTHS PERSPECTIVE

The strengths perspective focuses on the strengths and abilities of the client in order to nurture those (Early & GlenMaye, 2000:120). A strengths perspective therefore usually mobilises people's internal resources towards the processes of self-help and self-actualisation. An important role of social workers is to enable and empower clients in a way that they could be in a position to overcome the obstacles in their lives and consequently improve their circumstances (Hammond & Zimmerman, 2012:3). Furthermore, child and youth care work is deeply embedded in various principles that include being "holistic, strengths-based, context sensitive, developmentally-informed, collaborative and committed to social justice and diversity" (Mattingly & Stuart cited by White, 2007:227). A strengths perspective therefore highlights that each client has various strengths and resources which can assist them in overcoming difficulties in their lives (Early & GlenMaye, 2000:120; Hammond & Zimmerman, 2012:3). However, very often children are unable to identify their own strengths, which may in turn result in them feeling vulnerable. It is therefore the role of the social worker to assist the client in identifying and utilising their strengths.

Whilst children who have been found in need of care and protection are vulnerable and tend to lack self-confidence, each and every person has strengths which could assist them in the face of adversity. It is therefore the responsibility of the residential social worker and child and youth care worker working with the child to assist them in identifying their strengths and then developing these attributes in order for them to be able to participate effectively in multi-disciplinary meetings. Furthermore, children have the ability to develop new strengths (Early & GlenMaye, 2000:120; Hammond & Zimmerman, 2012:3). Residential social workers and child and youth care workers should therefore not only assist children in identifying their strengths, but also enable children to develop new and useful strengths that may be beneficial in terms of their participation in multi-disciplinary meetings. An example of this is a child who is might not be able to express his or her views and wishes in a multi-disciplinary meeting. The residential social worker and child and youth care worker could work with the child in very practical ways in terms of developing the necessary skills to be able to express his or her views and wishes. In the context of this intervention, it was important to focus on the children's strengths within the process of

their participation in multi-disciplinary meetings. Children are viewed as being resourceful and resilient (Sillanpaa, 2015: 1-3) and thus able to participate in decision making processes in multi-disciplinary meetings.

5.3 A RIGHTS-BASED PERSPECTIVE

The high prevalence of children not participating in decisions made in their lives calls for new perspectives on how we approach the phenomenon of children's participation as a human right. By viewing children's participation from a rights-based perspective, the obligation to promote children's participation is established. The purpose of a rights-based perspective is to empower clients in knowing their rights and also ensuring that their rights are fulfilled (RSA, 2005; UNCRC, 1989). This perspective also looks at the role of the various key people in children's lives with regards to valuing, defending and fulfilling their rights (Jamieson *et al.*, 2011:22). Furthermore, a rights-based perspective develops the abilities of the duty-bearers to fulfil their responsibilities and urges rights holders to claim their rights. This means that residential social workers and child and youth care workers should be held accountable for ensuring that children are informed and educated about their rights and that the rights of children are respected, protected and fulfilled. According to the rights-based perspective, children's participation is considered as a basic children's right (Jamieson *et al.*, 2011:22; RSA, 2005; UNCRC, 1989). Section 10 of the Children's Act, 38 of 2005 (RSA) and Article 12 of the UNCRC (UN, 1989) maintains that every child of sufficient age and maturity have the right to participate in all matters affecting them. Therefore, the foundation of children participating in multi-disciplinary meetings is laid on the human rights of children that are legally protected.

A rights-based perspective was relevant for this social work intervention as it acts as a mechanism to ensure that children's rights to participate in their multi-disciplinary meetings will be fulfilled. It also provides guiding principles to residential social workers and child and youth care workers to assist them in facilitating this process.

6. GLOSSARY

The following definitions are used within the social work intervention:

Social work intervention	A social work intervention can be described as the planning and then actions taken by social workers to provide support to clients in order to address a certain issue (Zamboni, 2017). According to Rosen and Proctor (2003:2) social work is a profession which is very hands-on with an intention to encourage social change and empower clients to improve their lives. Using social work interventions which are in line with the goals which have been set in order to address various problems can consequently improve the circumstances of the client. Furthermore, social work interventions often need the cooperation and support of various role-players in order for the implementation and outcome to be effective (Day, Fraser, Galinsky & Richman, 2009:5).
Children's participation	Children's participation includes children being part of and having an influence on the outcome of decisions. It therefore requires some sort of discussion between the relevant parties, where the child's views and wishes are taken into consideration (Percy-Smith & Thomas, 2010:3). Children's participation is one of the core principles of the United Nations Convention on the Rights of the Child (UN, 1989). Article 12 of the UNCRC (UN, 1989) maintains that all children have the right to freely express their views and wishes. It also states that there is an obligation for them to be listened to and for their views and wishes to be taken into consideration during decision making processes. This is concurred by Section 10 of the Children's Act (RSA, 2005) and Article 4 of the African Charter on the Rights and Welfare of the Child (African Union, 1990).
Child and youth care centre	According to Section 191 (1)(2) of the Children's Act (RSA, 2005) a child and youth care centre can be defined as "any facility that provides residential care that includes a therapeutic programme for more than six children outside of their family environment". Section

	197 of the Children's Act (RSA, 2005) requires that all child and youth care centres be registered with the Department of Social Development and that it is managed in accordance with the Children's Act (RSA, 2005). Children who have been placed in a child and youth care centre are those who have been found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005).
Multi-disciplinary meetings	According to Section 55(3) of the Children's Act (RSA, 2005) a child's permanency plan, care plan and individual development plan must be reviewed every six months. This review ensures that the placement is evaluated to determine if the placement is suitable and in the child's best interest. This review is usually done at a multi-disciplinary meeting. A multi-disciplinary team may include social workers, child and youth care workers as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders, occupational therapists (RSA, 2005).
Designated social worker	Designated social workers are responsible for the removal of children as well as the facilitation of the opening and finalisation of the children's court inquiry (RSA, 2005). It is therefore the designated social worker's responsibility to place a child in a child and youth care centre and to remain the overall case manager of the child. Once the child has been placed at the child and youth care centre, the designated social worker and residential social worker work together as case managers.
Residential social worker	The social workers employed at the CYCC are referred to as residential social workers and act as case managers over the children. They are also required to be registered with the South African Council for Social Service Professionals (SACSSP) (RSA, 2005).
Child and youth care worker	The carers that are employed at the CYCC and work in the life space of the child are referred to as Child and Youth Care Workers (CYCW) (RSA, 2005). According to Anglin (2001), child and youth care workers work with "children and youth, as whole persons, in

	order to promote their social competence and healthy development, by participating in and using their day-to-day environments and life experiences, and through the development of therapeutic relationships, most importantly the relationship with the particular child or youth who is the focus of attention”. Furthermore, within a child and youth care centre, child and youth care workers and residential social workers work closely together in order to provide high quality care for the children and to ensure that the decisions made are in the child’s best interest (RSA, 2005).

The social work intervention which includes the five guiding principles for the facilitation of children’s participation within multi-disciplinary meetings in a child and youth care centre will now be presented.

7. A SOCIAL WORK INTERVENTION: THE FIVE GUIDING PRINCIPLES FOR THE FACILITATION OF CHILDREN’S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CENTRE

According to Section 10 of the Children’s Act (RSA, 2005) and Article 12 of the UNCRC (UN, 1989) children have the right to participate in all matters that affect them. Therefore all children, regardless of their context, have the right to be part of all decisions that affect them and this is a process that would be occurring regularly. This social work intervention will focus on the facilitation of children’s participation within multi-disciplinary meetings in a child and youth care centre.

The aim of this social work intervention is to provide five guiding principles for the facilitation of children’s participation within multi-disciplinary meetings in a child and youth care centre. It will therefore provide guiding principles to residential social workers on how to assist children in a practical way to participate in their multi-disciplinary meetings.

The graphical representation of the social work intervention is provided for residential social workers as a quick reference guide that can be printed on a piece of A4 paper to remind them

of the five guiding principles. The graphical representation of the social work intervention will be presented in diagram 2.

Thereafter, each guiding principle will be discussed, followed by its practical implementation.

A SOCIAL WORK INTERVENTION

THE FIVE GUIDING PRINCIPLES TO THE FACILITATION OF CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CENTRE

PREPARATION OF CHILDREN PRIOR TO THE MULTI-DISCIPLINARY MEETING

Providing children with information prior to the multi-disciplinary meeting

The residential social worker should have at least one casework session with the child prior to the multi-disciplinary meeting.

Preparing children through explaining the structure of the multi-disciplinary meeting

Residential social workers should prepare children regarding the time and venue of the multi-disciplinary meeting as well as who will be present. An agenda should also be used in the multi-disciplinary meeting.

Providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meeting

Both the residential social worker and child and youth care worker should be involved in providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meeting.

CREATING ENCOUNTERS AND RELATIONS WITH AN ADULT IN THE CHILD'S PROFESSIONAL NETWORK

Providing children with the necessary emotional support

It is the role of the designated social worker, residential social worker and child and youth care worker to provide the child with emotional support before, during and after the multi-disciplinary meeting.

Characteristics of adults which enhance children's participation

Patience; Kindness; Good listening skills; Ability to engage and connect with the child; Warmth, empathy and sensitivity; Sense of humour; Being non-judgmental; Transparency and honesty; Fairness; Consistency; Reliability; Trustworthy.

Relationships as a mechanism for children's participation

Residential social workers and child and youth care worker should make it a priority to build and maintain meaningful relationships with children.

CREATING A CHILD FRIENDLY ENVIRONMENT WITHIN MULTI-DISCIPLINARY MEETINGS

Child friendly language

Simple language should be used.

Verbal communication in the child's first language

The multi-disciplinary meeting should be held in a language that the child feels comfortable communicating in.

The physical environment

A child-friendly environment is a space where children feel safe and comfortable and are encouraged to express themselves freely.

The arrangement of the multi-disciplinary meeting

If possible, snacks and drinks should be provided to all those present in the meeting. Having juice on the table and some snacks provides a warm and comforting environment and will possibly enhance children's participation.

ENCOURAGING CHILDREN'S INVOLVEMENT IN DECISION MAKING IN MULTI-DISCIPLINARY MEETINGS

Children being provided with the opportunity to speak

Children should be asked to give their input regularly in the multi-disciplinary meeting and the discussion should be focused on the child.

Hearing children's voices

The designated social worker, residential social worker and child and youth care worker should all actively listen to the views and wishes of the child.

Providing children with choices in the decision making process

Designated social workers, residential social workers and child and youth care workers should provide children with a variety of choices with regards to decisions that need to be made.

Taking children's views into consideration

Children's views should be taken into account when decisions are made.

Being present in multi-disciplinary meetings

Children should be included in their multi-disciplinary meetings. If the child is excluded due to sensitive issues being discussed, then the reasons for exclusion should be explained to the child.

The number of people present in the multi-disciplinary meetings

The number of people present should be limited.

Children's views being expressed freely in the medium of choice

Children should be provided with a variety of mediums to express their views and wishes.

Residential social workers acting as a "voice" for children in multi-disciplinary meetings

If the child struggles to verbalize themselves in the multi-disciplinary meeting, then it is the responsibility of the residential social worker to act as the "voice" of the child and share their views and wishes with the rest of those present at the multi-disciplinary meeting.

TAKING A CHILD'S EVOLVING CAPACITY INTO CONSIDERATION DURING DECISION MAKING IN MULTI-DISCIPLINARY MEETINGS

The evolving capacities of children: taking the child's age and maturity into consideration

The age and maturity of a child should be taken into consideration with regard to the weight that the child's views and wishes carry. However, ALL children's views and wishes should be listened to and taken into consideration. Child friendly methods should be used to obtain the views and wishes of children.

Diagram 2: A social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre

7.1 GUIDING PRINCIPLE 1: PREPARATION OF CHILDREN PRIOR TO THE MULTI-DISCIPLINARY MEETINGS

Residential social workers, child and youth care workers as well as children recognise the importance of preparation prior to the multi-disciplinary meetings. It would usually be the residential social worker who prepares the child prior to the multi-disciplinary meeting, although sometimes a child and youth care worker would also provide some emotional support and preparation beforehand. An important aspect of preparing children for their multi-disciplinary meetings is the fact that it gives the child a chance to prepare themselves emotionally for the meeting (Roesch-Marsh, Gillies & Green, 2017:907). Preparation may therefore be linked directly to children's participation within the multi-disciplinary meeting.

Children have a desire to be prepared for their multi-disciplinary meetings beforehand and want to be provided with the information that will be discussed at the meeting, details about how the meeting will be facilitated, as well as an opportunity to discuss their views and wishes prior to the meeting. Children have a need to know what is going to be discussed in the meeting so that nothing unexpected would be brought up. In turn, this will minimise any stress and anxiety caused from not knowing what points would be discussed. Another important aspect about providing children with information before the meeting was that it gives them time to gather their thoughts and formulate their own views and wishes prior to the meeting. This often leads to children feeling more confident to express themselves in the meetings. The importance of this is highlighted in literature where Archard and Schiveness, (2009:293) maintain that providing children with adequate information prior to the multi-disciplinary meeting is vital in terms of ensuring that the children's views and wishes are authentic. Additionally, children need to understand the information as well as the context in order to formulate their own views (Archard & Schiveness, 2009:293). Children also have a need to be provided with preparation on how the meeting would be facilitated. They should be informed of who is attending the meetings and given the choice as to whether they would like to be the first one to give feedback in the meeting.

Literature highlights the importance of having an agenda sent to everyone before the meeting as a means of preparation. A comprehensive agenda also ensures that the child's progress is looked at holistically. An agenda ensures that the meeting is held in a more structured manner and highlights the important issues that need to be discussed in the meeting (Daniel, 2011). It

therefore provides direction and purpose to the meeting. Furthermore, it increases productivity and it keeps participants focused on the matters at hand.

Preparation for multi-disciplinary meetings is usually described as having a casework session prior to the multi-disciplinary meeting in order to discuss various aspects. However, preparation can also be viewed as a continuous process. It is not only a session before the multi-disciplinary meeting, but also includes day-to-day casework sessions that act as a means of providing children with information and providing them with the opportunity to express their views and wishes.

7.1.1 Practical implementation of preparation of children prior to the multi-disciplinary meeting

This section will provide residential social workers and child and youth care workers with practical ways on preparing children prior to their multi-disciplinary meeting.

7.1.1.1 Providing children with information prior to the multi-disciplinary meeting

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with information prior to the multi-disciplinary meeting.

- Preparation for the multi-disciplinary meeting can be viewed as a continuous process. However, the residential social worker should have at least one casework session with the child prior to the multi-disciplinary meeting. The child should be told that if he or she thinks of any other questions, that they may request another session with the residential social worker. The child and youth care worker could also be included in the session so that everyone is prepared for the meeting. Preparation prior to the multi-disciplinary meeting refers to time in Bronfenbrenner's bioecological approach as it highlights that preparation is a process that occurs over time.
- Residential social workers should provide children with clear, sufficient, relevant and transparent information about issues like the circumstances at home, about their family and any other issues that concern them (Roesch-Marsh, Gillies & Green, 2017:908; Article 17 of the UNCRC, 1989). This information will include what will be discussed at the multi-disciplinary meeting as well as any other questions that the

child may have. The more informed the children are, the easier it is for them to participate in the multi-disciplinary meeting. Within child protection, information is usually sensitive, and it is therefore vital that adults manage the information in a manner that is child friendly and appropriate.

- Children should be provided with a choice as to how they wish to participate in the multi-disciplinary meeting (Roesch-Marsh, Gillies & Green, 2017:908). Residential social workers should recognise the child's strengths and developmental areas and utilise this in discussion with the child when deciding how the child should participate. For example, if a child is confident to speak in front of people, then this strength can be focused on in the multi-disciplinary meeting. Choices may include writing a letter, drawing a picture, asking someone to share their views and wishes on their behalf, etc.
- When children have questions about matters that concern them, adults should provide them with the information in a supportive manner as this is the child's right. When this is done prior to a multi-disciplinary meeting, it provides children with the time to think about the matter holistically and develop their own views and wishes.

7.1.1.2 Preparing children through explaining the structure of the multi-disciplinary meeting

This subsection will provide residential social workers and child and youth care workers with practical ways of explaining the structure of the multi-disciplinary meeting to children.

Residential social workers should prepare children by providing the following additional information:

- A choice regarding the venue, times, and possible attendees (Roesch-Marsh, Gillies & Green, 2017:908).
 - Venue: If possible, children should be provided with a choice of where (the venue) they would like the multi-disciplinary meeting to be held.
 - Times: Children should be asked which days would suit them best and if there is anything important at school that they cannot miss.
 - Who should attend: Whilst designated social workers and/or family members do not always arrive at the multi-disciplinary meetings, residential social workers should prepare children as best as possible in terms of who would be

present. Children should also be asked who they would like to attend. This process may lessen some anxiety in children about certain people attending the meeting.

- Children should receive the necessary preparation and support to deal with any emotions that may come to the fore as a result of the meeting (Roesch-Marsh, Gillies & Green, 2017:908).
- The structure of the meeting: an agenda should be drawn up by the residential social worker, child and youth care worker and designated social worker prior to the meeting. Whilst this social work intervention is intended for residential social workers, child and youth care workers work in the life space of the child and designated social workers remain the overall case managers of the children and they also work with the families of the children. It is therefore necessary for them to give their input in terms of agenda points. The children should be included in terms of adding points to the agenda. The agenda should then be discussed with the children prior to the meeting. This discussion should be facilitated by the residential social worker. Whilst it would be ideal to have the agenda set up prior to the meeting, high caseloads, time constraints etc. may hinder this process. If it was not possible to set up the agenda prior to the meeting, then it becomes the responsibility of the chair person (whether it is the designated social worker or residential social worker) to set up the agenda at the start of the multi-disciplinary meeting. Each person should be given the opportunity to add points to the agenda. A suggestion for the outline of an agenda is as follows:
 - Introductions/apologies
 - Introduce the reasons for the multi-disciplinary meeting
 - Discuss the progress of the child; strengths and developmental areas. The feedback from other professionals working with the child may be included here.
 - The views and feelings of the parents/carers
 - The views and feelings of the child/children
 - Discuss any concerns, risks and/or needs
 - What are the family's strengths?
 - What are the needs of the child/children?
 - Discuss the options regarding contact with family.

- Planning and Recommendations
- Arrangements for the next multi-disciplinary meeting

7.1.1.3 Providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meetings

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meeting.

- Both the residential social worker and child and youth care worker should be involved in providing children with the opportunity to express their views and wishes (Roesch-Marsh, Gillies & Green, 2017:908) prior to the multi-disciplinary meeting. It may be necessary to have a few casework sessions prior to the multi-disciplinary meeting, in order to obtain the views and wishes of the children. Some children may not feel comfortable to share their views and wishes within the multi-disciplinary meeting and it would therefore be essential to obtain their views and wishes in an age appropriate manner prior to the meeting.
- Often children who have been found in need of care and protection have not been raised in an environment which is conducive to their emotional development. These children may find it a challenge to express their views and wishes (Scott, 2017). It is beneficial for children to be provided with a safe and secure environment to share their feelings. Artistic expression is a very effective method of facilitating the expression of children's views and wishes. Painting, finger-painting, drawing, sketching, colouring, and writing are some of the mediums that can be used with children to assist them in expressing their views and wishes (Geldard, Geldard & Yin Foo, 2018: 225; 243).
- Another way of empowering children to express their views and wishes is for the residential social worker or child and youth care worker to run groups of children to develop their skills in terms of sharing how they feel. This life skills group can focus on developing children's confidence and teaching children the necessary skills to express their views and wishes to adults. Through this sort of group, children can also

be taught that it is their right to be listened to and to participate in decision making processes. Role play and various other mediums could be used in these groups.

7.2 GUIDING PRINCIPLE 2: CREATING ENCOUNTERS AND RELATIONS WITH AN ADULT IN THE CHILD'S PROFESSIONAL NETWORK

Roesch-Marsh, Gillies and Green, (2017:911) liken children's participation in multi-disciplinary meetings as a cyclical and relational process. They explain it as follows: in the first place, children's participation can only be experienced as being positive if children have the necessary support from people whom they can trust in every stage of the planning and review cycle. If this support has been established, then a "virtuous circle" can develop and with each review meeting (and what happens before and after the review) stronger relationships will be developed. It is however important that social workers follow through with the actions that have been decided upon as this will allow children to feel that their views and wishes were taken seriously. Furthermore, the review process within multi-disciplinary meetings is also cyclical in that the lives of children are ongoing and never stand still. Children are continually developing, growing and going through cycles in life. In fact, when multi-disciplinary meetings are working effectively, they can act as an anchor for both children and the adults working with them, offering stability and making sure that essential information is understood and implemented (Dickens *et al.*, 2014; Jelicic *et al.*, 2014; Ofsted 2011, 2013). This cyclical process may provide better insight for social workers in terms of multi-disciplinary meetings and what the needs of children are.

Obtaining a child's authentic views and wishes about matters concerning them cannot possibly be done in one simple interview (Archard & Schiveness, 2009:393). Neither can this information be obtained by someone with whom the child has not had time to develop a trusting relationship. According to Archard and Schiveness, (2009:393) a child will only start sharing their authentic views and wishes once a relationship has been built with the specific adult. This is confirmed by Smith *et al.*, (2003:212) and Archard and Schiveness, (2009:297) who maintain that it is usually necessary for the social worker to have several interviews with a child before they will disclose their true feelings about their views and wishes. Smith *et al.*, (2003:212) also stresses that building these relationships takes time. Furthermore, according to Archard and Schiveness, (2009:397), it is also easier to recognise if a child is telling the truth if the child and social worker have a meaningful relationship. Numerous studies (Bell,

2002; Roesch-Marsh, Gillies & Green, 2017) have indicated that positive relationships are essential in the facilitation of children's participation. According to Roesch-Marsh, Gillies and Green, (2017:907), relationships play a significant role in every stage of reviewing the child's progress and placement; preparation for the multi-disciplinary meeting, the actual multi-disciplinary meeting, debriefing after the meeting, and the implementation of the plans made at the meeting.

Meaningful relationships act as a mechanism for children's participation (Bell, 2002; Leeson, 2007; Thomas, 2005). According to Bell (2002:3) meaningful relationships assist children to "assimilate information, make informed choices as to what their views are ... [and] exercise their rights to participation and service provision". Children have a need for consistent and lasting relationships with their social workers as well as with their child and youth care workers and these relationships should be meaningful. Furthermore, children feel more comfortable to express their views and wishes towards someone with whom they share a "bond". It is therefore the responsibility of the designated social worker, residential social worker and child and youth care worker to make an effort to build meaningful relationships with the children. This means spending time with the children, listening to them, providing emotional support and being actively involved in putting things in place to improve the quality of the child's life (Leeson, 2007:265).

7.2.1 Practical implementation of creating encounters and relations with an adult in the child's professional network

This section will provide residential social workers and child and youth care workers with practical ways of building and maintaining relationships with children.

7.2.1.1 Providing children with the necessary emotional support

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with the necessary emotional support.

- It is the role of the residential social worker and child and youth care worker to provide the child with emotional support (Bell, 2002:5; Leeson, 2007:272) before, during and after the multi-disciplinary meeting. Children feel more comfortable to

participate in the multi-disciplinary meeting if they feel supported by the various role-players.

- Literature (Bazalgette, Rahilly & Trevelyan, 2015:6) emphasises that the environment where a child lives, plays a significant role in their well-being. It is therefore vital that those working directly with the children in child and youth care centres (i.e. child and youth care workers and residential social workers) need to be capable of developing strong, trusting relationships with children. Emotional support is an ongoing process and cannot be provided once-off. Emotional support can be provided by adults who are committed to consistent relationships where children feel loved and cared for (Bazalgette, Rahilly & Trevelyan, 2015:6). Therefore, residential social workers and child and youth care workers should not only provide emotional support before, during and after multi-disciplinary meetings, but instead this needs to be an ongoing process with the child.
- It is therefore the responsibility of child and youth care workers and residential social workers to invest in building meaningful relationships with the children so that, through this process, children will feel that they are being supported emotionally. Residential social workers and child and youth care workers need to spend quality time with children and be emotionally available for them.

7.2.1.2 Characteristics of adults which enhance children's participation

This subsection will provide residential social workers and child and youth care workers with the knowledge of characteristics that are important in enhancing children's participation.

The residential social worker and child and youth care worker should display the following personal characteristics to enhance children's participation within the multi-disciplinary meeting:

- Patience
- Kindness (Bell, 2002:5)
- Good listening skills
- Ability to engage and connect with the child
- Warmth, empathy and sensitivity (Thomas, 2005:9)

- Sense of humour (Bell, 2002:5)
- Being non-judgmental (Bell, 2002:5)
- Transparency and honesty (Leeson, 2007:275)
- Fairness
- Consistency
- Reliability
- Trustworthiness

7.2.1.3 Relationships as a mechanism for children's participation

This subsection will provide residential social workers and child and youth care workers with practical ways of building and maintaining relationships with children.

A healthy attachment means that a child feels safe and secure in a relationship with another person and it is vital in terms of a child's physical, emotional, mental, and psychological development (Children's Bureau, 2013). Furthermore, a healthy attachment is formed through consistent, positive affection and emotional interactions. Relationships as a mechanism of children's participation highlight the relevance of Bronfenbrenner's bioecological approach in terms of interrelationships within an environment (Palareti & Berti, 2009:1082). A relationship can be described as "a series of interactions where dependency and/or expectation is created" (Evarts, 2016). This means that interactions are established within a relationship between individuals and, in order for a relationship to be nurtured, interaction that generates dependence and expectancy between two or more people needs to be developed. In order for child and youth care workers and residential social workers to foster a secure relationship with a child the following should be taken into consideration (Children's Bureau, 2013):

- Be available for the child and have regular casework sessions. Provide the child with consistent support to develop feelings of trust and safety.
- Offer the child the necessary comfort. Provide support to the child when he or she is unhappy, thus modeling suitable displays of affection and developing the child's self-esteem.

- Always be respectful towards the child. Ensure that the child knows that you will ensure that he or she is safe and secure when with you.

7.3 GUIDING PRINCIPLE 3: CREATING A CHILD FRIENDLY ENVIRONMENT WITHIN MULTI-DISCIPLINARY MEETINGS

It is important to look at how a child's views and wishes are presented. Archard and Schiveness, (2009:293) maintain that children may be more willing to share how they feel about matters in an environment that is safe and child friendly. Furthermore, a child friendly environment will be created by the décor, lighting, size and location of the room chosen for the multi-disciplinary meeting (Smith, 2009:104).

Both adults and children maintain that children's participation is unlikely to be facilitated if there are too many people present in the multi-disciplinary meeting (Archard & Schiveness, 2009:293). For this reason it may be important to consider keeping the number of persons who are part of the meeting to a minimum. Too many people present in a multi-disciplinary meeting can cause high levels of anxiety in children which may result in them "clam[ming] up". A study conducted by Roesch-Marsh, Gillies and Green, (2017:908) confirms that the number of people who are part of a multi-disciplinary meetings has a direct impact on the level of participation of children. Their study confirmed that when there were less people in the family conference, children were more willing to participate. Furthermore, children also participated more in their meetings when they knew everyone in the room. Additional literature (Van Bijleveld *et al.*, 2015; Pert *et al.*, 2014) confirms that the number of adults and strangers in multi-disciplinary meetings definitely acts as a barrier to children's participation in multi-disciplinary meetings.

Furthermore, children may feel uncomfortable sharing their views and wishes in front of certain people (Archard & Schiveness, 2009:293). This is especially relevant when comments are made about specific people in the meeting such as a parent.

A prominent issue in multi-disciplinary meetings is the lack of child friendly language that is used. Children feel that too much social work terminology is being used in the meetings and that difficult concepts are not explained to them. This results in children feeling inadequate and helpless. Whilst the importance of using child friendly language (Archard & Schiveness,

2009:296) in multi-disciplinary meetings is acknowledged, children still maintain that the language used in these meetings is difficult to understand. Creegan, Henderson and King (2006) emphasise that the lack of child friendly language in multi-disciplinary meetings hinders children's participation. This is because children cannot fully participate if they do not understand what is being discussed. Lundy (2007:66) therefore maintains that the process of participation can be encouraged by using simple and understandable language and by avoiding the use of social work terminology.

7.3.1 Practical implementation of creating a child friendly environment in multi-disciplinary meetings

This section will provide residential social workers and child and youth care workers with practical ways of creating a child friendly environment in multi-disciplinary meetings.

7.3.1.1 Child friendly language

This subsection will provide residential social workers and child and youth care workers with practical ways of ensuring that the language used in multi-disciplinary meetings is child friendly.

- It is important to ensure that the language used in the meeting can be easily understood by everyone.
- If any social work or legal jargon is used, it is the responsibility of the residential social worker or designated social worker to explain it in simpler terms.
- Good communication in the interactions with children is directly linked to language as a critical element in children's participation. Whilst good communication is vital when working with all children, there are more aspects to consider when working with children who are particularly vulnerable.

7.3.1.2 Verbal communication in the child's mother tongue

This subsection will provide residential social workers and child and youth care workers with guidelines with regards to the languages spoken within multi-disciplinary meetings.

- In South Africa there are eleven official languages. Literature shows that the meeting should be held in a language that the child feels comfortable to communicate in. This may not necessarily be the child's first language; however the child should be able to understand what is being discussed in the meeting. Children should be asked in which language they would like the meeting to be held. Children have a right not to be discriminated against due to the language that they speak (Article 2 of the UNCRC, 1989).
- Within a South African context, there is usually not funding available to utilise an external translator. However, it is important for all parties to be able to understand what is being said in the meeting. Therefore, if an external interpreter cannot be utilised, it is preferable that someone in the organisation act as a translator for any individuals who are not able to communicate in the same language as the child.

7.3.1.3 The physical environment

This subsection will provide residential social workers and child and youth care workers with practical ways of ensuring that the physical environment of the multi-disciplinary meeting is child friendly.

- A child-friendly environment is a space where children feel safe and comfortable and are encouraged to express themselves freely. The friendlier the environment, the easier it is for children to participate and be actively involved in multi-disciplinary meetings.
- The ideal room for a multi-disciplinary meeting would be colorful and would have posters on the walls. It would be less formal with couches in a circle formation. There would not be a large table in the room. There would also be some toys and other items available in a corner for younger children to play with.
- Within a South African context, funds are usually limited and therefore it might not be possible to have a room available that fits this description. If that is the case, the following is advised:
 - There are usually a few different venues in a child and youth care centre where multi-disciplinary meetings are held. This may be in a conference room, a library, the house where the child lives or the social worker's office. If

possible, the child should be provided with the choice of which room they would like to use for their multi-disciplinary meeting.

- Furthermore, children should be encouraged by the residential social worker to arrange the furniture in a way that makes them feel comfortable.
- Only once everyone is seated in the venue, the child should enter. This allows them the choice of sitting next to whoever they want to. This in turn provides the child with an element of control.

7.3.1.4 The arrangement of the multi-disciplinary meeting

This subsection will provide residential social workers and child and youth care workers with practical ways of arranging the multi-disciplinary meeting in a way that is child friendly.

- If possible, snacks and drinks should be provided to all those present in the meeting. Having juice and some snacks on the table, provides a warm and comforting environment and will possibly enhance children's participation.
- Whilst funding is always an issue within a South African context, even having some water on the table and a packet of biscuits can create a nurturing environment.

7.4 GUIDING PRINCIPLE 4: ENCOURAGING CHILDREN'S INVOLVEMENT IN DECISION MAKING IN MULTI-DISCIPLINARY MEETINGS

According to Sinclair (2004:107), the expectation to ensure children's participation has increased in recent years due to the following three aspects: the emergent influence of the child, legislation on children's rights; and modern paradigms within the field of social sciences which has improved our perception of children as competent partners in society. Jackson and Kilroe, (1996:10), maintain that "partnership requires people to participate in joint work, and the style of participation must result in sharing power". Whilst the word "partnership" usually means that there is an equal amount of power in the relationship, this is not true within this context (Tregeagle & Mason, 2008:394). Within a child protection situation, it is not possible for the social workers and children to have equal power, however, "partnership refers to social workers having *obligations* to clarify issues of authority and

power, listen to service users, offer preventive support, be anti-discriminatory and ensure that service users were informed of decisions” (Tregeagle & Mason, 2008:394).

According to Article 12 of the UNCRC (UN, 1989) as well as the Children’s Act (RSA, 2005), children who are capable of forming their own views should be given the opportunity to express their views. Children, child and youth care workers, as well as social workers all consider it vital for children to be involved in the decisions made in multi-disciplinary meetings. However, for most children, this is not their experience. Furthermore, whilst some children feel that they are given an opportunity to speak in their multi-disciplinary meetings, they feel that the adults do not listen to them or take their views and wishes into consideration. This shows that, regardless of social workers understanding the importance of children’s participation and having their views taken into consideration, minimal evidence exists to show that social workers see an actual difference in the decisions made when children’s views are heard (Archard & Schiveness, 2009:397).

Decisions that are made in respect of children should be made by both children and adults who must also take into consideration what is in the child’s best interest. This is confirmed by Article 3.1 of the UNCRC (UN, 1989) and Section 10 of the Children’s Act (RSA, 2005) which states that, ‘primary consideration’ of ‘the best interests of the child’ should be given ‘in all actions concerning children’. Nonetheless, the purpose of seeking a child’s views and wishes is not merely to establish the child’s ability to decide for themselves; nor is it only to allow the child to be part of the decision making process to ensure what is in their best interests (Archard & Schiveness, 2009:392). In fact, the expression of children’s views and their ability to do so, is a vital element in the decision making process. This is because children’s views are authentic in terms of how they would like things to be in their lives and these views should play an active role in terms of the decisions made about their lives. A big concern, especially within the child protection field, is the overall priority of ensuring the child’s best interests (Archard & Schiveness, 2009:397). Social workers are under a tremendous amount of pressure to ensure that decisions made are in the child’s best interests and fear that they may be blamed for not ensuring the safety of children.

Children’s views may be “heard” in various ways, either directly or indirectly (Archard & Schiveness, 2009:392). The child may express their views directly either verbally or through a written form. On the other hand, a child may indirectly express their views with assistance

from a relevant adult. When working with younger children it may be necessary to make use of other methods such as drawing, role play and the telling of stories in order to obtain their views and wishes (Archard & Schiveness, 2009:392). Therefore, designated social workers, residential social workers and child and youth care workers working with children in the context of a child and youth care centre need to be flexible and open to various ways of obtaining the views of children. Children in general, but especially younger children, can be encouraged to draw pictures that might be a more accurate representation of their views than talking (Archard & Schiveness, 2009:396). Also, the use of dolls, toys and storytelling may be useful tools to engage children in determining their views and wishes.

The role of a trusted, experienced or trained adult should be taken into consideration as they might act as a “voice” for the child (Archard & Schiveness, 2009:393). According to both national and international legislation (UNCRC, 1989; RSA, 2005), children views should be taken into consideration in accordance with the age and maturity of the child. Archard and Schiveness (2009:393) maintain that this process should be done in a transparent and fair manner. This means that it might be important to look at who actually determines if the child is of the age and maturity to have their views taken into consideration. If a child’s views are not taken into consideration, Archard and Schiveness (2009:394) state that it is vital that the child is informed as to why not. Regardless of what decision is made, the child should have an understanding of why a certain decision was made, how the decision was reached, and how their views were taken into consideration. Being in consultation with children allows them to feel involved and more likely to agree with the final decision.

7.4.1 Practical implementation of encouraging children’s involvement in decision making in multi-disciplinary meetings

This section will provide residential social workers and child and youth care workers with practical ways of encouraging children’s involvement in decision making in their multi-disciplinary meetings.

7.4.1.1 Provide children with the opportunity to speak

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with the opportunity to speak.

- The residential social worker needs to involve children more within the multi-disciplinary meetings. Children have the right to share their views and wishes about matters that affect their lives and they should therefore be provided with the opportunity to do so (Article 12 of the UNCRC, 1989).
- Children should be asked for their input regularly in the multi-disciplinary meeting and the discussion should be focused on the child rather than being a discussion that is held between the various adults in the meeting.
- Children should be actively involved in the discussions held as well as the decisions made within the multi-disciplinary meeting.
- Children should be allowed the opportunity to express their views and wishes before decisions are made.
- In terms of community development, the child and youth care centre can be viewed as its own community. It may be beneficial to have regular meetings with the community as a whole (i.e. children's meetings) or within their housing units (i.e. house meetings) to discuss their rights in terms of their participation in their multi-disciplinary meetings. Furthermore, discussions can be held with the children in terms of different ways of participating.

7.4.1.2 Listen to children's voices

This subsection will provide residential social workers and child and youth care workers with practical ways of hearing the children's voices.

- The residential social workers and child and youth care workers should all actively listen to the views and wishes of the child.
- Active listening refers to a manner of listening and then responding that enhances the understanding between two or more people (Conflict Research Consortium, 1998). It happens when the designated social worker, residential social worker and child and youth care worker are focused on what the child is saying.
- During the preparation the residential social worker should ask if they would like to start the discussion in the meeting. Some children might feel that they want to share their views and wishes first, before changing their minds.

7.4.1.3 Provide children with choices in the decision making process

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with choices in the decision making process.

- In order to ensure that children participate effectively in decision making processes, designated social workers, residential social workers and child and youth care workers should provide children with a variety of choices with regards to decisions that need to be made. Children may not be aware of the various options that are available and it is therefore up to the adults involved to provide them with a variety of choices.
- It will also be important to have a discussion about the pros and cons of each option in order for children to make an informed choice.
- Providing children with choices gives them an element of control over their lives. Oaklander (2006:28) maintains that providing children with choices gives them a sense of control and develops their inner strength. According to Landreth (1991:120) “self-control grows out of interaction between the child’s responsibility to make decisions, to choose without adult interference or guidance, and the child’s redirection of unacceptable behaviours into controlled avenues.” It is therefore important to provide children with choices and not to make decisions on their behalf, as this would remove their ability to have a sense of responsibility and a sense of control (Blom, 2004:106).

7.4.1.4 Taking children’s views into consideration

This subsection will provide residential social workers and child and youth care workers with practical ways of taking children’s views into consideration.

- Sinclair (1998:137) maintains that it is a prerequisite to “ascertain the wishes and feelings of the child regarding decisions and to give due consideration to them, having regard for his or her age and understanding” especially in terms of developing the child’s care plan.
- This does not mean that children have the final say in decisions made in their lives; it means that designated social workers and residential social workers should listen to

the views and wishes of children and take it into consideration when making the final decision.

- Should it not be possible to implement the child's wishes, then it is necessary for the designated social worker and residential social worker to explain to the child why another decision is being made. Children have the right to receive feedback on why their wishes are not being implemented. This will help them understand that, although their wishes were not implemented, the role-players did listen to them and that they took their views into consideration.

7.4.1.5 Be present in multi-disciplinary meetings

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with the opportunity to be present in their multi-disciplinary meetings.

- Children should be provided with a choice as to whether or not they want to be present at their multi-disciplinary meeting. They should be asked in advance by the residential social worker as to whether they would like to be present in the multi-disciplinary meeting. If they do not want to be present then this should be explored further. Children should be given enough time to make the decision regarding their presence in the meeting.
- If very sensitive issues need to be discussed and it is the view of both the designated social worker and residential social worker that the child should be excluded, then it is important that the reasons for exclusion should be explained to the child.

7.4.1.6 The number of people present in the multi-disciplinary meetings

This subsection will provide residential social workers and child and youth care workers with guidance on the number of people present in the multi-disciplinary meetings.

- It is important for the designated social worker and residential social worker to limit the number of people present at the multi-disciplinary meeting. This is especially relevant where there are people present whom the child does not know.

- The role of each person in the multi-disciplinary meeting should also be explained to the child so that they can understand the purpose of each person's presence in the meeting. This can be done at the start of the meeting when each person introduces themselves.

7.4.1.7 Children's views should be expressed freely in the medium of choice

This subsection will provide residential social workers and child and youth care workers with practical ways of supporting children to express their views in the medium of their choice.

- Children should be provided with a variety of mediums to express their views and wishes. Whilst some children are confident to express their views and wishes verbally without any mediums, other children may need assistance in expressing themselves.
- A suggestion would be to use mediums such as writing, art, play, worksheets, puppets etc. (Geldard, Geldard & Yin Foo, 2018: 225; 243) with children who struggle to express their views and wishes verbally. It may not be appropriate to use these mediums with the child in the multi-professional meeting and the importance of preparation is therefore highlighted once again.
- Children should be provided with a variety of mediums by either the residential social worker or child and youth care worker prior to the multi-disciplinary in order for them to feel safe and comfortable in expressing their views and wishes.

7.4.1.8 Residential social workers act as a "voice" for children in multi-disciplinary meetings

This subsection will provide residential social workers with practical ways of acting as a "voice" for children in multi-disciplinary meetings.

- Even if the residential social worker has provided the child with thorough preparation prior to the multi-disciplinary meeting, the child may still not feel comfortable to verbalise their views and wishes in the multi-disciplinary meeting. It is therefore the role of the residential social worker to obtain the views and wishes of the child prior to the multi-disciplinary meeting.

- If the child struggles to verbalise him- or herself in the multi-disciplinary meeting, then it is the responsibility of the residential social worker to act as the “voice” of the child and, with their permission, to share their views and wishes with the rest of those present at the multi-disciplinary meeting.
- Residential social workers and child and youth care workers should however, focus on developing children’s strengths in order for them to be able to verbalise their own views and wishes in multi-disciplinary meetings.

7.5 GUIDING PRINCIPLE 5: TAKING A CHILD’S EVOLVING CAPACITY INTO CONSIDERATION DURING DECISION MAKING IN MULTI-DISCIPLINARY MEETINGS

According to Lansdown, (2005: ix) it is the first time in an international human rights treaty, that the UNCRC (UN, 1989) has introduced the term “evolving capacities” of the child. Article 5 of the UNCRC (UN, 1989) highlights that duty bearers should provide children with the necessary support and guidance according to their evolving capacities in order for them to fulfill their human rights. This principle has a profound impact on the rights of children as it provides duty bearers with more flexibility in terms of working with the needs of an individual child. Article 5 of the UNCRC (UN, 1989) recognises that children from different backgrounds and cultures have different experiences which has a direct impact on the skills and competencies that they acquire. This means that the skills, abilities and maturity that one child may have at the age of 15 in one family, may be evident in an 8 year old in another family. Article 5 of the UNCRC (UN, 1989) recognises that children are active agents of their own lives and that they have the right to be listened to, to be respected and to be allowed the opportunity to develop their skills in order to become autonomous (Lansdown, 2005:ix). However, duty bearers still have the responsibility to ensure that children are protected according to their maturity. This article therefore allows for children’s evolving capacities to be recognised and developed in a way that does not expose them prematurely to the full responsibility of adulthood.

When looking at the UNCRC (UN, 1989) within the context of this social work intervention, it is important to consider the connection between Article 5 and Article 12. Article 5 states that:

State parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present.

Added to this, Article 12 states that:

States parties shall assure to the child who is capable of forming his or her own views 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.

Both articles highlight that all children should be provided with the opportunity to express their views and wishes. However, Article 12 does not restrict children's expression to formal language. In fact, children's views can be expressed through many other mediums like play, drawings, writing, drama, singing, as well as through their emotions. Even very young children or children with learning difficulties have the ability to express their views and wishes. Whilst all children have the right to express their views and wishes and to have these views and wishes taken into consideration with the guidance and support of duty bearers, Lansdown, (2005:4) maintains that a higher level of competency is needed when determining how much weight the child's views and wishes should carry. For example, one would not allow a 3 year old child to make the decision to be placed back into the care of his parents, when he was being severely neglected and abused in their care. However, one would listen to his views and wishes with regards to missing his parents and take this into consideration. A plan could then be developed to allow supervised contact sessions instead of denying them any contact. Article 12 (UN, 1989) makes it very clear that the views and wishes of children who is older and sufficiently mature, should be taken more seriously when decisions are being made. Lansdown (2005:4) identifies the following four levels of children's involvement in the decision making processes:

1. To be informed.
2. To express an informed view.
3. To have that view taken into account.
4. To be the main or joint decision-maker.

According to Article 12 of the UNCRC (UN, 1989) all children who have the ability to express their views and wishes are entitled to the first three levels. However, with regard to level 4, Article 12 of the UNCRC (UN, 1989) maintains that whilst children have the right to participate in all matters affecting them, it remains the adults' responsibility to make the final decision (Lansdown, 2005:4). Whilst the adult makes the final decision, this decision can only be made if the child's views and wishes have been heard and taken into consideration. Furthermore, Article 5 of the UNCRC (UN, 1989) highlights the role that duty bearers play in terms of providing children with the necessary support and guidance to fulfill their rights in accordance with their evolving capacities.

It is the designated social worker, residential social worker and child and youth care workers' role to take children's "evolving capacities" into consideration with regards to their participation in multi-disciplinary meetings. All children have the right to participate, regardless of their age and maturity and it is therefore the responsibility of the role-players to tailor their approach according to the child's capacity, supporting them where necessary. The role-players need to create an environment where each child feels safe and comfortable to participate.

7.5.1 Practical implementation of taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings

This section will provide residential social workers and child and youth care workers with practical ways of taking a child's evolving capacities into consideration in order to facilitate children's participation in multi-disciplinary meetings.

7.5.1.1 The evolving capacities of children: taking the child's age and maturity into consideration

This subsection will provide residential social workers and child and youth care workers with practical ways of providing children with the necessary support and guidance to fulfill their rights of participating in their multi-disciplinary meeting in accordance with their evolving capacities.

- All children who have the ability to express themselves should be provided with the opportunity to participate in matters that affect them. This opportunity should be accompanied with the necessary support and guidance from residential social workers and child and youth care workers in accordance with the evolving capacity of the child.
- Child friendly methods should be applied when trying to obtain a child's views and wishes and this should be done prior to the multi-disciplinary meeting.
- When children participate in matters affecting them, it not only allows them to have an influence on the decisions that are made, but it also provides them with an opportunity to develop independence, enhanced social competence and resilience (Lansdown, 2005:17; Sillanpaa, 2015: 1-3). It is therefore the role of the residential social workers and child and youth care workers to facilitate children's participation in accordance with their evolving capacities.
- Children should be provided with opportunities to develop their skills and competencies in order to reach their full potential (Lansdown, 2005:19). Residential social workers and child and youth care workers are responsible for providing children with these opportunities in order for their capacities to evolve even further.
- Children should be provided with the space to become aware of their potential and evolving capacities in order for them to thrive and reach their full potential.

8. FINAL WORDS

This social work intervention has provided five guiding principles for residential social workers to assist with the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Furthermore, the social work intervention provides guidance on the practical implementation of each guiding principle. The guiding principles are described and explained in detail, in order for the residential social worker to have enough information to be able to implement each principle in practice.

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SECTION B

LITERATURE STUDY

Section B includes a literature study which will provide context to the research.

SECTION B

LITERATURE STUDY

1. INTRODUCTION

Within the field of child protection, children's participation has been emphasised as a complex process and various forms of research have been conducted in this area to ensure that the participation of children is promoted (Cele & Van der Burgt, 2015; Healy & Darlington, 2009; Johannisen 2014; Nolas, 2015; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009). The research conducted with regard to children's participation has increased in recent years due to a shift in the perception of children and children's rights where their participation and involvement has become more important (Cashmore, 2001; Cele & Van der Burgt, 2015; Johannisen, 2014; Nolas, 2015; Skiveness & Strandbu, 2006; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009). Within the field of child protection, various meetings are held and these act as an institutional mechanism which provides the space for engaging and granting children opportunities to express their views and wishes and to participate in decision making (Jamieson, 2017:91; Johannisen, 2014:54). Both designated and residential social workers working with children who have been placed into alternative care are involved in several meetings which focus on the needs of children in order to establish individual development plans, care plans and permanency plans to ensure their best interests (Hall & Slembrouck, 2001:143; Jamieson, 2017:95; Johannisen, 2014:55; RSA, 2005). On an international level, the meetings which provide a platform for decisions to be made in children's lives include child protection conferences, case conferences, review meetings and family group conferences (Campbell, 1997:1; Cashmore, 2002:840; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143; Vis, Holtan & Thomas, 2012:8) whilst on a national level they include family conferences, family group conferences, panel discussions, reviews and multi-disciplinary meetings (Jamieson, 2017:95; Johannisen, 2014:55; RSA, 2005).

Whilst multi-disciplinary meetings within a child and youth care centre in a South African context aim to provide children with the opportunity to participate in the decisions made regarding their lives, research indicates that this does not always occur in practice (Jamieson,

2017:96; Johannisen, 2014:55). On the contrary, children often feel that the meetings are “intimidating, boring, frustrating, disempowering and alienating” and that too many people whom they don’t know, attend (Cashmore, 2002:840; Johannisen, 2014:55; Sinclair, 1998:140-141).

Both Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children’s Act (RSA, 2005) affirm that all children have the right to participate in matters affecting them. Whilst the South African government collects data on the number of children who have been placed into residential care such as child and youth care centres, no data is collected on how children participate in matters affecting them within this context. According to Jamieson (2017:89), the only data available in terms of measuring children’s participation within the context of child and youth care centres in South Africa is from two cross-sectional studies of child and youth care centres. The results of these studies indicate that children who are placed within child and youth care centres are not participating meaningfully in matters that affect them. In South Africa minimal research has been conducted on multi-disciplinary meetings in general or within a child and youth care centre (Jamieson, 2017; Johannisen, 2014). Furthermore, from the research conducted and from existing literature (Jamieson, 2017; Johannisen, 2014) it is evident that children are not participating in decisions that affect their lives. The researcher therefore aims to contribute towards filling this void in the literature by developing a social work intervention to facilitate meaningful participation for children within multi-disciplinary meetings in child and youth care centres.

The literature study provides a discussion of the constructs and theoretical perspectives acquired from numerous studies conducted in line with the research question. These studies primarily include, but are not limited to: Campbell (1997), Cele and Van der Burgt (2015); Hall and Slembrouck (2001), Jamieson (2017); Johannisen (2014); Leeson (2007); Nolas, (2015); Pölkki, Vornanen, Pursiainen and Riikonen (2012); Smith (2009); Thomas and O’Kane (1999); and Vis *et al.*, (2012). Furthermore, the literature study aims at providing a conceptual framework of children’s participation within multi-disciplinary meetings in a child and youth care centre. The conceptual framework will provide a basis from which the research findings can be comprehended, presented and reviewed. Furthermore, the literature study played a significant role in the development of the social work intervention. Whilst the social work intervention was based on empirical study, the literature study was used to collate the information.

In order to understand the complex notion of participation and the diverse meanings attached to it, four typologies will be discussed and compared. This will provide the reader with an overview of how the understanding of participation has evolved slowly over the years from being a concept relevant to adults only, to a concept that is now applicable to children as well.

Furthermore, the researcher will provide a discussion on the different lenses of childhood and child development and how this affects their participation in the decisions that are made in their lives. Ensuring the child's best interest is another children's rights principle that needs to be taken into consideration during the process of children's participation and therefore this principle will be explored. This is important especially in terms of keeping the balance between allowing children to participate in the decisions made in their lives and ensuring that the decisions that are made are in the child's best interest. In addition to the factors involved in ensuring a child's best interest, a discussion will be held on the various benefits of children's participation.

In order to have a better understanding of the context of the study, the researcher will discuss the social work context, followed by the context of child protection within social work. Within the context of child protection there are various forms of alternative care for children who have been found in need of care and protection. The form of alternative care that will be explored in detail for the purpose of this study, is child and youth care centres.

Furthermore, multi-disciplinary meetings will be discussed and the researcher will provide information regarding various meetings that take place on both a national and international level with children who have been found in need of care and protection. The reader will then be provided with information of how children participate in multi-disciplinary meetings in the context of a child and youth care centre.

A conducive environment is vital for meaningful children's participation within multi-disciplinary meetings. Therefore the researcher will discuss three elements that form part of a conducive environment for children's participation; the use and misuse of power by children and adults, and then the relationships between children and adults and the facilitation of children's participation through a social work intervention.

The researcher utilised the following three theoretical frameworks during the study: a rights-based perspective, a strengths perspective and Bronfenbrenner's bioecological approach. This will be discussed in the section that follows.

2. PARTICIPATION

Participation is the process whereby an individual's voice is heard and his or her views are taken into consideration when decisions are being made (Ansell, 2005:225; Jamieson *et al.*, 2011:22; Kirby & Woodhead, 2003:236). However, participation is not a straightforward process and may take place at various levels and to different degrees, depending on the group of individuals, the distribution of power and the task at hand. This section will provide an overview of four typologies of participation. The first typology will be focused on participation related to adults in general, while the following three will be more applicable to children's participation. A discussion will then be held on the different lenses of childhood and child development, the child's best interest and the benefits of children's participation.

2.1 TYPOLOGIES OF PARTICIPATION

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 the light of their age and maturity.

This quote highlights that children's participation may occur on different levels and that it occurs as a result of an interaction between children and adults. The various participation typologies are a valuable basis for the identification of various forms and degrees of participation (Cornwall, 2008:270). Most typologies, including those that will be discussed further on; provide a guideline of "positive" and "negative" forms of participation. Many of these typologies of participation have been developed from the perspective of those who initiate the participation which in most cases are the adults. The understanding of children's participation as a process is being developed continually. The various typologies that will be discussed will provide an understanding of how participation with regards to adults and then children has developed over the years. The following typologies of participation will be

discussed: Sherry Arnstein's ladder of citizen participation; Roger Hart's ladder of children participation, Harry Shier's "pathways to participation" and Lundy's model of child participation.

2.1.1 Sherry Arnstein's ladder of citizen participation

Sherry Arnstein devised a significant article in 1971 around citizen participation in public planning schemes (Willow, 1996:77). In this article she illustrated the concept of citizen participation by using a metaphor of a ladder. The ladder of participation is a useful tool that continues to be used by practitioners nowadays. Arnstein (1967:217) identifies eight rungs on the ladder ranging from manipulation to citizen control and aims at differentiating between the various levels of participation with respect to levels of, or access to, power. The metaphor of the ladder portrays participation as a power struggle between citizens attempting to move up the ladder versus organisations and institutions controlling this process of either moving up or down. This may be done deliberately or inadvertently by organisations and/or institutions. The highest level of participation is on the 8th rung whilst the lowest level of participation is the 1st rung. Each rung of the ladder as illustrated by Arnstein (1967:218-223) will be discussed below:

8th rung: citizen control

According to Arnstein, on the 8th rung citizens are able to participate independently without any involvement of others. This means that citizens also have control over the resources available to them. Whilst no-one in any country can have full control, during citizen control, citizens demand a sense of power where they are able to manage programs and institutions and are able to influence policy and procedures.

7th rung: delegated power

On the 7th rung, citizens have substantial power over resources and their views and opinions carry significant weight. Citizens are also held accountable for the running of programs and institutions and are able to do so with very little support from officials. When there are differences in views and opinions between the citizens and officials, negotiation and bargaining will take place in order to reach a consensus.

6th rung: partnership

Arnstein maintains that the 6th rung is where planning and decision-making responsibilities are being shared between citizens and officials. Power is therefore distributed through the process of negotiation between citizens and officials. Citizens and officials therefore form a partnership and share power and decision making responsibilities by being part of planning committees and joint boards.

5th rung: placation

Whilst on the 5th rung citizens' views and opinions are taken into consideration to some extent, tokenism is still apparent. This means that the citizens involved in possible decision making processes are not representative of the community and do not have the power to overrule decisions made by authorities.

4th rung: consultation

On the 4th rung, citizens are provided with information, however, Arnstein believes that if the consultation is not done in conjunction with additional approaches to participation then it is futile. Therefore consultation does not guarantee that the views of citizens will be taken into consideration during the decision making process. The power that citizens have is therefore very restricted.

3rd rung: information

On the 3rd rung, information is provided to citizens by officials regarding their rights, responsibilities, and choices. Whilst providing information is a very important aspect of participation, it is often a one way process. Citizens might receive information from officials but might not be given the opportunity to provide feedback. The information may also be shared at a very late stage which may impact the influence of any feedback that citizens may provide.

2nd rung: therapy

The 2nd rung puts emphasis on finding solutions for citizens. Therefore the officials see themselves as the experts that need to assist citizens. Powerlessness is often viewed as being equal to mental illness and Arnstein views the 2nd rung as being deceitful and conceited.

Rather than focusing on involving citizens in the decisions made in their lives, officials focus on finding a “cure” for citizens.

1st rung: manipulation

Manipulation refers to the level of participation where citizens are placed on committees etc. for the purpose of “educating” them or persuading them to support the thoughts and ideas of the officials. Officials therefore manipulate the process of participation to make it seem as if citizens are actively involved in decision making processes when in reality, citizens are merely part of a charade.

Sherry Arnstein’s ladder of participation is regarded as one of the oldest and most significant participation typologies. The ladder portrays participation as a linear process where citizen power (top rung of the ladder) is favoured over non-participation (bottom rung of the ladder) (Arnstien, 1969:217; Cornwall, 2008:270; Wong, Zimmerman & Parker, 2010:101) and where participation cannot take place without the sharing of power - citizen power in particular. According to Cornwall (2008:270), Arnstein’s ladder focuses on the perspective of the end users rather than the perspective of those who promote participation.

Whilst various participation typologies have been published since Arnstein’s ladder (Pretty, 1995; Rocha, 1997; and White, 1996), many do not seem to highlight the differences that may occur when working with vulnerable groups such as children (Wong *et al.*, 2010:102). When working with children, Wong *et al.* (2010:102) emphasise the importance of looking at participation through a different lens especially with regards to power and control. Hart’s ladder of young people’s participation (1992), Shier’s pathways to participation (2001) and Lundy’s model of child participation (2007) are examples of typologies that are generally recognised for youth participation. Whilst Arnstein’s typology of participation puts emphases on citizen empowerment in general, Hart’s typology focuses more on the process of participation of young people. Ultimately, Roger Hart adapted Arnstein’s model in 1992 in order to bring in a more specialized view of participation within the context of adult and child relations (Malone & Hartung, 2010:27).

2.1.2 Roger Hart's ladder of children participation

Hart (2013), like Arnstein, also uses a metaphor of a ladder to highlight the different levels at which children could be included in the process of participation. Hart (2013) regards the following three lower rungs as unfavourable within the process of children's participation:

- manipulation,
- decoration, and
- tokenism.

However, Hart (2013) maintains that all children should be able to participate on the following higher rungs according to their abilities and interest:

- assigned but informed
- consulted and informed
- adult initiated – shared decisions with children
- child initiated and child directed
- child initiated – shared decisions with adults.

The level of participation implemented is determined by the context that the child finds him/herself in and whether the child would like to participate. It is therefore not always necessary for children to participate at the highest levels of the ladder, however, the opportunity should be provided to them. The highest level of participation is child initiated – shared decisions with adults – whilst the lowest level of participation is manipulation. These various levels of participation will be explained in more detail from the bottom rung upwards according to Hart (2013):

Manipulation

Manipulation is the process whereby adults use children to express their own views and wishes. Therefore the children are used to voice the opinions and feelings of the adults. Hart (2013) uses the example where adults may use pictures drawn by children in a publication but where children were not involved in choosing the pictures that would be used or children were not part of editing the publication. The adults may also use the pictures out of context to argue their perspective on a certain issue. The adults are consequently manipulating the

participation of children as they lead others to believe that these are the child's views and feelings.

Decoration

Decoration refers to the process where children wear T-shirts, carry signage, perform etc. and which brings attention to a certain cause while the child has very little knowledge and understanding of the specific cause. The adults therefore use the children to support the specific cause creating an impression that they have a good understanding of the cause.

Tokenism

Tokenism refers to children being involved as tokens to make an impression on the press and/or politicians. Hart (2013) uses an example where children are chosen by adults (because they are charming or good public speakers) to be part of a conference. However, the children are not chosen as representatives of other children and have not been given the opportunity to consult with other children on their views. Therefore the children do not necessarily discuss the views of the children they are meant to represent.

Assigned but informed

This level of children's participation is sometimes known as social mobilisation. In this instance, children do not necessarily initiate a project, but are informed about it and feel real ownership of the project. Social mobilisation may even mean that children are involved in the reflection part of the project to highlight the strengths and developmental areas.

Consulted and informed

Consulted and informed is the process whereby projects are designed and run by adults but with children understanding the process, being consulted, and knowing that their opinions are being taken seriously.

Adult initiated - shared decisions with children

At this level of children's participation, adults initiate the projects but make an effort to ensure that no-one is socially excluded. Children are actively involved to some degree in the entire process of the project and work in partnership with the adults.

Child initiated and child directed

Hart (2013) highlights that this level of children's participation is rarely found anywhere except when it is related to children's play. An example of this participation is a scenario where children are provided with suitable play environments (playgrounds) but are given the scope to use it without being instructed by adults. According to Hart (2013), children who have been given the opportunity to play in these environments are more likely to make valuable contributions in society in terms of participation. Hart (2013) gives another example where an 8 year old from Vermont wants to grow vegetables for his family but his father doesn't want him to have a garden. The boy then steals some seeds and starts his own very small garden close by. Once he was able to yield vegetables he would secretly place them into his father's basket of vegetables. The little boy was therefore able to experience a sense of accomplishment for feeding his family.

Child initiated - shared decisions with adults

This is the final and highest level of children's participation. Whilst children initiate the projects, adults may be invited to assist the children for guidance and support. It may however take some time before children feel that they can trust the adults enough to involve them. Hart (2013) argues that adults involved on this level of children's participation need to be good listeners and should understand how to respond appropriately to children. These adults may be referred to as "animators, promoters, and facilitators" as they are able to recognise the potential of children.

According to Hart (2013), the top five rungs are the most valuable in terms of children's participation, but he feels that children should not be forced to participate in the decisions affecting their lives and should rather be given the choice as to whether they want to participate or not. Their ability to make this choice depends largely on their evolving capacities according to Article 5 of the UNCRC (UN, 1989). Hart's typology of participation is an extension of Arnstein's ladder metaphor although Hart altered the perspective by outlining a progression of participation through the interactions between adults and children (Wong *et al.*, 2010:102). Hart's ladder of young people's participation is similar to the ladder of Arnstein in that it defines various levels of both participation and non-participation in a linear manner where the highest rung of the ladder (child initiated - shared decisions with adults) is the more favourable. However, the use of the ladder metaphor is often criticised as it creates the perception that participation occurs in a linear fashion (Kirby

& Woodhead 2003:243; Reddy & Ratna 2002:18). Participation is not unchanging or linear; instead it is a process that may change over time (Ruiz-Casares, Collins, Tisdall, & Grover, 2017:4).

Another criticism, which Hart (2013) himself recognised, is that the ladder metaphor is culturally biased (as it was based only on his experience with working with youth in America and the United Kingdom) and that it was sometimes used as an all-inclusive tool for comprehending and assessing projects. Hart consequently encouraged practitioners to use other tools in addition to the ladder of participation. He encouraged a move beyond the ladder as indicated in the following quote:

I see the ladder lying in the long grass of an orchard at the end of the season. It has served its purpose. I look forward to the next season for I know there are so many different routes up through the branches and better ways to talk about how children can climb into meaningful, and shall we say fruitful, ways of working with others. (Hart 2008:29)

The acknowledgment of the various criticisms of the ladder of participation as a typology of participation has in turn led to various other models of participation being explored such as Shier's "pathways to participation".

2.1.3 Harry Shier's "pathways to participation"

Harry Shier's "pathways to participation" (2001:109) is a practical tool which can be utilised in most circumstances where adults and children are in contact with each other. The aim of the model is to identify and promote children's participation in terms of five levels. Shier's pathways to participation (2001:109) does not provide an alternative to Roger Harts' ladder of participation, but serves rather as an extension thereof, and looks at different aspects of the process of participation. The biggest difference between Shier's model and Hart's model is that there is not an equivalent to Hart's three lowest rungs on the ladder namely: manipulation, decoration and tokenism (Shier, 2001:110). Shier's model also differs from Hart's model in that there is not a separate level where children make decisions autonomously without any adults. Whilst Shier (2001:115) identifies that there may be a place for children to participate in decisions making processes independently, this model does

not include this level as it focuses on interactions between children and adults. Shier's (2001:110) model identifies the following five levels of participation:

Level 1: Children are listened to

Level 2: Children are supported in expressing their views

Level 3: Children's views are taken into consideration

Level 4: Children are involved in decision making processes

Level 5: Children share power and responsibility for decision making

It is important to recognise that at each of the above levels of participation, individuals may have different degrees of dedication to the process of empowerment (Shier, 2001:110). Shier (2001:110) aims at clarifying this by identifying three stages of adult commitment at each level of participation: openings, opportunities and obligations.

The *opening* at each level occurs when the person of power such as the residential social worker or child and youth care worker within the context of this study makes a decision to work with the child in a specific way. It is only an opening as there may not yet be an opportunity to allow that particular level of participation to occur.

The *opportunity* refers to when the needs such as resources, skills and knowledge, are met and the residential social worker or child and youth care worker is able to implement the specific level of participation in practice.

The last stage, *obligation*, occurs when an organisation has made it compulsory in terms of policies and procedures to implement a certain level of participation. For example, child and youth care centres may have policies in place in terms of at which level children may participate within multi-disciplinary meetings.

Shier's (2001:111) model allows one to ask three simple questions at each level of participation: Am I open? Is there opportunity? Is this an obligation? By answering these questions, the professionals are able to identify which stage they are at on each level, thereby becoming aware of what needs to take place for optimal participation to be implemented at that level. Shier's (2001:111-115) five levels will be discussed:

Level 1: Children are listened to

This level requires responsible adults to listen to children if they wish to express their views. The difference between level one and level two is that, in level one, children are only listened to when they voice their views and opinions out of their own desire (Shier, 2001:111). Therefore, during this level, adults do not make an effort to obtain the views and opinions of children and they also do not view it as being problematic if children do not express themselves (Shier, 2001:112). At this level, stage one requires the professional to be willing and ready to listen to children. Stage two requires opportunities for listening such as a specific time and space to listen to children. Stage three is reached when there are policies and procedures which require adults to listen to children.

Level 2: Children are supported in expressing their views

During level two, it is recognised that there may be various reasons for children not expressing their views such as being shy, lacking confidence, having experience of not being listened to, not being able to communicate due to language barriers etc. (Shier, 2001:112). However, during level two the adults aim at providing children with the necessary support to encourage them to express their views and wishes. At this level in stage one, the opening requires adults to be ready to provide children with support to express their views. Stage two requires adults to provide opportunities for children to express their views and opinions. Therefore, during stage two, adults need to have a range of age appropriate techniques to support children in expressing their views. Furthermore it is vital that the adults have good communication skills and also methods of overcoming communication/language barriers. During stage three there are policies and procedures in the organisation or in government which compel adults to apply various techniques in order to support children to express their views.

Level 3: Children's views are taken into consideration

During level three, adults not only need to support children in expressing their views and listen to them, but they also need to take their views and opinions into account when making decisions (Shier, 2001:113). It is important to highlight that any organisation or country that has ratified the UNCRC (UN, 1989) is obliged to allow participation on level three. This is because Article 12 of the UNCRC (UN, 1989) states that the child's views and wishes need to be taken into consideration. Taking children's views into consideration does not imply that children have the final say about the decisions made in their lives; instead, it means that

adults should listen to their views and take this into consideration when making decisions. Children's views should therefore be "given due weight", although other factors may outweigh this (UN, 1989). As per the previous levels, level three also has three stages. Stage one, the opening, occurs when adults are ready to take children's views into account. Stage two, the opportunity, occurs when the organisation has a procedure in place which allows for children's views to be taken into consideration during decision making processes. Lastly, stage three, obligations, is implemented when the organisation has decided to make Article 12 of the UNCRC part of their policy.

Level 4: Children are involved in decision making processes

Shier (2001:113) maintains that it is at level four that there is a shift from consultation to active participation. Roger Hart identifies consultation as a valid form of participation, although it is evident that, while the lower rungs allow for children to have some input in the decision making process, they do not actually participate in the decisions that are made (Shier, 2001:113-114). Therefore, during consultation children do not have any decision making power (Shier, 2001:114). Level four consequently involves children directly in the decision making process, even though article 12 of the UNCRC (UN, 1989) requires that this participation occurs at level three.

When looking at the reasons for allowing children's participation to occur at level four - rather than level three, which is mandatory to Article 12 of the UNCRC (UN, 1989) - one should look at the various benefits of participation. These benefits include: improved service delivery, children experiencing a sense of ownership and belonging, as well as an increase in self-esteem, confidence, empathy and responsibility (Hart & Chesson, 1998:1600). Shier (2001:114) maintains that, although improving service delivery can be achieved in levels one to three, all the other benefits can only be achieved when children are actively involved in the decision making process. During stage one, an opening takes place when adults are open to allowing children to be actively involved in the decision making process. Stage two, opportunities, refers to procedures that are implemented in the organisation in order to ensure that children are actively involved in the decision making processes. This means that various changes need to be made in an organisation to ensure that the environment is child friendly. During stage three, obligation, it becomes compulsory in the organisation for children to actively participate in the decision making process. Adults therefore have the responsibility to overcome and address any limitations in order to ensure children's participation.

Level 5: Children share power and responsibility for decision making

During level four, children can participate actively in decision making processes without having any real power over the decisions made; however, at level five adults have the responsibility to share the power with children (Shier, 2001:115). The decision regarding when and how to share power and responsibility is based on the risks and benefits to the child. At level five, children are not forced to share power or responsibility. However, adults are to encourage this shared responsibility according to the child's development and they need to weigh up the various risks and benefits of allowing this. The opening occurs when adults are open to sharing power and responsibility with children; opportunity is created when the organisation implements procedures to allow this to occur; and obligation is when this becomes policy within the organisation and compulsory to implement.

According to Wong *et al.*, (2010:102), Shier's typology of participation is meant to be used in conjunction with Hart's model. It is evident that Shier's model elaborates on Hart's various participation types rather than the non-participation types. Whilst Shier recognised the importance of Hart's recognition of the various levels of non-participation, he focused only on the participation types. However, by not including the types of non-participation, Shier fails to look at the process of participation holistically (Wong *et al.*, 2010:103). Furthermore, the various questions asked in the opening, opportunities and obligations are intended for adults to respond to and this further emphasises adult power within the process of children's participation. The last typology that will be discussed was developed in the last decade and is directly linked to Article 12 of the UNCRC (UN, 1989). Lundy's model of child participation therefore seems to be the most relevant typology for this study and will be discussed in the next section.

2.1.4 Children's participation: Lundy's model of child participation

Whilst this research study takes the above typologies of participation into consideration, it is particularly influenced by Laura Lundy's (2007) model of child participation. Lundy's model assists duty bearers to allow children to participate in a meaningful manner (Martin, Forde, Galvin & O'Connell, 2015:19). In this model, Lundy identifies four key factors for the effective realisation of children's participation. Lundy's (2007) model of child participation is based on Article 12 of the UNCRC (UN, 1989), although it also touches on Article 2 (non-

discrimination), Article 3 (the child's best interests), Article 5 (the right to guidance from adults), Article 13 (the right to information) and Article 19 (the right to be safe). The following four aspects of this model include: providing children with the safe *space* to express their views; providing children with support to have a *voice*; ensuring that children have an *audience* to listen to their views; and lastly, ensuring that children's views have an *influence* on the decisions made. In order for duty bearers to provide children with all four conditions, it is vital that they have a thorough understanding of Article 12 of the UNCRC (UN, 1989) (Martin *et al.*, 2015:19-20). Martin *et al.*, (2015:20) also maintain that duty bearers should be in possession of qualities such as respect, inclusivity, patience and creativity. Within the context of this research study, Lundy's model proves an excellent tool to guide residential social workers and child and youth care workers in facilitating meaningful child participation within multi-disciplinary meetings in a child and youth care centre. The following four aspects of this model will be discussed in more detail:

Space

Children are provided with a safe space (Article 19) which is inclusive and non-discriminatory (Article 2) where they are able to express their views and wishes.

Voice

Duty bearers recognise that it is the child's right to express their views and wishes freely and this is not restricted by "age and maturity". Children need to be supported according to their evolving capacities in order to express their views and wishes (Article 5 and 13) and have the right to be informed about matters that affect them.

Audience

Duty bearers have the responsibility to listen actively to the views and wishes of children and this should be taken into consideration when decisions are made (Article 12).

Influence

Children's views are taken into consideration when decisions are being made and they are provided with feedback on the extent of their influence on the decisions made (Article 3).

The typologies discussed above provide various lenses of understanding children's participation and the role that adults play in facilitating this process. The role that adults play

can either hinder or promote children's participation depending on how they view children and the idea of childhood. This element will now be discussed.

2.2 EXPLORING DIFFERENT LENSES OF CHILDHOOD AND CHILD DEVELOPMENT

Conceptions of “childhood”, “child”, “adolescence”, as well as child-adult communication differ across cultural backgrounds and this has a direct impact on children's participation. In numerous cultures around the world, children are not entitled to express their views and wishes and are instead required to obey the adults in their lives without hesitation (Lansdown, 2005:vii; Ruiz-Casares, Collins, Tisdall & Grover, 2017:6). The reason for these differences in interpretations, is that consensus cannot be reached with regards to what children need in order to reach their full potential and which environments would provide children with the space, resources and protection to reach their optimal development according to their age and maturity. Furthermore, there is a lack of consensus regarding the nature of childhood and when a child reaches adulthood. Yet, regardless of this lack of consensus, the UNCRC (UN, 1989), which provides basic principles regarding the rights of children, has been ratified by every country in the world. Whilst children of different ages have different needs, they are all entitled to the same human rights. It can however, be a challenge to apply these universal rights when there is such a variety of perceptions of childhood. For the purpose of this study, the researcher will provide a discussion on two lenses that may be used to understand terms like “child”, “childhood” and “adolescence”. In addition, a discussion will be held about the evolving capacities of children in terms of Article 5 of the UNCRC (UN, 1989).

Both national (RSA, 2005) and international (UN, 1989) legislation emphasise that the terms “child” or “children” are used for any person between the ages of 0 and 18 years (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007:265; Spano, 2004:1-3). Adolescence is however distinctly different to stages such as infancy or toddlerhood (Shaffer & Kipp, 2013:7).

From a youth lens, the terms “childhood” and “adolescence” are merely social constructs in the same way that we categorise gender, ethnicity, class and sexuality (Petrone, Sarigianides & Lewis, 2015:508). Accordingly, this means that these two terms will be understood differently by different people in diverse contexts (Petrone, Sarigianides & Lewis, 2015:509).

A youth lens therefore allows one to gather knowledge on the diverse perceptions of “childhood” and “adolescence” and how their experiences are facilitated by “discourses, practices, and policies involving them” (Petrone, Sarigianides & Lewis, 2015:509). Within the South African context, cultural diversity plays a significant role in terms of how adults view children and the roles that they should play and this has a direct impact on how children are treated (Moses, 2008:331).

Historically, children have not been granted the right to be part of the decisions made in their lives as they were not considered to have the necessary logic, awareness or ability to act in their own best interest (Ansell, 2005:226). Ansell (2005:228) adds that children are often viewed as being vulnerable and therefore, giving children certain rights such as being part of decision making, is seen as an “intrusion into the jurisdiction of the family that weaken parental authority”. A big controversy when implementing children’s participation in practice is the social construction of the terms “child” and “childhood” (Manion & Nixon, 2012:30). For many years children were viewed as either naive or evil, and either supported or tarnished by certain societies and, although this contrast may not be as prominent today, it is evident that adults often view children as vulnerable or innocent and thus needing the protection and continual guidance from adults (Manion & Nixon, 2012:30). Adults often fail to recognise children as human beings who also have rights and who have the ability to be part of the decision making process that takes place in their lives (Manion & Nixon, 2012:30) in spite of supportive legislation such as Section 10 of the Children’s Act (RSA, 2005) and Articles 5 and 12 of the UNCRC (UN, 1989).

Section 10 of the Children’s Act (RSA, 2005) and Article 12 of the UNCRC (UN, 1989) stipulates that the age, maturity and stage of development of a child should be taken into consideration when affording children the opportunity to be part of the decisions made in their lives. However, the legislation provides no guidelines in terms the age or level of maturity that would render children suitable to participate in decision making processes. Whilst no actual guidelines exist, the Children’s Act (RSA, 2005) stipulates that children over the age of 12 with sufficient maturity may have access to contraceptives and give consent for an HIV test, an abortion, medical treatment and surgical operations. If the South African government believes that 12 years is a suitable age to make such important decisions, perhaps this should be used as a guideline for children’s participation? Or perhaps the term “evolving capacities” is more useful in ensuring flexibility for the diverse constructions of

childhood in different times and in different societies? Article 5 of the UNCRC (UN, 1989) states that:

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present.

Article 5 in the UNCRC (UN, 1989) contains the first reference and introduction of the concept of the “evolving capacities” of the child in an international human rights treaty (Lansdown, 2005:3). Recognising that children acquire evolving capacities has considerable implications for the rights of children as there is less of a need for direction and rather the opportunity for children to take responsibility for decisions affecting their lives. Article 5 of the UNCRC (UN, 1989) acknowledges that children from diverse backgrounds and cultures are confronted with different experiences which in turn will facilitate the acquisition of various competencies at different ages (Lansdown, 2005:3). This means that the competencies of children will differ according to their specific experiences and circumstances. Consequently children require different “degrees of protection, participation and opportunity for autonomy in different contexts and across different areas of decision-making” (Lansdown, 2005:3).

2.3 THE CHILD’S BEST INTEREST

Children’s participation within the context of child protection and in particular in a child and youth care centre is a complex process as adults such as social workers and child and youth care workers tend to focus on protecting children and making decisions that they think are in the children’s best interest. Sections 7 and 9 of the Children’s Act (RSA, 2005) highlight that ensuring a child’s best interest should be of paramount importance. While Section 9 of the Children’s Act (RSA, 2005) maintains, “In all matters concerning the care, protection and well-being of a child the standard that the child’s best interest is of paramount importance, must be applied”, Section 7 of the Children’s Act (RSA, 2005) provides more details in terms of how to ensure the child’s best interest. Whenever a provision of the Children’s Act (RSA,

2005) requires the standard of the best interests of the child to be applied, the following factors must be taken into consideration where relevant, namely:

- (a) the nature of the personal relationship between-
 - (i) the child and the parents, or any specific parent; and
 - (ii) the child and any other care-giver or person relevant in those circumstances;
- (b) the attitude of the parents, or any specific parents, towards-
 - (i) the child; and
 - (ii) the exercise of parental responsibilities and rights in respect of the child
- (c) the capacity of the parents, or any specific parent, or of any other care-giver or person, to provide for the needs of the child, including emotional and intellectual needs;
- (d) the likely effect on the child of any change in the child's circumstances, including the likely effect on the child or any separation from-
 - (i) both or either of the parents; or
 - (ii) any brother or sister or other child, or any other care-giver or person, with whom the child has been living;
- (e) the practical difficulties and expense of a child having contact with the parents, or any specific parent, and whether that difficulty or expense will substantially affect the child's right to maintain personal relations and direct contact with the parents, or any specific parent, on a regular basis;
- (f) the need of the child-
 - (i) to remain in the care of his or her parent, family and extended family; and
 - (ii) to maintain a connection with his or her family, extended family, culture or tradition;
- (g) the child's-
 - (i) age, maturity and stage of development;
 - (ii) gender
 - (iii) background; and
 - (iv) any other relevant characteristics of the child;
- (h) the child's physical and emotional security and his or her intellectual, emotional, social and cultural development;
- (i) any disability that a child may have;
- (j) any chronic illness from which a child may suffer;

- (k) the need for a child to be brought up within a stable family environment and, where this is not possible, in an environment resembling as closely as possible a caring family environment;
- (l) the need to protect the child from any physical or psychological harm that may be caused by-
 - (i) subjecting the child to maltreatment, abuse, neglect, exploitation or degradation or exposing the child to violence or exploitation or other harmful behavior; or
 - (ii) exposing the child to maltreatment, abuse, degradation, ill-treatment, violence or harmful behavior towards another person;
- (m) any family violence involving the child or a family member of the child; and
- (n) which action or decision would avoid or minimize further legal or administrative proceedings in relation to the child.

According to Coyne and Harder (2011:2), encouraging children to participate in the decisions affecting them is sometimes a difficult process for adults as they instinctively want to protect children and don't want to burden them with making "adult decisions". Furthermore, adults may want to protect children from distressing information and complex decisions. Ensuring children's best interest is based on the principle of beneficence which means to minimise harm for others (Coyne & Harder, 2011:2; Wassenaar, 2006:67). An adult's opinion of what is in a child's best interest is not necessarily equivalent to what is in a child's best interest. Coyne and Harder, (2011:2) maintain that to ensure a child's best interest is to ensure that his or her views are heard in conjunction with the views of the adults involved in the child's life. In fact, recognising children's human right to have their voices heard and views taken into consideration may be seen as actually acting in the child's best interest (Coyne & Harder, 2011:3). It is however sometimes a challenge for adults to keep the balance between encouraging children's participation and ensuring the best interest of children (Shemmings, 2000:241; Thomas & O'Kane, 1998:141-142; Viviers & Lombard, 2012:14-17). Some research has revealed that adults have sometimes been unsuccessful in ensuring the child's best interest because they failed to listen to the child's views and opinions (Lansdown, 2001:3). Furthermore, both the Children's Act (RSA, 2005) and the UNCRC (UN, 1989) take into account their "age and maturity", which highlights the acknowledgement of children's evolving capacities.

It becomes clear that the actual implementation of both Section 10 of the Children's Act (RSA, 2005) and Section 12 of the UNCRC (UN, 1989) in practice may be problematic as it is reliant on the cooperation of adults, who may either not be committed to this process or may doubt the abilities of children to be part of the decisions made in their lives (Lundy, McEvoy & Byrne, 2011:715-716; Shemmings, 2010:240). It is therefore evident that adults, especially within the field of child protection, may experience a dilemma between allowing children to be part of the decisions made in their lives and ensuring that the decisions that are made are in the child's best interest (Shemmings, 2010:240; Thomas & O'Kane, 1998:141-142; Viviers & Lombard, 2012:14-17). Lansdown (2001:3) looks at another side of this debate where adults have sometimes failed to do what is in the child's best interest as they did not obtain the child's input on the situation and consequently also not on the decision. Whilst balancing the need to ensure that children participate in matters affecting them with ensuring the best interest of children may be a challenge for those working within child protection, one should not fail to recognise the various benefits of children's participation.

2.4 THE BENEFITS OF CHILDREN'S PARTICIPATION

Many benefits arise through the facilitation of children's participation in the decisions made in their lives. Hart and Chesson (1998:1600) maintain that children's participation develops a sense of independence, self-esteem and social cooperation and that children learn the value of communication with peers and adults. Participation in decision making processes also teaches children a sense of working together with others which in turn also develops their sense of independence (De Winter *et al.*, 1999:17). By encouraging children to participate in decision making processes, it allows them to develop into adults who are actively involved in making a positive difference in society due to the practice they would have had in doing what is in the community's best interest (West, 2007:11). By not involving children from a young age in decisions made in their lives, adults will create a society of people who are of the understanding that their views and opinions are not important. The process of participation as a children's right actually works two-fold: it provides both children and adults with the opportunity to increase their skills and knowledge (Lundy, McEvoy & Byrne, 2011:734). During the process of children's participation, not only are children's rights respected but the adults are able to fulfill their obligations towards children by encouraging and supporting the process (Lundy, McEvoy & Byrne, 2011:734; RSA, 2005; UN, 1989). Taylor, Smith and Gollop (2008:196) highlight that by allowing children to be part of the decisions made in

their lives, children develop confidence in themselves as social actors who can act as agents of change by having a sense of control over their lives. In addition, other potential benefits that children's participation can have for children and other role players in society include: boosting children's self-esteem and confidence (Melton, 1987:363) and giving children some sense of being active agents with regard to their lives rather than being dependent on adults (Mannion, 2007:408). Lansdown (1995:30) also emphasises that the process of children's participation can have a significant influence on the nature of adult-child relationships. It is therefore evident that if children's participation is appropriately facilitated, it can be valuable to both children and society (Cook *et al.*, 2004:60).

3. CHILDREN'S PARTICIPATION IN SOCIAL WORK

In order to understand children's participation within the specific context of a child and youth care centre, one first needs to have an understanding of children's participation within the social work context.

3.1 SOCIAL WORK CONTEXT

The global definition of the social work profession approved by the IFSW General Meeting and the IASSW General Assembly in July 2014 is as follows:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.

As indicated in the above quote, the social work profession works towards the empowerment of all groups of individuals. Within the context of this study, the group of individuals that will be focused on is children within the child protection context i.e. those who have been found in need of care and protection and who have consequently been placed into a child and youth care centre. The following aspects will be discussed below: child protection context, alternative care and child and youth care centres.

3.2 CHILD PROTECTION CONTEXT

The term “child protection” is used to refer to the wide range of child and family services that focus on the prevention and/or intervention of children who have been found in need of care and protection (Healy & Darlington, 2009:420). Furthermore, UNICEF (2003) defines child protection as “preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices” (UNICEF, 2003). This means that children should be protected from

all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse which is intentionally inflicted, either threatened or actual, which results in, or is highly likely to result in actual or potential harm to the child’s health, survival, development or dignity. (UNICEF, 2003).

UNICEF’s Protective Environment Framework provides a checklist that can be used by policymakers. The checklist focuses on the following vital elements that should be included in child protection policies and programmes:

Strengthened government capacity to realise a full complement of protection services; adequate legislation; addressing harmful attitudes, customs and practices; encouraging open discussion of child protection issues among the media and civil society; developing children’s life-skills, knowledge and participation; building family and community capacity; providing prevention, recovery and reintegration services; effective monitoring, reporting and oversight. (UNICEF, 2003).

Every child has the right to be protected (RSA, 2005). This means that they have the right to survive, to be kept safe, to experience a sense of belonging, to have their voices heard, to receive adequate care and to be raised in a conducive environment (UNICEF, 2016). A child’s family is primarily responsible for their care and protection. The schools that children attend and the communities that they live in are also responsible for providing a safe and caring environment for a child outside of their home environment. Children should therefore be provided with the opportunity to be protected and cared for in a way that allows them to reach their full potential. Whilst children have the right to care and protection within their homes, schools and communities, in reality this does not always happen. Millions of children become victims of violence, abuse, neglect, exploitation, exclusion and/or discrimination on a

daily basis (UNICEF, 2016). This in turn can affect the likelihood of a child reaching his or her full potential.

It remains a challenge for the South African government to provide care and protection to the many orphaned and vulnerable children (UNICEF, 2016). As a country, South Africa has a legacy of violence, inequality and social incoherence. In addition, the high levels of HIV and AIDS have also caused many children to become orphans. As a result children are sometimes required to take on the roles of carers i.e. child-headed households. Governments, when ratifying the UNCRC, are obliged and accountable to ensure that children are raised in an environment that is conducive to their development. According to an article written by UNICEF: South Africa Overview: Child Protection (2016), there has been considerable progress on a national level in terms of developing and implementing legislation to ensure that children are protected from harm. This legislation includes the following: The Children's Act 38 of 2005 as amended which is in line with the UNCRC (UN,1989); the Child Justice Act 75 of 2008 which has a separate criminal justice system for children who are in conflict with the law; and the Criminal Law (Sexual Offences and related matters) Amendment Act 32 of 2007, which makes provision for various crimes which generally occur against children. Collectively, these laws form the basis of an inclusive child protection framework.

The child protection policy framework developed by South Africa has in theory established the necessity for a comprehensive ecologically modelled child protection system. This is evident in the approach which focuses on prevention, early intervention and treatment services, as specified by the Children's Act (RSA, 2005) and the Child Justice Act (RSA, 2008). Within the context of child protection, alternative care can be identified as one form of such treatment services. This will be discussed in the following section.

3.3 ALTERNATIVE CARE

Children who have been placed into alternative care are those who have been found in need of care and protection in terms of Section 150 (1) of the Children's Act (RSA, 2005). Section 150 (1) of the Children's Act (RSA, 2005) identifies the following aspects with regards to a child who is in need of care and protection:

- (j) Has been abandoned or orphaned and is without any visible means of support. An abandoned child is a child who has obviously been deserted by a parent, guardian or caregiver or has, for no apparent reason, had no contact with the parent, guardian, or caregiver for a period of at least three months. An orphan is a child who has no surviving parent caring for him or her.
- (k) Displays behaviour that cannot be controlled by a parent or caregiver. Parents who cannot control their children's behaviour may be engaged in parenting programmes or positive discipline programmes as possible early intervention measures. The designated social worker should only consider statutory intervention if early intervention efforts fail or are deemed not to be the best option for the child.
- (l) Lives or works on the streets or begs for a living. This includes a child who, due to abuse, neglect, poverty, community upheaval or any other reason, has left his or her home, family or community and lives, begs or works on the streets or due to inadequate care, begs or works on the streets but returns home at night.
- (m) Is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency.
- (n) Has been exploited or lives in circumstances that expose the child to exploitation. Exploitation in relation to a child includes all forms of slavery or practices similar to slavery, including debt bondage or forced marriage, sexual exploitation, servitude, forced labour or services, child labour and the removal of body parts.
- (o) Lives in or is exposed to circumstances which may seriously harm his or her physical, mental or social well-being.
- (p) May be at risk if returned to the care of a parent, guardian or caregiver as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm his or her physical, mental or social well-being.
- (q) Is in a state of physical or mental neglect. A child who is physically neglected may be identified by being grossly underweight with stunted growth and clear signs of malnutrition. Before approaching the court with a view of finding that child in need of care and protection, the designated social worker may, where applicable, assist the family to meet the nutritional needs of the child. This would depend on whether the family is only destitute but is in a position to provide for the child's emotional and psychological needs. Other role-players may be approached to assist the family.
- (r) Is being maltreated, abused, deliberately neglected or degraded by a parent, a caregiver, a person who has parental responsibilities and rights, a family member or a

person under whose care the child is. Abuse in this case includes assaulting a child or inflicting any other form of deliberate injury on a child; sexually abusing a child or allowing a child to be sexually abused; allowing a labour practice that exploits a child; or exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.

Children who have been found in need of care and protection and consequently placed into alternative care constitute a particularly vulnerable group (Jamieson, 2017:94; Nicholas, Roberts & Wurr, 2003:78). Many of these children have been victims of physical, sexual and/or emotional abuse (RSA, 2005). There may also have been a breakdown in the family unit due to problems like mental illness, imprisonment, death, domestic violence etc. Many children are placed into alternative care because of their exposure to abusive families; the children may run away from school or from home due to the abuse and this in turn may make them vulnerable to child trafficking. This is often the case in countries where child protection organisations do not exist (West, 2007:3). However, in countries such as South Africa, child protection organisations are involved in removing children from families where they are exposed to abuse and neglect and placing them into alternative care (Section 150 of the Children's Act 38 of 2005). West (2007:3) highlights the importance of child protection services in the realisation of children's rights which is strongly linked to children's participation. The reason for children being removed from their families and placed into alternative care may vary depending on the different perspectives of various cultures and societies (Jamieson, 2017:90; West, 2007:4).

However, in many other countries, children are placed into alternative care due to discrimination based on disability or gender; or due to the children having been victims of child trafficking, having run away, been sold or having been abandoned. In South Africa, when there is a breakdown within a family, children are removed from their parents' care by either designated social workers or the police, and during the court proceedings a decision is made as to whether the child will be placed into alternative care, permanent care or back into the care of their parents (RSA, 2005). Prior to a decision being made by the children's court, the designated social worker conducts an investigation on the child's circumstances and presents this to the presiding officer in the children's court (RSA, 2005). Both the parents and children should have access to the report written by the designated social worker and should be able to participate in the decisions made during the court proceedings. If the court finds

the child in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005), then various forms of alternative care are considered. The Children's Act (RSA, 2005) identifies four forms of alternative care: foster care, cluster foster care, places of safety and child and youth care centres.

Section 157(1)(b) of the Children's Act (RSA, 2005) requires the court to consider the best way of ensuring stability in the child's life during removal. The options which may ensure this include: leaving the child in the care of the parent or caregiver under the supervision of a social worker; placing the child into temporary safe care (such as a place of safety) for a limited period of time to allow for possible reunification; placing a child into alternative care; or allowing the child to be adopted. The provincial head of the Department of Social Development is responsible for approving the person, facility or premises to provide place of safety for children.

When placing a child into a child and youth care centre, it is vital that the court takes the following into consideration: the development, therapeutic and educational needs of the child; the distance of the centre from the child's family and community; the safety of the community; and the other children at the centre (Section 158(3); RSA, 2005). The Child Care Act (RSA, 1983) referred to alternative care as a placement outside the child's family. Forms of alternative care included: foster care, children's homes, schools of industry, or adoption. The Children's Act (RSA, 2005) no longer uses the terms "children's homes" or "schools of industry" and rather refers to these centres as child and youth care centres.

3.4 CHILD AND YOUTH CARE CENTRES

Children who have been placed in a child and youth care centre in terms of Section 158 of the Children's Act (RSA, 2005) in South Africa have been found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005). Child and youth care centres therefore form part of an intervention within the child protection field and these are influenced by legislation on an international (UN, 1989) and national level (RSA, 2005). Chapter 13, Section 191 (1) of the Children's Act (RSA, 2005) describes a child and youth care centre as "a facility for the provision of residential care to more than six children outside the child's family environment in accordance with a residential care programme suited for the children in the facility." Child and youth care work is a multifaceted, dynamic and diverse

field which focuses on the promotion of optimum development and well-being of children and families in particular contexts (Jamieson, 2017:94; Van der Ven, 1991; White, 2007:225-227). The focus is on relational work and thus on engaging with children and families; encouraging children to experience a sense of value and worth; supporting them to have hopeful dreams for their futures; and allowing them to experience and benefit from the therapeutic relationship (White, 2007:225).

Whilst professionals in some countries believe that one should only place a child in a child and youth care centre as a last resort, others believe that this context can be beneficial especially for children with behavioural and/or emotional issues (Knorth, Harder, Zandberg & Kendrick, 2008:123). Child and youth care focuses primarily on the promotion and support of children in order for them to reach their full potential (White, 2007:227). Children who have been found in need of care and protection and consequently placed into a child and youth care centre have often experienced severe trauma, which sometimes results in children displaying challenging behaviour (Anglin, 2001:178). Anglin (2001:186) therefore maintains that it is vital that the staff working in this context put emphasis on ensuring that children receive care within a therapeutic environment and a sense of stability and routine which would have been unlikely within their family environment.

Child and youth care centres form part of statutory care and therefore operate under the guidance and support from local government (Desmond, Gow, Loening-Voysey, Wilson & Stirling, 2002:451; RSA, 2005). These institutions often have a large workforce including child and youth care workers, social workers, managers, coordinators, cleaners etc. (Desmond *et al.*, 2002:451). Within the context of this research, child and youth care workers and residential social workers would be the staff who spend the most time with the children and therefore they would be responsible for the promotion of children's participation in the decisions made in their daily lives. Residential social workers will usually spend time with children in a controlled office environment, whilst child and youth care workers would be working with the children in their life space on an on-going basis (Van der Ven, 1991). According to Van Weezel and Waaldijk (2000), working in a child's life space means working:

within the daily living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of

reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way.

It is consequently clear that, whilst both residential social workers and child and youth care workers play an important role in children's lives, their roles are significantly different. It was therefore vital to include these significant role players in the child's life in the study as they may be the most significant adults for the children within the child and youth care centre.

The process of children's participation within a child and youth care context can take on various forms; however the emphasis is on a child friendly environment where children feel comfortable and safe to share their views and feelings openly and freely (Johannisen, 2014:52). It is a legal requirement (Section 10 of the Children's Act 38 of 2005) for residential social workers and child and youth care workers to provide children with the opportunity to express their views and opinions. However, it is also believed to lead to better outcomes for both children and adults (McLeod, 2007:278). While this has led to children's participation being promoted and encouraged in policy, it is seldom a simple process especially for socially excluded groups such as children who have been placed into alternative care. In order to truly listen to a child who has been found in need of care and protection, it is vital to take the time to build a relationship with the child and also for the adult to be willing to put their own agenda aside in order to consider the child's views and opinions (McLeod, 2007:278). Children's participation has many benefits including: better outcomes; more appropriate intervention plans; children having a stronger sense of self and confidence; and this consequently resulting in children being less at risk of being harmed. Research indicates that professionals who encourage children's participation are usually more aware of human development and have the ability to build supportive relationships (McLeod, 2007:279).

4. CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CONTEXT

Whilst children who have been found in need of care and protection have the right to participate in all aspects of their lives in a child and youth care centre, the context of this study is children's participation within multi-disciplinary meetings. This section will firstly discuss multi-disciplinary meetings and then children's participation in multi-disciplinary meetings.

4.1 MULTI-DISCIPLINARY MEETINGS

Within the context of child protection, designated and residential social workers are involved in various meetings which focus on the needs and progress of children in order to establish individual development plans, permanency plan and care plans (Hall & Slembrouck, 2001:143; RSA, 2005). Legislation on both an international (UN, 1989) and a South African (RSA, 2005) level emphasise the principle of children's participation within the decisions made in their lives; and therefore the various meetings held act as institutional mechanisms which provide various spaces for engaging and granting children opportunities to express their views and wishes (Johannisen, 2014:54).

On an international level, the meetings which allow for decisions to be made in children's lives include child protection conferences, case conferences, review meetings and family group conferences (Campbell, 1997:1; Cashmore, 2002:840; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143) whilst on a national level they include family group conferences, panel discussions, reviews, family conferences and multi-disciplinary meetings (Johannisen, 2014:55; RSA, 2005). It is evident that different terminology is used to describe the various meetings held within the context of child protection on both a national and international level. Literature highlights that, on an international level, family group conferences, child protection conferences and case conferences take place prior to court proceedings (Campbell, 1997:3-5; RSA, 2005). The aim of these meetings is to discuss the case and the issues related to the child possibly being found in need of care and protection and to look at the various alternatives for the family (Campbell, 1997:3-5; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143). On the other hand, review meetings, panel discussions, family conferences and multi-disciplinary meetings occur after the court proceedings, once the child has been found in need of care and protection and placed into alternative care (Campbell, 1997:2; Johannisen, 2014:52-56; RSA, 2005). For the purpose of this research, the term multi-disciplinary meetings, as mentioned in the Children's Act (RSA, 2005), will be used to describe the institutional mechanism that provides the space for children to participate in decision making processes.

According to the Children's Act (RSA, 2005) a child's permanency plan, care plan and individual development plan (IDP) must be reviewed every six months in terms of regulation 55(3). It is vital that the placement is reviewed regularly to ensure that the child is still

benefiting from the program. In addition, the multi-disciplinary meetings, where the IDP, permanency plan, care plan are reviewed, allow for everyone to give their input regarding if the placement is still in the child's best interest or whether the child can be placed back into the care of his or her parents (RSA, 2005). A multi-disciplinary team may include social workers, child and youth care workers as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders and occupational therapists (RSA, 2005). Research (Holland & O'Neill, 2006:94; Johannisen, 2014:55) shows the significance of multi-disciplinary meetings in terms of providing an opportunity for the child, together with the family and professionals, to express their opinions and views and consequently to make decisions in the best interest of the child. In addition, the Children's Act (RSA, 2005) supports the notion of multi-disciplinary meetings as an opportunity for children to be part of the planning that occurs in their lives (RSA, 2005).

4.2 CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS

Multi-disciplinary meetings ensure that the progress of the child and the family is reviewed regularly and that the children, families, designated social workers, residential social workers, child and youth care workers are all accountable to implement plans in order for family reunification to take place (Hall & Slembrouk, 2001:143; RSA, 2005). Section 10 of the Children's Act (RSA, 2005) and Article 12 of the UNCRC (UN, 1989) emphasise the necessity of children participating in the decisions made in their lives. Therefore, multi-disciplinary meetings act as institutional mechanisms where children are provided with the space to engage with adults regarding the decisions made in their lives (Johannisen, 2014:54). These decisions include - but are not limited to - having contact with family, considering family reunification possibilities, as well as services that need to be provided to both children and families in order to improve their circumstances.

The focus of multi-disciplinary meetings is to protect and promote the wellbeing of children (Thomas, 2011:390). However, other objectives of the multi-disciplinary meeting include: the promotion of stability and permanency in the child's life; encouraging appropriate contact between the child and their family; and ensuring that the decisions made in the child's life are transparent to all those involved. According to Thomas (2011:392), on an international level, children over the age of 12 years are often invited to their general multi-disciplinary

meetings, but not to the meetings where more significant decisions need to be made. He also adds that children's participation within these meetings varies. While some children feel listened to and supported, very few seemed to feel that their views were taken into consideration when decisions were made. This was especially true if their views were different to the social worker. However, within a South African context, there is only one form of multi-disciplinary meeting and children are either included or excluded from that meeting.

According to a study held in Scotland (Children in Scotland, 2006:5), both children and adults understand the importance of children's participation, even though the multi-disciplinary meetings are "imperfect vehicles ... for ensuring the participation of children in decision making." Children and adults emphasised the following problems which hinder the participation of children in multi-disciplinary meetings: lack of preparation; difficulties around having an agenda that is both child friendly and professional; the boring nature of the meetings; language and procedures that are often complex for children to comprehend; and the lack of effective tools, skills etc. to help children who struggle to express themselves (Children in Scotland, 2006: 6). This report recommended that social workers spend more time with children in preparation for the multi-disciplinary meeting; that the actual environment and language of the meetings be more child friendly; and that the meetings, agendas and format should be different according to the diverse needs of the children.

While children may be given the opportunity in multi-disciplinary meetings to give an input on their futures, Buchanan, (1995:689) maintains that their views and wishes are not given enough consideration when the final decisions are made. He found that children sometimes avoided saying certain things in their multi-disciplinary meetings as they didn't want to upset their social workers. This can be confirmed in the following quote: "I did speak, but I did not say everything I wanted to say, I couldn't really say what I wanted in case I upset my keyworker." (Buchanan, 1995:689). Children who had been adequately prepared for the meeting and given the opportunity to explore and write down how they feel prior to the meeting, felt more confident to participate during the meeting (Buchanan, 1995:690). Whilst the children felt confident to share their views, they still felt more comfortable if the carer was present in the meeting. The children also appreciated being given copies of their legal documents, although they needed support in reading and understanding it. Many children do not have the necessary experience of participating in making decisions. It is therefore

important to provide children with opportunities to make choices in their lives and to help them understand the idea of taking responsibility for the choices they make.

When children feel that they have some control over their circumstances and the decisions that are made in their lives, they are able to embrace a more active approach to problem solving (De Winter *et al.*, 1999:18). The flipside to this is that children who feel out of control of their lives, struggle to actively address problematic issues. Safeguarding children should not mean preventing them from participating in matters affecting them as this may be denying them the opportunity to learn how to be part of the world (De Winter *et al.*, 1999:21). By participating in the decisions made in their lives, children learn how to make choices and decisions and consequently how to take responsibility for these choices. In addition, children gain confidence, self-respect and a sense of control over their own lives. However, multi-disciplinary meetings often become a process that children find isolating, awkward, discouraging and tedious (Voice of the Child in Care, 2004:51). As the multi-disciplinary process is the ideal institutional mechanism to encourage children to participate in the decisions made in their lives (Bradwell, Crawford, Crawford, Dent, Finlinson, Gibson, Porter & Kellet, 2011:222), this research aims at looking at ways to improve children's participation within these multi-disciplinary meetings.

Many children may not attend their multi-disciplinary meetings as they feel that they will not be given the opportunity to participate and because they feel as if the adults talk about them rather than talking to or with them (Bradwell *et al.*, 2011:222). Other concerns that children have raised within the process of multi-disciplinary meetings include who would be attending the meetings, the child being spoken about as if they are not present in the meeting, and not having their views and opinions listened to or considered when decisions are made. This links directly to creating an enabling environment for children's participation within multi-disciplinary meetings.

5. AN ENABLING ENVIRONMENT FOR CHILDREN'S PARTICIPATION

In order to promote children's participation in a child and youth care centre, it is vital that an enabling environment is created. Three important aspects are vital in creating an enabling environment for children's participation: relationships within an enabling environment;

power within an enabling environment; and facilitating children's participation through a social work intervention.

5.1 RELATIONSHIPS WITHIN AN ENABLING ENVIRONMENT

The first aspect that is essential to the process of children's participation is children entering into relationships with other children, adults and also institutions (Cook *et al.*, 2004:5; Van Bijleveld *et al.*, 2015:136). Bell (2002:1-2) states that relationships and processes that foster supportive interactions are more likely to involve children in a positive manner within the child protection process. Literature (Bell, 2002:3) confirms the importance of the relationship in assisting children to "assimilate information, make informed choices as to what their views are... [and] exercise their rights to participation and service provision". This in turn emphasises the importance of relationships within the process of multi-disciplinary meetings as these are part of the institutional mechanisms utilised when making decisions in terms of a child's individual development plan, care plan and permanency plan (Johannisen, 2014:54-55; RSA, 2005). In a study conducted by Johannisen (2014:66) it was identified that meaningful relationships were vital in terms of engaging with children and providing them with the opportunities to participate in decision making. The relationship between the child and professional would therefore be pivotal within multi-disciplinary meetings to allow the child to feel comfortable and to feel confident during the meeting (Bell, 2002:3; Johannisen, 2014:66; Van Bijleveld *et al.*, 2015:136).

Often children who have been found in need of care and protection had not been able to form secure attachments with their primary caregiver and this may have an impact on their ability to make informed decisions and to feel confident enough to express their views to the relevant adults working with them (Bell, 2002:1). Bell (2002:1) maintains that the attachment theory therefore provides a framework for looking at what children find beneficial and not beneficial in their relationships with social workers. Relationships which are encouraging, friendly and understanding have a bigger likelihood of engaging children in multi-disciplinary meetings as it is only within a trusting and secure relationship that children are able to assimilate information, to express their views and opinions and are able to participate freely in these meetings (Bell, 2002:2-3). Therefore, allowing children to take ownership and control over the decisions made in their lives requires constant negotiation and relationship building to allow for meaningful power shifting and participation (West, 2007:125). In an

attempt to understand the nature of children's participation within multi-disciplinary meetings in a child and youth care centre, it is necessary to attend to the dynamics within the broader environment that may influence the functioning of a child and youth care centre whilst also focusing on the relationships, interactions, and consequent issues of power between children, the child and youth care workers and social workers as they form part of the same system.

5.2 POWER WITHIN AN ENABLING ENVIRONMENT

The second aspect that is essential in creating an enabling environment for the participation of children, is addressing the issues of power and how it is distributed within the process of children's participation (Bell, 2002:2). Many children are able to participate in the decision making process during reviews and conferences if they are provided with the necessary support (Bell, 2002:3). While children are dependent on adults for the promotion and defence of their rights, formal structures such as multi-disciplinary meetings provide children with the necessary opportunities to express their views and opinions (Bell, 2002:3; van Bijleveld *et al.*, 2015:137). Leeson (2007:269) argues that children who have been placed into alternative care are often left powerless and that the power is distributed between the adults involved. Those children are consequently left even more vulnerable, without being given an opportunity to express their views and opinions. Whilst multi-disciplinary meetings may be a suitable institutional mechanism for including children in the decisions made in their lives and consequently providing them with a sense of power over their lives, in the same way children may be excluded from the decision making process as a result of the adults seeing themselves as the experts and thus leaving the child feeling powerless (Johannisen, 2014:55). Leeson (2007:274) maintains that the adults working with children in alternative care carry a great deal of authority and often experience anxiety around children making the "wrong" decisions. Consequently, these adults have a need to protect the children. However, this leads to the question why children are not provided with the opportunity to make mistakes and learn from these mistakes, as well as why children are not given the opportunity to change their minds?

Implementing a rights-based perspective also addresses the issue of this power struggle between children and adults (Lundy *et al.*, 2011:733). By recognising the fact that children have certain human rights, including the right to participate in their decisions, adults should no longer feel that they are doing children a favour when allowing them to participate (RSA,

2005; UN, 1989). However, to ensure the decisions that are made are in the children's best interest, recognition should be given to the views of social workers who have the relevant experience and knowledge around matters concerning children (Lundy *et al.*, 2011:733). Therefore, when making decisions regarding children's lives, social workers should take children's views and feelings into consideration whilst making sure that they do not undermine their other rights.

5.3 FACILITATING CHILDREN'S PARTICIPATION THROUGH A SOCIAL WORK INTERVENTION

This section will describe a social work intervention and then discuss the process of facilitation and the role of facilitation within a social work intervention.

5.3.1 A social work intervention

Proctor and Rosen (2003:2) maintain that the social work profession is very practical with the aim of encouraging social change, empowerment and enablement of clients. Social work interventions which are consistent with the objectives which have been established in order to deal with the different problems can subsequently improve the circumstances of the client. This may be achieved through the facilitation of the social worker. Social work interventions are goal-orientated and may be either directive or non-directive (Trevithick, 2005:66-67). Directive social work interventions work decisively in order to improve a situation and it involves providing clients with suggestions and information in order to proceed in a certain way. Conversely, non-directive social work interventions are less directive in terms of achieving the goals and rather provide the client with the necessary support and encouragement to behave in any way that they please. Therefore, a directive social work intervention encourages clients to achieve the goals that have been set and supports them in becoming problem solvers and talking about their views and wishes.

The purpose of this social work intervention is to assist residential social workers and child and youth care workers in facilitating of children's participation within a multi-disciplinary meeting in a child and youth care centre. This social work intervention is more directive as it provides the residential social workers and child and youth care workers with five guiding principles for the facilitation of children's participation within a multi-disciplinary meeting in

a child and youth care centre. Furthermore it provides details on the roles of the above key people with the necessary information and guidelines on how to ensure the meaningful participation of children. This social work intervention can therefore be described as task centred practice as it offers a structured approach to facilitating children's participation within multi-disciplinary meetings in a child and youth care centre.

5.3.2 The process of facilitation

According to Prendiville (2008: 13), the process of facilitation supports and empowers people to execute a task or implement a certain action. It is important to note that the facilitator does not carry out the task, but uses certain skills to empower the individual to carry out the task and reach their goal. Facilitation therefore encourages individuals to participate in determining the course of their own lives and nurtures them to think in a critical manner in order to ascertain needs and to formulate ways of ensuring that those needs are met (Prendiville, 2008:13-14). The process consequently promotes participation and emphasises the importance of individuals taking responsibility for their decisions. In doing so, individuals also develop their own skills and abilities. Facilitation is therefore a process of interaction between individuals where the "facilitator helps people to decide what they want to accomplish, reminds them of their responsibility in achieving it, and encourages and helps them to complete an agreed task or activity" (Prendiville, 2008:13). Furthermore, it is a method that may be implemented in various contexts including a diversity of individuals. However, for the purpose of this research, the process of facilitation will be explored in the context of adults facilitating the process of children's participation within multi-disciplinary meetings in child and youth care centres.

5.3.3 Facilitating children's participation using a social work intervention

The International Association of School of Social Work (IASSW) defines social work as a "profession (which) facilitates social change and development, social cohesion, and the empowerment and liberation of people." Within the context of this study, it means that residential social workers, with the support of child and youth care workers, are responsible for the facilitation of children's participation within multi-disciplinary meetings in child and youth care centres. Article 12 of the UNCRC (UN, 1989) states that children should be provided with the necessary support from adults in developing their own views which would

consequently facilitate their participation in decision making processes. Therefore adults play an important role in the process of facilitating of children's participation as they need to provide children with support in order to participate in a meaningful manner. Children should not be expected to have a comprehensive understanding of all matters that affect their lives. Instead, adults should recognise that children have the necessary understanding to be able to *form* their own views about matters that affect them (UN, 2009).

Children's abilities to form a view about matters affecting them is not based only on biological age, but can also be guided by information provided by others, their experiences, the child's environment, social and cultural expectations, and levels of support that are provided (UN, 2009). Article 13 of the UNCRC is therefore very relevant when reading Article 12 of the UNCRC as it discusses the right of all children to receive, and provide information (UN, 2009). Enabling children to share their views freely can therefore be implemented in practice if adults become actively involved in supporting children to both formulate and express their views which will ultimately lead to their confident participation (Lundy, McEvoy & Byrne, 2011:731). West (2007:6) highlights that increasing children's participation involves consulting with children, listening to their views and thoughts and taking it into consideration when making decisions and allowing children to be involved in decision making processes.

6. THEORETICAL FRAMEWORKS FOR THE STUDY

According to Babbie (2014:33), a paradigm is an essential theoretical framework for observation and comprehending, which influences how one understands a specific situation or problem from a specific perspective. In this study, a rights-based perspective, a strengths perspective, and Bronfenbrenner's bioecological approach were applied as theoretical frameworks. These frameworks will therefore underpin the study. Metaphorically speaking, these frameworks become the 'lenses' through which the researcher observes, describes and understands the phenomenon (Babbie, 2014:33). These theoretically frameworks will be discussed in the next sections.

6.1 CHILDREN'S PARTICIPATION: A RIGHTS-BASED PERSPECTIVE

According to Lansdown, (2001:v) and Viviers and Lombard (2012:9), in recent years there has been progress in the promotion of children's rights both in theory and in practice in different contexts, involving children of all ages from various social and economic backgrounds. Both Section 10 of the Children's Act (RSA, 2005) and Article 12 of the UNCRC (UN, 1989) state that children have the right to be part of the decisions made in their lives. Legislation therefore highlights that children are entitled to the following three pillars of rights: the provision of care, protection and the right to participate. Children should consequently be regarded as active citizens in society, rather than only recipients of adult care and protection (Lansdown, 2001:1; RSA, 2005).

Section 10 of the Children's Act (RSA, 2005) 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 participation in an appropriate way and views expressed by the child must be given due consideration.

This means that all children should be given the opportunity to participate in the decisions made in their lives and that they should be recognised as active members of society who have their own views, opinions and concerns (UN, 2003). Article 12 of the UNCRC (UN, 1989) states that children 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." Article 12 of the UNCRC (UN, 1989) is often used as a foundation to stress the importance of children participating in the decision making processes in their lives (Ansell, 2005:225; Tisdal, 2008:419). It is therefore evident that both the Children's Act (RSA, 2005) and the UNCRC (UN, 1989) concur that within a South African context, children have the right to participate in the decision making processes that affect them and that this should be implemented in practice with the guidance of adults.

The following UNCRC principles are vital for the facilitation of children's participation: non-discrimination (Article 2); the child's best interests (Article 3); survival and development (Article 6); the evolving capacities of children (Article 5); and the child's views and wishes to be taken into consideration (Article 12) (UN, 1989). Furthermore, Article 12 focuses on

four key aspects that are vital in terms of the implementation of children's participation as a right:

- (a) space: that children are provided with a safe and inclusive space to express their views,
- (b) voice: children must be given the necessary support to express their views and opinions about matters that affect them,
- (c) audience: children's views should be listened to and
- (d) influence: children's views and opinions should be taken into consideration during decision making processes.

It is therefore necessary for all four of these aspects to be in place to ensure meaningful participation of children in practice, but it is evident that these aspects cannot be in place without the support and guidance of adults. Children, like adults, appreciate having their views taken into consideration, especially when the decisions affect them directly (De Winter, Baerveldt & Kooistra, 1999:20). However, adults often make decisions *for* children and not *with* them.

A rights-based perspective was essential in this study as children's participation is grounded on a child's human rights. The rights-based perspective therefore influences the responsibility that residential social workers and child and youth care workers have in terms of facilitating children's participation within multi-disciplinary meetings in a child and youth care centre.

6.2 CHILDREN'S PARTICIPATION: A STRENGTHS PERSPECTIVE

In the past, child protection services put emphasis on effective service provision with minimal focus on family systems and they tended to work with clients from a deficit model (The National Technical Assistance and Evaluation Centre, 2008:2). However, the strengths perspective requires a shift from the deficit approach and rather focuses on positive partnerships with clients where their individual strengths and developmental areas are looked at in order to develop an intervention plan (The National Technical Assistance and Evaluation Centre, 2008:1; Hammond & Zimmerman, 2012:3). The strengths perspective therefore focuses on identifying the clients' strengths, resources and abilities and looks at assisting the client to use these elements to achieve their goals (Allison, Stacey, Dadds, Roeger, Wood & Martin, 2003:267; Hammond & Zimmerman, 2012:3). In the context of a child and youth care centre, it is vital that residential social workers and child and youth care

workers focus on the strengths and abilities of children in order for them to participate meaningfully in multi-disciplinary meetings. Furthermore, children's strengths in terms of their abilities to develop solutions to issues and to cope in certain circumstances should be recognised when making decisions in multi-disciplinary meetings.

This approach also forms part of the ecological perspective as it highlights the significance of considering the characteristics of client, the environment in which they live, as well as the various contexts that have an impact on their lives (Saint-Jacques, Turcotte, Pouliot, 2009:545). The environment is viewed as both a resource and an opportunity leading Early and GlenMaye (2000:119) to consider the environment as an "enabling niche" which can provide clients with what they need to succeed. Residential social workers and child and youth care workers therefore have the responsibility of creating this "enabling niche" by providing children with the necessary support and guidance to focus on and develop their strengths in order to participate meaningfully in their multi-disciplinary meetings.

Early and GlenMaye (2000:125) emphasise the importance of social workers encouraging client participation, involvement, and success which in turn would create a sense of hopefulness and opportunity. Clients may surprise both themselves and social workers with the skills that they have acquired in life which could act as tools to improving their circumstances (Saleebey, 1996:299). Children who have been placed in child and youth care centres have usually experienced many challenges in life and as a result have developed certain strengths and skills such as resilience. According to Cowger and Snively (2002, 111), this can be referred to as "client competence" as clients are capable of taking responsibility for their own behaviour. Saleebey (2002:234) concurs by maintaining that "everyone has the potential for self-righting, [for] self-correction of [the] life course". Having said this, it is the social workers' responsibility to work in partnership with the client and identify the wants, needs and resources available to the client to ensure that these needs are met (Cowger & Snively, 2002:113-115). Whilst social workers in theory have the necessary knowledge to solve problems, the client is considered the expert and therefore the social workers only use their skills to facilitate the process of change (Saint-Jacques, Turcotte, Pouliot, 2009:545). It is vital that social workers provide clients with the necessary guidance so that they can identify their strengths and resources that will empower them to change their current circumstances (Saleebey, 1996:303). However, for this to happen, social workers need to engage with clients as equals and thus view clients as experts in their own lives. Cohen

(1999:461) concurs with this by maintaining that “the professional is not the expert; the individuals, families, and communities with whom the professional works in partnership are the experts” (Cohen, 1999:461). The strengths perspective therefore allows the social worker and client to look at a situation holistically, focusing on the client’s strengths and resources and also taking the current challenges into consideration.

An important aspect in terms of the implementation of the strengths perspective is resilience (Sillanpaa, 2015: 1-3). Resilience has gained prominence in the last twenty years in mental health literature (Allison, Stacey, Dadds, Roeger, Wood & Martin, 2003:264; Sillanpaa, 2015: 1-3). According to Allison *et al.* (2003:264), resilience is very significant in the promotion of mental health to people in general, but also to those that experience various life challenges. Garbarino *et al.* (1992:101) describes resilience as the ability to “develop a high degree of competence in spite of stressful environments and experiences”, whilst Werner (1984:68), who was one of the first researchers on the concept of resilience in children, defines it as “the ability to recover from or adjust easily to misfortune or sustained life stress”. Children who have been placed in child and youth care centres are often very resilient and have the ability to “bounce back” (Allison *et al.*, 2003:264) whether it be from a once-off traumatic event or from various life challenges. This is a strength that all residential social workers and child and youth care workers should focus and build on with children.

Within the context of the study, the child and youth care centre will act as the primary environment of a child. Therefore this environment should attempt to be an enabling niche for children and, within this study, it should ensure the meaningful facilitation of children’s participation within multi-disciplinary meetings. The strengths perspective strives towards understanding children by focusing on their strengths (Early & GlenMaye, 2000:119; Hammond & Zimmerman, 2012:3) so that they may participate in the decisions made in their lives within multi-disciplinary meetings. When residential social workers and child and youth care workers work with children in a child and youth care centre from a strengths perspective, they look at the child in the light of his or her talents, strengths, abilities, hopes and dreams, regardless of how distorted this has become as a result of the trauma that the child would have experienced. Therefore, everything children know and are able to do should be taken into account within multi-disciplinary meetings. By focusing on children’s strengths and abilities, and allowing them to be part of the decisions made in their lives, professionals are actually promoting the safety, permanency planning and well-being of children (The National

Technical Assistance and Evaluation Center, 2008:6). Research (Lansdown, 2001:19) indicates that children have the ability of exercising agency and making use of their own strengths and resources to develop ways of ensuring their protection. Encouraging children to engage and participate in the decisions made in their lives, enhances their developmental abilities. In order to achieve the balance between allowing children to participate and ensuring a child's best interest, it is important to look at the following factors: the strengths and abilities of the child; the various risk factors; the various resources and support systems available to the child; the child's comprehension of the risk factors; and the child's views and opinions (Lansdown, 2001:19).

The Canadian Mental Health Association (1995:3) defines child participation as the process that "involves recognising and nurturing the strengths, interests, and abilities of young people [children] through the provision of real opportunities for youth [children] to become involved in decisions that affect them at individual and systemic level." Whilst a strengths perspective is vital in the process of facilitating children's participation within multi-disciplinary meetings, various challenges exist in the implementation process.

Challenges of implementing a strengths perspective

The following challenges with regards to the implementation of a strengths perspective in the context of child protection in general and within a child and youth care centre will be discussed below: change in mindset; high staff turnover; and time constraints.

Change in mindset

Various challenges exist in the implementation of a strengths perspective within the field of child protection. One of the biggest challenges is the change in mind shift for both professionals and clients from a deficit approach to an individualised, strengths perspective. This is particularly relevant given the various risks factors that are present in child protection cases such as physical, emotional or sexual abuse, addiction, and domestic violence in some of the families (The National Technical Assistance and Evaluation Center, 2008:3). Furthermore, most families whose children have been placed into alternative care have not done so voluntarily and this sometimes creates resistance.

High staff turnover

Another challenge that exists within the field of child protection is the high turnover of staff which may hinder the sustainability of an individualised, strengths perspective when working with families (The National Technical Assistance and Evaluation Center, 2008:4). High turnover, especially with regards to social workers and child and youth care workers, may lead to low staff morale and high caseloads for those who remain in the organisation, and this may eventually cause the child to experience feelings of rejection and unimportance. Furthermore, staff needs to be trained in the methods of care philosophy, principles and practices, which could be time-consuming and frustrating if new staff needs to be trained continually due to the staff turnover.

Time constraints

Time constraints remain a challenge within the field of child protection due to large caseloads, which in turn limits time spent with children (The National Technical Assistance and Evaluation Center, 2008:4). Furthermore, within the context of this study, child and youth care workers work with up to fourteen children at a time (RSA, 2005) which also may cause them to become focused on other aspects rather than spending time with a child and focusing on his or her strengths.

These challenges prove that a strengths perspective cannot be applied in isolation. In fact, various role players are needed in order to assist children in identifying and developing their strengths. This leads to the next theoretical framework, Bronfenbrenner's bioecological approach, where a child forms part of various systems.

6.3 CHILDREN'S PARTICIPATION: A BIOECOLOGICAL APPROACH

Within the field of social work there is a history of dealing with various phenomena using a systems-related approach (Wulczyn *et al.*, 2010:32). Over time, the systems approach to social work has developed to include ecological theory, the ecosystems perspective, the complexity theory as well as the field theory (Wulczyn *et al.*, 2010:32). The theoretical lens that was used in this study to look at the various systems evident in children's participation within multi-disciplinary meetings in child and youth care centres, is Bronfenbrenner's bioecological approach.

Bronfenbrenner's bioecological approach emphasises the significance of interrelationships within an environment (Palareti & Berti, 2009:1082). These interrelationships occur on various levels, namely microsystem, mesosystem, exosystem and macrosystem levels (Palareti & Berti, 2009:1082). Palareti and Berti (2009:1082) maintain that institutional care such as that which is provided by a child and youth care centre may not always be favourable to a child's development and that, from an ecological perspective, a child's development is not only linked to the direct actions of residential staff, but is also linked to the dynamic interaction between various systems indicated above (Palareti & Berti, 2009:1082). For example, children's participation within multi-disciplinary meetings is not only proportionate to the social worker's capacity to facilitate their participation in multi-disciplinary meetings, but also to the capacity of the child and youth care centre's staff to ensure their participation in daily decision making processes. It also includes the child's ability to participate in the decision making process, taking into account how their previous trauma and experiences may affect this process.

It is therefore impossible to view a child in isolation when looking at the process of children's participation within multi-disciplinary meetings in the context of child and youth care centres as there are various professionals who are also involved in this process. This is highlighted by Skivenes and Strandbu (2006:14) who maintained that participation is the "interaction with others that is concerned with identifying the meaning of that which comes to expression. Individuals are taken seriously and have influence, whereby others take up their expressions for consideration and discussion." This quote by Skivenes and Strandbu (2006:14) emphasises the significance and necessity of the various adult-child interactions within the process of children's participation within multi-disciplinary meetings. In order to comprehend the nature of children's participation within multi-disciplinary meetings in the context of child and youth care centres, it is essential that one looks at the dynamics within the various systems that may influence the functioning of a child and youth care centre while also focusing on the interactions between the children, the child and youth care workers and residential social workers as they form part of the environment.

Rosa and Tudge, (2013:243) maintain that Bronfenbrenner's theory developed considerably from 1970 until his death in 2005. The evolution of Bronfenbrenner's theory can be described in three phases from an ecological to a bioecological theory (Rosa & Tudge, 2013:243). While Bronfenbrenner considered his theory to be one of human development, it was evident

throughout the years that he believed that developing individuals are constantly influencing, and being influenced by, the environment.

The bioecological theory of human development, previously known as the ecological theory, was initially intended to describe the manner in which human development occurs, and the large impact that the environment has on this process (Rosa & Tudge, 2013:244). Bronfenbrenner clearly regarded development as something that takes place due to the interaction of individual and environment. In the development of his initial ways of thinking, Bronfenbrenner came to realise the significance of the role played by the individual; the impact of time; and proximal processes. Therefore, bioecological theory in its present state requires researchers to look at the environment in which the individual spends time and the relationships with others within the same environment; the individual characteristics of the individual (and the characteristics of those who he or she interacts with); the development in time in addition to the historical time wherein the individual lives; and lastly, the proximal processes.

It is therefore the researcher's aim to describe all these phases of Bronfenbrenner's theory and to look at how it developed into its current and final form (Rosa & Tudge, 2013:245).

Phase 1 (1973-1979)

Bronfenbrenner initially named his theory an ecological approach to human development, sometimes referring to it as a science or a theoretical perspective (Rosa & Tudge, 2013:245). He maintained that ecological studies explored the interconnectedness between the developing individual and the ever changing micro and macro context (Bronfenbrenner, 1979, 40). These interrelationships occur on various levels i.e. microsystem, mesosystem, exosystem and macrosystem (Palareti & Berti, 2009:1082).

Phase 2 (1980-1993)

During phase 2, Bronfenbrenner focused more on the role that the individual plays as well as developmental processes (Rosa & Tudge, 2013:248). He also focused on the notion of time, adjusted his views on the development of ecological environments (in particular the microsystem and macrosystem) and, most importantly, he formulated the Process-Person-Context model. During phase 2, Bronfenbrenner's aim was to demonstrate how the environment is conceptualised within modern research of human development and how this

addresses a gap that was identified in his Phase 1 writings. This gap was the absence of a description of the part that person characteristics played in the process of development. (Rosa & Tudge, 2013:248).

Phase 3 (1993-2006)

In the third and final version of Bronfenbrenner's theory, (called the bioecological theory or bioecological model of human development), he incorporated the Process-Person-Context-Time (PPCT) model to demonstrate how to administer bioecological research (Bronfenbrenner & Morris, 2006). He proposed that the four components of this model (process, person, context, time) had an influence on the development outcomes of human beings.

For the purpose of this study, the researcher utilised the final phase of Bronfenbrenner's approach as a theoretical framework. Tudge *et al.* (2009:202) maintained that, in order to apply Bronfenbrenner's mature theory appropriately it would be necessary to use at least three of the four Process-Person-Context-Time (PPCT) concepts which will be discussed below:

The interactions and exchanges between the people and the environment is known as *Process*. Within the context of this study, this would refer to the child and his or her interactions with the environment. These interactions could be between the residential social workers, designated social workers, child and youth care workers, and family members within a multi-disciplinary meeting in a child and youth care centre.

The second aspect refers to the personal characteristics and is called *Person* in Bronfenbrenner's bioecological approach. Bronfenbrenner maintained that three person characteristics could be identified: firstly, demand characteristics which refer to age, gender, ethnicity, and physical appearance; secondly, resource characteristics which refer to mental and emotional resources, as well as social and material resources; and thirdly, force characteristics which refer to temperament, motivation and persistence (Tudge *et al.*, 2009). These personal characteristics will have a direct impact on how children participate within multi-disciplinary meetings in a child and youth care centre. For example, a child who is five years old and very shy may struggle to participate. However, older children who are more confident may feel comfortable to participate in their multi-disciplinary meetings.

Context refers to the environment that includes the four interconnected systems: the microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner & Morris, 2006:820; Rosa & Tudge, 2013:253). The microsystem is any direct environment for the child, and may include the child and youth care centre where the child lives, the child's family home, the school and their peer group. However, it is important to note that the child will spend time in more than one microsystem and the interrelations between the various microsystems can be referred to as the mesosystem. The exosystem refers to the process whereby certain contexts will have an indirect impact on a child's development even if the child is not in that specific context at the time. For example, a social worker may have experienced a stressful morning at home before work, which in turn may limit the child participation that she allows within a multi-disciplinary meeting. The social worker's stress at home is an exosystem for the child as the child does not spend time in that context, but is indirectly affected by it. Lastly, Bronfenbrenner explained the macrosystem as a context which encompasses any group of individuals who share the same values or belief systems, "resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange" (Tudge, Mokrova, Hatfield & Karnik, 2009:201). The macrosystem therefore includes the remaining systems, which in turn influences all of the systems. For example, in order for the child to be influenced by a Christian set of values and morals prevalent in a child and youth care centre, these values need to be experienced in more than one of the microsystems where the child is situated (Tudge, Mokrova, Hatfield & Karnik, 2009:201).

According to Rosa and Tudge (2013: 253-254), the chronosystem involves events during an activity or interaction and is described as *Time*. Within the context of this study, time could refer to the following: children's interactions with residential and designated social workers, child and youth care workers and anyone else present during the multi-disciplinary meeting; all the multi-disciplinary meetings that the child has been part of; and also any changes in legislation with regard to children participating in multi-disciplinary meetings.

7. CONCLUSION

This section of the literature study has reviewed four typologies of participation in order for the reader to gain a comprehension of the process of participation, what it entails in order for

it to be meaningful and what the numerous benefits could include. However, in order to understand the facilitation of children's participation it was necessary to review literature through the different lenses of childhood and child development to see how this affects ensuring children's participation whilst also making decisions that are in the child's best interest.

The context of this study is within the field of child protection and specifically within a child and youth care centre which constitutes one type of alternative care. This context was explored along with the institutional mechanism of multi-disciplinary meetings within child and youth care centres. In addition, the literature provided insight on how children participate within multi-disciplinary meetings. An enabling environment plays a vital role in the process of children's participation and therefore aspects of relationships, power, facilitation and a social work intervention were discussed.

The purpose of this research study was to develop a social work intervention for the facilitation of children's participation within a multi-disciplinary meeting in a child and youth care centre and, in order for the social work intervention to be effective, it must be based on a sound theoretical framework. The following theoretical frameworks were utilised in the study: a rights-based perspective, a strengths perspective and Bronfenbrenner's bioecological approach.

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SECTION C

JOURNAL ARTICLES

Section C includes the following three articles:

Article 1: Experiences of children's participation within multi-disciplinary meetings:
Listening to the voices of children in a child and youth care centre

Article 2: Do children participate in multi-disciplinary meetings? The Perceptions of
residential social workers and child and youth care workers

Article 3: Facilitating children's participation within multi-disciplinary meetings:
Introducing guiding principles for child and youth care centres

ARTICLE 1:

EXPERIENCES OF CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS: LISTENING TO THE VOICES OF CHILDREN IN A CHILD AND YOUTH CARE CENTRE

This article will be submitted to the Social work/Maatskaplike werk academic journal for review and publication.

The Author Guidelines for publication in the journal will first be presented below, followed by the article as it will be submitted to the journal.

SOCIAL WORK/MAATSKAPLIKEWERK – AUTHOR GUIDELINES

Authors need to register with the journal prior to submitting or, if already registered, can simply send the Word document to hsu@sun.ac.za.

PLEASE DO NOT SUBMIT ARTICLES DIRECTLY TO THE JOURNAL.

The Journal publishes articles, book reviews and commentary on articles already published from any field of social work.

1. Contributions may be written in English or Afrikaans.
2. All articles should include an abstract in English of not more than 100 words.
3. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee.
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5. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice.
6. Articles of fewer than 2,000 words or more than 10,000 words are normally not considered for publication.
7. Manuscripts should be typed in 12 pt. Times Roman single-spaced on A4 paper size.
8. Use the Harvard system for references.
9. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "... (Berger, 1967:12).
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11. The sources must be arranged alphabetically according to the surnames of the authors.
12. Note the use of capitals and punctuation marks in the following examples.

TWO AUTHORS: SHEAFOR, B.W. & JENKINS, L.E. 1982. Quality field instruction in social work. Program Development and Maintenance. New York: Longman.

COLLECTION: MIDDLEMAN, R.R. & RHODES, G.B. (eds) 1985. Competent supervision, making imaginative judgements. New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION: DURKHEIM, E. 1977. On education and society. In: KARARABEL, J. & HALSEY, A.H. (eds) Power and ideology in education. New York: Oxford University Press.

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<http://www.public.iastate.edu/CYBERSTACKS/CTW.htm>

In terms of SANSO-014 our journal is classified as an approved research journal for the purpose of subsidy by the State. The Editorial Board has therefore decided that an amount of R200.00 (two hundred Rand) per page is to be paid for published articles by authors who are lecturing or doing research at Universities in the RSA.

EXPERIENCES OF CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS: LISTENING TO THE VOICES OF CHILDREN IN A CHILD AND YOUTH CARE CENTRE

Jessica Johannisen, Hannelie Yates and Carlien van Wyk

ABSTRACT

This article focuses on the voices of children on how they experience their participation within multi-disciplinary meetings in the context of a child and youth care centre. The aim of this article is to provide professionals working within this context with insight regarding how children experience their participation within multi-disciplinary meetings. Bronfenbrenner's bioecological approach was used as a lens to present the research findings. The findings revealed the following themes with regard to children and 1) their experiences of interactions and relationships within multi-disciplinary meetings; 2) their internal and external characteristics and resources; 3) the enabling environment of the multi-disciplinary meeting and 4) the process of multi-disciplinary meetings.

INTRODUCTION

According to Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act (RSA, 2005) all children of sufficient age and maturity have the right to participate in matters that affect them. Whilst the Children's Act (RSA, 2005) makes provision for children's participation within the context of child and youth care centres, there is no guarantee that this process is being implemented in practice (Jamieson, 2017:89). In South Africa, the government collects statistics on the number of children who have been placed in residential care, however, there seems to be a void in terms of monitoring the actual implementation of children's participation as a right in the context of residential care.

Over 21 000 children have been placed in child and youth care centres in South Africa (Jamieson, 2017:89) and the Children's Act (RSA, 2005) has established a high standard in terms of services provided to children who have been placed in alternative care. Both residential and designated social workers working with children who have been placed into child and youth care centres, use multi-disciplinary meetings to discuss the needs and progress of children in order to establish their individual development plans, care plans and permanency plans (Hall & Slembrouck, 2001:143; Johannisen, 2014:55; RSA, 2005). In a South African context, multi-disciplinary meetings in child and youth care centres aim to provide children with the opportunity to participate in matters affecting them (Johannisen, 2014:55; RSA, 2005). However, research on both a South African and international level (Cashmore, 2002:840; Johannisen, 2014:55; Sinclair, 1998:140-141) indicates that this does not always materialise in practice. In fact, research on an international level (Cashmore, 2002:840; Sinclair, 1998:140-141) has indicated that children experienced these meetings as "intimidating, boring, frustrating, disempowering and alienating". Although an analysis of South African law and policy conducted by Jamieson (2017:89) indicates that South Africa is committed to children's participation, there is unfortunately very little existing research that gives any indication of what is happening in practice.

Whilst there may be ethical implications (Schenk & Williamson, 2005:iv) of including vulnerable children in research, the findings of this study would not have been as insightful if children had not been included. The necessary ethical precautions were put in place to ensure

that the children were protected from any harm. According to Schenk and Williamson (2005:iv), in order to understand the experiences of children and thus improve their lives, it is necessary to involve them in research projects. Children are most able to provide accurate information regarding their own lives and experiences and for this reason their perspectives on matters that directly affect them are important (Schenk & Williamson, 2005:2). Furthermore, children have the right to express their views about matters which affect them (RSA, 2005; UN, 1989). This means that in order to determine if children within child and youth care centres are participating in matters that affect them, it is necessary for children to be involved in providing information about their experiences. A decision was therefore made to include children in this specific study as children could provide meaningful information regarding their experiences. Children may have different experiences of their participation in multi-disciplinary meetings to those of the adults involved, and their views can therefore be beneficial.

This article begins by outlining the context of the child and youth care centre, as well as multi-disciplinary meetings. With this framework in mind, the article aims at looking at children's participation in general within an international and South African context. The paper then concludes by exploring children's experiences of their participation in a child and youth care centre using Bronfenbrenner's bioecological approach as a lens when presenting the data.

From this discussion the following research question was formulated:

How do children experience their participation within multi-disciplinary meetings in a child and youth care centre?

CHILDREN'S PARTICIPATION

Over the past two decades there has been an increase in focus on children's participation and children's rights in society and legislation (Cele & Van der Burgt, 2015; Gal, 2017; Johannisen, 2014; Moyo, 2015; Nolas, 2015; Van Bijleveld, Dedding, Joske & Bunders-Aelen, 2015; Vis & Fossum, 2013; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009). Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act 38 of 2005 (RSA, 2005) highlight that all children have the right to be heard and to have their views taken into consideration during decision making processes. 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 the light of their age and maturity.

While there has been an increase in children's participation in multi-disciplinary meetings in recent years, it remains a complex matter especially as it involves children being informed of and involved in issues that are viewed as adult issues (Vis *et al.*, 2012:10). There are often many adults involved in decisions about the lives of children who have been placed into alternative care and the decisions made are also often more complex than those regarding children who are in their parents' care (Leeson, 2007:268; Pölkki, *et al.*, 2012:108). So, instead of only one or two adults being involved in the decision making process, role players

such as social workers, child and youth care workers, managers and parents will be involved if a child is placed in a child and youth care centre.

Children's participation should be viewed as a process, rather than a once-off activity (Jones, 2010:6). Furthermore, it can be described as a means of children being "involved in making decisions, planning and reviewing an action that might affect [them]. Having a voice, having a choice" (Jones, 2010:5). When children's participation is facilitated effectively, children acquire new skills, their confidence and knowledge is increased and it allows children to see that their views and wishes are respected and taken into consideration (Jones, 2010:6). The UNCRC (UN, 1989) has 54 articles which highlight the various rights of children. The following articles are particularly relevant in this context: Article 2 – Non-discrimination; Article 3 – Child's best interest; Article 4 – Protection of rights; Article 5 – Evolving capacities of children; Article 12 – Respect for the views of the child; and Article 17 – Access to information.

It is evident from the literature that children's participation is a process that they should be involved in on a day-to-day basis and in various contexts. Legislation (RSA, 2005; UN, 1989) is not specific about when and where the process should take place and it should therefore be assumed that all adults should encourage the participation of children. However, for the purpose of this study, the focus will be on children's participation within multi-disciplinary meetings in a child and youth care centre.

A CHILD AND YOUTH CARE CENTRE

Many families within the South African context find it a challenge to care for their children and this may be largely due to two reasons (South African Human Rights Commission, 2011). Firstly, South Africa has a history of socioeconomic inequalities, violence, discrimination and social disturbance as a result of apartheid. This has resulted in elevated levels of domestic violence, substance abuse, sexual abuse and neglect. Secondly, South Africa has the highest number of people affected by HIV/AIDS in the world (UNAIDS Report on the global AIDS epidemic, 2012:8). Consequently many children have been orphaned. According to research conducted by Chiumia (2014), there are between 3.4 to 4 million orphans in South Africa, of whom at least half have lost one or both parents to AIDS, while it is estimated that 150,000 children are living in child-headed households.

Children who have been victims of abuse, neglect or abandonment may be found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005) by the presiding officers of the children's court and they may consequently be placed into foster care, temporary safe care, foster cluster homes, child and youth care centres, or they may be adopted. According to chapter 13 of the Children's Act (RSA, 2005), child and youth care centres form part of residential care facilities that accommodate and care for six or more children. Alternative care facilities, including child and youth care centres, are expected to provide appropriate residential care, protection, developmental and therapeutic programs according to the needs of the children (RSA, 2005). All child and youth care centres in South Africa are therefore required to ensure that their services are in line with the Children's Act (RSA, 2005). Within the context of child and youth care centres, multi-disciplinary meetings act as an institutional mechanism that provides an opportunity for children to participate in the decisions made in their lives (Johannisen, 2014:54).

MULTI-DISCIPLINARY MEETINGS

On an international level the meetings which provide a platform for decisions to be made in children's lives include: child protection conferences, case conferences, review meetings and family group conferences (Campbell, 1997:1; Cashmore, 2002:840; Dalrymple, 2002:287; Hall & Slembrouck, 2001:143; Vis, Holtan & Thomas, 2012:8). Within a South African context these meetings are referred to as: family conferences, family group conferences, panel discussions, reviews and multi-disciplinary meetings (Johannisen, 2014:55; RSA, 2005). For the purpose of this study, in order to be in accordance to current South African legislation (RSA, 2005), the term "multi-disciplinary meeting" will be used.

The Children's Act (RSA, 2005) indicates that a child's permanency plan, care plan and individual development plan should be reviewed every six months in terms of regulation 55(3). The purpose of reviewing the placement regularly is to determine whether the placement is still in the child's best interest and also to determine if family reunification could take place. Furthermore, multi-disciplinary meetings provide a space where children and adults are able to engage and consequently make important decisions in the lives of children (Johannisen, 2014:54). These meetings therefore provide an opportunity for children in this context to be part of the decisions made in their lives (Sinclair, 1998:137). The team present at the multi-disciplinary meetings may include social workers, child and youth care workers, as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders and occupational therapists (RSA, 2005). Multi-disciplinary meetings can be either an intimidating or an enabling environment for children in need of care and protection. For the purpose of this article it was important to ask children and specifically adolescents, how they experience their participation in the context of multi-disciplinary meetings in a child and youth care centre.

ADOLESCENCE

Adolescents were included in this research study in order to ensure that children on the researcher's caseload were not included as participants. The reason for this exclusion was the ethical implications involved in conducting research on children with whom one has close working relationships. The researcher is employed as a residential social worker at one of the three child and youth care centres that agreed to be part of the study.

The stage of adolescence can be understood from both a developmental psychology perspective and a youth lens. Adolescence refers to the stage that is between childhood and adulthood, where various physical, emotional, cognitive and emotional changes take place (Hall-Lande, Eisenberg, Christenson & Neumark-Sztainer, 2007:265; Louw, 1997:505; Shaffer & Kipp, 2013:7; Spano, 2004:1-3). Children between the ages of 12-18 years fall into Piaget's Formal Operational Stage of cognitive development (Cherry, 2017). This means that during this stage adolescents are able to start thinking logically, reason deductively and that they have some understanding of abstract ideas (Cherry, 2017) which in turn may allow for more in-depth reasoning in decisions that affect their lives. However, a criticism of Piaget's developmental model is that children sometimes develop certain skills before the stage that he has indicated (Ansell, 2005:16). This is often due to children coming from different

backgrounds and being exposed to different experiences. Lev Vygotsky concurs that a child's development needs to be understood in relation to the child's context (Ansell, 2005:16).

From a youth lens, adolescence is recognised as a socially constructed category in the same way as gender, ethnicity, class and sexuality (Petrone, Sarigianides & Lewis, 2015:508). This means that the concept of adolescence is understood differently by various individuals in different contexts (Petrone, Sarigianides & Lewis, 2015:509). Therefore using a youth lens allows for one to build on the existing knowledge in order to understand the socially constructed nature of adolescence and how the adolescents' experiences are facilitated by "discourses, practices, and policies involving them" (Petrone, Sarigianides & Lewis, 2015:509). This means that adolescence is not a universal experience and that adolescence will be experienced differently by different people depending on their position and circumstances. This is confirmed by Trinder (1997:291) who maintains that the way in which professionals perceive children and "childhood" has a direct effect on how they treat them. Depending of the subjective perceptions of the professional, children might be seen as helpless and defenseless, or independent and capable.

It is evident that developmental psychology and the youth lens perceive the stage of adolescence quite differently. Whilst developmental psychology is very specific in terms of the ages of children that fall into the stage of adolescence, the youth lens recognises that the stage of adolescence is flexible and that context, together with people's perceptions, should be taken into consideration. Conceptions of "childhood", "child", "adolescence", as well as child-adult communication differs across cultural backgrounds and has a direct impact on children's participation. In numerous cultures around the world, children are not entitled to express their views and wishes and are instead are required to unhesitatingly obey the adults in their lives (Ruiz-Casares, Collins, Tisdall, & Grover, 2017:6). Within the South African context, cultural diversity plays a significant role in terms of how adults view children and the roles that they should play (Moses, 2008:331).

Although the children who took part in this study were in the developmental stage of adolescence, literature uses the terms "children" or "child" with regard to the process of children's participation. The developmental stage of adolescence is therefore included within these terms.

THEORETICAL FRAMEWORK

The bioecological approach of Bronfenbrenner was used as a theoretical framework for this study. According to Rosa and Tudge (2013:243), Bronfenbrenner's theory changed considerably from 1970 until his death in 2005. Bronfenbrenner's theory focused on human development; however, he believed that individuals are continually influencing, and being influenced by the environment. The bioecological approach therefore highlights the importance of interrelationships within an environment (Palareti & Berti, 2009:1082).

The final version of Bronfenbrenner's theory (from 1993-2006), is called the bioecological theory or bioecological model of human development and it incorporates the Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Morris, 2006). Bronfenbrenner and Morris (2006:793) described the bioecological model as "an evolving theoretical system for the scientific study of human development over time". The theory suggested that the following four components had a simultaneous impact on the development outcomes of people:

process, person, context and time. The PPCT model was used in exploring children's experiences of their participation in multi-disciplinary meetings within the context of a child and youth care centre.

The concept *proximal process* lies at the core of Bronfenbrenner's PPCT model. According to Tudge *et al.*, (2003:46), a proximal process is the everyday contact between the individuals, symbols and objects in their environments. Furthermore, Bronfenbrenner (1995:620) claims that typical day-to-day activities that involve children and those who share their environment, are parent-child or child-child interactions; group or isolated play; activities that develop additional skills; reading; and watching television. He maintains that these activities are the basis for children's development. Therefore, within the context of this study, proximal processes refer to the interactions between children, residential social workers and child and youth care workers within multi-disciplinary meetings in the child and youth care centre.

According to Evarts (2016), a relationship can be described as "a series of interactions where dependency and/or expectation are created". This means that interactions are embedded in a relationship between individuals and, in order for a relationship to develop, interactions that create dependency and expectation between two or more people need to be fostered. Whilst Bronfenbrenner identifies the proximal process as the interaction between the individuals, symbols and objects in their environments, for the purpose of this article, the term relationship will be used.

In the early stages of the development of his theory, Bronfenbrenner emphasised the significance of the personal characteristics that individuals bring with them to any social situation, referring to *person* in the PPCT model (Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:200). Three different types of person characteristics were highlighted by Bronfenbrenner, namely *demand*, *resource*, and *force characteristics*. Personal features such as age, gender, ethnicity, and physical appearance are referred to as demand characteristics and Tudge *et al.*, (2009:200) highlights that these characteristics may influence initial interactions as individuals may form certain opinions immediately. Resource characteristics on the other hand are not initially visible. These include mental and emotional resources (past experiences, skills, attitudes, beliefs and intelligence) as well as social and material resources (food, housing, education and opportunities) (Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:200). Lastly, force characteristics refer to differences in temperament, motivation and persistence.

The environment, which involves four interconnected systems, refers to *context* in the PPCT model. These systems are termed the *microsystem*, *mesosystem*, *exosystem* and *macrosystem* (Bronfenbrenner & Morris, 2006:820; Christensen, 2010:102; Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:201). The microsystem is the system closest to the individual and there is constant contact between the individual and the system. Within the context of this study, the microsystem could be the child and youth care centre, the child's home and the child's school. A child will be in contact with more than one microsystem and this interaction between microsystems is called the mesosystem. An example of a mesosystem within the study would be contact between the social workers, and the children's teachers or families. The exosystem refers to the system that impacts indirectly on the child's development even if the child is not an active participant in that system. For example, changes in the Children's Act or policies within the organisation will have an impact on the child. Lastly, the macrosystem is the cultural environment where the child lives. It therefore includes any

group of individuals who share the same values or belief systems, “resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange” (Tudge, Mokrova, Hatfield & Karnik, 2009:201). The macrosystem therefore includes the remaining systems, which in turn influences all of the systems.

The concept of *time* in the PPCT model was extended to include the events over the course of an activity or interaction, as well as historical time (Rosa & Tudge, 2013:253-254). Bronfenbrenner and Morris (1998:820) described three levels of time: *micro-time* (refers to what is happening during the activity or interaction), *meso-time* (refers to the extent to which these activities and interactions occur with some constancy in an individual’s environment) and *macro-time* (the chronosystem where interactions between systems influence the individual’s development). To put time within the framework of this study, micro-time could refer to the children’s interactions with residential social workers and child and youth care workers during the multi-disciplinary meeting; while meso-time could refer to the various multi-disciplinary meetings that the child is part of whilst being placed at the child and youth care centre. Lastly, macro-time could refer to a change in expectations in the larger society and within legislation with regard to children participating in multi-disciplinary meetings.

AIM

The aim of this study was to explore and describe children’s experiences of their participation in multi-disciplinary meetings within a child and youth care centre.

METHODOLOGY

The researcher made use of a qualitative phenomenological design (Babbie, 2014; Fouché & De Vos, 2011; Fouché & Delpont, 2011). A non-probability sampling technique, purposive sampling (Donalek & Soldwisch, 2004:356), was used to ensure that the child participants in the research had sufficient knowledge and experience of the phenomena being researched. Individual semi-structured interviews (Welman, *et al.*, 2005:166) were conducted with the children. The researcher made use of an interview schedule that was established and developed in a language suited to the reading ability of the participants. Furthermore the interview schedule was reviewed and approved by the Department of Social Development’s research committee, as well as the HREC. Prior to the individual semi-structured interviews, an interview was held where the children were asked to create a collage on their experience of their participation within multi-disciplinary meetings. This interview allowed the researcher to start building a relationship with the children. The purpose of using the collages was to create more awareness in the children regarding the how they experienced their participation within multi-disciplinary meetings.

PARTICIPANTS

The researcher obtained a list of all the child and youth care centres in the Cape Peninsula, South Africa, from the Department of Social Development. Once these details were received, the researcher invited 31 registered child and youth care centres in the Cape Peninsula to be part of the research study. Three child and youth care centres accepted the invitation to be part of the study.

The inclusion criteria for the study was as follows:

- The children must have been placed at one of the child and youth care centres that agreed to be part of the study.
- The children must have had at least one multi-disciplinary meeting whilst being placed at the specific child and youth care centre.
- Children needed to be between the ages of 12 and 18 years.
- The child participants needed to be able to speak either English or Afrikaans as these are the two languages that the researcher is able to communicate in.
- Any child meeting the above criteria was able to participate regardless of ethnicity, gender, or religion.
- Participation had to be voluntary.

Fifteen children from three child and youth care centres in the Cape Peninsula, South Africa agreed to take part in the study. It is evident in the table below that there were more female participants than male participants. One of the reasons for this is that one of the child and youth care centres only catered for females.

The table below contains the biographical data of participants.

Table 1: Biographical data of participants

Participant	Male/Female	Age	Language
1	Female	17	English
2	Female	16	English
3	Female	13	Afrikaans
4	Female	13	English
5	Female	15	English
6	Female	15	Afrikaans
7	Male	14	Afrikaans/English
8	Female	15	Afrikaans
9	Female	15	English
10	Transgender	15	Afrikaans
11	Female	16	Afrikaans
12	Female	15	English
13	Male	15	Afrikaans
14	Female	14	Afrikaans
15	Male	14	Afrikaans

PROCEDURES

Approval for the study was received from the Ethics Committee at the North-West University (Ethics No: NWU-0126-14-S1) as well as the Department of Social Development.

The managers of the various child and youth care centres acted as gatekeepers (Lavrakas, 2008) and were asked to discuss the research with the residential social workers. The residential social workers then acted as mediators between the researcher and the children. The residential social workers discussed the research with all the children who met the inclusion criteria and invited them to be part of the study. As the residential social workers

were therefore responsible for the recruitment of the children, they needed to obtain assent from the children who were under the age of 18 years. The children who indicated that they wanted to be part of the study provided the residential social worker with a written informed assent form.

A written informed consent form (Creswell, 2009:8; Padgett, 2008:65) was also completed by the custodians (the managers of the child and youth care centre) for the child participants under the age of 18 years. The children were provided with English and Afrikaans assent forms. Arrangements were made to conduct the individual semi-structured interviews in a child friendly space at each child and youth care centre and each interview lasted about 30-60 minutes. All interviews were audio recorded and transcribed.

DATA ANALYSIS

The researcher made use of thematic analysis to identify and analyse the interviews within the research. The following steps were used to analyse the collected data as presented by Terre Blanche *et al.* (2006:322-326): familiarisation and immersion, inducing themes, coding, elaboration, and interpretation and checking. This led to the identification of certain themes, subthemes and categories.

TRUSTWORTHINESS

The trustworthiness of the qualitative study was ensured by applying Lincoln and Guba's model of trustworthiness. This model focuses on the following four aspects: credibility, transferability, dependability and confirmability (Schurink, Fouché & De Vos, 2011:419-420).

In order to ensure credibility, the researcher used collages and conducted individual semi-structured interviews with 15 children from three different child and youth care centres. Transferability was ensured by providing a thorough description of the process, context and participants involved in the research. The dependability of the research was attained by ensuring that the research process was coherent, well developed and reviewed. This was done through regular supervision. Lastly, the researcher ensured confirmability by keeping proof of all the verification that validates the findings and the analysis (Schurink *et al.*, 2011:421).

ETHICAL CONSIDERATIONS

The following ethical aspects (Creswell, 2009:8; Hofstee, 2006:210; Padgett, 2008:69; Strydom, 2011:113-129; Willig, 2008:19; Whittaker, 2010:18,111,115,117) were taken into consideration within the study:

The researcher ensured that the information obtained during data collection was handled in a confidential manner by ensuring that the names of participants were not linked to the contents of the data-capturing forms except through the confidential code that was only familiar to the researcher. The identities of the participants were not linked to the collected data that was made available for analysis, which ensured anonymous reporting of data. The participants' right to privacy, anonymity and confidentiality was maintained by ensuring that documents which linked names to data were securely stored at all times on the researcher's password protected computer. Confidentiality was maintained by means of password-protected documents on the computer of the researcher. Only the researcher had access to this data.

Risks in terms of conducting this research with vulnerable children could cause the children emotional discomfort. After each interview, the researcher had a discussion with the children and offered a referral to an external counsellor. However, no participants identified a need for further counselling.

DISCUSSION OF THE FINDINGS

The analysis of the interview transcripts revealed four main themes, namely:

(1) children's experiences of interactions and relationships within multi-disciplinary meetings; (2) children's internal and external characteristics and resources; (3) the enabling environment of the multi-disciplinary meeting and (4) the process of multi-disciplinary meetings.

The themes are illustrated in Table 2 below to provide clarity on how each of these refer to the PPCT concept of Bronfenbrenner's bioecological approach. The themes, with their subthemes and categories, will be discussed and illustrated with examples from the individual semi-structured interviews, and will be compared with relevant literature. For the purpose of this discussion, participants will be referred to as children.

Table 2: Thematic presentation of children's experiences of their participation within multi-disciplinary meetings in a child and youth care centre.

THEME	SUBTHEME	CATEGORY
<i>Proximal Processes</i> Interactions and relationships within multi-disciplinary meetings	The relationship between the child and residential social worker	• The significance of a positive relationship • Children's expectations of the relationship with the residential social worker
	The relationship between the child and designated social worker	• Deficiencies in the relationship between the child and the designated social worker • The effect of designated social workers having high caseloads
	The relationship between the child and the child and youth care worker	• Limitations of the relationship • Experiences of a positive relationship with the child and youth care worker
	The relationship between the child and his/her family	• Limitations of the relationship • Elements of a positive relationship
<i>Person (micro)</i> Internal and external characteristics and resources.	Internal challenges	• Feeling unprepared
	Internal strengths	• Evolving capacity of children • Faith/Religion

	Internal characteristics	• Temperament/ personality
<i>Context</i> The enabling environment of the multi-disciplinary meeting	Micro level	• The venue in reality • Suggestions of an enabling environment • The use of child friendly language during the meetings • Power and control • The negative reactions of people within the multi-disciplinary meeting
	Meso level	Support received from: • Family • Social worker • Child and youth care worker
	Macro level	• Legislation: Children's rights to participate
<i>Time</i> Chronosystem: Children's interactions with residential social workers and child and youth care workers.	Before the multi-disciplinary meeting	• Preparation for the multi-disciplinary meeting • Feelings experienced before the meeting
	During the multi-disciplinary meeting	• Purpose of multi-disciplinary meetings • Feelings experienced during the meeting
	After the multi-disciplinary meeting	• Emotional support • Feelings experienced after the meeting

Theme 1: Children's experience of interactions and relationships within multi-disciplinary meetings (*proximal processes*)

Proximal processes refer to the interactions and relationships (Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:621) within multi-disciplinary meetings. Within this study, the focus was on the interactions and relationships between the child and the residential social worker, designated social worker, child and youth care worker and family.

Children within the study highlighted the value of having a *positive relationship* with their residential social worker and mentioned that having this relationship allowed for them to feel more "*comfortable*" (participant 4) within multi-disciplinary meetings thus contributing to their participation in a positive manner. Children experienced "*happiness*" from having their residential social workers "*by my side*" and "*standing by me*" and this in turn boosted their "*confidence*" (participant 9). Many authors (Bell, 2002:6; Ruch, 2005:113) associate the importance of relationships within the care system with attachment theory. Bell (2002:6) uses the term 'secondary attachment' to define the relationship between the child and social worker. While the social worker does not replace the role of the parent, the relationship does

resemble some aspects of a parental role in ensuring the child's best interest. Ruch (2005:113) highlights that a positive relationship between the child and the social worker is an essential medium for intervention with a child. Positive relationships have various benefits including creating a therapeutic and supportive milieu, offering children hope and allowing for the mutual participation of client and social worker in assessing the situation and then developing an appropriate individual development plan (de Boer & Coady, 2007:39). Participant 11 mentioned that having a positive relationship with her residential social worker allowed her to feel comfortable to share information with her which in turn developed their relationship. Gallagher *et al.* (2012:76) highlights that only engaging with a child without having a meaningful relationship is not likely to encourage participation at a multi-disciplinary meeting. Bell (2002:2) concurs, revealing that children are only able to exercise their right to participate in the decision making process when they feel safe and secure in the relationship with their social worker. Vis *et al.* (2012:13) confers that it is beneficial for the case manager of the child - known as the residential social worker in this context - to have a positive relationship with the child as this allows the child to express how they feel in an honest manner. Furthermore, a positive relationship allows the residential social worker to evaluate more accurately whether the child's statements are a true reflection of how they feel.

Not one child in this study experienced a positive interaction with their designated social worker. Participant 11 said that the *deficiencies in the relationship* with her designated social worker actually hindered her participation as she did not feel "*comfortable*" speaking in front of her and she did not "*trust her*". Meaningful relationships could not develop as children said that they did not have regular contact with their designated social workers and sometimes met them for the first time at their multi-disciplinary meetings. This is supported by Cashmore (2002:843) who found that there is often a high staff turnover in child protection agencies. The children justified the lack of contact by explaining that their designated social workers had *high caseloads* which limited the time they could spend with them. The children seemed to understand why there were deficiencies in the relationships with their designated social workers, however it still made them feel unimportant and as if they "*are just another file in the cabinet*" (participant 9). Whilst there was some form of relationship or interaction with their designated social worker, it was evident that the nature of the relationship was not suitable in terms of the children's expectations and needs. This is confirmed in a study conducted by Pölkki *et al.* (2012:119) where social workers admitted that, whilst it was their desire to spend more time with children, in reality they usually met the child for the first time in the multi-disciplinary meeting.

Within a child and youth care centre, child and youth care workers act as the primary carers for children. They therefore work with the child on a daily basis in their life space (RSA, 2005). According to Van Weezel and Waaldijk (2000), working in a child's life space means working:

. . . within the daily living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way.

The children in this study had very mixed responses regarding their experiences of their interactions with the child and youth care workers. Some children found it "*difficult*" (participant 9 and 12) to open up to their child and youth care workers which in turn impacted

the child and youth care workers' ability to "*understand*" (participant 12) the child. On the other hand, there were some children who felt supported by their child and youth care workers and felt that they were "*gentle*" (participant 7) "*kind*" (participant 7 and 9) and "*patient*" during the multi-disciplinary meeting (participant 9). Participant 9 also said that her relationship with her child care worker helped her in her multi-disciplinary meetings especially when her parents were in conflict, whilst another child mentioned that it was easier to speak to her child and youth care worker because they had a "*bond*".

Children who have been placed in child and youth care centres have been found in need of care and protection and cannot be in the care of their parents (RSA, 2005). It is therefore not surprising that some children did not experience a positive interaction with family members within their multi-disciplinary meetings. Participant 9 confirmed this by saying: "*It's very difficult opening up to my mother, because we don't have that relationship.*" Participant 1 highlighted that her poor relationship with her sister had an impact on her participation in her multi-disciplinary meeting, explaining that "*we don't have that relationship of speaking and when they call her in I'm not gonna feel comfortable speaking about whatever issue I have*". However, some children experienced empowerment and confidence in their multi-disciplinary meetings because of the positive relationships they had with various family members. Participant 12 even felt that her mother gave her the "*courage*" to verbalise herself in her multi-disciplinary meetings because her mother would "*stand by [her]*". Participant 9 said that her relationship with her father allowed her to "*speak my heart out ... I trust him and I know that he won't at least shout at me in front of everyone*". Therefore children are in need of trusting relationships where they feel protected from the fear of being shamed in front of others.

Theme 2: Children's experience of their internal and external characteristics and resources (*person*)

The *person* characteristics as described by Bronfenbrenner (Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:621) not only includes mental and emotional resources, but also religion and temperament. Hence, this theme describes the children's experiences of their internal and external characteristics and resources.

As part of the children's internal challenges, they often felt *unprepared* for their multi-disciplinary meetings. According to literature (Sinclair, 1998:140), the lack of preparation leads to children experiencing a sense of discomfort. The children in this study identified that they felt they did not know what to expect in their multi-disciplinary meetings as social workers failed to prepare them prior to the meeting. This is evident in quoting participant 9: "So that I can know what's going to happen and what's going on around me, so that when something happens, I'm not caught off guard, so that I'm actually aware of what's going to happen." Thomas and O'Kane (1999:225) confirm that preparation prior to a multi-disciplinary meeting allows for discussions to take place in a less intimidating environment. The children in the study also indicated that they wanted to know what would be discussed, who would be present and how the meeting would be facilitated. Participation is a process that needs an investment of time and energy by social workers (Thomas & O'Kane, 1999:228). Preparation prior to the meetings can also ensure that the social workers work with the child at an adequate pace to promote participation (Thomas & O'Kane, 1999:228).

Children in the study were able to address any negative feelings associated with multi-disciplinary meetings with their internal strengths. These internal strengths included their

evolving capacity and their *faith in God*. Children experienced an increase in confidence the older they became, and they felt that their age and maturity allowed them to have a better understanding of the discussions in the multi-disciplinary meetings. Both participant 9 and 12 also maintained that children are quite *mature* and could therefore participate actively in their multi-disciplinary meetings. According to both Piaget and Erikson, during adolescence, the young person is transitioning from childhood to adulthood in terms of both their cognitive and psychosocial development (Cherry, 2017; McLeod, 2008). This means that children are starting to mature and develop the ability to think about abstract issues such as participation. In accordance with the youth lens, context and exposure to difficulties in life also contribute to emotional and social intelligence in children (Schenk & Williamson, 2005).

An internal strength that three children mentioned in the study was their faith in God. Participant 12 said that God gave her the “*strength*” to cope in the meeting, whilst Participant 13 mentioned that praying to God allowed her to remain calm and not shout at the adults in the meeting. The children therefore experienced God’s strength and calmness during the meeting. This was also evident in a study conducted by Raftopoulos and Bates (2014:160) who found that children often used their religion or spirituality as an important support in dealing with the challenging experiences.

Many of the children commented on their internal characteristics when referring to their *personality* or *temperament* as either being a strength or a weakness. Participant 9 felt that children were “*shy*”, “*not open*” and “*awkward*”, that this would hinder their participation in multi-disciplinary meetings. On the other hand, children who were “*quick with [their] mouth*”, comfortable to talk (participant 2) and keen problem solvers, were more comfortable to express themselves and thus to participate actively in their multi-disciplinary meetings. This is confirmed by Thomas and O’Kane, (1999:223) who maintain that a child’s personality, capability and confidence influences their level of participation.

Theme 3: Children’s experiences of the enabling environment of the multi-disciplinary meeting (context)

The third theme refers to the *context* as described by Bronfenbrenner (Rosa & Tudge, 2013:253; Tudge *et al.*, 2009:621).

On a micro level, the children felt that the *venue where the multi-disciplinary meetings* were held was “*comfortable*” and “*professional*” and that it was a space where everyone was out of their comfort zone. Whilst the multi-disciplinary meetings were held in various venues across the three child and youth care centres, the general experience from the children was positive. One aspect that was raised about the venue was that it was in a space where no one else could hear the discussions, thus ensuring confidentiality. Ensuring a child friendly environment is highlighted by the following quote in the research paper called “*Participation in Our Village*”:

Children and young people responded well when meetings were organised specifically for them...but less well when they were asked to attend meetings designed for adults. (Forum for Rural Young People and Children, 2005:10).

The study revealed that multi-disciplinary meetings were held in various formal and informal venues. These included the social worker’s office (at the child and youth care centre or at the designated social worker’s organisation), a conference room, or a lounge in one of the

houses. Many of the children felt that sitting around a big table was too formal and that they would feel more comfortable to participate in an informal venue (participant 9 and 12). Children in this study expressed the need for the room to have a door that is closed so that the matters being discussed in the room could be kept confidential and would not be heard by people walking past. Whilst two children were comfortable with the meeting being held in their residential social worker's office as they identified this as a safe place (participant 1 and 4), a few children mentioned that the residential social worker's office was too small and that it was beneficial for the multi-disciplinary meeting to be held in a neutral environment, where everyone is out of their "comfort zone" (participant 2). This is evident in the following two quotes: *I like this room, ja. Everyone's out of their comfort zone, very professional*" (participant 2); and *"Yes, I actually feel very comfortable in her [social worker] office. It's because like when we used to come out of school and we would go there..."* (participant 1). Healy, Darlington and Yellowless (2012:8) suggest that a welcoming environment can be created by providing refreshments for those in the meeting. They also stress the importance of choosing a venue which is non-threatening and both culturally and age appropriate (Healy *et al.*, 2012:11).

Whilst the children in the study experienced the venue quite positively, they did not experience the use of *child friendly language* in the meetings. The children often felt that they did not understand what was being said in the multi-disciplinary meetings as the adults would make use of "high words". This resulted in them feeling "stupid" and incompetent. Children indicated that social workers often made reference to the Children's Act (RSA, 2005) which caused them to not understand what was being said. Creegan, Henderson and King (2006) emphasise that the lack of child friendly language in multi-disciplinary meetings hinders children's participation as children cannot fully participate if they do not understand what is being discussed. Lundy (2007:66) therefore maintains that the process of participation can be encouraged by using simple and understandable language and avoiding the use of social work terminology. It became evident in the research conducted by Thomas and O'Kane (1999:228) that the quality of children's participation is promoted through providing information in a child friendly language and encouraging children to verbalise their thoughts and feelings.

Another aspect that formed part of the micro level was the negative *reactions of people* within the multi-disciplinary meeting. Children experienced feelings of embarrassment and disappointment by the levels of conflict between adults in the meetings. One child felt that her parents "*attacked*" (participant 12) her whilst another child said that her dad would "*go off at*" her (participant 8). Children did not experience the high levels of conflict in a positive way. This is confirmed by Dalrymple (2010:289) and Holland and O'Neill, (2006:109) who found that children experienced some distress when they witnessed arguments and conflict in the multi-disciplinary meetings.

On meso level, the children discussed their experience of the *support they received* from various groups of people: their family, their residential social workers and their child and youth care workers. In a study conducted by Cossar *et al.* (2014: 11) it was established that children often felt unprepared and unsupported by adults. Children in the study indicated that they received support from their parents and other family members and this made them feel "*loved*". Participant 9 illustrated the support she received from her mother in the following quote: *"She [mother] gave me courage... you know that if you say something and someone attacks you, she is going to stand by you... she was like my lawyer."* Children also felt that they received support from their residential social workers. They indicated that their residential social workers tried to make them feel better by making jokes and supported them

when their parents “*got out of hand*” (participant 9). Furthermore participant 12 mentioned that she felt confident with her residential social worker by her side and that this made her feel happy. Lastly, some children indicated that they received emotional support from their child and youth care workers. However, two children did not experience the support received from their child and youth care workers in a positive manner. One child said she felt that her child and youth care worker was “*forcing herself to be supportive*” (participant 12) and therefore the support did not feel genuine. Participant 9 said that her child and youth care worker was just “*checking if [she] was ok*” and did not provide in depth support.

On the macro level, children specifically mentioned *legislation* in terms of children’s right to participate in decisions and having their voices heard. International (UN, 1989) and South African (RSA, 2005) legislation makes provision for children’s right to participate in all matters affecting them. The children in the study referred to the following rights conceptualised in the UNCRC (UN, 1989): Article 12, respect for the views of the child; Article 13, freedom of expression; and also article 17 which gives them access to information. Children have a good understanding of what their rights are with regards to participation in multi-disciplinary meetings. Participant 12 even mentioned her responsibility to also listen to the adults within the meeting. It became very clear in the study that the children felt that the adults involved in the multi-disciplinary meetings were denying them their right to participate, thus limiting their need to be heard and listened to. This is evident in the quote by participant 12: “*I felt disrespected as a human and as a child, because we have the right to be heard and we also, we have the right to listen and to be heard and that was my, to me that’s a right to be in a family conference. It’s because of what we want, is it not? And like we have the right to be heard.*” Participant 10 also mentioned her right to “*stand up and to say but I think, I don’t agree with this. I don’t want to do it. I choose something else*”. From these quotes it is evident that children are aware of their right to be included in the multi-disciplinary meetings and to disagree with the views of adults. Children do not view themselves as being “too young” to participate, but rather feel that they should be treated as equal parties to adults within multi-disciplinary meetings. They understand their rights and they feel as if this right is continually violated by the adults involved.

Theme 4: The process of multi-disciplinary meetings (time)

This last theme refers to what Bronfenbrenner earlier called the *chronosystem*, and indicates what happens over the course of an activity or interaction in historical *time* (Rosa & Tudge, 2013:253). This specific theme focused on meso-time, which refers to the process before, during and after the multi-disciplinary meetings.

As discussed earlier in section 2, one of the elements that the children mentioned regarding what happens prior to the multi-disciplinary meetings, is the *lack of preparation*. Children in the study indicated that they do not feel that they are prepared for their multi-disciplinary meetings and they emphasised a need to be prepared in order to have a “*slight clue about what’s going to happen*” (participant 9).

Another aspect was the *feelings experienced prior to the multi-disciplinary meetings*. Most children did not experience positive feelings prior to the meeting. Feelings experienced included feeling nervous, feeling that they cannot be free and feelings of being anxious, terrified and hurt. Participant 12 said, “*black, it describes my mood... just don’t want to feel anything at these meetings...*” This is supported by literature where children indicated that they felt stressed regarding these meetings (Cossar *et al.*, 2014:110). These negative feelings

experienced prior to the meetings were usually as a result of negative experiences in their previous multi-disciplinary meetings. This made children feel anxious and nervous about future meetings as they were afraid of similar outcomes to the previous meetings. This in turn results in a cycle of negative feelings prior, during and after multi-disciplinary meetings.

Most of the children in the study also experienced negative feelings during their multi-disciplinary meetings. Feelings such as “guilty conscious” (participant 12), “anxiety” (participant 9), “nerve wrecking” (participant 9), “uncomfortable” (participant 2) and “hurt” (participant 12) were identified by the children. In a study conducted by Thomas and O’Kane (1999:225-226), 50% of the children felt negatively about their multi-disciplinary meetings and experienced them as “boring”, “scary”, “frightening” and “stressful”. It is concerning that so many children experience these meetings in a negative manner when multi-disciplinary meetings are meant to be an institutional mechanism that facilitates the participation of children. In order for children’s participation to be facilitated meaningfully, children should experience the multi-disciplinary meeting as a safe place where they are able to participate in all matters affecting them. However, the above quotes indicate that most children do not experience a sense of being “safe” during the meetings. Participant 15 was the only child in the study who experienced his multi-disciplinary meeting in a positive manner. This is highlighted in the following quote: *“The first thing is that I feel free when I sit there...I feel comfortable...they help there, that I can say what I want and how they can help me... and they make me feel like the president there.”* However, participant 13 said that she experienced her multi-disciplinary meetings as an “*inspiration*” when positive plans were developed. Whilst it is a concern that only one of the fifteen children had such a positive experience within their multi-disciplinary meeting in a child and youth care context, it is important to emphasise the positive experience of this specific child. He mentions that he was made to feel comfortable and his experience of the adults was that they were there to assist him. He also mentions that he is provided with the opportunity to express his wants and views. This child highlights that the adults involved in the multi-disciplinary meetings are capable of creating a space for children to feel secure enough to share their views and be part of the decision making process.

It may be appropriate to add that gender could also have an influence on how children experience their participation in multi-disciplinary meetings. The study only included two males, both of whom had reasonably positive experiences of their participation. Whilst this may be coincidence, it may also be as a result of gender and the needs that are different between males and females. This is especially relevant in this study as one of the participants was transgender and [her] experience was not as positive as the other two male participants. According to Akerkar (2001:3), participatory practices have lacked the awareness of gender and gender differences for many years. What is important to recognise, and not to ignore, is that participation is not a spontaneous process whereby each person, regardless of gender, is able to take part. While this may be linked to how the children view themselves according to their gender - which consequently may lead to how they participate - it is also linked to the residential social workers and child and youth care workers and how they view their own lives from a gender perspective (Akerkar, 2001:14).

Most children felt “upset” (participant 1 and 4), “down” (participant 9) and “panicky” (participant 12) after their multi-disciplinary meetings and said that they would usually cry in their rooms afterwards. Children experienced these feelings as a result of the interactions in the meetings, but also due to the outcomes of the meetings. Children often felt sad after a multi-disciplinary meeting if the outcome was not what they had expected. However, the

children did mention that they received *support from various people after the multi-disciplinary meetings*. These people included family, friends, residential social workers and child and youth care workers.

Discussion

Vis *et al.*, (2012: 8) maintains that participation is a process and cannot be viewed as a single occurrence. Therefore, the data provides insight on the various elements in the process of children's participation as identified by the children.

Children in the study felt that the adults in multi-disciplinary meetings were listened to due to the stereotype of "*grownups always being right*" (participant 9) and that their opinions were consequently not taken into consideration. This resulted in children feeling "*hurt*" and "*angry*". They felt that they were *not asked for their opinions* and this was why they would not say anything. They also felt that their participation was not encouraged or supported. Participant 9 said: "*Decisions are based on what they think is best for me, so I dont actually have control over what is happening... I feel like I don't exist. I feel like I am just a body sitting there and then they are talking and they have all this control and I dont get to say what I want, or what I think is best... I feel very invisible.*" The above quote emphasises the lack of *control* that children feel when they are not included in decision making processes. They felt excluded, unimportant and experienced their multi-disciplinary meetings as a place where they are not seen or heard. According to Vis *et al.*, (2012:20), despite it being prescribed in legislation for children to participate in decision making processes, social workers continue to deny children this right. Vis *et al.*, (2012:20) revealed three possible reasons for this: Firstly, some social workers are afraid of the harm that may be caused to children if they participate and therefore they do not attempt to facilitate the process. Secondly, whilst some social workers understand the necessity of children's participation, when they attempt to facilitate the process, they realise that the process has various challenges and they then give up. Thirdly, some social workers feel that they lack the necessary communication skills to build the necessary relationships with the children. Pölkki *et al.* (2012:123) highlights the importance of encouraging children to participate in decision making processes as it develops children's abilities to engage in issues that are important to them. This in turn may contribute towards children developing their identity which involves them understanding who they are and what they want in life. Adults therefore play a vital role in facilitating the process of participation yet at the same time ensuring children's safety both physically and emotionally.

Whilst most children in the study felt that the adults did not give them an *opportunity to express themselves*, three out of the fifteen children indicated that their views were listened to and taken into consideration. This study clearly revealed that children had a desire to participate in their multi-disciplinary meetings, however, according to Pölkki *et al.* (2012:116), not all children have the desire to be actively participants in meetings. In fact, some children preferred to passively listen to what was being discussed about their lives.

Both the UNCRC (UN, 1989) and Children's Act (RSA, 2005) highlight children's rights to participate in decision making processes and have their voices heard and *listened to*. However, this was not the experience of most children in this study. This is very concerning especially since the notion of child participation has been the "buzzword" of the twentieth and twenty-first century (Cashmore, 2001; Cele & Van der Burgt, 2015; Johannisen, 2014; Nolas, 2015; Skiveness & Strandbu, 2006; Van Bijleveld, Dedding, Joske & Bunders-Aelen,

2015; Vis, Holtan & Thomas, 2012; Viviers & Lombard, 2012; Wyness, 2009). If children are not given the opportunity to speak and have their voices listened to, then it will be very unlikely for their views to be taken into consideration during the decision making processes in multi-disciplinary meetings. Whilst a few children felt that their views were considered by the adults in the multi-disciplinary meetings, most children felt that their views were not taken into consideration.

Furthermore, children identified a direct link between taking their *views into consideration* and decision making. It became very clear in the study that children believe that the concept of adults taking their views into consideration means that adults should act upon their views. The same theme was seen in a study conducted by Johannisen (2014:73-74) where adults and children had different perceptions of children's participation. In the study conducted by Johannisen (2014), it was evident that adults saw it as the process of working with the child (thus taking the child's views into consideration) whilst children felt their participation should lead to the implementation of their wishes. Due to there being a lack of consensus between children and adults, children often experienced frustration, anger and sadness as they felt that their *views were not taken into consideration*, because their wishes were not implemented. Some children in this research study felt that social workers would intentionally disregard their views. Other children verbalised that they could understand why their social workers make the final decisions. These children mentioned that they thought that social workers made the *final decisions* about their lives because they felt responsible for children; because they were "scared" (participant 6) that something negative would happen to a child; and because they thought they were making the right decision for the children.

Shemmings (2000:240) refers to this as the "rights" versus "rescue" approach. A "rights" approach refers to the process whereby social workers believe it is the right of children to participate in matters affecting them. These social workers therefore facilitate the process of children's participation. In this context, the word "rescue" refers to "protection". Social workers who work from a rescue position facilitate a less empowering model of participation in practice (Shemmings, 2000:241). In order to ensure that children are empowered within the process of children's participation, it is necessary that social workers create a therapeutic environment which provides the space for children to express their views openly (Shemmings, 2000:241-242). However, this may be a challenge if social workers feel that they already know which decision would be in the child's best interest. In this case, social workers might not include children in the decision making process as they may continuously be aware of their responsibility to protect children who are, due to circumstances, in an even more vulnerable position. Shemmings (2000:241-242) maintains that it is not worth it for social workers to practice from an exclusive rights-based perspective or a rescue perspective; instead they should implement a more flexible approach and integrate the two perspectives.

Another element that emerged as part of the process of participation is how children experienced being physically *excluded* from their multi-disciplinary meetings. All children in the study felt that they wanted to be present in their multi-disciplinary meetings. When excluded, children felt that their views were not valued and that they "*didn't exist*" (participant 9 and 12). Children were unhappy that they were not present in the meetings as they wanted to hear what was discussed about their lives. Additionally, Vis *et al.* (2012:9) highlights that children are three times more likely to have an impact on the outcomes of decisions made if they are physically present in the meeting.

Children in the study also felt that they were not *provided enough information* prior to the multi-disciplinary meeting (participant 1 and 9). Children experienced a lack of preparation for meetings which lead to both feelings of stress and anxiety. They felt a need to be prepared and to know what to expect within the multi-disciplinary meeting. Participant 9 mentioned that when her social worker prepared her for her family conference, she felt cared for and that it was as if her social worker wasn't just doing it because it's her job. Children therefore experienced *preparation* for multi-disciplinary meetings as positive and necessary. Healey, Darlington and Yellowlees (2012:8), concur that preparation is vital in creating a safe and secure environment for multi-disciplinary meetings.

Being provided with choices within the multi-disciplinary meetings allowed children to experience feeling in *control*, thus feeling part of and able to participate. Furthermore, when children are provided with choices, it is more likely that the decisions made would be more appropriate and acceptable for the child, thus affecting the implementation of the decision in a positive manner (Cashmore, 2002:839). Children frequently lack control and power in their lives, especially in a society where children are silenced and viewed as being invisible and where adults are perceived as being the "experts" (Roche, 1999:477). Children feel powerless over their lives if they are not heard and listened to and this may result in them experiencing power struggles with adults (Oaklander, 2006:59). This occurs as adults sometimes fail to recognise children as fully human, who also have rights, and who have the ability to be part of the decision making processes pertinent to their lives (Manion & Nixon, 2012:30).

CONCLUSION

Legislation on both a South African level as well as an international level highlights the importance of including children in the decisions that affect them. Whilst legislation emphasises that children's participation is a right, it is evident that this is not always the experience of children. In fact, one powerful quote illustrates the experience of children feeling that their voices are not heard by those who have been appointed to do so within the child and youth care context: "You can't say anything, my mouth is closed, it tastes as if there is plastic, or Prestik, or cello tape or glue on my lips. I can't talk, aunty..." (participant 14). Numerous children acknowledged the importance of sharing a meaningful relationship with those involved in the multi-disciplinary meeting, which in turn acted as a mechanism to their meaningful participation. This in turn shows that children's participation is a process that cannot only take place within the multi-disciplinary meeting: it is a process that starts before, during and after the multi-disciplinary meeting. The experiences expressed by the children in this study highlighted various factors including a need to be treated with respect, to be listened to and for their views to be taken into consideration. The children in the study had an understanding of the social workers' and child and youth care workers' role to protect them from harm, but felt that their voices should be listened to and taken into consideration when decisions are being made. The findings indicated that most children understood the purpose of these meetings and that tangible outcomes were reached, which in some ways means that the main purpose of the meeting was achieved. However, the statutory process seemed to take priority over children's participation in these meetings.

Furthermore, this study highlighted that, whilst children are still not participating at the level that they should be in multi-disciplinary meetings, there is so much value in listening to children's voices. The children in the study displayed a level of maturity that highlighted the fact that adults often have a skewed perception of their ability to participate. Listening to children provides adults with another lens through which to view a situation and the

opportunity to view children as social actors in their own lives, rather than being vulnerable victims. Listening to the voices of children is therefore an empowering experience for both children and adults alike.

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ARTICLE 2:

DO CHILDREN PARTICIPATE IN MULTI-DISCIPLINARY MEETINGS? THE PERCEPTIONS OF RESIDENTIAL SOCIAL WORKERS AND CHILD AND YOUTH CARE WORKERS

This article will be submitted to the Child Abuse & Neglect academic journal for review and publication.

The Author Guidelines for publication in the journal will first be presented, followed by the article as it will be submitted to the journal.

GUIDE FOR AUTHORS. Types of contributions

Language (usage and editing services)

Please write your text in good English (only American usage is accepted, as dictated by APA style). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop (<http://webshop.elsevier.com/languageediting/>) or visit our customer support site (<http://support.elsevier.com>) for more information.

Length and Style of Manuscripts

Full-length manuscripts should not exceed 35 pages total (including abstract, text, references, tables, and figures), with margins of at least 1 inch on all sides and a standard font (e.g., Times New Roman) of 12 points (no smaller). Instructions on preparing tables, figures, references, metrics, and abstracts appear in the Publication Manual of the American Psychological Association (6th edition).

For helpful tips on APA style, click [here](#).

Article structure

Subdivision

Divide your article into clearly defined sections. Three levels of headings are permitted.

Level one and level two headings should appear on its own separate line; level three headings should include punctuation and run in with the first line of the paragraph.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the findings.

Essential title page information

- Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
- Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract

Abstracts should follow APA style (see 6th ed., pages 25-27 for detailed instructions and page 41 for an example). Abstracts should be 150-250 words.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Electronic artwork.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate findings described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished findings and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished findings ' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Web references: As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Reference style Text:

Citations in the text should follow the referencing style used by the American Psychological Association (view the APA Style Guide). You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5.

List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

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Do children participate in multi-disciplinary meetings? The perceptions of residential social workers and child and youth care workers

Authors

Jessica Johannisen, Carlien van Wyk and Hannelie Yates

Abstract

Within a South African context as well as on an international level, there has been an increase in research on children's participation in recent years. However, minimal research has been conducted regarding how the participation rights of children are being fulfilled within child and youth care centres in South Africa in general, and only limited research could be found on how residential social workers and child and youth care workers perceive children's participation within multi-disciplinary meetings. Children's participation is vital for children who have been placed into alternative care especially with regards to the tension field between protection and participation. A child and youth care centre is one form of alternative care where many adults are involved in the decisions made within the lives of children. It is therefore important to focus on a child and youth care centre within a South African context. Lundy's model of child participation was used as a lens to present the research findings for this article. The findings revealed four main themes, namely: providing children with the safe space to express their views, providing children with support to have a voice, ensuring that children have an audience to their views and lastly, ensuring that children's views have an influence on the decisions made.

Keywords

Children's participation, child and youth care centre, multi-disciplinary meetings, and Lundy's model of child participation

Introduction

Since South Africa adopted the United Nations Convention on the Rights of the Child (UN 1989), children have been provided with the right to participate in decisions affecting them. This aspect of children's participation is also included in the Children's Act (RSA, 2005). Whilst this does not imply that children have the right to make final decisions about matters affecting them (RSA, 2005), it does give residential social workers and child and youth care workers within a child and youth care centre the responsibility to listen to and consider the views and wishes of children in all matters affecting them. An analysis of literature conducted by Jamieson (2017) demonstrates that the Children's Act (RSA, 2005) is committed to the process of children's participation. Nevertheless, legislation and policies are not able to guarantee the fulfilment of children's rights. Children's participation entails the active involvement of children in dialogue with professionals (Kruger & Coetzee, 2011). Having conversations with children and taking their views into consideration when making decisions has profound implications for the way that professionals work with children. It means that professionals cannot merely talk to children and then make decisions on their behalf; instead they need to be in dialogue with children. Professionals are responsible for providing children with information, informing them of their choices, determining what their views and wishes are and taking these views into consideration when making decisions. Kruger and Coetzee (2011) highlight that "it is only through listening to and considering children's points of view that professionals can grasp the essence of children's experience and act in their best interests." In spite of this, many professionals experience children's participation as both "uncomfortable and disorienting" and lack awareness of how to promote an enabling environment (Jamieson, Bray, Viviers, Lake, Pendlebury, & Smith, 2011). According to Pölkki, Vornanen, Pursiainen and Riikonen (2012), social workers recognised that children were often invisible in child protection processes and that they focused more on the adults involved than on the children. Furthermore, it is evident from the literature

mentioned above that, whilst legislation and policies require professionals to facilitate the participation of children, this remains a challenge in practice.

On an international level various studies (Pölkki *et al.*, 2012; Shemmings, 1999; Vis *et al.*, 2010) have focused on the perceptions of social workers with regards to children's participation in the field of child protection. However, minimal research has been conducted within the context of a child and youth care centre in South Africa (Jamieson, 2017; Johannisen, 2014). This void identified in the current body of research on children's participation provides a rationale for determining the perspectives of residential social workers and child and youth care workers on how they perceive children's participation in multi-disciplinary meetings in a South African context. There are certain differences between children and adults especially with regards to how they view and experience certain phenomena. This article will therefore provide an awareness of how residential social workers and child and youth care workers perceive children's participation within multi-disciplinary meetings in a child and youth care centre.

This article begins by looking at children's participation within an international and South African context. Furthermore it outlines the child and youth care centre context as well as multi-disciplinary meetings. The main and concluding part of the article is dedicated to the perceptions of residential social workers and child and youth care workers on children's participation within multi-disciplinary meetings in a child and youth care centre using Lundy's model of child participation to present the data.

The aim of this study is to explore how residential social workers and child and youth care workers, working within a child and youth care centre in the Cape Peninsula in South Africa, perceive children's participation within multi-disciplinary meetings.

Children's participation

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) emphasise that *all* children have the right to participate in *all* matters affecting them. This means that their views should be expressed and taken into consideration when decisions are being made. According to Ponet (2011:9), children's participation can be described 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 the light of their age and maturity.

Recently, there has been an increase in children's participation in multi-disciplinary meetings; however it continues to be a multifaceted process as children need to be informed of and part of issues that are usually considered as adult issues (Vis et al., 2012). Children who have been found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005) and consequently placed into alternative care, are in a different position to children living with their families when it comes to making decisions (Thomas & O'Kane, 1999). One of the differences is that there are far more adults involved in the decision making process – both in daily decisions as well as long term decisions which may be more complex in nature. Within the context of a child and youth care centre in South Africa, these adults would include social workers; child and youth care workers; as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders and occupational therapists (RSA, 2005).

A child and youth care centre

Children who have been found in need of care and protection by presiding officers of children's court in terms of Section 150 of the Children's Act (RSA, 2005) are placed into alternative care: temporary safe care, foster care, foster cluster homes or a child and youth care centre (CYCC). A CYCC forms part of residential care facilities that accommodates and cares for six or more children (RSA, 2005). The Children's Act (RSA, 2005) maintains that alternative care facilities, including child and youth care centres, are expected to provide appropriate residential care, protection, developmental and therapeutic programmes, according to the needs of the children. Child and youth care centres in South Africa are consequently required by legislation to make sure that their services are consistent with the Children's Act (RSA, 2005). Within the field of child protection and therefore within child and youth care centres, children should be allowed the space to participate in all matters that affect them. According to Jamieson (2017) and Johannisen (2014), multi-disciplinary meetings act as an institutional mechanism within child and youth care centres where children are provided with the opportunity to participate in the decisions made in their lives.

Multi-disciplinary meetings

Meetings on an international level which provide the opportunity for decisions to be made about the lives of children include child protection conferences, case conferences, review meetings and family group conferences (Cashmore, 2002; Campbell, 1997; Dalrymple, 2002; Hall & Slembrouck, 2001; Vis, Holtan & Thomas, 2012). Within a South African context, these meetings are referred to as family conferences, family group conferences, panel discussions, reviews and multi-disciplinary meetings (Johannisen, 2014; RSA, 2005). For the purpose of this article, the term multi-disciplinary meeting will be used in order to be aligned with the Children's Act (RSA, 2005).

According to The Children's Act (RSA, 2005) multi-disciplinary meetings provide the platform for a child's permanency plan, care plan and individual development plan to be reviewed every six months in terms of regulation 55(3). This review process entails determining if the placement at the child and youth care centre is still in the child's best interest, or whether alternative placements such as a rehabilitation centre, a secure care facility, foster care or reunification with family should be considered. The aim of these meetings is therefore to promote permanence and stability for children, ensure appropriate contact with significant persons and family and facilitate the decision making process in the lives of children (Holland & O'Neill, 2006; Thomas, 2011). Furthermore, the purpose of multi-disciplinary meetings is to safeguard and promote the well-being of children, as well as to provide children with the opportunity to be part of the decisions made in their lives (Sinclair, 1998; Thomas, 2011).

Theoretical framework: Lundy's model of child participation

The findings of any study needs to be bound into a theoretical framework and this study made use of Lundy's model of child participation. The model presents an approach of conceptualizing a child's right to participation, as indicated in Article 12 of the UNCRC (Lundy, 2007; UN, 1989). The aim of this model is to allow the adults who facilitate children's participation in the decision making to understand the various interconnected elements of this process. Professor Laura Lundy granted permission for her model to be utilised for the purpose of a theoretical framework in this study (personal communication, July 6, 2017). Lundy's model of child participation was used to identify the following four main themes: providing children with the safe *space* to express their views, providing children with support to have a *voice*, ensuring that children have an *audience* to their views

and lastly, ensuring that children's views have an *influence* on the decisions made. These four themes will be discussed in more detail in the following sections.

Providing children with the safe space to express their views

Providing a child with the opportunity to be involved in decision making processes is essential for significant participation. In other words, they need the space where their views can be encouraged (Lundy & Welty, 2013). According to Article 12 of the UNCRC (UN, 1989) and Section 10 of the Children's Act (RSA, 2005), all children have the right to be participate in all matters that affect them. It is therefore vital that children provide their input into matters that are important to them and about how they would like to be part of the decision making process (Lundy & Welty, 2013). Furthermore, it is also essential to determine whether children actually want to participate in the decision making process. Lastly, the space provided to children must be inclusive. This means that the needs of all children should be catered for within the process. Lundy and Welty (2013) highlight that in order to provide a safe and inclusive space for children to express their views, one should consider the following questions: Have children's views been sought actively? Is there a 'safe space' in which children can express themselves freely? Have steps been taken to ensure that all children affected by the decision can take part?

Providing children with support to have a voice

As mentioned previously, both national (RSA, 2005) and international legislation (UN, 1989) indicate that children have the right to express their views regarding all matters that affect them. It is important to note that the children's right to express their views is not dependent as much on their ability to express these in a mature and responsible way, but is rather more dependent on their capability to form their own perspective (Lundy & Welty,

2013). Consequently, children might need support and guidance from others in order to form their own perspectives. This in line with Article 5 of the UNCRC (UN, 1989). In addition, Article 13 (UN, 1989) adds that children should be provided with the opportunity to express their views in various formats, i.e. ‘orally, in writing or print, in the form of art, or through any other media of the child’s choice’. Lundy and Welty (2013) highlight that in order to provide suitable information and facilitate the development and expression of children’s views, one should consider the following questions: Do children have the information they need in an appropriate format to enable them to form a view? Have children been given a range of options as to how they might choose to express their opinion?

Ensuring that children have an audience to their views

Article 12 (UN, 1989) and Section 10 of the Children’s Act (RSA, 2005) stipulate that children’s views should be given ‘due consideration’. This implies that those who make decisions regarding the lives of children need to listen to and consider the views of the children (Lundy & Welty, 2013). Children express their perspectives both verbally and non-verbally and it is the responsibility of adults to be attuned to the needs expressed. Lundy and Welty (2013) highlight that in order to ensure that children’s views are conveyed to someone who is responsible to listen to them, one should consider the following questions: Who is the ‘audience’ for children’s perspectives? Is there a process for communicating children’s views? Does that person/body have the power to make decisions?

Ensuring that children’s views have an influence on the decisions made

Lundy and Welty (2013) argue that, not only should children’s views be given ‘due weight’, but their views should also be taken seriously by those who are part of the decision making process. Once final decisions have been made, children should be informed about the

decisions and how their views were considered in the process. Lundy and Welty (2013) stipulate that in order to ensure that children's views are taken into consideration, one should consider the following questions: Were the children's views considered by those with the power to effect change? What process is in place to ensure that children's views inform decisions that affect children? Have children been informed of the ways in which their opinion may impact on decisions? Have the children been provided with feedback explaining the reasons for decisions taken?

Methodology

The first author made use of a qualitative descriptive design (Babbie, 2014; Fouché & Delport, 2011; Fouché & De Vos, 2011). A non-probability sampling technique, purposive sampling, (Donalek & Soldwisch, 2004) was used to ensure that the participants taking part in the research had sufficient knowledge and experience of the phenomena being researched.

Whilst it was planned to have separate focus groups with the residential social workers and child and youth care workers at each of the child and youth care centres, two of the centres had only one residential social worker employed there. Therefore one focus group was held with residential social workers at one child and youth care centre, whilst individual semi-structured interviews were held with the two residential social workers at the other two child and youth care centres. Three focus groups were held with the child and youth care workers from all three child and youth care centres.

Participants

In order to answer the research question regarding how children's participation within multi-disciplinary meetings are perceived, it was necessary to involve significant role players

within multi-disciplinary meetings in a child and youth care centre. Residential social workers and child and youth care workers working within a child and youth care centre therefore needed to be included in the study. It was important to include residential social workers as they work with the child in the child and youth care centre and as it is usually their role to facilitate the process of multi-disciplinary meetings. The child and youth care workers play an important role in terms of providing feedback within multi-disciplinary meetings and also in terms of providing the child with the necessary support before, during and after the actual meeting. While designated social workers also form part of the multi-disciplinary meetings, they usually work more with the families than with the child. For this reason, designated social workers were excluded from the study.

The following inclusion criteria were applicable: The residential social workers and child and youth care workers needed to have worked in that child and youth care centre for a minimum period of 6 months; they needed to have facilitated or been part of a multi-disciplinary meeting; they needed to be willing to participate; they needed to be willing to be audio-recorded; and they needed to be proficient in either English or Afrikaans.

The first author obtained a list of all the child and youth care centres in the Cape Peninsula, South Africa, from the Department of Social Development. Once this list was received, the first author sent emails to the 31 registered child and youth care centres in the Cape Peninsula, inviting them to be part of the study. Three child and youth care centres accepted the invitation to be part of the study. Six residential social workers and twelve child and youth care workers were included in the study. The biographical data of the participants is presented below:

Table 1**Biographical data of participants**

Participant	Gender	Language
Social worker 1	Female	English
Social worker 2	Female	English
Social worker 3	Female	English
Social worker 4	Female	Afrikaans
Social worker 5	Female	Afrikaans
Social worker 6	Female	Afrikaans
Child and youth care worker 1	Female	Afrikaans
Child and youth care worker 2	Female	Afrikaans
Child and youth care worker 3	Female	Afrikaans
Child and youth care worker 4	Female	Afrikaans
Child and youth care worker 5	Female	Afrikaans
Child and youth care worker 6	Female	Afrikaans
Child and youth care worker 7	Female	Afrikaans
Child and youth care worker 8	Female	Afrikaans
Child and youth care worker 9	Female	Afrikaans
Child and youth care worker 10	Female	Afrikaans
Child and youth care worker 11	Female	English
Child and youth care worker 12	Female	Afrikaans

Procedures

The first author gained access to the participants by contacting the managers of the specific child and youth care centres. The managers, who acted as gatekeepers, (Lavrakas, 2008) discussed the research with the residential social workers and child and youth care workers and determined who was willing to participate within the study. Once the participants were identified, they gave written consent to be part of the study. Arrangements were then made to conduct two separate focus groups at each child and youth care centre and

in the case of two of the centres, individual semi-structured interviews were arranged with the residential social workers. Separate focus groups and individual semi-structured interviews were conducted due to the different interactions that the adult participants had with the children and also to ensure that the participants felt comfortable to share information in front of each other. The individual semi-structured interviews and focus groups were audio recorded and then transcribed. Four focus groups and two individual interviews were conducted.

Data analysis

The first author made use of thematic analysis to identify and analyse the interviews within the research. The following steps were used to analyse the collected data as presented by Terre Blanche *et al.* (2006:322-326): familiarisation and immersion, inducing themes, coding, elaboration, and interpretation and checking. This led to the identification of certain themes, subthemes and categories.

Trustworthiness

Lincoln and Guba's model of trustworthiness as cited by Schurink, Fouché and De Vos (2011) was used in order to ensure the trustworthiness of the qualitative study. This model encompasses four aspects: credibility, transferability, dependability and confirmability.

In order to ensure credibility, individual semi-structured interviews and focus groups were held with residential social workers and child and youth care workers from three child and youth care centres in the Cape Peninsula, South Africa. Transferability was ensured by providing a thorough description of the process, context and participants involved in the research. The dependability of the research was ensured by making sure that the research

process was logical, well developed and evaluated. Regular supervision was arranged to ensure dependability. Furthermore, confirmability was ensured by keeping proof of all the verification validating the findings and the analysis (Schurink et al., 2011).

Ethical considerations

Approval for the study was received from the Ethics Committee at the North-West University (Ethics No: NWU-0126-14-S1) as well as the Department of Social Development's Research Ethics committee. The residential social workers and child and youth care workers signed consent forms prior to the research being conducted. The individual semi-structured interviews and focus groups were held in a space where others were not able to hear what was being said to ensure confidentiality. Furthermore, the first author made sure that all documents which linked participants' names to data were stored in a locked office at all times. The data was stored on the first author's computer, which is password-protected.

Discussion of the findings

The analysis of the individual semi-structured interviews/focus group transcripts revealed four main themes, namely: providing children with the safe *space* to express their views; providing children with support to have a *voice*; ensuring that children have an *audience* to their views; and lastly, ensuring that children's views have an *influence* on the decisions made.

The themes are illustrated in Table 2 below to provide clarity on how they specifically refer to Lundy's model of child participation. The themes, with their subthemes and categories, will be discussed, illustrated with examples from the individual semi-structured interviews and focus groups, and compared with relevant literature.

Table 2

Thematic presentation of the perceptions of residential social workers and child and youth care workers on children's participation in multi-disciplinary meetings in a child and youth care centre.

THEME	SUBTHEME	CATEGORY
1. Space – providing children with the safe <i>space</i> to express their views	Providing a space for children to express their views through the relational process	• The nature and importance of the relationship between the child and the residential social worker • The nature and importance of the relationship between the child and the child and youth care worker • The nature and importance of the relationship between the child and designated social worker
	The physical space of the multi-disciplinary meeting	• The venue of the multi-disciplinary meeting • The arrangement of the multi-disciplinary meeting
	Being present in the space of the multi-disciplinary meetings	• Not being present: Excluding children from multi-disciplinary meetings • Being present: including children in the multi-disciplinary meetings • The number of persons present in the multi-disciplinary meetings
2. Voice – providing children with	Language as a means of expression, in multi-disciplinary meetings	• Language barriers between children and adults • Child friendly language

support to have a <i>voice</i>	The expression of children's views within multi-disciplinary meetings	• Children expressing their views in multi-disciplinary meetings • Children not expressing their views in multi-disciplinary meetings • The benefits of children expressing their views in multi-disciplinary meetings • The importance of children expressing their views in multi-disciplinary meetings
	How personality traits affect children's abilities to express their views	• Temperament/ personality • Age and emotional maturity of children
	Providing children with information: preparation for multi-disciplinary meetings	• Preparation by the residential social worker • Preparation by the child and youth care worker
	Children being provided with a range of options as to how they choose to express their views	• Non-verbal communication as a means of expression • Children's views being expressed freely in the medium of choice • Social workers acting as the 'voice' for the child in the multi-disciplinary meeting

	Factors hindering children to express their views	• Children not expressing their views due to receiving negative feedback in the multi-disciplinary meetings • Children not expressing their views due to parents/social workers not arriving for the multi-disciplinary meetings • Children not expressing their views due to their loyalty towards their parents • Taking children's views into consideration
3. Audience – ensuring that children have an <i>audience</i> to their views	Multi-disciplinary meetings as a milieu where children's views can be communicated	• The purpose of the multi-disciplinary meetings
	The composition of the multi-disciplinary meetings: who have the responsibility for listening to the views of children	• Professionals • Significant persons in the child's life
	The nature and importance of the audience listening to the views of the children	• Multi-disciplinary meetings as a statutory requirement by the Department of Social Development • Multi-disciplinary meetings as a body that has the power to make decisions • Children's views being taken into consideration by those who have a responsibility to listen when making decisions • Children's views not being taken into consideration by those who have a responsibility to listen

		• Providing feedback to children about the decisions that have been made
4. Influence – ensuring that children’s views have an <i>influence</i> on the decisions made.	Reasons for children’s views not having an influence on decisions made	• Children’s views being unrealistic • Adults having the final say in the decision making process • Ensuring the child’s best interest when making decisions
	Taking children’s views seriously and how it was acted upon	• Children’s views having an influence on decisions made
	The process of empowerment of children when their views are taken seriously	• Providing children with a sense of control • Children feeling powerless when their views are not taken seriously

Theme 1: Providing children with the safe space to express their views

The first theme, *space*, refers to providing children with a safe and inclusive space to express their views (Lundy, 2007).

The study revealed that it is important to provide a space for children to express their views through the relational process. This encapsulates the nature and importance of the relationship between the child and three specific role-players: the residential social worker, the child and youth care worker and the designated social worker. Lansdown (1995:30) argues that participation:

is a simple and self-evidently worthy principle which 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.

The importance of the child having a meaningful relationship with the residential social worker was highlighted in the study. This is confirmed by one of the participants saying, ‘I think building the relationship is very important’. According to De Boer and Coady

(2007), meaningful relationships have a range of benefits including establishing a therapeutic environment; encouraging an optimistic approach for clients; and also facilitating the mutual participation of client and social worker in evaluating the situation and then developing an individual development plan which is suitable for the client. This can be supported by Bell (2002) who says that children are only able participate meaningfully in the decision making process when they feel safe and secure in the relationship with their social worker. Other studies (Pert, Diaz & Thomas, 2014) confirm that when children experienced a meaningful relationship with their social worker, they experienced more positive feelings about their multi-disciplinary meetings, which in turn suggests that the social worker-child relationship is significant in terms of how the child engages in multi-disciplinary meetings. The relationship with the residential social worker therefore provides the child with a safe and inclusive space when participating in the multi-disciplinary meeting.

Another relationship that was viewed as very ‘important’ was that of the child and youth care worker. The latter were seen as ‘parent figures’ for the children and thus played a significant role in the participation of children in the multi-disciplinary meetings. This is supported by Gallagher et al. (2012) who maintain that, by being part of a meaningful relationship with the client, children’s participation will be encouraged at a multi-disciplinary meeting. Jamieson (2017) confirms that it is vital that a child has a trusting relationship with someone whom they can confide in and thus express their views and wishes. This in turn will have a direct impact on children’s participation.

Designated social workers are responsible for the removal of children, as well as the facilitation of the opening and finalisation of the children’s court inquiry (RSA, 2005). It is therefore the designated social worker’s role to place children in a child and youth care centre and to remain the overall case manager of the child. Once the child has been placed at the

child and youth care centre, the designated social worker and residential social worker work together as case managers.

While it was highlighted that the relationship between the child and designated social worker is important, it was also noted that very few of the children in this research study had positive relationships with their designated social workers. This was usually due to not spending enough time with their designated social worker, leading in turn to a lack of trust and the children not feeling comfortable to participate in multi-disciplinary meetings. Cossar, Brandon and Jordan (2014) confirm that children did not like their designated social worker being a distant figure especially since they played a vital role in the decision making process. Literature indicates that the reason for the lack of service delivery by designated social workers was often as a result of increased staff turnover, high caseloads and staff burnout (Cashmore, 2002).

A safe space in this study can also refer to the actual venue and arrangement of the multi-disciplinary meeting. The study showed that, most of the time, the multi-disciplinary meetings were held at the child and youth care centre where the child is placed. A residential social worker 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.' Another residential social worker felt that children 'participated more' when the multi-disciplinary meeting was held at the CYCC. This was because the CYCC was their comfort zone and they therefore felt more comfortable to participate when in a familiar environment. Another aspect that was mentioned is that children interacted more within multi-disciplinary meetings when it was held in a 'playroom' where there was more colour. A residential social worker added that it was necessary to have a 'more child friendly environment. I think if the atmosphere is already more relaxed then it will encourage more participation of children in

the decision making.’ This highlights the importance of having multi-disciplinary meetings in a child friendly environment.

Two residential social workers implied that the venue of the multi-disciplinary meetings was often ‘intimidating’ as it was structured for adults, which was therefore ‘not the best place to get the child’s participation because the child clams up’. Child friendly meeting venues are therefore essential in making children feel relaxed and comfortable. Smith (2009) maintains that the physical environment has a direct impact on the interactions that take place. This means that the physical space of the multi-disciplinary meetings will affect the level of children’s participation. A child and youth care worker made a powerful statement saying, ‘The person first to enter a room owns the room.’ This statement is similar to a quote by Maier (1982) who says, ‘The space we create controls us.’ These two quotes highlight the importance of children being part of creating the ‘space’ for the multi-disciplinary meeting, as well being given the opportunity to enter the room first and to decide where they want to sit.

Both the child and youth care workers and residential social workers felt that some snacks and juice should be provided to those at the meeting as this could reduce the stress and tension. This is supported by Smith (2009) who says a simple gesture like having a vase of flowers on the table can create ‘a powerful message’. Having snacks and something to drink is also linked to Maslow’s Hierarchy of Needs (McLeod, 2016). If the lowest and most important tier’s needs are met (physiological needs) by providing something to eat and drink, it would mean that the children and adults would have the ability to focus on the here and now within the multi-disciplinary meeting.

Being present in their multi-disciplinary meetings was an important part of providing children with a safe space to express themselves. While the residential social workers and child and youth care workers understood the importance of including children in the multi-

disciplinary meetings, the residential social workers admitted to sometimes excluding children from the meetings. The residential social workers felt that they should exclude children from multi-disciplinary meetings for the ‘crucial, more serious stuff’, and ‘intense discussion’ in order to ‘protect them’. Protecting children from possible conflict in the multi-disciplinary meetings was of key importance to the residential social workers in this study. However, one child and youth care worker felt strongly that children should be included in multi-disciplinary meetings at all times. This is evident in the following quote, ‘What can I [child and youth care worker] say about the child without the child being there?’ This is supported by Vis et al. (2012) who maintain that children are three times more likely to have an influence on decisions made if they are physically present in the meeting.

A possible hindrance of children’s participation was the number of persons present in the multi-disciplinary meeting. Both the residential social workers and the child and youth care workers perceived children as feeling ‘intimidated’ and ‘overwhelmed’ by the number of people present. According to a study conducted by Pert, Diaz and Thomas (2014), many children indicated that they would prefer less people to attend their multi-disciplinary meetings.

Theme 2: Providing children with support to have a voice

The second theme, *voice*, refers to providing children with appropriate information and facilitating the expression of children’s views (Lundy, 2007).

The voice describes language as a means of expression in multi-disciplinary meetings. This can be divided into two categories: language barriers between children and adults; and child friendly language. It was highlighted that language barriers sometimes occur between children and professionals. Professionals are sometimes not able to communicate in the mother tongue of the child and this may cause information to get ‘lost’. Language barriers

may also hinder children's participation as they may be expected to communicate in their second language while not being fully comfortable to do so. According to the Children's Act Regulations, regulation 73 (RSA, 2005), children have the right to have their views and wishes listened to and taken into consideration when decisions are being made in their lives. Furthermore, the regulations maintain that when there are language barriers, children should be provided with a translator to allow for their full participation in discussions. Although external translators are seen as a luxury in less developed countries such as South Africa, the adults involved should formulate other solutions to address this problem.

Child friendly language is another important aspect that was highlighted in the study. Both residential social workers and child and youth care workers agreed that the language used in the meetings should be 'age appropriate' and 'on the level of the child'. This is supported by Lundy (2007) who maintains that children's participation can be facilitated through the use of simple language and avoiding the use of social work jargon. This is because children are not able to participate fully if they do not understand what is being discussed. Furthermore, child friendly language will promote children's participation, making them feel comfortable to verbalize their views and wishes (Thomas & O'Kane, 1999).

While it was evident in the study that multi-disciplinary meetings provide children with the 'opportunity for them to talk' and 'to express what they would like and what they would want to happen', some children do not feel comfortable to participate within the space. The residential social workers and child and youth care workers stressed the importance of children expressing their views in multi-disciplinary meetings. Some of the benefits included: providing children with 'confidence' and a 'sense of control' and allowing them to 'voice how they feel'. One residential social worker 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 they, what they say is important'. 'Children's capacities are developed most

effectively through interaction: the process of learning generates development and children grow in competence through participation.’ (Lansdown, 2004).

Another aspect that would affect the ability of children to express their views is their personal traits. These include children’s personalities and temperaments, as well as their age and maturity. A child and youth care worker mentioned that an ‘outspoken’ child will be able to express their views more easily than a ‘quiet withdrawn’ child and this in turn would affect the level of participation. Literature confirms that a child’s personality, abilities and confidence has an influence on their degree of participation (Thomas & O’Kane, 1999). Age and maturity also plays a significant role in terms of children expressing their views in a multi-disciplinary meeting. The Children’s Act (RSA, 2005) clearly states in Section 10:

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 participation in an appropriate way 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 the necessary guidance and support to express their views and wishes according to their evolving capacities. Therefore different methods should be formulated in order to obtain the views and wishes from all children.

Providing children with information and preparation for multi-disciplinary meetings was highlighted as a vital part of providing children with a voice. The study indicated that it was usually the residential social worker and/or the child and youth care worker who was involved in preparing the child for the multi-disciplinary meeting. The data emphasised the importance of preparation in terms of children knowing what to expect, so that there are ‘no surprises in the meeting’ and it also allowed for the residential social worker to determine the views and wishes of the child. Sinclair, (1998) confers by maintaining that it is essential to

prepare children before the meeting as this will allow the child to feel more confident to express their views.

Furthermore, children should be provided with a range of options as to how they choose to express their views. One aspect was non-verbal communication as a means of expression, especially with younger children. Both the child and youth care workers and residential social workers realised that, even when children were not participating verbally in a multi-disciplinary meeting, they could still participate using non-verbal communication. This was evident in the following quote from a residential social worker, ‘If a child is sitting there crying they are participating because you know what they are feeling even though it is not verbalized.’ It is therefore important for all those involved in multi-disciplinary meetings to be observant of the children’s non-verbal communication as an exchange of information, ideas or feelings and it can be both verbal and nonverbal (Communicating Effectively with Children and Young People, 2014). Additionally, children should be able to express their views freely in the medium of their choice. This means that children should be provided with the opportunity to write or draw about their views and wishes if they do not feel comfortable to express themselves verbally in the meeting. This is evident in the following quote from a residential social worker; “I will read it or give them the opportunity, ‘would you like to read your letter?’, so that they can participate that way.” Participating within multi-disciplinary meetings can be a very overwhelming experience for children and for this reason it may be necessary for social workers to act as the “voice” for the child. Several residential social workers in this study noted that even when children are prepared for the multi-disciplinary meeting and their views and wishes have been discussed with them, they still struggle to express themselves verbally in the multi-disciplinary meeting. In these cases the social worker would become ‘the voice of the child’ and ‘assist them [child] to be heard’ in the multi-disciplinary meeting. This would only be done with the permission of the child.

In order to understand what needs to be put in place to ensure the facilitation of children's participation, it is first necessary to recognise the factors that hinder children to express their views. A few of the residential social workers mentioned that children often had negative feelings about their multi-disciplinary meetings as their negative behaviour would be discussed and this in turn would affect the children's level of participation. The negative feedback in the multi-disciplinary meeting would therefore lead to children not wanting to participate. Another aspect that hindered children's participation is continual failure of designated social workers and/or parents to arrive for multi-disciplinary meetings. This was highlighted as a big challenge for residential social workers and child and youth care workers and is evident from a residential social worker saying, 'When the parents don't pitch that day, then that really influences the next time you have it: that the child doesn't want one or they speak very negatively.' The last reason that was mentioned was children feeling uncomfortable to express their views in fear of 'betraying their parents'. The child and youth care workers in this study felt that children couldn't express themselves truthfully as this may offend their parents and damage relationships even further.

Theme 3: Ensuring that children have an audience to their views

Audience refers to ensuring that children's views are communicated to someone with the responsibility to listen (Lundy, 2007).

Within a child and youth care centre, multi-disciplinary meetings act as a milieu where children's views can be communicated. The purpose of the multi-disciplinary meetings is to provide children and adults with the opportunity to engage and consequently make important decisions about children living in the child and youth care centre. Significant decisions, especially those regarding children's futures are discussed in multi-disciplinary meetings and this provides an opportunity for everyone involved in the child's life to be

present. Professionals such as designated social workers, residential social workers, therapists and nurses may be present as well as any other significant persons in the child's life. This allows for everyone to sit together and discuss the various facets of the child's life and to make important decisions.

Multi-disciplinary meetings are statutory requirement by the Department of Social Development and the regulations in the Children's Act (RSA, 2005) state that a multi-disciplinary meeting should be held every six months for every child. Furthermore, the Children's Act (RSA, 2005) states that multi-disciplinary meetings should be held before the extension of the Section 159 placement order. Children's participation is required by legislation on both a national (RSA, 2005) and international level (UN, 1989), however, the actual process is not monitored (Jamieson, 2017). It can then be argued that, because this process is not monitored, it may not be prioritized. In fact, there is no way to establish whether children are participating in decision making processes. It is clear that, at the time of the CASE Baseline Study on Registered Child and Youth Care Centres (Jamieson, 2017), significant decision making processes were not taking place and this means that the right of children in residential care to participate, was being violated. The CASE studies indicated that South Africa is failing to provide children with the opportunity to participate in matters that affect them within residential care.

Multi-disciplinary meetings become a body that has the power to make decisions especially with regard to the development of the child's individual development plan (IDP), care plan and permanency plan (RSA, 2005). According to Jamieson (2017), an IDP 'should include an assessment of the child's developmental needs and strengths and articulate the recommended programmes to meet those needs'. The multi-disciplinary meetings also create an opportunity for children to be provided with feedback about the decisions that have been made. Jamieson (2017) states that each child who has been placed in a child and youth care

centre should have a care, development and permanency plan. Furthermore, children should be involved in the formulation of these plans and should be informed if any changes are made (RSA, 2005). However, in order to develop the child's IDP, it is the child's right to have their views taken into consideration by those who have a responsibility to listen when making the decisions. Cashmore (2002) explains that children's participation does not mean that children determine the outcome of decisions; instead, it means that children have been listened to and that their views have been taken into consideration. However, this research indicated that children's views are not always listened to by those who have a responsibility to listen. It is however interesting to note that this point was highlighted by the child and youth care workers, and not the residential social workers. One child and youth care worker said, 'I think that the child just gets put down there because they have to be there. They are not really made part of the meeting', whilst another one added, 'Most of the time decisions are made without them [the children]'. Furthermore, they mentioned that not listening to children had a direct impact on how successful the outcomes were.

Theme 4: Ensuring that children's views have an influence on the decisions made

Influence refers to ensuring that children's views are taken seriously and acted upon where appropriate (Lundy, 2007).

While the residential social workers and child and youth care workers in this study understood the importance of hearing children's voices and taking their views into account, they felt that there were various reasons for children's views not having an influence on the decisions made. The first reason was that children's views are sometimes unrealistic. The residential social workers in the study maintained that children's views and wishes were sometimes not in their best interest and could place them at risk and that, for this reason, the adults needed to have the final say in the decision making process. This clearly links to the

tension between protection and participation as indicated by Shemmings (2000). In the research conducted by Shemmings (2000), it is highlighted that professionals may adopt a 'rescue' or 'rights' approach when working with children. The 'rights' approach indicates that the professional is focused on ensuring that the rights of the child are implemented in practice. On the other hand, the 'rescue' approach is when the professional is focused on the protection of the child and thus sometimes not allowing children to exercise their right to participate in the decision making process. Further research conducted by Pert, Diaz and Thomas (2014) also indicates that professionals have a tendency to want to protect children from adult conversations and that they may consequently exclude them from multi-disciplinary meetings. Adults should realise that protecting children does not mean that they should be denied the opportunity to learn to be part of the world (De Winter, Baerveldt & Kooistra, 1999). Providing children with the opportunity to participate can therefore promote their confidence, self-respect and a sense of control over their lives. Furthermore, it teaches children how to negotiate, communicate and listen to others (Lansdown, 2004). It is therefore important for children's views to have an influence on decisions that are made.

Children who do participate in decision making processes in multi-disciplinary meetings may feel powerless when their views are not taken seriously. This theme was also highlighted in the study conducted by Pert, Diaz and Thomas (2014) where a lack of control was experienced by children. The residential social workers therefore confirmed that children's views should be listened to and taken into consideration in order to empower them and develop their confidence. This is evident in the following 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." Participation can therefore provide children with a sense of control. According to Pert, Diaz and Thomas

(2014), children's participation is not only empowering for children but also has positive effects in terms of their confidence and self-esteem.

Conclusion

Legislation on both a national (RSA, 2005) and an international (UN, 1989) level highlight that children's participation is a basic human right. Lundy's model of child participation provides an approach to conceptualising a child's right to participating in decisions that affect them in accordance with Article 12 of the UNCRC (UN, 1989). The model provides residential social workers and child and youth care workers with four interdependent elements that allow for the facilitation of children's participation in multi-disciplinary meetings. Children's participation cannot be understood or facilitated without these four elements, namely: providing children with the safe *space* to express their views, providing children with support to have a *voice*, ensuring that children have an *audience* to their views and lastly, ensuring that children's views have an *influence* on the decisions made.

The residential social workers and child and youth care workers in this study have received the necessary training to work in accordance with the Children's Act (RSA, 2005) and they therefore appeared to have a thorough understanding of the importance and benefits of children's participation within multi-disciplinary meetings. However, the study revealed that many residential social workers and child and youth care workers are still not engaging children in decision making, despite the fact that children's participation has explicitly been made mandatory through regulations in the both national (RSA, 2005), regional (African Union, 1999) and international legislation (UN, 1989). It was evident that both residential social workers and child and youth care workers had the desire for children to participate more in multi-disciplinary meetings and that they aspired to facilitating this process.

However, it became evident that one of the biggest challenges for residential social workers and child and youth care workers alike, was balancing children's participation whilst also ensuring the child's best interest. Many of the residential social workers adopted a 'rescue' stance which led to their focus being on protecting children rather than facilitating their participation in multi-disciplinary meetings.

It is possible that, with specialised training and support, residential social workers and child and youth care workers could acquire the necessary knowledge, insight and confidence in terms of how to balance children's participation while ensuring their best interest, which would gain their devotion to the facilitation of participation as an ongoing process. Children's participation is not only a basic human right, but it also has many benefits for both children and the adults involved in the decision making processes. Therefore, with the understanding of the four elements of Lundy's model of child participation, residential social workers and child and youth care workers can work together effectively to facilitate children's participation in multi-disciplinary meetings in child and youth care centres.

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ARTICLE 3:

FACILITATING CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS: INTRODUCING GUIDING PRINCIPLES FOR CHILD AND YOUTH CARE CENTRES

This article will be submitted to the Child and Family Social Work academic journal for review and publication.

The Author Guidelines for publication in the journal will first be presented below, followed by the article as it was submitted to the journal.

ARTICLE	
Title:	Facilitating children's participation within multi-disciplinary meetings: Introducing guiding principles for child and youth care centres
Position, place of work and postal address	Jessica Johannisen: Social Worker at Durbanville Children's Home. 1 Church Street, Durbanville, Cape Town, 7550, South Africa Dr Carlien van Wyk: Senior lecturer at North West University Dr Hannelie Yates: Senior lecturer at North West University
Email and telephone number for correspondence	Jessica Johannisen jessicascholtz@yahoo.com 021 975 6822 0728503071
Aim:	The aim of this study was to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.
Journal:	Child and Family Social Work

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Examples of references

- Glaser, D. & Frosh, S. (1988) *Child Sexual Abuse*. Macmillan, Basingstoke.
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Facilitating children's participation within multi-disciplinary meetings: Introducing guiding principles for child and youth care centres

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ABSTRACT

The focus of this article is to introduce guiding principles for child and youth care centres with regard to the facilitation of children's participation within multi-disciplinary meetings. Whilst legislation on both an international and South African level indicates that all children have a right to participate in matters affecting them, research indicates that this is not occurring in practice as it should. In South Africa, professionals do not have access to context-specific guidelines on how children's participation should be facilitated within multi-disciplinary meetings in child and youth care centres. Using individual semi-structured interviews and focus groups to collect data from residential social workers, child and youth care workers and children from three child and youth care centres in the Cape Peninsula, in the Western Cape, South Africa, a social work intervention was developed. The social work intervention consists of five guiding principles which should be taken into consideration in order to facilitate children's participation in multi-disciplinary meetings. The five guiding principles identified are as follows:

- 1. Preparation of children prior to the multi-disciplinary meetings.**
- 2. Creating encounters and relations with an adult in the child's professional network.**
- 3. Creating a child friendly environment within multi-disciplinary meetings.**
- 4. Encouraging children's involvement in decision making in multi-disciplinary meetings.**
- 5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.**

Furthermore, Bronfenbrenner's bioecological approach, as well as the rights-based and strengths perspectives were theoretical models that were used to guide the study.

Keywords: children's participation, child and youth care centre, multi-disciplinary meetings, Bronfenbrenner's bioecological approach, strengths perspective, rights-based perspective

INTRODUCTION

According to Section 10 of the Children's Act 38 of 2005 (RSA, 2005), Article 4 of the African Charter on the Rights and Welfare of the Child (African Union, 1990) and Article 12 of the United Nations Convention of the Rights of the Child (UN, 1989), children's participation is a basic human right and children should be provided with the opportunity to be part of decisions that are made in all matters that affect them. While all children, regardless of their context, have the right to participate in matters affecting them, it is important to note that children who have been found in need of care and protection and consequently placed into alternative care, have different experiences with regards to how they participate in matters affecting them (Thomas & O'Kane, 1999). Children who have been found in need of care and protection have more adults involved in decision making processes in their lives, and the decisions being made are often more complex than decisions which would be made within a family environment. Professionals who work with children who have been found in need of care and protection regularly facilitate meetings to discuss the children's progress and to make various decisions regarding each child's life (Hall & Slembrouk, 2001; Johannisen, 2014). Within the context of child and youth care centres in South Africa, these meetings are referred to as multi-disciplinary meetings (National Norms and Standards for Child Protection in the Children's Act 38 of 2005). On an international level, social workers and other professionals working with children are provided with guidelines (Surviving Safeguarding, 2015) in terms of how to facilitate children's participation within multi-disciplinary meetings. However, the Children's Act (RSA, 2005) provides no guidelines for South African social workers. For this reason, each residential social worker facilitates children's participation in multi-disciplinary meetings differently according to their views, experience and even their personalities. Furthermore, this means that without guidelines, the level of children's participation will vary depending on the professionals involved and will consequently lead to inconsistency with regard to children's participation within multi-disciplinary meetings in child and youth care centres.

The aim of this study was to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

A CHILD AND YOUTH CARE CENTRE

As a result of the socio-economic circumstances in South Africa, many children are confronted with frightening obstacles on their paths to adulthood (Biennial Report South Africa, 2014 – 2015). These factors include but are not limited to poverty, gangsterism, abuse, violence, addiction, exploitation and the pandemic of HIV and Aids. Due to these factors, children are sometimes found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005) and they may then be placed into alternative care. One type of alternative care is a child and youth care centre. According to Chapter 13, Section 191 of the Children's Act (RSA, 2005), a child and youth care centre is a form of residential care that makes provision for more than six children and is registered with the Department of Social Development.

According to Freeman (2013), an important aspect of child and youth care is the fostering of relationships and creating therapeutic environments which encourage the engagement of children in order to promote their abilities. White (2007) highlights that the characteristics of child and youth care include: engaging with children in a respectful manner; assisting children to experience valuable and therapeutic relationships with others; and supporting them to imagine hopeful futures for themselves. This emphasizes the importance of building and maintaining relationships with children within the context of a child and youth care centre, especially with regards to providing them with a space to express their views and wishes in multi-disciplinary meetings.

Within a child and youth care centre there are three main role players involved with children in a multi-disciplinary meeting. These role-players include the designated social worker, residential social worker and child and youth care worker. The designated social worker is employed at a child protection organisation and is responsible for initiating the children's court inquiry for a child to be found in need of care and protection in terms of Section 150 of the Children's Act (RSA, 2005). Once a child is found in need of care and protection by the children's court, he or she may be placed into alternative care such as a child and youth care centre. The designated social worker works more closely with the families of the children than the children themselves in order to work towards family reunification. Once the child is placed at a child and youth care centre, the residential social worker becomes the case manager of the child within the centre. The child and youth care worker then takes on the role

of working in the child's life space on a daily basis. According to Van Weezel and Waaldijk (2000), working in a child's life space means working:

within the daily living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way.

For the purpose of this study, children, residential social workers and child and youth care workers were included as individuals who play a significant role within multi-disciplinary meetings in a child and youth care centre.

MULTI-DISCIPLINARY MEETINGS

It is evident in literature that various terminologies are used to describe the meeting that serves as a forum to discuss the progress of a child who has been found in need of care and protection. These include review meetings, child protection conferences, family conferences and family group conferences (Campbell, 1997; Cashmore, 2002; Dalrymple, 2002; Hall & Slembrouck, 2001; Vis, Holtan & Thomas, 2012). For the purpose of this study and in accordance with the Children's Act (RSA, 2005) the term multi-disciplinary meetings will be used.

Multi-disciplinary meetings are held for children who have been found in need of care and protection and who have been placed into alternative care in terms of the Children's Act (RSA, 2005). The purpose of the meeting is to review the child's individual development plan, care plan and permanency plan and this needs to be done every six months in terms of regulation 55(3) of the Children's Act (RSA, 2005). Part of this review process includes looking at the child's progress and determining if the child's needs are still being met (Johannisen, 2014; Surviving Safeguarding, 2015). However, multi-disciplinary meetings also act as an institutional mechanism to encourage the participation of children with regards to the decisions that are being made in their lives (Johannisen, 2014).

CHILDREN'S PARTICIPATION

Due to children not having the right to vote, many individuals assume that children do not have any political rights (Jamieson, 2010). However, children do have various political rights which include “the right to freedom of expression, the right to join or form a political party, the right to be part of political campaigns, the right to demonstrate and protest, and the right to participate in the development and implementation of laws and policies.” (Jamieson, 2010; UN, 1989). Despite children having these political rights, the impact that it has on the meaningful participation of children in the different areas of their lives, is limited in terms of actual implementation (Moses, 2008). The perceptions that adults have of children's competence versus incompetence; their concerns about ensuring that children are protected and that decisions are made in their best interest; institutional cultures that are not child friendly; processes and structures within organisations; as well as adults lacking the skills to engage children, all continue to hinder the meaningful participation of children. This statement by Moses (2008) raises questions about the meaningful participation of children in the broader child protection environment; the context of the child and youth care centres; and even the institutional mechanism of multi-disciplinary meetings and how children's participation in these meetings can be facilitated by residential social workers and child and youth care workers.

According to Unicef (2003), children's participation is aimed at supporting children to express their views and wishes on issues that affect them and engaging adults to listen to and consider these views. The fact that children have the freedom to share their views and wishes means that these can be taken into consideration when decisions are being made. Whilst it is the right of children to participate in decision making processes, they still rely on duty bearers (Jamieson, 2010) such as residential social workers and child and youth care workers (in the context of this study) to fulfil their right to participate.

THEORETICAL FRAMEWORK

The purpose of a theoretical framework is to guide the research and to demonstrate a comprehension of models and paradigms that are applicable to the topic of the research paper (Babbie, 2014). This study is rooted in three main theoretical frameworks: firstly, a children's rights-based perspective, secondly, Bronfenbrenner's bioecological approach, and thirdly a

strengths perspective. These theoretical frameworks are utilised to develop a more nuanced understanding of the facilitation of children's participation as a single, one-sided perspective will have limitations by not taking into account the complexity of the concept and process.

Rights-based perspective

The high prevalence of children not participating in decisions made in their lives calls for new perspectives on how we approach the phenomenon of children's participation as a human right. By viewing children's participation from a rights-based perspective, the obligation to promote children's participation is established. A rights-based perspective acknowledges the importance of the rights of children in matters that affect them (Staller, 2014). The Children's Act 38 of 2005 (RSA, 2005), the African Charter on the Rights and Welfare of the Child (African Union, 1990) and the United Nations Convention of the Rights of the Child (UN, 1989) highlight the various rights and responsibilities of children. The importance of a rights-based perspective in the study is to recognise children's participation as a right for children.

Bronfenbrenner's bioecological approach

Bronfenbrenner's bioecological model of human development highlights the significance of interrelationships within an environment (Palareti & Berti, 2009). Furthermore, it integrates the Process-Person-Context-Time (PPCT) model which will be explained further below.

The relations between the individual and the environment are referred to as *Process*. This suggests the daily interactions between the child and his or her environment. Within the context of this study the child is interacting with child and youth care workers, residential social workers, designated social workers and family members within a multi-disciplinary meeting in a child and youth care centre. Within any interaction, an individual's personal characteristics play a role and this is the next aspect of the PPCT model.

Personal characteristics refer to *Person* in Bronfenbrenner's bioecological approach. Three personal characteristics can be identified (Tudge *et al.*, 2009):

1. Demand (age, gender, ethnicity, and physical appearance)
2. Resource (mental and emotional resources and social and material resources)

3. Force characteristics (temperament, motivation and persistence).

Personal characteristics have an influence on how children participate within multi-disciplinary meetings. For example, a confident, outspoken child may find it easier to participate within his or her multi-disciplinary meeting.

Context refers to the microsystem, mesosystem, exosystem and macrosystem in this approach (Tudge *et al.*, 2009). The microsystem is the system which is in direct contact with the child: the child and youth care centre, the child's home and the child's school. Children will interact with several microsystems and the interaction between these microsystems is known as the mesosystem. Mesosystems may involve interactions between the social workers, child and youth care workers, teachers and/or families. The exosystem circuitously has an impact on the development of a child even if he or she is not participating in that system. For example, adjustments in the Children's Act or UNCRC will influence a child's position even though he or she would not have been involved in developing or making changes in the legislation. Lastly, the macrosystem is the cultural environment in which the child lives. It involves groups of individuals who share the same values or belief systems, "resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange" (Tudge *et al.*, 2009).

The chronosystem which consists of events during an activity or interaction is referred to as *Time* (Rosa & Tudge, 2013). In the context of this study time could refer to children's interactions with social workers and child and youth care workers during multi-disciplinary meetings; the various multi-disciplinary meetings held for the child; and a change in expectations in the larger society and within legislation with regards to children participating in multi-disciplinary meetings.

Strengths perspective

According to the strengths perspective, the focus is on the client's capacity and resources, rather than the client's struggles and insufficiencies (Early & GlenMaye, 2000; Hammond & Zimmerman, 2012; Kim, 2013; Saleebey, 1996). This study therefore focused on the strengths of the residential social workers, child and youth care workers and the children in order to ensure the meaningful facilitation of children's participation in multi-disciplinary meetings.

RESEARCH METHODOLOGY

Research process and design

The study utilised a qualitative approach (Terre Blanche & Durrheim, 2006; Terre Blanche, Kelly & Durrheim, 2006) which allowed for “open-ended inductive exploration” (Terre Blanche, Kelly & Durrheim, 2006), which was underpinned and supported by phenomenological and qualitative descriptive designs. The researcher was therefore able to collect rich data regarding the experiences, perceptions and inputs from the various participants.

The research was conducted in four phases where data was collected from children, residential social workers and child and youth care workers from three child and youth care centres in the Cape Peninsula, South Africa. The data was collected using individual semi-structured interviews, focus group interviews and a group discussion. The research process is presented in the table below:

Table 1: Research process

Phase 1			
Objectives	Research design	Participants	Data collection method
To explore and describe the experiences of children of their participation within multi-disciplinary meetings within a child and youth care centre.	Phenomenological design	15 Children	Individual semi-structured interviews
Phase 2			
Objective	Research design	Participants	Data collection method
To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's	Qualitative descriptive design	6 residential social workers 12 child and youth care workers	Focus groups Individual semi-structured interviews

participation within multi-disciplinary meetings.			
Phase 3			
Objective	Research design	Participants	Data collection method
To explore the inputs of children, residential social workers and child and youth care workers in terms of what should be included in a social work intervention to ensure that children's participation is facilitated within multi-disciplinary meetings in a child and youth care centre.	Qualitative descriptive design	15 children 6 residential social workers 12 child and youth care workers	Individual semi-structured interviews were held with the children and 2 residential social workers. Focus groups were held with the residential social workers and child and youth care workers.
Phase 4			
Objective	Research method	Participants	Data collection method
To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.	Integration of the data collected in phases 1 to 3, in conjunction with literature and theoretical frameworks of the study in order to develop a preliminary social work intervention.	4 of the residential social workers who were part of phases 2 and 3. After the preliminary social work intervention was developed, a group discussion was held with 4 residential social workers in order to obtain feedback for the finalisation of the social work intervention.	A group discussion with 4 of the residential social workers from the three child and youth care centres.

Participants

A list was obtained from the Department of Social Development of all the child and youth care centres in the Cape Peninsula in the Western Cape in South Africa. Thirty-one registered child and youth care centres in the Cape Peninsula were invited to be part of the study. Three child and youth care centres accepted the invitation to be part of the study.

The population for this study included children who have been placed in a child and youth care centre; residential social workers; and child and youth care workers working at child and youth care centres in the Cape Peninsula in the Western Cape Province of South Africa. The sample was selected by means of purposive sampling techniques according to predetermined selection criteria (Babbie, 2014; Ritchie, Lewis, Nicholls & Ormston, 2014) which included: willingness to participate voluntarily; giving permission to be recorded; English and/or Afrikaans language proficiency; working/living in this context for a minimum period of 6 months; and experience of being part of a multi-disciplinary meeting within the relevant child and youth care centre. In total, 33 participants were involved in this study, consisting of: 6 residential social workers, 12 child and youth care workers and 15 children.

Data collection and analysis

Data collection strategies (Babbie, 2014; Greeff, 2011; May, 2011; Willig, 2013) for gathering data from participants included: individual semi-structured interviews with the children and two residential social workers; focus group interviews with one group of residential social workers and three groups of child and youth care workers; and one group discussion with the residential social workers. In total, 16 interviews, 4 focus groups, and 1 group discussion was conducted with the participants. An interview schedule (Gray, 2009; May, 2011) was used for the interviews, while an interview guide was used for the focus groups. These guides were approved by both HREC and the Department of Social Development's Ethics committee. The individual semi-structured interviews, focus groups and group discussion were audio recorded, with the consent and assent from participants as stipulated by Creswell (2009). The audio-recordings of the individual semi-structured interviews and focus groups were then transcribed, followed by thematic data analysis as described by Braun and Clarke (2006). Data saturation (Marshall, Cardon, Poddar & Fontenot, 2013) occurred as similar themes were emerging in the data.

ETHICAL CONSIDERATIONS

Approval for the study was received from the Ethics Committee at the North-West University (Ethics No: NWU-0126-14-S1). The Department of Social Development's Research Ethics committee also approved the research project.

TRUSTWORTHINESS

Lincoln and Guba's model of trustworthiness was applied in this study utilizing the following four aspects: credibility, transferability, dependability and confirmability (Schurink, Fouché & De Vos, 2011).

RESEARCH FINDINGS AND DISCUSSION

In addition to the data collected from the participants as presented in Table 1, a comprehensive literature study was completed with specific focus on children's participation, children's participation in alternative care, multi-disciplinary meetings, child and youth care, ethical values and practices in social work pertaining to children's participation, Bronfenbrenner's bioecological approach, and the strengths and rights-based perspectives. From the data collected, the literature study and by using the theoretical frameworks, a social work intervention was developed for the facilitation of children's participation within multi-disciplinary meetings in child and youth care centres. This social work intervention is made up of five guiding principles which emerged from the data collected (main themes), as well as the literature.

Article 10 of the Children's Act (RSA, 2005) and Article 12 of the UNCRC (UN, 1989) declare that all children have the right to participate in all matters that affect them. This means that all children, irrespective of their circumstances, have the right to participate in decisions that affect their lives. However, children may sometimes lack the necessary skills or understanding in order to participate in matters affecting them. In addition, they may also simply not know how to participate. Within a child and youth care centre it therefore becomes the responsibility of the residential social workers and child and youth care workers to facilitate children's participation within multi-disciplinary meetings. According to the Dictionary of Social Work from the University of Montana (2012), one of the roles of a social worker is to act as a facilitator. The dictionary defines a facilitator as "a social worker [who] helps to bring about social change by bringing stakeholders together and promoting communication in order to help them achieve their mutual goals". This confirms the role of residential social workers in terms of assisting children to participate in their multi-disciplinary meetings.

The purpose of this article is therefore to present the five guiding principles that were identified in the development of a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in child and youth care centres. The five guiding principles are as follows:

1. Preparation of children prior to the multi-disciplinary meetings.
2. Creating encounters and relations with an adult in the child's professional network.
3. Creating a child friendly environment within multi-disciplinary meetings.
4. Encouraging children's involvement in decision making in multi-disciplinary meetings.
5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.

Guiding Principle 1: Preparation of children prior to the multi- disciplinary meetings

Residential social workers, child and youth care workers, as well as the children, recognised the significance of preparation prior to the multi-disciplinary meetings. Preparation prior to the multi-disciplinary meeting has several facets. These include, but are not limited to: providing children with information; preparing children through explaining the structure of the multi-disciplinary meeting; and providing children with the opportunity to express their views and wishes. Furthermore, preparing children provides them with the opportunity to prepare themselves emotionally for the meeting (Roesch-Marsh, Gillies & Green, 2017). Preparation may thus be linked directly to the enablement of children's participation: providing an enabling environment for children's participation, as well as mobilizing internal and external resources and strengths to support children's participation within the multi-disciplinary meeting.

Children in the study felt that preparation ensured that nothing unexpected would be brought up in the multi-disciplinary meetings, which in turn minimized stress and anxiety caused by not knowing what would be discussed. This is evident in the following quote from a child: "It will help a lot and give me relief so that I don't have to stress because I am prepared." It confirms the empowering and enabling dimension of preparing children for meaningful participation. Meaningful participation could therefore lead to children taking ownership of their multi-disciplinary meetings which may in turn have an impact on the power dynamics in

such a meeting. Furthermore, providing children with information beforehand gave them time to formulate their own views and wishes prior to the meeting. This in turn led to children feeling more confident to express themselves in the meetings. This is confirmed by a residential social worker in the study: “I think that they [children] are often reluctant and hesitant, because of, it can be intimidating. So maybe children need to be prepared more as to what is going to happen, to become more comfortable in that kind of a setting.” Once children feel that they have more power, they may be able to contribute and meaningfully participate in social dialogue. Archard and Schiveness (2009) reinforce that providing children with adequate information prior to the multi-disciplinary meeting is vital in terms of ensuring that the children’s views and wishes are authentic.

Preparation in terms of the structure of the meeting - how it would be facilitated and who would be present - was another important aspect that was identified. Children had a desire to be informed of who would be attending the meetings and to understand their role within the meeting. One child said, “My social worker [discussed] what is going to happen, and this is what we are going to talk about... then I felt like she actually cared, that she wasn’t doing this because it was in her job description.” Children therefore felt valued and respected if the adults made an effort to spend some extra time with them in preparation for the multi-disciplinary meeting. In addition, two children said that they would want to be given the choice of giving feedback first in the meeting. They felt that this opportunity was not given to them which sometimes led to them saying less in the meeting. These two children said that often, once they had heard negative feedback from the other role-players in the meeting, they no longer wanted to share their views and wishes.

While most of the participants described preparation as having a casework session prior to the multi-disciplinary meeting, one residential social worker described preparation as a “continuous process”. She said that instead of only having one casework session before the multi-disciplinary meeting, preparation should be day-to-day casework sessions that act as a means of providing children with information, support and the opportunity to express their views and wishes. This could therefore suggest that enablement (providing an enabling environment) through preparation is a continuous process.

Guiding principle 2: Creating encounters and relations with an adult in the child's professional network

A healthy attachment refers to a child feeling safe and secure in a relationship with another person (Bell, 2002; Children's Bureau, 2013). Healthy attachments are important in terms of a child's physical, emotional, mental and psychological development and are developed through consistent, positive affection and emotional interactions. Obtaining a child's authentic views and wishes cannot be done by someone with whom the child has not had time to develop a trusting relationship (Archard & Schiveness, 2009). Archard and Schiveness, (2009) maintain that children will only feel comfortable to share their views and wishes once a relationship has been built with the specific adult. This is confirmed by a child who said that she is "more comfortable speaking to the social worker and the childcare worker, if you have that bond". This means that it is usually necessary for the residential social worker to have several interviews with a child before the child will disclose his or her true feelings about their views and wishes as building relationships takes time (Smith *et al.*, 2003). Numerous studies (Bell, 2002; Johannisen, 2014; Pert *et al.*, 2014 & Roesch-Marsh, Gillies & Green, 2017) have indicated that positive relationships are essential in the facilitation of children's participation.

Literature highlights that meaningful relationships act as a mechanism for children's participation (Bell, 2002; Leeson, 2007). Bell, (2002:3) maintains that meaningful relationships assist children to "assimilate information, make informed choices as to what their views are...(and) exercise their rights to participation and service provision". This is supported by a quote from a child who said, "She [child and youth care worker] is kind, she has patience, because my parents are always fighting with the social worker, she is kind of trying to help the situation... it makes it kind of easier to know that she is trying to help the situation." Children have a need for consistent and lasting relationships with their residential social workers as well as with their child and youth care workers and they emphasised that these relationships should be meaningful. Furthermore, children felt more comfortable to express their views and wishes to someone with whom they shared a "bond". The study therefore indicated that it is the role of the residential social worker and child and youth care worker to make an effort to build meaningful relationships with children. This means spending time with the children, listening to them, providing emotional support and being actively involved in putting things in place to improve the quality of the children's lives

(Leeson, 2007:265). In order to build meaningful relationships, the children identified the following characteristics that residential social workers and child and youth care workers should have in order to enhance their participation: patience, good listening skills, the ability to engage and connect with a child, and kindness.

Guiding principle 3: Creating a child friendly environment

According to Archard and Schiveness (2009), children may be more willing to participate in matters that affect them if they are in an environment that is safe and child friendly. This means that if children feel comfortable and relaxed it may be easier for them to express themselves. It was evident in this study that multi-disciplinary meetings are held in a variety of venues, including conference rooms, housing units, the residential social worker's office and sometimes the designated social worker's office. Whilst most of the residential social workers agreed that having the multi-disciplinary meeting at the child and youth care centre was a better option as it was "more comfortable" and a "safer space" for the child, one residential social worker referred to her experience of having the multi-disciplinary meeting at the designated social worker's office in the community, "we were all cramped up in that small little office, but that child had the guts to speak out. ... But it was in her community, it was her turf." Another residential social worker shared her experience of where multi-disciplinary meetings are held in the following quote: "We have tried to, on a few occasions we've had panels at like the child welfare's office [child protection organisation] and it's been a total disaster, a total disaster! So I think, although it [the child and youth care centre] isn't a neutral environment, but it is a supportive environment...but I think this is a safer space." It is therefore evident that there cannot be a fixed rule as to where the multi-disciplinary meeting should be held as it depends on the child. This highlights the importance of including children in deciding where the multi-disciplinary meeting should be held.

The children, residential social workers and child and youth care workers all agreed that multi-disciplinary meetings are quite formal and adult focused. One residential social worker explained the advantages and disadvantages of having the multi-disciplinary meeting in a formal boardroom:

And that has its positives and its negatives [having the meeting in the formal setting]. The positives in terms of that a child then gets to know with time what they can expect. It is almost a bit of routine - they know this is how it is going to be, which if they know, it can

create safety and stability. But it also, it also can be negative in terms, if that specific structure like it always is, doesn't fit or meet that child's specific needs.

Furthermore, one child agreed in saying, "Everyone's out of their comfort zone, very professional, I like the feel." However, most of the children felt that the room should be less formal, with lots of colour, beanbags instead of a large table, and eats and drinks available for everyone. Many of the children and child and youth care workers highlighted the importance of having some snacks and juice on the table and said that this would create a more relaxed atmosphere. This was supported by another residential social worker who said, "We want to get couches and coffee and biscuits and just make it a more child friendly environment. Ja, and I think if the atmosphere is already more relaxed then it will encourage more participation of children in the decision making."

Another aspect in terms of creating a child friendly environment is the lack of child friendly language that is used. Children felt that too much social work terminology was used in the meetings and that difficult concepts were not explained to them. This was evident in the following quote by a child, "that social work book (Children's Act 38 of 2005) and like sometimes she [residential social worker] would read from it, and then I would be like what is this woman saying?" This resulted in children feeling inadequate and helpless. Whilst the importance of using child friendly language (Archard & Schivenness, 2009) in multi-disciplinary meetings is acknowledged in both literature and in this study, children still find that the language used in these meetings is difficult to understand. Furthermore, Creegan, Henderson and King (2006) highlight that the lack of child friendly language in multi-disciplinary meetings hinders children's participation as children do not understand what is being said. The use of simple and understandable language should therefore be encouraged and the social workers should avoid using social work terminology. A few child and youth care workers mentioned a concern regarding multi-disciplinary meetings being held in another language that the child does not feel comfortable to communicate in. They felt that this was a big problem as information could get "lost".

Guiding principle 4: Encouraging children's involvement in decision making in multi-disciplinary meetings

Sinclair (2004) motivates that there has been an increase in the expectation to ensure children's participation in recent years as a result of the following important factors: the emergent influence of the child; legislation on children's rights; and modern paradigms within the field of the social sciences which has improved our perception of children as competent partners in society. "Partnership requires people to participate in joint work, and the style of participation must result in sharing power." (Jackson & Kilroe, 1996) Usually the word "partnership" implies equality in the amount of power in a relationship (Tregeagle & Mason, 2008). However, in the context of child protection this is not true as it is not possible for the social workers and children to have equal power. Nevertheless, partnership "refers to social workers having obligations to clarify issues of authority and power, listen to service users, offer preventive support, be anti-discriminatory and ensure that service users were informed of decisions" (Tregeagle & Mason, 2008).

Article 12 of the UNCRC (UN, 1989) as well as Section 10 of the Children's Act (RSA, 2005) highlight that children who are capable of forming their own views should be given the opportunity to express their views and wishes. Children, child and youth care workers, as well as the residential social workers all considered it imperative that children should be involved in the decisions made in multi-disciplinary meetings. However, for most children in this study, this was not their experience. This is evident in the following two quotes from children: "You can't say anything, my mouth is closed, it tastes like there is plastic or prestik or cellotape or glue on my lips" and, "And like when I'm at the meeting and then I'm like excuse me, then no one listens, they continue talking like my [social worker] did that a couple of times as well and I was thinking to myself isn't this about what me and my sister wants?" On the other hand, while some children felt that they were given an opportunity to speak in their multi-disciplinary meetings, they felt that the adults did not listen to them or take their views and wishes into consideration. This is evident in the following quote: "I am asked one question and then they discuss further." This left children feeling "hurt" and "angry". One child said, "I am a human being, I'm a child, I am sixteen now, so it hurts when people don't listen to me. It is my life too you know."

The study revealed that the number of persons present at the multi-disciplinary meeting should be limited as too many people present may hinder the participation of children. This is evident in the following quote, "...it feels like there are fifty eyes on you. When there's mostly just ten or something. But like you feel like you're in a corner sometimes. I feel like sometimes I'm in a corner where people are just staring at me and expecting me to stand up on my own two feet at a young age." This quote highlights how intimidating it can be for a child if too many people are present in the multi-disciplinary meeting. Archard and Schiveness (2009) confirm that children's participation is unlikely to be facilitated if there are too many people present in the multi-disciplinary meeting. In addition, children may not feel comfortable expressing their views and wishes in front of certain people. While some residential social workers admitted to excluding children for part of a multi-disciplinary meeting as they were concerned about how the discussion would affect the child, children felt that they have the right to be present in their multi-disciplinary meeting. This is evident in the following two quotes from children: "There was this one family conference where me and my sister had to wait outside. It feels like our thoughts aren't... it feels like our feelings don't count"; and, "To me, it felt like we didn't exist [because we were not present in the meeting]. We couldn't go in to say okay this is what we've got a problem with and this is what's going on."

This study showed that residential social workers and child and youth care workers understood the importance of children's participation and having their views taken into consideration. The following quotes from a residential social worker and a child and youth care worker confirm this: "They have a chance to express what they would like and what they would want to happen, so I do think in my opinion there is a huge improvement in children's participation"; and, "I personally think they [children] are very involved." However, it was evident in the study that too many children still feel that their voices aren't being heard in the multi-disciplinary meeting.

Both adults and children should be involved in making decisions about the lives of children whilst also taking the child's best interest into account. This is confirmed by Article 3 of the UNCRC (UN, 1989) and Section 7 and 9 of the Children's Act (RSA, 2005) where it highlights that, "primary consideration" of "the best interests of the child" should be given "in all actions concerning children". However, the aim of obtaining the views and wishes of children is not simply to determine children's abilities to make decisions, nor is it only to

allow the child to participate in decisions in order to ensure what is in their best interest (Archard & Schiveness, 2009). In actual fact, children's abilities to express their views and wishes is an essential part of the decision making process. This is because children's views are authentic and their views and wishes should be taken into consideration when making decisions. However, a concern for those working within the field of child protection is the priority of ensuring the child's best interest (Archard & Schiveness, 2009:397). Social workers are thus under immense pressure to ensure the child's best interest and fear that they may be blamed for not ensuring the safety of children. This is evident in the following quote from a residential social worker, "We are in a position where we have to make decisions, big decisions that might have really dire consequences for children."

The views and wishes of children may be "heard" in various ways, either directly or indirectly (Archard & Schiveness, 2009). Children may express themselves verbally or in written form. One child said that she wrote a letter that her residential social worker read out in the multi-disciplinary meeting. Alternatively, children may indirectly express their views with assistance from a relevant adult such as their residential social worker who then acts as their "voice" in the meeting. While most residential social workers in the study admitted to sometimes acting as the "voice" of the child in the multi-disciplinary meeting, one residential social worker maintained, "even though we [social workers] could have had sessions before the family conference with the child and the child clams up or I become the voice of the child, I am not the child, so it is still important that participation whatever level is actually facilitated and encouraged". Children in general, but especially younger children, can be encouraged to draw pictures as a means of expressing their views and wishes (Archard & Schiveness, 2009). Children in the study had a desire to be provided with choices and various options within the multi-disciplinary meeting as this provided them with an element of "control". Another child became frustrated with the role-players who doubted her views and wishes due to her young age: "She's a child, she can't make her own decisions. And that's also what happened with me, because I made my own decisions and my foster mom told me 'you're too young to make your own decisions.'" According to Archard and Schiveness (2009), if a child's views are not taken into consideration, it is important that the child should be informed about the reasons for this. Irrespective of the decision made, children should be provided with feedback on how the decision was reached and how their views and wishes were taken into consideration.

Guiding principle 5: Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings

Both Section 10 of the Children's Act (RSA,2005) and Article 12 of the UNCRC (UN, 1989) maintain that the age, maturity and stage of development of a child should be taken into consideration when giving children the opportunity to be part of the decisions made in their lives. Adults usually assume that they have the abilities to form their own views and consequently to make their own choices, whilst the child's age and maturity must first be assessed. An assessment may be useful in determining the extent to which the involved role-players need to offer direction, guidance and support for children to feel prepared for meaningful participation. This emphasises the complexity involved in determining maturity and the evolving capacities of children as it is not always possible to have a fixed understanding of children's evolving capacity.

On the other hand, Article 5 of the UNCRC (UN, 1989) maintains that:

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present.

It is evident that in Section 10 of the Children's Act (RSA, 2005), as well as Articles 12 and 5 of the UNCRC (UN, 1989), that all children who have the ability to express their views and wishes should be provided with the opportunity to do so. In addition, even young children or children with learning difficulties have the ability to express their views and wishes. This research indicated that often younger children, or those with a learning disability, are not provided with the opportunity to participate. This is evident from one child saying she was denied having her views heard as she was told "you are only a child". Furthermore, a child and youth care worker mentioned that one of the children she works with was also denied the opportunity to participate in a meaningful manner in his multi-disciplinary meeting due to his learning disability. Article 5 of the UNCRC (UN, 1989) emphasises the role of duty bearers in providing children with the necessary support in order to express their views and wishes and, in doing so, fulfilling their human rights. This means that especially younger children

and those with learning disabilities should be provided with extra support and guidance in order for their right to participate to be fulfilled.

Lansdown, (2005:4) maintains that a higher level of competency is needed when determining how much weight the child's views and wishes should carry. Article 12 makes it very clear that the views and wishes of a child who is older and sufficiently mature, should be taken more seriously when decisions are being made. Sometimes it is necessary for adults and children to take risks in order for children to discover their abilities. However, this should be done within the safety and security of a trustful relationship. A residential social worker confirms this in saying, "You need to look at the abilities of a child." Furthermore, children also referred to age and maturity as being a factor that should be taken into consideration during participation in multi-disciplinary meetings: "And if I make a decision, that's what I want in life. Because I am at that age where I can make my own decisions, and you always have a choice." The following quote from a child highlights the evolving capacities of children: "Now that I'm sixteen, I am way more talkative... because I guess I embraced the right of freedom of expression."

Another aspect that has an impact on children's participation, is the personal characteristics of children. This refers to temperament and personality. The children, residential social workers and child and youth care workers in the study recognised the significant impact of children's personalities and temperaments on how they participate. This is evident from a child and youth care worker saying, "You get the outspoken one... Then you get the quiet withdrawn one that will still be afraid to say what is on their mind now." Residential social workers and child and youth care workers in this study realised that each child is "unique" in terms of age, maturity and personality and for this reason different methods may be needed to obtain the views and wishes of different children. This was emphasised by a child in the study: "We are our own human beings and we are unique in our own way, so why can't we make our choices in our own unique way?" It is a human right for children to be able to participate in decisions that affect them and for this reason the role-players have the responsibility to tailor their approach according to the child's capacity and to provide them with the necessary support in order to participate in matters affecting them. This furthermore implies that residential social workers need to be skilled in operating within this complex tension field of guiding principles. This means that they need to be able to assess the specific

needs of an individual child in a given situation and context, which in turn will determine which guiding principles, would need to be prioritized.

CONCLUSION

This article presented five guiding principles for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. These five guiding principles were developed through the integration of three theoretical frameworks: Bronfenbrenner's bioecological approach, a strengths perspective, and a rights-based perspective. What is important to note is the relation between the various guiding principles. These principles would be incomplete and fragmented without keeping the interconnectedness between them in mind. Furthermore, this article highlighted the power relations that are evident within multi-disciplinary meetings and the need for a shift in power in order for children to be viewed as human beings in their own right. This seemed to be especially relevant in the context of alternative care where children are in need of respect and affirmation of their value, dignity and contribution. The article also emphasised the importance of creating an enabling environment with children in order for meaningful participation to be understood as a continuous process. In addition, it highlighted the important role that residential social workers and child and youth care workers play in terms of providing the necessary support and guidance in order for children to engage in meaningful participation.

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SECTION D

Section D will include the summary, conclusion, limitations and recommendations of the study.

SECTION D

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

Section D will provide a summary of the research findings according to the various objectives. Furthermore, it will formulate conclusions from the findings in this study. After the summary and conclusions, the researcher will present limitations of the study and then provide personal reflections on the study and research process. Lastly, recommendations will be made with regards to practice, training, research and policy.

2. SUMMARY AND CONCLUSIONS

In accordance with the objectives of this research study, the researcher will provide a summary and conclusions of the study. The objectives of the study were as follows:

1. To explore and describe the experiences of children on their participation within multi-disciplinary meetings in a child and youth care centre. (Phase 1)
2. To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings. (Phase 2)
3. To explore the inputs of the children, residential social workers and child and youth care workers regarding how children's participation can be facilitated within multi-disciplinary meetings in a child and youth care centre. (Phase 3)
4. To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. (Phase 4)

A summary of how each objective was reached will be discussed below:

2.1 OBJECTIVE 1

To explore and describe the experiences of children on their participation within multi-disciplinary meetings within a child and youth care centre.

Objective 1 was addressed in phase 1, and was discussed further in Article 1 (see Section C). Phase 1 of this research study involved 15 individual semi-structured interviews with children from three different child and youth care centres in the Cape Peninsula, South Africa.

Two interviews were held with each of the children. During the first interview the children were asked to create collages of their experience of their participation within multi-disciplinary meetings. The purpose of asking the children to create the collages was to allow them to become more aware of their experiences. Furthermore, it allowed the children to feel more relaxed and to build rapport with the researcher. The collages were not interpreted by the researcher. The second interview was an individual semi-structured interview. The participants in phase 1 provided rich information on how they experienced their participation within multi-disciplinary meetings in a child and youth care centre. The findings from phase 1 are summarised below:

- Meaningful relationships with residential social workers, child and youth care workers and family members allow children to feel safe and secure within multi-disciplinary meetings and this promotes their participation.
- Building meaningful, trusting relationships is an ongoing process and cannot only occur during multi-disciplinary meetings.
- None of the children experienced meaningful relationships with their designated social workers. The children mentioned that their designated social workers changed regularly and that they had high caseloads which resulted in them not having time to build relationships with the children.
- A lack of meaningful relationships with adults often hinders children's participation within their multi-disciplinary meetings.
- Preparation prior to multi-disciplinary meetings is vital so that children have time to formulate their views and wishes and also for them to feel prepared for the multi-disciplinary meeting.

- Children's evolving capacities, personalities and temperaments play a role in their participation in multi-disciplinary meetings. Furthermore, children often rely on their faith to provide them with the strength and calmness during multi-disciplinary meetings.
- An enabling environment is important in allowing children to feel comfortable to participate within their multi-disciplinary meetings in a child and youth care centre.
- The room where the multi-disciplinary meeting is held should be child-friendly and the language used should be appropriate and easy for children to understand.
- Negative reactions of family members in the multi-disciplinary meetings results in children feeling anxious.
- Children's participation not only occurs during a multi-disciplinary meeting but also before and after the meeting. Children need and appreciate support from residential social workers, child and youth care workers and family members before, during and after their multi-disciplinary meetings.
- Children understand that it is their right to participate in multi-disciplinary meetings and feel violated if this right is not endorsed.
- Children often experience a range of feelings before, during and after their multi-disciplinary meetings. Whilst some of these feelings are positive, most children experience negative feelings.

Objective 1 was achieved in phase 1 as the data collected was able to provide an indication of children's experiences of their participation within multi-disciplinary meetings in a child and youth care centre.

From the data collected, the following conclusions can be drawn in relation to objective 1:

- Whilst some children have meaningful relationships with their residential social workers and child and youth care workers, other children do not have this experience.
- Children do not have meaningful relationships with their designated social workers.
- Children are not receiving enough preparation prior to their multi-disciplinary meetings.
- Multi-disciplinary meetings are often not child friendly in terms of the venue or the language used.

- Children need more emotional support before, during and after their multi-disciplinary meetings.

2.2 OBJECTIVE 2

To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings.

Objective 2 was addressed in phase 2 and was discussed further in Article 2 (see Section C). Phase 2 of this study involved focus groups and individual semi-structured interviews. Two individual semi-structured interviews and one focus group interview was held with the residential social workers from three child and youth care centres in the Cape Peninsula in South Africa. Three focus groups were then held with the child and youth care workers from the same three child and youth care centres together. This means that two individual semi-structured interviews were held, as well as four focus group interviews. Six residential social workers and twelve child and youth care workers were part of the study.

The residential social workers and child and youth care workers occupy different roles in the child's life and the focus groups/interviews were therefore held separately. They were asked to provide their perceptions of children's participation within multi-disciplinary meetings. The research findings from phase 2 are summarised below:

- Children need to be provided with a safe space to express their views and wishes. One way of creating a safe space for children is developing meaningful relationships with them. Meaningful relationships with residential social workers, child and youth care workers and designated social workers promote children's participation within multi-disciplinary meetings.
- The venue of the multi-disciplinary meetings needs to be child friendly in order for children to feel safe and secure. Furthermore it was suggested that snacks and drinks be provided in order to help everyone feel more relaxed in the multi-disciplinary meeting.

- Whilst children are usually present in their multi-disciplinary meetings, children are sometimes physically excluded from their multi-disciplinary meetings as residential social workers want to protect them from witnessing conflict or hearing what is being discussed.
- When there are too many people present in a multi-disciplinary meeting, it hinders children's participation.
- The language used in multi-disciplinary meetings is often not very child friendly and tends to be dominated by social work jargon. Furthermore, the meeting is sometimes held in a language that is easiest to understand for the adults and not necessarily for the children.
- Residential social workers and child and youth care workers are aware of the importance and benefits of children's participation within multi-disciplinary meetings.
- Whilst it is the intention of residential social workers and child and youth care workers to facilitate children's participation in multi-disciplinary meetings, this is still not happening enough in practice.
- Residential social workers and child and youth care workers are aware that children's evolving capacities, temperament and personality play a role in how they participate within multi-disciplinary meetings.
- Residential social workers struggle with balancing children's participation and ensuring the child's best interest.
- Preparation for multi-disciplinary meetings is seen as important by residential social workers and child and youth care workers.
- There are various ways in which children can express their views and wishes. These include mediums such as drawing or writing a letter, while residential social workers can also act as a "voice" for children in their multi-disciplinary meetings.
- Factors that hinder children's participation in their multi-disciplinary meetings include: receiving negative feedback; families and designated social workers not arriving for multi-disciplinary meetings; and children's loyalty towards their families.
- Multi-disciplinary meetings are a statutory requirement from the Department of Social Development where decisions are made about children's lives.

- Children's views are not always taken into consideration as residential social workers and child and youth care workers experience an immense responsibility to ensure the best interest for children.
- Residential social workers and child and youth care workers understand that providing children with an opportunity to participate in the multi-disciplinary meetings provides them with an element of power and control.

From the data collected, the following conclusions can be drawn in relation to objective 2:

- Meaningful relationships between the child and residential social worker and child and youth care worker promote children's participation.
- Multi-disciplinary meetings are often not child friendly in terms of the venue or the language used.
- Residential social workers and child and youth care workers struggle to obtain a balance between ensuring children's participation and ensuring that decisions made are in children's best interests.
- Residential social workers and child and youth care workers should take children's evolving capacities, temperament and personality into consideration when facilitating their participation in multi-disciplinary meetings.
- Children should be provided with a range of options on how to express their views and wishes in their multi-disciplinary meetings.

Objective 2 was achieved in phase 2 with regards to how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings.

2.3 OBJECTIVE 3

To explore the inputs of the children, residential social workers and child and youth care workers regarding how children's participation can be facilitated effectively and decisions can be made in their best interest within multi-disciplinary meetings in the context of a child and youth care centre.

Objective 3 was addressed in phase 3. Phase 3 of this study involved the same focus groups and individual semi-structured interviews conducted in phases 1 and 2. This means that the data obtained came from 17 semi-structured interviews and 4 focus groups with the 15 children, 6 residential social workers and 12 child and youth care workers. The participants in phase 3 provided valuable information in terms of their inputs of what should be included in a social work intervention. The findings from phase 3 are summarised below:

- Preparation prior to a multi-disciplinary meeting is vital and should include the following aspects: providing children with information on matters that concern them, explaining the procedure of the multi-disciplinary and providing them with an opportunity to express their views and wishes.
- Whilst children experience much anxiety when they are not prepared prior to their multi-disciplinary meetings, they experience a sense of empowerment if they are provided with thorough preparation.
- Children need to be provided with the necessary emotional support before, during and after their multi-disciplinary meetings from their child and youth care workers and residential social workers.
- Children are of the view that adults should be in possession of certain positive characteristics in order to enhance their participation in multi-disciplinary meetings.
- Meaningful relationships between the child and residential social worker, child and youth care workers and designated social workers are vital in promoting children's participation, whilst a lack of such meaningful relationships can hinder children's participation.
- Children should be provided with the opportunity to express their views and wishes and residential social workers and child and youth care workers should listen to their views.
- Children should be provided with choices in the decision making process and their views and wishes should be taken into consideration when decisions are made.
- Children should be provided with a range of options as to how they choose to express themselves and to be involved in decision making.
- Residential social workers and child and youth care workers should ensure that the multi-disciplinary meeting is held in a child friendly environment where snacks and drinks are provided.

- Child friendly language should be used in multi-disciplinary meetings so that children understand what is being said. Children should also feel comfortable with the language that the multi-disciplinary meeting is conducted in.
- The number of persons present in the multi-disciplinary meeting should be limited.
- Where possible children should be present in their multi-disciplinary meetings. If this is not possible, the reasons for exclusion should be explained to the child.
- All children should be given the opportunity to express their views. Residential social workers and child and youth care workers should provide children with guidance and support according to their evolving capacities.

From the data collected in phase 3, the following themes were identified for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

1. Preparation of children prior to the multi-disciplinary meetings.
2. Creating encounters and relations with an adult in the child's professional network.
3. Creating a child friendly environment within multi-disciplinary meetings.
4. Encouraging children's involvement in decision making in multi-disciplinary meetings.
5. Taking a child's evolving capacity into consideration during decision making in multi-disciplinary meetings.

2.4 OBJECTIVE 4

To develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. (Phase 4)

During phase 4 the feedback obtained from the children, residential social workers and child and youth care workers in phases 1, 2 and 3, additional literature, as well as the theoretical frameworks were used to develop the social work intervention for the facilitation of children's participation within multi-disciplinary meetings, thereby achieving objective 4. The themes from phase 3 then became the five guiding principles that were included in the social work intervention.

The conclusions that can be drawn from phase 4 in relation to meeting objective 4 are:

- The preliminary social work intervention for the facilitation of children's participation within multi-disciplinary meetings was developed.
- The preliminary social work intervention was then discussed in a group discussion and evaluated by 4 residential social workers.
- The primary findings from phase 3 identified minor adjustments needed to the social work intervention and the intervention was adjusted accordingly.
- The social work intervention for the facilitation of children's participation within multi-disciplinary meetings was finalised.
- A graphical representation of the social work intervention for the facilitation of children's participation within multi-disciplinary meetings was developed in order for it to be easily accessible for residential social workers and child and youth care workers.

Objective 4 was achieved in phase 4 and was discussed in Article 3 (see Section C). Furthermore, the final social work intervention and graphical representation can be found in Part A, Section 2.

3. LIMITATIONS

The researcher experienced a big challenge in this study with regards to trying to gain access via the gatekeepers of child and youth care centres. Of the 31 child and youth care centres that were contacted to be part of the study, only 3 child and youth care centres indicated that they would be willing to participate.

Another possible limitation in the study is that the researcher could also have included designated social workers in the research to give their input in terms how they perceive children's participation in multi-disciplinary meetings and also what input they would provide in terms of the development of a social work intervention. As designated social workers work with a variety of child and youth care centres and also foster parents, and are therefore part of multi-disciplinary meetings, they would have been able to provide more insight on the various ways of facilitating children's participation within a multi-disciplinary

meeting. Furthermore, a social work intervention would also benefit them in terms of the facilitation of children's participation within multi-disciplinary meetings for foster children and for children who are placed in a child and youth care centre.

It may have been useful to include the children and child and youth care workers in separate group discussions to give feedback on the preliminary social work intervention. This would have ensured a holistic approach in terms of ensuring that the social work intervention met the needs and expectations of the children, residential social workers and child and youth care workers.

The researcher's first language is English and her second language is Afrikaans. Most of the interviews and focus groups were held in Afrikaans. Consequently, many of the transcriptions needed to be translated from Afrikaans to English. The interviews and focus groups were transcribed verbatim and thus contained Afrikaans jargon. This made it a challenge to translate accurately from Afrikaans to English.

This study only included children between the ages of 12 and 18 years, thus the stage of adolescence. The study therefore did not take into account the experiences of younger children (12 years and younger) within multi-disciplinary meetings in a child and youth care centre. Younger children may have had different experiences which would have been helpful in the development of the social work intervention.

The researcher works as a residential social worker at one of the child and youth care centres that was part of the study and this may have affected the data collected as the children, other residential social workers and child and youth care workers were aware of the researcher's role and this could consequently have affected the participants' willingness to share certain information. While the interviews were not held with children on the researcher's caseload, the researcher has worked at the child and youth care centre for seven years and is therefore known by most of the children and staff.

The researcher's promotor facilitated the focus group interviews with the residential social workers and child and youth care workers at the child and youth care centre in order for the data not to be influenced. The researcher's promotor was used as she had sound knowledge of the research study and also did not have a relationship with any of the participants.

The researcher audio recorded - and not video recorded - the individual semi-structured interviews and focus groups. This means that the researcher was able to identify (using numbers) which quotes were from the individual semi-structured interviews. However, with the focus groups, it was not possible to identify what each participant was saying. This could be viewed as a limitation in the study.

4. RECOMMENDATIONS

Recommendations in terms of practice, training, further research and policy will be presented below:

4.1 RECOMMENDATIONS FOR PRACTICE

It is recommended that changes are needed at both governmental and organisational levels to ensure the implementation of the social work intervention developed in this study to facilitate children's participation within multi-disciplinary meetings in a child and youth care centre. Furthermore, in order to ensure the effective implementation of this social work intervention, the following additional factors should be taken into consideration:

- Child and youth care centres should consider having a child friendly room in which multi-disciplinary meetings can be held.
- Residential social workers and child and youth care workers should manage their time effectively in order to ensure that children receive the necessary preparation prior to the multi-disciplinary meeting.
- It is required of residential social workers and child and youth care workers to build meaningful, trusting relationships with children. This means spending time with children and listening to them.
- Residential social workers and child and youth care workers need to show more commitment towards children's participation in multi-disciplinary meetings.
- Residential social workers and child and youth care workers need to understand that each child is unique and may need different support to ensure that they are able to participate in matters affecting them. It is therefore important to work with each

individual child according to his or her personality and evolving capacity and to provide them with the necessary support and guidance to express their views and wishes. This means that a variety of methods should be used to assist children in expressing their views and wishes.

- Residential social workers and child and youth care workers should be involved in teaching children the necessary skills to participate in multi-disciplinary meetings.
- Residential social workers and child and youth care workers may need additional training in order to provide them with the knowledge and skills to facilitate children's participation in multi-disciplinary meetings.

4.2 RECOMMENDATIONS FOR TRAINING

This study highlighted that residential social workers and child and youth care workers require specialised training to facilitate children's participation in multi-disciplinary meetings due to the nature of child protection work and the type of children who are placed in a child and youth care centre. In order to implement the social work intervention that has been developed in this study, it is highly recommended that the residential social workers and child and youth care workers receive training in order to provide them with the knowledge and skills to facilitate children's participation in multi-disciplinary meetings.

- The social construction of childhood and the perceptions of the social position and status of children from different societies and cultures can affect how residential social workers and child and youth care workers view children and their ability to participate in matters affecting them.
- The reflective competencies of residential social workers and child and youth care workers can be established by reflecting on their own constructions of childhood and attitudes towards children.
- Education in human rights, emphasising the values of human dignity, freedom, equality, non-discrimination and its implications for children's participation within multi-disciplinary meetings.

4.3 RECOMMENDATIONS FOR RESEARCH

While there are a number of recommendations that can be made with regards to further research, only a few will be highlighted here.

- This study involved 16 individual semi-structured interviews, 4 focus groups, and 1 group discussion and whilst data saturation was achieved through the same themes emerging from the data, it is recommended that the research be reproduced with a larger sample size to further corroborate its findings. Furthermore, it is recommended that designated social workers be included in the study.
- This study was conducted within the context of a child and youth care centre. However, multi-disciplinary meetings are also held for children who have been placed in foster care. It is therefore recommended that a similar study be conducted with children, foster parents and designated social workers in order to develop a social work intervention for the facilitation of children's participation within multi-disciplinary meetings for children who have been placed into foster care.
- This study was conducted with children between the ages of 12 and 18 years and did not include children younger than 12 years of age. The researcher therefore did not obtain the experiences or inputs from children younger than 12 years old. It is recommended to conduct a similar study with younger children using age appropriate data collection methods.
- Lastly, it is recommended that further research be conducted to determine the efficiency of the social work intervention that was developed in this study.

4.4 RECOMMENDATIONS FOR POLICY

It became evident in this study that within South African legislation no guidelines exist in terms of the facilitation of children's participation within multi-disciplinary meetings in child and youth care centres. This study has resulted in the development of a social work intervention for the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre.

It is therefore recommended that this social work intervention be incorporated into policy and legislation in child protection on both a government level and an organisational level in order

to address the gap and to provide residential social workers, designated social workers and child and youth care workers with guidelines for practice.

5. RESEARCHER'S REFLECTIONS

In this section the researcher will include a personal reflection that was undertaken throughout this research process.

I conducted this study as a result of my personal experience of working within child protection in London (United Kingdom) for 12 months, in South Africa for 12 months and within a child and youth care centre for 7 years. My experience in London allowed me to experience a very structured manner of facilitating multi-disciplinary meetings where child participation was a priority. However, my experience in South Africa has been very different. Due to the lack of a social work intervention available for South African social workers, I have witnessed each social worker facilitating multi-disciplinary meetings in their own way. Apart from there being no guidelines available, I do not recall receiving any training at university regarding the facilitation of children's participation in meetings. Therefore, the way in which I facilitate multi-disciplinary meetings is from what I have witnessed from my colleagues and read in literature. Whilst I have learnt a lot of positive aspects in terms of encouraging children's participation in multi-disciplinary meetings, I have also sat in meetings where I have cringed at the manner in which the social worker was facilitating the meeting.

My 7 years' experience at a child and youth care centre has led to me facilitate at least 28 multi-disciplinary meetings a year. That means that I have probably facilitated about 200 multi-disciplinary meetings whilst working at my current organisation. My experience has been that most children are very excited to have a multi-disciplinary meeting as they see it as a chance to be placed out of the child and youth care centre. However, my experience has been that usually children leave the multi-disciplinary meeting feeling angry, sad, disappointed and hurt. This is often as result of the outcome not being what they expected. Hearing the experiences of children in this study made me realise the importance of providing thorough preparation for children prior to a multi-disciplinary meeting. I felt guilty as I often did not make the effort to prepare the children and usually just informed the child and youth care worker that there would be a multi-disciplinary meeting. I did not even

personally tell the child about the meeting, never mind prepare them for the meeting. This made me feel responsible for the negative feelings that the children experienced during and after the multi-disciplinary meeting.

Furthermore, I also felt guilty for facilitating multi-disciplinary meetings in an “adult focused” manner. I have realised that the conversations are usually with the adults about the children and that the children are hardly ever asked to share their views and wishes. When they are asked, it is usually near the end of the meeting. I also usually have our multi-disciplinary meetings in our boardroom, which is very formal. The table is big and sometimes the younger children can’t really see over the table. This research has given me some insight in terms of why the children possibly did not participate in those multi-disciplinary meetings.

I work as a case manager for the younger children at my organisation. This means that most of my clients are between the ages of 2 and 10 years. In my experience having younger children involved in the multi-disciplinary meeting is a “burden” as they don’t sit still, they make a noise etc. It is therefore a challenge to discuss the matters at hand. For this reason I started excluding younger children from the meetings. However, it never occurred to me to use alternative ways of obtaining their views and wishes beforehand. I feel like I have failed these children as they also have a voice regardless of their age and maturity.

This study has been an eye opener for me. I have learnt so much, especially from the children. I have realised that not enough credit is given to them regarding their capabilities. I too, have been one of those social workers who wants to protect and I definitely prioritized the child’s best interest. The children we work with are so vulnerable and I failed to see their resilience and strength. However, I recently (in the month of writing up my thesis) facilitated a family conference where there were concerns about sending the three children home for the September school holidays. The children are aged 5, 9 and 12 and they enjoy visiting their family. The area in which their family lives is very dangerous and there are often people being killed by gang members. My gut instinct told me that we can definitely not allow these children to go home and that I should just say it. However, I did something a bit different. I started the meeting by discussing the pros and cons of sending them home for the September school holidays. I then informed everyone that I would not be making the decision but that we (professionals, family and children) needed to make a decision together. What happened next, blew me away. The two older children both indicated that they did not think it was a

good idea for them to go home. These are children who constantly ask if they can go home for a holiday. However, when they were given the bigger picture, they decided that it was not in their best interest to go home. I was amazed by their maturity and insight and it made me realise again how often we, as professionals, underestimate the abilities of children. Here, a grade 2 child and a grade 4 child were able to know what was best for them. They were the experts of their own lives! Whilst the younger child indicated that he wanted to go home for the holidays, I used the opportunity to have a discussion with him afterwards about why the decision was made. I indicated that I had taken his views and wishes into consideration. This was such an empowering multi-disciplinary meeting for me. I felt that this research had practically impacted on both my life and the lives of those 3 children.

Once again, I recently did something that I don't usually do. I brought some donuts and arranged coffee and tea for a multi-disciplinary meeting. We also had the meeting in the lounge area of the housing unit. I immediately felt the difference in the atmosphere. It was much more relaxed and although some very serious issues were discussed, the child was able to express her views and wishes quite easily. She is actually quite a shy and withdrawn child and yet this relaxed environment allowed her to share her views freely. This highlighted the importance of creating a child friendly environment.

My experience with the interviews and focus groups was very positive. I thoroughly enjoyed the interactions with the various children, residential social workers and child and youth care workers. Whilst I was very nervous at first, I was pleasantly surprised at how engaging most of the participants were. I was also amazed at the insight that the children had in the study. So many things that they shared really hit home and made me determined to improve the way that I facilitate multi-disciplinary meetings. I also realised again how resilient most children are. They do not let things get them down and are determined to improve their lives. I was honestly inspired by the 15 children that were part of the study.

One challenge for me during the interviews and focus groups was to remain objective and focused. I found it difficult to not agree or start a conversation regarding my own experience as the discussions were so real and I could really relate. I was able to deal with this through regular supervision and also through regular reflections after each interview and focus group.

During the focus group and individual interviews with the residential social workers, it seemed as if they perceived that they were facilitating children's participation effectively and had valid reasons when they were not able to do so. During the group discussion with the residential social workers, it became very clear that they had a good understanding of what children's participation is, and that it is important within a multi-disciplinary meeting. However, several times during the discussion, the residential social workers admitted to feeling guilty for not facilitating children's participation effectively within multi-disciplinary meetings. The research therefore seemed to bring awareness to them regarding their actions. It was clear that they were all passionate about the children they work with, and felt awful that children were not experiencing being part of their multi-disciplinary meetings. One residential social worker said that many of the points in the social work intervention were things that she knew, but never implemented. However, they all felt positive about having a social work intervention available to them to provide them with guidelines on how to facilitate children's participation within multi-disciplinary meetings.

I was very aware of my role as a residential social worker at one of the specific child and youth care centres and the pros and cons thereof. Being a residential social worker at the specific child and youth care centre could have been advantageous in terms of the staff and children feeling more at ease to share their views and wishes as I was a familiar face at the centre. However, it could have also been disadvantageous in that the participants may have felt uncomfortable to share their true views and feelings in fear that I would breach confidentiality. I did however reassure all the participants that all the information collected would be treated as confidential. None of the children were on my caseload, however, everyone was aware of my role in the organisation and my relationships with other staff members and this in turn may have hindered them from being truthful.

This research is very close to my heart. I have a passion for children and empowerment. Children who have been placed in a child and youth care centre are often viewed as being vulnerable. However, this research showed me how resilient and determined they are. These children know how to fight for survival. Developing this social work intervention was important to firstly assist me and also others in facilitating children's participation in a multi-disciplinary meeting in a child and youth care centre and in turn, to give children an opportunity to have their voices heard!

6. FINAL WORD

This study was conducted as a result of observations, personal experience and literature with regards to the challenges in facilitating children's participation within multi-disciplinary meetings in a child and youth care centre. Whilst the study confirmed much of what is found in literature, especially on an international level, the aim was to fill the gap in terms of looking at children's participation within a multi-disciplinary meeting in a child and youth care centre in South Africa. South Africa is a less developed country and therefore does not have the funds to implement certain procedures that occur in a more developed country.

Most importantly, this study addressed a gap within the South African context which resulted in the development of a social work intervention which would assist residential social workers and child and youth care workers in the facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. The researcher is motivated to take this social work intervention further, and to provide support and training to other child and youth care centres to empower those residential social workers and child and youth care workers in the facilitation of children's participation.

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ADDENDA

ADDENDUM 1: ETHICAL CLEARANCE FROM THE HREC



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ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: FACILITATING CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CENTRE: AN INTERVENTION STRATEGY																
Project Leader: Dr C van Wyk																
Ethics number:		N	W	U	-	0	0	1	2	6	-	1	4	-	A	1
		Institution			Project Number						Year		Status			
		Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation														
Approval date: 2014-12-09															Expiry date: 2016-04-01	

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-RERC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis
Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=NWU,
Vaal Triangle Campus, ou=Vice-
Rector: Academic,
email=linda.duplessis@nwu.ac.za,
c=ZS
Date: 2014.12.09 21:50:28 +02'00'

Prof Linda du Plessis
Chair NWU Research Ethics Regulatory Committee (RERC)



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Faculty of Health Sciences

Tel: +2718-299 2092
Fax: +2718-299 2088
Email: Minrie.Greeff@nwu.ac.za

9 December 2014

Dr C van Wyk
CCYFS

Dear Dr Van Wyk

ETHICS APPLICATION: NWU-00126-14-S1 "FACILITATING CHILDREN'S PARTICIPATION WITHIN MULTI-DISCIPLINARY MEETINGS IN A CHILD AND YOUTH CARE CENTRE: AN INTERVENTION STRATEGY"

Thank you for amending your application. All ethical concerns have now been addressed and ethical approval is granted until 01/04/2016.

Yours sincerely

Prof Minrie Greeff
Health Research Ethics Committee Chairperson

Original details: (10187308) C:\Users\13210572\Documents\ETIEK\2014 ETHICS\NWU-00126-14-S1 (C van Wyk-J Johannisen) - Approval letter.docm
9 December 2014

File reference: 9.1.5.3

ADDENDUM 2: ETHICAL CLEARANCE FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT'S ETHICS COMMITTEE



Research, Population and Knowledge Management

tel: +27 21 483 4512 fax: +27 21 483 5602

14 Queen Victoria Street, Cape Town, 8000

Reference: 12/1/2/4

Enquiries: Clinton Daniels/Petro Brink

Tel: 021 483 8658/483 4512

Ms J. Johannisen

A4 Belami Drive

Sonstraal Heights

Cape Town

Dear Ms Johannisen

RE: APPROVAL TO UNDERTAKE RESEARCH IN THE WESTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT

1. Your request for ethical approval to undertake research in respect of *'Facilitating Children's participation within multi-disciplinary meetings in a Child and Youth Care Centre: an intervention strategy'*, refers.
2. It is a pleasure to inform you that your request has been approved by the Research Ethics Committee (REC) of the Department, subject to the following conditions:
 - That the Secretariat of the Research Ethics Committee be informed in writing of any changes made to your proposal after approval has been granted and be given the opportunity to respond to these changes.
 - That ethical standards and practices be maintained throughout the research study, in particular that written informed consent be obtained from participants.
 - Participants under the age of 18 years should assent in writing while consent should be given by relevant guardians or caregivers.
 - The confidentiality and anonymity of participants, who agree to participate in the research, must be protected, should be maintained throughout the research process and should not be

named in your research dissertation or any other publications that may emanate from your research.

- In the undertaking of the approved research, please ensure that any possible conflict of interest as well as influencing of participants to participate in view of your dual role as researcher and social worker, is avoided.
- The Department should have the opportunity to respond to the findings of the research. In view of this, the final draft of your dissertation should be sent to the Secretariat of the REC for comment before further dissemination.
- That the Department be informed of any publications and presentations (at conferences and otherwise) of the research findings. This should be done in writing to the Secretariat of the REC.
- Please note that the Department supports the undertaking of research in order to contribute to the development of the body of knowledge as well as the publication and dissemination of the results of research. However, the manner in which research is undertaken and the findings of research reported should not result in the stigmatisation, labelling and/or victimisation of beneficiaries of its services.
- The Department should receive a copy of the final research dissertation and any subsequent publications resulting from the research.
- The Department should be acknowledged in all research papers and products that result from the data collected in the Department.
- Please note that the Department cannot guarantee that the intended sample size as described in your proposal will be realised.
- Logistical arrangements for the research must be made with your Regional Manager, subject to the operational requirements and service delivery priorities of the Department.
- Failure to comply with these conditions can result in this approval being revoked.

Yours sincerely



Ms M. Johnson

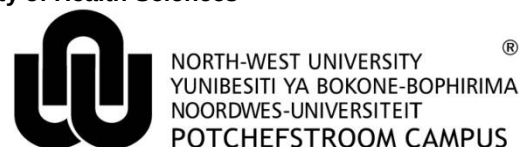
Chairperson: Research Ethics Committee

Date: 9/3/15

ADDENDUM 3: WRITTEN INFORMED CONSENT FORM FOR THE GUARDIAN OF THE CHILDREN



Faculty of Health Sciences



The facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention

WRITTEN INFORMED CONSENT FORM FOR THE GUARDIAN OF THE CHILDREN
I am Jessica Johannisen from the North-West University working on children's participation within multi-disciplinary meetings in a child and youth care centre and I would like to invite you to give permission for children under the age of 18 at the specific child and youth care centre to participate in my study. As the legal guardian of children under the age of 18 at the centre, your consent is necessary.

Participation in this study is voluntary.

1. PURPOSE OF THE STUDY

The purpose of this study is to develop a social work intervention for the meaningful facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Children, social workers and child and youth care workers from child and youth care centres in the Cape Peninsula will form part of the study.

2. PROCEDURE

Two separate interviews will be held with the child participants.

During the first interview the focus will be their experiences. It will allow the participants to make meaning of their experience and explore the issue of children's participation within multi-disciplinary meetings. The researcher aims at allowing child participants to create collages on their experiences of their partaking within multi-disciplinary meetings during the first interview. Collages will be created in the first interview. During the first part of the second interview the participants will be asked to describe their collages to the researcher. The collage will not be interpreted by the researcher, but rather be used as a tool to assist the child participants in expressing themselves during the interview (Mitchell, *et al.*, 2011:20).

Individual semi-structured interviews will be used for the second part of the second interview with participants. Individual semi-structured questions will be used for the second interview in order to obtain the children's input on what should be included

in a social work intervention to ensure the facilitation of meaningful children's participation within multi-disciplinary meetings.

The interviews will be audio recorded with the consent of the participants after which they will be transcribed.

3. RISKS/DISCOMFORTS

Risks in terms of conducting this research with vulnerable children may include traumatic experiences and memories being brought up into their foreground. The questions may bring up painful memories which can cause further trauma for the children. It will therefore be vital to ensure that the children receive the necessary debriefing or counselling if needed. Debriefing will occur after each interview and should the child require further emotional support then he or she will be referred to their internal social worker or a suitably qualified person.

No individual identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. The electronic data will be stored on the researcher's computer which is password protected. Only the researcher has access to the computer. After completion of the study, the student will hand over the data to the relevant administrative officer at the Centre for Child, Youth and Family studies. Data will be stored in Annex of CCYF in Malherbe Street, Wellington in a safe. A record book will be kept with dates for destruction of data (hard copies/cd's/dvd, 5 years after the student has graduated.

4. BENEFITS

This research will benefit the children in terms of providing them with the opportunity to have their voices heard and to participate in the formulation of a social work intervention to ensure that they participate effectively within multi-disciplinary meetings. This in turn may also allow the adolescents to feel empowered as they are part of this process and their views and inputs are taken into consideration. The benefits outweigh the risks of the study.

Another benefit of conducting this research will be to provide social workers with the necessary guidelines to confidently facilitate meaningful children's participation within multi-disciplinary meetings. Social workers may lack the necessary skills and insight on ensuring that children participate effectively within multi-disciplinary meetings and this research will provide them with a social work intervention to ensure that this process is implemented in practice. This in turn will benefit the children as they will then be provided with the opportunity to participate effectively within multi-disciplinary meetings.

The research may also benefit the child and youth care workers and other professionals in terms of them becoming more aware of the role that they need to play within the process of ensuring children's participation within multi-disciplinary meetings. Once the child and youth care workers and other professionals are more

aware of their role within multi-disciplinary meetings, then they will be able to act accordingly. This will then benefit the children as they will receive the necessary support within the process of their participation in multi-disciplinary meetings.

5. COSTS

There will be no cost for the children's participation in this study.

6. CONFIDENTIALITY AND ANONYMITY

The participant's name will not appear on any documentation. The researcher will make use of pseudo names. Identifying characteristics of the children will also not be described and therefore the person will be kept anonymous. The identity of the participants will not be linked to the collected data made available for analysis, which ensures anonymous reporting of data. Participants' right to privacy, anonymity and confidentiality will be maintained by ensuring that documents which link names to data are securely stored at all times. Confidentiality will also be maintained by means of password-protected documents on the computer of the researcher. Only the researcher will have access to this data. Interviews and focus groups will be held in a venue that is located in an area where others will not be able to hear what is being said.

7. PAYMENT

The children will receive no payment for participation. The researcher will conduct the study on the premises of the child and youth care centre and therefore the participants do not need compensation for their travelling expenses. The researcher however will provide light snacks for the participants.

8. QUESTIONS

You are welcome to ask any questions to a member of the research team before you decide to give consent. You are also welcome to contact Jessica Johannisen if you have any further questions concerning you consent at jessicascholtz@yahoo.com.

The project leader's details are: Carlien van Wyk and she can be contacted at Carlien.VanWyk@nwu.ac.za. The contact details of the HREC (Human Research Ethics Committee) are: Carolien van Zyl and she can be contacted at carolien.vanzyl@nwu.ac.za

9. FEEDBACK OF FINDINGS

Findings will be released in written form, as accurately and objectively as possible. Findings will be communicated and given to all parties involved by providing them with a copy of the final dissertation. The child participants will have access to a copy of the dissertation. The researcher will also arrange presentations at the three separate child and youth care centres to report the findings of the research.

PERMISSION FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline the participation of the children to be part of this study, or to withdraw at any point even after you have signed the form to give consent without any consequences.

Should you give permission for children under the age of 18 years to participate in this study, you are requested to sign below:

I _____ hereby voluntarily consent that the children under the age of 18 at the specific child and youth care centre may participate in the above mentioned study. I am not coerced in any way to give permission for the children to participate and I understand that I can withdraw at any time. I also understand that the children's names will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to the name of the centre at any stage. I also understand what the child and youth care centre may benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the guardian of children

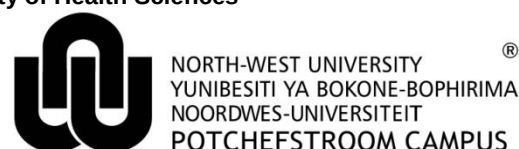
Date

Signature of the person obtaining consent

ADDENDUM 4: WRITTEN INFORMED ASSENT FORM FOR CHILDREN



Faculty of Health Sciences



The facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention

WRITTEN INFORMED ASSENT FORM FOR CHILDREN

I am Jessica Johannisen from the North-West University working on children's participation within multi-disciplinary meetings in a child and youth care centre and I would like to invite you to give permission for children under the age of 18 at the specific child and youth care centre to participate in my study. As the legal guardian of children under the age of 18 at the centre, your consent is necessary.

Participation in this study is voluntary.

1. PURPOSE OF THE STUDY

The purpose of this study is to develop a social work intervention for the meaningful facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Children, social workers and child and youth care workers from child and youth care centres in the Cape Peninsula will form part of the study.

2. PROCEDURE

Two separate interviews will be held with the child participants.

During the first interview the focus will be their experiences. It will allow the participants to make meaning of their experience and explore the issue of children's participation within multi-disciplinary meetings. The researcher aims at allowing child participants to create collages on their experiences of their partaking within multi-disciplinary meetings during the first interview. Collages will be created in the first interview. During the first part of the second interview the participants will be asked to describe their collages to the researcher. The collage will not be interpreted by the researcher, but rather be used as a tool to assist the child participants in expressing themselves during the interview (Mitchell, *et al.*, 2011:20).

Individual semi-structured interviews will be used for the second part of the second interview with participants. Individual semi-structured questions will be used for the second interview in order to obtain the children's input on what should be included

in a social work intervention to ensure the facilitation of meaningful children's participation within multi-disciplinary meetings.

The interviews will be audio recorded with the consent of the participants after which they will be transcribed.

3. RISKS/DISCOMFORTS

Risks in terms of conducting this research with vulnerable children may include traumatic experiences and memories being brought up into their foreground. The questions may bring up painful memories which can cause further trauma for the children. It will therefore be vital to ensure that the children receive the necessary debriefing or counselling if needed. Debriefing will occur after each interview and should the child require further emotional support then he or she will be referred to their internal social worker or a suitably qualified person.

No individual identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. The electronic data will be stored on the researcher's computer which is password protected. Only the researcher has access to the computer. After completion of the study, the student will hand over the data to the relevant administrative officer at the Centre for Child, Youth and Family studies. Data will be stored in Annex of CCYF in Malherbe Street, Wellington in a safe. A record book will be kept with dates for destruction of data (hard copies/cd's/dvd, 5 years after the student has graduated.

4. BENEFITS

This research will benefit the children in terms of providing them with the opportunity to have their voices heard and to participate in the formulation of a social work intervention to ensure that they participate effectively within multi-disciplinary meetings. This in turn may also allow the adolescents to feel empowered as they are part of this process and their views and inputs are taken into consideration. The benefits outweigh the risks of the study.

Another benefit of conducting this research will be to provide social workers with the necessary guidelines to confidently facilitate meaningful children's participation within multi-disciplinary meetings. Social workers may lack the necessary skills and insight on ensuring that children participate effectively within multi-disciplinary meeting and this research will provide them with a social work intervention to ensure that this process is implemented in practice. This in turn will benefit the children as they will then be provided with the opportunity to participate effectively within multi-disciplinary meetings.

The research may also benefit the child and youth care workers and other professionals in terms of them becoming more aware of the role that they need to play within the process of ensuring children's participation within multi-disciplinary

meetings. Once the child and youth care workers and other professionals are more aware of their role within multi-disciplinary meetings, then they will be able to act accordingly. This will then benefit the children as they will receive the necessary support within the process of their participation in multi-disciplinary meetings.

5. COSTS

There will be no cost for the children's participation in this study.

6. CONFIDENTIALITY AND ANONYMITY

The participant's name will not appear on any documentation. The researcher will make use of pseudo names. Identifying characteristics of the children will also not be described and therefore the person will be kept anonymous. The identity of the participants will not be linked to the collected data made available for analysis, which ensures anonymous reporting of data. Participants' right to privacy, anonymity and confidentiality will be maintained by ensuring that documents which link names to data are securely stored at all times. Confidentiality will also be maintained by means of password-protected documents on the computer of the researcher. Only the researcher will have access to this data. Interviews and focus groups will be held in a venue that is located in an area where others will not be able to hear what is being said.

7. PAYMENT

The children will receive no payment for participation. The researcher will conduct the study on the premises of the child and youth care centre and therefore the participants do not need compensation for their travelling expenses. The researcher however will provide light snacks for the participants.

8. QUESTIONS

You are welcome to ask any questions to a member of the research team before you decide to give consent. You are also welcome to contact Jessica Johannisen if you have any further questions concerning you consent at jessicascholtz@yahoo.com.

The project leader's details are: Carlien van Wyk and she can be contacted at Carlien.VanWyk@nwu.ac.za . The contact details of the HREC (Human Research Ethics Committee) are: Carolien van Zyl and she can be contacted at carolien.vanzyl@nwu.ac.za

9. FEEDBACK OF FINDINGS

Findings will be released in written form, as accurately and objectively as possible. Findings will be communicated and given to all parties involved by providing them with a copy of the final dissertation. The child participants will have access to a copy of the dissertation. The researcher will also arrange presentations at the three separate child and youth care centres to report the findings of the research.

PERMISSION FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be part of this study, or to withdraw at any point even after you have signed the form to give assent without any consequences.

Should you be willing to participate in this study, you are requested to sign below:

I _____ hereby voluntarily assent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time. I also understand that my details name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to the name of the centre at any stage. I also understand what the child and youth care centre may benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

Original details: Carolien van Zyl(13210572) C:\Users\13210572\Documents\toets.docm
19 March 2014

ADDENDUM 5: WRITTEN INFORMED CONSENT FORM FOR RESIDENTIAL SOCIAL WORKERS AND CHILD AND YOUTH CARE WORKERS



Faculty of Health Sciences



The facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre: a social work intervention

WRITTEN INFORMED CONSENT FORM FOR THE RESIDENTIAL SOCIAL WORKERS AND CHILD AND YOUTH CARE WORKERS

I am Jessica Johannisen from the North-West University working on children's participation within multi-disciplinary meetings in a child and youth care centre and I would like to invite you to participate in my study. To follow is information about the study so that you can make an informed decision. Participation in this study is voluntary.

1. PURPOSE OF THE STUDY

The purpose of this study is to develop a social work intervention for the meaningful facilitation of children's participation within multi-disciplinary meetings in a child and youth care centre. Children, social workers and child and youth care workers from child and youth care centres in the Cape Peninsula will form part of the study.

2. PROCEDURE

Focus groups will be used to collect data from the social workers, other professionals and child and youth care workers to explore and describe their inputs on what should be included in a social work intervention to ensure children's participation within multi-disciplinary meetings in the context of a child and youth care centre. Two separate focus groups will be conducted. One focus group will be held with the social workers and other professionals. The second focus group will be held with the child and youth care workers. Focus groups will be held in a venue that is located in an area where others will not be able to hear what is being said.

Once the researcher has collected all the data and developed the social work intervention, the researcher will then include the social worker participants in a group discussion to receive feedback on the social work intervention. Arrangements will be made for the discussion group to be conducted in a neutral location.

The focus groups will be audio recorded with the consent of the participants after which they will be transcribed.

3. RISKS/DISCOMFORTS

No individuals identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. The electronic data will be stored on the researcher's computer which is password protected. Only the researcher has access to the computer. After completion of the study, the student will hand over the data to the relevant administrative officer at the Centre for Child, Youth and Family studies. Data will be stored in Annex of CCYF in Malherbe Street, Wellington in a safe. A record book will be kept with dates for destruction of data (hard copies/cd's/dvd, 5 years after the student has graduated.

4. BENEFITS

This research will benefit the children in terms of providing them with the opportunity to have their voices heard and to participate in the formulation of a social work intervention to ensure that they participate effectively within multi-disciplinary meetings. This in turn may also allow the adolescents to feel empowered as they are part of this process and their views and inputs are taken into consideration. The benefits outweigh the risks of the study.

Another benefit of conducting this research will be to provide social workers with the necessary guidelines to confidently facilitate meaningful children's participation within multi-disciplinary meetings. Social workers may lack the necessary skills and insight on ensuring that children participate effectively within multi-disciplinary meeting and this research will provide them with a social work intervention to ensure that this process is implemented in practice. This in turn will benefit the children as they will then be provided with the opportunity to participate effectively within multi-disciplinary meetings.

The research may also benefit the child and youth care workers and other professionals in terms of them becoming more aware of the role that they need to play within the process of ensuring children's participation within multi-disciplinary meetings. Once the child and youth care workers and other professionals are more aware of their role within multi-disciplinary meetings, then they will be able to act accordingly. This will then benefit the children as they will receive the necessary support within the process of their participation in multi-disciplinary meetings.

5. COSTS

There will be no cost to you as a result of your participation in this study.

6. CONFIDENTIALITY AND ANONYMITY

The participant's name will not appear on any documentation. The researcher will make use of pseudo names. Identifying characteristics of the children will also not be described and therefore the person will be kept anonymous. The identity of the participants will not be linked to the collected data made available for analysis,

which ensures anonymous reporting of data. Participants' right to privacy, anonymity and confidentiality will be maintained by ensuring that documents which link names to data are securely stored at all times. Confidentiality will also be maintained by means of password-protected documents on the computer of the researcher. Only the researcher will have access to this data. Interviews and focus groups will be held in a venue that is located in an area where others will not be able to hear what is being said.

7. PAYMENT

You will receive no payment for participation. The researcher will conduct the study on the premises of the child and youth care centre and therefore the participants did not need compensation for their travelling expenses. The researcher however will provide light snacks for the participants.

8. QUESTIONS

You are welcome to ask any questions to a member of the research team before you decide to give consent. You are also welcome to contact Jessica Johannisen if you have any further questions concerning you consent at jessicascholtz@yahoo.com.

The project leader's details are: Carlien van Wyk and she can be contacted at Carlien.VanWyk@nwu.ac.za. The contact details of the HREC (Human Research Ethics Committee) are: Carolien van Zyl and she can be contacted at carolien.vanzyl@nwu.ac.za

9. FEEDBACK OF FINDINGS

Findings will be released in written form, as accurately and objectively as possible. Findings will be communicated and given to all parties involved by providing them with a copy of the final dissertation. The child participants will have access to a copy of the dissertation. The researcher will also arrange presentations at the three separate child and youth care centres to report the findings of the research.

PERMISSION FORM

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be part of this study, or to withdraw at any point even after you have signed the form to give consent without any consequences.

Should you be willing to participate in this study, you are requested to sign below:

I _____ hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time. I also understand that my details name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to the name of the centre at any stage. I also understand what the child and youth care centre may benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

Date

Signature of the participant

Date

Signature of the person obtaining consent

Original details: Carolien van Zyl(13210572) C:\Users\13210572\Documents\toets.docm
19 March 2014

ADDENDUM 6: INTERVIEW SCHEDULE AND FOCUS GROUP GUIDE

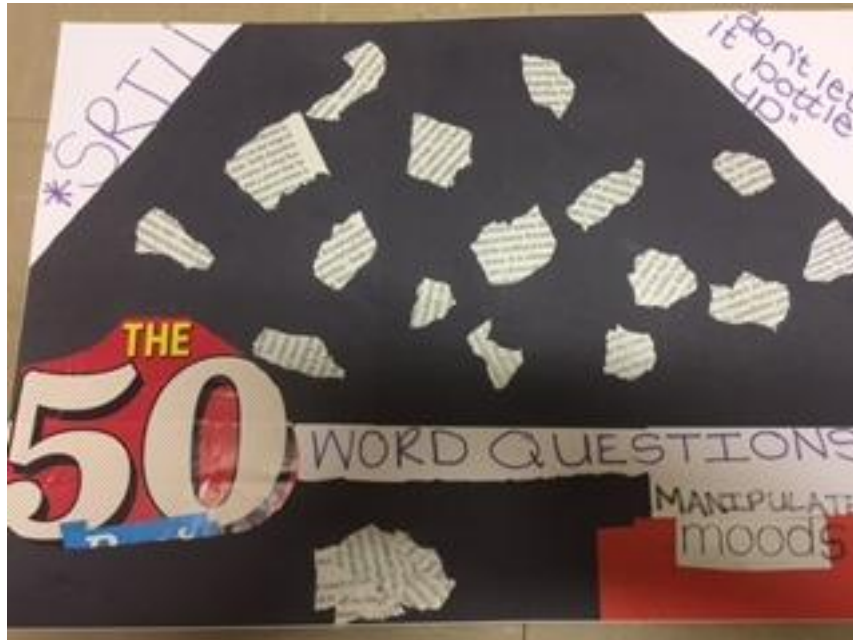
Interview schedule for children

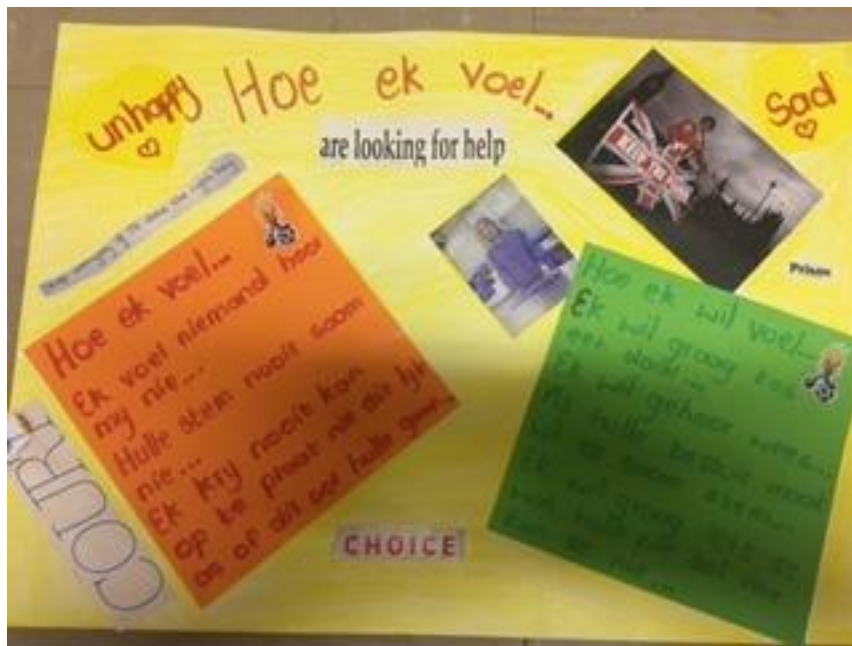
1. What do you understand by a multi-disciplinary meeting?
2. What happens at these meetings and who is part of these meetings?
3. How are you part of the decisions made within these meetings?
4. In what way is your voice heard in these meetings?
5. Who facilitates your participation within these meetings?
6. What should be included in a social work intervention to facilitate children's participation within a child and youth care centre?

Focus group guide and interview schedule for residential social workers and child and youth care workers

1. Discuss your understanding of a multi-disciplinary meeting.
2. Discuss the children's participation within multi-disciplinary meetings?
3. How are children's best interests ensured within multi-disciplinary meetings?
4. What should be included in a social work intervention to facilitate children's participation within a child and youth care centre?

ADDENDUM 7: EXAMPLES OF COLLAGES FROM CHILDREN





ADDENDUM 8: DATA ANALYSIS OF THE INDIVIDUAL SEMI-STRUCTURED INTERVIEWS WITH THE CHILDREN IN PHASE 1

Objective: To explore and describe the experiences of children on their participation within multi-disciplinary meetings within a child and youth care centre.

THEMES, SUBTHEMES AND CATEGORIES

THEME: Proximal Processes: Interactions and relationships within multi-disciplinary meetings		
SUBTHEME	CATEGORY	QUOTES
The relationship between the child and residential social worker	The significance of a positive relationship	but I think if you're more comfortable speaking to the social worker and the childcare worker, if you have that bond...(participant 1) I think more the internal social worker than the external social worker [listens to me], because all the children have a relationship with her (participant 2) The internal social worker listens more, and interacts more with the children. (participant 2) If you have a good relationship with your social worker, you get to tell her everything and then she knows you inside out. (participant 11) We haven't actually had a very close relationship in the past, but now we are like getting on track and she listens to me... (participant 11) [having a positive relationship with the social worker] it sort of helps me feel comfortable in the family conference, because then I know that there is someone that I can stand on, and just sort of talk to her. (participant 1) I kind of rub off on her confidence... It makes me happy to know that she [internal social worker] is standing by me and that she is by my side (participant 9)
	Children's expectations of the relationship with residential social worker	they [internal social worker] show that they are gentle and they must always be like...how can I say...must always be kind. (participant 7) Show love to the person [child]. (participant 7) Always show commitment to the children. (participant 7) I think honesty also plays a big role with commitment as well as being caring and loving and showing that she [internal social worker] cares. (participant 9) She [internal social worker] should know when to keep quiet and allow the child to talk... and to listen as well and to respect what the child has to say even if the child's only way is to swear. (participant 12)
The relationship between the child and designated social worker	Deficiencies in the relationship between the child and designated social worker	n Maatskaplike [external social worker] wat ek nog nooit geontmoet het nie. En daar was 'n mansmens en ek hou nie daarvan om voor mansmense te praat nie. (participant 3) Ek was skaam (om te praat) ... Wanneer ek met my social worker [external social worker] eerste gemeet het. (participant 6) I don't have a relationship [with the external social worker]. I don't

		even know her, I know her name... the social worker before her, the external one before her, that I've had for five or six years, I didn't know her at all, didn't have a relationship with her. (participant 11) [the lack of relationship with the external social worker] it doesn't give me a chance to participate because she doesn't ask like child 11 how are you doing, or is school fine, or anything like that... 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. (participant 11)
	Designated social workers having high caseloads	I think more the internal social worker than the external social worker, because all the children have a relationship with her and not with external social worker, because that one [external social worker] have a lot of work to...and you're not the only child. (participant 2) I understand that she [external social worker] has other cases and stuff, because I am being honest here, we are just another file in the cabinet. But we are also important... (participant 9) my external social worker has a lot of kids. [therefore I don't have a relationship with her] (participant 5)
The relationship between the child and child and youth care worker	Limitations in the relationship	it's difficult talking to my aunts [child and youth care workers], because a lot of the aunts here, they talk about the kids [lack of trust]... That's why it's difficult for me as a child, and everyone else also in my house, to actually open up with the child care workers (participant 9) So then also I think it's difficult for them [child and youth care workers] to also understand me, but they don't try (participant 12) liefde?...Nooit nie. Ek voel so, nooit. Dis hoe ek voel. (participant 7) She [child and youth care worker] doesn't know me at all. (participant 9)
	Experiences of a positive relationship with the child and youth care worker	She [child and youth care worker] is kind, she has patience, because my parents are always fighting with the social worker, she is kind of trying to help the situation... it makes it kind of easier to know that she is trying to help the situation. (participant 9) but I think if you're more comfortable speaking to the social worker and the childcare worker, if you have that bond... (participant 1) En ek hou baie van hulle [child and youth care workers] want hulle is nie violent met my nie. Hulle praat soos in 'n mooi gentle way. (participant 7)
The relationship between the child and their family	Limitations of relationship	older sister is coming in but we don't have that relationship of speaking and then they call her in I'm not gonna feel comfortable speaking about whatever issue I have. (participant 1) it's very difficult opening up to my mother, because we don't have that relationship (participant 9) maar ek ken my oupa, but ek het nie...daar's nie 'n verhouding...[then I don't feel comfortable saying how I feel] (participant 3)
	Elements of a positive	toe't ek baie gepraat van my ma en my suster wat daar gewees het...Want dis mense wat ek baie omgee voor en wat ek lief is voor.

	relationship	(participant 3) I speak my heart out and tell him what I've been doing...I trust him and I know that he won't at least shout at me in front of everyone. (participant 9) ...she [mother] gave me courage and like I said before, I am scared of my mother, but my mother has this vibe over her, that you know that if you say something and someone attacks you (in the family conference), she is going to stand by you.. she was like my lawyer. (participant 12)
THEME: Person (micro): Internal and external characteristics and resources.		
Internal challenges	Feeling unprepared	Sometimes I feel that things are just very unexpected, (participant 9) it's not very comfortable sitting there while things happen very unexpectedly around me. (participant 9) So that I can know what's going to happen and what's going on around me, so that when something happens, I'm not caught off guard, so that I'm actually aware of what's going to happen and how it's going to happen and not just it's happening now, just be okay with it, okay? (Participant 9) (I would like) a warning wat kan ek verwag of so. (participant 3)
Internal strengths	Evolving capacity of children	Now that I'm sixteen, I am way more talkative... because I guess I embraced the right of freedom of expression. (participant 9) I have the right to speak, because I'm old enough (participant 12) I was younger as well, that I have the right to be heard. But like when we can't say at a young age already, at the age of 5 even, that we can't say what we feel, then that person is going to struggle when they're older with their friends...like everything else involved between like growing up between the ages of 5, when you are actually old enough to register things at 16, like my age now, (participant 9) Back then I was 8 to say 10, 8 to 14, where whatever I said was childish. But a lot of people have told me that I grew up and I know I grew up way before my time. (participant 12) because I'm older now and I know what's right and wrong better now, I raise my voice. (participant 9) And if I make a decision that's what I want in life, because I am at that age where I can make my own decisions, and you always have a choice, so I think they must more let the children make (participant 2) Because a lot of kids are very mature, (participant 9)
	Faith/Religion	Whenever I went in there, I was always saying God please give me strength... at the time I felt God was working. (participant 12) I will sit there and I would be praying Our Father and I will pray, but like with my eyes open... it helps me stay calm. It helps me not to shout at any of them to stop it or anything like that. (participant 13) Ek ek het besluit, soos my voogouer mamma vir my gesê het dis tyd om

		te vergewe , want as jy nie jou naaste, of jou mense kan vergewe nie, gaan God jou nooit vergewe nie (participant 10)
Internal characteristics	Temperament/personality	I'm never uncomfortable to talk. I speak my mind. (participant 2) I am very shy to express myself (participant 11) I am awkward in certain conversations, I am really awkward (participant 12) My sister has a thing with people... she starts talking and everyone falls to her feet. (participant 12) I've always been quick with my mouth (participant 12) ek is maar net baie stil. (participant 8) because of the type of person I am. I always speak. (participant 2) ...ekke, as ek 'n probleem het dan wil ek dit dadelik uitgesort hê, (participant 3) ...but my sisters, because they're big mouths and they really speak, (participant 1) ...some people aren't very open because of their background and they will nod at everything that someone said, (participant 1) I am extremely shy.. so that also makes it difficult with trying to talk to them, because I feel like I'm invisible (participant 11) I'm never uncomfortable to talk. I speak my mind. (participant 2)
THEME: Context: The enabling environment of the multi-disciplinary meeting		
Micro level	The venue in reality	Die tafel was te groot. (participant 10) Dit was gemaklik want ek is gewoond aan dit.(participant 15) I like this room, ja. Everyone's out of their comfort zone, very professional, I like the feel. (participant 2) Yes, I actually feel very comfortable in her [social worker] office. Its because like when we used to come out of school and we would go there... (participant 1) dit is naby mekaar but ek voel net gemaklik want ek bly hier [prefers the meetings to be held at the child and youth care centre rather than at the external social worker's office] (participant 3) [likes the meetings being held in the internal social workers office] because no-one can hear and there's a door that can close. (participant 4)
	The use of child friendly language during the meetings	social worker always asks... the weirdest questions and I never knew how to answer them (participant 12) soos in somtyds maak hulle die vraag moeilik om te verstaan (participant 11) praat daai hoë woorde en dis heavy vir jou. (participant 10)

		Hulle verduidelik nie vir jou nie wat hulle regtig bedoel (participant 10) dat die kind verstaan waaroor dit gaan. (participant 10) because I didn't understand what she meant. Because of the Child Act. (participant 12) To be honest, I felt stupid, because I should know these things, (participant 12) that social work book (children's act) and like sometimes she would read from it, and then I would be like what is this woman saying? (participant 12) Hulle, soos in somtyds maak hulle die vraag moeilik om te verstaan, Tannie. Maar, ja... (participant 12) It's like they tell you so many things that you don't understand from an adult's point of view, because I'm a child, like I don't know big words yet. (participant 12)
	Power and control	I was able to make a choice, the first time I was able to make a choice, my whole world brightened up, (participant12) We are our own human beings and we are unique in our own way, so why can't we make our choices in our own unique way? (participant 9) I was given the choice and that was the first time that I was, like I felt like I was in control of what was being thought about with of me and like sometimes I didn't want that.... it kind of shocked me that they gave me that choice (participant 12) Like she must give us the choices before we get to that topic in the meeting and she must prepare us emotionally for it. (participant 12) I feel like everything is being pushed onto me, like I need to make the choice now, at this time or that time. (participant 12) unless it's the teenager's choice to actually listened to what's being discussed about our parents (participant 12)
	The negative reactions of people within the multi-disciplinary meeting	And like that's, holidays should be discussed in a proper manner and no one should be irritated by what's been chosen, because that's what happens a lot. (participant 12) parents also always attacked us (participant 12) either my dad would go off at me, or my mom and that's where it started, (participant 9) it's like what if I say the wrong thing, then I'm going to make everyone upset. (participant 12) she (social worker) knows the way my mother reacts, so I think she prefers not to talk too much about what's happening and then focusing more on what they need to do, (participant 9) it's difficult for me to speak my mind without being shouted at and things, (participant 9)

		And then she [mother] bit my head off in front of most of all the kids. (participant 9) I was embarrassed, but I was also very disappointed, because I didn't think it's, because she's [mother] an adult, I didn't think that's the way she was going to handle it. (participant 9)
Meso level	Support received from: family	She [mother] gave me courage... you know that if you say something and someone attacks you, she is going to stand by you... she was like my lawyer. (participant 9) When my mom says child 12 you can do it, it is because I know I have back up, so if the guns get pointed at me, I know someone is at the back of me pointing a gun at all of them [other adults at meeting] (participant 12) Always before the thing (multi-disciplinary meeting) she [grandmother] comes and hugs me and says whatever happens, know that you are loved. That is all that I wanted to hear. (participant 12) I speak my heart out and tell him (father) what I've been doing.. I trust him...(participant 9)
	Residential Social worker	[my social worker] will talk to me and make jokes and try and make me feel better and she tells me that I shouldn't worry because she is there for me, so I don't ever have to feel like I am alone. (participant 9) My social worker was there for me when my mother got out of hand. (participant 9) It felt good [to be supported by my social worker] ... because you are in a children's home and sometimes you feel neglected, like you are neglected by your parents... you want someone to tell you that you are okay, you are in the right place at the right time. (participant 12) I don't have a lot of confidence so I kind of rub off her [social worker] confidence...it makes me happy to know that she is standing by me and that she is by my side. (participant 9)
	Child and youth care worker	I am not trying to be negative but it was like she [child and youth care worker] was forcing herself to be supportive. Because every time you say something to a child care worker, you hear other child care workers gossiping about you. Sometimes its not worth talking to your child care worker. (participant 11) I know the house mothers they do come after a while, and ask you if you are ok, but they don't really hit the depth of it. They're just checking if you're ok. That's it. (participant 1) She's the head childcare worker...then she will do it most of the time. [supports her after the meeting] (participant 5)
Macro level	Legislation: Children's rights to participate	as jy nie gelukkig voel met hierdie besluit wat hulle gemaak het nie, is dit jou reg om op te staan en te sê maar ek dink, ek voel nie so nie. Ek wil nie dit doen nie. Ek kies iets anders bokant dit. (participant 10) I have the right to speak and to be heard and to be seen. I think those are the only three that kind of matter to me. (participant 12) is dit jou reg om op te staan en te sê maar ek dink, ek voel nie so nie.

		(participant 10) I have the right to speak (participant 12) because we need to all be informed (participant 9) I felt disrespected as a human and as a child, because we have the right to be heard and we also, we have the right to listen and to be heard and that was my, to me that's a right to be in a family conference. It's because of what we want, is it not? And like we have the right to be heard.....(participant 12)
Time		
Before the multi-disciplinary meeting	Preparation for the multi-disciplinary meeting	n dag voor die tyd sal inroep... ons gaan hieroor praat, dis die verslag wat ek geskryf het, as jy daar wil deurgaen, gaan daar deur...(participant 10) Voordat julle by die gesinskonferensie gaan, dan gaan julle hier deur, Child 10 dis wat gaan gebeur, om net vir jou voor te berei, dit gaan gebeur, dit gaan gebeur, dit gaan gebeur. Okay. Jy weet nou wat gaan gebeur basies.... So jy maak jou gereed (participant 10) dis sal baie help vir die kind om meer verligting te voel, hoef nie te stres nie, ek is voorberei (participant 10) To have that preparation... (participant 12) Say a day before... she can talk to us... give us the topics of what we're going to discuss, so that I know...(participant 12) Dan sal ek weet wat om te sê (participant 14) I have a slight clue about what's going to happen, but I'm not actually prepared, (participant 9) vir my meer inligting gee, hier is die keuse (participant 10) I want to be aware of it so that I know I can be prepared (participant 9) It feels like crap [not being prepared]. It feels like no-one cares and no-one wanted to look after you, it is just that they are being paid to act like it. (participant 12)
	Feelings experienced before the meeting	Positive feelings hulle [social workers] is op my kant (participant 15) Negative feelings Met die eerste ene was ek 'n bietjie nervous, Tannie. (participant 15) I can't be free (participant 9) don't want to show any emotion... Because it hurts (participant 12) black, it describes my mood... just don't want to feel anything at these meetings... (participant 12) [I felt] anxious and I'm so terrified... My sister is crying next to me, (participant 11) somtyds is ek 'n bietjie nervous om voor 'n klomp grootmense te praat

		van...ek is net nie gewoond aan... (participant 3) everyone was just very nervous about what was going to happen. (participant 9) Like everyone's things is coming together and it's like forming a cloud on my head, because I am stressing about what's going to happen (participant 9)
During the multi-disciplinary meeting	Purpose of multi-disciplinary meetings	dink ek ook aan dit gaan basies oor hoe om na die kind, hoe is die kind gelukkig? Wat maak dit kind gelukkig? (participant 10) And my being in a family conference, that's where a child should be able to tell the parents how they feel. (participant 12) Hulle praat van wat in jou future miskien kan gebeur en van of jy wil nog hier in die plek wil wees, Tannie. En of jy miskien huistoe wil gaan vir ewig en, ja, hoe dit gaan by jou omstandighede by die huis, of dit nog goed is. (participant 11) 'n familie kom saam en praat oor jou toekoms. (participant 11) Everyone getting along, discussing what the future steps are for the child, what the child is achieving at school, how the family is doing on the outside, what the child is going through at the moment and in her household, she's getting along with anyone. Just all those important things that you would do when you're sitting around the table with your family, like just sitting there, like your mom asking you how was school today? And you'll be like it was fine, just got detention for Thurs and those types of things. It's like everyone just wanting to get along. (participant 9) n Paneel is, sê maar soos jy en jou familie moet nou besluite...jy en jou familie is saam met jou maatskaplike werker, jou external maatskaplike werker en almal die mense wat na jou kyk, en dan moet hulle...dan moet jy vir hulle explain hoe gaan dit hier by die home en wat wil jy hê hulle moet doen en hoe hulle dit wil hê. (participant 7) Like mainly it happens [multi-disciplinary meetings] when its like big decisions that have to made...(participant 2) [where you discuss] the future and the way forward with a child, discipline-wise or accommodation-wise, is the child still gonna stay here or is the child gonna leave, and all that stuff. (participant 2) So I think their focus [in the multi-disciplinary meetings] is more on what you do wrong and what is the next step, but they're not concerned about the child's feelings and how the child is going forward emotionally, physically, everything, because children at the children's home they keep a lot in. Nobody..here's not a person that comes to you and ask, are you fine or are you ok. (participant 2) Soos die kindershuis gee informasie wat hier gebeur. Hoe die kind is, wat gebeur met die kind. Dan gee die maatskaplike werker vir die ma wat daar by die huis aangaan, hoe die omgewing is, (participant 10)
	Feelings experienced during the	Positive feelings Die eerste ding is ek voel free as ek daar sit... Ek voel gemaklik... Hulle

	meeting	wil vir my help daar binne, dat ek moet sê wat wil ek hê en hoe hulle vir my kan help... En hulle maak dat ek soos 'n president voel daar. (participant 15) Negative feelings It's a huge disappointment because they argue about the same things [parents and social worker] (participant 12) I can't be free don't want to show any emotion... Because it hurts (participant 12) black, it describes my mood... just don't want to feel anything at these meetings...(participant 12) I am sitting in my chair, I'm busy fidgeting, because I am so anxious and I'm so terrified...My sister is crying next to me, (participant 9) I feel kind of guilty because no one else is there, because I feel it is my fault that no-one wants to be at the conference. (participant 9) I don't feel comfortable being in a room filled with adults. (participant 9) you expect it to be much more enjoyable, everyone getting along, but they don't, because they're just biting at each other's heads and it's very nerve wrecking. (participant 9) It's very nerve wrecking and I sort of suffer from anxiety and there's nothing I can do to help it, (Participant 9)
After the multi-disciplinary meeting	Emotional support	My grandmother has been there for me for ever. (participant 12) My vriende...My tannie (kinderversorger) vra vir my altyd hoe was die gesinskonferensie gewees en, ja. (participant 11) No, not really. It's just me and my sister and after the family conference, everyone just parted their ways. (participant 9) My tannie (child care worker) vra vir my altyd hoe was die gesinskonferensie gewees (participant 11)
	Feelings experienced after the meeting	It is not going to help to show emotion [during the meeting] so when I go to my room, I will probably cry, put some sad music on and cry. (participant 11) after that I end up crying and I go to my room and then I have to deal with it myself. (participant 1) And after when its done, they can like explain how it was for them or talk about how your day was and stuff like that. So afterwards then the person doesn't have to cry and the person feel comfortable and even have cold drink to drink. (participant 4) Maar jy sal nie opstaan en sê, of jy sal agterna sal jy so down voel en panicking en jy sal stres voel, want jy kon nie praat nie. (participant 10) And then actually when I went to my room, I was so upset. I just slammed my room door and everyone was like what's wrong? And I said I don't have time for you, just leave me alone. (Participant 9)

ADDENDUM 9: DATA ANALYSIS OF THE FOCUS GROUPS AND INDIVIDUAL SEMI-STRUCTURED INTERVIEWS WITH THE RESIDENTIAL SOCIAL WORKERS AND CHILD AND YOUTH CARE WORKERS IN PHASE 2

Bold font	Social workers
Plain font	Child and youth care workers

Objective: To explore how residential social workers and child and youth care workers working within a child and youth care centre perceive children's participation within multi-disciplinary meetings.

THEMES, SUBTHEMES AND CATEGORIES

THEME: Space – provide a safe and inclusive space for children to express their views		
SUBTHEME	CATEGORY	QUOTES
Providing a space for children to express their views through the relational process	The relationship between the child and designated social worker	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. I think if that is lacking [the relationship between the child and designated social worker], they're [child] not going to feel comfortable, for many of them, I think they won't feel comfortable to express what they want to when the relationship is not good ...some children will be very excited and as I said, will ask us to leave, I want to speak to my [designated] social worker, even though they haven't seen that social worker, but they feel they have a lot to say, but then other children feel that they don't trust you, cause they don't know them,
	The relationship between the child and the child and youth care worker	Because they're the parent figure ...because it's an important relationship, it's a very important relationship. building the relationship [with the child and youth care worker] is very important.
	The relationship between the child and the residential social worker	we [child and residential social worker] still have a very good relationship. We have very good relationships, most of the girls, I think your [residential social worker] relationship with the child and again, I almost want to say, not the child's relationship with you, because you need to cross that bridge, you need to do a little bit more extra... so we're always going to have difficult children, we're always going to have rebellious children, so we need to work

		around that and if we have that relationship with the child, I think building the relationship is very important.
The physical space of the multi-disciplinary meeting	The venue of the multi-disciplinary meeting	Sometimes it will in the social worker's because there is like a toy house in the office. so I think they are comfortable here (CYCC), they are relaxed here, more so than they would be in an another environment... Yes, but I think this is a safer space. Te formeel... Ek dink die kind moet besluit oor die venue. Die kind moet daai plek kom regmaak of saam met iemand die plek regmaak waar die vergadering...voor die tyd moet die kind daai plek gaan...hy moet sê wat daar op daai tafel moet kom en al sulke goeters. Dan sal die kind self 'n inset hê. Normally for us we try to make it work for the child. It's most of the times more comfortable, more convenient to have it in our play room I think sometimes for the children it works in another environment because if there's an issue between the child and a staff member and that member is part of that meeting, then this is not home turf or home territory for the child because it's the staff's territory. offices of the external social worker and we went there and the parents was that side and when we sat in that office we were all cramped up in that small little office, but that child had the guts to speak out. ... But it was in her community, it was her turf, They participated more when they was in this setting [child and youth care centre]... Because some kinders is, ek, ek perceive dit so. Some kinders is te skaam vir hulle omstandighede....then they don't participate. Because daar is meer kleur, you know what I mean, there is more colour, so hy moet gemaklik, I think they feel fairly comfortable and relaxed here (child and youth care centre). We have tried to, on a few occasions we've had panels at like the child welfare's office and it's been a total disaster, a total disaster! So I think, although it isn't a neutral environment, it is a supportive environment...but I think this is a safer space.

		dit is 'n omgewing amper vir volwassenes...It is intimidating The venue of the family conference itself is not the best place to get the child's participation because the child clams up, keeps quiet doesn't want to talk there, The person first to enter a room owns the room. So ek voel die maatskaplike werker en die kind moet eerste daar ingaan, dan daai kind kan voel die plek is nou vir hom hierso uitgesit sodat almal wat agterna kom is net 'n bysaak. And that its positives and its negatives[having the meeting in the formal setting]. The positives in terms of that a child then get's to with time know what they can expect, it is almost a bit of routine, they know this is how it is going to be, which if they know, it can create safety and stability but it also, it also can be negative in terms if that specific structure like it always is, doesn't fit or meet that child's specific needs.
	The arrangement of the multi-disciplinary meeting	En as hier n glasie is, is daar 'n glas vir hom vir water...En as daar 'n toebroodjie is, as die toebroodjie is al is dit saam met die toebroodjie. and we want to get couches and coffees and biscuits and just make it a more child friendly environment. Ja, and I think if the atmosphere is already more relaxed then it will encourage more participation of children in the decision making. Dit help nie mens bied vir 'n kind koppie tee aan of koffie aan, dis net vir grootmense...maar 'n sappie... of 'n lekkertjie op die tafel...
Physical presence in the space of the multi-disciplinary meetings	Not being present: Excluding children from multi-disciplinary meetings	...[exclude children] for that intense discussion because it can become a little intense just to protect the child, so we ask them things that we would rather discuss without the child being present. [when the child is not present] So then we've discussed the crucial, more serious stuff that might be, I would say the more uncomfortable issues.

		So by having that discussion in the presence of that child, that intense discussion, could create more conflict between them [child and family]... the focus is family reunification, so we try to keep that balance of what's in the best interest, we do include the child, but not totally exclude, ... but there are certain things that we need to say as it is and we try to protect the child [by excluding them]. And then mostly happens when the child is not here because we are the advocate for the child, They are going to get the negative answer from me, they know it, they are going to get it from me, straight out, because what can I say about the child without the child being there.
	Being present: including children in the multi-disciplinary meetings	My understanding is that all the role players that are involved in a child's life be part of that meeting, so the child care worker, the key child care worker, the social worker, we've got a senior childcare worker that's responsible for our company preservation program, she's part of that, the child and then the external social worker, the family of the child, then we'll discuss what we need to discuss with the child [in the multi-disciplinary meeting] daar 'n seun gekom het met sy tape recorder en getape het wat sy – die besluite en wat sy pa sê die beloftes wat sy pa maak, die beloftes wat sy ma maak. the family is always present and the social worker in the children's home and the external social worker and the child and youth care worker
	The number of persons present in the multi-disciplinary meetings	...the number of people that we have in a setting like that...For one child it might be fine, another child might completely be overwhelmed by having many people attend a meeting like that. Dit sal nooit kindervriendelik wees as 'n kind in 'n vertrek inkom en die hele vertrek sit vol grootmense nie. en imagine al hierdie klomp mense wat ons nou genoem het...Nou sit ons in daai boardroom en hier kom die een enkele kind in... Dit is soos om in die hof in te stap.

		Die kind kan geïntimideerd voel deur al die klomp grootmense aan die tafel. I think sometimes they feel intimidated by all of the people,
THEME: Voice – Provide appropriate information and facilitate the expression of children’s views		
Language as a means of expression, in multi-disciplinary meetings	Language barriers between children and adults	ek dink taal is somtyds ’n probleem... Ons kinders is Afrikaans... Sommige kom ’n Xhosa social worker aangestap wat net Engels praat. die language in Durbanville Kinderhuis is Afrikaans... En baie keer is die maatskaplike werker ook nie Afrikaans van buite nie. Daar’s niemand om te vertaal nie. Daar’s niemand wat die taal praat wat die persoon praat nie, en dan hou ons ’n gesinskonferensie en daar word inligting deurgegee wat verlore gaan omdat...
	Child friendly language	And then also in the meeting it is important the language that you use... – it’s on the level of the child, so you are not going to talk all this legal talk or whatever in front of the child and they don’t understand so, now you could explain to the child do you understand what has just happened and put it into child friendly language. I think in the past there was a lot of legal discussion in front of children, die Een Vyf Nege dit en dit and the child doesn’t have a clue what that is, Ja, ouderdomstoepaslik...en grootmense...ek weet ons grootmense ons is nou grootmense en ons is professionele mense, ons moet probeer om te daal tot die kind se vlak. Yes, the kind of child friendly language because we have got some children that are very low functioning...I would say it’s incredibly challenging...but we do try to be sensitive to a child’s needs and their language and their ability to communicate and all of that,
The expression of children’s views within multi-disciplinary meetings	Children expressing their views in multi-disciplinary meetings	I personally think it has improved a lot, I think a few years back decisions were made for children and I do think that a lot of awareness with the research that Jessica has done but I think just generally there is a bigger more awareness, externally as well about children’s participation and I think that has made us all very aware of the need to include them in that but they have a chance to express what they would like and what they would want to happen so I do think in my opinion from – there is a huge improvement in children’s participation. Normally before the time I would tell the child that there is going to be a panel and that it’s an opportunity for them to talk and so I would say to them, think about things that you want to say to us and to your

		social worker and your family and to start thinking about that, Met de IDP wat hulle[children] hulle input gee
	Children not expressing their views in multi-disciplinary meetings	The child also has an opportunity to talk in the conference itself, but like we are all saying that, that is not the best form of, what is the word, information from the child you are not going to get the true reflection of the child's needs because he or she is not going to talk there. Ek dink die kind word net daar neergesit omdat hy daar moet wees, maar hulle word nie regtig deel gemaak van dit nie. (die kinders) Praat nie eintlik nie. Maar ek dink nie die kinders neem deel soos wat hulle moet nie. party van die kinders praat glad nie in 'n gesinskonferensie nie. Maar ek persoonlik dink die kinders hulle is baie involved, hulle is nie meer in 'n, in 'n meeting nie. Hulle luister hoe daar gepraat word.
	The benefits of children expressing their views in multi-disciplinary meetings	Ek dink dit laat hom baie goed voel aan die einde van die dag om self 'n besluit te kan neem I think they learn to be able to voice what they feel and to be confident. That they (children) become part of decisions around their own future and their lives. Dat hulle (children) weet wat is die besluit of wat was die besluit. It gives them (children) an element of control over their own lives.
	The importance of children expressing their views in multi-disciplinary	..to say how she feels and what's her expectations and what she actually wants because what she wants might not be what she needs, so that we can work around that as well.

	meetings	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 they, what they say is important, 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. I think, for me I think the most important thing is that they can feel that they do have a say, that they do have some little bit of control 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 they, what they say is important, they've had the opportunity to say it and that what they say is considered and 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.
How personal traits affect children's abilities to express their views	Temperament/ personality	you get the outspoken one... Then you get the quiet withdrawn one that will still be afraid to say what is on their mind now, Ek dink ook dit hang ook askies tog van die kinder persoonlikhede
	Age and emotional maturity of children	die verskillende vermoëns van die kinders. Miriam het 'n kind in 'n huis wat jy mee moet gesels op...en hoe oud is hy? Sestien. Jy moet met hom praat soos 'n tien jaar oue kind... So die kind word nie daai geleentheid gebied om deel te neem nie weens... According to hoe daardie kind se verstandjie is. Sommige, ons het groot kinders wat 'n klein verstandjie het. want die wat nou al verstandelike sensible is, wil deelneem want hulle verstaan en hulle weet dit gaan oor hulle toekoms, ja. Dit gaan sê nou noodwendig oor ouderdom nie maar dit is die groterige kinder wat deelneem, maar ons kinders is onder tien, die volwassenheid, emosionele volwassenheid wat sy gehad het op

		daai stadium om te sê maar,
Providing children with information: preparation for multi-disciplinary meetings	Preparation by the residential social worker	Ek sal sê die maatskaplike werker moet voor die tyd ook met die kind gesels oor goed wat die kind oor wil praat, sodat as daai kind se moed hom begewe in die gesinskonferensie, dat die maatskaplike werker dan dit kan sê, en help vir die kind kan herinner, onthou jy toe jy by my kantoor was het ons oor dit en dit gepraat, so kan jy vir ons 'n bietjie meer daaroor sê. [Residential social worker] I prepare them, so there's no surprises in the meeting, not for them, there's no surprise, they know exactly what I'm going to talk about. It's something that's continuous, it's not, I'm going to speak to the child now because he's going to conference next week. Gradually as we talk, we have sessions and then as I work with the children in my sessions and the group and what they do, then things will come out. how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like Ek sal sê die maatskaplike werker moet voor die tyd ook met die kind gesels oor goed wat die kind oor wil praat, sodat as daai kind se moed hom begewe in die gesinskonferensie, dat die maatskaplike werker dan dit kan sê, en help vir die kind kan herinner, onthou jy toe jy by my kantoor was het ons oor dit en dit gepraat, so kan jy vir ons 'n bietjie meer daaroor sê. you (residential social worker) need to prepare the child, so that the child, he doesn't need to be outspoken. No, I think that they are often reluctant and hesitant, because of, it can be intimidating, so maybe children need to be prepared more as to what, to become more comfortable in that kind of a setting Some kids that you know aren't for some or other reason there, clam up when they are sitting in the family conference itself so that preparation is important So it's important and I think that is what we (social worker) said we would do, is to have a session interview with the child before the meeting and in that way get child's opinions and views on what, and explain to them, these are the things we are going to be talking about, what do you feel, what would you like to happen especially for your younger children, your older children that are

		a bit more confident and more verbal
	Preparation by the child and youth care worker	Ek dink ons as child care workers moet die kind prepare op my. I think the childcare worker also has an important role because I think sometimes they don't realise how important it is for the child to participate. I do think that. So I think, if they valued the child's participation and were also able to prepare the child, then that would also make a difference.
Children being provided with a range of options as to how they choose to express their views	Non-verbal communication as a means of expression	dat dit nie net gaan oor wat veral die klein kindertjies sê nie maar dat dit ook gaan oor hulle gedrag wat vir ons iets sê, hulle laat hulle stemme op verskillende maniere hoor en dat ons op 'n nie-verbale manier asook dit wat hulle kommunikeer... I also think the non verbal communication is participation whether you know if a child is sitting there crying they are participating because you know what they are feeling even though it is not verbalized I agree and I think their behaviour decides for them, so if they have got a family conference and they don't want to, they won't say to us, they don't want to be there, they just won't come, they will abscond or something.
	Children's views being expressed freely in the medium of choice	If I, if I am discussing it with my child, if I know it is a child that is not bright, then I will say, sorry voel jy nie of jy nie vir my wil op die blaai skryf nie, al teken jy vir my 'n prentjie Sal ek nou sê, sê dit is nou 'n five year old because I know he won't speak... En dan sal ek sê teken vir my hoe jy voel oor dit, oor mamma, oor pappa, I will say the certain things and then they must draw it for me depending if they now...) like he explained it to me, I must explain back to the panel I have had a couple of kids that have written a letter to be read out because they can't, they feel they can't say Ja, so they write it beforehand and then depending on who they have addressed the letter to, I will hand it over, or I will read it or give them the opportunity, would you like to read your letter... So that they can participate that way.
	Social workers acting as the "voice" for the child in the multi-disciplinary meeting	even though we could have had sessions before the family conference with the child and the child clams up or I become the voice of the child, I am not the child, so it is still important that participation whatever level is actually facilitated and encouraged. doen en die gesins konferensie vind plaas en die kind praat dan nie, is ons basies daar vir die – om vir die kind, names die kind te

		praat en die leiding te neem and that they will have advocates in this world that can also help and assist them to be heard because of the setting, because of his age because of the relationships between people that you should be the voice for the child in the meeting. Ja, so they write it beforehand and then depending on who they have addressed the letter to, I will hand it over, or I will read it or give them the opportunity, would you like to read your letter... So that they can participate that way. You need to work with the child before. So you are making part of the process before that and then if it is not possible for the child, because of the setting, because of his age because of the relationships between people that you (social worker) should be the voice for the child in the meeting.
	The diversity of children's needs to express themselves in the multi-disciplinary meeting	...in terms of diversity includes the individual, so that's why we have an individual development plan. So I think that, that almost is our measuring tool as to whether we are considering individual children's needs. I think we do try to accommodate the children's different needs. I think of our children that are low functioning, we do try to help them to understand what it's about and try to have the meeting in a way that they understand what is happening, explain to them, so I think we do try – Kyk vir my in my oë. Maar dis 'n Xhosa kind. Xhosa kinders kyk nie in die oë nie. Hoekom moet hy in die oë kyk? Hy laat sak sy oë wanneer hy geraas word, maar jy sê nog altyd, kyk vir my in my oë. En ons neem nie sulke goed in ag wanneer ons met die...dit is nie meer 'n Afrikaanse kinderhuis nie. Dit is 'n kinderhuis.
Limitations to children expressing their views	Children not expressing their views due to being shy of their parents/ circumstances	Baie van ons ouers is aan dwelms verslaaf of alkohol ensovoorts. En dan kom die ma hier aan of die ma is nie mooi aangetrek nie, of wat ookal, ma is verwaarloos en sulke goed, en dan kom die ma hier aan met 'n blou skoen en 'n groen skoen, want die groen pas by die toppie...[lag]... Dis die grootste, grootste, grootste wat ek sien by die kinders...hulle is skaam vir hulle ouers.En dit veroorsaak dat hulle dan nie wil deelneem nie. dan wil die kinders nie kom nie, of die kinders is skaam vir hulle ouers.

		ander tye is dit nou soos ek nou gesê het, dan wil die kinders nie kom nie, of die kinders is skaam vir hulle ouers. They participated more when they was in this setting [CYCC]...Because some kinders is, ek, ek perceive dit so. Some kinders is te skaam vir hulle omstandighede. Ek dink as jy kyk na, as 'n mens 'n gesins konferensie wil hê en jy wil onder multi disciplinary – multi professionele mense in kry sal 'n kind moontlik te skaam wees om sy juffrou of wie ook al na sy huis toe te neem
	Children not expressing their views due to receiving negative feedback in the multi-disciplinary meetings	gaan dit wanneer 'n kind erg verkeerd loop, dan dink ons baie vinnig, nou moet ons 'n plan maak en dan moet gesins...En dan kom sit die kind met die toe mond en dan praat die kind nie oor die goed nie onwilligheid by die kind om sy deelname te gee... amper asof hy nou voor die hof kom, want dis nou die klomp grootmense wat nou hier sit in 'n vertrek en ons gaan nou die kind bespreek Nou sit ons in daai boardroom en hier kom die een enkele kind in... Dit is soos om in die hof in te stap. n kind erg verkeerd loop, dan dink ons baie vinnig, nou moet ons 'n plan maak en dan moet gesins...dit skep 'n onwilligheid by die kind om sy deelname te gee...
	Children not expressing their views due to the lack of relationship with various parties at multi-disciplinary meetings	they're [children] not going to feel comfortable, for many of them, I think they won't feel comfortable to express what they want to when the relationship is not good,
	Children not expressing their views due to parents/social workers not arriving for the multi-disciplinary meetings	It is the same when a family conference is organised and you prepare and everything and then the parents don't pitch that day then that really influences the next time you have it, that the child doesn't want one or they speak very negatively I just think that having these meetings in general is a huge challenge, with the social workers not coming and having to reschedule and reschedule and these poor children feeling very despondent by that whole process.

		I have got a child now that is refusing the family conference because she has been disappointed so much with the parent not pitching that she is not here to sit around the table with that man. what also happens is they say [designated social workers] 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. So I think if that was different, then children would feel more open and feel freer to say.
	Children not expressing their views due to their loyalty towards their parents	En ook 'n gesinskonferensie word partykeer 'n plek vir 'n kind om kant te kies, veral as die ouers geskei is en so, en dan die ma sê so en die pa sê so en aan die einde van die dag dan moet die kind kant kies tussen die ma en die pa. En dit word 'n onaangename ding vir die kind want die kind word in 'n posisie gestel wat hy nie intimidated by adults and professionals and to betray your parents. Yes, they feel like they're betraying their parents, that's through the eyes of the child. I'm going to betray, what is my mother going to think - And she [mother] was the one and that child cried because the parent almost transfers the guilt over to the child And even if they're [child] angry at the mother, deep down they still love that mother, so there is a loyalty towards that parent. How is my mom, is she still going to love me, the younger you are, the older, at a certain stage, adolescents, they don't care, whether she loves me, she doesn't love me or he doesn't love me, but a certain stage, I must say this, my parent's not going to love me anymore. And how are they [parents] going to treat me, that's what goes through their thoughts, when I leave this meeting, I must be careful what I say.
	Children not being aware that they do not have to participate in multi-disciplinary meetings	ek dink nie die kind word regtig die geleentheid gebied om te besluit of hy in wil sit of deelname hê nie,

	Children not expressing their views due to lack of preparation	No, I think that they are often reluctant and hesitant, because of, it can be intimidating, so maybe children need to be prepared more as to what, to become more comfortable in that kind of a setting and maybe if it happens more regularly
	Taking children's views into consideration	And also for them to understand why can't you go home, for them to, that we can have an open conversation about what are the reasons and what can we do about that, is there something we can do about that. they've had the opportunity to say it and that what they say is considered and that it's not just to say how she feels and what's her expectations and what she actually wants because what she wants might not be what she needs, so that we can work around that as well. how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like and what they would want to happen so I do think in my opinion from they've had the opportunity to say it and that what they say is considered and that it's not just everybody else making decisions for them and that they're not even part of the conversation in a position where we have to make decisions, big decisions that might have a really dire consequences for that children, might not now, because we make that now, but we don't think of 20-30 years on the line, so for me that is making a decision, I'm not going to one day, you know, I made the decision, it must have been a collective decision. En dit is hoekom ons saam is as 'n groot groep mos. Ons kan elke een kan sy input kry en die kind kan 'n duideliker prentjie van wat dit is wat ons sien wat hy miskien nog nie sien nie... Dan kan ons almal daai besluite saamvat en die beste belang van die kind daar uit kry.
THEME: Audience – Ensure that children's views are communicated to someone with the responsibility to listen		
Multi-disciplinary meetings as a space where children's views can be communicated	The purpose of the multi-disciplinary meetings	dat 'n kind kan kom en sê maar ek het nou gereeld begin kuier by my se suster en ek wil bietjie meer gereeld naweke soontoe gaan en dan sal daar 'n gesins konferensie wees waar dit bespreek sal word met al die betrokke persone We would actually ask the child, even with our assessment

		interviews, when we have a panel discussion, then we would ask the children, what do you want. That is the first question, where do you want to be – ek dink 'n panel is waar gesels is oor die kind se goals en drome en waar jy die familie, die familie die kind, die social workers almal bymekaar kom, child care workers en om te besluit wat is vorentoe en, en wat op die, wat in die IDP moet gaan van die kind.
	Who is present in the multi-disciplinary meetings and responsibility for listening to the views of children	Well I think for us here at the children's home it is very specific in terms of that we have got social workers included, we have got sometimes the therapists that are involved with the children are invited. The child care workers, our medical sister, our educational coordinator which also serves as the child care manager, child care worker manager. Sometimes we have the principal attend whoever has a significant role to play in the life of the child will be part of that meeting. multi disciplinary meeting is a whole lot of people who that is connected to the child in some certain way. Ek sien dit as almal wat deel is van die kind se lewe, wat iets met die kind te doen het, saamkom en bespreek oor watter rigting die toekoms gaan...
Multi-disciplinary meeting as a space where children's views are communicated to someone who has a responsibility to listen	Multi-disciplinary meetings as a statutory requirement by the Department of Social Development	I think it is a requirement that at least every six months there has to be one, so either that or when we have to make decisions around, but sometimes we also just want to share progress. So I think there is various – I think there is statutory requirements that we do and we fulfill that, but there is also sometimes based on the need that we have the family conference. Wanneer ons 'n aanbeveling moet maak in terme van Artikel Een Vyf Nege. You know, not as regularly as I would like. For some children it's only every two years, when their placements need to be reviewed
	Multi-disciplinary meetings is a body that has the power to make decisions	vordering ingevolge jou IDP moet jy ook kyk na waarheen is ons met hierdie kind op pad. Want voor 'n kind in elk geval meer, meer kan huis toe gaan moet dit in 'n gesins konferensie besluit word

		En daai besluit word net weer verander by die volgende gesins konferensie... Ons kan nie dit, dit is wat ons besluit het, ons kan dit nie verander nie, as jy dan wil hê dit moet verander, dan roep ons weer almal om die tafel. daar word gesê jy het volgende week 'n gesins konferensie en dit is die rede, want ons moet besluit gaan jy hier bly of gaan jy weereens dat die kinders weet dit is die platform van belangrike besluite Maar eintlik is hierdie 'n plek waar besluite gemaak word
	Children views not being listened to by those who have a responsibility to listen	Ek dink die kind word net daar neergesit omdat hy daar moet wees, maar hulle word nie regtig deel gemaak van dit nie. Maar hulle almal veronderstel om te deel te wees van daardie gesprek en natuurlik die kind die heel Dit is nie altyd so nie. Vir my is dit, hulle is nie, die meeste van die tyd is hulle nie saam nie.... Ek dink meeste van die tyd word daar besluite sonder hulle gemaak... Al is hulle hoe ongelukkig oor die besluite wat gemaak word, hulle moet net aanvaar. Ek dink die meeste van hulle na 'n panel meeting is meer ontsteld as nog iets anders. Vir die feit dat grootmense besluite gemaak het vir kinders sonder dat kinders kan besluit het hoe hulle voel oor 'n ding So miskien as kinders meer in die meetings meer – ook gaan sê oor hoe hulle voel, miskien sal daar beter uitkoms
	Providing feedback to children about the decisions that have been made	now you could explain to the child do you understand what has just happened and put it into child friendly language. So it gives the child something to work with between the family conferences knowing that is what I said I want to come home, it was explained to me why I can't but my mother also has got these things that need to be in place and then I can and then we can be together and the child has got that platform, that reference point for the next family conference and then that does help the participation of the next meeting. so then we will try and explain to the child the reasons why, it might be better to be in a children's home and how we can help the parent to change things around, improve the situation so that

		the child can actually go back.
Support provided to children after the multi-disciplinary meeting	Support provided by the residential social worker	na gesins konferensie partykeer die kind inroep en vra jy weet hoe het hy dit ervaar en miskien net weer vir hom herinner oor wat was daar gepraat. I think the social workers are the ones dealing with the emotions, but actually it should be the child care workers. It's mostly me, the social worker, I would sit with the children.
THEME: Influence – Ensure that children's views are taken seriously and acted upon where appropriate		
Ensuring children's best interest vs taking children's views seriously	Children's views being unrealistic	hulle sal onrealisties wees in hulle verwagtinge, verstaan jy, dit is maar al. Partykeer...selfs groot kinders, hulle maak besluite agter verkeerde goed aan en dan moet ons wakker genoeg kan wees om op te let wat is die gevaartekens van so 'n ding en so 'n ding, en dan 'n calculative besluit dan maak oor wat is nou in die beste belang van die kind, Ja, it is a bit of a balancing act because as I said earlier, you know, children would say, or a children would say, I want to live with my mom and it's her right to say that, but we can't always make that happen because it's not in that child's best interests, so it is difficult, but I do think that it's important for them to be able to say that and for them to be able to participate and just ja Ons kinders het maar verwagtinge wat ons weet kan nie plaasvind nie, ...ons weet wat is die realiteit
	Adults having the final say in the decision making process	Al is hulle hoe ongelukkig oor die besluite wat gemaak word, hulle moet net aanvaar. Ons kinders het maar verwagtinge wat ons weet kan nie plaasvind nie, ...ons weet wat is die realiteit so my opinie dink ek grootliks lê die besluit dan nog maar by die volwassenes Which I still think is right because 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 Ek dink die meeste van hulle na 'n panel meeting is meer ontsteld as nog iets anders. Vir die feit dat grootmense besluite gemaak het vir kinders sonder dat kinders kan besluit het hoe hulle voel oor 'n ding.

	Taking children's views into consideration when making decisions	And also for them to understand why can't you go home, for them to, that we can have an open conversation about what are the reasons and what can we do about that, is there something we can do about that. they've had the opportunity to say it and that what they say is considered and that it's not just to say how she feels and what's her expectations and what she actually wants because what she wants might not be what she needs, so that we can work around that as well. how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like and what they would want to happen so I do think in my opinion from they've had the opportunity to say it and that what they say is considered and that it's not just everybody else making decisions for them and that they're not even part of the conversation in a position where we have to make decisions, big decisions that might have a really dire consequences for that children, might not now, because we make that now, but we don't think of 20-30 years on the line, so for me that is making a decision, I'm not going to one day, you know, I made the decision, it must have been a collective decision. En dit is hoekom ons saam is as 'n groot groep mos. Ons kan elke een kan sy input kry en die kind kan 'n duideliker prentjie van wat dit is wat ons sien wat hy miskien nog nie sien nie... Dan kan ons almal daai besluite saamvat en die beste belang van die kind daar uit kry.
	Ensuring the child's best interest when making decisions	ons moet altyd besluit in die beste belang van die kind. Partykeer...selfs groot kinders, hulle maak besluite agter verkeerde goed aan en dan moet ons wakker genoeg kan wees om op te let wat is die gevaartekens van so 'n ding en so 'n ding, en dan 'n calculative besluit dan maak oor wat is nou in die beste belang van die kind, Ja, it is a bit of a balancing act because as I said earlier, you know, children would say, or a children would say, I want to live with my mom and it's her right to say that, but we can't always make that happen because it's not in that child's best interests, so it is difficult, but I do think that it's important for them to be able to

		say that and for them to be able to participate ons moet altyd besluit in die beste belang van die kind. It's not an easy task because if you have a child that doesn't understand why they can't go home, but they are determined to go home and you as social workers know that those circumstances are not suitable, then it's difficult to balance the whole concept of child best interests and child participation. it is important to have a multi professional team and not just one individual, but 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 and sometimes the child, given that it is 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.
The process of empowerment of children when their views are taken seriously	Providing children with a sense of control	It gives them an element of control over their own lives. And that she knows, this is happening, because it's amazing how some children have the thickest of pasts and they don't have a clue of what's going on in their lives because they're not told 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.
	Children feeling powerless when their views are not taken seriously	Because they've already not had a say in so many situations and already felt powerless in so many areas of their lives. they've had the opportunity to say it and that what they say is considered and that it's not just everybody else making decisions for them and that they're not even part of the conversation and can say how they feel and express that and that it's not just adults making decisions for them, that they are powerless.

ADDENDUM 10: DATA ANALYSIS OF THE COMBINED DATA IN PHASE 3

Italics	Social workers
Plain font	Child and youth care workers
Bold	Children

Objective: To explore the inputs of the children, residential social workers and child and youth care workers regarding how children's participation can be facilitated and decisions can be made in their best interest within multi-disciplinary meetings in the context of a child and youth care centre.

THEMES, SUBTHEMES AND CATEGORIES

THEME: The facilitation of children's participation through preparation prior to the multi-disciplinary meeting		
SUBTHEME	CATEGORY	QUOTES
The nature of preparing children for their multi-disciplinary meeting	Preparing children through providing them with information on matters that concern them	<i>[Residential social worker] I prepare them, so there's no surprises in the meeting, not for them, there's no surprise, they know exactly what I'm going to talk about.</i> <i>It's something that's continuous, it's not, I'm going to speak to the child now because he's going to conference next week. Gradually as we talk, we have sessions and then as I work with the children in my sessions and the group and what they do, then things will come out.</i> <i>how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like</i> <i>Ek sal sê die maatskaplike werker moet voor die tyd ook met die kind gesels oor goed wat die kind oor wil praat, sodat as daai kind se moed hom begewe in die gesinskonferensie, dat die maatskaplike werker dan dit kan sê, en help vir die kind kan herinner, onthou jy toe jy by my kantoor was het ons oor dit en dit gepraat, so kan jy vir ons 'n bietjie meer daaroor sê.</i> <i>No, I think that they are often reluctant and hesitant, because of, it can be intimidating, so maybe children need to be prepared more as to what is going to happen, to become more comfortable in that kind of a setting</i> <i>Some kids that you know aren't for some or other reason there, clam up when they are sitting in the family conference itself so that preparation is important</i> <i>So it's important and I think that is what we (social worker) said we would do, is to have a session interview with the child before the meeting and in that way get child's opinions and views on what,</i>

		and explain to them, these are the things we are going to be talking about, what do you feel, what would you like to happen especially for your younger children, your older children that are a bit more confident and more verbal ‘n dag voor die tyd sal inroep... ons gaan hieroor praat, dis die verslag wat ek geskryf het, as jy daar wil deurgaen, gaan daar deur... (participant 10) Voordat julle by die gesinskonferensie gaan, dan gaan julle hier deur, Child 10 dis wat gaan gebeur, om net vir jou voor te berei, dit gaan gebeur, dit gaan gebeur, dit gaan gebeur. Okay. Jy weet nou wat gaan gebeur basies.... So jy maak jou gereed (participant 10) dis sal baie help vir die kind om meer verligting te voel, hoef nie te stres nie, ek is voorberei (participant 8) Say a day before... she can talk to us... give us the topics of what we're going to discuss, so that I know...(participant 12) Dan sal ek weet wat om te sê [if she is provided with the information beforehand] (participant 14) because we need to all be informed...like unaware of things and I want to be aware of it so that I know I can be prepared (participant 9) my social worker [discussed] what is going to happen, and this is what we are going to talk about... then I felt like she actually cared, that she wasn't doing this because it was in her job description. (participant 9)
	Preparation as a continuous process	<i>It's something that's continuous, it's not, I'm going to speak to the child now because he's going to conference next week. Gradually as we talk, we have sessions and then as I work with the children in my sessions and the group and what they do, then things will come out.</i>
	Preparing children through explaining the procedure of the multi-disciplinary meeting	<i>No, I think that they are often reluctant and hesitant, because of, it can be intimidating, so maybe children need to be prepared more as to what is going to happen, to become more comfortable in that kind of a setting</i> Voordat julle by die gesinskonferensie gaan, dan gaan julle hier deur, Child 10 dis wat gaan gebeur, om net vir jou voor te berei, dit gaan gebeur, dit gaan gebeur, dit gaan gebeur. Okay. Jy weet nou wat gaan gebeur basies.... So jy maak jou gereed

		(participant 10) my social worker [discussed] what is going to happen, and this is what we are going to talk about... then I felt like she actually cared, that she wasn't doing this because it was in her job description. (participant 9) Let the child speak about...because sometimes what the child is feeling impacts on their behaviour...its not just so because they want to be like that. Because everyone want to say something. You say something, you say something. When it comes to the child, the child feels, nobody is gonna support me in what I'm saying so what's the use I'm going to speak. So that's when the child say, ok, its fine, decide what you want to do. That's why they must let the children speak first. (participant 2) when we speak then I...they already said something that we don't like then we feel ok, I'm just gonna say nothing and let you guys go on. So they must let the children speak first. (participant 2) person first to enter a room owns the room. So ek voel die maatskaplike werker en die kind moet eerste daar ingaan,
	Providing children with the opportunity to express their views and wishes prior to the multi-disciplinary meeting.	<i>how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like</i> Ek sal sê die maatskaplike werker moet voor die tyd ook met die kind gesels oor goed wat die kind oor wil praat, sodat as daai kind se moed hom begewe in die gesinskonferensie, dat die maatskaplike werker dan dit kan sê, en help vir die kind kan herinner, onthou jy toe jy by my kantoor was het ons oor dit en dit gepraat, so kan jy vir ons 'n bietjie meer daaroor sê. <i>So it's important and I think that is what we (social worker) said we would do, is to have a session interview with the child before the meeting and in that way get child's opinions and views on what, and explain to them, these are the things we are going to be talking about, what do you feel, what would you like to happen especially for your younger children, your older children that are a bit more confident and more verbal</i> They ask me many times but sometimes I can say the stuff before the time, but when I come there then I can't say it because most of the times they ask me how do I feel about this suggestion and how do I feel about that suggestion, then I can't answer it. (participant 2)
The value of preparing children for their multi-disciplinary meeting	Providing children with a sense of empowerment	dis sal baie help vir die kind om meer verligting te voel, hoef nie te stres nie, ek is voorberei (participant 8) because we need to all be informed...like unaware of things and I want to be aware of it so that I know I can be prepared (participant 9) <i>It gives them an element of control over their own lives.</i>

		<i>And that she knows, this is happening, because it's amazing how some children have the thickest of pasts and they don't have a clue of what's going on in their lives because they're not told</i> <i>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.</i>
	Feeling unprepared for a multi-disciplinary meeting	<i>Some kids that you know aren't for some or other reason there, clam up when they are sitting in the family conference itself so that preparation is important</i> <i>Sometimes I feel that things are just very unexpected, (participant 9)</i> <i>it's not very comfortable sitting there while things happen very unexpectedly around me. (participant 9)</i> <i>So that I can know what's going to happen and what's going on around me, so that when something happens, I'm not caught off guard, so that I'm actually aware of what's going to happen and how it's going to happen and not just it's happening now, just be okay with it, okay? (Participant 9)</i>
THEME: The facilitation of children's participation through relations with an adult in the child's professional network		
The nature and significance of relationships with the child and youth care worker, designated social worker and residential social worker in multi-disciplinary meeting	Providing children with the necessary emotional support	<i>[having a positive relationship with the social worker] it sort of helps me feel comfortable in the family conference, because then I know that there is someone that I can stand on, and just sort of talk to her. (participant 1)</i> <i>I kind of rub off on her confidence... It makes me happy to know that she [internal social worker] is standing by me and that she is by my side (participant 9)</i>
	Characteristics of adults which enhance children's participation	<i>She [child and youth care worker] is kind, she has patience, because my parents are always fighting with the social worker, she is kind of trying to help the situation... it makes it kind of easier to know that she is trying to help the situation. (participant 9)</i> <i>En ek hou baie van hulle [child and youth care workers] want hulle is nie violent met my nie. Hulle praat soos in 'n mooi gentle way. (participant 7)</i> <i>The internal social worker listens more, and interacts more with the children. (participant 2)</i>
Relationships as a mechanism for children's participation	The impact of the relational process between the child and adult on children's participation	<i>but I think if you're more comfortable speaking to the social worker and the childcare worker, if you have that bond.. (participant 1)</i> <i>I think your [residential social worker] relationship with the child and again, I almost want to say, not the child's relationship with you, because you need to cross that bridge, you need to do a little bit</i>

		<i>more extra... so we're always going to have difficult children, we're always going to have rebellious children, so we need to work around that and if we have that relationship with the child,</i> but I think if you're more comfortable speaking to the social worker and the childcare worker, if you have that bond...(participant 1) I think more the internal social worker than the external social worker [listens to me], because all the children have a relationship with her (participant 2)
	The impact of a lack of relationship on children's participation	<i>I think if that is lacking [the relationship between the child and designated social worker], they're [child] not going to feel comfortable, for many of them, I think they won't feel comfortable to express what they want to when the relationship is not good</i> <i>but they feel they have a lot to say, but then other children feel that they don't trust you [designated social worker], cause they don't know them,</i> Ek was skaam (om te praat) ... Wanneer ek met my social worker [external social worker] eerste gemeet het. (participant 6) [the lack of relationship with the external social worker] it doesn't give me a chance to participate because she doesn't ask like child 11 how are you doing, or is school fine, or anything like that... 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. (participant 11)
THEME: The facilitation of children's participation through involvement in decision making in multi-disciplinary meetings		
The nature of including children in decision making.	Children being provided with an opportunity to speak	Ek word net een vraag gevra, en verder bespreek hulle. (participant 11) Jy kan niks sê nie, my mond is toe, dit proe daar is plastiek of Prestik, of Celloptape of glue aan my lippe. Ek kan nie praat nie, Tannie. (participant 14) daar word nie vir my gevra nie, so ek gaan nie antwoord nie, (participant 11) Ek is deel....praat hulle [social worker] met my ma en my pa en met my ouma. (participant 8) And like when I'm at the meeting and then I'm like excuse me, then no one listens, they continue talking like [indistinct 21:25] because Auntie Magdaleen [social worker] did that a couple of times as well and I was thinking to myself isn't this about what

		me and my sister wants? (participant 12) hulle [social workers] vra vir my ook soos wat het ek te sê. (participant 13) Dit voel almal praat en my stemmetjie is so sag dan né, en hoekom hoor hulle nie? (participant 14) Ek kry nooit 'n kans om te praat nie. Dit lyk asof dit oor hulle gaan, en dis wat jy gesê het, né? Hulle praat die heeldyd en gee nie vir jou 'n geleentheid om te praat nie. (participant 14) I personally think it has improved a lot, I think a few years back decisions were made for children and I do think that a lot of awareness with the research that Jessica has done but I think just generally there is a bigger more awareness, externally as well about children's participation and I think that has made us all very aware of the need to include them in that but they have a chance to express what they would like and what they would want to happen so I do think in my opinion from – there is a huge improvement in children's participation. Normally before the time I would tell the child that there is going to be a panel and that it's an opportunity for them to talk and so I would say to them, think about things that you want to say to us and to your social worker and your family and to start thinking about that, <i>Met de IDP wat hulle[children] hulle input gee</i>
	Hearing children's voices	they're [social worker] not actually listening to how I'm feeling (Participant 5) Hulle [social worker] het nie vir my geluister nie. (Participant 3) Want ek voel net somtyds Tannie dat hulle [social worker] luister nie vir my nie (Participant 3) Hulle [social worker] luister vir my (Participant 2) I am a human being, I'm a child, I am sixteen now, so it hurts when people don't listen to me. It is my life too you know. (participant 9) Nee. Hulle het nie vir my geluister nie. Hulle het geluister wat my oupa te sê het en wat die grootmense dink...ek weet grootmense is altyd reg, want hulle het nie my opinie gevat (participant 3) as hulle nie luister nie dan raak ek baie kwaad. (participant 3)

		they [social worker] will listen to my opinion (participant 1) They [social worker] didn't ask me but they will listen to what I'm saying. (participant 4) Hulle [social worker] het nie vir my geluister nie. (participant 3) the social worker doesn't even try and listen to me...the social worker doesn't want to listen to me. (participant 5) Yes. They (the social worker) listened to what I wanted. (participant 2) <i>The child also has an opportunity to talk in the conference itself, but like we are all saying that, that is not the best form of, what is the word, information from the child you are not going to get the true reflection of the child's needs because he or she is not going to talk there.</i> Ek dink die kind word net daar neergesit omdat hy daar moet wees, maar hulle word nie regtig deel gemaak van dit nie. (die kinders) Praat nie eintlik nie. <i>Maar ek dink nie die kinders neem deel soos wat hulle moet nie.</i> party van die kinders praat glad nie in 'n gesinskonferensie nie. <i>Maar ek persoonlik dink die kinders hulle is baie involved, hulle is nie meer in 'n, in 'n meeting nie.</i> Hulle luister hoe daar gepraat word.
Children having an influence on the decision making process	Providing children with choices in the decision making process	I was able to make a choice, the first time I was able to make a choice, my whole world brightened up, (participant12) We are our own human beings and we are unique in our own way, so why can't we make our choices in our own unique way? (participant 9) I was given the choice and that was the first time that I was, like I felt like I was in control of what was being thought about with of me and like sometimes I didn't want that.... it kind of shocked me that they gave me that choice (participant 12) Like she must give us the choices before we get to that topic in the meeting and she must prepare us emotionally for it. (participant 12) I feel like everything is being pushed onto me, like I need to

		make the choice now, at this time or that time. (participant 12) unless it's the teenager's choice to actually listened to what's being discussed about our parents (participant 12)
	Taking children's views into consideration when making decisions	<i>And also for them to understand why can't you go home, for them to, that we can have an open conversation about what are the reasons and what can we do about that, is there something we can do about that.</i> <i>they've had the opportunity to say it and that what they say is considered and that it's not just</i> <i>to say how she feels and what's her expectations and what she actually wants because what she wants might not be what she needs, so that we can work around that as well.</i> <i>how we prepare children we get in that preparation we ask for their opinion we ask for their views, we ask for their, what they would like their outcomes to be and it is not necessarily that it is going to mean that, that will be it, but they have a chance to express what they would like and what they would want to happen so I do think in my opinion from</i> <i>they've had the opportunity to say it and that what they say is considered and that it's not just everybody else making decisions for them and that they're not even part of the conversation</i> <i>in a position where we have to make decisions, big decisions that might have a really dire consequences for that children, might not now, because we make that now, but we don't think of 20-30 years on the line, so for me that is making a decision, I'm not going to one day, you know, I made the decision, it must have been a collective decision.</i> En dit is hoekom ons saam is as 'n groot groep mos. Ons kan elke een kan sy input kry en die kind kan 'n duideliker prentjie van wat dit is wat ons sien wat hy miskien nog nie sien nie... Dan kan ons almal daai besluite saamvat en die beste belang van die kind daar uit kry. ..then my mom would say Child 12 do you have something to say, and I would be like yes, but it doesn't matter. That is literally how I feel nowadays. You guys [adults] have already made your own choices. (participant 12) Lately it's been 51%, [decision making] but in the beginning it was always 20% or 30%. (participant 12) But the decisions that they [social workers] make for me, it's not to say that I want to do it, (participant 9) She's a child, she can't make her own decisions. And that's also what happened with me, because I made my own decisions and my foster mom told me you're too young to make your own decisions,... it's what I decide to do, because I'm not three anymore. But it's very difficult now deciding for myself, because what I decide is going to be overthrown with what the adults decide on. (participant 9)

		So they didn't actually take that into consideration that I don't want to leave. (participant 9) I was involved in decision-making because I've got two younger sisters, so they always ask me about my opinion,...I played one of the big roles in decision-making. (participant 1) Ek wil deel wees van elke decision wat gemaak word. (participant 3)
Providing children with a range of options as to how they choose to express themselves and be involved in decision making.	Children's views being expressed freely in the medium of choice	If I, if I am discussing it with my child, if I know it is a child that is not bright, then I will say, sorry voel jy nie of jy nie vir my wil op die blaai skryf nie, al teken jy vir my 'n prentjie Sal ek nou sê, sê dit is nou 'n five year old because I know he won't speak... En dan sal ek sê teken vir my hoe jy voel oor dit, oor mamma, oor pappa, I will say the certain things and then they must draw it for me depending if they now...) like he explained it to me, I must explain back to the panel <i>I have had a couple of kids that have written a letter to be read out because they can't, they feel they can't say</i> <i>Ja, so they write it beforehand and then depending on who they have addressed the letter to, I will hand it over, or I will read it or give them the opportunity, would you like to read your letter... So that they can participate that way.</i> Then I have to write a page on how I feel, then when it comes to the panel and I have less to say and that page just go to the court and then they'll read about how you feel about it. (child participant 5)
	Social workers acting as a "voice" for children in multi-disciplinary meetings	<i>even though we could have had sessions before the family conference with the child and the child clams up or I become the voice of the child, I am not the child, so it is still important that participation whatever level is actually facilitated and encouraged.</i> <i>doen en die gesins konferensie vind plaas en die kind praat dan nie, is ons basies daar vir die – om vir die kind, names die kind te praat en die leiding te neem</i> <i>and that they will have advocates in this world that can also help and assist them to be heard</i> <i>because of the setting, because of his age because of the relationships between people that you should be the voice for the child in the meeting.</i> <i>Ja, so they write it beforehand and then depending on who they</i>

		<i>have addressed the letter to, I will hand it over, or I will read it or give them the opportunity, would you like to read your letter... So that they can participate that way.</i> <i>You need to work with the child before. So you are making part of the process before that and then if it is not possible for the child, because of the setting, because of his age because of the relationships between people that you (social worker) should be the voice for the child in the meeting.</i>
THEME: The facilitation of children's participation through creating a child friendly environment		
Language as a means of ensuring a child friendly environment	Child friendly language	<i>And then also in the meeting it is important the language that you use... – it's on the level of the child, so you are not going to talk all this legal talk or whatever in front of the child and they don't understand so, now you could explain to the child do you understand what has just happened and put it into child friendly language.</i> <i>I think in the past there was a lot of legal discussion in front of children, die Een Vyf Nege dit en dit and the child doesn't have a clue what that is,</i> <i>Ja, ouderdomstoepaslik...en grootmense...ek weet ons grootmense ons is nou grootmense en ons is professionele mense, ons moet probeer om te daal tot die kind se vlak.</i> <i>Yes, the kind of child friendly language because we have got some children that are very low functioning...I would say it's incredibly challenging...but we do try to be sensitive to a child's needs and their language and their ability to communicate and all of that,</i> <i>social worker always asks... the weirdest questions and I never knew how to answer them (participant 12)</i> <i>(participant 10)</i> <i>soos in somtyds maak hulle die vraag moeilik om te verstaan (participant 11)</i> <i>praat daai hoë woorde en dis heavy vir jou. (participant 10)</i> <i>Hulle verduidelik nie vir jou nie wat hulle regtig bedoel (participant 10)</i> <i>dat die kind verstaan waarom dit gaan. (participant 10)</i>

		because I didn't understand what she meant. Because of the Child Act. (participant 12) To be honest, I felt stupid, because I should know these things, (participant 12) that social work book (children's act) and like sometimes she would read from it, and then I would be like what is this woman saying? (participant 12) Hulle, soos in somtyds maak hulle die vraag moeilik om te verstaan, Tannie. Maar, ja... (participant 12) It's like they tell you so many things that you don't understand from an adult's point of view, because I'm a child, like I don't know big words yet. (participant 12)
	Verbal communication in the child's mother tongue	ek dink taal is somtyds 'n probleem... Ons kinders is Afrikaans... Sommige kom 'n Xhosa social worker aangestap wat net Engels praat. die language in Durbanville Kinderhuis is Afrikaans... En baie keer is die maatskaplike werker ook nie Afrikaans van buite nie. Daar's niemand om te vertaal nie. Daar's niemand wat die taal praat wat die persoon praat nie, en dan hou ons 'n gesinskonferensie en daar word inligting deurgegee wat verlore gaan omdat...
Physical aspects that contribute to ensuring a child friendly environment	The physical environment	Sometimes it will in the social worker's because there is like a toy house in the office. <i>so I think they are comfortable here (CYCC), they are relaxed here, more so than they would be in an another environment... Yes, but I think this is a safer space.</i> Te formeel... Ek dink die kind moet besluit oor die venue. Die kind moet daai plek kom regmaak of saam met iemand die plek regmaak waar die vergadering...voor die tyd moet die kind daai plek gaan...hy moet sê wat daar op daai tafel moet kom en al sulke goeters. Dan sal die kind self 'n inset hê. <i>Normally for us we try to make it work for the child. It's most of the times more comfortable, more convenient to have it in our play room</i> <i>I think sometimes for the children it works in another environment because if there's an issue between the child and a staff member and</i>

		that member is part of that meeting, then this is not home turf or home territory for the child because it's the staff's territory. offices of the external social worker and we went there and the parents was that side and when we sat in that office we were all cramped up in that small little office, but that child had the guts to speak out. ... But it was in her community, it was her turf, They participated more when they was in this setting [child and youth care centre] ... Because some kinders is, ek, ek perceive dit so. Some kinders is te skaam vir hulle omstandighede then they don't participate. Because daar is meer kleur, you know what I mean, there is more colour, so hy moet gemaklik, I think they feel fairly comfortable and relaxed here (child and youth care centre). We have tried to, on a few occasions we've had panels at like the child welfare's office and it's been a total disaster, a total disaster! So I think, although it isn't a neutral environment, it is a supportive environment...but I think this is a safer space. dit is 'n omgewing amper vir volwassenes...It is intimidating The venue of the family conference itself is not the best place to get the child's participation because the child clams up, keeps quiet doesn't want to talk there, The person first to enter a room owns the room. So ek voel die maatskaplike werker en die kind moet eerste daar ingaan, dan daai kind kan voel die plek is nou vir hom hierso uitgesit sodat almal wat agterna kom is net 'n bysaak. And that its positives and its negatives[having the meeting in the formal setting]. The positives in terms of that a child then get's to with time know what they can expect, it is almost a bit of routine, they know this is how it is going to be, which if they know, it can create safety and stability but it also, it also can be negative in terms if that specific structure like it always is, doesn't fit or meet that child's specific needs. Die tafel was te groot. (participant 10) Dit was gemaklik want ek is gewoond aan dit.(participant 15) I like this room, ja. Everyone's out of their comfort zone, very

		professional, I like the feel. (participant 2) Yes, I actually feel very comfortable in her [social worker] office. Its because like when we used to come out of school and we would go there... (participant 1) dit is naby mekaar but ek voel net gemaklik want ek bly hier [prefers the meetings to be held at the child and youth care centre rather than at the external social worker's office] (participant 3) [likes the meetings being held in the internal social workers office] because no-one can hear and there's a door that can close. (participant 4) Miskien 'n bietjie posters daar. (participant 15) very big room.....a very long table in the middle of that room.....colourful.....Serve some orange juice, (participant 9) Meer space en hulle kan loop...dit moet net lekker wees... (participant 6) like while they're playing, they can talk and like use the toys to explain. (participant 12) And more colourful. (participant 9) Not dull colours, ... brighter (participant 12) bean bags are always the best. (participant 12) 'n ronde tafel, of al sit ons net in 'n kring, (participant 10) Mustn't sit at a table. It mustn't feel formal. (participant 12) Like sort of in a nice comfortable position, on a couch, in the garden (participant 12) [there should be] kos goed op die tafel. (participant 10) you [the social workers] can buy cold drink to make the people chill afterwards (participant 4) Die beste opsie is om net so te sit...met tee...want somtyds is die meeting lank, dan kan 'n mens nie inhou nie... (participant 6)
	The layout of the meeting.	En as hier n glasie is, is daar 'n glas vir hom vir water...En as daar 'n toebroodjie is, as die toebroodjie is al is dit saam met die toebroodjie. <i>and we want to get couches and coffees and biscuits and just make it a more child friendly environment. Ja, and I think if the atmosphere is already more relaxed then it will encourage more participation of children in the decision making.</i> Dit help nie mens bied vir 'n kind koppie tee aan of koffie aan, dis net vir grootmense...maar 'n sappie... of 'n lekkertjie op die tafel...
Presence in	Being present:	My understanding is that all the role players that are involved in a

multi-disciplinary meetings	including children in the multi-disciplinary meetings	child's life be part of that meeting, so the child care worker, the key child care worker, the social worker, we've got a senior childcare worker that's responsible for our company preservation program, she's part of that, the child and then the external social worker, the family of the child, then we'll discuss what we need to discuss with the child [in the multi-disciplinary meeting] daar 'n seun gekom het met sy tape recorder en getape het wat sy – die besluite en wat sy pa sê die beloftes wat sy pa maak, die beloftes wat sy ma maak. <i>the family is always present and the social worker in the children's home and the external social worker and the child and youth care worker</i> Ek wil by elke vergadering wees... Ja, want dit is oor my wat hulle bespreek. (participant 6) [I] should be in that meeting (participant 12) it [the multi-disciplinary meeting] must start at the time that the child arrives. (participant 12) There was this one family conference where me and my sister had to wait outside. It feels like our thoughts aren't, it feels like our feelings don't count. (participant 12) To me, it felt like we didn't exist [because we were not present in the meeting]. We couldn't go in to say okay this is what we've got a problem with and this is what's going on. (participant 12) We weren't part of what is going on about us... How was I supposed to know what they covered when I wasn't present? (participant 12) ek voel ongelukkig.[when they ask me to leave the family conference] (participant 6)
	The number of persons present in the multi-disciplinary meetings	<i>...the number of people that we have in a setting like that...For one child it might be fine, another child might completely be overwhelmed by having many people attend a meeting like that.</i> Dit sal nooit kindervriendelik wees as 'n kind in 'n vertrek inkom en die hele vertrek sit vol grootmense nie. en imagine al hierdie klomp mense wat ons nou genoem het...Nou sit ons in daai boardroom en hier kom die een enkele kind in... Dit is soos om in die hof in te stap. Die kind kan geïntimideerd voel deur al die klomp grootmense aan die tafel. <i>I think sometimes they feel intimidated by all of the people,</i> so many people were watching you, (participant 12) ∴ The fifty, it's like, it feels like there are fifty eyes on you. When there's mostly just ten or something. But like you feel like you're in a corner sometimes. I feel like sometimes I'm in a corner where people are just staring at me and expecting me to stand

		up on my own two feet at a young age. (participant 12)
THEME: Taking a child's acquired competency into consideration in order to facilitate children's participation in multi-disciplinary meetings		
The evolving capacities of children: age and maturity of children	Taking the child's age into consideration	Now that I'm sixteen, I am way more talkative... because I guess I embraced the right of freedom of expression. (participant 9) I have the right to speak, because I'm old enough (participant 12) I was younger as well, that I have the right to be heard. But like when we can't say at a young age already, at the age of 5 even, that we can't say what we feel, then that person is going to struggle when they're older with their friends....like everything else involved between like growing up between the ages of 5, when you are actually old enough to register things at 16, like my age now, (participant 9) Back then I was 8 to say 10, 8 to 14, where whatever I said was childish. But a lot of people have told me that I grew up and I know I grew up way before my time. (participant 12) because I'm older now and I know what's right and wrong better now, I raise my voice. (participant 9) And if I make a decision that's what I want in life, because I am at that age where I can make my own decisions, and you always have a choice, so I think they must more let the children make (participant 2) She's a child, she can't make her own decisions. And that's also what happened with me, because I made my own decisions and my foster mom told me you're too young to make your own decisions (participant 9)
	Taking the child's maturity into consideration	Because a lot of kids are very mature, (participant 9) die verskillende vermoëns van die kinders. Miriam het 'n kind in 'n huis wat jy mee moet gesels op...en hoe oud is hy? Sestien. Jy moet met hom praat soos 'n tien jaar oue kind... So die kind word nie daai geleentheid gebied om deel te neem nie weens... According to hoe daardie kind se verstandjie is. Sommige, ons het groot kinders wat 'n klein verstandjie het. want die wat nou al verstandelike sensible is, wil deelneem want hulle verstaan en hulle weet dit gaan oor hulle toekoms, ja. Dit gaan sê nou noodwendig oor ouderdom nie maar dit is die groterige kinder wat deelneem, maar ons kinders is onder tien, die volwassenheid, emosionele volwassenheid wat sy gehad het op daai stadium om te sê maar,
How personal traits affect children's abilities to express their	Temperament/personality	you get the outspoken one... Then you get the quiet withdrawn one that will still be afraid to say what is on their mind now, Ek dink ook dit hang ook askies tog van die kinder persoonlikhede I'm never uncomfortable to talk. I speak my mind. (participant 9)

views	2) I am very shy to express myself (participant 11) I am awkward in certain conversations, I am really awkward (participant 12) My sister has a thing with people... she starts talking and everyone falls to her feet. (participant 12) I've always been quick with my mouth (participant 12) ek is maar net baie stil. (participant 8) because of the type of person I am. I always speak. (participant 2) ...ekke, as ek 'n probleem het dan wil ek dit dadelik uitgesort hê, (participant 3) ...but my sisters, because they're big mouths and they really speak, (participant 1) ...some people aren't very open because of their background and they will nod at everything that someone said, (participant 1) I am extremely shy.. so that also makes it difficult with trying to talk to them, because I feel like I'm invisible (participant 11) I'm never uncomfortable to talk. I speak my mind. (participant 2)

