



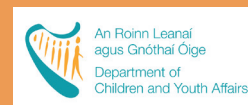
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Title	Exploring the effectiveness of structures and procedures intended to support children's participation in child welfare, child protection and alternative care services: a systematic literature review
Author(s)	Kennan, Danielle; Brady, Bernadine; Forkan, Cormac
Publication Date	2016
Publication Information	Kennan, D., Brady, B., and Forkan, C. (2016) Exploring the Effectiveness of Structures and Procedures Intended to Support Children's Participation in Child Welfare, Child Protection and Alternative Care Services: A Systematic Literature Review. Galway: The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.
Publisher	UNESCO Child and Family Research Centre
Link to publisher's version	<a href="http://www.childandfamilyresearch.ie/media/ilascfrc/reports/7519-NUIG-Mainstreaming-Exploring-Effectiveness-Structures-PRINT.pdf">http://www.childandfamilyresearch.ie/media/ilascfrc/reports/7519-NUIG-Mainstreaming-Exploring-Effectiveness-Structures-PRINT.pdf</a>
Item record	<a href="http://hdl.handle.net/10379/6303">http://hdl.handle.net/10379/6303</a>

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## Children's Participation

# A Systematic Literature Review Exploring the Effectiveness of Structures and Procedures Intended to Support Children's Participation in Child Welfare, Child Protection and Alternative Care Services

BY  
Ms. Danielle Kennan, Dr. Bernadine Brady and Dr. Cormac Forkan  
The UNESCO Child and Family Research Centre

August 2016

## Acknowledgements

The authors would like to express their appreciation to Professor Laura Lundy, Professor Caroline McGregor and Michelle Hennessy for their review of an earlier draft of this report, and to Dr. John Canavan, Associate Director of the UNESCO Child and Family Research Centre, for his continued support.

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How to cite this report

Any citation of this report should use the following reference:

Kennan, D., Brady, B., and Forkan, C. (2016) *Exploring the Effectiveness of Structures and Procedures Intended to Support Children's Participation in Child Welfare, Child Protection and Alternative Care Services: A Systematic Literature Review*. Galway: The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.

ISBN: 978-1-905861-31-6

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Published by the UNESCO Child and Family Research Centre.

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# The Development and Mainstreaming Programme for Prevention Partnership and Family Support



The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tusla, the Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

... whether the organisational culture and practice at Tusla and its services are integrated, preventative, evidence informed and inclusive of children and parents and if so, is this contributing to improved outcomes for children and their families.

The research and evaluation study is underpinned by the Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla Development and Mainstreaming Programme. The work packages are: Child and Family Support Networks and Meitheal, Children's Participation, Parenting Support and Participation, Public Awareness and Commissioning

**This publication is part of the Children's Participation Work Package**

## About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland. Founded in 2007, through support from The Atlantic Philanthropies and the Health Services Executive, with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

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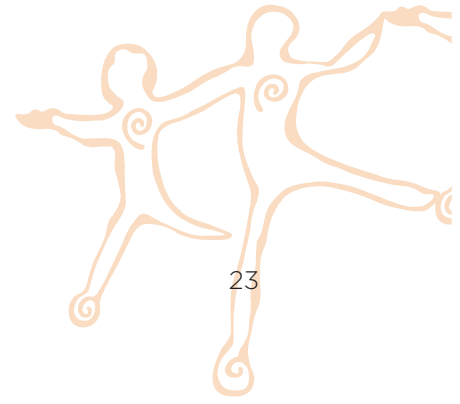
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# 1.0 Introduction

Embedded in Article 12 of the UN Convention on the Rights of the Child (UNCRC), and in Irish national law since the Child Care Act 1991, is a child's right to participate in decisions that directly affect them. Tusla's founding legislation, the Child and Family Agency Act 2013, requires the Agency in the performance of its functions,<sup>1</sup> as well as in the planning and reviewing of the provision of services, to ensure the views of the individual child (regarding the former) and children collectively (regarding the latter) are ascertained and given due weight having regard to the age and maturity of the child. Ireland's *National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 and Tusla's Toward the Development of a Participation Strategy* (2015) set out a roadmap for the realisation of a child's right to participate. These documents are underpinned by Lundy's model of participation (2007), which is grounded in Article 12 of the UNCRC.

The Lundy model outlines four chronological steps in the realisation of a child's right to participate (Lundy, 2007). First, 'space': children must be provided with the opportunity to express a view in a space that is safe and inclusive. Second, 'voice': children must be facilitated to express their view. Third, 'audience': the view must be listened to. Fourth, 'influence': the view must be acted upon as appropriate, and the reasons for the decision taken must be communicated to the child. Children do not have the definitive say in the decision-making process, but their views should be given due weight, having regard to their age and maturity. Adopting the Lundy model of participation reaffirms the government's and Tusla's commitment to achieving a level of participation that is, at a minimum, compliant with the UNCRC. The National Strategy on Participation further outlines a commitment on the part of the government and Tusla to adhere to 12 practice principles, drawn from the Council of Europe's 2012 Recommendation on Participation (Council of Europe, 2012).<sup>2</sup> These principles include, for example, that children must be provided with all relevant information and with adequate support when expressing their views.

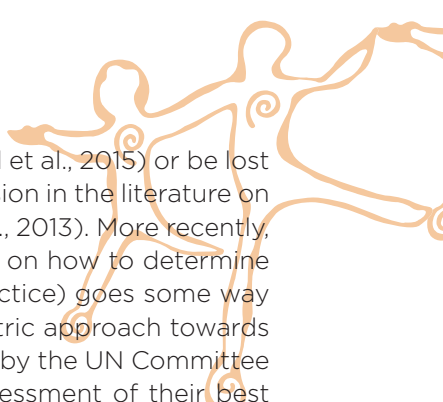
Hearing the views of the child and acting on them as appropriate are particularly important when decisions are being taken concerning a child's care, protection or welfare. As Thomas and O'Kane (1999) remind us, most children do not have formal decisions taken about where they should live, who should care for them or what their needs are; these are taken for granted. But for children in contact with child welfare, protection and alternative care services, these decisions are taken by professionals who may be relative strangers. Involving the child in the decision-making process respects the dignity of the child to have a say in decisions that can profoundly affect their lives. Having the input of the child can also aid their protection (Lansdown, 2011), ensure the decisions taken are responsive to their needs (Mason, 2008; Kiely, 2005), and it is more likely that children will respect decisions that they have been party to rather than those that are imposed upon them (Kiely, 2005; Cashmore, 2002).

Nevertheless, enabling children's participation in the child welfare, child protection and alternative care context can be particularly challenging. Professionals working in the field are accountable for safeguarding children, thereby creating a work environment that is conducive to being risk-averse and focused on protection. Furthermore, professionals are required not only to act as appropriate on the views of the child but to work in partnership with families and other concerned stakeholders. Under these

---

1 Section 9 of the Child and Family Agency Act 2013 provides that the Agency will ascertain the views of the individual child in the performance of its functions under the Child Care Act 1991, the Education (Welfare) Act 2000, the Adoption Act 2010 or section 8 (1)(c) or 8 (3) of the Child and Family Agency Act.

2 These principles are also informed by the UN Committee on the Rights of the Child General Comment on Article 12.



circumstances, the participation of children can diminish as a priority (van Bijleveld et al., 2015) or be lost in a chorus of competing demands. It is reported that there is no significant discussion in the literature on how to reconcile child protection obligations with participatory practice (Ney et al., 2013). More recently, however, the guidance provided by the UN Committee on the Rights of the Child on how to determine a child's best interests (a key principle informing child protection and welfare practice) goes some way towards reconciling these issues. There has been a move away from an adult-centric approach towards a more inclusive approach to assessing best interests. The interpretation provided by the UN Committee makes it clear that a child should be given the opportunity to influence the assessment of their best interests by having their views taken into account (UN Committee on the Rights of the Child, 2013).

To embed a culture of participation within an organisation, it is necessary to have a range of structures and procedures to give children the opportunity to have their voices heard and valued (Kirby et al., 2003). The aim of this report is to systematically review the literature to explore the effectiveness of different structures and procedures intended to support children's participation in decision-making in child welfare, child protection and alternative care services. The focus is on structures and procedures that support children not only to communicate their views but also to influence decisions taken, in a manner compliant with Article 12 of the UNCRC and the Lundy model.

This is a foundational report in a larger project designed to research and evaluate to what extent the participation of children and young people in decision-making is embedded in the structures and cultures of Tusla. The project on children's participation is one component of a wider research and evaluation study to monitor the implementation of Tusla's Development and Mainstreaming Programme for Prevention, Partnership and Family Support. Section 2 of this report identifies common structures and procedures operating in Ireland and elsewhere to support children's participation in child welfare, child protection and alternative care services. While this is not intended to be an exhaustive list, it documents those identified in an initial exploration of the literature. Following an overview of the methodology in section 3, the findings of the systematic literature review are set out in section 4. This section details the available evidence regarding the effectiveness of structures and procedures designed to support children's participation, at an individual and collective level. Section 5 documents common factors that influence their effectiveness. Finally, in section 6, the discussion draws together the key findings and their implications for practice.



## 2.0 Structures and Procedures Supporting Children's Participation

Decisions made by Tusla and their service providers may be of a personal nature, affecting the child as an individual, or of a public nature, affecting children collectively.

### **Individual Participation**

Decisions of a personal nature affecting an individual child are commonly made at the referral and assessment stage and in planning and review meetings. Some key proceedings include early help providing meetings (for example, a Meitheal),<sup>3</sup> Child Protection Conferences,<sup>4</sup> Family Welfare Conferences (also known as Family Group Conferences),<sup>5</sup> care proceedings in court, and the development of a care plan and care reviews.<sup>6</sup> O'Sullivan (2011: p. 3), writing in the context of decisions taken in social work, reminds us that responding to a child welfare or child protection concern is an ongoing process with multiple decision-making points. He advises:

Although there are well-recognized decision points, such as reviews, for the most part it is difficult to delineate where decision making starts and finishes. Rather than thinking of decision making as having a clear beginning and end, it is more appropriate to think in terms of chains or sequences of decisions taken over time, each feeding into the next . . . the chain starting at the point of referral and ending at the point the case file is closed.

A scoping of the literature revealed that structures and procedures that are designed to support the individual child to be involved in decisions taken regarding their care, protection and welfare include: one-to-one consultation with their case manager or coordinator; submission of their views in writing to assessment, planning and review meetings; attending and being actively involved in meetings; using an advocate (or in the case of court proceedings a Guardian ad litem) to bring their views to the attention of the decision-makers; engaging in a process of family-led decision-making, as happens in Family Welfare Conferences; and making a complaint through a designated complaints procedure.

### **Collective Participation**

Decisions of a public nature affecting children as a collective commonly relate to service planning and review. Seim and Slettebø (2011: p. 498) define collective participation as 'the goal of improving services for everyone in the same situation'. The literature revealed that structures and procedures that are designed to support a representative group of children to communicate their views, with the intention of influencing decisions related to service planning and review, include: national, regional or local advisory forums convened by service providers, central government or local authorities comprising

3 Meitheal is 'a national practice model designed to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights'. Tusla. (2015) Meitheal Toolkit. Dublin: Tusla - Child and Family Agency.

4 According to the HSE Children and Family Services (now Tusla), 'a child protection conference is an inter-agency and inter-professional meeting convened by the Child Care Manager/designate. It takes place after initial (or further) assessment. The child's parents/carers will be invited to the Child Protection Conference unless there are specific grounds for not so doing. The child will be invited if this is deemed to be in their interest. The main tasks of a child protection conference are to decide if a child continues to be at on-going risk of significant harm as a result of abuse or neglect, and if so to formulate a child protection plan which should include the family's needs for support and to list the child's name on the Child Protection Notification System'. Health Service Executive. (2009) Report of the National Child Care Information System Project Business Process Standardisation Project. Dublin: Health Service Executive.

5 A Family Welfare Conference is 'a family-led decision-making meeting involving family members and professionals, which is convened when decisions need to be made about the welfare, care or protection of a child/young person. The purpose of the meeting is to develop a safe plan to meet the needs of the child or young person'. Ibid.

6 The Child Care Regulations, 1995, governing the placement of children in residential care, foster care and the placement of children with relatives, state that every child should have a written care plan. They also require care plans to be regularly reviewed. The Regulations provide that, in so far as practicable, a care plan should be drawn up in consultation with the child and their guardians. When the case of a child in care is reviewed, they provide that regard shall be given to the views of the child.

children receiving services (or who have previously received services); involving a panel of children in the recruitment of personnel; involving children in the development and delivery of training; including children's views in inspection reports; consultations or research conducted with children in receipt of services; and child- or youth-led action research, where children and young people are supported to lead on a research project to identify and take action on issues of concern to them.



## 3.0 Methodology of Systematic Literature Review

This report aims to systematically review the literature to explore what is known about the effectiveness of structures and procedures intended to support children's participation in the child welfare, child protection and alternative care context. To systematically review the literature means 'to identify, evaluate and summarise the findings of all relevant individual studies, thereby making the available evidence more accessible to decision-makers' (Centre for Reviews and Dissemination, 2009: p. 1).

### 3.1 Search Strategy

Three rounds of searches were used to locate the relevant studies. First, a search was conducted using key social science databases. Second, additional searches were conducted using the NUI Galway Library Catalogue, Open Grey database and Google, in order to identify relevant internet-based published reports, as well as journal articles, book chapters and theses not identified in searches using the initial databases. Third, the reference lists of included articles were reviewed to check for missing studies of relevance. The searches were undertaken from May to July 2015. The search terms and strategy used for the first two rounds of searching are set out in Table 1.

**Table 1: Search terms and strategy**

participation OR 'user involvement' OR 'user engagement' OR 'Voice' OR 'decision-making'  
AND  
'child protection' OR 'child welfare' OR 'social work' OR 'social care' OR 'in care' OR 'looked after'  
OR 'family support'  
AND  
Child\* OR Young OR youth OR Adolescent\*

1) The asterisk (\*) is used to find all variations of the word, for example 'child' or 'children'.

### 3.2 Inclusion and Exclusion Criteria

**Included studies:** The database searches were limited to studies published in English from the year 2000 onwards. 2000 was chosen because from this date onwards there was a sharp increase in the number of publications matching the search terms. This was revealed from analysing the initial search results in Scopus, prior to any cut-off date being applied (see Appendix 1). It was felt that relevant studies published prior to 2000 would be identified for inclusion in the review of the reference lists.

Studies were included that focused on the effectiveness of structures and procedures intended to support children's participation. In some disciplines (such as medicine), only studies with an experimental design, often randomised control trials, can provide evidence of 'what works', because they generate unambiguous findings about cause and effect (Bryman, 2008). However, as Bryman (2008: 103) points out, *'in most of the social sciences there is far less consensus about what is the appropriate approach to research'* to provide evidence of effectiveness. Veerman and van Yperen's (2007) model outlines four levels of evidence to characterise the effectiveness of interventions in youth care practice (see Appendix 2). Level one (descriptive evidence) can identify potential interventions. This requires a clear description of the core elements of an intervention (e.g., goals, target group, objectives) and may involve documentary analysis or descriptive and observational studies. Level two (theoretical evidence) can identify plausible interventions. This requires a well-articulated theory or explanation of an intervention (e.g., what works and why) and may involve literature reviews and studies capturing expert knowledge. Level three (indicative evidence) can identify functional interventions. It requires preliminary evidence that an intervention works in practice, and can include client satisfaction studies, goal attainment studies, service evaluations and quasi-experimental studies. An intervention can be considered successful, for example, when 95% of clients are satisfied, all treatment goals are attained in 90% of cases, or 80% show behaviour that is now within the normal range according to a standardised assessment measure. Level four (causal evidence) requires clear evidence that the intervention caused the desired results, involving a randomised control study (RCT) or a well-designed repeated case study. In this literature review studies were only included if they provided theoretical, indicative or causal evidence of the effectiveness of a structure or procedure in enabling a child's participation in decision-making (at the individual or collective level).

In accordance with Article 12 of the UNCRC and as conceptualised by Lundy (2007), participation was defined in this literature review as the right of the child to express their views in matters affecting them, and for their views to be given due weight in accordance with the age and maturity of the child. Studies were only included if they examined the effectiveness of a structure or procedure intended to support children's participation in child welfare, child protection and alternative care services. These terms were defined as follows. A child welfare concern arises if a problem experienced directly by a child, or by the family of a child, is seen to 'impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response' (Health Service Executive, 2011). Child protection is the *'process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect'* (Health Service Executive, 2011). Alternative care is when the child is already in the care of the State, either in foster care or placed with relatives or in residential care through a voluntary agreement or court order.

**Excluded studies:** All studies that did not meet the inclusion criteria were excluded; for example, studies that exclusively examined effective methods for ascertaining the views of the child. While ascertaining the views of the child is an important first step in the participation process, the focus of this literature review is on what structures and procedures supported those views to be given due weight in decision-making. Any studies identifying or reviewing the effectiveness of structures and procedures that support children's participation in the court process were excluded. While fundamental decisions concerning a child's care are made in court, it was felt the scope of the search would not comprehensively return studies identifying or measuring the effectiveness of structures and procedures designed to support the child's voice to be heard in court proceedings. This would require widening the search to include legal databases and additional search terms, which was not feasible in the timeframe for this review.<sup>7</sup>

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<sup>7</sup> This issue is being examined by the Child Care Proceedings in the District Court Research Group in University College Cork. See: <https://www.ucc.ie/en/appsoc/resconf/res/childcareproceedingsinthedistrictcourt/>.



### 3.3 Screening and Data Extraction

As outlined above, there were three rounds of searches. The first round returned 1,092 journal articles from the following databases: Applied Social Sciences Index and Abstracts, Scopus, Sociological Abstracts, and the Campbell Collaboration Library of Systematic Reviews. Citations and abstracts for all articles were exported to Endnote X7 software. Reviewing these articles involved a two-stage screening process. Initially, two reviewers screened the publications by title and by abstract to find articles examining structures and procedures that support children's participation in the child welfare, child protection and alternative care context. Following this round of screening, 1,008 articles were removed. The second stage involved screening the remaining 70 articles (after duplicates were removed) to identify studies that provided evidence of how effective these structures and procedures are. After the second round of screening, 17 studies were retained.

The second round of searches was designed to return internet-based publications, as well as journal articles, book chapters and theses not already identified. This round involved searching the NUI Galway Library Catalogue, Open Grey database and Google. Following a screening of the titles and, where necessary, the abstracts, the citations for four book chapters, seven reports, one journal article and one thesis were exported to Endnote X7 software. Following a full text review, five publications were retained. The third round of searches involved reviewing the reference lists of included publications. This yielded 11 additional journal articles to review, which resulted in five further studies being included. A flowchart of the search and screening process is included in Appendix 3.

The full text of the included publications was imported to QSR NVivo 10 software for coding. Codes were created for each type of individual or collective structure or procedure identified. All publications were coded, extracting any evidence of their effectiveness and the external influencing factors underpinning their effectiveness. The following data was extracted and is detailed in Appendix 4: author(s), date, country where the study was conducted, process under review (classified as a child welfare, child protection or alternative care process), relevant structure or procedure reviewed, study design, and level and type of evidence the study yielded. The findings section provides a narrative description of the results of the individual studies.

### 3.4 Quality Appraisal

All studies identified as meeting the inclusion criteria were appraised for quality. There are many different tools available to guide an assessment of quality. Common factors considered in an assessment of quality are: the trustworthiness of the study in terms of its methodological quality; the appropriateness of the research design used for both the individual study and for answering the systematic literature review question; and the relevance of the study to the focus of the literature review (EPPI-Centre, 2010). Using the EPPI-Centre weight of evidence system developed by Dickson and Gough (2008), two reviewers independently appraised the individual studies and assigned a high, medium or low weight of evidence (WoE) to the trustworthiness, appropriateness and relevance of each study. The reviewers subsequently discussed any discrepancies and agreed on the overall WoE to be assigned by calculating the average agreed weights (see Appendix 5). Where a study was not assigned all the same weight in each category, the average is indicated by the use of a hyphen (e.g. medium-low). In accordance with the Social Care Institute for Excellence guidelines (Social Care Institute for Excellence, 2010), it was not the intention to exclude any topic-relevant studies that may have received an overall low weight of evidence. Instead, the quality appraisal was intended to provide transparency in terms of the weight of the evidence each study yielded and to ensure that studies with a greater strength of evidence carried more weight in drawing conclusions.

### 3.5 Study Limitations

It is reported that there is a lack of uniformity in the words used to describe this specific field (van Bijleveld et al., 2015). Van Bijleveld et al. identified 90 keywords emerging from articles in the child welfare, child protection and alternative care fields. This presented a risk for this literature review that not all relevant publications would be returned with the search strategy employed. To reduce this risk, a scoping exercise was conducted to identify core terms used. These formed the basis of the search. Searches were conducted in the publication title, keyword and abstract fields to broaden the chances of identifying relevant studies. A review of the reference lists of studies included was also an important safeguard aimed at increasing the chances of identifying any outliers. Furthermore, it is acknowledged that there is a wealth of grey literature in this field as well as solely internet-based published reports. Many services operating to address a child welfare or child protection concern or services for children in care are outsourced to providers in the statutory and non-statutory sectors. Evaluations of these services and the effectiveness of their participatory structures or procedures may not be published or widely available. They may also not be translated into English if undertaken in other European countries. While efforts were made to locate such publications produced in English, this review largely relies on evidence of the effectiveness of participatory structures and procedures as documented in journal publications.

## 4.0 Findings

### 4.1 Description of Included Studies

Much has been written on children's participation in decisions taken regarding their welfare, protection and care. However, only a limited amount focuses on the effectiveness of dedicated structures and procedures intended to support a child's participation. While the wider literature is included in section 5 and in the discussion section of this report, in total 26 studies were located and included in this findings section. Most of these studies did not focus exclusively on the effectiveness of one or more structures or procedures, but their findings produced evidence in this regard. The studies included are primarily small empirical studies and the level of evidence documented is mostly indicative, as classified by Veerman and van Yperen (2007), drawing on service user and service provider testimonies. Three of the studies provided theoretical evidence and one provided causal evidence. Twenty-four focus on individual participation, two on collective participation. This confirms previous findings that there is limited research on collective participation (Thomas and Percy-Smith, 2012) and specifically very little exploring the effectiveness of structures and procedures intended to support a representative group of children to collectively have their voice heard and to influence service planning and review in child welfare, protection and care services.

Of the 24 studies on individual participation, only one focuses on the effectiveness of one-to-one consultation with the child as a procedure to support their participation. Six focus on a child's attendance at a meeting, seven on a child's submission of their written views to inform the decision-making process, eight on the use of advocates, five on Family Welfare Conferences and two on complaints procedures (some studies provided evidence of the effectiveness of more than one structure or procedure). The

studies were almost evenly divided between children subject to a child welfare or child protection concern and children in alternative care. Almost all the studies included in this literature review focused on the participation of children aged 7-18. Over half were undertaken in the United Kingdom, with the remainder from Ireland, Northern Ireland, Germany, Belgium, Sweden, Norway, Canada and Australia.

## 4.2 Effectiveness of Structures and Procedures for Individual Participation

Similarly to Sæbjørnsen and Willumsen (2015), this review found that the literature on children's individual participation primarily focuses on three areas of practice: child protection meetings, Family Welfare Conferences, and care planning and review meetings. Within these areas of practice, children can be supported to participate in decision-making by means of a one-to-one consultation, by submitting their written views, by attending the meeting or conference in person and/or using an advocate to help them articulate and communicate their views, by engaging in a process of family-led decision-making as happens in Family Welfare Conferences, or by making a complaint through a designated complaints procedure. What is known from the literature regarding the effectiveness of these procedures is detailed below.

### ***One-to-one consultation with a case manager***

Little research was found on how effective a one-to-one consultation with a child is in terms of achieving the desired outcome: of taking the child's views into account in the decision-making process. There are numerous studies on different methods to ascertain the views of a child in a one-to-one consultation, but not on whether this form of engagement is effective. Vis and Thomas (2009) directly addressed this issue. In their study, for a case to have resulted in 'participation' the child must have been facilitated to express their views and, at a minimum, have taken part in the decision-making process. The 16 case managers surveyed reported that they had held one-to-one consultations with the child in all 43 cases at the centre of the study. However, of these 43 cases only 20 (46.5%) resulted in 'participation'. On average, the more often the case manager consulted with the individual child, the more likely the case was to result in participation, but the effect size was small. Vis and Thomas concluded that when a case manager talks or consults with children in a child protection or welfare process, this is an insufficient indicator of participation. It does not necessarily lead to the child influencing the outcome.

### ***Submitting written views***

The effectiveness of written submissions, paper or electronic, to involve the child in the decision-making process is the focus of a number of studies. Written submissions can be interpreted broadly to include a submission by a child in the form of a written statement or their completion of a child-friendly form, a submission in the form of picture or video clip, as well as professionals recording the views of the child in case records, investigation or progress reports. Traditionally, the latter would appear to be the norm rather than a child's views being directly submitted (Bruce, 2014; Sanders and Mace, 2006; Holland, 2001). It has been established that despite procedures for case managers to document the views of the child when writing their reports, for example in the 'views and wishes of the child' section, this has not been very effective in documenting the child's authentic views, and it does not necessarily mean the child's views will be acted upon (Bruce, 2014; Roose et al., 2009; Holland, 2001).

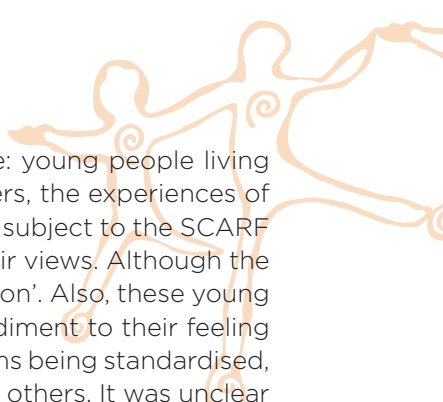
These studies found mixed uses of this section of the report and evidence that the approaches adopted to document the views of the child intentionally or unintentionally filtered their views. They found that in multiple instances a child's views may not be reported at all, or it was unclear whether what was reported was actually the child's view or not. Rather than presenting their views subjectively, the objective representation of the child's views left it open to question whether the child's own views were being recorded or whether it was the case manager's interpretation of their views or what they

thought the child would say. This was also a finding in the study by Sanders and Mace (2006), who found that confusion arose over whether the child attended the decision-making meeting or was absent. In addition, Holland (2001) found that a child's voice could be effectively silenced by social workers presenting the child's views as biased or untrustworthy in their narrative. Bruce (2014) found evidence of case managers recording views previously expressed by the child but that were, at the time the case was being considered, potentially out of date. Bruce acknowledged that these approaches may have some validity but should not be recorded in the section of the report designed to capture the wishes and views of the child. Furthermore, Saunders and Mace (2006) found evidence of children's views being recorded collectively; for example, siblings' views being documented as a collective, rather than their individual views being recorded.

Both the Holland and Bruce studies provided an example of a single report which stood out from those reviewed in how well it presented the views of the child. These reports presented a full and detailed account of the child's individual circumstances as described by the child. In the Holland study (which focused on children aged 0-12) these views were ascertained by play sessions with the child, while in the Bruce study (which focused on children aged 8-16) the child's views were directly recorded in writing and clearly marked regarding which meeting they were intended for and the dates of these. The child also read and signed the report.

Morgan and Fraser (2010) explored the effectiveness of children self-recording their views with the support of audio-computer-assisted self-interviewing (A-CASI). The study found that when a child's views were self-recorded, while it may have been an effective means to record their authentic views, this was often met with little or no acknowledgement by the social worker or their team. The children at the centre of the study were enthusiastic about the use of A-CASI, expressing confidence that it was a good way to record their views and to have these views acted upon. However, the childcare managers surveyed shed light on actual practice, noting that there were significant inconsistencies in follow-up, and it was evident that the recorded views were often not acted upon. It appears that a contributing factor was that the purpose of collating the children's views was not entirely explicit, and the child's use of A-CASI was at the discretion of social workers. In this study, it was unclear whether children's views were being recorded to feed into individual care planning, into service and policy development, or both. If intended to inform service and policy development, the study highlighted the importance of managers placing an emphasis on training in the area of data analysis and reporting, to enable the data collected to be utilised to inform service development. Daly (2014) also explored the issue of children submitting their self-recorded views by completing a child-friendly Children in Care review form. Young people's opinions on the process varied. Three of the ten young people at the centre of the study (aged 15-17) described the forms designed to document their views as childish and overly simplistic.

A combined approach was detailed in the Tregeagle and Mason (2008) study. This study examined service users' experiences of participation when subject to two standardised case management systems in Australia, Looking After Children (LAC) and Supporting Children and Responding to Families (SCARF). LAC was designed to standardise planning for children living in welfare care, while SCARF was designed to standardise the assessment procedure for children in 'need' but living in their own homes. These systems use a number of 'text-based strategies' to support children's participation in the decisions being made. These included: specific questions on the standardised forms underpinning the processes to elicit service users' views; questions to identify impediments to service users being able to communicate their views; requirements for service users to formally approve case decisions and to sign the form; a requirement on staff to record dissent when decisions are made; a focus on the individual named child as opposed to treating them simply as part of the family or sibling group; and, in LAC, a 'stand-alone' document to help young people express their views. While there were mixed findings, the majority of the participants in the study (children and their parents) reported positive experiences of participation when subject to these case management systems. They reported that they were listened to, were supported, and had their views taken into account.



Two groups in this study did not experience positive opportunities to participate: young people living with their families and those in long-term placements. According to the researchers, the experiences of those living with their families could be partly explained by the fact that they were subject to the SCARF system which had no 'stand-alone' document to help young people to express their views. Although the exact nature of this document is unclear, this was described as a 'significant omission'. Also, these young people reported that they did not see their workers often, which proved an impediment to their feeling engaged in the decision-making process. Despite the two case management systems being standardised, overall some service users reported being better supported by some workers than others. It was unclear to the researchers why service users would communicate well with some workers as opposed to others.

### ***Attendance at Meetings***

There is an increasing expectation that children and young people will attend and participate in meetings concerning their care, protection and welfare. A number of studies have examined whether their attendance is an effective means of enabling children to communicate their views and influence the decisions being taken. There is some evidence that a child's attendance at a meeting is more likely to result in their involvement in the decisions being made. The study by Vis and Thomas (2009) specifically addressed this issue. They found that children were three times more likely to participate in the child protection process if they attended one meeting, 10 times more likely if they attended two meetings and 32 times more likely if they attended three meetings (no children in the study had attended more than three meetings). This led them to conclude that children's attendance at a meeting, particularly at two or more meetings, can be an effective way of enabling them to communicate their views and influence the outcome. However, these findings should be interpreted bearing in mind that the case managers convening these meetings had attended training to increase child participation approximately six months previously.

An RCT, designed to evaluate the effects of expert-assisted child protection case management in Germany, examined among other things whether this form of case management would improve the involvement of children and their caregivers in the assessment and planning process (Goldbeck et al., 2007). It is important to note, for the purpose of this literature review, that children and their caregivers did not attend meetings in expert-assisted case management, but they did when case management was conducted as usual. Why this is so is not explained. Expert-assisted case management was described as when a child protection case (which included and largely comprised cases arising from a child welfare concern) is managed by a child protection expert with longstanding practical expertise. This included physicians, psychologists, psychotherapists and social workers. Participation was defined as speaking directly to the child and providing the child with information on their legal rights and on the decisions made and their consequences. Eighty child protection cases were enrolled for the study and randomly assigned to expert-assisted case management (intervention group) or case management as usual (control group). The study found that, compared with the control group, the children and adolescents in the intervention group were less frequently informed about their rights and about the consequences of the decisions taken. This led to the conclusion that performing case conferences without the child or their caregiver being present may have the consequence of excluding the child from decision-making. This finding is supported in other smaller studies using non-experimental designs (Daly, 2014; Hoy, 2013).

In a study by Thomas and O'Kane (1999) the social workers who were interviewed reported that, in the most recent decision-making meeting they were part of (either a care planning, review or other meeting), it was somewhat more likely for the child to have 'a lot' of or 'a little' influence on the decisions taken if they attended all or part of a meeting. However, in another study Bell (2011) concluded that participation is not synonymous with attendance at meetings. In most cases, the children interviewed for her study were confident they had been adequately represented in child protection conference reviews, whether they were present or not. However, only six of the twenty-seven children included in the study felt they had an influence on the decision taken. There is also evidence that it is rare for a child to be directly quoted in their absence (Sanders and Mace, 2006).



In each of these studies, even when children attended and participated in a planning or review meeting, the nature and circumstances of their involvement were often reported as far from satisfactory. Children described being frightened, anxious, bored, unprepared, embarrassed or exposed by the open discussion on their lives with those present at the meeting (Daly, 2014; Hoy, 2013; Thomas and O’Kane, 1999). The size of the meeting, formality and language used were an issue (Bell, 2011). The children’s participation was also influenced by whether they were given enough opportunity to speak, by the quality of their relationship with their social worker (Daly, 2014; Hoy, 2013), and by whether they had a choice about who their social worker was (in terms of gender and race) and about the circumstances of the meeting (in terms of who should attend and where it should take place) (Bell, 2011). These are all key influencing factors in the effectiveness of children’s attendance at a meeting as a procedure to support children’s involvement in decision-making.

### **Advocates**

There is a body of evidence that the use of advocates is effective in enabling children to be engaged in decisions taken regarding their care, protection or welfare. It has been found that advocates can enable children’s views to be represented in a relatively systematic way, ensure that due attention is paid to these views, and facilitate feedback to be provided to the child on the outcome of the process (Jelicic et al., 2013). It has been said that to ensure an advocate plays an effective role in supporting a child to have their views taken into account, they must be independent of social work services (Boylan and Braye, 2006; Chase et al., 2006). While every practitioner in social work and the wider field has a responsibility to be an advocate for the child, Vis and Thomas (2009: p. 166) have highlighted why an independent advocate can at times be more effective:

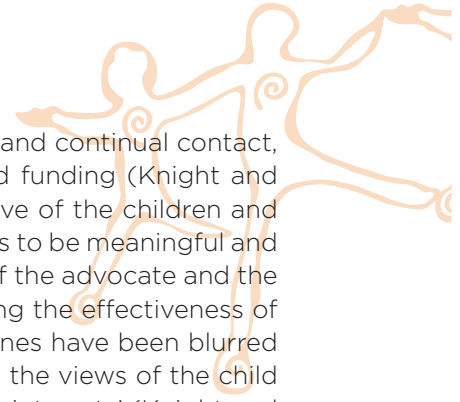
Although every social worker should be an advocate for children and young people, the complexities of case management and of professional responsibility for child and family welfare mean that there is frequently the need for someone whose sole responsibility it is to speak for the child, or to support the child in speaking for her or himself.

Dalrymple (2002) found that independent advocacy support provided to children during family group conferences enabled them to both influence the decision-making process and to have a more equitable role in this process. This finding has been mirrored elsewhere (Holland and O’Neill, 2006; Oliver et al., 2006). In a study undertaken by Bell (2011) the children subject to a family welfare conference who did not have an advocate found their experience of the conference somewhat disempowering in comparison to those who did have an advocate. The use of advocates has also been found to be very effective in supporting children with disabilities and children living in care to be involved in decisions on issues affecting their lives (Knight and Oliver, 2007).

Importantly, children themselves have testified in a number of studies to the value of having an advocate (Jelicic et al., 2013; Boylan and Braye, 2006; Chase et al., 2006; Oliver et al., 2006). Cashmore (2002) found that while adults tend to focus on structures or formal procedures to support a child’s participation, such as attendance at meetings, children have expressed their preference for informal procedures and for a personal relationship with a trusted advocate or mentor. It has been reported that advocates give young people the confidence and opportunity to infiltrate an adult-dominated decision-making process (Chase et al., 2006) and can help to redress the power imbalances at play (Dalrymple, 2003). Advocates and professionals working in the field have further testified to the important role played by advocates (Jelicic et al., 2013; Sanders and Mace, 2006). According to an advocate in the Chase study (p. 61):

There is usually a minimum of four adults at a young person’s review meeting . . . this means that the young person has to be very confident and mature enough to hold their own. Although some young people seem confident outside of that situation, once in these very formal settings they are often overwhelmed. The role of advocates in these situations is therefore key.

Likewise, a number of other factors have been identified that contribute to the effectiveness of the role played by advocates. Forming a trusting relationship between the advocate and the child is important



(Jelicic et al., 2013; Boylan and Braye, 2006; Cashmore, 2002). This takes regular and continual contact, which has been acknowledged as resource-intensive in terms of skills, time and funding (Knight and Oliver, 2007; Cashmore, 2002). Dalrymple (2002) found that from the perspective of the children and the advocates, the optimum is two or three meetings if the advocacy relationship is to be meaningful and effective. Ensuring that all those involved have a clear understanding of the role of the advocate and the limits on confidentiality that the advocate adheres to is a further factor influencing the effectiveness of the service provided (Jelicic et al., 2013; Boylan and Braye, 2006). At times the lines have been blurred as to whether it is the role of the advocate to purely ascertain and communicate the views of the child or whether they also have a role in ensuring decisions are made in the child's 'best interests' (Knight and Oliver, 2007). It has been found that, in the absence of a trusting relationship and a clear understanding of the role of the advocate, there is the danger that the advocate will oppress the views of the child in the same way as other professionals may do (Dalrymple, 2003). Furthermore, it is essential that the advocate has the required skills to communicate with children of all ages and all abilities (Jelicic et al., 2013; Oliver et al., 2006; Dalrymple, 2003). On the other hand, advocates require credibility as professionals and the skills to negotiate an environment where young people's views have traditionally been excluded (Dalrymple, 2003).

### **Family Welfare Conferences**

Family Welfare Conferences are one structure designed to actively involve families in decision-making about the safety and welfare of children. While concerns have been expressed about the role children can play in what is still an adult-dominated forum (Holland and O'Neill, 2006; Dalrymple, 2002), there is evidence that Family Welfare Conferences are effective in supporting children's involvement (Connolly and Masson, 2014; Hoy, 2013; Bell and Wilson, 2006; Holland and O'Neill, 2006). In the Holland and O'Neill study, the majority of children reported being able to participate in Family Welfare Conferences. The children did not equate participation with being influential, but they were satisfied with the process from the perspective of being able to express their views. Only a small minority (3 of 25 children) had a negative experience of participation. One reason for their negative experience was the gap between the coordinators' promotion of participation and the family's adherence to this guidance once the professionals had withdrawn. However, not all studies have reported positive findings. Following a qualitative study with participants in three Family Welfare Conferences, Ney et al. (2013) concluded that dominant child protection discourses and institutional practices can impede the effectiveness of Family Welfare Conferences as a participatory structure.

The studies included in the literature review consistently report that when children attend Family Welfare Conferences, the extent to which they are prepared in advance for the meeting significantly contributes to the effectiveness of the conference in enabling children to participate in decisions pertaining to their protection and welfare (Connolly and Masson, 2014; Bell and Wilson, 2006; Holland and O'Neill, 2006). Once again, an influencing factor is whether there is a positive and trusting relationship between the child and their social worker (Hoy, 2013).

### **Complaints Procedures**

Facilitating children to make a complaint formally through a designated complaint mechanism is seen to be an important means of supporting children and young people to express their views on a service provided and to ensure it is responsive to their preferences. The review of the literature indicated that there is minimal research exploring the effectiveness of complaints systems currently in operation. In the United Kingdom, a study on the independent complaints system for children's services sheds some light on the issue (Bridge and Street, 2001). It found that young people rarely access this system, and that when they do it is generally older teenagers in the care of local authorities (Bridge and Street, 2001). Complaints are primarily brought by parents and foster parents. Bridge and Street (2001) identified several issues as presenting barriers to children accessing the complaints procedures. The process was considered too '*bureaucratic and drawn-out*' for situations that often require an immediate response. It was felt that children, especially those who have experienced trauma, may not have the confidence

or the capacity to articulate their complaint. Lastly, it was said that, particularly in the case of looked-after children, the first person the child will often make their complaint to is their social worker – who may have a vested interest in ensuring the complaint goes no further or who may be dismissive of their concerns. The study also found a lack of accountability in ensuring the outcome of the complaint was acted upon. Evidence of the same issues arising indicated to the researcher that complaints were not influencing changes in the delivery of services. A review of the literature conducted by Cashmore (2002) corroborates the findings presented by Bridge and Street (2001). Cashmore found further evidence that children are reluctant to complain primarily due to a lack of confidence and fear of repercussions.

### 4.3 Effectiveness of Structures and Procedures for Collective Participation

There has been very little evaluation or monitoring to measure the effectiveness of collective structures or procedures intended to support children who have experience of child welfare or child protection processes, or who are in or have been in alternative care. Only two relevant studies were located, reviewing a different structure and procedure. One focuses on local authority structures in England, 'Children in Care Councils', which have been established to provide children in care with an opportunity to filter their views up to those responsible for corporate parenting. Another study explores the influence of children on the inspection process for children in residential care in Sweden. The effectiveness of these structures and procedures will be considered in turn.

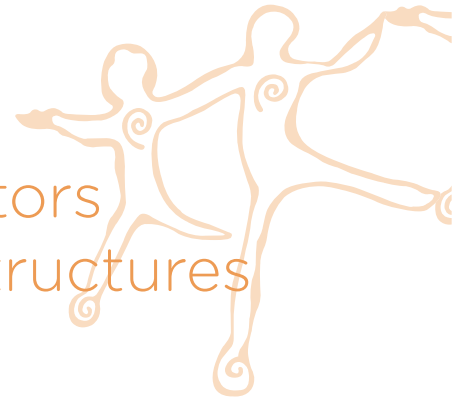
#### ***Youth Advisory Forums or Councils***

Youth advisory forums are a participatory mechanism established to facilitate a representative group of children to feed into decisions of a public nature that affect children collectively. Typically, members of such forums have lived experience of the issues they are advising on. In the UK, the government White Paper *Care Matters: Time for Change* created an expectation that every local authority would establish a Children in Care Council (Department for Education and Skills, 2007). It was envisaged that these Councils would have direct links to the Director for Children's Services and provide a forum for children in care to 'express their views and influence the services and supports they receive' (p. 7). Thomas and Percy-Smith (2012) researched the effectiveness of these Councils as a participatory mechanism. They found that involvement in these Councils had a positive influence on the young people's personal development and provided an opening for their involvement in staff recruitment and training. However, the young people had little direct influence on decisions relating to service planning and delivery. A challenge identified in the development of the Councils was embedding participation in the organisational culture; for the young people to have an influence, those with the power to make decisions had to be prepared to be responsive to the views of the young representatives on the Council.

#### ***Inspection Reports***

A Swedish study examined how children's views collectively influence the State inspection process for residential care (Pålsson, 2015). The inspection process involves assessing to what degree the residential home under review is complying with regulatory standards. According to Pålsson the inspectorate is required, as in other countries, to consult children during the inspection process. In terms of how effectively it enables children to influence the outcome, a number of issues emerged that hindered children from exerting substantial influence. Although the children's views were documented, they seldom appeared in the overall assessment or informed changes required to comply with the regulations. The children could only influence the outcome if their views spoke directly to matters of compliance with the regulations. Yet it was found that children tended to express their views about many other things that they perceived as important, such as relationships with staff and rules and resources in their residential home. According to Pålsson, this could be interpreted to represent a gap between what children consider important and what is being formally monitored, and presents an opening for children's views to be acted upon.

## 5.0 Common practices and factors influencing the effectiveness of structures and procedures



This review of the literature demonstrates that despite efforts made to establish structures and procedures to support a child's participation and systems being standardised, a child's involvement in decisions pertaining to their care, protection and welfare remains heavily reliant on external factors. A fundamental factor influencing a child's experience of participation is their relationship with their case worker. Children have consistently reported that a positive, trusting and stable relationship is instrumental to promoting participation. This is evidenced in the studies included in this literature review (see for example Hoy, 2013; Tregeagle and Mason, 2008), as well as in wider literature (van Bijleveld et al., 2015; Cossar et al., 2014; Gallagher et al., 2012; Buckley et al., 2011; McLeod, 2007; Bell, 2002; Cashmore, 2002; Munro, 2001). According to Archard and Skivenes (2009), the authentic views of the child will only emerge once a positive relationship between the child and the relevant adult has been established, and this is unlikely to occur in a single meeting.

A study by Vis et al. (2012) conducted with case managers and social work students found that, despite having a clear mandate to engage children, from the professional's perspective there were three primary obstacles to participation. These were: a lack of communication skills needed to elicit and interpret the views of children; the emphasis in the system on protectionism rather than on empowering children; and the degree to which professionals 'bought into' the participation principle and advocated for children's involvement in decision-making. These factors have also been widely reported elsewhere in the literature as having an influential role on how effectively children are engaged, irrespective of the mode of engagement.

Regarding the need for professionals working in the field to be skilled communicators, research has shown that, in England (Lefevre, 2015) and Ireland (O'Reilly, 2012) education and practice are falling short. To ascertain the views of children, it is critical for adults to have at their disposal the confidence and different methods to communicate with children of all ages (O'Reilly and Dolan, 2015; Winter, 2012). Consequently, if this skill set is lacking among professionals in the field, it may seriously impede the effectiveness of any structure or procedure designed to support the participation of children. Other studies corroborate the finding by Vis et al. (2012), that the way professionals who are responsible for children's services perceive or conceptualise children can present an obstacle to participation (Daly, 2014; Fern, 2014; van Bijleveld et al., 2014). Similarly, a parent's support for the participation principle is a contributing factor (Hoy, 2013; Thomas and O'Kane, 1999). In essence, these studies have found that to enable more effective participatory practices, a conceptual shift is required – away from children being perceived from a paternalistic viewpoint and as incompetent, and therefore assigned a more passive and subordinate role, towards seeing children as knowledgeable social actors who have the capacity to be involved in decision-making. Van Bijleveld (2014: p.258) cautions that *'the image of children as vulnerable and in need of protection . . . creates a loop-hole and excuse to avoid participation'*.

Another key challenge is to ensure the decision-makers are knowledgeable regarding the appropriate weight to be given to children's views in the decision-making process. In 2001, Holland remarked that social workers can find it difficult to know what weight to give to children's opinions (Holland, 2001). In the absence of clear guidance in the intervening period, this statement undoubtedly still holds true

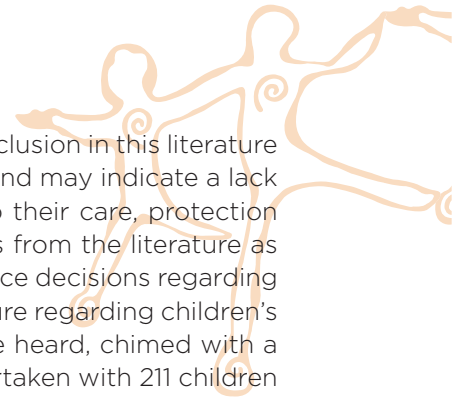
today. Other external factors identified in the literature as influencing the effectiveness of structures and procedures to support children's participation include the following. It is important that there be clarity on the meaning of participation and what it entails (van Bijleveld et al., 2014; McLeod, 2006). The extent to which the children are carefully prepared to engage and are provided with clear information is also key (Gallagher et al., 2012; Bell, 2011; Leeson, 2007). Moreover, effective participation is contingent on whether measures are taken to ensure that the views of the child are communicated to those with the power to effect change (Sæbjørnsen and Willumsen, 2015; Seim and Slettebø, 2011) and whether there is a political climate of support for children's participation (Larkins et al., 2014).

## 6.0 Discussion

The review of the literature revealed that there is no one definitive structure or procedure that is effective in supporting children to participate in decisions regarding their welfare, care or protection. Clearly, there needs to be a range of options available to children and options that accommodate their individual preferences and abilities at each stage of responding to a child welfare or child protection concern. Even if a structure or procedure designed to support a child's participation is available to children at a certain stage, they or their carers may not opt for it. For example, an evaluation of an advocacy service in the United Kingdom found that some parents refused to provide consent for their child to be supported by an advocate (Jelicic et al., 2013). Other studies show that children themselves may choose not to attend a meeting or avail of an advocacy service (Bell, 2011). Bell (2011) also reminds us that Family Welfare Conferences are not a panacea for participation where there are potentially damaging family dynamics. Indeed, in some instances the family can be the source of the child's oppression (Holland and O'Neill, 2006). For all these reasons, choice on how to participate is fundamental. This correlates with what Cashmore (2002: 841) found when she stated, '*perhaps the pre-requisite for children and young people's participation is that they have a choice of how they might do this, including a choice about how to do this at all*'. Flexibility and informal structures and procedures have been found to be especially attractive for seldom-heard children and young people, including children and young people with intellectual and physical disabilities (Kelleher et al., 2014).

The literature has further revealed that the effectiveness of structures and procedures is contingent on professionals accepting the participation principle and having a shared understanding of what it entails, at both the management and practitioner level. Moreover, their effectiveness is reliant on good participatory practices underpinning efforts to involve children in decision-making. Enabling factors include: giving practitioners the time to establish a trusting and stable relationship with the child; equipping practitioners with the skills required to communicate effectively with children of all ages and abilities; supporting children to engage and adequately preparing them to contribute to decisions being taken; and providing the openings to communicate the child's views to those with the power to effect change. Therefore, the effectiveness of structures and procedures intended to support children's participation is influenced by their suitability for the individual child and the presence or absence of good participatory practices.

At present, there is limited evidence available on how effective designated structures and procedures are to support children and young people's participation. The evidence available is primarily indicative and from qualitative studies that are relatively small in scale. It is of note that the literature focuses very little on the effectiveness of structures and procedures to enable very young children to have their wishes taken



into consideration. As mentioned previously, almost all the studies identified for inclusion in this literature review focused on children aged 7–18. This may be reflective of current practice and may indicate a lack of strategies to engage and hear the views of very young children in relation to their care, protection and welfare. While bearing these caveats in mind, the use of advocates emerges from the literature as an effective means of enabling children to communicate their views and to influence decisions regarding their personal welfare, protection and care. Interestingly, the findings in the literature regarding children's desire to have a trusted advocate or mentor to support them to have their voice heard, chimed with a clear message that emerged from a national consultation in Ireland in 2010, undertaken with 211 children in care (McEvoy and Smith, 2011).

The review of the literature also revealed that supporting the child to be a central part of the decision-making process by convening a Family Welfare Conference can be effective in enabling their participation. However, in Ireland, this finding should be qualified with the findings of a recent Irish study on Family Welfare Conferences (O'Brien and Ahonen, 2015). While this study did not specifically examine the effectiveness of Family Welfare Conferences to support a child's participation in decisions regarding their protection and welfare, it did find that in 43% of 217 conferences reviewed, the specific views of the child were not brought into the proceedings. The reasons were: because of the child's young age, because they had not been met by the Family Welfare Conference coordinator, because of a lack of permission from the parents or the referrer to involve the child, or because of a lack of engagement on the part of the child. Other studies have found that for a variety of reasons children may not attend Family Welfare Conferences (Connolly and Masson, 2014). Their exclusion may also be due to concerns regarding their presence at the conference alongside adults who may be the source of the child protection or welfare concern (Holland and O'Neill, 2006). If a child does not attend a conference or is not facilitated to have their views made known to those present, this is a significant barrier to a Family Welfare Conference being an effective means of enabling a child to participate in the decisions taken. Children's exclusion from conferences has led to calls for other strategies to be explored, including providing the opportunity for them to submit their views in writing, and using an advocate to communicate their views from within the family circle or beyond (O'Brien and Ahonen, 2015; Connolly, 2006).

The literature review revealed mixed findings on the effectiveness of other structures and procedures reviewed. Sinclair (1998) notes that children's participation in planning their care has become synonymous with attendance at meetings. This literature review indicates that a child's attendance at a meeting, in and of itself, is not synonymous with participation. There is some evidence that a child's attendance, and particularly their attendance at more than one meeting, makes it more likely that they will participate in the process. This holds an important message for practice, given that some studies also reveal that children's attendance at child welfare, protection or care planning and review meetings is still relatively low (O'Brien and Ahonen, 2015; Sanders and Mace, 2006; Thomas and O'Kane, 1999). However, the likelihood of a child's attendance at a meeting resulting in participation depends heavily on factors such as the level to which they are engaged in the meeting, the value placed on their input, and whether steps have been taken to make it a more child-friendly environment. This is documented in the studies included in this literature review as well as in the wider literature (see for example, Bolin, 2014; Buckley et al., 2011).

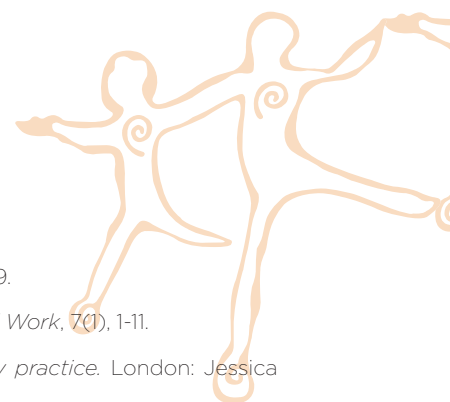
When a child's written views are documented, it is evident that for these views to be taken into account in proceedings their submission needs to be supported by good practices, such as clarity on the purpose of collecting these views and which meeting they are intended for, and having age-appropriate, child-friendly forms available to document their views. Safeguards also need to be put in place to ensure they are the child's authentic views, which may include documenting the child's views in their own words. From the limited research reviewed on one-to-one consultations with a child and on complaints mechanisms, no definitive statement can be made on the effectiveness of these procedures. Although there is very little research in the area, there are indications in the literature that when complaints procedures are in place, children do not avail of the opportunity to make a complaint due to a lack of confidence, fear of reprisal, and the belief that it will lead to an inadequate response. This can undermine its effectiveness as a procedure to support participation.

As of yet, there is no body of evidence to draw a conclusion as to whether collective structures and procedures are effective in enabling children and young people to have their views taken into account in the area of service planning and review. The limited evidence available highlights the challenges of taking children's collective views into account. While the two studies identified examined a different structure for collective participation, the same finding emerged. By and large, the views of the children did not influence decisions pertaining to the governance of a service provided. This finding is also reflected in a study commissioned by the Department of Children and Youth Affairs to explore the experiences of, and outcomes for, children and young people who have participated in structures for collective participation convened by the Department, such as *Dáil na nÓg* and *Comhairle na nÓg* (Martin et al., 2015). While the young participants were very positive about the opportunities these structures provided for positive youth development and their experience of voice, space and audience (the first three strands of the Lundy model), the fourth strand – influence – was an area that both the adult and young study participants agreed needed further work and support. The challenge identified by Thomas and Percy-Smith (2012), when reflecting on the Children in Care Councils, may hold true for other collective participation structures. They noted that power in the local authority structure resides with management and elected officials, who in turn are accountable to central government; this leaves little scope to embed participation.

## 7.0 Conclusion

This literature review systematically identified and evaluated studies to collate findings on the effectiveness of structures and procedures intended to support children's participation in decision-making in the child welfare, child protection and alternative care context. It established that there is a body of evidence indicating that the use of advocates is an effective means of supporting participation. Regarding the submission of a child's written views, a child's attendance at meetings, and engaging the child in Family Welfare Conferences, there is promising evidence of the effectiveness of these structures and procedures, but the findings are mixed. In relation to the other identified structures and procedures, one-to-one consultations, complaints mechanisms, and structures and procedures designed to facilitate collective participation, so far there is insufficient evidence to draw conclusions on their effectiveness. Overall, there is a need for further research to establish the effectiveness of structures and procedures intended to support children's participation. Nearly all the evidence documented in this review is indicative, at level three of the Veerman and van Yperen (2007) model used to characterise the effectiveness of interventions. There is, therefore, an opening for further studies to demonstrate causal evidence. There is also a need for further research on what are effective structures and procedures to support the participation of very young children who come in contact with child welfare, protection and alternative care services. Finally, while this literature review has been restricted to structures and procedures that support children to participate in the child welfare, child protection and alternative care contexts, this study may have important learning for professionals working in the wider contexts of youth work and early-years settings. Likewise, what has been found to be effective in supporting children's participation in youth work and other contexts may be informative for child welfare, protection and care services.

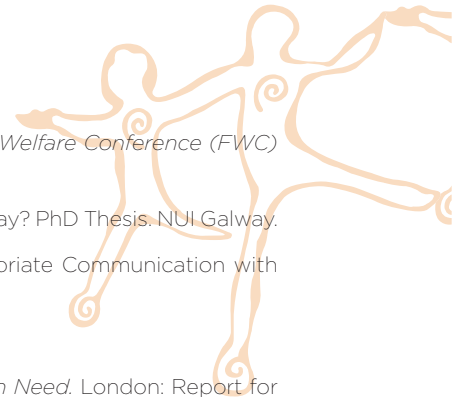
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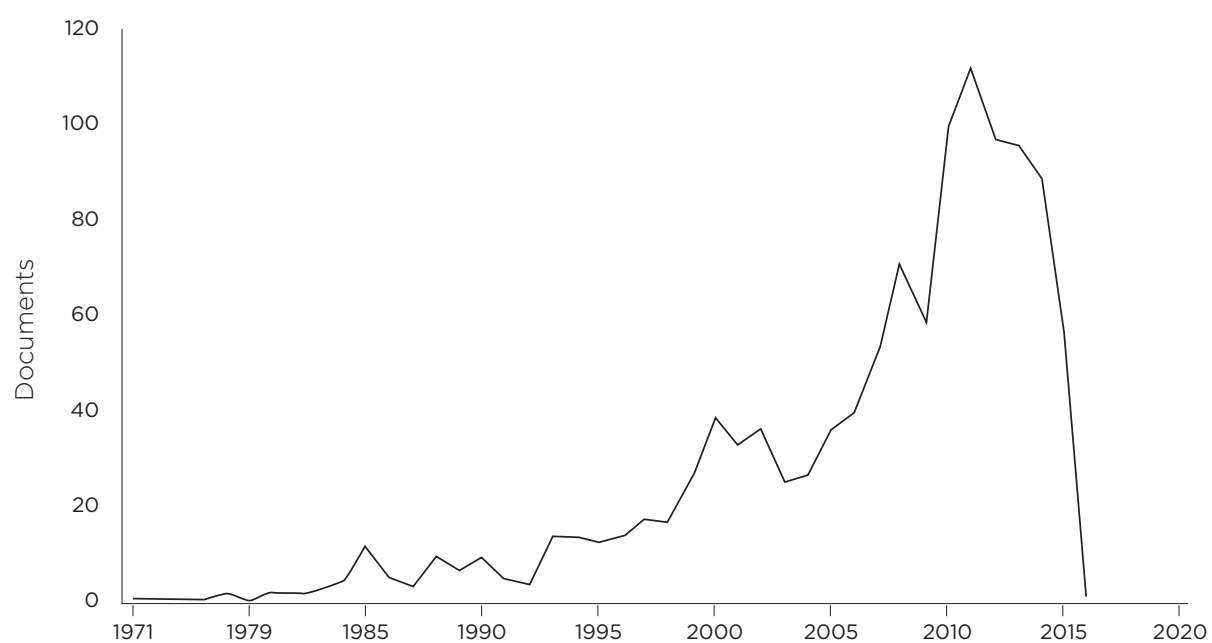
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## Appendix 1:

### The Number of Publications in the Scopus Database Matching the Search Terms by Year



## Appendix 2:

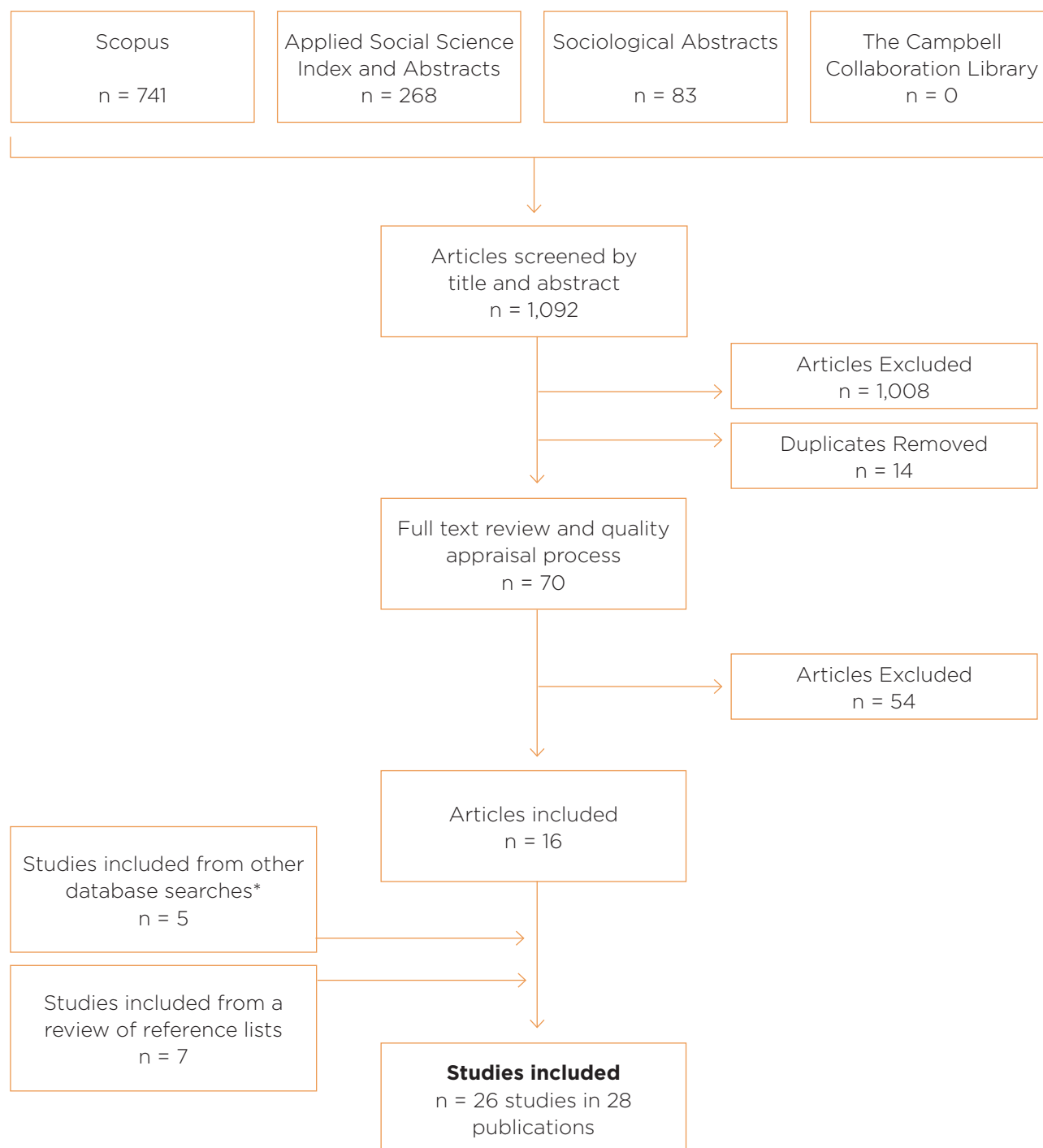


### Veerman and van Yperen (2007) Model to Characterise the Effectiveness of Youth Care Interventions

Levels of Evidence	Parameters of Evidence	Types of Research	Effectiveness of Interventions
4. Casual	As in 1, 2, and 3, but there is now sound and substantial evidence that the outcome is caused by the intervention and/or clear evidence showing which ingredients of the intervention are responsible for the outcome.	<ul style="list-style-type: none"> <li>• Radomized Control Trial</li> <li>• Repeated case studies (N=1 designs)</li> </ul>	Efficacious
3. Indicative	As in 1 and 2, but it has now been demonstrated that the intervention clearly leads to the desired outcomes (e.g., goals are attained, target problems decrease, competencies increase, clients are satisfied).	<ul style="list-style-type: none"> <li>• Quasi-experimental studies</li> <li>• Theory of Change studies</li> <li>• Norm referenced approaches</li> <li>• Benchmark studies</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Client satisfaction studies</li> <li>• Goal attainment studies</li> <li>• Monitoring studies</li> <li>• Quality assurance studies</li> </ul>	Functional
2. Theoretical	As in 1, but the intervention now has a plausible rationale (i.e., a program theory) to explain why it should work with whom.	<ul style="list-style-type: none"> <li>• Reviews</li> <li>• Meta-analyses</li> <li>• Expert knowledge studies</li> </ul>	Plausible
1. Descriptive	The essential element of the intervention (e.g., goals, target group, methods and activities, requirements) have been made explicit.	<ul style="list-style-type: none"> <li>• Descriptive studies</li> <li>• Observational studies</li> <li>• Analysis of documents</li> <li>• Conduct of interviews</li> </ul>	Potential

## Appendix 3:

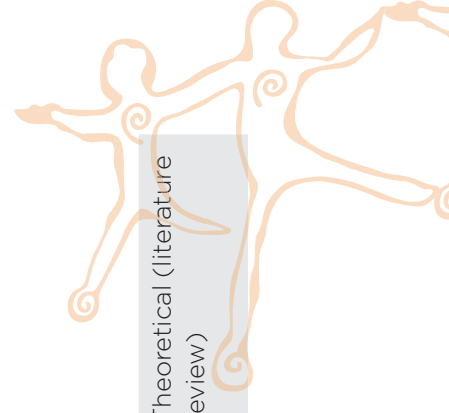
### Flowchart of Included Articles in Systematic Review



## Appendix 4:

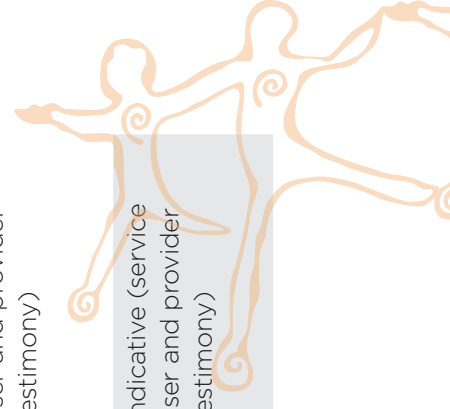
### Studies Included in the Systematic Review

AUTHOR(S)/ YEAR/ COUNTRY	CONTEXT*	STRUCTURE/ PROCEDURE UNDER REVIEW	STUDY DESIGN	LEVEL AND TYPE OF EVIDENCE
Bell, 2011 (UK)	Child protection	Attendance at meeting	Interviews with 27 children (8-16) who had been subject to a CPC.**	Indicative (service user testimony)
Bell, 2011; Bell and Wilson, 2006 (UK)	Child protection	FWC***	20 FWCs sampled. 15 children (6-16), 55 adult family members and 20 conveners completed questionnaires immediately following the FWC. Nine of these children, 35 family members and 19 conveners were interviewed six weeks after FWC.	Indicative (service user and provider testimony)
Bridge and Street, 2001 (UK)	Child welfare, child protection and alternative care	Complaints procedure	Interviews with 19 'independent people' who support the investigation of complaints about children's services.	Indicative (service provider testimony)
Boylan and Braye, 2006 (UK)	Alternative care	Advocacy	Six interviews and six focus groups with a total of 39 children in care (8-17). 11 of these children had experienced the involvement of an advocate. Observation of 16 children in care review meetings.	Indicative (service user testimony and observation)
Bruce, 2014 (UK)	Child protection	Submission of written views	28 child protection case files reviewed in respect of 10 children (8-16). 12 months later, 15 different child protection case files in respect of 11 children (8-16). In the period between the first case file review and the second, a support service to support children to participate in CPCs was introduced, but neither set of children had accessed this service. Both case file reviews formed part of a baseline study.	Indicative (case file analysis)
Cashmore, 2002 (Australia)	Alternative care	Advocacy and complaints procedure	A review of literature from the UK, North America, Australia and New Zealand	Theoretical (literature review)



AUTHOR(S)/ YEAR/ COUNTRY	CONTEXT*	STRUCTURE/ PROCEDURE UNDER REVIEW	STUDY DESIGN	LEVEL AND TYPE OF EVIDENCE
Chase et al., 2006 (UK)	Alternative care	Advocacy	Analysis of feedback evaluation forms from 60 young people (9–19) who had used an advocacy service. Interviews with 21 young people and 17 advocates, two foster parents and one carer.	Indicative (service user and provider testimony)
Connolly and Masson, 2014 (Australia)	Child protection and welfare	FWC	A review of relevant literature.	Theoretical (literature review)
Dalrymple, 2003 (UK)	Alternative care	Advocacy	Expert comment supported by two illustrative interviews with case managers in a local authority area, which took place as part of a separate evaluation of an advocacy service.	Theoretical (expert knowledge study)
Dalrymple, 2002 (UK)	Child protection and child welfare	FWC and advocacy	44 FWC sampled. Analysis of feedback forms, interviews with 10 children (6–13) and a group meeting with four children who had availed of an advocate, as well as a workshop with advocates (undisclosed number).	Indicative (service user and provider testimony)
Daly, 2014 (Ireland)	Alternative care	Attendance at meeting and submission of written views	Interviews with 10 young people (15–17) in care. Four of these interviews were carried out by a peer researcher. Interviews with seven professionals involved in young people's care reviews.	Indicative (service user and provider testimony)
Goldbeck et al., 2007 (Germany)	Child protection and child welfare (primarily child welfare cases)	Attendance at meeting	80 child protection and welfare cases concerning children (0–18) sampled. Cases randomly assigned to a control group (case conference as usual) and intervention group (expert-assisted case conference conducted in the absence of the child). A self-reported follow-up assessment was conducted by the case worker six months after the case conference.	Causal (RCT)

AUTHOR(S)/ YEAR/ COUNTRY	CONTEXT*	STRUCTURE/ PROCEDURE UNDER REVIEW	STUDY DESIGN	LEVEL AND TYPE OF EVIDENCE
Holland, 2001 (UK)	Child protection and alternative care	Submission of written views	Analysis of written records from 16 child protection assessments carried out by two social work agencies, operating in the statutory and voluntary sector, in respect of 21 children (0–12) and 16 social workers. Between one and four interviews with the 16 social workers on each case and observation of video-taped assessments with parents.	Indicative (case file analysis, service provider testimony and observation).
Holland and O'Neill, 2006 (UK)	Child protection and welfare	FWC	17 FWCs sampled. Interviews with 25 children (6–18), 31 family members, 13 social workers and 3 independent coordinators. All participants were interviewed within one month of the FWC.	Indicative (service user and provider testimony)
Hoy, 2013 (Northern Ireland)	Child protection and welfare	Attendance at meeting and FWC	Questionnaires and interviews with 14 children (12–16) subject to a CPC and 14 children subject to an FWC. Focus groups with three parents with experience of CPCs and three parents with experience of FWCs. Focus group with six FWC coordinators and CPC chairs.	Indicative (service user and provider testimony)
Jelicic et al., 2013 (UK)	Child protection	Advocacy	Case file analysis of 46 CPC records, involving 41 children (7–18). Interviews with five children, three parents, eight social workers, six CPC chairs and five advocates drawn from a sub-sample of 4 cases. An additional seven interviews with professionals not involved in the sub-sample. Analysis of feedback forms from parents and professionals attending the CPCs and inclusion of relevant information from children's Viewpoint questionnaire (undisclosed number).	Indicative (service user and provider testimony)
Oliver et al., 2006; Knight and Oliver, 2007 (UK)	Alternative care	Advocacy	A telephone survey with 75 advocacy services for children followed by a qualitative investigation of ten advocacy services, involving interviews with 48 children (of varying ages) in care, 18 advocates, 40 health and social care professionals and 13 parents or carers.	Indicative (service user and provider testimony)
Morgan and Fraser, 2010 (UK)	Alternative care	Submission of written views	Questionnaire with 58 young people (8–16) in care and 15 case managers and a focus group with 11 case managers.	Indicative (service user and provider testimony)





AUTHOR(S)/ YEAR/ COUNTRY	CONTEXT*	STRUCTURE/ PROCEDURE UNDER REVIEW	STUDY DESIGN	LEVEL AND TYPE OF EVIDENCE
Ney et al., 2013 (Canada)	Child protection and welfare	FWC	Interviews pre- FWC, immediately after and six months after FWC with 23 adult family members, three young people (undisclosed age), six child protection workers, three FWC coordinators.	Indicative (service user and provider testimony)
Pålsson, 2015 (Sweden)	Alternative care	Inspection process	Interviews with eight inspectors and documentary analysis of 147 files comprising the inspection report and field notes if available. Observation of report writing and group discussions among inspectors.	Indicative (case-file analysis, service provider testimony and observation)
Roose et al., 2009 (Belgium)	Alternative care	Submission of written views	Case file analysis of 20 cases, comprising 56 reports written by social workers working with children in alternative care.	Indicative (case-file analysis)
Sanders and Mace, 2006 (UK)	Child protection	Submission of written views	Documentary analysis of 89 sets of CPC minutes and interviews with 10 social workers and 9 CPC chairs.	Indicative (case-file analysis and service provider testimony)
Thomas and O’Kane, 1999 (UK)	Alternative care	Attendance at meeting	225 Children (8-12) who had experience of care planning and review meetings surveyed, followed by interviews with the children, their social workers and some parents in 47 cases. Observation of a small number of meetings.	Indicative (service user and provider testimony)
Thomas and Percy-Smith, 2012 (UK)	Alternative care	Children in Care Councils	Interviews with 24 staff (participation workers and service managers) in 22 London boroughs, followed by focus groups with ten young people (undisclosed age), four participation workers, four service managers and three elected members from a total of 12 boroughs. Four site visits were also undertaken.	Indicative (service user and provider testimony)

AUTHOR(S)/ YEAR/ COUNTRY	CONTEXT*	STRUCTURE/ PROCEDURE UNDER REVIEW	STUDY DESIGN	LEVEL AND TYPE OF EVIDENCE
Tregeagle and Mason, 2008 (Australia)	Child welfare and alternative care	Submission of written views	Interviews with 14 children (undisclosed age) and 18 parents who had experience of using the LAC and SCARF case management systems.	Indicative (service user testimony)
Vis and Thomas, 2009 (Norway)	Child welfare and protection	One-to-one consultation with the child and attendance at meeting.	Questionnaires administered to 16 case managers who had completed participation training. They were asked to report on 43 child welfare and care cases where children (7–12) had been consulted to facilitate their participation.	Indicative (service provider testimony)

\*The included studies were classified as focusing on either child welfare, child protection or alternative care processes.

\*\* CPC refers to Child Protection Conference.

\*\*\* FWC refers to Family Welfare Conference.



## Appendix 5:

### Quality Appraisal of Studies

Authors	Trustworthy	Appropriate	Relevant	Overall
1. Bell, 2011	Low	Medium	High	Medium
2. Bell, 2011	Medium	High	High	High-Medium
3. Bell and Wilson, 2006	As 2 above (same study)			
4. Bridge and Street, 2001	Medium	Medium	Medium	Medium
6. Bruce, 2014	Medium	High	Medium	Medium-High
7. Cashmore, 2002	Medium	Medium	High	Medium-High
8. Chase et al., 2006	Medium	High	High	High-Medium
9. Connolly and Masson, 2014	Low	Low	High	Low-Medium
10. Dalrymple, 2003	Medium	High	Medium	Medium-High
11. Dalrymple, 2002	Medium	High	High	High-Medium
12. Daly, 2014	Medium	Medium	High	Medium-High
13. Goldbeck et al., 2007	High	High	Medium	High-Medium
14. Holland, 2001	Medium	High	High	High-Medium
15. Holland and O'Neill, 2006	High	High	High	High
16. Hoy, 2013	High	High	High	High
17. Jelcic et al., 2013	Medium	High	High	High-Medium
18. Oliver et al., 2006	Medium	Medium	High	Medium-High
19. Knight and Oliver, 2007	As 18 above (same study)			
20. Morgan and Fraser, 2010	Medium	High	High	High-Medium
21. Ney et al., 2013	Medium	Medium	High	Medium-High
22. Pålsson, 2015	Medium	Medium	Medium	Medium
23. Roose et al., 2009	Medium	High	High	High - Medium
24. Sanders and Mace, 2006	Medium	High	Medium	Medium-High
25. Thomas and O'Kane, 1999	Medium	High	High	High-Medium
26. Thomas and Percy-Smith, 2012	Medium	High	High	High-Medium
27. Tregeagle and Mason, 2008	Medium	High	High	High-Medium
28. Vis and Thomas, 2009	Medium	Medium	High	Medium-High





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