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Supporting Children's Participation in Decision-Making: A Systematic Literature Review Exploring the Effectiveness of Participatory Processes

Abstract

In this article, the term 'participation' refers to the right of the child to express their views in matters affecting them and for their views to be acted upon as appropriate. While there is a growing emphasis in social work practice on a child's right to participate, less attention has been given to how best to support children's participation. A systematic review and narrative synthesis of 20 studies with varying methods explores how effective processes, commonly used in social work practice, are in supporting children's participation in decisions concerning their personal welfare, protection and care. The review explores the effectiveness of the following processes: the use of advocates; a child's attendance at an assessment, planning or review meeting; Family Welfare Conferences; and recording a child's views in writing. There is indicative evidence that the use of advocates is an effective means of supporting children's participation. Findings in relation to the other processes reviewed are mixed. A key factor influencing how effective these processes are in supporting children's participation is the quality of the relationship with the child and his or her case worker.

Introduction

Embedded in Article 12 of the UN Convention on the Rights of the Child (UNCRC) and in domestic law in the United Kingdom (The Children Act 1989; 2004) and in Ireland (Child Care Act, 1991; The Child and Family Agency Act, 2013) is a child's right to participate in decisions that directly affect them. The term 'participation' is broadly used to encompass a range of practices, as illustrated in various models (e.g., Shier, 2001; Hart, 1992). However, when referring to a child's legal right to participate, Article 12 of the UNCRC is the guiding instrument. To aid practice, Lundy (2007) conceptualised Article 12, outlining the four chronological steps to be followed in the realisation of this right. 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 right to a definitive say in the decision-making process but their views should be given due weight, having regard to their age and maturity.

Realising a child's right to participate is of particular importance when decisions are taken concerning a child's care, protection or welfare. 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 and protection services, these decisions are made by professionals who may be relative strangers. Involving the child in the decision-making process respects the right and dignity of the child to have a say in decisions that can profoundly affect their lives. Having the input of the child can also 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).

However, supporting children's participation in the child welfare, child protection and alternative care context can be challenging. There is limited guidance available for professionals on how best to create the conditions for space, voice, audience and influence in accordance with the Lundy model. A scoping of the literature revealed that common processes currently used to support the individual child to be involved in decision-making include: the use of an advocate to bring a child's views to the attention of decision-makers; a child's attendance at assessment, planning and review meetings; engaging in a process of family-led decision-making, as happens in a Family Welfare Conference (also known as Family Group Conferences); and recording the child's views in writing. The aim of this systematic literature review is to provide a narrative synthesis of the evidence on how effective these processes, commonly used in practice, are in realising a child's participation rights. It is intended to highlight processes that are effective in both supporting children to communicate their views and providing an opening for children to influence the decisions taken, in compliance with article 12 of the UNCRC and the Lundy model (2007).

Method

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: 1). This review sought to comply with the Social Care Institute for Excellence guidelines governing the conduct of systematic reviews (Social Care Institute for Excellence, 2010).

Search Strategy

There were three rounds of searches to locate the relevant studies. First, searches were conducted using the following social science databases: Applied Social Sciences Index and Abstracts, Scopus, Sociological Abstracts, and the Campbell Collaboration Library. Second, additional searches were conducted using our University Library Catalogue, Open Grey database and Google 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. Searches were conducted for studies published in English with a publication date from the year 2000 onwards. The year 2000 was chosen as from this date there was a sharp increase in the number of publications matching the search terms. It was felt that studies of relevance published prior to 2000 would be identified for inclusion in the review of the reference lists. Search terms used were 'participation' and its variants including, 'user involvement', 'user engagement', 'voice' and 'decision-making'. These were combined with the terms 'children' and 'young people', along with all their variants and the following key words: 'child protection', 'child welfare', 'social work', 'social care', 'in care', 'looked after' and 'family support'.

Inclusion and Exclusion Criteria

The review included studies that examined the effectiveness of processes designed to support a child's participation within child welfare, child protection and alternative care services. Participation was defined as the right of the child to express their views in matters affecting them and for their views to be acted upon as appropriate, in accordance with Article 12 of the UNCRC and as conceptualised by Lundy (2007). The included processes were: recording of the child's views in writing; the child's attendance at a meeting; the use of advocates; and engaging in a process of

family-led decision-making, as happens in a Family Welfare Conference. In some disciplines, 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). As Bryman (2008: 103) notes, '*in most of the social sciences there is far less consensus about what is the appropriate approach to research*' to provide evidence of effectiveness. To bridge the gap between the understanding of the different forms of evidence, Veerman and van Yperen (2007) developed a model in which evidence generated from youth- and family-based projects could be categorised on a 4-point scale, ranging from minimum level evidence to the higher-end RCT 'gold standard' level of evidence. Level one (descriptive evidence) can identify potential interventions, while level two (theoretical evidence) can identify plausible ones. Level three (indicative evidence) identifies functional interventions. It requires preliminary evidence that an intervention works in practice and can include, client satisfaction, goal attainment, service evaluations and quasi-experimental studies. 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 indicative (level three) or causal evidence (level four) of effectiveness.

The review excluded studies reviewing the effectiveness of processes that support children's participation in court proceedings. 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 processes designed to support the child's voice to be heard in court proceedings. Including processes that support children's participation in court would require widening the search to include legal databases and additional search terms, which was not feasible in the timeframe for this review.

Screening and Data Extraction

As outlined above, there were three rounds of searches. The first round returned 1,092 journal articles from the social science databases. 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. Following this round of screening, 1,008 articles were removed. The second stage involved a full text screening of the remaining 70 articles (after duplicates were removed). After the second round of screening 10 studies were retained. The second and third round of searches identified a further ten publications for inclusion. A flowchart of the search and screening process is included in Figure 1.

Figure 1: Flowchart of the Search and Screening Process

Insert Figure 1

A narrative synthesis approach is used to describe and compare the findings of the quantitative and qualitative studies included, using both text and table 1 below. The following data was extracted and is detailed in table 1: author(s), date, country where the study was conducted, study context (classified as a child welfare, child protection or alternative care process), relevant process reviewed, study design and sample, and level and type of evidence the study yielded. The findings section provides a narrative description of the results of the individual studies. Quantitative data synthesis was not possible as standardised measures were not used across the studies.

Table 1: Studies

	Author(s)/ Year/ Country	Context	Process	Study design and sample	Level and type of evidence
1.	Bell, 2011b (UK)	Child protection	Attendance at meeting	Interviews with children (n=27)	L3 (SU testimony)
2.	Bell, 2011a; Bell and Wilson, 2006 (UK)	Child protection	FWC and advocacy	20 FWCs sampled. Questionnaires completed by children immediately following the FWC (n=15). Interviews with children six weeks after FWC (n=9).	L3 (SU testimony)
3.	Boylan and Braye, 2006 (UK)	Alternative care	Advocacy	Interviews and focus groups with children in care (n=39). 11 had experienced the involvement of an advocate. Observation of 16 CiC review meetings.	L3 (SU testimony and observation)
4.	Bruce, 2014 (UK)	Child protection	Recording a child's views	Review of child protection case files (n=28) in respect of 10 children. 12 months later, review of child protection case files (n=15) in respect of 11 children.	L3 (case file analysis)
5.	Chase et al., 2006 (UK)	Alternative care	Advocacy	Analysis of feedback evaluation forms from young people (n=60) who had used an advocacy service. Interviews with 21 young people (n=21), advocates (n=17), foster parents (n=2) and a carer (n=1).	L3 (SU and SP testimony)

6.	Dalrymple, 2002 (UK)	Child protection and child welfare	Advocacy	Interviews with children (n=10) who had opted for an advocate at a FWC, a group meeting with four of these children, as well as a workshop with advocates (undisclosed number).	L3 (SU and SP testimony)
7.	Daly, 2014 (Ireland)	Alternative care	Attendance at meeting	Interviews with young people (n=10) in care. Interviews with professionals (n=7) involved in young people's care reviews.	L3 (SU and SP testimony)
8.	Goldbeck et al., 2007 (Germany)	Child protection and child welfare (primarily child welfare cases)	Attendance at meeting	80 child protection and welfare cases 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 post the case conference.	L4 (RCT)
9.	Holland, 2001 (UK)	Child protection and alternative care	Recording a child's 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 and 16 social workers. Between one and four interviews with the social workers and observation of video-taped assessments with parents.	L3 Indicative (case file analysis, SP testimony).

10. Holland and O'Neill, 2006 (UK)	Child protection and welfare	FWC	17 FWCs sampled. Interviews with children (n=25), family members (n=31), social workers (n=13) and independent coordinators (n=3). All participants were interviewed within one month of the FWC.	L3 (SU and SP testimony)
11. Hoy, 2013 (UK)	Child protection and welfare	Attendance at meeting and FWC	Questionnaires and interviews with children subject to a CPC (n=14) and children subject to a FWC (n=14). Focus groups with parents (n=3) with experience of CPCs and parents with experience of FWCs (n=3). Focus group with FWC coordinators and CPC chairs (n=6).	L3 (SU and SP testimony)
12. Jelicic et al., 2013 (UK)	Child protection	Advocacy	Case file analysis of 46 CPC records involving 41 children. Interviews with children (n=5), parents (n=3), social workers (n=8), CPC chairs (n=6) and advocates (n=5) 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).	L3 (SU and SP testimony)
13. Oliver et al., 2006; Knight and Oliver, 2007 (UK)	Alternative care	Advocacy	Telephone survey with advocacy services for children (n=75) followed by a qualitative investigation of advocacy services (n=10), involving interviews with children in care, including children with disabilities, (n=48), advocates	L3 I(SU and SP testimony)

			(n=18), health and social care professionals (n=40) and parents or carers (n=13).	
14. Morgan and Fraser, 2010 (UK)	Alternative care	Recording a child's views	Questionnaire with young people in care (n=58) and 15 case managers (n=15) in two local authorities using audio computer assisted self-interviewing (A-CASI). Focus group with case managers (n=11).	L3 (SU and SP testimony)
15. Ney et al., 2013 (Canada)	Child protection and welfare	FWC	Pre FWC interviews with adult family members (n=23), young people (n=3) child protection workers (n=6), FWC coordinators (n=3). Post FWC and follow-up interviews with an undisclosed number.	L3 (SU and SP testimony)
16. Roose et al., 2009 (Belgium)	Alternative care	Recording a child's views	Case file analysis of 20 cases, comprising 56 reports written by social workers working with children in alternative care.	L3 (case-file analysis)
17. Sanders and Mace, 2006 (UK)	Child protection	Recording a child's views	Documentary analysis of 89 sets of CPC minutes and interviews with social workers (n=10) and CPC chairs (n=9).	L3 (case-file analysis and SP testimony)
18. Thomas and O'Kane, 1999 (UK)	Alternative care	Attendance at meeting	Quantitative questionnaire with children (n=225). Followed by interviews with children, their social workers and some parents in 47 cases. Observation of meetings.	L3 (SU and SP testimony)

19. Tregeagle and Mason, 2008 (Australia)	Child welfare and alternative care	Recording a child's views	Interviews with children (n=14) and parents (n=18) who had experience of using the LAC and SCARF case management systems.	L3 (SU testimony)
20. Vis and Thomas, 2009 (Norway)	Child welfare and protection	Attendance at meeting.	Quantitative questionnaires with case managers (n=16) who had completed participation training. They were asked to report on 43 child welfare and care cases.	L3 (SP testimony)

CPC = Child Protection Conference

FWC = Family Welfare Conference

L3 = Level three evidence (indicative)

L4 = Level four evidence (causal)

SU = Service User

SP = Service Provider

Findings

Included Studies

A total of 20 studies were included in this literature review. Most of these studies did not focus exclusively on the effectiveness of one or more of the processes under consideration in this literature review, but their findings produced relevant evidence in this regard. The studies included are primarily small qualitative studies and the level of evidence documented is mostly indicative, drawing on service user and service provider testimonies. The Social Care Institute for Excellence (2010) advises that research capturing the views and perspectives of service users and carers provides a vital perspective on the effectiveness of an intervention. Of the studies included, five focus on a child's attendance at a meeting, six on recording a child's views in writing, six on the use of advocates and four on Family Welfare Conferences (some studies provided evidence of the effectiveness of more than one process). 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, Germany, Belgium, Norway, Canada and Australia.

Quality Appraisal

All studies identified as meeting the inclusion criteria were appraised for 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 addressing the systematic literature review aim; 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 each study and assigned a high, medium or low weight of evidence (WoE) to the trustworthiness, appropriateness and relevance of the study. The reviewers subsequently discussed any discrepancies and agreed on the overall WoE by calculating the average agreed weights (table 2). In accordance with the Social Care Institute for Excellence guidelines (2010), it was not the intention to exclude any topic-relevant studies that may have received an overall low WoE. Instead, the quality appraisal was intended to provide transparency in terms of the WoE each study yielded and to ensure that studies with a greater strength of evidence carried more weight in drawing conclusions.

Table 2: Quality Appraisal of Studies

Authors	Trustworthy	Appropriate	Relevant	Overall
1. Bell, 2011b	Low	Medium	High	Medium
2. Bell, 2011a; Bell and Wilson, 2006	Medium	High	High	High-Medium
3. Boylan and Braye, 2006	Medium	Medium	Medium	Medium
4. Bruce, 2014	Medium	High	Medium	Medium-High
5. Chase et al., 2006	Medium	High	High	High-Medium
6. Dalrymple, 2002	Medium	High	High	High-Medium
7. Daly, 2014	Medium	Medium	High	Medium-High
8. Goldbeck et al., 2007	High	High	Medium	High-Medium
9. Holland, 2001	Medium	High	High	High-Medium
10. Holland and O'Neill, 2006	High	High	High	High
11. Hoy, 2013	High	High	High	High
12. Jelicic et al., 2013	Medium	High	High	High-Medium
13. Oliver et al., 2006; Knight and Oliver, 2007	Medium	Medium	High	Medium-High

14. Morgan and Fraser, 2010	Medium	High	High	High-Medium
15. Ney et al., 2013	Medium	Medium	High	Medium-High
16. Roose et al., 2009	Medium	High	High	High - Medium
17. Sanders and Mace, 2006	Medium	High	Medium	Medium-High
18. Thomas and O'Kane, 1999	Medium	High	High	High-Medium
19. Tregeagle and Mason, 2008	Medium	High	High	High-Medium
20. Vis and Thomas, 2009	Medium	Medium	High	Medium-High

Narrative Synthesis

Process No. 1 - Advocacy

In this literature review, advocacy was defined as the provision of one to one support by an individual or a service for the purpose of enabling a child to have their voice heard. All six studies included on advocacy provide evidence that the use of advocates is effective in enabling children to participate in personal decisions regarding their care, protection or welfare (2, 3, 5, 6, 12, 13). It is reported that advocates give young people the confidence to infiltrate an adult-dominated decision-making process (5) and can help to redress the power imbalances at play (2, 3, 6). They can support the child to influence the decisions taken (5, 6, 12,13) and facilitate feedback to be provided to the child on the outcome of the process (12). The use of advocates is also found to be effective in supporting looked after children with disabilities to have their views heard (13). Importantly, in all the studies included, children testified to the value of having an advocate.

Two of the studies suggest that for an advocate to play an effective role in supporting a child's participation, they must be independent of social work services (3, 5). Likewise, a number of other factors have been identified that influence the effectiveness of the role played by advocates. The presence of a trusting relationship between the advocate and the child is important (3, 5, 12). Study 6 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 (3, 12). According to study 3 and 13 it can be a challenge for the advocate to maintain the focus on the views of the child rather than having a role in ensuring decisions are made in the child's 'best

interests'. Furthermore, it is essential that the advocate has the required skills to communicate with children of all ages, abilities and need (5, 12, 13).

Process No. 2 - Attendance at Meetings

There is some evidence that a child's attendance at a planning or review meeting is more likely to result in their participation in decision-making (8, 18, 20). Study 20 found that children were three times more likely to express a view and influence the decision in a 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). While this study suggests it is important for children to attend meetings if they are to participate, 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. In studies (7) and (11) many of the young study participants were of the view that their attendance at a meeting provided them with the opportunity to have their views heard. However, in study (1), the children interviewed were confident they had been adequately represented in child protection conference reviews whether they were present or not, but only a small number felt they had an influence on the decision taken.

 In each of these studies, when children attended either assessment, planning or review meetings, the nature and circumstances of their participation was often reported as far from satisfactory. The size of the meeting, its formality and the language used was an issue (1, 7, 11, 18). Children described being frightened, anxious, bored and embarrassed or exposed by the open discussion on their lives (7, 11, 18). Their participation was also influenced by the quality of their relationship with their social worker (1, 7, 11, 18) , their parents support for the participation principle (11, 18), the

degree to which the child was prepared in advance of attending a meeting, and the opportunity provided to them to communicate their views (7, 11, 18). Study 1 also identified the importance of choice, choice in advance of a meeting about who their social worker was (in terms of gender and race) and choice about the circumstances of the meeting (in terms of who should attend and where it should take place). These are all factors that can influence a child's attendance at a meeting being an effective process to realise their participation rights.

Process No. 3 - Family Welfare Conferences

Study (1) and (11) found that Family Welfare Conferences can facilitate children's participation in the development of a plan to address their welfare and protection needs. Study (11), a comparative study of children's experience of participation in Family Welfare Conferences and Child Protection Conferences, found that Family Welfare Conferences offer a higher level of participation experience in part due to a better knowledge of the process and a less formal atmosphere. In study 10, the majority of children reported being able to participate in Family Welfare Conferences but they did not equate participation with being influential. Yet they were satisfied with the process from the perspective of being able to express their views. Only a small minority had a negative experience, one reason being the gap between the coordinators' promotion of participation and the family's adherence to this guidance once the professionals had withdrawn. Study 15 concluded that dominant child protection discourses and institutional practices can impede the effectiveness of Family Welfare Conferences as a participatory structure. The extent to which the children are prepared in advance of the Conference (2, 10) and the quality of the relationship between the child and the social worker (11) influenced a child's experience of participation.

Process No. 4 - Recording a Child's Views

Recording a child's views can be interpreted broadly to include, documenting their views in a written statement, picture or video clip, their completion of a child-friendly form, as well as professionals recording the views of the child in case records, investigation or progress reports for consideration by decision-makers. Traditionally, the latter would appear to be the norm rather than a child's views being directly recorded (4, 9, 17). There is evidence that despite procedures in place for professionals 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 correlate with the child's views being acted upon (4, 9, 16). These studies found that in multiple instances a child's views may not be reported and there is evidence that approaches adopted to record the views of the child either intentionally or unintentionally filtered their views. The studies found that the objective representation of the child's views left it open to question whether the child's subjective views were being recorded or whether it was the case manager's interpretation of their views or what they thought the child would say. In addition, study 9 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. Study 4 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. Furthermore, study 17 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.

Study 14 explored the effectiveness of children self-recording their views with the support of audio-computer-assisted self-interviewing (A-CASI). The study found that, while it may have been an effective means to record the children's authentic views, 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. Study 19 examined service users' experiences of participation when subject to two standardised case management systems. These systems use a number of 'text-based strategies' to support children's participation in the decision-making. 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 one of the systems, 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 supported to express a view, listened to and had their views taken into account.

Discussion

This review provides evidence of how effective the use of advocates, a child's attendance at a meeting, Family Welfare Conferences and the recording of a child's views are as processes to support the realisation of a child's right to participate in decisions pertaining to their welfare, protection and care. The evidence available is primarily indicative, drawing on service user and service provider testimonies in studies that are relatively small in scale. There is also very little focus in the literature on the effectiveness of processes to enable young children to have their views taken into consideration.

While bearing these limitations in mind, there is indicative evidence that the use of advocates is an effective means of supporting children's participation. This corroborates an earlier review of the literature by Cashmore (2002) who 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. Sinclair (1998) notes that children's participation in planning their care has become synonymous with attendance at meetings. This literature review indicates that this is not necessarily so. Yet there is 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. Herein lies an important message for practice, given that the literature reveals that children's attendance at assessment, planning and review meetings can be relatively low (O'Brien and Ahonen, 2015; Sanders and Mace, 2006; Thomas and O'Kane, 1999).

While much has been written about the role and the value of Family Welfare Conferences, very limited literature was uncovered providing evidence of their effectiveness in terms of supporting children to participate in the family-led decision making process. The review of the literature revealed some evidence that convening a Family Welfare Conference can be effective in supporting a child's participation. However, there is limited evidence of them facilitating children to express a view and influence the outcome of the conference. In the wider literature, it Is evident that for a variety of reasons children's views may not be made known to those attending a Family Welfare Conference (O'Brien and Ahonen, 2015; Connolly and Masson, 2014). If a child's views are not listened to by those present, this is a significant barrier to a Family Welfare Conference being an effective means of enabling a child to participate in decision-making. When a child's views are recorded in case records or reports and indirectly submitted to decision-making proceedings, it is

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evident that for these views to be taken into account their submission needs to be supported by good practices. Good practice includes clarity around the exact purpose of documenting these views and which meeting they are intended for. 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 with the support of child friendly forms or asking them to review and sign the records.

This review of the literature illustrates that despite efforts to support a child's participation and processes being standardised, the realisation of a child's right to participate can be heavily influenced by whether the conditions are conducive to facilitating the child to express a view in a safe and inclusive space and conducive to having their views listened to by those with decision-making authority. A fundamental factor is the child's relationship with their case worker. It is consistently reported that a positive, trusting and stable relationship is instrumental to creating a safe space for children's participation. This is evidenced in the studies included in this literature review as well as in wider literature (van Bijleveld et al., 2015; Gallagher et al., 2012; Buckley et al., 2011; 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. Other factors reported, influencing whether children are facilitated to express a view, are listened to and have their views acted upon as appropriate, are: the degree to which the child is adequately prepared in advance; the formality of the decision-making meeting and whether the child had an input into its planning; the professional's communication skills; and support for the participation principle by professionals and parents.

Study Limitations

There is a lack of uniformity in the words used to describe children's participation within child welfare and protection services (van Bijleveld et al., 2015). 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. A review of the reference lists of studies included was also an important safeguard aimed at increasing the chances of identifying any outliers. It is also 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 processes may not be published or widely available. While efforts were made to locate such publications produced in English, this review largely relies on evidence as documented in journal articles.

Research gaps

There is a need for further research to establish the effectiveness of processes 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 an opening for further large scale studies to demonstrate causal evidence. Almost all the studies identified for inclusion in this literature review focused on children aged 7–18. Consequently, there is a need for further research on what are effective processes to support the participation of very young children who come in contact with child welfare, protection and alternative care services.

Conclusion

This systematic literature review identified, evaluated and synthesised the available evidence on the effectiveness of processes intended to support a child's right to participate . There is indicative evidence that the use of advocates is an effective means of supporting children's participation as conceptualised by Lundy (2007). Advocates can facilitate children to express a view in a safe space and ensure their views are listened to and acted upon as appropriate. Overall the findings in relation to the other processes reviewed were mixed. The formality of these processes, a lack of preparation with the child and power imbalances at play can impede them from providing children with a safe space to express a view and to have their view acted upon. When engaging in these processes reviewed, practitioners must be mindful of the need to comply with all elements of the Lundy model, namely space, voice, audience and influence, if they are to realise a child's participation rights.. While this review has been restricted to processes 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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