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Space, Voice, Audience and Influence: The Lundy Model of Participation (2007) in Child

**Welfare Practice** 

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Space, Voice, Audience and Influence: <u>TImplementing the Lundy Model of Participation</u> (2007) in <u>Child Welfare Practice</u>

According to Article 12 of the UN Convention on the Rights of the Child, children and young people have a legal right to have their views heard and acted upon as appropriate. The Lundy model of participation (2007) was developed to aid practitioners to meaningfully and effectively implement a child's right to participate by focusing them on the distinct but interrelated elements of Article 12. While Lundy's conceptualisation has been widely welcomed in research, policy and practice, there is a dearth of examples in the literature regarding how the concepts of space, voice, audience and influence can be operationalised in child welfare practice. This paper draws on findings from a mixed methods study of child protection and welfare services in Ireland to illustrate how practitioners working in child protection and welfare services action these concepts in practice. The analysis focuses on the The purpose of this paper is to share examples of how practitioners working in Ireland's child protection and welfare services implement these concepts in practice. Drawing on practitioners' personal testimonies and a selection of reports published by Ireland's social care inspectorate, it sets out illustrative examples of approaches taken by professionals when seeking to create a safe and inclusive space for children and young people to express a view, approaches to supporting them to express that view and to ensuring it is listened to and acted upon as appropriate.

Key words: Participation, child welfare and protection, Lundy model, social work, children.

### Introduction

The act of involving children and young people in decisions affecting their lives is increasingly garnering support among the legal, policy-making and practice communities (see for example, Bouma et al., 2018; McCafferty, 2017; Department of Children and Youth Affairs, 2015). It respects the dignity of the child to have a say in matters affecting their lives, and there is evidence to suggest while children and young people have reported that taking their views into account results in interventions that are more responsive to their needs (Mason, 2008) and can lead to better outcomes, such as an improved understanding of the child protection system, developing a positive sense of self and aiding the transition to adulthood (Križ and Dakota, 2017).- The In 1989, the UN Convention on the Rights of the Child (UNCRC) codified for the first time in international law a child's right to be heard in all matters affecting them. <u>LegallyUnder Article 12</u> children and young people are not afforded the right to a definitive say in decisions affecting their lives, but their views should be given due weight in accordance with their age and maturity. Article 12 requires children and young people's views to be given due weight in accordance with their age and maturity. The requirement to factor in both age and maturity when determining the weight to be given to the views of the child, means that age alone cannot be the determining factor. The capacity of the child to understand and assess the implications of a particular matter must be assessed on a case by case basis (UN Committee on the Rights of the Child, 2009).

Despite the global endorsement of the participation principle, underscored by the near universal ratification of the UNCRC, research has shown that children's meaningful participation has been difficult to implement in child protection and welfare services (Seim and Slettebø 2017; Vis et al. 2012; Tyler 2006). One reason is the ambiguity surrounding the concept of participation and the lack of understanding as to how it can be implemented in practice (McCafferty 2017; van Bijleveld

et al. 2014; McLeod 2008; Bell and Wilson 2006). There are various models capturing different levels of participation (*see for example*, Shier 2001; Hart 1992). These models describe practices across a spectrum, ranging from those that fall below the threshold of implementing a child or young person's legal right to participate, for example consultation, to practices that go beyond the legal right, givinge children and young people a definitive say in decisions affecting their lives.

It was confusion regarding the full extent and scope of a practitioners obligations to implement the right of a child or young person to participate that led Professor Lundy to develop a model focused on conceptualising Article 12 (Lundy 2007), hereinafter 'the Lundy Model'. The Lundy model was developed initially to aid educational practitioners to meaningfully and effectively implement a child's right to participate by focusing them on the distinct but interrelated elements of the right, as embodied in Article 12 of the UNCRC (Lundy 2007). As illustrated in figure one, the Lundy model comprises four chronological steps in the realisation of a child's right to participate. 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.

Figure One: The Lundy Model of Participation as included in Ireland's National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 (Department of Children and Youth Affairs, 2015).

McCafferty (2017) argues that Lundy's conceptualisation of Article 12 is a valuable tool for social workers, offerings practical solutions to support social workers to implement the implementation of the child's right to participate. McCafferty reviews the existing literature drawing together key considerations and challenges to implementing article 12 as conceptualised by Lundy. The purpose of this paper is to share real world examples of how the concepts of space, voice, audience and

influence can be actioned in practice so that practitioners can meaningfully and effectively implement this right of the child. The article provides illustrative examples of approaches taken by professionals, working in child protection and welfare services in Ireland, to create the conditions for space, voice, audience and influence. While each of these elements of participation are examined in turn, one must not lose sight of the fact that all four elements are interrelated and critical to the realisation of a child's right to participate.

## Participation and Children's Child Welfare and Protection Services - The Irish Context

As agents of government, professionals working in statutory child protection and welfare services are obligated under the UNCRC to implement children and young people's right to participate. The principle of participation was incorporated into Ireland's domestic legislation governing child welfare and protection services in 1991 (Child Care Act 1991). More recently, the founding legislation of Tusla, Ireland's Child and Family Agency responsible for improving well-being and outcomes for children, legally requires the Agency in the performance of its functions, as well as in the planning and reviewing of the provision of services, to ensure the views of the individual child and children collectively are ascertained and given due weight having regard to the age and maturity of the child (Child and Family Agency Act 2013). Tusla delivers a wide range of services spanning child protection, alternative care, after care, family support, education and welfare, sexual and gender based violence and early years inspection services.

To support the Government and its agencies to translate their legal commitments into practice, the Irish Government published a National Strategy on Children and Young People's Participation in Decision-Making (Department of Children and Youth Affairs 2015). <u>Underpinned by the Lundy model</u>, <u>Tthis Strategy sets out a roadmap for the implementation of a child's right to participate across all government departments. The strategy is underpinned by the Lundy model, underscoring</u>

the model's usefulness in conceptualising Article 12 for practitioners. National standards and guidelines also form part of the policy framework from within which Tusla services operate. Ireland's social care inspectorate, the Health and Information Quality Authority (HIQA), has a statutory function to set standards on safety and quality. HIQA monitors Tusla's compliance with theits national standards for child protection and welfare, foster care, residential care and special care. While these standards vary, they all include standards on children and young people's participation rights, mirroring Ireland's obligations under the UNCRC. The national child protection and welfare guidelines, *Children First: National Guidance for the Protection and Welfare of Children* (2011) also identifies a child's right to be heard as a key principle of best practice. The guidance provides that at all stages of the child protection and welfare process the views of the child must be heard.

# The Empirical Research Methodology

In 2015, Tusla embarked on implementing a significant new programme of action designed to develop and mainstream prevention, early intervention and participation practices within the agency (Programme for Prevention, Partnership and Family Support). A major research and evaluation study was simultaneously designed to monitor the implementation and outcomes of this programme of action. One component of the research was to examine the extent to which the implementation of the Programme for Prevention, Partnership and Family Support embedded the participation of children and young people in Tulsa's culture and operations. Addressing this research question comprised a baseline and follow-up study. It was the baseline component of this paper. The practice examples presented in this article are drawn from a baseline study designed to capture the extent to which

the participation of children and young people is embedded in Tulsa's culture and operations (insert authors' own reference). This baseline study was one component of a wider research and evaluation study designed to monitor the implementation of a new programme of action to mainstream prevention, early intervention and participation practices within Tusla. The chosen methods for the <a href="mainstream">baseline</a> study that generated the data for this article, were, the distribution of an online questionnaire to all Tusla staff and secondary analysis of findings published by HIQA on Tusla's compliance with national participation standards and the distribution of an online questionnaire to all Tusla staff.

As set above, HIQA monitors Tusla's compliance with national children's standards, including standards on children and young people's participation rights. As part of the inspection process, HIQA inspectors meet with children and young people, parents/carers, Tusla staff and external professionals. They also observe practices and review case files. In total, 53 HIQA inspection reports were sampled for the baseline study. These comprised all reports published by HIQA during the period 2013-2015 on Ireland's child protection and welfare services (n = 13), foster care services (n = 11) and children's residential centres (n = 25). It also included the most recent reports published during this period covering announced and unannounced inspections of Ireland's three special care units (n = 4). The secondary analysis of these inspection reports provided a rich source of timely information on practice nationally prior to the implementation of the Programme for Prevention, Partnership and Family Support.

This secondary analysis was supplemented by primary data collection with Tusla staff. AThe questionnaire was designed to establish both whether Tusla staff support individual children and young people to participate in decisions regarding their personal welfare, protection or care and whether staff perceive the agency as supporting children and young people collectively to

participate in service planning and review. The questionnaire was primarily quantitative. However, if the respondents indicated that they or Tusla involve children and young people in decision-making they were asked to provide an open ended example of how children and young people's individual or collective views are actively sought by Tusla, how they were sought and if the respondents they believed their views influenced decisions taken, they were also asked to explain. A total of 370 Tusla staff (10% of all staff at the time the questionnaire was distributed) responded to the questionnaire. The majority of the respondents were social workers (41%), followed by social care workers (17%) and Tusla management (16%), which is a largely proportionate representation of Tusla staff when broken down into job category, with the exception of there being an over-representation of management. The remaining respondents were education and welfare officers, family support workers, psychology and counselling staff, administrative workers and other support staff.

As referred to above, HIQA monitors Tusla's compliance with national children's standards, including standards on children and young people's participation rights. As part of the inspection process, HIQA inspectors meet with children and young people, parents/carers, Tusla staff and external professionals. They also observe practices and review case files. The inspection reports provide a rich source of timely information on practice in local and integrated service areas. In total, 53 HIQA inspection reports were sampled for the baseline study. They included inspections of child protection and welfare services (n = 13), foster care services (n = 11), children's residential centres (n = 25) and children's special care units (n = 4).

The qualitative data generated from the questionnaires and the findings in the HIQA inspection reports on Tusla's compliance with national participation standards were extracted for analysis. The Lundy model provided the conceptual framework to guide the analysis process. The data were

mined for evidence of practice compliant with each of the elements of the Lundy model - space, voice, audience and influence. This article paper does not detail the findings of the baseline study, these are detailed elsewhere (insert authors' own reference). Instead, preparing for this paper involved returning to the data The data were mined for evidence of practice in the questionnaires and the HIQA reports sampled to draw out all examples of practice, which the authors perceived were compliant with illustrative of how practitioners sought to implement each of the all four elements of the Lundy model - space, voice, audience and influence. it draws on examples The paper collates the practice examples provided in the data to illustrate how Tusla professionals create the conditions to provide children and young people with the opportunity to express a view in a space that is safe and inclusive, facilitate children and young people to express their view, and support their view to be listened to and acted upon, as appropriate.

## **Space**

According to the Lundy model, creating a space for children and young people to express their views is the first step in implementing a child or young person's participation rights under Article 12 of the UNCRC. It involves actively creating the opportunity for children and young people to communicate their views in a space that is safe from 'fear of rebuke and reprisal' and is inclusive of all children and young people taking part (Lundy, 2007: 933-934). When making decisions in relation to a child or young person's personal welfare, protection and care, it was evident from the HIQA reports and the questionnaire responses, that creating a space for children and young people to express their views was primarily achieved by means of one-to-one consultations with the child or young person, inviting them to attend planning and review meetings and/or recording their views in writing by encouraging them to complete a child/youth-friendly form or worksheet. When engaging children and young people in service planning and review, examples were provided in

the data of consultations being conducted with a representative group of children and young people, of their views being accessed by utilising pre-existing advisory forums, surveying children and young people, including the use of feedback surveys, and more broadly conducting research or evaluations where children and young people are the primary data sources. Others reported that feedback on their services is accessed through the official complaints mechanisms in place.

Creating a space that is safe for children and young people to express a view is broadly viewed as a pre-requisite to them expressing their authentic views (Lundy 2007; Lansdown 2009; Dalrymple 2003). It involves actively creating the opportunity for children and young people to communicate their views in a space that is safe from 'fear of rebuke and reprisal' (Lundy, 2007; 933-934). There were many examples shared in the data of how Tusla professionals perceived they were creating a safe space for children and young people. When engaging in a one-to-one consultation to elicit the views of a child or young person, Tusla staff spoke about making it a priority to meet with the child in private. Others emphasised the need to spend time with the child or young person and to have regular meetings with them to build a trusting relationship. In the context of children in care, takingbringing children on social outings was the primary means reported in terms of how a trusting relationship can be nurtured.

When I worked as a children-in-care social worker, I would take children out for hot chocolate, to play in the local park, basketball; basically engage them in different activities, build a relationship to allow them to build trust with me (social worker, questionnaire respondent 232).

In the case of very young children, the importance of play in nurturing a relationship was highlighted. As this social worker explains:

Playing with a child is invaluable in terms of relationship building and getting a sense of who the child is, and can be less threatening than interviewing the child in a clinical setting (social worker, questionnaire respondent 74).

Creating a safe space can also include engaging with the child in an environment that is child-friendly. In one service area HIQA observed, as the social work premises were not child- or family-friendly, child protection and welfare staff met children and parents somewhere that they felt comfortable. This included availing of family-friendly premises in voluntary organisations for interviews and family meetings.

Creating a safe space can also include tailoring a meeting to a child's preferences and ensuring there is good preparation with the child in advance, as illustrated in the following example:.

I have chaired Child in Care reviews where children have attended. I have tried to make this a more comfortable space for the child by meeting with the child and their social worker or advocate (whoever is their most trusted) before the meeting. I talk to the young person about who will be at the meeting, what will be talked about. I ask the young person if there is anything that they want said or anything that they don't want to hear (offer the opportunity for them to leave the room for part of the meeting) (Tusla management, questionnaire respondent 209).

A social worker reported that when appropriate they facilitate smaller child in care review meetings, with the child and significant adults only, to support the child to engage. This approach was not limited to child in care review meetings. A family support conference coordinator reported asking the child at the centre of a family welfare conference to complete a child-friendly form,

setting out who they want to attend the conference and what their expectations are. This information is presented to everyone present at the beginning of the conference.

Lundy (2007) also emphasises the importance of being inclusive of all children and young people when creating a space for children and young people to communicate their views. The data revealed a range of approaches adopted by Tusla to ensure all children, including those with communication difficulties, have the opportunity to take part in decision-making. Examples were provided by the questionnaire respondents and in the HIQA findings of practitioners using art, play therapy (including role play) and drama as a means of supporting very young children to express their views. Animal-assisted therapy, including equine-therapy, was also mentioned as a method of supporting children with communication difficulties. Support to children and young people of a different nationality, generally took the form of the provision of interpretation services. In some areas Tusla had access to trained professionals and aids within disability services to assist Tusla staff to support children with disabilities to communicate their views.

#### Voice

Having created a safe environment and the conditions for all children and young people to have the opportunity to express a view, irrespective of individual circumstances, the next step in implementing a child's right to participate is to facilitate them to express their view (Lundy, 2007). The following description of how a child was supported to be actively involved in a family welfare conference is illustrative of the range of support that can be offered and of efforts made to tailor the support to the individual child.

Each child is considered individually as to what is the most appropriate way for their views to be expressed at the FWC decision-making meeting itself. That could be either that they will be present themselves and represent themselves, have the assistance of a family member or advocate to represent them, or submit written material or art work in the case of younger children. Children are invited to attend either part of the meeting, the entire meeting, or they can identify how they would like to hear about decisions made if they choose not to be present (family welfare conference coordinator, questionnaire respondent 273).

Likewise, some of the children and young people that spoke with the HIQA inspectors emphasised their individual preferences. Some said that because of their age, they wanted more information to be shared with them. Others told inspectors they wanted less information and just wanted to get on with their interests and lives. Some For example, some wanted to spend more time with their social workers outside of formal meetings, while others wanted to see their social worker less. Children and young people told inspectors that 'each social worker needed to work out with them a way and style of communication that suited them' (HIQA Child Protection and Welfare Inspection Report). However, common approaches adopted by Tusla professionals to support children and young people to express their views are evident in the data. The questionnaire data revealed that child-friendly forms and worksheets are used to support a child or young person to formulate and communicate their views. The use of age appropriate 'Children in Care Review Forms' was mentioned by social workers as standard practice in a number of service areas. The purpose of these forms is to support children in care to make their views known during the Child in Care review process. The following example, describing a home visit to an eight-year-old boy living in long term foster care, is illustrative of their use in practice.

He filled out an age-appropriate form on his views concerning his placement and birth family contact and did some drawings of his own. This form was brought to his annual care plan review, and he attended the meeting and presented his form with me reading it out (social worker, questionnaire respondent 332).

Providing children and young people with information is considered to be an important aspect of facilitating children and young people to articulate an informed view (Lansdown 2009). While this is not specifically referred to in Article 12 of the UNCRC, the 2009 General Comment of the UN Committee on the Rights of the Child, emphasises reciprocal information sharing and dialogue as central to the participation process. The UN Committee describes participation as:

Ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes (UN Committee on the Rights of the Child 2009: 5).

The HIQA national standards emphasise the importance of providing children and young people with access to information in an accessible format and monitors compliance in this regard. The 2003 National Standards for Foster Care and for Residential Care state that children should have access to information held on their case files in order to form opinions and exercise choice. HIQA reported that two residential centres had a system in place to encourage and support children and young people to access their personal records, while remaining mindful of the best interests principle. One residential centre encouraged children to access their personal information, but had a confidential section in each file to ensure staff were aware what children could and could not access. Another centre had a system in place whereby all documents included within a child's records and written by external professionals were cleared at the time of receipt of the document as to whether the child could have access to the document or not. A form outlining whether the

author provided consent or not was attached to the document. If consent was not provided, the author was required to specify why and a future review date of this decision was requested on the form.

#### Audience

One of the primary reasons for the development of the Lundy model was to drive home that 'voice is not enough'. Lundy sought to stress that children and young people have 'a right of audience', they must be guaranteed an opportunity to communicate their views to an individual or body with the responsibility to make decisions (Lundy 2007: 937). At times the person to whom the child communicates their views may be the person with the authority to make the decisions. At other times, providing children and young people with a right of audience will require formal channels of communication to be opened to ensure the relevant individual or body hears their views. While the questionnaire respondents were not directly asked how a child or young person's views are communicated to the relevant individual or body, the data revealed that one approach is to ensure that the child or young person's views influence the recommendations submitted to the decisionmakers. For example, a social worker explained how through conversation and play they obtained the views of the child during the initial assessment process and these views influenced the recommendations submitted in their report. Another social worker recalled a court case seeking the reunification of parents with their children and how the children's views made up a significant part of the court report submitted by the social worker. While these are examples of children and young people's views being submitted indirectly to persons with the authority to make decisions, examples were also provided of practitioners encouraging children and young people to open channels of communication to submit their views directly. In the case referred to below, contact initiated with the presiding judge led to a meeting with the young person to provide her with the opportunity to communicate her views directly to the judge.

...prior to a hearing which was focused on a decision being made as to where she (a 16 year old girl) was going to live following the breakdown of her placement...I had a meeting with the young person and listened to her views on the issue. I encouraged her to write a letter to the Judge and the Judge then offered to meet with the young person (social worker, questionnaire respondent 103).

When a representative group of children or young people are brought together to express a collective view to informregarding service planning and review, these views to local and service planning remit. Examples were provided of children and young people being provided with the opportunity to directly present their views to local and senior management. As described by one social worker:

A children in care group was set up and run by two Tusla staff. During these group sessions the young people and children discussed issues/concerns and wishes in relation to being in care. Feedback from these group sessions were sent up the line to management...and a presentation was done for the larger social work team (social worker, questionnaire respondent 131).

## **Influence**

A key challenge when implementing a child's right to participate is to find ways to ensure that adults go beyond simply listening to children and young people; that they take children's views seriously and are open to being influenced by them (Lundy 2007). The use of the term influence

in the Lundy model encapsulates the concept of 'due weight' as expressed in Article 12 of the UNCRC. As outlined previously, Article 12 requires children and young people's views to be given due weight in accordance with their age and maturity. Article 12 requires children and young people's views to be given due weight in accordance with their age and maturity. The requirement to factor in both age and maturity when determining the weight to be given to the views of the child, means that age alone cannot be the determining factor. The capacity of the child to understand and assess the implications of a particular matter must be assessed on a case by case basis (UN Committee on the Rights of the Child, 2009).

There was evidence in the data of children and young people influencing decisions pertaining to all aspects of their care, protection and welfare, including a requested change of social worker, access arrangements, care plans, plans to address non-attendance at school, and the management of a child or young person's behaviour and daily routines in care. Beyond factoring in the age and maturity of a child or young person, many of the questionnaire respondents acknowledged that children's views need to be weighed up against additional factors. These reported factors include the safety and welfare of the child or young person, the level of risk involved and overall what is considered to be in the their best interests. When the decision has implications for the wider family, for example a decision to take a child into care, the familiestheir views also come into play. Perhaps then it is unsurprising that Holland (2001) previously found that social workers find it difficult to operationalise this concept in practice.

While the data yielded no solution to these dilemmas, it did provide insight into how some practitioners acted to ensure that children and young people's views are taken seriously. To keep the focus on the views of a child or young person when decisions are being taken, a family welfare conference coordinator described the practice of having a representation of a non-attending child

or young person at a meeting, which could include pictures or a cuddly toy. Elsewhere, a social worker described the importance of allocating time at a meeting to discuss the views of the child. In this case, having supported a child to express their views at a care review meeting, the social worker went on to explain:

Contact with father was No. 1 on child's agenda but further down SW [social work] team agenda. Due to the importance the child placed on this issue it was given greater time and more detailed planning discussed (social worker, questionnaire respondent <u>152</u>).

In the context of providing children and young people with the opportunity to influence service planning and review, one Tusla manager explained how safeguards were put in place to ensure issues of concern, reported by children and young people through the complaints process, were taken seriously and influenced improvements in practice. These safeguards included sharing the learning arising from the complaint and its resolution with all relevant staff and seeking their response, as well as ensuring the issues arising were a standing item at senior management team meetings.

The area manager told inspectors [HIQA inspectors] that she/he had direct oversight of complaints. She/he analysed the information from complaints about the service and identified the learning from the complaint and its resolution. She/he then identified areas where practice could improve. This information was sent in writing to the acting principal social worker and team leaders for their responses and implementation of the recommendations. For example, one complaint led to the introduction of letters being sent to parents to confirm and

clarify issues discussed...The issue of complaints was also a standing agenda item at senior management meetings (HIQA Child Protection and Welfare Inspection).

Lundy (2007) also notes that an important safeguard to ensuring there is an openness to being influenced by children and young people's views is to ensure children and young people are provided with feedback telling them how and why their views were or were not taken into account.

#### Conclusion

The Lundy model (2007) reminds practitioners that a narrow interpretation of Article 12 is not sufficient. Hearing and giving due weight to the views of children and young people is a process, comprising a series of steps. As illustrated in the Lundy model these are: providing children and young people with the opportunity to express a view in a safe and inclusive space; supporting them to express their view; listening to their view; and acting upon it as appropriate. All steps in the process must be implemented if their participation rights are to be realised. For example, establishing a safe environment where a child can communicate their views is not sufficient to meet their participation rights, if these views are not genuinely listened to and taken into account in the decision-making process.

The accounts provided in the baseline study data, of child welfare and protection practitioners creating the conditions foref providing a safe space, facilitating children and young people's voice, ensuring an audience to hear their views and providing an opening for children and young people to influence decisions, are illustrative of how practitioners can implement all elements of a child's right to participate in practice. While the examples are presented here as stand alone in isolation, focused on facilitating one aspect of a child or young person's right to participate, the practices in

practice they must not occur in isolation but as part of <u>a the overall</u> process of meeting all four elements of the right. Triangulating the <u>practitionerse</u> perspectives with the views of children and young people <del>and is one of the next phases of our study</del> a component of the follow-up study. It is feasible for example that children and young people's idea of what is a safe space will differ from practitioners and thereby requires further research.

It is established that a fundamental factor influencing a child's experience of participation is their relationship with their case worker (insert authors own reference). Children have consistently reported in previous research that a positive, trusting and stable relationship is instrumental to promoting participation (van Bijleveld et al. 2015; Cossar et al. 2014; Buckley et al. 2011; McLeod 2008). This article shares illustrative accounts from practitioners of how they have sought to nuture a positive relationship, throughby spending time with children, by taking bringing them on social outings and engaging in play to create that safe space for a child or young person to share their views. In terms of creating a safe space, oOther practitioners provide accounts of meeting with a child or young person in private, meeting in child and family friendly spaces, preparing the child or young person in advance, providing the child or young person with information and tailoring meetings to their individual needs. Research has also previously established that choice on how to participate is fundamental to creating a safe space and facilitating voice (insert author's own reference). 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. The accounts shared in this article illustrate the practices Tusla professionals engage in to offer a choice on how to participate. To be inclusive of all children and young people when creating space and facilitating voice there must be an openness to non-traditional means of communication. The UN Committee on the Rights of the Child states that children with disabilities

should be enabled to use all modes of communication necessary to facilitate them to express a view (UN Committee on the Rights of the Child 2009). This article illustrates how some practitioners access disability supports and a range of therapies as a means of supporting all children and young people including those with communication difficulties.

There is limited discussion or inference in the literature on how the concepts of audience and influence can be operationalised in practice. The accounts outlined in this article provide some examples of efforts to achieve these goals in practice. Providing children and young people with an audience to listen to their views involves their views being directly or indirectly submitted to those with the authority to make decisions. Ensuring those views are taken into account can involve allocating time at meetings to discuss their views and, having a visual representation of the child or young person present as a reminder of their views when decisions are taken and obligating practitioners to feedback to the child or young person the outcome of the decision and the reason for the decisions taken. With the focus in the literature and in practice often being on seeking the views of children and young people, views expressed can be forgotten. The account of one Tusla manager analysing complaints from young service users, identifying common issues of concern, sharing the learning and routinely allocating time at meetings to discuss these issues for the purpose of improving service provision reminds us of the potential for views already collated to be maximised and yield influence. In conclusion, seeking the views of children and young people and acting on them as appropriate respects children and young people's rights and benefits service provision. However, it requires practitioners to be proactive; to actively create the conditions for facilitating and implementing each of the four elements of the right.

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