

FACILITATING CHILDREN'S PARTICIPATION WITHIN MULTIDISCIPLINARY MEETINGS: GUIDING PRINCIPLES FOR CHILD AND YOUTH CARE CENTRES

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Legislation on both an international and national level advocates that all children have a right to participate in all matters affecting them. This article reflects an interest in children's participation in the broad field of child protection, and specifically within the context of South African child and youth care centres. Against this contextual background, the article aims to introduce guiding principles that may stimulate ongoing conversation on the facilitation of children's participation in a specific space of decision-making within child and youth care centres, namely multidisciplinary meetings. Guiding principles were derived from a comprehensive qualitative study in which individual semi-structured interviews and focus group groups were conducted to collect data from residential social workers, child and youth care workers, and children from child and youth care centres in the greater metropolitan area of Cape Town in South Africa.

Keywords: children, children's participation, child and youth care centres, child protection, guiding principles, multidisciplinary meetings,

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INTRODUCTION

According to the Constitution of the Republic of South Africa (RSA, 1996), Section 10 of the Children's Act 38 of 2005 (RSA, 2005), Article 4 of the African Charter on the Rights and Welfare of the Child (Organization of African Unity, 1990) and Article 12 of the United Nations Convention on the Rights of the Child (United Nations, 1989), children's participation is a basic human right. Children should therefore be provided with the opportunity to be part of decisions that are made in all matters that affect them. Whilst all children, regardless of their context, have the right to participate in matters affecting them, it is important to note that children who have been found to be in need of care and protection, and consequently placed in alternative care, have different experiences of participating in decision-making processes (Cossar, Brandon & Jordan, 2014; Jamieson, 2017; Save the Children, 2019; Thomas & O' Kane, 1999). Children who are placed in alternative care have more adults involved in decision-making processes affecting their lives, and the decisions being made are often more complex than decisions that would be made within a family environment. In addition, children who have been placed in alternative care often feel that they are not provided with the opportunity to participate in the decisions made in their lives regardless of this being their human right (Claasen & Spies, 2017; Johannisen, Yates & van Wyk, 2019).

Professionals who work with children who have been found in need of care and protection regularly facilitate meetings to discuss children's progress as well as their permanency and care plan (Hall & Slembruck, 2001; Jamieson, 2017; Johannisen, 2014, Johannisen *et al.*, 2019; RSA, 2005). Within the context of child and youth care centres in South Africa, these meetings are referred to as multidisciplinary meetings (National Norms and Standards for Child Protection in the Children's Act 38 of 2005). Internationally, social workers and other professionals working with children are provided with guidelines in terms of how to facilitate children's participation in multidisciplinary meetings (Bertram, 2015). Whilst the National Child Participation Framework (Save the Children, 2019) provides guidelines for children's participation within the South African context, it does not specifically speak to child participation in the context of multidisciplinary meetings in child and youth care centres. For this reason, each residential social worker in the South African context facilitates children's participation in multidisciplinary meetings differently according to their ideas about and experiences of children's social position in decision-making processes.

Guiding principles need to be developed in a contextually relevant and participatory manner to consider the unique social environment of a child and youth care centre. A contextual approach will allow for the dynamics in the particular location and situation to be dealt with, while building capacity for the facilitation of meaningful children's participation within multidisciplinary meetings. This highlights the complexity of understanding and implementing children's participation, whilst taking various contextual

factors such as culture, religion, gender, the generation gap and the available resources into consideration.

This article offers principles that may guide the facilitation of children's participation in multidisciplinary meetings in child and youth care centres. First, the central concepts reflected in the title of this article will be clarified. The next section explores the methodology that was employed, followed by a presentation and discussion of the guiding principles that were developed: i) preparation of children before the multidisciplinary meetings; ii) developing and maintaining relationships; iii) creating a child-friendly environment in multidisciplinary meetings; iv) encouraging children's involvement in decision making in multidisciplinary meetings; and v) considering a child's evolving capacity during decision making in multidisciplinary meetings.

A CHILD AND YOUTH CARE CENTRE

Patel (2008) maintains that before 1994, South Africa was considered a country which did not deem the rights and welfare of children a priority. However, since the end of apartheid in 1994, South Africa has evolved drastically and various policies and pieces of legislation have been developed in order to address the inadequacies of the past, including the safeguarding of children. Despite the development of policies and legislation such as the White Paper on families in South Africa (Department of Social Development, 2013) and the Children's Act 38 of 2005 (RSA, 2005), many South African children continue to be confronted with obstacles on their path to adulthood (Jamieson, 2017; Lehohla, 2015). These obstacles include, but are not limited to, poverty, gangsterism, various forms of abuse such as sexual abuse, emotional abuse and physical abuse, violence, exploitation and the HIV and AIDS pandemic (UNICEF annual report, 2012). Children may experience these contextual challenges directly or be exposed to them within their families and communities. Due to the severe adverse conditions that may be encountered, children could be found to be in need of care and protection in terms of Section 150 of the Children's Act 38 of 2005 (RSA, 2005) and will then be placed in alternative care. One type of alternative care is that provided by child and youth care centres.

According to Chapter 13, Section 191 of the Children's Act 38 of 2005 (RSA, 2005), a child and youth care centre is a form of residential care that makes provision for more than six children and is registered with the Department of Social Development. Recreational, developmental and therapeutic programmes are offered at child and youth care centres in order to enhance the wellbeing of the children and to assist them to be reintegrated into their communities (Malatji & Dube, 2017; RSA, 2005). Freeman (2013) maintains that an important aspect of child and youth care is the fostering of relationships and creating therapeutic environments that encourage the engagement of children to promote their abilities. White (2007) highlights that the characteristics of child and youth care include: engaging with children respectfully; assisting children to experience valuable and therapeutic relationships with others; and supporting them to imagine hopeful futures for themselves. This emphasises the importance of building and maintaining relationships with children within the context of a child and youth care centre, especially with regard to providing them with a space to express their views and wishes in multidisciplinary meetings.

In child and youth care centres, three main role players are involved with children in multi-disciplinary meetings: the designated social worker, the residential social worker, and the child and youth care worker. The designated social worker is employed by a child protection organisation and is responsible for initiating the children's court inquiry for a child to be found in need of care and protection in terms of Section 150 of the Children's Act 38 of 2005 (RSA, 2005). Once found to be in need of care and protection by the court, a child may be placed into a child and youth care centre with a valid court order. At this point, the role of the designated social worker changes as (s)he works more closely with the child's family with the aim of family reunification. Once the child is placed at a child and youth care centre, the residential social worker becomes the case manager of the child in the centre, and the child and youth care worker works directly with the child on a daily basis (Jamieson, 2017; RSA, 2005).

MULTIDISCIPLINARY MEETINGS

On an international level the meetings which provide a platform for decisions to be made about the lives of children, particularly those who form part of high-risk families, include review meetings, child protection conferences and family group conferences (Campbell, 1997; Cashmore, 2002; Hall & Slembrouck, 2001; Vis, Holtan & Thomas, 2012). Within a South African context these meetings are referred to as family conferences, panel discussions, reviews and multidisciplinary meetings (Johannisen, 2014; RSA, 2005). For the purpose of this article and as per the Children's Act 38 of 2005 (RSA, 2005), the term multidisciplinary meetings is used to describe them.

The objective of multidisciplinary meetings is to allow for the progress of the child and the family to be reviewed regularly and to hold all parties involved in this process accountable in implementing the plans needed to ensure family reunification (Hall & Slembrouck, 2001; RSA, 2005). Multidisciplinary meetings therefore protect the wellbeing of children, promote stability and permanency in the child's life, and encourage appropriate contact between the child and their family and ensure that the decisions made in the child's life are transparent to all those involved (Thomas, 2011). The Children's Act 38 of 2005 (RSA, 2005) highlights the purpose of the multidisciplinary meetings in reviewing the child's individual development plan, care plan and permanency plan. Part of this review process includes reviewing the child's progress and determining whether the child's needs are still being met (Jamieson, 2017; Johannisen, 2014; Lehohla, 2015; RSA, 2005). However, multidisciplinary meetings also act as an institutional mechanism to encourage the participation of children with regard to the decisions that are being made in their lives (Johannisen, 2014; Johannisen *et al.*, 2019, RSA, 2005).

CHILDREN'S PARTICIPATION

Children's participation in the field of child protection is a complex process which has been researched in depth in order to ensure that their participation is promoted (Cele & Van der Burgt, 2015; Healy & Darlington, 2009; Johannisen 2014; Vis *et al.*, 2012; Viviers & Lombard, 2012). In recent years there has been an increase in research on children's participation, particularly in the field of child protection, due to a shift in adults' perceptions of children and the importance of children's rights (Cashmore, 2002; Cele & Van der Burgt, 2015; Johannisen, 2014; Vis *et al.*, 2012; Viviers & Lombard, 2012). Both Article 12 of the UNCRC (United Nations, 1989) and Section 10 of the Children's Act 38 of 2005 (RSA, 2005) confirm that all children have the right to participate in matters affecting them and that their views and wishes should be taken into consideration when making decisions about them.

Ponet (2011:9) describes children's participation as:

an ongoing process of children's expression and active involvement in decision-making at different levels in matters that concern them. It requires information-sharing and dialogue between children and adults, based on mutual respect, and full consideration of children's views in the light of their age and maturity.

Jamieson (2010) concurs that children's participation is aimed at supporting children in expressing their views and wishes on issues that directly affect them, and engaging adults to listen to and consider these views. The fact that children have the freedom to share their views and wishes means that these should be taken into consideration when decisions are being made. Whilst children have the right to participate in decision-making processes, they still rely on duty bearers (Jamieson, 2010) such as residential social workers and child and youth care workers (in the context of the article) to fulfil this right to participate.

Due to children not having the right to vote, many individuals assume that children do not have any political rights (Jamieson, 2010; Wall, 2014). However, children have various political rights (United Nations, 1989), which include:

the right to freedom of expression, the right to join or form a political party, the right to be part of political campaigns, the right to demonstrate and protest, and the right to participate in the development and implementation of laws and policies.

Despite children having these political rights, their impact on the meaningful participation of children in the different areas of their lives is limited in terms of actual implementation (Moses, 2008). The perceptions that adults have of children's competence or incompetence, their concerns about children's protection versus what is in their best interest, the processes and structures within organisations, as well as the knowledge and skills set of adults, all continue to support or hinder the meaningful participation of children. This raises questions about the meaningful participation of children in the broader child protection environment, the context of child and youth care centres, and even the institutional mechanism of multidisciplinary meetings and how children's participation in these meetings can be facilitated by residential social workers and child and youth care workers.

THEORETICAL FRAMEWORK

The theoretical framework of the study was informed by the theory of children's rights, a strengths perspective and Bronfenbrenner's bioecological perspective (Bronfenbrenner, 2005). This theoretical framework was utilised to develop a more nuanced understanding of the facilitation of children's participation in multidisciplinary meetings in a child and youth care centre. A single, one-sided perspective will have limitations by not taking into account the complexity of the concept and the process of children's participation.

Historically, social work has been a profession focused on the fulfilment of children's rights to be protected and receive the necessary provisions (Kosher, Ben-Arieh & Hendelsman, 2016). However, in recent years children's rights have developed to include their right to participate in all matters that affect them. Viewing children's participation from a rights-based perspective establishes the obligation rather than the choice to promote children's participation. This perspective, therefore, acknowledges the importance of children's rights and in particular children's right to participate in decisions made about their lives (Staller, 2011). Whilst legislation on both a national (RSA, 2005) and international level (United Nations, 1989) posits that children have the right to participate in all matters and decisions affecting them, this process requires a mindset change from those involved in assisting children to claim and fulfil these rights (Kosher *et al.*, 2016). One aspect that needs a change in mindset is the need to view children as being competent human beings who have strengths and abilities to be actively involved in the decisions made about their lives. It is therefore important for the adults involved in children's lives to acknowledge their strengths and their potential to develop in this process. A strengths perspective allows one to focus on the capacities and resources rather than the deficits and struggles (Early & GlenMaye, 2000) of children, residential social workers, and child and youth care workers in the facilitation of children's participation in multidisciplinary meetings. The third theoretical framework, Bronfenbrenner's bioecological perspective of human development (Palareti & Berti, 2009), encompasses both the rights-based perspective and the strengths perspective as it highlights the impact and influence of the environment on any individual. Using the bioecological perspective therefore assists in understanding children's participation as a process that may take place in various environments and relies on various factors and individuals.

RESEARCH METHODOLOGY

This section focuses on the research process and design, the research context and sampling, data collection and analysis, trustworthiness as well as ethical considerations.

Research design

A qualitative approach was utilised (Creswell & Creswell, 2018; Terre Blanche & Durrheim, 2006) to allow for open-ended inductive exploration (Terre Blanche, Kelly & Durrheim, 2006; Young, Varpio, Uijtdehaage & Paradis, 2020), which was underpinned and supported by a phenomenological descriptive design. Rich data regarding the experiences, perceptions and inputs of the various participants could therefore be collected.

Research context and sampling

The population for this article included children who have been placed in a child and youth care centre, residential social workers, and child and youth care workers working at child and youth care centres in the greater metropolitan area of Cape Town in South Africa. Residential social workers and child and youth care workers were included in the study as they are directly involved in facilitating children's participation in multidisciplinary meetings.

The sample was selected through purposive sampling techniques according to predetermined selection criteria (Babbie, 2014; Creswell & Creswell, 2018; Ritchie, Lewis, Nicholls & Ormston, 2014) which included: willingness to participate voluntarily; giving permission to be audio-recorded with a Dictaphone; English and/or Afrikaans language proficiency; residential social worker and child and youth care worker working at the relevant child and youth care centre for a minimum period of six months, children being placed at a relevant child and youth care centre for a minimum period of six months; and experience of being part of a multidisciplinary meeting at the centre. All children, residential social workers and child and youth care workers were proficient in either English or Afrikaans at all three child and youth care centres. In total, thirty-three participants were involved in this study, consisting of six residential social workers, twelve child and youth care workers, and fifteen children.

The following research question was formulated for this article: What guiding principles for the facilitation of children's participation in multidisciplinary meetings are derived from a synthesis of the findings of the literature study and the empirical investigation?

Data collection and analysis

The research was conducted in four phases during which data were collected from children, residential social workers, and child and youth care workers from three child and youth care centres in the Cape Peninsula, South Africa. The data were collected using individual semi-structured interviews, focus group interviews and a group discussion.

During the individual interviews the children were asked to explore and discuss their experiences of their participation in multidisciplinary meetings in a child and youth care centre. Focus groups and individual interviews (when there was only one residential social worker employed at the specific child and youth care centre) were then conducted to explore how residential social workers and child and youth care workers working at a child and youth care centre perceive children's participation in multidisciplinary meetings. In addition, the children, residential social workers, and child and youth care workers were asked for their input on the development of guiding principles for the facilitation of children's participation at child and youth care centres. Once the data were received from the children, residential social workers, and child and youth care workers, it was integrated with the relevant literature to develop guiding principles for the facilitation of children's participation in child and youth care centre meetings. After the preliminary guiding principles were identified and described, a group discussion was held with 4 residential social workers to obtain feedback for the finalisation of the five guiding principles.

An inductive approach (Young *et al.*, 2020) therefore allowed for the identification and description of the five guiding principles of children's participation in multidisciplinary meetings. This process entailed a synthesis between the findings of the literature study and the empirical investigation.

Data-collection strategies (Babbie, 2014; Creswell & Creswell, 2018; Greeff, 2011; May, 2011; Willig, 2008) for gathering data from participants included: individual semi-structured interviews with the children and two residential social workers; focus group interviews with one group of residential social workers and three groups of child and youth care workers; and one group discussion with the residential social workers. In total, 16 interviews, 4 focus groups and 1 group discussion were conducted with the participants. An interview schedule (Creswell & Creswell, 2018; Gray, 2009; May, 2011) was used for the interviews, while an interview guide was used for the focus groups. These guides were approved by both the HREC of North-West University and the Department of Social Development's Ethics Committee. The individual semi-structured interviews, focus groups and group discussion were audio-

recorded, with the consent of the participants as stipulated by Creswell and Creswell (2018). The audio recordings of the individual semi-structured interviews, focus groups and group discussion were then transcribed, followed by thematic data analysis as described by Braun and Clarke (2006). Data saturation (Creswell & Creswell, 2018; Marshall, Cardon, Poddar & Fontenot, 2013) occurred as similar themes were emerging in the data.

Ethical considerations

Approval for the study was received from the Ethics Committee at the North-West University (Ethics No: NWU-0126-14-A1). The Department of Social Development's Research Ethics Committee also approved the research project.

Informed consent and voluntary participation

Gatekeepers were utilised at each child and youth care centre to gain access to the various participants (Kalina & Scott, 2019). The gatekeepers were the managers of each child and youth care centre and permitted the research to take place at the centre. The gatekeepers then nominated mediators who played a role in recruiting the participants. The use of mediators minimised the risks of participants feeling pressured to participate in the study. They provided participants with both verbal and written information regarding the purpose of the research. Participation in the study was voluntary (Carpenter, 2018) and participants were able to withdraw from the study at any point.

Before data collection, the residential social workers and child and youth care workers were provided with consent forms and gave written consent to take part in the study. This process was facilitated by the mediator. Due to the children being in the care of a custodian at the child and youth care centre, written consent was firstly obtained from the manager of the child and youth care centre and then written consent was obtained from the children. Once again, the mediator facilitated this process.

Privacy, anonymity and confidentiality

To protect the privacy of the participants as well as the confidentiality of what was shared (Carpenter, 2018), the individual semi-structured interviews and focus groups were held in a private space.

Trustworthiness

Lincoln and Guba's model of trustworthiness was applied in this study, utilising the following four aspects: credibility, transferability, dependability and confirmability (Schurink, Fouché & De Vos, 2011). Credibility was ensured by conducting individual semi-structured interviews and focus groups with three groups of participants: children, residential social workers, and child and youth care workers from three child and youth care centres. In addition, transferability occurred through documenting a thorough description of the process, context and participants involved in the research. Dependability of the research was established by making sure that the research process was logical, well developed and evaluated. Lastly, confirmability was ensured by keeping all evidence of the verification that validates the findings and the analysis of data.

DISCUSSION

The five guiding principles are: i) preparation of children before the multidisciplinary meetings; ii) developing and maintaining relationships; iii) creating a child-friendly environment in multidisciplinary meetings; iv) encouraging children's involvement in decision making in multidisciplinary meetings; and v) taking into account a child's evolving capacity during decision making in multidisciplinary meetings.

Demographic profile of participants

The child and youth care workers at all three child and youth care centres formed part of focus groups for the collection of data. Furthermore, one focus group was conducted with residential social workers at one child and youth care centre. Therefore, the participant codes were not able to be individualised for these groups. A list of abbreviations used in the tables below is as follows:

RSW – Residential social worker

CYCW – Child and youth care worker

CP – Child

FG – Focus group

Table 1 indicates the biographical data of the residential social workers who formed part of the study.

TABLE 1
BIOGRAPHICAL DATA OF RESIDENTIAL SOCIAL WORKERS

Participant code	Child and youth care centre	Residential social workers
RSWFG1	Child and youth care centre 1	4 females
RSW2	Child and youth care centre 2	1 female
RSW3	Child and youth care centre 3	1 female

Table 2 indicates the biographical data of the child and youth care workers who formed part of the study.

TABLE 2
BIOGRAPHICAL DATA OF CHILD AND YOUTH CARE WORKERS

Participant code	Child and youth care centre	Child & youth care workers
CYCWFG1	Child and youth care centre 1	4 females and 1 male
CYCWFG2	Child and youth care centre 2	2 females
CYCWFG3	Child and youth care centre 3	5 females

Table 3 indicates the biographical data of the children who formed part of the study.

TABLE 3
BIOGRAPHICAL DATA OF CHILDREN

Participant code	Gender	Age	Language
CP1	Female	17	English
CP2	Female	16	English
CP3	Female	13	Afrikaans
CP4	Female	13	English
CP5	Female	15	English
CP6	Female	15	Afrikaans
CP7	Male	14	Afrikaans/English
CP8	Female	15	Afrikaans
CP9	Female	15	English
CP10	Transgender female	15	Afrikaans
CP11	Female	16	Afrikaans
CP12	Female	15	English
CP13	Male	15	Afrikaans
CP14	Female	14	Afrikaans
CP15	Female	14	Afrikaans

The five guiding principles that were developed in this study will be discussed in the next section.

Guiding Principle 1: Preparation of children before multidisciplinary meetings

Residential social workers, child and youth care workers, as well as the children, recognised the significance of preparing children before multidisciplinary meetings. Preparation before the meetings has several facets. These include, but are not limited to, providing children with information; preparing children through explaining the structure of the multidisciplinary meeting; and providing children with the opportunity to express their views and wishes. Furthermore, preparing children provides them with the opportunity to prepare themselves emotionally for the meeting (Roesch-Marsh, Gillies & Green, 2017). Preparation may thus be linked directly to the enablement of children's participation by providing

an enabling environment, as well as mobilising internal and external resources and strengths to support children's participation in the multidisciplinary meeting.

Children in this study, as well as in a study conducted by Cossar *et al.* (2014) in the field of child protection, felt that preparation minimised the chances of anything unexpected being discussed in the multidisciplinary meetings, which in turn minimised stress and anxiety caused by not knowing what would be discussed. This is evident in the following comments from CP9 and CP1:

You don't really know what you're going to expect and you don't know what the aunties are going to ask you. This makes me feel scared.

It will help a lot and give me relief so that I don't have to stress because I am prepared.

This highlights the empowering and enabling dimension of preparing children for meaningful participation and the impact that a lack of preparation can have on children. Meaningful participation could lead to children taking ownership of the multidisciplinary meetings which may, in turn, have an impact on the power dynamics in such a meeting. Furthermore, this study found that providing children with information beforehand gave them time to formulate their views and wishes before the meeting, which in turn led to children feeling more confident to express themselves in the meetings. This is confirmed by RSWFG1 and CP10:

I think that they [children] are often reluctant and hesitant because it [multidisciplinary meeting] can be intimidating. So maybe children need to be prepared more as to what is going to happen, to become more comfortable in that kind of a setting.

I can come in prepared. I can be confident that my voice is going to be heard.

Once children feel that they have more power, they may be able to contribute and participate meaningfully in social dialogue. Archard and Schiveness (2009) reinforce that providing children with adequate information before the multidisciplinary meeting is vital in terms of ensuring that the children's views and wishes are authentic.

Preparation in terms of the structure of the meeting – how it would be facilitated and who would be present – was another important aspect that was identified. Children expressed a desire to be informed about who would be attending the meetings and to understand their role in the meeting. CP14 said:

My social worker discussed what is going to happen, and this is what we are going to talk about... then I felt like she actually cared, that she wasn't doing this because it was in her job description.

It is clear that children felt valued and respected if the adults made an effort to spend some extra time with them in preparation for the multidisciplinary meeting. The following comment from CP5 highlights her feeling when she is not prepared adequately before the multi-disciplinary meeting:

I felt disrespected as a human and as a child.

In addition, CP7 said that she would want to be given the choice of giving feedback first in the meeting. She felt that this opportunity was not given to her which sometimes led to her saying less in the meeting. CP14 said that often, once she had heard negative feedback from the other role-players in the meeting, she no longer wanted to share her views and wishes. This highlights not only the significance of adequate preparation prior to the multidisciplinary meeting but also of assisting children in how to manage their feelings associated with receiving negative feedback. It is not possible for residential social workers to prepare children for every eventuality and this emphasises the need for deeper emotional preparation. Furthermore, this type of preparation will provide social workers with the opportunity to develop a sense of courage within children to advocate for their wishes.

Guiding principle 2: Developing and maintaining relationships

A healthy attachment refers to a child feeling safe and secure in a relationship with another person (Bell, 2002; Children's Bureau, 2013). Healthy attachments are important in terms of a child's physical, emotional, mental and psychological development, and these features are developed through consistent, positive affection and emotional interactions. Obtaining a child's authentic views and wishes cannot be done by someone with whom the child has not had time to develop a trusting relationship (Archard & Schiveness, 2009; Cossar *et al.*, 2014). Archard and Schiveness (2009) maintain that children will only feel comfortable sharing their views and wishes once a relationship has been established with the specific adult. This is confirmed by CP1 in this study who said that she is:

...more comfortable speaking to the social worker and the child [and youth] care worker, if you have that bond.

CP7 and CP10 highlighted the significance of a positive relationship with their social worker and feeling supported and safe:

[the relationship with my residential social worker] sort of helps me in the family conference, because... it makes me happy to know that she is standing by me and that she is on my side.

If you have a good relationship with your social worker, you get to tell her everything and then she knows you inside out.

Whilst the number of sessions a social worker has with a child cannot be equated to the quality of the relationship between the social worker and child, it is important to note that relationships often take time to be developed and maintained. This means that it is usually necessary for the residential social worker to have several interviews with a child before the child will disclose his or her true feelings about their views and wishes as building relationships takes time (Smith, Taylor & Tapp, 2003). Numerous studies (Bell, 2002; Cossar *et al.*, 2014; Johannisen, 2014; Pert, Diaz & Thomas, 2014; Roesch-Marsh *et al.*, 2017) have indicated that positive relationships are essential in the facilitation of children's participation.

The literature highlights that meaningful relationships act as a mechanism for children's participation (Bell, 2002; Cossar *et al.*, 2014; Leeson, 2007). Bell (2002:3), states that meaningful relationships assist children to "assimilate information, make informed choices as to what their views are... (and) exercise their rights to participation and service".

She [child and youth care worker] is kind, she has patience because my parents are always fighting with the social worker, she is kind of trying to help the situation... it makes it kind of easier to know that she is trying to help the situation.

Children felt more comfortable in expressing their views and wishes to someone with whom they shared a "bond". This highlights the role of the residential social worker and child and youth care worker to establish meaningful relationships with children. This means spending time with the children, listening to them, providing emotional support and being actively involved in putting things in place to improve the quality of the children's lives (Leeson, 2007). The link between a child having a positive relationship with the social worker and feeling comfortable to share their views and wishes is highlighted by a comment from CP11 on the lack of a relationship with the social worker:

... it doesn't give me a chance to participate because she doesn't ask like ... how are you doing, or is school fine, or anything like that... she doesn't know me, we don't even talk ... I don't feel comfortable at all speaking in front of her, because I don't even know if I can trust her.

To build meaningful relationships, child participants identified the characteristics that residential social workers and child and youth care workers should have to enhance participation, for example, patience, good listening skills, the ability to engage and connect with a child, and kindness (Leeson, 2007; Thomas, 2005). In addition, children highlighted the role that the residential social worker plays in being an

advocate for them in getting their views and wishes heard and taken into consideration when decisions are being made.

Guiding principle 3: Creating a child-friendly environment

According to Archard and Schiveness (2009), children may be more willing to participate in matters that affect them if they are in an environment that is safe and child-friendly. When children feel comfortable and relaxed, it may be easier for them to express themselves. It was evident in this study that multidisciplinary meetings are held in a variety of venues, including conference rooms, housing units, the residential social worker's office and sometimes the designated social worker's office. Most of the residential social workers agreed that having the multidisciplinary meeting at the child and youth care centre was a better option as it was "more comfortable" and a "safer space" for the child. CP5 highlighted feeling safe and comfortable in a familiar space:

Yes, I actually feel very comfortable in her [the residential social worker's] office. It's because like when we used to come out of school and we would go there...

RSW2 referred to her experience of having the multidisciplinary meeting at the designated social worker's office in the community:

...we were all cramped up in that small little office, but that child had the guts to speak out. ... But it was in her community, it was her turf.

RSWFG1 shared her experience of where multidisciplinary meetings are held in the following comment:

...on a few occasions we've had panels at like the Child Welfare's office [child protection organisation] and it's been a total disaster, a total disaster! So I think, although it [the child and youth care centre] isn't a neutral environment, it is a supportive environment...but I think this is a safer space.

It is therefore evident that there cannot be a fixed rule as to where the multidisciplinary meetings should be held as it depends on the child and what makes him or her feel comfortable. This highlights the importance of including children in deciding where the multi-disciplinary meeting should be held.

The children, residential social workers and child and youth care workers all agreed that multidisciplinary meetings are quite formal and adult-focused. RSWFG1 explained the advantages and disadvantages of having the multi-disciplinary meeting in a formal boardroom:

And that has its positives and its negatives. The positives in terms of that a child then gets to know with time what they can expect. It is almost a bit of routine - they know this is how it is going to be, which if they know, it can create safety and stability. But it can also be negative if that specific structure... doesn't fit or meet that child's specific needs.

This is supported by CP8 who said:

Everyone's out of their comfort zone, very professional, I like the feel.

However, most of the children felt that the room should be less formal, with lots of colour, beanbags instead of a large table, and eats and drinks available for everyone. Many of the children and child and youth care workers highlighted the importance of having some snacks and juice on the table and said that this would create a more relaxed atmosphere. This was supported by RSW3 and CP3:

We want to get couches and coffee and biscuits and just make it a more child-friendly environment. Yes, and I think if the atmosphere is already more relaxed then it will encourage more participation of children in the decision making.

You [the social workers] can buy cold drink to make the people chill afterwards.

Another aspect in terms of creating a child-friendly environment is the language that is used. Children felt that too much social work terminology was used during the meetings and that difficult concepts were

not explained to them in child-friendly language. This resulted in children feeling inadequate and helpless. This was evident in the following descriptions by CP1 and CP5:

...that social work book [Children's Act 38 of 2005] and like sometimes she [residential social worker] would read from it, and then I would be like what is this woman saying?

To be honest, I felt stupid, because I should know these things.

Creegan, Henderson and King (2006) highlight that the lack of child-friendly language in multidisciplinary meetings hinders children's participation as they do not understand what is being said. This is supported by CP8:

[the language used] is too adult like... it makes me feel small. [Participation is therefore] more difficult because it makes me feel very small.

The use of simple and understandable language should therefore be encouraged and the social workers should avoid using social work terminology.

Guiding principle 4: Encouraging children's involvement in decision making in multidisciplinary meetings

Sinclair (2004) motivates that there has been an increase in the expectation to ensure children's participation in general and within the field of child protection in recent years. Article 12 of the UNCRC (United Nations, 1989) and Section 10 of the Children's Act 38 of 2005 (RSA, 2005) highlight that children who are capable of forming their views should be allowed to express their views and wishes. In this study children, child and youth care workers as well as the residential social workers all considered it imperative that children should be involved in the decisions made in multidisciplinary meetings. However, for most children in this study, this was not their experience. This is evident in the following comments from CP12 and CP7 respectively:

You can't say anything, my mouth is closed, it tastes like there is plastic or Prestik or Sellotape or glue on my lips.

And like when I'm at the meeting and then I'm like excuse me, then no one listens, they continue talking like my social worker did that a couple of times as well and I was thinking to myself isn't this about what me and my sister wants?

Even in some cases where children felt that they were given an opportunity to speak during multidisciplinary meetings, they felt that the adults did not listen to them or take their views and wishes into consideration:

I am asked one question and then they discuss further. (CP5)

Not being provided with the space and experience to be heard and listened to resulted in children feeling hurt and angry:

I am a human being, I'm a child, I am sixteen now, so it hurts when people don't listen to me. It is my life too you know. (CP7)

The study revealed that the number of persons present at the multidisciplinary meeting should be limited, as too many people present may hinder the participation of children. CP3 explained:

...it feels like there are fifty eyes on you. When there's mostly just ten or something. But like you feel like you're in a corner sometimes. I feel like sometimes I'm in a corner where people are just staring at me and expecting me to stand up on my own two feet at a young age.

This comment highlights how intimidating it can be for a child if too many people are present in the multidisciplinary meeting. Archard and Schiveness (2009) confirm that children's participation is unlikely to be facilitated if there are too many people present in the multidisciplinary meeting. In addition, children may not feel comfortable expressing their views and wishes in front of certain people. While

some residential social workers admitted to excluding children from part of a multidisciplinary meeting as they were concerned that the discussion might affect the child negatively, children felt that they have the right to be present in a multidisciplinary meeting about them. This is evident in the following statements from CP6 and CP8 respectively:

There was this one family conference where me and my sister had to wait outside. It feels like our thoughts aren't... it feels like our feelings don't count.

To me, it felt like we didn't exist because we were not present in the meeting. We couldn't go in to say okay this is what we've got a problem with and this is what's going on.

The current study showed that residential social workers and child and youth care workers understood the importance of children's participation and having their views taken into consideration. The following comments from CYCWFG1 and RSW3 confirm this:

They have a chance to express what they would like and what they would want to happen, so I do think in my opinion there is a huge improvement in children's participation.

I personally think they [children] are very involved.

However, it was also clear from the study that children expressed a contrary view and still feel that their voices are not being heard in the multidisciplinary meeting.

Both adults and children should be involved in making decisions about the lives of children, whilst also taking the child's best interests into account (Cossar *et al.*, 2014; Save the Children, 2019). This is confirmed by Article 3 of the UNCRC (United Nations, 1989) and Section 7 and 9 of the Children's Act 38 of 2005 (RSA, 2005), which highlights: "In all actions concerning children ... the best interests of the child shall be a primary consideration". This is both a priority and a concern for those working in the field of child protection (Archard & Schiveness, 2009). Social workers are thus under immense pressure to ensure the child's best interests and often fear that they may be blamed for not ensuring the safety of children. In this study RSWFG1 explained:

We are in a position where we have to make decisions, big decisions that might have really dire consequences for children.

The views and wishes of children may be "heard" in various ways, either directly or indirectly (Archard & Schiveness, 2009). Children may express themselves verbally, in written form, or through play. One child said that she wrote a letter that her residential social worker read out in the multidisciplinary meeting. Alternatively, children may indirectly express their views with assistance from a relevant adult such as their residential social worker who then acts as their "voice" in the meeting. While most residential social workers in the study admitted to sometimes acting as the "voice" of the child in the multidisciplinary meeting, RSWFG1 maintained:

...even though we [social workers] could have had sessions before the family conference with the child and the child clams up or I become the voice of the child, I am not the child, so it is still important that participation of whatever level is actually facilitated and encouraged.

Children in general, but especially younger children, can be encouraged to draw pictures as a means of expressing their views and wishes (Archard & Schiveness, 2009). Children in the study had a desire to be provided with choices and various options within the multidisciplinary meeting as this provided them with an element of control. CP8 became frustrated with the role-players who doubted her views and wishes because of her young age:

She's a child, she can't make her own decisions. And that's also what happened with me because I made my own decisions and my foster mom told me 'you're too young to make your own decisions'.

According to Archard and Schiveness (2009), if a child's views are not taken into consideration, the child must be informed about the reasons for this. Irrespective of the decision made, children should be

provided with feedback on how the decision was reached and how their views and wishes were taken into consideration.

Guiding principle 5: Considering a child's evolving capacity during decision making in multidisciplinary meetings

Both Section 10 of the Children's Act 38 of 2005 (RSA, 2005) and Article 12 of the UNCRC (United Nations, 1989) maintain that the age, maturity and stage of development of a child should be taken into consideration when allowing children to be part of the decisions made in their lives. Adults usually assume that children can form and articulate their views and consequently make their own choices, whilst the child's age and maturity must first be assessed. An assessment may be useful in determining the extent to which the role-players involved need to facilitate direction, guidance and support for children to feel prepared for meaningful participation. This emphasises the complexity involved in determining maturity and the evolving capacities of children. It is never possible to have a fixed understanding of children's evolving capacities – there are just too many contextual variables.

It is clearly stated in Section 10 of the Children's Act 38 of 2005 (RSA, 2005), as well as Articles 12 and 5 of the UNCRC (United Nations, 1989), that all children who can express their views and wishes should be provided with the opportunity to do so. This should also extend to young children and children with learning difficulties. The research conducted by Cossar *et al.* (2014) indicated that often younger children, or those with a learning disability, are not provided with the opportunity to participate. This is supported by a comment from CP4, who said she was denied having her views heard as she was told: "*You are only a child*". Furthermore, a child and youth care worker mentioned that one of the children she works with was also denied the opportunity to participate in a meaningful manner in his multidisciplinary meeting due to his learning disability. Article 5 of the UNCRC (United Nations, 1989) emphasises that state parties should respect the responsibilities and rights of duty bearers, in accordance with children's evolving capacities, to support, direct and guide children to exercise their human rights. This means that especially younger children and those with learning disabilities should be provided with appropriate support and guidance for their human rights to be respected.

Lansdown (2005) argues that a higher level of competency is needed when determining how much weight the child's views and wishes should carry. Sometimes adults and children need to take risks for children to discover their abilities. However, this should be done within the safety and security of a trusting relationship. CYCWFG2 confirmed this by saying:

You need to look at the abilities of a child.

CP5 also referred to age and maturity as being a factor that should be taken into consideration during participation in multidisciplinary meetings:

And if I make a decision, that's what I want in life. Because I am at that age where I can make my own decisions, and you always have a choice.

The following comment from CP7 illustrates the evolving capacities of children:

Now that I'm sixteen, I am way more talkative... because I guess I embraced the right of freedom of expression.

A further aspect that impacts on children's participation is the personal characteristics of children. The participants in the current study recognised the significant impact of children's personalities and temperaments on how they participate. This is evident from CYCWFG2 saying:

You get the outspoken one ... Then you get the quiet, withdrawn one that will still be afraid to say what is on their mind now.

Residential social workers and child and youth care workers in this study realised that each child is "unique" in terms of age, maturity and personality and for this reason different methods may be needed to obtain the views and wishes of different children. This was emphasised by CP6:

We are our own human beings and we are unique in our own way, so why can't we make our choices in our own unique way?

It is a human right for children to be able to participate in decisions that affect them and for this reason the role-players have the responsibility to tailor their approach according to the child's capacity and to provide them with the necessary support to participate in matters affecting them. This highlights the fact that residential social workers need to be skilled in operating within this complex tension-ridden field. This means that social workers need to be able to assess the specific needs of an individual child in a given situation and context, which in turn will determine which guiding principles would need to be prioritised. This will then provide the necessary guidance for the residential social worker to facilitate an enabling environment for children's meaningful participation.

CONCLUDING REMARKS

This article presented five guiding principles for the facilitation of children's participation in multidisciplinary meetings in child and youth care centres. These principles encourage an ongoing conversation about the various aspects considered important during the facilitation of children's participation. The guiding principles are inter-related and would be incomplete and fragmented without keeping their interconnectedness in mind. This seemed to be especially relevant in the context of alternative care, where the protection of children often receives priority. In the field of child protection, the role of residential social workers and child and youth care workers cannot be emphasised enough. This article showed that they each fulfil a key role in the realisation of children's participation. The article presented a view on how these key role players can facilitate the creation of an enabling environment for children to engage in meaningful participation. It can be concluded that in spaces of child protection the children can enjoy affirmation of their value, dignity and contribution as full human beings. In addition, it is possible that respect for children can be concretised in multidisciplinary meetings as an institutional mechanism for children's participation in child and youth care centres.

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