

## **Child-centred Care Planning**

### **A review of the literature by Ruth Sinclair**

#### **Introduction**

The purpose of this literature review is to identify the messages from existing research that can help inform the review of child-centred care planning currently being undertaken by the Northern Ireland Commissioner for Children and Young People (NICCY). The review draws on research literature mainly from England and Northern Ireland, but elsewhere if this is relevant. The literature reviewed is that which is available in the public domain. It is recognised that many local agencies also carry out small scale projects or reports on their services, including users views of services, but these are not often available to include in reviews such as this.

There are many aspects to child-centred care. The Blueprint Project<sup>1</sup> [VCC and NCB, 2004] includes the following within their definition of child-centred:

- Respecting and valuing children as individual people in their own right
- Respecting their rights under the United Nations Convention on the Rights of the Child (UNCRC)
- Seeing children as individuals each with their own interests and abilities
- Focusing on children's needs and interests, now and in the future
- Respecting children's competence and their ability to make decisions

One way in which this child-centeredness will be manifest within the care system is the extent and manner of children's involvement in decisions that relate to them and affect their care. This in turn is most often expressed as the way in which children participate in the care planning process. This is the focus of this review.

#### **Policy context**

There is now an extensive legislative or regulatory framework supporting children's involvement in care planning. Some of this relates to the United

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<sup>1</sup> The Blueprint project, set up by the Voice for the Child in Care (VCC) with NCB, began in October 2002 and was charged with creating a blueprint for a child-centred care system. The project listened to the views of over 400 young people aged 6 to 25 years, reviewed research and talked to policy makers, managers and practitioners. A range of very different publications were produced which are available from <http://www.vcc-uk.org/>.



Kingdom (UK) as a whole, some to England and Wales, some to England or Northern Ireland alone. However, even where a specific legislative requirement is confined to a particular jurisdiction, it is likely that its influence on practice will be felt more widely.

Undoubtedly within a UK context the most significant policy framework for developing children's participation across all aspects of their lives is the United Nations Convention on the Rights of the Child [UNCRC]. The Convention was passed by the United Nations (UN) in 1989 and ratified by the UK government in 1991. The UNCRC has many Articles covering all aspects of children's rights. These are most often grouped as rights to protection, to provision of services and to participation. Many of these Articles are highly relevant to child-centred care, but perhaps Articles 12 and 13 are most pertinent. These state that:

States parties shall ensure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (Article 12, UNCRC)

Particularly pertinent to children in public care and the care planning process, Article 12 continues:

For this purpose the child in particular shall be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law. (Article 12 UNCRC)

Article 13 of the UNCRC is especially relevant when we consider the needs of younger children in care or those with a disability.

The child shall have the right to freedom of expression: this right shall include the freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice. (Article 13, UNCRC)

Also of relevance to children in care in Northern Ireland, Article 14 promotes children's rights to 'freedom of thought, conscience and religion' and Article 30 notes children's right 'to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language' (Kelly and Sinclair, 2003).



Across the UK the UNCRC was very slow in making an impact, but in recent years this has changed and the UNCRC can now be seen to have given an enormous boost to children's participation in a wide range of decision-making situations, involving many agencies and covering a wide spectrum of issues (McNeish, Newman and Roberts, 2002).

Whether this optimism is to be found in Northern Ireland would seem to be more open to question. In reviewing the application of the UNCRC to children in Northern Ireland Kilkelly et al (2005) state that:

'The conclusion that Northern Ireland does not listen to its children or, worse, that it affords them only minimalist, tokenistic opportunities to participate and engage with adults is a theme which cuts across all the themes within the research'. (Kilkelly et al, 2005)

The changing climate on children's rights and participation is also well illustrated by the introduction of Children's Commissioners in each of the constituent parts of the UK. The Northern Ireland Children's Commissioner was appointed in 2003 and in England in 2005. While both will have a role in promoting the participation of all children, the Northern Ireland commissioner, unlike his English counterpart, also has a brief to take up individual cases, which may relate to children in care. Within England there is also the post of Children's Rights Director, within the Commission for Social Care Inspection (CSCI), which has an important influence on the child-centredness of services to children in public care.

Other UK-wide legislation which is relevant to care planning is the European Convention on Human Rights, incorporated into UK law by the Human Rights Act 1998, particularly in terms of the implementation of decisions made in respect of children and restrictions of their liberty [SSI and ETI, 2002].

## **Children in Care**

When we consider the policy context relating to children in public care it may be more appropriate to deal with Northern Ireland and England (and Wales) separately.

In England and Wales the involvement of children in care in decision-making has a much longer history than the passage of the UNCRC. The Children Act 1975 contained the requirement to: '*ascertain the wishes and feelings of the*



*child regarding decisions and to give due consideration to them, having regard to his age and understanding*’. This requirement was powerfully reinforced by the Children Act 1989 and the accompanying volumes of Guidance and Regulations, which introduced formal consultation processes in respect of children involved in court proceedings and who are looked after by a local authority.

Since the Children Act 1989 there has continued to be important changes which have influenced the policy agenda and often the legislative framework concerning the participation of children in care planning (Williams and McCann, 2006). These influences may have a more direct impact on the policy agenda in England, but they are also very relevant to thinking in Northern Ireland. They include:

- Continuing awareness and understanding of children’s rights, competences and role as consumers of services
- Better understanding of the nature and practice of participation
- Reinforcement of the principles of good Care Planning
- An emphasis on preventative work and children in need
- Continuing evidence of poor outcomes for children leaving care
- More interagency work and information sharing, post Climbie
- Concerns about accountability with respect of Court Care Plans

While the Children Act 1989 is still the principal source of statutory requirements regarding the involvement of children, other legislation has since been passed to reinforce or expand that of the original Act. For example, the Care Standards Act 2000 sets National Minimum Standards for children in residential care; the introduction of Guidance on both the Health and Education of Looked after Children (DH 2000, DH,2002a) and the requirement for separate, individual Health Plans and Personal Education Plans; Children (Leaving Care) Act 2000 which introduced Pathway Plans as a statutory requirement to actively involve young people in making plans for leaving and after care and the role of the Independent Reviewing Officers as set out in the Adoption and Children Act 2002.

The paperwork associated with care planning processes has also taken on a more formal status with government endorsement of the Common Assessment Framework and the Integrated Children’s System (DH, 2002b; DfES, 2005)



## **Northern Ireland**

Until the implementation of the Children (NI) Order 1995 there was no statutory requirement in Northern Ireland to develop care plans for children in care. Although the Boarding Out Regulations 1976 contained a statutory duty to review *'the health and well-being of every child who is boarded out by them in the light of reports written about him'*, this did not mention the involvement of children in the process.

The Children (NI) Order 1995, which was implemented in November 1996, follows very closely the content of the Children Act 1989 and is similarly supported by several volumes of Guidance. The Children Order and its associated Guidance requires that every looked after child should have a written Care Plan which is subject to review and there is a requirement [Reg 7(1)] upon all Trusts, when making decisions about looked after children to consult all parties, including children (SSI (NI), 2002).

Similarly, other important policy and legislative frameworks, first introduced in England, have been implemented subsequently in Northern Ireland with changes in detail rather than principle. For example, the looked after children (LAC) materials were tailored for Northern Ireland and introduced by the Health & Social Services Boards as a mandatory requirement in the commissioning of services for looked after children provided by the Trusts. Similarly the Children (Leaving Care) Act (Northern Ireland) 2002, which was implemented in 2005, was closely modelled on the English Act and had much to say about the participation of young people in all matters, especially in planning their care and after care. However the legislative changes in England to require advocacy services for children in care and to introduce Independent Reviewing Officers have not yet been introduced into Northern Ireland (Kilkelly et al, 2005).

On the plus side the Office of the First Minister and Deputy First Minister (OFMDFM) has published a draft Strategy for Children and Young People, *'Making it R WRLD 2'*, which sets out a far reaching and overarching 10 year strategy in respect of children in Northern Ireland. It is hoped that the final document will be released in 2006 (OFMDFM, 2004). The document sets both a clear strategy and a set of objectives in respect of children's participation which should be influential in creating the climate where children's participation is not only welcomed but expected.

All children and young people in Northern Ireland, according to age and maturity, will have the opportunity to participate effectively and



meaningfully as full, active and valued citizens in decisions affecting their lives. (OFMDFM, 2004, p 45)

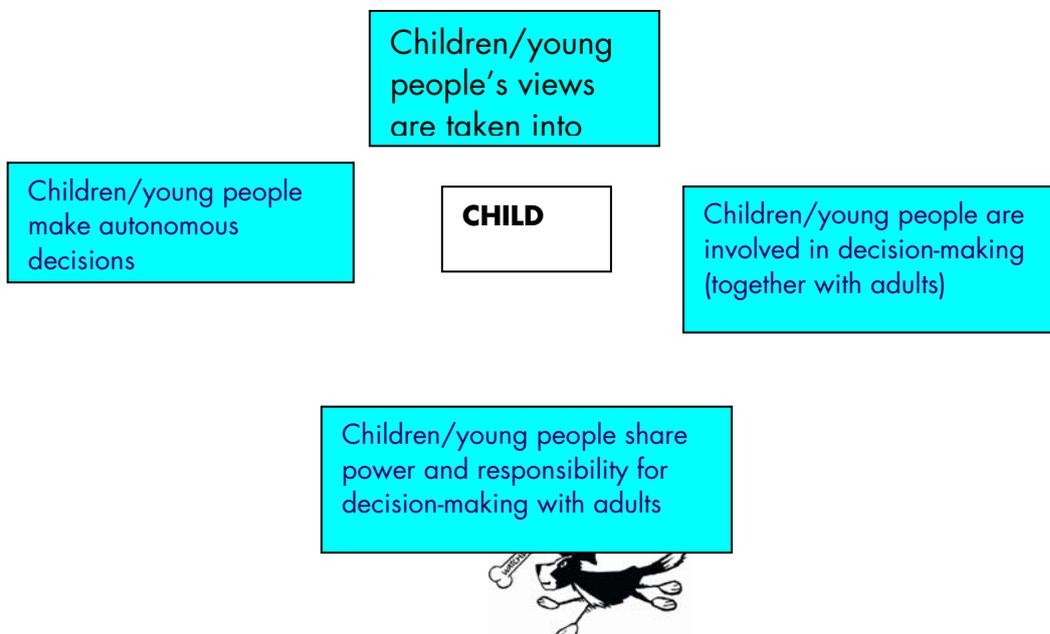
## The participation of children in care planning

Before looking further at the evidence around children's participation in the care planning process it is important to ask what is meant by 'participation' in this context.

There are many different interpretations of 'participation' (Boyden and Ennew, 1997). It can simply mean taking part, being present, being involved or being consulted. Alternatively it can involve a transfer of power so that the participants' views have a real influence on decisions – such that children will have a well founded belief that their participation will make a difference to the decisions that are made about them (Sinclair, 2004). While it may be felt that only the second part of the above definition is pertinent to child-centred care, the first may also have some place and be no less important or challenging, especially in respect of young children and those with disabilities and communication difficulties (Franklin and Sloper, 2005).

These different definitions of participation also contain within them different assumptions about levels of participation - in terms of the amount of power that adults are prepared to share with children. These have been depicted in many ways, including ladders (Hart, 1997) and walls (Thomas 2000), but one that illustrates that levels need not necessarily be hierarchical is that used by Kirby et al (2003).

### A model of levels of participation



Participation can therefore be viewed as a continuum along which the specific style and type of participation activity should be determined according to the situation and the circumstances of the participating children (Kirby et al, 2003; Sinclair, 2004).

Equally important as the nature of any specific participation activity, is the overall climate or organisational culture within which participation takes place. Moving from a very formulaic interpretation of children's involvement to something that is genuinely more child-centred is much easier within an organisation that actively promotes a participation culture – both among its staff and its users, including its young users (Kirby et al, 2003, VCC and NCB, 2004).

Participation should go beyond consultation and ensure that children and young people initiate action and make decisions in partnership with adults, for example, making decisions about their care and treatment or day to day decisions about their lives. (Department of Health 2002c)

The effect of the organisational culture on participation in practice can be seen in the manner in which children's participation in care planning has been applied. There may be a long history of statutory requirement for involving children in care in decisions that affect them, but as we shall see, until recently the evidence suggests this requirement was either ignored or carried out in a very perfunctory way that did not actively engage the child. In recent times the greatly changed climate regarding children's participation has also impacted on the overall culture of participation within social care and made the active participation of children more likely (Thomas, 2005).

Applying the principles of good child care planning within a culture of participation, it is clear that child-centred planning should mean the child is actively involved throughout. Just as we think of planning as being a process rather than an event, so too should we think of participation as a process. That would suggest that children's participation has to mean more than just attending a review meeting – important though that might be (Sinclair, 1998). Rather child-centred planning should mean that children should be involved in all stages of the process – from assessment, through planning and intervention and review – and each of these processes is carried out with the child at the centre - as depicted below from MY TURN TO TALK, a set of two different Guides to help children get involved in care planning: one for children of 11 years and younger and one for young people of 12 years and older (Lanyon and Sinclair, 2005a and 2005b).





Each of these stages are equally important to the whole process and each needs to involve children.

Good assessment is the foundation of effective care planning. Assessment needs to be based on salient information collated from a range of sources [including children and young people] and an objective analysis of this, so that informed decisions can be taken about how best to meet the assessed needs of the child and his/her family. (Reynolds, 2000, p.148)

However, as noted later, there is now growing evidence that children are rarely involved in all these stages.

In a major consultation exercise, undertaken by NCB in preparing the Guides MY TURN TO TALK, in asking children their views on their involvement in all these stages of the planning process it soon became apparent that they had very little knowledge or awareness of the planning process as a whole and only knew about reviews. As the authors concluded:

[While] children were happy and confident to talk about their reviews they often did not have a good understanding of other aspects of their care... such as assessment, planning and intervention. Personal Education Plans, Health Plans and Family Group Conferences were mentioned occasionally but very few other elements in the care planning process. (Lanyon and Sinclair, 2005c, p32)

If child-centred planning and children's participation is to be effective this also means that children are fully involved both before and after the process. That means several things:



- children need to be informed about any meeting or consultation - what is the purpose, who will be there, what will happen afterwards;
- they need to be fully de-briefed after any meeting or consultation - making sure they have a clear understanding of what decisions have been taken, including decisions that they have accepted responsibility for, and the implications of these;
- and that children get written records of any decisions taken.

Only in this way children can be empowered to follow up on decisions and make the decision-makers more accountable for ensuring things happen as planned and agreed (Sinclair, 1998; Thomas, 2001, Davies, 2003).

### **The extent of children's involvement in care planning**

When we review the evidence that is available on the involvement of children in care planning there is more systematic evidence of children's participation in review meetings than in the other elements of the planning process. This is not only true of research studies and local studies but also from the publication of performance indicators. This is partly because of the evolution in thinking about participation, from a position in which attendance at review meetings was often the first step in involving children, and partly because it is easier to measure attendance at meetings than, for example, the quality of engagement in a consultation process.

As the overview of the fourth year of implementation of the Quality Projects Programme in England concludes: 'The involvement of children is most often mentioned in relation to reviews rather than during assessment or care planning' (DH, 2003).

This was confirmed by a major study that evaluated the implementation of the Framework for the Assessment of Children in Need (Cleaver et al, 2004). The study concluded that while:

'Parental involvements in the process of assessment was shown to have increased substantially... social workers continue to experience difficulty in ensuring children and young people fully participate in decisions that are likely to affect them'. (Cleaver et al, 2004)

Similarly there is much evidence that many children are not directly involved in drawing up Care Plans. In 2003, a survey of the views of 706 children and young people in public care found that 65 per cent of the young people said they did not contribute to the writing of their Care Plan, although more



encouragingly over half indicated that they were happy with their plan, nonetheless (Timms and Thoburn, 2003, p.18-19).

Following an inspection of care planning of children looked after in Northern Ireland (SSI (NI), 1999) the inspectors found it difficult to assess the extent to which children had been involved in assessment or in developing care plans – largely because of the poor quality of case file recording. However from the more detailed case studies undertaken, they concluded that:

‘In the main children, parents and carers felt that their views were sought by social workers and that these were considered when decisions were made’. (SSI (NI), 1999)

Older young people are more likely know about their Care Plan and have it discussed with them – although this does not necessarily mean they were involved in the development of their care plan. A study of adolescence in substitute care in Northern Ireland found that almost all knew about the Plan and that this had been discussed with 89% of the young people (Milner and Sneddon, 2003)

However there is more evidence of children being involved through a process of consultation, prior to review meetings (see Children Act Now, a review of 24 major research studies funded by the Department of Health and published in 2001; Horgan and Sinclair, 1997). In this latter Northern Irish study 30 % of the young people were consulted prior to a review, often through a consultation form. However the young people interviewed reported real difficulty in completing the forms that were available to them at that time.

‘[Worker] usually hands me the form and I go into the room and fill it out. Sometimes I’d like help with what to say but I know I’m not the only child in care’. Horgan and Sinclair, 1997, p 58)

The evidence of consultation in practice shows a very mixed picture. Some authorities have developed very creative ways for children to give their views – including the use of computer packages such as Viewpoint or Care Zone ([www.carezone.info](http://www.carezone.info)) or packages like Speakeasy ([www.baaf.org.uk/res/pubs/books/cd\\_speakeasy.shtml](http://www.baaf.org.uk/res/pubs/books/cd_speakeasy.shtml)) where a child works with an adult to work out what is best for them. This is also apparent in Northern Ireland with many Trusts or Residential Units putting considerable effort into designing consultation forms for children many of which were made available to this review. We also find, in both England and Northern Ireland, considerable evidence of periodic consultations with looked after children,



which many of which focus on different aspects of the service, but usually have most to say about planning and reviews.

But there is also evidence that in some authorities practice around consultation leaves much to be desired. The report *Children Act Now* (2001) concludes from the studies it reviewed that if consultation is to be made more meaningful then:

The meaning of consultation with children needs clarifying

Children need as much information as possible to help them understand the realistic choices before them and their parents

Children benefit from being able to talk over their fears and being prepared for change

Children need to feel in control of events relating to separation  
(DH, 2001, p 88)

Very similar conclusions in respect of children's desire to talk over their fears and apprehensions were drawn from the inspection of adoption services in Northern Ireland. The inspectors noted the clear message from children that:

Social workers should be conscious of the often unexpressed thoughts and concerns of children and encourage children to express their hopes and fears for the future, even when adoption may not be the immediate plan. (SSI (NI), 2002, p 65)

Turning to the review meeting itself, there is now clear evidence from England and elsewhere in the UK that the number of children attending their statutory review has increased greatly since the introduction of the Children Act in 1991. Prior to that several research studies pointed to the very low level of involvement of children in any way, in any form of decision-making (DHSS, 1985).

But if we compare the picture presented by the review of major research studies in the Pink Book (DHSS, 1985) to the findings from those included in 'Children Act Now' (DH, 2001) then the change over time in terms of children's involvement is very clear.

There is clear evidence that there has been a substantial cultural shift to include children in planning and decision-making that affects their lives.



The voices of children are now heard in the planning process in a substantial number of cases. (Children Act Now (2001) p 141)

Looked at statistically, in the study by Grimshaw and Sinclair (1997) an average of 55% of children attended their review. The comparable figure in the study by Thomas and O’Kane (1999) of children aged 8 to 12 years, was 62%. The newly introduced PAF (Performance Assessment Framework) for Local Authorities in England asks them to record the proportion of children and young people, over 4 years of age, that are actively involved in planning their care. Latest figures suggest the average response rate is 79% (DfES, 2005).

## **Northern Ireland**

If we examine the evidence from Northern Ireland of young people’s involvement in reviews then we get a similar picture of change, but one which starts from a much lower base of involvement and of commitment to participation by managers and social workers.

Immediately prior to the implementation of the Children (NI) Order in 1995, NCB repeated their English study across Northern Ireland. This found overall attendance rates of 36.3%, with only 17.5% of children remaining in attendance for all of their review. These figures are obviously considerable lower than those pertaining in England.

In the Northern Ireland study children’s involvement in decisions also reflected the nature of the decisions taken. Horgan and Sinclair (1997) noted the extent of children’s involvement making decisions by recording this in respect of all 83 new decisions taken at the reviews they observed. They concluded that only in respect of 13 of the 83 new decisions could the child or young person be said to be an active participant.

Attendance at reviews was also dependent on placement, as shown below. In considering these figures it is important to remember that the sample, as in the care population, was very unequally divided between placements and that these figures will also reflect the different age composition of children in different placements.

<b>Placement type review</b>	<b>% attending all or part of their review</b>
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Foster (non-relatives)	
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	29
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Home on Trial	39
Foster (relatives)	41
Residential	57
Independent/Supported living	80

An Inspection of Fostering Services in Northern Ireland undertaken in 1997 also addressed the issue of care planning (SSI (NI), 1997). The inspectors expressed disappointment at the level of attendance of children at their reviews – one third never went, one third sometimes went and one third attended regularly. Even when children did attend it was usually only for part of the meeting rather than for all of the discussion.

Evidence from an Inspection of care planning within Secure Accommodation in Northern Ireland was relatively positive about the level of consultation with young people and their attendance at reviews – which regularly happened while the young people were in secure accommodation. The young people also report that they felt listened to at reviews and felt that their views were heard (SSI (NI) and ETI, 2002) .

## **Who is involved?**

Not all children are equally likely to attend their review or be involved. In particular research points to the lack of involvement of children with disabilities and those who are younger.

## **Children with Disabilities**

Evidence suggests that growth in the involvement of children in decision-making has been much slower in respect of children with disabilities (CDC, 2000, Robbins, 2001, Cavet and Sloper, 2004). A major survey undertaken by York University in 2003 found that fewer than a quarter (21%) of responding local authorities involved disabled children within decision-making processes; even where this was occurring there was little evidence that participation was fully embedded in everyday practice (Franklin and Sloper, 2005).

In reviewing the evidence on disabled young people's involvement in the transition process, Beresford concluded that many disabled children are not adequately involved in decisions concerning their transition and this is particularly true for young people with communication impairments (Beresford, 2004).



Morris (1998a,1998b), in a study of disabled children in residential care, found that where children had limited verbal language or were seen to have high levels of impairment that very little effort was made to find alternative methods of communications to ascertain the views of these children or to facilitate their participation. To some this is reinforced by the medical model of disability which locates the problem in the child rather than the practice of the agency (Beresford, 2002; Morris 1998b).

This poor practice continues despite the existence of many local policies that emphasise the importance of consulting all children and the evidence that shows clearly that disabled children themselves both value participation and hold views which they can express meaningfully in the right environment (Cavet and Sloper, 2004).

Very similar conclusions have been reported from researchers in Northern Ireland. This has been summarised as follows:

‘There has been little effort to include these [disabled] children in crucial decisions that affect their lives or services provided to meet their needs. This is particularly the case for children who have learning disabilities and those who do not use verbal communication (Kelly 2002). Monteith and Cousins (1999), Monteith and Sneddon (1999) and Monteith et al (2002) found that professionals were aware of the need to consult disabled children and young people but highlighted difficulties such as, dealing with conflicting views of parents and children. Likewise, Kelly (2002) discovered that social workers felt they did not possess the necessary skills or experience to communicate effectively with disabled children’. (Kelly and Monteith, 2003)

## **Variations in participation by age**

These average figures for attendance at reviews hide the very different attendance rates for children of different ages that were found in most studies. Studies point to the low rate of attendance of younger children, with perhaps age 9 years being the sort age at which attendance became more general and with very high rates of attendance of older teenagers.

Age was also important in terms of the sort of decisions that children were consulted about. For example younger children were rarely consulted about where and when meetings would take place; who would be present; what issues would be brought up; and were less likely to be given information about advocacy or complaints procedures and were less involved when larger



decisions were to be made (Thomas and O’Kane, 1999, Munro,2001). This was despite the finding that younger children had clear ideas on the kinds of decision that were important to them. Having a say in smaller everyday decisions was deemed to be just as valuable as the kinds of decisions made in planning and review meetings (Thomas 2000).

In the consultation carried out by NCB in 2005, nearly a third of younger children (11 years or younger) did not attend their review, often because they weren’t invited or encouraged to attend; in contrast only 5 % of those aged 12 or over did not attend. Further, of those who did attend a much smaller proportion of younger children (32%) said they felt able to express their opinions compared to the older group (60%) (Lanyon and Sinclair, 2005). The Northern Ireland study undertaken in 1994 shows a similar pattern regarding age and attendance to those in England.

<b>Age review</b>	<b>% attending all or part of their</b>
Under 4 years	0
4-9 years	27
10-15 years	47
16 years	50
17 years	67
All ages	36

## **Conclusion**

Despite several areas that still need to be developed further, the evidence from the literature suggests that overall there has been much change in the past decade in the policy and practices of local authorities or those responsible for providing services to looked after children. Thomas repeated again in 2004 the survey he undertook of childcare managers in 1997, asking them about policy and practice in children’s participation in decision-making. He concludes:

‘These findings do suggest that there has been a real change in how the whole issue of children’s participation is viewed....people are beginning to think more openly and boldly about children’s participation’. (Thomas, 2005, p 76)

There is less research evidence to date to indicate the extent to which this change is also apparent within practice in Northern Ireland.



## Children’s experience of involvement in Care Planning

However the real test of the child-centredness of planning processes is the way in which children experience their involvement. Has that also changed over time, or are the same findings being repeated in the growing number of studies which have been undertaken over the past ten or more years?

Grimshaw and Sinclair (1997) assessed the level of participation of children in their review meetings, drawing on a version of Hart’s ladder (1992), as modified by Thoburn, Shemmings and Lewis (1995).

<b>Level of participation in meetings</b>	<b>number</b>	<b>percentage</b>
Informed	1	3
Consulted	5	16
Involved	7	23
Participant	12	39
Partner	6	19

This suggests that when children did attend there was still only limited active involvement, with little indication that social workers or managers saw decision-making as something best done in partnership with those affected. Many young people saw the discussion at meetings as: ‘tedious, unnecessary and disengaging from their own interests and development’ (Grimshaw and Sinclair, 1997, p 165)

Thomas and O’Kane (1999) also use the model of participation derived by Thoburn et al (1995) and concluded that of the group of looked after children in their sample: ‘on a ladder of participation few achieve ‘partnership’ and many fail to get much beyond ‘manipulation’ ( Thomas and O’Kane, 1999, p229). Most children wished for increased levels of preparation and found the current review meeting format ‘boring, scary, frightening, horrible, upsetting, stressful, nerve-racking, intimidating, and embarrassing’ (Thomas and O’Kane, 1999, p227).

A similar sobering reflection of participation was provided by Utting (1997) in the Review of Safeguards for Children:



'Young people felt that they were not routinely listened to or involved in planning and decision-making. They were no positive comments made about the system of statutory reviews'. (Utting, 1997, p 76)

Research in Northern Ireland around this time also reported very similar conclusions. Horgan and Sinclair (1997) summarise the experience of children within their study as follows:

For most children and young people, attendance at reviews is either a boring irrelevance or a frustrating and disempowering experience. Participation is rare and there was no evidence of partnership even for those who are young adults. (Horgan and Sinclair, 1997, p 112)

Most recently, the Blueprint Project, in summarising the views expressed to them by young people, noted that the review meeting *'is still a process that many find alienating, uncomfortable, negative and boring'* (VCC and NCB, 2004). Another common comment made by young people is that reviews put them in the spotlight and focus on problems, rather than looking at the system as a whole.

The experience of disabled young people is even more acute, as reported by the Blueprint Project

For disabled children the alienation from the process is even more acute. They are rarely given any credit for competency and if they have communication needs, the review meeting may be the very worst setting you could choose for them to participate. The decision making forums for this group need a radical rethink. (VCC and NCB, 2004 p.51)

Perhaps what is most striking about these comments is their similarity. Despite the variations in the research samples, contexts and timing, all tell the same story. This would suggest that despite the many changes introduced in both England and Northern Ireland the experience of children and young people appears to have changed little.

However it should be noted that despite these negative experiences, when asked, most children report that they think reviews are worth attending – they see it as an opportunity to give their opinion, sort out any problems. And despite the many obstacles reported by many, some young people do feel they are listened to.

*'It's pretty laid back really. You can say what you want and they'll take it into consideration what you say'.*



*'I always get a say, because I will just starting talking anyway'.*

## **Causes of negative experiences**

So what is it about their involvement that makes the experience so negative for children and young people? There are several common themes that run through the whole range of research and consultation studies that report children's views. These can be summarised as:

- Lack of preparation
- Not able to talk freely
- Feeling Ignored
- Too many people
- Nothing happens
- Repetition, boring

Here we illustrate each of these by comments from children or young people, reported in the research studies already cited in this report, especially Horgan and Sinclair (1995), VCC and NCB (2004), Lanyon and Sinclair (2005a/b/c) and Williams and McCann (2006).

### **Lack of preparation**

*'If you are better prepared for the review then you'll come in confident, I mean we've heard about people just not being able to say what they can say. But if you're very well prepared for the review and you've got the confidence inside you, then you go to, the chances are you'll have more of a successful review' .*

### **Not able to talk freely**

*'You get really nervous to start with that's why you don't know what to say, you're worried about hurting your foster parents and the social workers, just so a lot of the time you lie'.*

*'At the end they would say, what do you think of that? But there's so many people there you just say 'yeah right', cos you just want out'.*



*'Reviews often talk about things that you do not want to talk about'.*

## **Feeling Ignored**

*'You never get told what's going on anyway, never mind about what decisions are being made. So I think you know, they just do it anyway'.*

## **Too many people**

*'It's mostly a waste of time because too many people get involved, like my parents, my school, social workers, and even the Connexion's people. I just think it's wrong. There are too many people getting to know about you'.*

*'There are too many people with some sort of investment in you at a review for you to be able to say what you really honestly feel'*

## **Nothing happens**

*'I feel that reviews don't work at all. I mean for the past three reviews I've raised the issue of contact with my brothers and I just get messed about. It's really upsetting me and nothing's been done at all'.*

*'Sometimes they listen but they don't put it into action. They might listen to you and say, oh we'll do this or we'll do that but sometimes they don't put it in action and that makes you just think they don't listen' .*

## **Repetition, boring**

*'Reviews are just long. I'd give anything a go to make them better and so people listened more to my ideas'.*

*'I've only been to one – kind of boring – too many people in the room and that makes me feel nervous'.*

## **Enhancing participation**

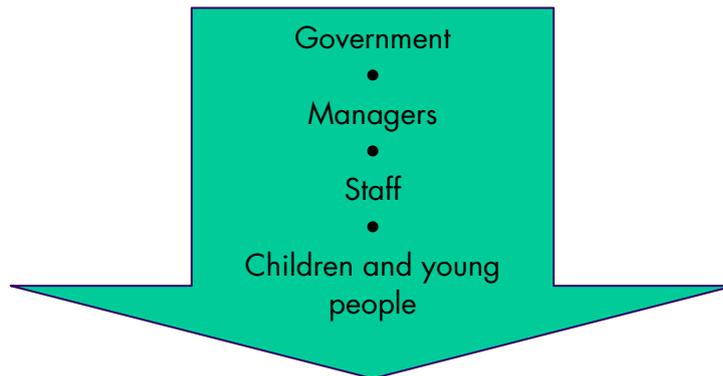
As has been noted, much of the research evidence on participation has focused on children's attendance at review meetings, and indeed that is the role that



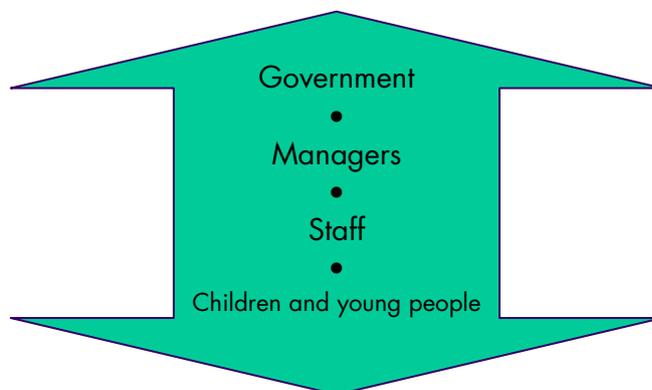
children themselves are most likely to speak about. However, many of these authors also emphasise that participation is about more than attendance at review meetings. Therefore in looking at what has been said about enhancing participation we shall look at both these elements, starting with wider aspects of participation and then focus on review meetings.

Meaningful participation is about developing positive relationships with children and young people in which we listen to them as part of our everyday practice'. (Kirby et al, 2003)

The model of care planning established by the Children Act 1989 and repeated in the Children (NI) Order 1995 has been described as an administrative model of planning, based on a regulatory strategy, where Regulation and Guidance were seen as the key mechanism for changing practice and improving outcomes for children (Grimshaw and Sinclair, 1997).



This does not have to be the case. The Blueprint Project propose that this model is changed so that all the lines of communication become two way – allowing for a genuine flow of information and exchange of views right through the care planning system.



Effective participation has often rested on the dedication, motivation and skill of particular individuals. But if participation is to become successful then it needs to become an integral part of the way in which organisations as a whole work and this will require a change in organisational culture (Kirby et al, 2003).

More specifically in relation to children's participation in care planning Thomas suggests that key elements of effective participation include the following:

- the *choice* the child has over their participation
- the *information* they have about the situation and their rights
- the *control* they have over the decision-making process
- the *voice* they have in any discussion
- the *support* they have in speaking up
- the degree of *autonomy* they have to make decisions independently

(Thomas, 2000, pp175-176)

Addressing each of these elements would help create a more participatory climate around the more formal planning processes and so facilitate a much more active degree of participation by children and young people.

When looking at those formal processes many of the studies included within this review include recommendations by children on how these can be improved to become more child friendly. These should be taken with some seriousness, given that they are coming from the real experts in the impact of participation.

Drawing on their interviews with children in care in Northern Ireland, Horgan and Sinclair (1995) summarise the recommendations suggested by young people for changes to practice as...

Young people should be:

- Encouraged to prepare their own report for the review;
- Helped to complete the consultation forms, focusing on issues which are on the agenda or likely to arise;
- Given copies of other reports a few days before the meeting;
- Consulted on where and when the review is held and who should attend;
- Introduced in advance to anyone attending the meeting;



- Attend all the meeting if they want to and be invited to give their views before any decisions are made;
- Addressed directly and their strengths and achievements focused on first to give some encouragement to consider the weaknesses or difficulties.

As part of the Blueprint Project, the team tested out several ideas with young people and professionals. These were produced as a series of sheets entitled TRY A DIFFERENT WAY. As one young person said about reviews *'Reviews are just so long. I'd give anything a go to make them better, so that people listened to my ideas'*.

Young people were also very aware of the need to try to make reviews a more individual experience, so they came up with the idea of a Menu – where the local authority could offer a range of ways for conducting the review and young people could decide what was best for them. Some of the options on the menu were:

- Creating an ongoing process of planning and reviewing with a chosen 'planning partner', an independent reviewing officer, who would maintain an overview in line with statutory requirements. This overview might involve a small meeting between the child and the reviewing officer and other adults chosen by the child
  - Children and young people being given the opportunity to design and distribute invitations for their meeting; deciding with the social worker on timing, venue, agenda and those in attendance. All staff and carers submitting reports (which are easily understood) well in advance and an adult (chosen by the young person) to meet and discuss the reports with the child
  - The child chairing their own review
  - Evaluating the review meeting or process with the child afterwards and making amendments for the next time'.
- (VCC with NCB 2004, 'Try a Different Way: Review menu')

When we examine all that children and young people have told us through recent research studies and inspections what can we say about what children want from their involvement in the care planning process? Drawing on recent work undertaken in NCB (see Williams and McCann, 2006) we can summarise this under the following headings:



- To be treated as an individual
- To develop relationships
- To feel included
- To be involved in all forms of decision-making
- To have a Review that fits their needs
- To have a voice in how services are developed

- **To be treated as an individual**

*'Try to work with us as individuals rather than as a whole'.*

Many children and young people see the planning process as very mechanical and routine – set forms, set times, set procedures. In such a system it is hard to get listened to or be treated with respect, as an individual. They would like to have more privacy in their dealings with staff and be able to talk to people who they can trust in confidence. They feel they are seen as part of the 'Public Care System' rather than individuals with specific needs. The options they are given seem to relate more to the services than to meeting their particular needs and aspirations.

- **To develop relationships**

*'There needs to be someone for every young person in care who they trust. This needs to be the same person throughout'.*

Many of the young people talked about the need to develop relationships with staff and carers, hopefully building to one of trust. They wanted the planning process to be more about talking to someone than filling in a form. When decisions were made, for example about placements or school, they wanted more thought to be given to ways of sustaining their relationships – with staff, carers, friends, family.

- **To feel included**

*'I feel that reviews do help, in a way, if you understand what is going on'.*

Most importantly young people talked about the need to understand what was going on and what was being said, otherwise they felt very excluded – it's as if 'you're not there'. One gave this example of an exchange



Me: *When can I go home?*  
Social worker: *When a risk assessment is completed.*  
Me: *I don't even know what a risk assessment is.*

Excluding children through inappropriate language is particularly acute for younger children or those with communication difficulties, where a range of different media may be appropriate. Triangle ([www.triangle-services.co.uk](http://www.triangle-services.co.uk)) is a specialist agency in supporting organisations in gathering the opinions of disabled young people or with communication limitations and can offer many creative suggestions for engaging with young people.

- **To be involved in all forms of decision-making**

*'It's better to know why something has been decided about you, whatever age you are. If you don't know it can be very confusing'.*

Young people talked of the need to be involved in all forms of decision-making – the little decisions as well and the major ones - *'To be able to eat between meals if you are hungry'* - so they feel they have some choice and control in their lives. They also wanted a gradual sharing of responsibility, with support when things go wrong. They also recognised that some times it is better if decisions are made for them – so long as they are involved and they are given an explanation for any decision that is made.

- **To have a Review that fits their needs**

*'Meetings would be better if they spoke to everyone individually. Then it wouldn't feel like everyone was ganging up on you'.*

*Instead of having a review meeting with everyone in one big room, a child could meet with just one person, like their social worker or the Independent Reviewing Officer to discuss what they want and to make decisions about their care'.*

Young people were very clear that they wanted meetings to be more personalised – to be arranged with their wishes and needs in mind. They wanted to be well prepared before hand by knowing the purpose of the meeting and what was going to be discussed. They wanted to be consulted about the time and place of any meeting and who was going to be there. Several wanted to be even more involved – helping to design and send out the invitations or even to chair their own meetings.



## **Advice from young people to young people**

As well as offering very good advice to professionals some children also had clear advice to offer to other children or young people. This was an important focus of the consultation by NCB, undertaken as background to preparing two Guides for children and young people - MY TURN TO TALK - to help them participate more fully in the care planning process (Lanyon and Sinclair, 2005a and 2005b).

- **Build a good relationship with an adult you trust**

*'Find someone you can talk to and tell them. If you don't, nothing will ever change!!!!'*

*'Be confident and don't be scared. Live for the future and not just for the day! Don't be scared to talk to people because you have got the rest of your life to lead and you can't live unhappily for the rest of your life, you have to do something about it. Talk to someone you know'.*

- **Contact another professional for help if you are unhappy with your care**

Children also said that if things were not going their way they should contact their social worker's manager, an advocate, their guardian, the complaint's officer, Voice of the Child in Care (now called Voice) or Children's Rights Officer and ask them to help them. They should also ask for information on their rights.

- **Be honest about how you feel when speaking out**

*'Don't be afraid to say what you want out loud. Because your say could change things for the better'.*

- **Keep calm and make your point in reviews**

*'Listen to whatever is said in your review and then have your say and let everyone either agree or disagree and if so argue your point until it gets through but don't overstep the line!'*

- **Always attend your review**



Attend your review meetings and call a review meeting if you think you need one.

*'You can say what you want and they'll take it into consideration what you say'.*

- **Behave yourself and don't cause trouble and you will soon go home.**

It also has to be reported that a few children thought the answer lay in their behaviour and their responsibility for that – *'just behave yourself, accept what is being said and then you will soon go home'.*

## **Summary**

This review of the literature indicates that some progress has been made in the past decade, in the practice of involving children and young people in planning their care. The policy frameworks are in place and supported by a more favourable climate with respect to children's participation.

However it is clear that much still has to be done if children and young people are to feel genuinely involved and correctly believe that they can influence the decisions that are made about them. There are many examples of good practice around that agencies can learn from and useful resources available for social services departments and for children and young people.

Participation in the care planning process is still largely seen as involvement or attendance at review meetings – and many more young people do now attend such meetings. But the evidence suggests that children and young people still experience these very negatively. But they also have many good suggestions



for how these occasions can be improved. Many of their ideas are modest, doable and creative – all are worth listening to, if agencies do want to enhance the quality of the participation of children in care planning.



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