

## **Executive Summary**

### **Introduction to the Review**

In late 2005/early 2006, NICCY undertook a Northern Ireland based review of children and young people's participation in care planning and reviews. The key objectives of this work were as follows:

- To complete a review of relevant research, policy and other key literature and documentation.
- To review relevant policy and practice across all eleven HSS Trusts involved in the provision of care to looked after children and young people (LAC), via circulation of self-audit questionnaires to each individual Trust.
- To engage in more detailed examination of practice in a sub-sample of Trusts.
- To ascertain the views of children and young people from both residential and non-kinship foster placements in an age-appropriate manner.
- To ascertain parents' and foster carers' perspectives on children's participation in care planning and reviews.
- To ascertain the views of relevant Trust staff; namely social workers, residential staff and LAC Chairs.
- To analyse findings and produce both a summary and child-friendly report.

### **The Process of Review**

There were three key data gathering stages within the review:

- Stage one consisted of the circulation of self audit questionnaires to all 11 HSS Trusts engaged in the provision of care to LAC. Ten Trusts completed and returned these questionnaires as requested.
- Stage two focused on the experiences of service users and providers within three particular Trusts.<sup>1</sup> Group specific questionnaires were circulated to birth parents, foster carers and residential staff, as well as to 5 to 11 year olds, 12

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<sup>1</sup> North & West Belfast Trust; Homefirst Trust and Newry & Mourne Trust.



to 15 year olds and 16 to 18 year olds in either residential or non-kinship foster care within the three Trusts.

- Stage three consisted of key stakeholder focus groups and individual interviews. These were facilitated with children and young people, foster carers, field social workers, residential staff and LAC Chairs.

## **Key Findings of the Review**

The key findings of NICCY's review are as follows:

- The current LAC system is not, in the opinion of both service users and many service providers, adequately addressing the Article 12 rights of children and young people to express their opinion and have this taken seriously (UNCRC).
- For many looked after children and young people in Northern Ireland, the experience of care planning is one that is far from ideal, both in terms of their own wishes, desires and needs and the recommended standards advocated by experts in the field.
- Whilst there has certainly been notable progress in recent years, children and young people do not yet feel they are active participants in their care planning. Many young people, particularly those of post-primary age, want to have a more active and meaningful role in decisions about their lives. They want to be active partners in, not passive recipients of, their care planning.
- Many birth parents, foster carers and Trust staff also recognise both the need for, and benefits of, increased participation amongst children and young people.
- Good practice does currently exist and this is to be commended. It is not however uniform across all Trusts, or indeed even within Trusts.
- The current review process is neither appropriate, nor effective, for many children and young people. It is too formal, inflexible and adult-centred.



- Reviews are not the only vehicle for participation. Alternative means of participation are not, in most cases, being sufficiently utilised or explored.
- Though there is a general commitment to the participative process on the part of most interested parties, children and young people's understanding of what participation entails is substantially different to that of most adult respondents.
- The inflexibility of the current system does not easily accommodate the effective realisation of a participative culture.
- Children and young people, together with those Trust staff working on the ground, have a multitude of suggestions as to how the system could be improved, ranging from a series of easily implemented practical recommendations to a complete shift in organisational culture. It is however difficult to feed these in to the current planning structures.

### **Recommended Action**

**It is NICCY's recommendation that the Department of Health, Social Services and Public Safety (DHSSPS) establish a time-bound, action-oriented Working Group to review current policy and practice in relation to care planning, with particular emphasis on the findings of this review.**



## **Chapter One: Background to the Review**

### **1.1 Introduction**

This report presents the key findings of NICCY's 2005/06 review of children and young people's participation in care planning and reviews. Chapter One introduces the reader to the rationale for, context of and process of the review. Chapter Two presents the key findings of the review, drawing on the written and verbal contributions of children and young people, their parents/carers and Trust staff. Chapter Three offers concluding comments and recommended action.

### **1.2 Rationale for the Review**

The principal aim of the Northern Ireland Commissioner for Children and Young People (NICCY) is that of safeguarding and promoting the rights and best interests of children and young people.

The voice of the child is central to both the ethos and work of NICCY. NICCY's founding legislation states that, in carrying out his functions, the Commissioner shall have regard to the ascertainable wishes and feelings of the child (Article 6, The Commissioner for Children and Young People (Northern Ireland) Order 2003). The legislation further states that the Commissioner shall have regard to the relevant provisions of the United Nations Convention on the Rights of the Child, Article 12 of which clearly states that children and young people have a right to have a say, and be listened to, in decisions which affect them.

Research into the state of children's rights within Northern Ireland (NI), carried out for NICCY by The Queen's University of Belfast in 2003/04 concluded that:

*Northern Ireland does not listen to children, or worse, it affords them only minimalist, tokenistic opportunities to participate and engage with adults...Not being heard, not being allowed to participate in decisions made about them and not being consulted about changes to their lives, big and small, is the single most important issue to children in Northern Ireland (Kilkelly et al 2004:xxi/xxii).*



This issue of participation is a particularly pertinent one for children and young people in care. Those who participated in the Queen's research reported frustration at not being involved in decisions about their lives; an assertion supported both by the findings of previous studies<sup>2</sup> and the accompanying comments of a number of workers in the field, who felt that "*children who enter the care system are often not consulted and are quite powerless*" (Kilkelly et al 2004:37).

When commenting last year on the care provided for children and young people by public authorities,<sup>3</sup> the UN Committee on the Rights of the Child also expressed concern at the continued marginalisation of children and young people within the care process and the continued absence of their voices in decisions affecting their lives. The Committee consequently recommended that increased effort be made by all relevant stakeholders to take into consideration the views of the child and facilitate their participation in all matters affecting them within the care process.

The continued theme of children and young people's inadequate participation in care planning raised by the UN Committee on the Rights of the Child and the Queen's research, together with complaints of a similar nature submitted to NICCY, prompted the undertaking and completion of this review; the aim of which is that of determining to what extent looked after children and young people are active participants in decisions about their lives.

### **1.3 Objectives of the Review**

The specific objectives of this review were as follows:

- To complete a review of relevant research, policy and other key literature and documentation.
- To review relevant policy and practice across all eleven HSS Trusts involved in the provision of care to LAC, via circulation of self-audit questionnaires to each individual Trust.
- To engage in more detailed examination of practice in a sub-sample of Trusts.

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<sup>2</sup> Horgan and Sinclair, 1997; Thomas, 2000; VCC and NCB, 2004; Lanyon and Sinclair, 2005c.

<sup>3</sup> Committee on the Rights of the Child 40<sup>th</sup> Session (16 Sept 2005) 'Day of General Discussion on Children without Parental Care'.



- To ascertain the views of children and young people from both residential and non-kinship foster placements, via age-appropriate engagement of the same.
- To ascertain parents' and foster carers' perspectives on children's participation in care planning and reviews.
- To ascertain the views of relevant Trust staff; namely social workers, residential staff and LAC Chairs.
- To analyse findings and produce both a summary and child-friendly report.

### **1.4 Policy Context**

"The Children Order is the principal statute governing the care, upbringing and protection of children in Northern Ireland...The Order (implemented in November 1996) reformed, and brought together, most of the 'public' and 'private' law relating to children in a single coherent statutory framework along the lines of the Children Act 1989 in England and Wales" ([www.dhsspsni.gov.uk/child-care-law-roughguide.pdf](http://www.dhsspsni.gov.uk/child-care-law-roughguide.pdf)).

The most pertinent aspect of the Children (NI) Order, as regards the participation of children and young people in care planning, is Part IX Article 26 (2) and 26 (3) which together place a duty on authorities to "as far as is reasonably practicable, ascertain the wishes and feelings of the child" and give these "due consideration, having regard to his age and understanding" when making decisions about his/her care.

This recognition of the need to both ascertain and consider children's wishes and feelings is also observable in other legislative frameworks governing the care of LAC, including that of the recently implemented Children (Leaving Care) Act (NI) 2002.

An explicit commitment to a participative child-centred culture is also apparent in many recent policy statements and strategic frameworks. The key aims of the Strategic Framework for Children, Young People and Families currently being drafted by the Department of Health, Social Services and Public Safety (DHSSPS), for example, make explicit reference to "engaging key stakeholders in an open, consultative and participatory process" and ensuring that "present and future policy development should be consistent with the UNCRC and Equality Agendas" ([www.dhssps.gov.uk/index/hss/child\\_care/child\\_care\\_strategic\\_frame work.htm](http://www.dhssps.gov.uk/index/hss/child_care/child_care_strategic_frame_work.htm)).



These moves towards a child-centred participative culture within the LAC field mirror developments within the wider policy field which, in recent years, has given increasing recognition to the importance of children's participation and rights. Illustrative of this culture change are developments such as the establishment of a Children's Commissioner, the drafting of the 'Making it R Wrld 2' strategy and the appointment of a Children's Minister, all of which help contribute to the effective implementation of the Articles enshrined within the UNCRC, as ratified by the UK Government fifteen years ago. As DHSSPS state:

*"Securing the best possible present as well as future for all our children and young people has been identified as a priority for all branches of government in Northern Ireland" ([www.dhsspsni.gov.uk/index/hss/child\\_care/child\\_care\\_strategic\\_framework.htm](http://www.dhsspsni.gov.uk/index/hss/child_care/child_care_strategic_framework.htm)).*

## **1.5 Literature Review**

The review of literature undertaken by Sinclair (2006),<sup>4</sup> on behalf of NICCY, indicates that some progress has been made in recent years as regards the practice of involving children and young people in care planning. Particularly significant are the apparent shift in culture regarding children's status and rights and the development of an appropriate policy framework to support their increasing participation in decision-making about their lives.

It is however clear that there is still much to be done if children and young people are to feel genuinely involved in, and correctly believe that they can influence, the decisions that are made about them. This is particularly true of disabled children and young people and those of primary school age (Thomas and O'Kane, 1999; Munro, 2001; Robbins, 2001; Lanyon and Sinclair, 2005c). There are many examples of good practice within the literature that could be effectively utilised by HSS Trusts in order to improve the experiences of these, and other, children and young people in their care (for example, Horgan and Sinclair, 1997; Thomas, 2000; VCC and NCB, 2004; Williams and McCann, 2006).

A review of the literature reveals that participation in the care planning process is still, in many quarters, viewed in terms of involvement or attendance at reviews.

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<sup>4</sup> A full copy of the literature review is available in the Research Section of NICCY's website ([www.niccy.org](http://www.niccy.org)).



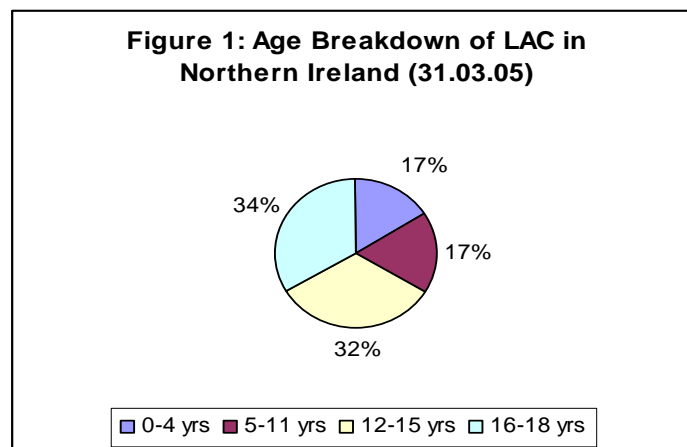
Good practice however, according to the literature, translates child-centred planning as meaningful involvement in all stages of care planning – from assessment, through planning and intervention, to review – with the child at the centre of all stages of the process (Lanyon and Sinclair, 2005a and 2005b).

Good practice, according to the literature, also recognises the existence of different styles and forms of participation, the most appropriate of which will be chosen based on the situation and circumstances of the participating children (Kirby et al, 2003; Sinclair, 2004).

The findings of the literature review also reveal that, when given the opportunity to contribute in a meaningful and appropriate manner, children and young people have both the capacity for, and ability to, input their views and suggestions into the planning process. Children and young people have many suggestions for how their experiences of the care planning process can be improved. The message that repeatedly emerges from existing work is that many of these ideas are modest, achievable and creative – and that all are worth listening to if agencies wish to enhance the participative nature of care planning (Horgan and Sinclair, 1997; VCC and NCB, 2004; Williams and McCann, 2006).

## **1.6 Looked After Children in Northern Ireland**

Statistics provided by individual HSS Trusts reveal that there were 2518 looked after children and young people in the care of NI Trusts on 31<sup>st</sup> March 2005. Figure 1 below reveals the age breakdown of these individuals.





According to Trust statistics, just over two-thirds (68%) of these 2518 individuals were residing in either residential or non-kinship foster care; the two placement types included in this review: 1445 were in non-kinship foster placements; 270 were in residential care.

## **1.7 The Process of Review**

### **1.7.1 Stage One**

The first stage of this review took the form of a self audit questionnaire, circulated in July 2005, to all eleven HSS Trusts involved in the provision of care to looked after children and young people.

This questionnaire asked Trusts to provide an overview of the children currently in their care, the policies and procedures governing their LAC work and the degree to which children and young people have been involved in the drafting of such policies. The questionnaire also asked Trusts to share the ways in which they ensure both age-appropriate communication with children and young people and active and informed participation in decisions about their lives.

Ten of the eleven Trusts completed and returned these questionnaires as requested. Four Trusts (one per board) were then initially selected, on the basis of pre-identified criteria, for inclusion in the second and third stages of the review:

- Newry and Mourne (SHSSB);
- North and West Belfast (EHSSB);
- Homefirst (NHSSB);
- Sperrin Lakeland (WHSSB).

Sperrin Lakeland Trust was subsequently excluded, early in Stage two, on the basis of an unexpected SSI Inspection of child protection and LAC procedures, leaving only three Trusts participating in the second and third stages of the review.

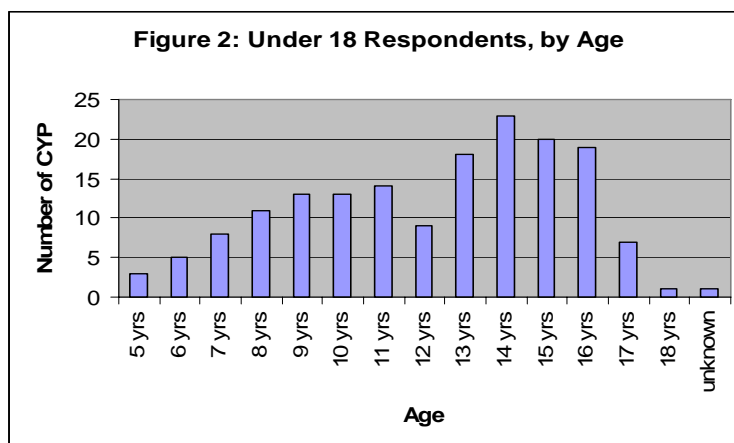
### **1.7.2 Stage Two**

Self completion questionnaires were circulated, via Trust staff, to looked after children and young people, their birth parents, their foster carers and residential



staff during Stage two of the review. This took place in September and October 2005.

Age-appropriate questionnaire packs (for 5-11 year olds; 12-15 year olds and 16-18 year olds) were sent in sealed envelopes to all LAC currently in non-kinship foster or residential care within all three Trusts. These children and young people were invited to complete a questionnaire and, if interested, nominate themselves to take part in a focus group.



Completed questionnaires were received from 165 children and young people who were aged 5 to 18 years (see Figure 2 above) and residing in either non-kinship foster or residential care across the three identified Trusts.<sup>5</sup>

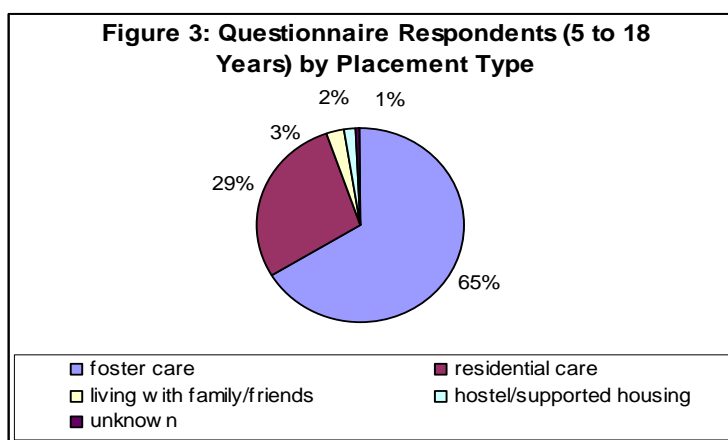
- 69 children completed a five to eleven year old questionnaire (42% of all under 18 respondents);
- 71 young people completed a twelve to fifteen year old questionnaire (43% of all under 18 respondents);
- 25 young people completed a sixteen to eighteen year old questionnaire (15% of all under 18 respondents).<sup>6</sup>

<sup>5</sup> Each of these individuals received £5 as thanks for their time and effort.

<sup>6</sup> Respondents to each of the three questionnaires were all from the target age group with the exception of one 12 year old and two 16 year olds who, having been sent a questionnaire for the preceding age group by their respective Trusts, completed these instead of the one designed for their age group. Given the different questions asked of each age group, these individuals will be categorised by the questionnaire they completed rather than their actual age for the purposes of subsequent analysis (i.e. the 12 year old will be included in the 5 to 11 year old analysis, whilst the two 16 year olds will be included in the 12 to 15 year old analysis).



- Taken together, these individuals represent 31% of the total 5 to 18 year population (527 individuals) in residential or non-kinship foster placements across the three Trusts.
- 55% of the 165 respondents were male; 45% were female.
- 44% were in the care of North and West Belfast Trust; 48% were in the care of Homefirst Trust; 8% were in the care of Newry and Mourne Trust.
- 66% were currently residing in a foster placement. A further 29% were in residential care; all these individuals were aged 9 years and above.



Questionnaires, and an accompanying invitation to take part in a focus group, were also sent to foster carers and residential staff. Birth parents also received a self-completion questionnaire. Completed questionnaires were received from:

- 70 foster carers (with a total of 109 children currently in their care);
- 87 birth parents (with a total of 169 children currently in care);
- 20 residential staff (caring for young people aged 8 to 18 years).

### 1.7.3 Stage Three

The third stage of this review took the form of focus groups and individual interviews, facilitated by NICCY staff and VOYPIC<sup>7</sup> peer researchers. These took place in early to mid February 2006.

<sup>7</sup> Voice of Young People in Care.



Groups were organised within each of the three Trust areas for 5 to 8 year olds, 9 to 11 year olds, 12 to 15 year olds, 16 to 18 year olds, foster carers, residential staff and field social workers. A session for LAC chairs from all three Trusts was also organised at NICCY.

Despite NICCY's efforts to encourage attendance, only 13 young people (aged 9 to 15 years) and 6 foster carers actually took part in focus groups or interviews.<sup>8</sup> Whilst the numbers of attendees was somewhat disappointing, the contribution of those who attended was not, with all participants proving to be very open to sharing their views and experiences. Whilst it would have been preferable to engage greater numbers in this way, NICCY have to accept that, for a variety of reasons, individuals chose, as was their right, not to attend these groups.

A total of 27 Trust Staff (9 residential staff, 14 field social workers and 4 LAC chairs) also participated in focus groups with their peers and NICCY staff.

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<sup>8</sup> As before, each young person received £5 in recompense for their time and insights.



## **Chapter Two: Key Findings**

### **2.1 Introduction**

Drawing on the contributions of all respondent groups, this chapter presents the key findings of the review. Four core themes are addressed within the chapter as regards the participation of children and young people in care planning and reviews. These are as follows:

- the principle of involvement and participation;
- the reality of involvement and participation;
- barriers to children and young people's participation in care planning;
- recommendations for the improved participation of children and young people in care planning and reviews.

### **2.2 The Principle of Involvement and Participation**

It is encouraging to note that there appears to be a general acceptance of the principle of children's involvement and participation across all respondent groups, with the majority of both child and adult review participants conceptually acknowledging the need for, and benefits of, this approach to care planning. For example:

- When asked in their questionnaires 'do you think children should be involved in decisions about their care', 100% of residential staff and 93% of foster carers answered 'yes'.
- When asked in their questionnaire 'do you feel your child should have a say in their care plan', 90% of birth parents answered 'yes'.

Children and young people were, as might be expected, particularly supportive of the principle of participation and involvement, with virtually all advocating the meaningful involvement of children and young people in both discussions and, when older, decision-making processes. When the specifics of this involvement were explored further in focus groups/interviews with this age group, the



emerging consensus was that children and young people's involvement in care planning should, as a general rule, start at an early age ("as soon as possible") and increase with age and understanding.

Many adults also felt that children and young people's involvement in care planning should commence at a relatively early age, as long as this is facilitated in an age-appropriate manner.<sup>9</sup> Others, however, felt that the relative immaturity and/or lack of comprehension of younger children may be sufficient reason to adopt a general position of postponing involvement to a later stage (ages cited by exponents of this position, as suitable for beginning to actively involve young people in the care planning process, ranged from 11 to 16 years).

Whilst there were variations in the detail, including the minimum age at which participation should be facilitated, most adult respondents adhered to the belief that decisions regarding the level of children and young people's participation in care planning should be based on the maturity and comprehension of the individual child, within a general framework of gradually increasing involvement with age:

*As a child/young person gets older they should become incrementally more involved in their care planning (residential staff).*

*Each individual child has different ability and maturity. (They should be involved) as soon as they can contribute with a level of insight to their plan of care (foster carer).*

*This is entirely contextual for each young person. It will be different depending on level of insight, maturity and comprehension of issues (residential staff).*

*The amount of choice a child has is very much dependent upon their age, stage of development, level of understanding etc. (LAC Chair).*

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<sup>9</sup> Half of the residential staff who completed questionnaires stated that children should become actively involved in their care planning "as soon as is reasonably possible"; 38% of foster carers felt they should become involved between the ages of 4 and 8.



Whilst, on first glance, the participative culture advocated by both children and young people and the adults tasked with their care may appear largely similar, further consideration reveals a key difference in how both groups envisage the reality of a participative LAC culture:

- Children and young people not only wanted to be consulted and informed about decisions regarding their care; they also wanted to have an active and meaningful role within the decision-making process when old/mature enough to do so (for most young people, this meant age 12/13 and above).
- Trust staff and foster carers, whilst generally supportive of the concept of involving children and young people in the care planning process via discussion and feedback, expressed a notable degree of reluctance as regards the sharing of decision-making power with young people. The key reasons cited in explanation of this position were (a) young people's lack of self awareness and/or maturity; (b) reluctance to burden young people with the responsibility of decision-making and (c) the dangers of giving young people too much power:

*Children should always have their say. However this should not be confused with power. If children are given too much power and choice they can feel disheartened and distressed when they realize that they don't have the power and authority to decide things. Children not in care do not have this power and choice (LAC Chair).*

*Many young people can learn to 'work the system'. There are too many choices and inputs on the wrong things (field social worker).*

*The child should not be left with the responsibility and stress of making decisions about their care – it is up to the social worker and Chair to ensure the child does not feel responsibility for decisions and therefore subsequent guilt (field social worker).*

*You need to be cautious, especially with young people, as adults are the ones making the decisions. You don't want to raise expectations unrealistically – you can listen but cannot always give what the child wants, especially in the early stages because most children's wish is to return home which isn't always realistic (field social worker).*



*I don't think children, especially those that have been placed in foster care, really know or want what's best for them under the age of 18. They are very mixed up and unsure about their future (foster carer).*

*Being a good parent is what social work is all about. However, procedures are abusive to children. They let children have what they want and do not prepare children for the real world. Children are not bound by the same rules that they would experience in a family. The 'over listening' to children does not occur in ordinary families. We are doing them a disservice by over listening and by giving them too many choices. Children need to realise that sometimes life is tough and all you can do is carry on. Life is not perfect (LAC Chair).*

## **2.3 The Reality of Involvement and Participation**

Whilst the apparent widespread acceptance of the need for, and benefits of, a child-centred, individually tailored, participative approach to care planning is most welcome, the findings of this review suggest that there is still some way to go in translating this commitment into real and concrete difference in the lives of children and young people across NI.

Though there is certainly evidence of good intent, and indeed pockets of good practice where this intent has been translated into action, the contributions of participants within this review suggest that the LAC system, as a whole, is still far from child-centred in both culture and practice.

### **2.3.1 Young People's Experiences of Care Planning**

#### The Trust Perspective

Trusts, in their self-audit questionnaires, identified a number of different ways in which they currently address the statutory requirement to involve children and young people in decisions regarding their lives. Those common to all Trusts include:





With reference to the review process:

- Encouraging children and young people, where appropriate, to attend LAC reviews.
- Engaging in preparatory work with children and young people prior to their attendance at reviews, using age-appropriate contribution forms.
- Informing young people who will be present at their review and giving 'due consideration' to any objections they have regarding this.
- Eliciting, and subsequently representing, children and young people's views when they are not present at reviews.
- Providing feedback to children and young people on decisions made in their absence.

Also, more generally:

- Adopting a general principle of keeping children informed about decisions regarding their care.
- Ensuring each child has a dedicated social worker and, if in residential care, keyworker also.
- Ensuring access to statutory complaints procedures.
- Eliciting and, whenever resources allow, accommodating children and young people's views on placement preferences.

Particular examples of good practice cited by individual Trusts include:

At a strategic level:

- Involving children and young people's groups/representatives in the drafting of Trust or Unit specific policies and procedures.
- Conducting stakeholder workshops with children and young people.
- Training young people to act as mentors and representatives for LAC at 'planning fora'.
- The involvement of children and young people in pilot projects.
- Peer monitoring schemes.
- Partnership schemes with relevant voluntary sector organisations.
- Involving groups of children and young people in the drafting of LAC literature for their peers.
- Exploring IT based forms of consultation.
- Monitoring of statutory duties.



At a more personal level:

- Facilitating access to independent mentors/advocates such as VOYPIC.
- Using 'Person Centred Planning' with disabled LAC.
- Facilitating residents meetings in residential units.
- Exploring the use of alternative communication strategies with children with communication difficulties and those for whom English is not their first language.

When the issue of children and young people's current involvement in care planning was further explored with individual Trust staff in questionnaires and focus groups, two key themes emerged:

- A commitment to 'participation' and 'partnership' on the part of Trust staff, within their understanding of the same:

*From about 12 years on, we work in partnership with young people, giving them information and explaining why decisions are made, especially if these are contrary to the child's wishes (field social worker).*

- Whilst recognising the need for further development, a reasonably positive assessment of current practice:

*The Trust endeavours to mirror the activity of a good parent by allowing the young person increased responsibility for the decision-making in their lives as they grow towards adulthood (residential staff).*

### Service User's Perspectives

Service user's perspectives were, on the whole, less positive regarding children and young people's current experiences of participative care planning. Those groups that expressed greatest dissatisfaction with regards to this were birth parents and young people aged 12 and above:

- Although 90% of birth parents felt their child should have a say in decisions about their care, only 56% felt this was currently happening to any degree. 53% of parents said they were 'unhappy' with the level of say their child/children had in decisions about their lives.



- The majority of younger children, in the 5 to 11 year age band, appeared to feel sufficiently included in decisions about their lives, with 88% of questionnaire respondents stating that their social worker asked their opinion on 'things like where you want to live or where you want to go to school' and 96% feeling that their social worker listened to what they said.
- Young people aged 12 and above were generally less happy with their level of involvement in care planning, with 63% of 12 to 15 year olds and 70% of 16 to 18 year olds wanting to have more input into decisions about their lives.
- Though 78% of 12 to 15 year olds and 92% of 16 to 18 year olds felt they should be one of the key decision makers with reference to their care plan, only 33% and 48% respectively felt they currently were.
- The clear consensus amongst young people was that decision-making power rested either solely or primarily with social workers. Many residential social workers, birth parents and carers also supported this view. Field social workers, on the other hand, felt that decision-making power rested primarily with LAC Chairs.
- The areas in which young people feel they have most say are, according to their questionnaire responses, what they study/what job they do, what they spend their money on and how much they see friends. The areas they feel they have least say in are where they live, where they go to school, how much money they get and who their social worker/key worker is.
- 30% of 12 to 15 year olds and 28% of 16 to 18 year olds have a copy of their care plan. Table 1 below shows these, and other, children and young people's opinions of their plans:

Table 1: Opinion of Current Care Plan, by Age Band

	Happy	Ok	Unhappy	Don't Know
5 to 11 years	71.0%	26.1%	2.9%	0.0%
12 to 15 years	31.7%	50.0%	18.3%	0.0%
16 to 18 years	13.6%	68.2%	13.6%	4.5%

- Satisfaction levels appear to vary somewhat with age, with a notable change in attitude between primary and post primary aged children.



- Satisfaction levels also appear to vary somewhat with placement type, with 59% of over 12's in foster care stating they are happy with their care plan compared to only 30% of their peers in residential care. A similar placement based pattern emerges as regards satisfaction with participation levels, with 75% of over 12's in residential care expressing a desire for more say in decisions about their lives, compared to 52% of their peers in foster care.
- There appears to be a disparity between children and young people's wishes and their current reality, with areas of particular dissatisfaction being those of lack of contact with family and friends and, in the case of older young people, lack of input to decision-making and lack of independence:

*I want to go home. I want to see my sisters and dad. I want more freedom – staying out later; overnight at friends (female, age 15).*

*I want to have more freedom in my life e.g. to have no social worker - don't have to ask about going on any school trips and don't have to ask about a friend sleeping over. I SHOULD ONLY HAVE TO ASK MY MUM AND DAD, NOT MY SOCIAL WORKER (female, age 15).*

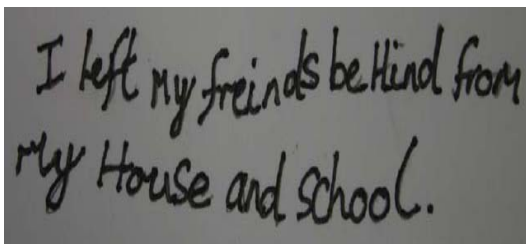


Figure 4: Pictures and Comments from Focus Groups with 5 to 11 Year Olds



- This disparity is also apparent as regards young people's experiences of the leaving care process: whilst 4 out of 9 individuals stated they were happy with their current plan, only 1 out of 9 individuals said they were happy with the level of input they have had into the process.
- Encouragingly, the majority of children and young people (93% of 5 to 11 year olds, 90% of 12 to 15 year olds and 91% of 16 to 18 year olds) stated that they had someone they could talk to if they were unhappy about something and/or wanted to change something about their care plan. For 5 to 11 year olds this tended to be foster carers or social workers (at statutory visits). For 12 to 18 year olds it was most often social workers, foster carers or residential staff, most of whom could be contacted at the young person's request.
- Less encouragingly, whilst 14% of 12 to 15 year olds and 18% of 16 to 18 year olds stated that it was easy to make changes to their care plan; 40% of 12 to 15 year olds and 27% of 16 to 18 year olds found the same task difficult.

### **2.3.2 Young People's Experiences of the Review Process**

Whilst attendance at reviews is by no means the only form of participation, or indeed any guarantee of the same, the centrality of reviews in the current LAC system demands that particular attention be paid to children and young people's experiences of this process:

- According to foster carers, 93% of the children in their care are having the statutory requirement of six monthly LAC reviews fulfilled, with 12% of children having a review every 1-3 months and 81% having a review every 4-6 months.
- Feedback from all respondent groups reveals a general pattern of increasing attendance with age, with very few under 11's attending their reviews and progressively increasing attendance amongst those aged 12 to 18 years.
- There appear to be higher rates of attendance amongst young people in residential care, with 78% of young people from this placement type attending their last review compared to 47% of their contemporaries in foster care. Young people in residential care also appear to receive more preparation for their reviews than their contemporaries in foster care.



- Recognising that participation need not necessarily take the form of attendance at reviews, field social workers commented that, on many occasions, children are not encouraged to attend their reviews, being directed instead to alternative forms of participation such as the submission of reports. Older children were, in the experience of these individuals, generally encouraged to attend their reviews but again this depended on a number of factors, namely the topics to be discussed, the age of the child and the level of their understanding. The approach followed by these social workers as regards young people's attendance at reviews, is perhaps best summed up in their own words:

*They're not for all children or all situations (field social worker).*

*Every child and every case is different (field social worker).*

- 12 to 15 year olds were notably more positive in their opinion of reviews than their older counterparts, as were those in foster placements compared to those in residential care.
- 22% of 12 to 15 year olds and 8% of 16 to 18 year olds thought LAC reviews were 'good'. At the other extreme, 19% of 12 to 15 year olds and 40% of 16 to 18 year olds thought they were 'a waste of time'. The remainder rated them as 'ok'.
- A greater proportion of those in foster care, as opposed to those in residential care, felt young people were both accommodated to speak at, and listened to in, their reviews. A greater proportion of those in foster care also felt that decisions made at reviews were successfully implemented.
- Issues that young people identified as corresponding with a positive experience of reviews are positive feedback, being involved in decisions, having things clearly explained and adequate preparation.
- Issues that young people identified as corresponding with a negative experience of reviews include the numbers of people present ("lots of people talk about me"), the timing of reviews (during school hours) and lack of relationship with those in attendance, including their social worker.



- 52% of the young people who attended their last review said they had been asked who they wanted to be there. Commenting on who did attend, 18% identified an attendee who they felt should not have been there, whilst 43% said they would have liked to have someone else present, who had not been there (one or more family members in all but one case).
- The general consensus amongst all respondent groups was that most young people, when present at reviews, had some degree of opportunity to contribute to the discussion.
- 90% of residential staff and 73% of foster carers felt that young people's views were listened to, and acted upon, at reviews.
- 92% of young people in foster care and 78% of those in residential care also felt that young people were, to some degree ('a lot' or 'a bit') able to share their views at LAC reviews. Similarly, 94% of young people from foster care and 83% of those from residential care also felt that adults listened, at least in part, to what young people had to say when they did have the chance to contribute to reviews.
- Whilst this is undoubtedly encouraging, the fact that 1 in 5 young people from residential care still do not feel that they or their peers have the chance to share their views at LAC reviews must not be overlooked. Nor indeed must the fact that one quarter of young people, who attended their last review, said they had not understood all the decisions made at the meeting nor subsequently had these adequately explained or the fact that only 3 out of the 42 young people who attended their last review said they were asked where they wanted the review to take place.
- 39% of 12 to 15 year olds stated that they had not attended their last review. The key reasons given for non-attendance by these 28 respondents were: not wanting to go (53%), not being asked to go (20%) and inappropriate timing of meetings (27%).
- 74% of those who did not attend their last review said someone had talked to them in advance of the meeting in order to find out what they wanted to happen in their absence. 68% reported a similar conversation after the review, in which someone provided feedback on what had been discussed





and/or what decisions had been made in their absence. 22.6% said they had been given a written report about what happened at the meeting.

## **2.4 Barriers to Children and Young People's Participation in Care Planning**

Whilst the conceptual promotion of the individually tailored participative approach previously outlined is certainly admirable, it would appear that its translation to reality is inherently problematic within the context of the current LAC system. Review participants identified a number of different reasons for this. These are as follows:

### **2.4.1 An Absence of Relationship**

The effective realisation of individually tailored, participative care planning processes is dependent, amongst other things, upon shared knowledge, communication and understanding. These can only be attained and maintained within the context of positive reciprocal relationships between looked after children and young people and those tasked with their care.

Particular barriers to the effective establishment and maintenance of such healthy communication and relationship, identified across all respondent groups within this review, include:

- Frequent changes in social work personnel:

*I've had three social workers...I would like to keep the same social worker all the time (female, age 10).*

*Children can have many different social workers and this can prove very difficult and disruptive for the child as they may have built up a relationship with a social worker and then have to start from scratch again with another. This is especially true with older children. Many issues may just have started to be addressed and the social worker moves on. The child then often will withdraw and will not open up to the new social worker (foster carer).*





*Social worker turnover is a big problem... We need to use creative ways to produce consistency... The (current) culture of social work does not value experience and expertise and there is very little incentive to stay within a particular post (field social worker).*

*It is hard for foster children to talk to strangers and with social workers not staying and constantly changing, children don't get to build up a relationship in order to feel confident to express what they feel and want (foster carer).*

- Placement insecurity amongst some LAC:

*When their social worker changes they are gutted. They have lost relationship and have to rebuild. The same issue applies in relation to residential unit changes (residential staff).*

- Caseload and administrative demands upon social workers and other Trust staff:

*Workload and caseload are major issues for social workers and LAC Chairs (LAC Chairs).*

*We would like to spend more time with each child but need to keep to strict timescales – our ability to do this is affected by the complexity of each case; time spent in court; amount of paperwork; frequency of reviews (field social worker).*

*Social workers have too many cases, too much paperwork to complete and too many competing demands (foster carer).*

- A lack of appropriate communication tools for eliciting the views of children and young people:

*There is a bigger need to use creative and innovative ways to involve children and young people, rather than simply using forms. The use of Viewpoint did try to achieve this as it was very visual and interactive. However there were problems with printing and outputs and in reality this was very similar to the hardcopy forms (field social worker).*



## 2.4.2 The Current Review Process

The general consensus amongst all respondent groups is that the current review process is both ineffective in, and inappropriate for, ensuring the meaningful participation of children and young people. Specific issues raised with regard to this particular barrier were:

- The structure, formality and adult-focused nature of reviews:

*LAC reviews are ridiculous, so intimidating. Who are they having it for? It can even be intimidating for the professionals (residential staff).*

*Meetings can be very formal and this is often off-putting for a parent or child (birth parent).*

*I think that LAC reviews are attended by too many people. If the child or adolescent is present...it is not a comfortable situation for them (If we put ourselves in their place for a minute). This also makes it more difficult for them to voice their views (foster carer).*

*The use of jargon is not fair for the child. Reviews can also have a tokenistic element to them. Language used at the LAC is one of the biggest barriers for children and young people and can impede upon their confidence to speak out. Parents can also feel isolated because of the jargon used and this creates tensions within the LAC...It is often hard to simplify the language and to get the right balance between the use of simple language and being patronizing (field social worker).*

*There are too many professionals attending LACs, all of whom could write a report beforehand without having to physically be there. There are many people who get to have a say about what happens a child even though they are not aware of the full picture (foster carer).*

- The inappropriate timing, duration and location of reviews:

*Sometimes children may have to miss school to attend and this is due to the organisation of social services (LAC Chair).*



*A very important point is to try to identify a suitable time and date with the child. The venue may also be important. Some years ago I fostered a young girl. Initially she attended her LAC reviews. She complained that the setting at the office was much too formal. Management and staff were aware of this. Today it's exactly the same room, conference table and chairs. This can be quite frightening, especially for younger children. Perhaps a more casual approach would be good (foster carer).*

*Some location set ups can be very formal and sterile. However logistically, the number of reviews that are held do not allow reviews to be held in more suitable places (LAC Chair).*

*There is a stigma associated with going to a social services office, but it is very hard to arrange another location: it is time consuming and uses a lot of resources (LAC Chair).*

*Meetings can be up to 3 hours long (field social worker).*

- The personal, and often negative, focus of reviews:

*There can be difficult things said about the child or their parents and this can be hard for young people to listen to (residential staff).*

*The whole meeting is too intimidating or embarrassing to attend, especially when personal issues are being talked about (field social worker).*

*It is vital never to place a child in a position when they feel they are being attacked, by both professionals and birth/foster parents. Reviews tend to focus on the negative aspects of the child's life and not enough time is spent praising what the child has achieved. Unfortunately this is the nature of the job. It would be better to have a professional meeting and then a child's LAC (field social worker).*



- Inappropriate feedback and preparation tools:

*The forms are very antiquated. There is a real need for the forms to be reviewed and revised. There are plans in the Trust to do so and all the social workers would very much encourage this. There are only two different forms (one for young children, one for older) and it seems that these have been written 15-20 years ago (field social worker).*

*The form the young person gets before reviews is not so helpful. It doesn't change as you get older but stays the same from the age of 5 years to 17 years. It asks the same questions each time such as, do you know why you are in care? This seems pointless and can annoy the young person; they often fill it in with silly answers on purpose (foster carer).*

- The absence of an independent advocate for children and young people:

*There is a conflict of interest – the social worker is supposed to be for the child however you end up being the whole family's social worker. Once again it all comes down to the importance of relationship and this is related to how well the social worker can advocate for the child...Many social workers don't mind other people advocating for the child and realise that the foster carer has an important role of advocacy for the child (field social worker).*

*Sometimes the social workers feel that they are not the best people to speak on behalf of the child. They are after all employees of the Social Services and are constrained by the policy and procedures of the agency in which they work (field social worker).*

- Inability to accommodate children with additional or complex needs:

*The young person in my care has a severe learning disability. They don't have a say, the care plan is 'done to them'. They don't attend their reviews – it wouldn't be appropriate for them...However, sometimes I feel it would be good just to have the children there so that the professionals who don't work with them directly can see what the children are like (foster carer).*



- The absence of an Article 12 culture:

*Young people don't challenge who comes. They will ask whose there but not object. There's no culture of that (residential staff).*

*It is not actively promoted that they have a voice (foster carer).*

*Choices that children may want to make are only listened to if the social worker agrees with them. There is no consistent practice (foster carer).*

### **2.4.3 Other Professional Constraints**

Trust staff identified a number of other professional issues which also served to constrain their ability to effectively engage children and young people in care planning. The increasingly complex context of care planning was one of these. Particular issues identified within this were:

- the increasing involvement of the courts in individual cases;
- the co-existence of many different professionals and agencies (often with different agendas) in children's lives;
- the demands of child protection and 'duty to care';
- increasing bureaucratic demands and organisational constraints;
- the exploitation of a rights culture.

Lack of resources was another key constraint identified by Trust staff as curtailing their ability to implement a child-centred LAC system. Put simply, lack of resources means lack of choice:

*Young persons interests are paramount in most situations: resources, not attitudes, are the problem (field social worker).*

*Resources are the key thing. Inevitably this has led to moving people outside the area (travel to school etc.); splitting up siblings; inappropriate placements; 4-6 months waiting list for assessment; not enough suitable placements. This leads to disillusionment for the child – isolated from positive relationships, community; have bad experience of care system (field social worker).*



A general failure to share good practice between Boards, and to a lesser degree, within Boards was a further issue identified by Trust staff as curtailing their ability to realise the effective participation of children and young people in care planning. Whilst a few small scale initiatives were identified, for example regular meetings between LAC Chairs in one Board, many Trust staff stated that they had little opportunity to learn of, and learn from, practice in other Boards or even in other Trusts within their Board.

The final, and perhaps most pertinent, professional constraint identified by Trust staff was that of resistance to change at management level. Trust staff expressed frustration at the 'one-way' nature of communication within the Boards and Trusts, drawing particular attention to management's reluctance to elicit, and take on board, the views and experiences of those working on the ground:

*Management are resistance to change and don't react well to positive criticism. They don't take part in research such as this, yet they are the ones who are able to make change...The social workers felt that this research would make no difference to what is happening. If you look back of the history of the LAC (from Children & Young Persons Act & Children's Order) there has been no opportunity for people on the ground to have an input and feedback. The management seem to not want to listen to what is happening on the ground and what needs change – for example changing the LAC forms (field social worker)*

Trust staff had many experientially based ideas for improving the system in terms of both effectiveness and child-centredness. They did not, however, feel they could implement these within the current bureaucratic system, nor indeed did they feel they had any means by which they could input these into future policy formation.

#### **2.4.4 The Involvement of Birth parents**

The complicating nature of parents' involvement in the LAC process was an issue primarily raised by foster carers, 37% of whom cited parental involvement as a barrier to children's effective participation in decision-making. Particular issues highlighted with regard to this were the existence of parental pressure on children, the child's false sense of commitment to and/or fear of offending their parent(s) and potential conflict between birth parents and foster carers:





*If their parents are at the reviews they can influence what the child has to say, sometimes the children would be afraid to offend parents by saying how they feel about issues (foster carer)*

*The rights of birth parents and foster carers are put before the rights of the child (foster carer).*

*Tension and conflict between birth parents and foster carers should be avoided in LAC reviews; it is not beneficial for the children (foster carer).*

## **2.4.5 The Individual Child**

Residential staff (85%) and foster carers (36%) both identified the ability, maturity and/or behaviour of the child as a key contributory factor to children's marginalisation or exclusion from decision-making. Interestingly, this issue was not identified by LAC chairs, field social workers nor children and young people themselves. The key issues identified by foster carers and residential staff were:

- Lack of confidence on the part of children and young people:

*Lack of confidence in the child stops them speaking out about what they want. Often they accept other people's decisions rather than create a fuss – they then have to live with the results (foster carer).*

- Inability to comprehend decisions and reasons for these.
- Emotional vulnerability.
- Communication difficulties.
- The complex needs of many children and young people:



*The children who are coming into foster care now are a lot more emotionally damaged than they were in the past because the children are being taken into care later and remaining too long in an upsetting/unstable family environment (foster carer).*

- Fear and anxiety:

*My child does not go to her reviews. She is scared of what the review might say and is afraid that something might be said and she would be embarrassed (foster carer).*

- Misguided or split loyalties.
- Unrealistic and inconsistent expectations:

*Young people can change their mind in the two week period between preparation work and the review. Sometimes the young person says something totally unreasonable and even things that don't make sense (residential staff).*

- Lack of interest:

*They are not interested unless it is something they want like clothes or a holiday (residential staff).*

*We would like them to take more interest in decisions about their lives (residential staff).*

- Manipulation of the system:

*Sometimes the young person knows how to play the system and this can cause problems making it difficult to get a balance (foster carer).*





## **2.5 Recommendations for the Improved Participation of Children and Young People in Care Planning and Reviews**

Many of the suggestions for improvement, made by review participants, relate to the deficiencies identified above. Perhaps unsurprisingly, given its centrality within the current system, the key area to which most (but not all) suggestions related is that of LAC reviews.

### **Seven key recommendations were offered as regards the improvement of the review process:**

#### **1. Make reviews less formal and more child friendly:**

*Meetings should be set up with the focus on making it as less daunting as possible (residential staff).*

*Should be somewhere less formal, not round a threatening big table in social services (residential staff).*

*An informal setting works better; it needs to be more casual. Its good being on home ground as they know their own territory (residential staff).*

#### **2. Revise preparation and feedback tools:**

*Preparation forms need to be improved – they are too simplistic and repetitive (residential staff).*

*These forms are not good. They don't flow. They were introduced ten years ago and there has been very little change (LAC Chair).*

*The concept of viewpoint (computer package) was good. Need different levels for different age groups (residential staff).*



**3. Ensure the social worker and, ideally, also the Chair have a preparatory meeting with the child prior to the review:**

*There is no point having a sit down meeting without adequate preparation beforehand (residential staff).*

*I would expect children/young people to know what's going on before the LAC starts – this is the responsibility of the social worker and the Chair (LAC Chair).*

*The young person needs to be as prepared as possible for it to be a success (residential staff).*

*There shouldn't be anything that is said at a LAC review that is new or surprising to the child. They should have heard it all before. Ensure that they know that they have a voice. Ensure that the young person is aware that they are the most important person attending the review (residential staff).*

**4. Involve children and young people in the choice of attendees, timing and location.**

**5. Ensure that an impartial advocate for the child is always present:**

*Every young person should formally have an advocate, an objective outsider. Key workers are Trust employees, therefore not independent (residential staff).*

*Often the foster carer will advocate for the child. The best person to speak for the child is the foster carer as they spend most time with the child and know them best. However what they say is often ignored. Also many foster carers have a number of children in the house and burn themselves out, thus leaving decision-making to the social worker. There is therefore a need for an independent advocate (foster carer).*

*We should make greater use of organisations like VOYPIC and NIACRO (residential staff).*



**6. Ensure reviews are responsive to the needs of the individual child.**

**7. Further explore the use of split reviews/part attendance and other good practice initiatives:**

*Some prefer to attend just part of their review – they can have split reviews or come and go as they please (residential staff).*

*Children have a choice who is there – some practically run their own review or they ask their keyworker to advocate on their behalf – we have a sign or signal if they need a timeout (residential staff).*

*Sometimes the Chairperson asks people to leave which makes children more comfortable...I think that should always happen, that professionals who don't need to be privy to all the information should leave after their contribution (residential staff).*

Whilst most of the suggestions made by foster carers and Trust staff related to children and young people's experiences of the review process, this was not exclusively the case.

**Three other key recommendations were also put forward, all of which promote the adoption of a more flexible, child-centred, participative framework:**

**8. Invest in reciprocal relationships with children and young people:**

*A good relationship with the social worker is very important for the young person and can make a great difference (foster carer).*

*Talk to the child. Explain what is happening. Take the child's view very seriously. Make sure the child is really happy (foster carer).*

*Always listen to what the child has to say and take on board what the child really wants out of life (foster carer).*



*More consideration should be given to children...often they are ignored (foster carer).*

## **9. Explore alternative means of engagement and develop individually tailored models of participation:**

*What works differs with each child – you need to be flexible (field social worker).*

*The variety of children coming into care is widespread. So I feel one set of rules dealing with and responding to each child would not always suit each child the same (foster carer).*

*Involvement does not necessarily mean attendance at reviews. The young person can participate through different means – written, advocate, guardian, social worker etc (LAC Chair).*

*Full LAC reviews are not needed for children in stable placements – it would be better to just have informal updates. Too much emphasis is placed on the importance of the LAC (field social worker).*

## **10. Invest in a fundamental restructuring of the whole LAC system:**

*There is a need to overhaul the entire system from the DHSSPS downward (LAC Chair).*

*Management need to tune in to what is happening on the ground in order to implement change and improve things for children and young people. In order to implement children's rights there is a need for policy makers to become involved (field social worker).*

The last of these three suggestions was strongly advocated by field social workers and LAC Chairs, both of whom felt that there was limited potential for real and significant change within the current bureaucratic top-down structure.



## **Chapter Three: Commentary and Recommended Action**

### **3.1 Concluding Comments**

NICCY has been most encouraged by the willingness to engage demonstrated by all respondent groups approached as part of this review and by the insightful and reflective contributions they offered to the process. We would like to thank all those whose contributions have served to increase our understanding of both the strengths and weaknesses of the current process and the need for, and means by which, we can achieve meaningful change.

Though the parameters of this review are somewhat limited in terms of scope and sample size, it is NICCY's belief that the consistency of messages emerging from both service users and service providers, and the similarity of this review's findings to those of previous projects, serve to validate the messages emerging from the review. These key messages are as follows:

- The current LAC system is not, in the opinion of both service users and many service providers, adequately addressing the Article 12 rights of children and young people.
- For many looked after children and young people in Northern Ireland, the experience of care planning is one that is far from ideal, both in terms of their own wishes, desires and needs and the recommended standards advocated by experts in the field.
- Whilst there has certainly been notable progress in recent years, children and young people do not yet feel they are active participants in their care planning. Many young people, particularly those of post-primary age, want to have a more active and meaningful role in decisions about their lives. They want to be active partners in, not passive recipients of, their care planning.
- Many birth parents, foster carers and Trust staff also recognise the need for, and benefits of, increased participation amongst children and young people.



- Good practice does currently exist and this is to be commended. This is not however uniform across all Trusts, or indeed even within Trusts.
- The current review process is neither appropriate, nor effective, for many young people. It is too formal, inflexible and adult-centred.
- Reviews are not the only vehicle for participation. Alternative means of participation are not, in most cases, being sufficiently utilised or explored.
- Though there is a general commitment to the participative process on the part of most interested parties, children and young people's understanding of what participation entails is substantially different to that of most adult respondents.
- The inflexibility of the current system does not easily accommodate the effective realisation of a participative culture.
- Children and young people, together with those Trust staff working on the ground, have a multitude of suggestions as to how the system could be improved, ranging from a series of easily implemented practical recommendations to a complete shift in organisational culture. It is however difficult to feed these in to the current planning structures.

### **3.2 Recommended Action**

**It is NICCY's recommendation that the Department of Health, Social Services and Public Safety establish a time-bound, action-oriented Working Group to review current policy and practice in relation to care planning, with particular emphasis on the findings of this review.**

**Both the recipients and providers of service have spoken clearly and firmly in this review: the current situation is neither adequate nor effective. NICCY urge the Department to give due weight and consideration to the views of these and other experts in the field when reviewing the current situation, most notably those of children and young people who are, or recently have been, in the care of HSS Trusts.**



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