

# *Seen but Not Heard?*

## *Children and Young People's Participation in Family Group Decision Making: Concepts and Practice Issues*

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*"This would be a better world for children  
if parents had to eat spinach"*

– Groucho Marx

### **Introduction**

Questions about children and young people's participation, or lack of it, in decision making have received increasing attention in child welfare activity in recent years (Coad & Lewis, 2004). Attitudes and beliefs about children's involvement, our understanding about their rights as citizens to have their say, and central dilemmas about the extent to which children might be autonomous individuals are under increasing scrutiny. Ideas about these highly

contested areas are invariably shaped by political, economic, cultural, legal, and social context. These wider forces have a profound effect on assumptions, expectations, and the "rules" that govern relationships between adults and children.

A key to understanding the relationship between adults and children is how adults think about the role of children in society. We may see children as naive and vulnerable subjects and the property of parents (and if not parents, the state), who should protect them in a benign and paternalistic way. Conversely, we may see children as people in their own right and citizens with their own choices, whose rights must be asserted or upheld. Many of us may find ourselves between these two ideological positions.

The classical discourse of *children's needs* versus *children's rights* is perhaps too simplistic and polemic. Indeed one may not be achieved without also attending to the other. Societies can give children the legal right to participate, but without removing some of the social, economic, and cultural barriers to children's involvement in decision making, this legal right may be worth little in day-to-day practice.

For adults working with children and young people, questions about children's rights and needs go straight to the heart of how we understand our relationship with them. Should these adults enable children to exercise their rights and choices, or do they feel ultimately important decisions about

children must be determined by adults around them? Whether we are child-care professionals or adult caregivers, practice will be shaped by our own values, experiences, and traditions. Who then should define the best outcomes for children? Would children describe these outcomes in the same way adults do? Do adults necessarily know what is best for children, especially when those same adults will not be the consumers of whatever decision is made? (Ryburn, 1991).

More recently, debates and tensions have also emerged focusing on the relationship between “troubled” and “troublesome” children. Specifically, national policies in the United Kingdom and other countries have increasingly criminalized some groups of children (Prior & Paris, 2005) with a commensurate reduction in rights, while attempting to address holistically the needs of other groups of children and young people with an emphasis on participatory practices (Edwards, Barnes, Plewis, & Morris, 2006). These current debates raise important questions for those engaged in promoting and developing children’s participation.

This article explores the rationale behind involving children and describes various types and levels of participation. It also identifies some of the barriers to children’s participation and considers whether family group decision making (FGDM) will successfully involve children or simply marginalize them like many other approaches. It concludes by examining how children might be at the center of decisions and what can be done to enhance their participation, because,

as the quote from Marx implies, children have been subject to what adults think is good for them for a long time.

### Children’s rights

The legal mandate for children’s participation in countries throughout the world has been criticized as weak and ineffectual (Freeman, 2000). While children’s involvement has started to occupy a position in case law and some professional procedures, children’s rights are rarely high on the political agenda. This situation may reflect children’s lack of economic power or absence of any right to vote. Governments can make

decisions over the lives and liberties of citizens who are children, about which those same citizens have no say.

A notable exception was the U.N. Convention on the Rights of the Child (UNICEF, 1989), which, as international

law, set out to assert the rights of children. Article 12.1 states:

“Parties shall assure 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.” (p. 4)

The U.N. Convention clearly places responsibility for the care of children with parents or legal guardians, but, to a degree, challenges traditional concepts of adult power, advancing the idea of children at least having a say (Dalrymple, 2002). This idea does assume, however, that adults and parents will promote the rights of young people to participate.

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The Convention requires that children have “freedom of expression, to seek, receive, and impart information and ideas” (UNICEF, 1989, article 13, p. 4) and demands that children have a “right to active participation in the community” (UNICEF, article 23, p. 7), although this does not extend as far as the right to vote. While the U.N. Convention sought to set an agenda on children’s rights, it provided no robust mechanism to ensure these rights were implemented or upheld by governments. This may be *the* central weakness of the Convention.

Western democracies have, in recent years, been widely influenced by a “new right” political ideology. This ideology has promulgated the denial of the link between poverty and inequality and its devastating impact on families and children in particular. Social inequality and its link to parenting problems and the impact on child health and development is profound (Preston, 2005). Poverty impacts children the hardest and is the biggest risk factor in children’s lives (Gulbenkian Foundation, 1995; Moore, 2000; Oppenheim & Harker, 1996), with its effects continuing to damage children’s health and well-being well into adulthood (Gregg, Harkness, & Machin, 1999).

“[Poverty is] inexorably correlated with premature delivery, post natal infant and childhood mortality, malnutrition and ill-health, childhood neglect, educational failure, truancy, delinquency, school age pregnancy and the birth of babies who are victims of premature delivery, post natal, infant and childhood mortality.” (Gulbenkian Foundation, 1995, p. 113)

The impact of inequality, racism, patriarchy, and poverty all have profound and life-changing or life-threatening effects on children. International law promoting children’s rights through a legal framework has limitations if it

is not backed up by wider social and economic policies that ensure the well-being of families and children. Children and young people growing up in poverty with limited access to health care, education, leisure activities, and housing are hardly achieving their “rights to active participation in the community” (UNICEF, 1989, article 23).

Fighting for children’s rights cannot be simply achieved through a legal framework that overlooks the economic, social, cultural, and political barriers to children’s involvement. As King and Trowell (1992) argue, ensuring children’s well-being requires much more than upholding their rights in law:

“To reduce the complexities to rights and their infringement may be the only way that the legal process can give the impression of dealing effectively with such conflicts. The suspicion remains however that the rights rhetoric is covering up vast areas of human experience which the law is ill equipped to tackle.” (p. 113)

### Levels and types of participation

There is little consensus, not only in social work, but also in other services working with children, such as education, health, or community services, about what children’s and young people’s participation should look like. Participation holds different meanings for different groups (Adams, 2003) and a lack of shared understanding and agreed definitions make it harder to put into practice.

A simple way to describe participation may include two levels:

- 1) *Individual*: Children are centrally involved in the referral, assessment, decision making, service delivery, review, and evaluation of the services that are delivered to them.

- 2) *Collective*: Children are involved collectively to have a wider impact on services or organizations. This involvement can include advocacy, lobbying, pressure groups, self-help or services, and the design of information, services, and policy. It can also include planning the use of resources and budgets, staff selection, training, quality assurance, supervision, inspection, research development, and evaluation.

Children's involvement may help them get what they want and need from services. The nature and type of services provided to children would be improved through their participation. Policy shaped by children and young people would likely be more relevant to children's needs and their involvement could make agencies and practitioners more open and accountable to children.

Attempts have been made to describe different levels of citizen participation in a hierarchy, such as Arnstein's ladder (1969). Recently, emerging practices in the United Kingdom have enabled new classifications to be developed, based on function or intended outcomes (see, for example, Shier, 2001; Spicer & Evans, 2006). This development is reflected internationally in the analysis of the impact of such frameworks as the U.N. Convention on the Rights of the Child (Lansdown, 2006).

A hierarchical structure or ladder of participation may not best describe the complex interplay of different factors that can work together to enhance or diminish children's involvement. It may be more useful to describe different *types* rather than different *levels* of participation. The following list of examples of different types of participation is not an exhaustive list but gives some idea of how participation may work in practice.

- *Informing*: Providing information in a way that is useful and enabling to children and young people.
- *Consulting*: Where there is a pre-set agenda defined by one of the parties involved (e.g., new policies, service reorganization), and children are asked their views and opinions.
- *Partnership*: A range of activities that involve and collaborate with partners and are characterized by respect for one another, rights to information, shared accountability, competence, and value accorded to each individual input. Each partner has something to contribute, decisions are made jointly, and goals are shared.
- *Delegating control*: Devolving the responsibility and power for decision making and the control of resources, services, and money.

These types of participation are not mutually exclusive; they interrelate and often rely on one another as overlapping requirements. For example, it is hard to make decisions unless you have good-quality information.

Receiving good-quality information is a recurring theme of studies into what children want from agencies or practitioners, but despite this, information provided by services is often inadequate to children's needs (Beecher, Cash, & Graham, 2001; Sinclair & Franklin, 2001). Ensuring good consultation processes take place is important, but the common complaint is that consultation does not lead to change (Morgan, 2005).

The growth of interest in involvement has demonstrated that professional practice aspires toward partnerships



with citizens, but the parameters of this are set by agencies and professionals:

“Emerging professional principles for partnership practice promote user choice without clarifying how professionally led consumerism empowers users, and argues that statutory mandates can form the basis for partnerships without addressing the criticism that this is not partnership but participation in a pre-set agenda.” (Braye & Preston-Shoot, 1995, p. 102)

The delegation of power to service users is even less common and often limited to narrow areas of influence. This reflects either unwillingness or difficulties professionals or agencies have in handing over the control of resources. The common concern is that delegated power to children will not be used wisely or efficiently because children lack knowledge and experience.

It is notable that the language to date has described children’s *participation* rather than partnerships with children or delegated power for children. This language is underpinned by assumptions that there should be limits on children’s control in any decision-making process. Indeed, it appears that the right level of children’s participation is nearly always determined by adults – professionals, organizations, and parents – rather than by the children themselves. There are complex and contested understandings of adult responsibilities, child responsibilities, and the function of participation. These debates are encouraging new and extended understandings to emerge (see for example the Children’s and Young People’s Participation Learning Network at <http://www.uwe.ac.uk/solar/ChildParticipationNetwork/Home.htm>), and the role of children in FGDM will further contribute to these developments.

## Barriers

Some of the prevailing practice ideologies in relation to children are similar to those constructed on “top-down” medical models of organizing care or treatment for people who are “vulnerable.” This paternalistic model is based on the assumption that adults know what is best for children, especially if those adults are trained professionals, and those children are classified as “at risk,” “dependent,” or even “dangerous.” These assumptions have the effect of undermining concepts of children’s strengths, abilities, and rights (Nixon, 2002). Running alongside these approaches are concepts of “risky children,” who present a threat to social cohesion and stability and generate punitive responses aimed at containment and rehabilitation into socially acceptable behaviors.

The power invested in professionals through legislation or organizations may lead them to believe they are expected to know what is best for others. This belief will shape their interventions and transactions with children. Children, by contrast, are cast as “dependent” or “troublesome,” which can lead to the objectification of children, rather than being seen as people in their own right.

While there is an increasing rhetoric within social work about listening to children, the paradox is that children’s social workers often fail to do this. Young people often say that social workers do not listen (Morgan, 2005, 2006). Social work organizations subscribe to the principle of listening to children, but a lack of time, resources, skill, or will results in adults making decisions for children.

Mainstream social work practice seeks to fit children into decision-making models that are designed for the participation of adults, in a format that is

physically and conceptually dominated by them. The increasing procedural regulation and managerial annexation of practice means that relationships between social workers and children are governed by factors beyond their control. Studies (e.g., Oliver, Knight, & Candappa, 2006) show the barriers to achieving good outcomes for children are an overreliance on bureaucratic procedures and professional resistance to children's participation.

There are still many stigmatizing and devaluing assumptions made that can restrict children's participation. The most marginalized of children experience particular barriers to using services and participating in their design and delivery. Responses to these children vary, and evidence suggests that generic strategies for engagement will fail to recognize the specific experiences and needs of these children (Lewis, Parsons, & Robertson, 2006; Morris & Barnes, in press). Disabled children, for example, may not be considered as able or "bona fide" participants because of negative assumptions about disability, or because of the inability of professionals to engage or work effectively with disabled children.

Research into traditional practice shows children are often bystanders with adults conducting business over their heads. Mittler (1992), for example, found that all the children she interviewed who had attended meetings had difficulty expressing their views, and Farnfield found in his study (1997) that children want "to feel their presence was acknowledged by the conference and their views had been put over without interpretation or distortion by the professionals" (p. 4).

Selwyn (1996) analyzed reports by social workers on children's placement wishes and found that none of them incorporated the children's actual words; their wishes were in the third person and detached from the child. Thoburn, Lewis, and Shemmings (1995) found children were trying to guess "right" answers to social workers' questions. Children coming into contact with social workers do not know the criteria social workers use to make decisions, or how they can influence them. They do know, however, that social workers have the power to fundamentally change their lives and, through the courts, even restrict their liberty.

### **Will FGDM improve children's participation?**

The development of FGDM grew from pressure to ensure families had a say about the care of their children.

Historically, courts and managers were in the habit of separating the needs of children and adult family members, particularly when there was a perceived conflict of interest between the two. By contrast, FGDM asserts the importance of the

connections between children's and their families' wishes and needs.

FGDM recognizes that the participation of a child is bound up with the participation of his or her family. The emphasis is on being child-focused and family-centered (Burford & Hudson, 2000). Collective decision making and shared responsibilities are emphasized rather than the voices of particular individuals. While these two goals may not necessarily lead to different outcomes, they do represent different positions on a conceptual continuum of

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children’s rights. At one point, children have a right to determine their own outcome individually; at another, families in their widest sense are given the right to make decisions with children. As such, FGDM has the potential to both enhance and diminish children’s voices, dependent on how children and adults work together.

**Contemporary practice**

Children’s participation in FGDM is still developing in theory and practice. Despite early concerns that the voice of children would be overwhelmed by the adult voices, the evidence to date suggests that children and young people do attend these meetings and can participate extensively once they are there (Crow, 2000; Lupton & Stevens, 1997; Merkel-Holguin, Nixon, & Burford, 2003). However, other studies such as Sieppert and Unrau (2003) found mixed evidence and that sometimes children’s perspectives and contributions were overlooked. Heino (2003) reported that children routinely remained “invisible” during the family group conference process while Rasmussen (2003) indicated that children and young people felt increasingly vulnerable.

The numbers of children attending family conferences vary significantly in different locations. An Internet survey on FGDM and related practices, involving 225 respondents from 17 different countries (Nixon, Burford, & Quinn, 2005), found that most agencies sought to ensure children’s participation, but for a significant minority (35%), it was more common for children to not attend their FGDM (see Table 1).

Notably, the survey showed that policy and procedure in the area of child involvement is mostly “invisible.” A distinct lack of strong organizational mandate was evident in many of the FGDM services. This void leads to varying practices driven by the interests and biases of different stakeholders and a reliance on the individual motivations and attitudes of managers, coordinators, and practitioners to involve children and young people. Family can have an influence on policy, but to a lesser extent.

In the FGDM literature, there is little discussion about whether children’s involvement should be driven by agencies, service providers, family members, or the children themselves. What the Internet survey showed is that

**Table 1**

How many of the conferences do children or young people attend? (N=225)		
	Count	Percentage of those who responded
<b>More than 75% of Conferences</b>	<b>90</b>	<b>47%</b>
<b>Between 50% and 74% of conferences</b>	<b>34</b>	<b>18%</b>
<b>Between 25% and 49% of conferences</b>	<b>35</b>	<b>18%</b>
<b>Less than 25% of conferences</b>	<b>32</b>	<b>17%</b>
<b>No response</b>	<b>34</b>	<b>-</b>



involving children in FGDM is routinely set by the agency or practitioner rather than the child (Nixon et al., 2005). In a number of cases, families were asked to decide about children’s participation but children themselves were rarely asked.

It appears that agency or practitioner control may restrict children’s participation in FGDM. For example, the Internet survey showed some agencies supporting children’s attendance but setting clear rules and expectations about how children should behave at the conference. The most common factor that influenced participation was the child’s age and “understanding.” It was widely reported that children over 12 years old would be invited to attend. This age restriction appeared somewhat arbitrary, varying in different parts of the world. There is no definitive research to support or accepted best practice to assume that children under 12 could not participate. Indeed, many children of different ages do attend their FGDM conferences.

Research suggests that coordinators tend to work with adults when deciding who should attend conferences (Beecher et al., 2001) and the main reasons for excluding children were adult fears about what children might hear or protecting children from emotional harm. These concerns about child safety in FGDM also were illuminated in the Internet survey, with respondents indicating children were not involved because they were seen as at risk in the process. In both sets of research, it was often not clear if children had been asked their views.

**Involving children in FGDM**

The remainder of this article considers how we might improve or change our practice to better facilitate children and young people’s involvement in FGDM.

Table 2 presents practice guidance points developed from a research review of the literature on working with children and young people.

**Table 2**

**Children’s participation – what helps?**

- **Give information**
- **Consult—have a continuous dialogue**
- **Prepare**
- **Take account of child’s agenda**
- **Consider child’s needs**
- **Facilitate independent support**
- **Treat children with respect**
- **Give feedback**

**(Sinclair & Franklin, 2001)**

*Sharing information and listening to children*

Good-quality information assists good decision making. Children need information to help them make choices, but studies suggest information is largely geared to adult needs (Beecher et al., 2001) and in social work, there are few clear methods of communication in place to consult children (Morgan, 2005).

In a U.K. study on children’s participation in FGDM, Beecher, Cash, and Graham (2001) examined 16 local authorities’ practice and found that most authorities had procedures for professionals and information leaflets for families, but made little or no reference to children’s participation. Only one authority had leaflets specifically for





children. Most of the information was written for an adult audience and depended on the skills of the coordinator to interpret these for the child (Beecher et al., 2001).

Direct work with children calls for flexible methods of communication, excellent listening skills, and imaginative ways of involving children in the process. These things require time. Getting children involved in FGDM requires skill and effort. Communication is vital, and the importance of language and listening cannot be overstated. Being open and honest with children will communicate respect and a willingness to get them genuinely involved. Caution should be exercised in raising unrealistic or false expectations of FGDM.

Practice standards developed by children should illuminate organizational expectations that staff spend time listening to and preparing children so they feel engaged and safe. Consultation with children in the United Kingdom highlighted that they felt that having a number of contacts with the coordinator prior to the meeting was an important or beneficial activity. As one child put it, “It would help me to understand about family group conferences if the coordinator made several short visits before the meeting” (child quoted in Clarkson & Frank, 2000).

### *Innovative ways to involve children*

Children could be more involved in setting the reasons for the conference and agreeing on the goals of the meeting. However, in most cases, the agenda is usually set by the professionals. Giving coordinators enough time to get children involved in and prepared for the FGDM is essential. With sufficient time and a range of strategies, coordinators can find out what children want from the conference and how they will best participate and have their say.

Children can also be empowered through innovation, using for example “spider-gram” charts (depicting family networks), giving children headings like “your wishes,” “your worries,” and “what’s most important” and asking them to fill in words or statements relating to those topics; involving them in drawing, role play, and drama; designing invitations; or using video for their conference. It is important to remember each child is unique, and starting with them and their needs acknowledges this. Practitioners should consider using specialist support or materials or involving family members to assist in preparation.

### *Using support people or advocates*

The use of family members as support people to help vulnerable family participants have their say in FGDM is now established practice in many countries. A number of communities in the United Kingdom have begun implementing the use of advocates as an alternative to family members serving as support people in FGDM processes (Dalrymple, 2002). Traditionally, throughout child welfare decision making, advocates are used for the most vulnerable whose voices may not be heard.

In FGDM, children may have advocates within their family system and community network. The use of external or professional advocates in FGDM is a highly contested innovation that may, at least potentially, undermine the *family* decision making ethos of FGDM.

In practice, it is the responsibility of coordinators to discover who the child deems important to include in the family group conference and who, if needed, can support the child. Either this level of support may not be needed or someone in the family will naturally take this role. Coordinators may observe who the child

instinctively gravitates toward, and this person could be a good support person for the child.

U.K. studies suggest that most support people were friends or family members. When children could not attend, coordinators usually arranged for a family member to express the child's views at the meeting (Beecher et al., 2001). However, they noted that family members found that it can be a difficult balance speaking for the child and for themselves. They found voluntary or professional advocates were used much less frequently. At the same time, some projects have employed the routine use of advocates for children.

The use of any support person in the FGDM process, whether a family member or an external or professional advocate, needs careful thought and consideration. The role of the support person or advocate should be negotiated and clear. For example, is the advocate providing emotional support, providing practical support, or putting forward views on the child's behalf, or a combination of all these functions? Independent of their role, coordinators should ensure advocates do not take over or speak for the child when the child can speak for himself.

A U.K. study using FGDM in schools (Crow, 2000) examined 37 conferences and found that in 19 cases the coordinator had named people chosen as advocates for the child. These advocates ranged from parents and godparents to taxi escorts, childminders, day-care providers, special needs support teachers, and peers. In four of these cases, the coordinator commented that the advocate had not played a significant part in the conference.

Throughout the United Kingdom, it appears that coordinators are putting varied emphasis on the use of support

persons and advocates. Children interviewed described what they wanted a support person or advocate to do or say:

"It helps if someone stays with me during the meeting."

"I would like someone there who will tell my family the difficult things I need to say about them." (children quoted in Clarkson & Frank, 2000)

### *Having a say at conference?*

"I was able to say what I needed to say, more or less. But being a teenager with a lot of adults, you don't really get a word in sometimes, do you?" (young person quoted in Jackson, 1998)

The question about involving children at the conference is perhaps not whether they should be involved, but how we best achieve their participation. This is a key practice challenge for coordinators. There may be resistance from family or professionals, or the child may be reluctant to be present.

Studies suggest that children are positive about being at the family group conference (Crow, 2000; Crow, Marsh, & Holton, 2004; Lupton & Stevens, 1997). There are many ways children can be involved and they know how they can influence proceedings:

"For the first time in my life there was a meeting about me, where I knew everybody." (child quoted in Rosen, 1994)

"It's better than planning meetings, I don't know why, it just is." (child quoted in Lupton, Barnard, & Swall-Yarrington, 1995)

Crow (2000) undertook a U.K. study with 30 young people, the youngest being 6 years old and the oldest being 14. She found children were generally happy with FGDM, with over half saying it was

“good” or “very good,” nearly 40% saying it was “OK,” just over 5% having a mixed reaction, and only one young person reporting a negative reaction. The Family Rights Group, a national voluntary organization in the United Kingdom that promotes best practice from a family-centered perspective, takes the view that children must be involved: “A child of any age can be present at their FGC [family group conference] and indeed it is usual practice to have babies and children of all ages attend their own FGC” (Ashley, 2006, p. 137).

Good information sharing in jargon-free, child- and family-friendly language helps children participate in the family group conference. The coordinator must check on the child’s understanding. There is a tendency for adults to dominate the proceedings, asking questions and providing assessment materials, resulting in business being conducted over the heads of children. Indeed, children have reported that they find the information sharing part of the meeting to be the hardest because they perceived or implied from what the professionals said that they were to blame for the problems facing them or their family (Lupton & Stevens, 1997). In a separate study, children reported they wanted information to be balanced and relevant. They said:

“It is important to have someone saying some positive things about me at the meeting, instead of it all being negative.”

“It would help if people talked to me, not about me.”

“Less talk about the past and more about the future.” (children quoted in Clarkson & Frank, 2000)

“The information sharing went on for long, there was no need to read my school report!” (children quoted in Lupton et al., 1995)

Children can be involved in the beginning of the family group conference, welcoming and introducing members of their family and professionals, whom they often know best. Children could chair their own conference, if they were given the help, support, and encouragement to do so. However, for more vulnerable children, the conference may be daunting, and therefore, coordinators may wish to have a venue that has two rooms that support the child’s moving in and out of the family

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**Practitioners need to think creatively about giving children choices to express themselves in different ways at the conference.**

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group conference as needed. Canvassing coordinator views, Beecher et al. (2001) identified a number of concerns regarding children’s participation. These included children feeling inhibited to speak up in front of family; lacking confidence to get their views across; being worried, to a lesser extent, about repercussions from the meeting; and lacking an understanding about the discussions.

Practitioners need to think creatively about giving children choices to express themselves in different ways at the conference. Letters, videos, audiotapes, and drawings are some of the ways that children can elevate their voice even if they do not wish to be present.

Initial concerns about private family time, where children would be without the “protection” of professionals, were



that they would be overlooked and even abused in this part of the conference. Studies suggest that children participate best in this part of the conference (Crow, 2000; Lupton & Stevens, 1997), as they know how to influence their family and how different members behave. Furthermore, the informality and flexibility of the process creates an environment in which children can participate more naturally. For children, participating in private family time means being left alone with people they know: “We were left alone for most of the time, the family, so that was alright. Because it was people I knew, and they knew me, it was easier for me to talk in front of them” (child quoted in Jackson, 1998).

It was also easier for other family members to participate in the discussions and say what they need to say: “I was surprised how people talked and what they said” (child quoted in Crow, 2000).

It is important that the plans developed in family group conferences are jargon-free and clearly written, with explicit responsibilities and timeframes, and that they are agreed to by the professionals and family members. This is particularly important to children, as the family group conference plan can represent to them a plan for their future and an opportunity to hear a consistent message from social workers and family members: “The coordinator needs to check I understand the plan” (child quoted in Clarkson & Frank, 2000).

Beecher et al. (2001) found that overall, children were seen as actively involved in developing and agreeing to the plan and older children often write the plan or part of it. If present, children may also serve in the role of plan recorder. If not present, a decision should be made at the family group conference as to who will discuss the plan with the children.

“In my experience, children and young people relish the opportunity for getting involved in FGCs [family group conferences]. They often have concerns but with the right support on the day their worries can be alleviated. FGCs are without doubt the most empowering process that involve young people.” (coordinator quoted in Beecher et al., 2001)

### Monitoring and review

Arrangements for monitoring and reviewing plans need to involve children. No person is in a better position than the child is to provide feedback on how things are working, and therefore, the child must be actively engaged in the follow-up assessment. An identified problem in the FGDM literature (Lupton & Stevens, 1997; Merkel-Holguin et al., 2003) as well as in the wider literature on child welfare services (U.K. Department of Health, 1995) is the issue of plan follow-through. There are concerns with FGDM and with social work services in general that after the initial crisis is resolved, the family group conference is held, and the plan is developed, interest in the child lessens and resources are not leveraged or taper off.

FGDM participants worry about aspects of the plan not being implemented. This worry then raises the requirement of ongoing monitoring and implementation of plans and ensuring families and children in particular are kept involved throughout the work.

If we are to fully understand the impact of FGDM on children’s lives, the children must be key partners and participants in evaluation. Evaluations that centrally focus on children’s experiences of FGDM are, at present, few and far between. How then should we measure effectiveness? Would children ask the same questions and focus on the same issues as adults or would they want something completely different?



### *Involving children in service development*

If we are committed to improving children and young people's participation in planning for their own futures, it is logical to also engage their expertise and knowledge in helping design and improve services for all children using these services. Policy and service development has traditionally been the domain of expert professionals. However, children are experts on childhood and the effect of the services they receive. They provide a unique perspective.

Could children be centrally involved in the development of policy and services? If this is to happen, a wide range of methods will be needed to ensure they have an impact on services, including involvement in consultation processes, service user policy forums and leading policy development groups, and representation on citizen panels and advocacy groups. Promoting and supporting involvement takes time, commitment, and resources, but the results could be profound.

Practice and research shows that generally children's participation in service design is marginal. For example, meetings between children and staff in residential care tend to be used for staff to give information to children rather than children having a say about how the service could be improved (Morgan, 2005). Distinct and radical change in behavior is needed if children are to have an influence. Even when government inspections have actively sought children's views, they have subsequently not been acted on (Morgan).

The design of information for children is one area that children could lead. Information would become child-friendly, understandable, and useful. Training for professionals, coordinators, and managers designed and delivered

by children would ensure practice is more child-focused. Staff selection by children would mean child-care organizations would employ staff who can communicate with children and who are child-focused. There is considerable evidence of this activity now taking place, for example, in the United Kingdom. However, the questions emerging from these developments focus on the impact of this "surface activity" on the wider experiences and engagement of children, and what links, if any, exist to developing notions of inclusion and citizenship.

The development of advocacy and political pressure for children's rights could promote children's participation. Giving children the control of resources and budgets for particular children's services would ensure resources were used in child-friendly and child-focused ways. This change would require adults to be open to adapting to different ways of managing budgets and allocating resources.

The integration of children's participation into regular planning cycles and other decision-making forums would need to ensure there is enough time to get feedback on what has been achieved. Agencies may need to start small from their strengths in this area and build on what is already being achieved. It would be important to evaluate the process so it can be adapted and improved. Reviews of evaluations of children's participation indicate not only the useful practices that can be developed, but also that significant barriers to learning and change exist (Coad & Lewis, 2007).

Some questions to consider are:

- Do children want to play an active role in developing FGDM services?
- How can children design their FGDM?

- How can children be best supported to participate, and how is diversity of experience represented?
- How could children select and train staff and FGDM coordinators?
- How might children manage budgets or oversee the use of resources?
- Are we prepared to institutionalize the changes?
- Are we ready to involve children from the start?

**Where to next?**

*“Grown-ups never understand anything for themselves, and it is tiresome for children to be always and forever explaining things to them.”*

–Antoine de Saint-Exupery

There seem to be significant gaps in adults’ understanding of what children want and need. A first step perhaps is for adults to be more effective at listening to children. However, our skills and services in this area are still underdeveloped. Despite our limitations, or perhaps because of them, it is important to involve children more at every stage of planning and decision making. International law may set a framework and mandate for children’s participation, but political organizations, statutory and voluntary agencies, families, and communities have to implement these good intentions. Therefore, in the context of FGDM, much will rely on the actions of these key groups and their determination and commitment to involve children.

Ensuring children are seen and heard requires a change in behavior and a willingness to involve them from

the outset. Paradoxically, initiatives to involve children so far have been almost exclusively professionally led. Consequently, the agenda is pre-set by professionals. A common feature of these initiatives is that while there are, in some areas, greater attempts to involve children, children may feel they have a greater ability to influence the process, but may find they are still unable to influence the outcome. In this way, children may be having their “participation” managed.

Adult assumptions about childhood and how children should experience the world are having a defining effect on how children are growing up:

“Our ideals about a good childhood have changed little in a century.

Children should be protected, dependent, healthy and happy. In the last quarter of the 20<sup>th</sup> century, many children no longer wanted to be kept in this cocoon.... We perhaps need to go further in rethinking what childhood might be like. The first step should be to listen to what children say.” (Cunningham, 2006, p. 7)

If this article was written by children, for example, it would undoubtedly raise different questions and expectations, focus on different topics, and describe different barriers and solutions to children’s participation. What we understand as good practice now will develop and change. The better we get at listening to children and doing something about their wishes, the better our services for children and the outcomes for them will be.

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**There seem to be significant gaps in adults’ understanding of what children want and need.**

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### Suggestions for improving children's participation

- Review funding commitments to support children's consultation and involvement.
- Establish the purpose and function of participatory practices.
- Develop standards and procedures that require children's participation.
- Examine our own attitudes and values about children's involvement—any participative strategy will have limited impact without attitudinal change.
- Map and understand the diverse experiences of children, avoid false homogeneity.
- Design and deliver, with children, training on improving practice and children's rights.
- Promote new methods of participation, including the use of information technology.
- Produce a good practice guide for staff.
- Delegate budgets and resources to children's groups.
- Involve children in the design of research and evaluate the experiences of children.
- Develop political forums for children to have collective action and lobby politicians; address issues of diversity and representation within this.
- Involve children in the selection and appraisal of staff.
- Develop a policy and organizational framework for children's involvement.
- Prepare for a struggle and expect resistance.

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