



Multidisciplinary meetings: Listening to the experiences of children in a child and youth care centre



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Adults for good reason agree that children should be protected at all times. However, in their attempts to help children who are vulnerable, adults should be cautious of cultivating a one-sided and reduced view of children and of their needs and rights. In the context of child protection, such a one-sided perspective limits the capabilities of the children's agency. They are positioned as the passive receivers of expressions of pity and compassion, governmental and non-governmental services, and church and community outreach projects, which in many cases limit engagement with children in their true and full humanity. In attempts to engage with children in contexts of research and practices about them, efforts are made to study the experiences of children as seriously as possible. This article explores and presents the voices of children regarding how they experience their participation in multidisciplinary meetings at a child and youth care centre. The findings reveal four themes with regard to children: (1) their experiences of interactions and relationships at multidisciplinary meetings, (2) their internal and external characteristics and resources, (3) the enabling environment of the multidisciplinary meeting and (4) the process of multidisciplinary meetings. This exercise of listening to children and their voices highlights the complexity of the challenges children in child protection environments face. These challenges will not be sufficiently understood or addressed by the perspectives and methodologies of one particular discipline.

Keywords: Children's participation; Children's agency; Listening to children's experiences; Child and youth care centre; Multidisciplinary meetings.

Introduction

This article is part of a collection that reflects theologically about the process of engaging with children by exploring emancipatory methodologies in research and practices that is about them.¹ Ministering children and serving them involve holistic care and not only biblical instruction. It is crucial for theologians to not only focus on research in the church or ministry context but also on contributions they can make in children's wider contexts. For this reason, the focus of this article is not on theology per se, but on an area where theologians and researchers and practitioners from other fields can contribute greatly if they open themselves to such participants. The research explores children's experiences of their participation in the formal decision-making space of multidisciplinary meetings in the context of residential care. This article attempts to illustrate the necessity of integrating multiple perspectives to understand and respond to the complex nature of children's participation as a concern that transcends traditional disciplinary boundaries. A transdisciplinary discussion about the place, dignity and agency of children in their everyday context of living, we argue, is of relevance for theological research and pastoral practices.

Over 21 000 children are currently in child and youth care centres in South Africa as one form of residential care (Jamieson 2017:89). The *Children's Act* (Republic of South Africa 2005) established a high standard for the services provided to children who have been placed in alternative care. Whilst the *Children's Act* (RSA 2005) provides for children's participation within the context of child and youth care centres, there is no guarantee that this is being implemented in practice (Jamieson 2017:89). In South Africa, the government collects statistics on the number of children who have been placed in residential care, but there seems to be a void in terms of monitoring the actual implementation of children's participation as a right in the context of residential care.

1. This article has not been published in article format before. However, it forms part of a PhD thesis by J.C. Johannisen (2018), entitled 'Facilitating children's participation within multi-disciplinary meetings in a child and youth care centre: A social work intervention', submitted in article format according to the General Rules of the NWU. The rule pertaining to this format reads as follows: In the article format, the research reports could include either published research articles or unpublished manuscripts in article format. If more than one article or manuscript are used it must be presented as a unit, supplemented by an overarching problem statement, a focused literature analysis and integration, and a summarised concluding discussion'. (General Rule A.7.5.7)

Note: Doing Theology with Children: Exploring Emancipatory Methodologies, sub-edited by Stephan de Beer (UP Centre for Contextual Ministry) and Hannelie Yates (North-West University).

Both residential and designated social workers working with children who have been placed in child and youth care centres use multidisciplinary meetings to discuss the needs and progress of children in order to establish their individual development plans, care plans and permanency plans (Hall & Slembrouck 2001:143; Johannisen 2014:55; RSA 2005). In a South African context, multidisciplinary meetings in child and youth care centres aim to provide children with the opportunity to participate in matters affecting them (Johannisen 2014:55; RSA 2005). However, researches conducted internationally and in South Africa indicate that this does not always materialise in practice (Cashmore 2002:840; Johannisen 2014:55; Sinclair 1998:140–141). In fact, international research indicates that children experience these meetings as ‘intimidating, boring, frustrating, disempowering and alienating’ (Cashmore 2002:840; Sinclair 1998:140–141). An analysis of South African law and policy conducted by Jamieson (2017:89) indicates that South Africa is committed to children’s participation. This commitment should find expression in adult–child relationships, interactions, ways of communicating and decision-making.

Whilst there may be ethical implications when including children in care in research (Schenk & Williamson 2005:iv), the study would have done an injustice to children by excluding them in research that is about them. This decision is based on the premise that children are most capable to provide accurate information regarding their own lives and experiences, and for this reason, their perspectives on matters that directly affect them are important (Schenk & Williamson 2005:2). This means that in order to determine if children in child and youth care centres are participating in matters that affect them, it is necessary for children to be involved in providing information about their experiences. The decision was therefore made to listen to children for this specific study. Children’s experience of their participation in multidisciplinary meetings may differ from those of the adults involved, and their views are therefore critical and beneficial. Against this background, the research question was, ‘how do children experience their participation in multidisciplinary meetings at a child and youth care centre?’

This article begins by conceptualising children’s participation and contextualising multidisciplinary meetings at child and youth care centres. With this framework in mind, the article first aims to examine children’s participation in general in an international and South African context. Then it proceeds by exploring children’s experiences of their participation at a child and youth care centre using Bronfenbrenner’s bioecological approach as a lens when presenting the data. The aim of this article is not to recommend adjustments, but to explore children’s participation and their experience of it to inform multi- and transdisciplinary work in this regard.

Conceptualisation of children’s participation

Over the last two decades there has been an increased focus on the discourse and praxis of children’s participation and

children’s rights in society, and particularly during the formulation of legislation (Cele & Van der Burgt 2015; Gal 2017; Jamieson et al. 2011; Johannisen 2014; Moyo 2015; Nolas 2015; Van Bijleveld et al. 2015; Vis & Fossum 2013; Vis, Holtan & Thomas 2012; Viviers & Lombard 2012; Wyness 2009; Yates & Swart 2010). Article 12 of the UNCRC (United Nations 1989) and Section 10 of the *Children’s Act 38 of 2005* (RSA 2005) highlight that all children have the right to be heard and to have their views taken into consideration during decision-making processes. Ponet (2011) describes children’s participation as:

...[A]n ongoing process of children’s expression and active involvement in decision-making at different levels in matters that concern them. It requires information-sharing and dialogue between children and adults, based on mutual respect, and full consideration of children’s views in the light of their age and maturity. (p. 9)

Whilst there has been an increase in children’s participation in multidisciplinary meetings in recent years, it remains a complex matter, especially as it involves children being informed about and involved in issues that are viewed as adult issues (Vis et al. 2012:10). Often, several adults are involved in decisions about the lives of children who have been placed in alternative care. The decisions to be made are also more complex than those regarding children who are in their parents’ care (Leeson 2007:268; Pölkki et al. 2012:108). So, instead of only one or two adults being involved in the decision-making process, role players such as social workers, child and youth care workers, managers and parents will be involved if a child is placed in a child and youth care centre. It is crucial for children to have a voice in this process.

Child participation refers to children being ‘involved in making decisions, planning and reviewing an action that might affect [them]. Having a voice, having a choice’ (Jones 2010:5). When children’s participation is facilitated effectively, they acquire new skills, their confidence and knowledge are increased, and it allows them to see that their views and wishes are respected and taken into consideration (Jones 2010:6). The UNCRC (UN 1989) has 54 articles that highlight the various rights of children. The following articles are particularly relevant in relation to children’s participation: Article 2 – Non-discrimination; Article 3 – Child’s best interest; Article 4 – Protection of rights; Article 5 – Evolving capacities of children; Article 12 – Respect for the views of the child and Article 17 – Access to information. These articles are also referred to as children’s enabling rights. They are rights that acknowledge the agency of children and the fact that children are active actors in the construction of their own lives. With that being said, we also admit that ‘childhood’ as a social construct is a product of culture and context, like, for example, institutionalised child care. It may therefore be the case that this new normative paradigm of agency may be in conflict with the way children are seen in many cultures and contexts.

From the literature, it is evident that children’s participation is a process that involves children on a day-to-day basis and

in various contexts. Although legislation (RSA 2005; UN 1989) provides a rights-based framework for the understanding of the construct of child participation, it is not specific about when and where the process of children's participation should take place or what is needed to make it work. All adults, not only the identified duty bearers in international and national legal instruments, should therefore encourage the participation of children as a moral duty and as a daily embodied praxis. It is at this level where scholars in other disciplines, including theology and religious studies, can play a meaningful role in posing and responding to questions that go beyond the practicalities of facilitating children's participation in processes of decision-making. Questions to enhance child participation may include the following: 'why is the appreciation and participation of all people, including children, important in human relations, interactions and decision-making processes?', 'for what purposes does the participation of all people have to be sought?' and 'what are the life affirming and enabling or the distorted and dehumanising views on children and adult-child relations?' These questions necessitate a deep and critical reflection on life and world views, values and virtues, and preconceived ideas about, for example, humanity, theologies of children and childhood, human dignity, social justice and the exercise of power in human relations (Bunge 2006, 2007; De Beer 2006; Dillen 2006, 2007, 2008; Weber & De Beer 2016; Yates 2010). The questions concern the construction of humanising cultures, which, amongst other things, implies that scholars in theology and religious studies should be aware and critical of the constructive and destructive forces in institutionalised religions and faith traditions and their impact on views and attitudes towards children. However, the starting point of any such role is to first explore children's participation and listen to their experience of this process. And then only scholars would know what would be the appropriate questions and contributions. The exploration reported in this article can therefore serve as waymark to stimulate multi- and transdisciplinary discourses where theologians and researchers from other fields can contribute.

Contextual orientation

Like elsewhere, some families in the South African context find it challenging to care for their children. In South African complex and systemic realities, amongst others, socio-economic inequalities, injustices, exclusions and marginalisation add to the challenges (cf. Hall et al. 2018). Children in these difficult living circumstances are extremely vulnerable to discrimination, abuse, neglect and abandonment.

The presiding officers of the children's court may find children who have been victims of abuse, neglect or abandonment in need of care and protection according to Section 150 of the *Children's Act* (RSA 2005). They may consequently be placed into foster care, temporary safe care, foster cluster homes, child and youth care centres, or they may be adopted. According to Chapter 13 of the *Children's Act* (RSA 2005), child and youth care centres form part of

residential care facilities that accommodate and care for six or more children. Alternative care facilities, including child and youth care centres, are expected to provide appropriate residential care, protection and developmental and therapeutic programmes according to the needs of the children (RSA 2005). All child and youth care centres in South Africa are therefore required to ensure that their services are in line with the *Children's Act* (RSA 2005). Within the context of child and youth care centres, multidisciplinary meetings act as an institutional mechanism that provides an opportunity for children to participate in the decisions made about their lives (Johannisen 2014:54).

At an international level, the meetings that provide a platform for decisions about children's lives include child protection conferences, case conferences, review meetings and family group conferences (Campbell 1997:1; Cashmore 2002:840; Dalrymple 2002:287; Hall & Slembrouck 2001:143; Vis et al. 2012:8). Within the South African context, these meetings are referred to as family conferences, family group conferences, panel discussions, reviews and multidisciplinary meetings (Johannisen 2014:55; RSA 2005). For the purpose of this study and in accordance with the current South African legislation (RSA 2005), the term 'multidisciplinary meeting' is used.

The *Children's Act* (RSA 2005) indicates that a child's permanency plan, care plan and individual development plan should be reviewed every 6 months according to Regulation 55(3). The purpose of reviewing the plans regularly is to determine whether the placement is still in the child's best interest and to determine if family reunification could take place. Furthermore, multidisciplinary meetings provide a space where children and adults are able to engage and consequently make important decisions about the children's lives (Johannisen 2014:54). These meetings therefore provide an opportunity for children to be part of the decision-making (Sinclair 1998:137). The team present at the multidisciplinary meetings may include social workers, child and youth care workers, as well as professionals from other disciplines, such as doctors, nurses, physiotherapists, psychologists, psychiatrists, police officers, religious leaders and occupational therapists (RSA 2005). Multidisciplinary meetings can be either an intimidating or an enabling environment for children in need of care and protection. It is important to ask children how they experience their participation in the context of multidisciplinary meetings in a child and youth care centre, which is what this research involved.

Methodological explications

Children in residential care and in the developmental stage of adolescence were selected to be participants of this study. The stage of adolescence can be understood from both a developmental psychology and an interdisciplinary youth studies perspective. From a developmental psychology perspective, adolescence refers to the stage between childhood and adulthood during which various physical, cognitive and emotional changes take place

(Hall-Lande et al. 2007:265; Louw 1997:505; Shaffer & Kipp 2013:7; Spano 2004:1–3). Children between the ages of 12 and 15 years fall into Piaget's Formal Operational Stage of cognitive development (Ansell 2016:19). This means that during this stage, adolescents are able to think reflexively and have some understanding of abstract ideas (Ansell 2016:19), which in turn may allow for more in-depth reasoning in decisions that affect their lives. However, a criticism of Piaget's developmental model is that children sometimes develop certain skills before the stage that he has indicated (Ansell 2016:19). This is often because children come from different backgrounds and are being exposed to different experiences. Lev Vygotsky (cited in Ansell 2016:19) concurs that a child's development should be understood in relation to the child's context.

From a youth studies perspective, adolescence is recognised as a socially constructed category in the same way as gender, ethnicity, class and sexuality are (Petroni, Sarigianides & Lewis 2015:508). A youth studies lens allows one to build on existing knowledge in order to understand the socially constructed nature of adolescence and how adolescents' experiences are facilitated by 'discourses, practices, and policies involving them' (Petroni et al. 2015:509). This means that adolescence is not a universal experience, and that different people experience it differently, depending on their position and circumstances. This is confirmed by Trinder (1997:291), who maintains that the way in which professionals perceive children and 'childhood' has direct bearing on how they treat children. Depending on the subjective perceptions of the professional, children might be seen as helpless and defenceless, or interdependent and capable.

It seems that the fields of developmental psychology and youth studies perceive the stage of adolescence quite differently. Whilst developmental psychology is specific in terms of the ages of children that fall into the stage of adolescence, the youth studies recognises that the stage of adolescence is flexible and that context, together with people's perceptions, should be taken into consideration. Conceptions of 'childhood', 'child', 'adolescent', as well as child-adult relations and communication differ across cultural backgrounds and have a direct impact on children's social position in adult-child spaces and consequently on children's participation. In numerous cultures around the world, children are not entitled to express their views and wishes and instead are required to unhesitatingly obey and respect the adults in their lives (Ruiz-Casares et al. 2017:6). Within the South African context, cultural diversity plays a significant role in terms of how adults view children and the roles they should play (Moses 2008:331).

Although the children who took part in this study were in the developmental stage of adolescence, literature uses the terms 'children' or 'child' with regard to the process of children's participation. The developmental stage of adolescence is therefore implied within these terms.

Theoretical framework

The bioecological approach of Bronfenbrenner was used as a theoretical framework for this study. According to Rosa and Tudge (2013:243), Bronfenbrenner's theory changed considerably from 1970 to his death in 2005. The theory focuses on human development. However, Bronfenbrenner believed that individuals are continually influencing and being influenced by the environment. The bioecological approach therefore highlights the importance of inter-relationships in an environment (Palareti & Berti 2009:1082).

The final version of Bronfenbrenner's theory (1993–2006) is called the bioecological theory or the bioecological model of human development, and it incorporates the Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Morris 2006). Bronfenbrenner and Morris (2006:793) describe the bioecological model as 'an evolving theoretical system for the scientific study of human development over time'. The theory suggests that the following four components have a simultaneous impact on the development outcomes of people: process, person, context and time. The PPCT model was used to explore children's experiences of their participation in multidisciplinary meetings in the context of a child and youth care centre.

The concept *proximal process* lies at the core of Bronfenbrenner's PPCT model. According to Tudge et al. (2009:46), a proximal process is the everyday contact between individuals and the symbols and objects in their environments. Furthermore, Bronfenbrenner (1995:620) claims that typical day-to-day activities that involve children, and those who share their environment, include parent-child or child-child interactions, group or isolated play, activities that develop additional skills, reading and watching television. Therefore, within the context of this study, proximal processes refer to the interactions and relationships between children, residential social workers and child and youth care workers at the child and youth care centre.

In the early stages of the development of his theory, Bronfenbrenner emphasised the significance of the personal characteristics that individuals bring with them to any social situation, referring to *person* in the PPCT model (Rosa & Tudge 2013:253; Tudge et al. 2009:200). Bronfenbrenner highlighted three different types of person characteristics, namely, *demand*, *resource* and *force characteristics*. Personal features such as age, gender, ethnicity and physical appearance are referred to as demand characteristics. Tudge et al. (2009:200) highlight that these characteristics may influence initial interactions as individuals may form certain opinions immediately. Resource characteristics on the other hand are not initially visible. These include mental and emotional resources (past experiences, skills, attitudes, beliefs and intelligence), as well as social and material resources (food, housing, education and opportunities) (Rosa & Tudge 2013:253; Tudge et al. 2009:200). Lastly, force characteristics refer to differences in temperament, motivation and persistence.

The environment, which involves four interconnected systems, corresponds to *context* in the PPCT model. These systems are termed the *microsystem*, *mesosystem*, *exosystem* and *macrosystem* (Bronfenbrenner & Morris 2006:820; Christensen 2004:102; Rosa & Tudge 2013:253; Tudge et al. 2009:201). The microsystem is the system closest to the individual, and there is constant contact between the individual and the system. In the context of this study, the microsystem could be the child and youth care centre, the child's home and the child's school. A child will be in contact with more than one microsystem, and this interaction between microsystems is called the mesosystem. An example of a mesosystem in the study would be the contact between the social workers and the children's teachers or families. The exosystem refers to the system that affects the child's development indirectly, even if the child is not an active participant in that system. For example, changes in the *Children's Act* or the policies of an organisation will have an impact on the child. Lastly, the macrosystem is the cultural environment where the child lives. It therefore includes any group of individuals who share the same values or belief systems, 'resources, hazards, lifestyles, opportunity structures, life course options and patterns of social interchange' (Tudge et al. 2009:201). The macrosystem therefore includes the remaining systems, which in turn influence all other systems.

The concept of *time* in the PPCT model was extended to include the events over the course of an activity or interaction, as well as historical time (Rosa & Tudge 2013:253–254). Bronfenbrenner and Morris (1998:820) described three levels of time: *micro-time* (refers to what is happening during the activity or interaction), *meso-time* (refers to the extent to which these activities and interactions occur with some constancy in an individual's environment) and *macro-time* (the chronosystem where interactions between systems influence the individual's development). In the context of this study, *micro-time* could refer to the children's interactions with residential social workers and child and youth care workers during the multidisciplinary meeting, whilst *meso-time* could refer to the various multidisciplinary meetings of which the child is a part when residing at the child and youth care centre. Lastly, *macro-time* could refer to a change in expectations in the larger society and within legislation with regard to children participating in multidisciplinary meetings.

Research design and methods

A list of all the child and youth care centres in the Cape Peninsula, South Africa, was obtained from the Department of Social Development. Once these details had been obtained, 31 registered child and youth care centres in the Cape Peninsula were invited to be part of this research study. Three child and youth care centres accepted the invitation. A non-probability sampling technique, namely, purposive sampling (Donalek & Soldwisch 2004:356), was utilised to ensure that the child participants in the research had sufficient knowledge and experience of the phenomena being researched.

The inclusion criteria for the study were as follows:

- The children must have been placed at one of the child and youth care centres that agreed to be part of this study.
- The children must have had at least one multidisciplinary meeting whilst being placed at the specific child and youth care centre.
- Children had to be between the ages of 12 and 18 years.
- The child participants had to be able to speak either English or Afrikaans, as these are the two languages that the researchers can use to communicate.

Any child who met the above criteria was able to participate regardless of ethnicity, gender or religion. Participation had to be voluntary. Fifteen children from three child and youth care centres in the Cape Peninsula, South Africa, agreed to take part in this study. It is evident from Table 1 that there are more female participants than male participants. One of the reasons for this is that one of the child and youth care centres only caters for girls.

Table 1 presents the biographical data of the participants.

Approval to conduct the study was obtained from the Registered Health Research Ethics Committee at the North-West University as well as the Department of Social Development.

The managers of the various child and youth care centres acted as gatekeepers and were asked to discuss the research with the residential social workers. The residential social workers then acted as mediators between the researchers and the children. The residential social workers discussed the research with all the children who met the inclusion criteria and invited them to be part of this study. As the residential social workers were therefore responsible for the recruitment of the participants, they had to obtain adolescent consent from those participants who were between the ages of 12 and 17 years. The children who indicated that they wanted to be part of this study provided the residential social worker with a written adolescent consent form.

Table 1: Biographical data of participants.

Participant No.	Gender	Age (year)	Language
1	Female	17	English
2	Female	16	English
3	Female	13	Afrikaans
4	Female	13	English
5	Female	15	English
6	Female	15	Afrikaans
7	Male	14	Afrikaans or English
8	Female	15	Afrikaans
9	Female	15	English
10	Transgender	15	Afrikaans
11	Female	16	Afrikaans
12	Female	15	English
13	Male	15	Afrikaans
14	Female	14	Afrikaans
15	Male	14	Afrikaans

A written informed consent form (Creswell 2009:8; Padgett 2008:65) was also completed by the custodians (the managers of the child and youth care centre) for the child participants under the age of 18 years. The participants were provided with English and Afrikaans consent forms. Arrangements were made to conduct individual semi-structured interviews in a child-friendly space at each child and youth care centre, and each interview lasted about 30–60 min. All interviews were audio-recorded and transcribed.

A qualitative phenomenological design was used for the purposes of this study (Babbie 2014; Fouché & De Vos 2011; Fouché & Delport 2011). Individual semi-structured interviews (Welman, Kruger & Mitchell 2005:166) were conducted with the participants. The interview schedule was reviewed and approved by the Department of Social Development's research committee, as well as the Registered Health Research Ethics Committee of the North-West University. Prior to the individual semi-structured interviews, an interview was conducted where the participants were asked to create a collage on their experience of their participation in multidisciplinary meetings. This process made it possible to start building a relationship with the participants.

Thematic analysis was used to identify and analyse the interviews. The following steps were used to analyse the collected data as presented by Terre Blanche, Kelly and Durrheim (2006:322–326): familiarisation and immersion, inducing themes, coding, elaboration, and interpretation and checking. This led to the identification of certain themes, subthemes and categories.

The following ethical aspects were taken into consideration during this study (Creswell 2009:8; Hofstee 2006:210; Padgett 2008:69; Strydom 2011:113–129; Willig 2008:19; Whittaker 2009:18, 111, 115, 117).

The information obtained during data collection was handled in a confidential manner by ensuring that the names of the participants were not linked to the contents of the data-capturing forms except through the confidential code that was only familiar to the researchers. The identities of the participants were not linked to the collected data that were made available for analysis, which ensured anonymous reporting of data. The participants' right to privacy, anonymity and confidentiality was maintained by ensuring that documents that linked names to data were securely stored at all times on a password-protected computer. Confidentiality was maintained by means of password-protected documents accessible only to the researchers.

Risks in terms of conducting this research with children included that the interviews may cause the children emotional discomfort. After each interview, the interviewer had a discussion with the participant and offered a referral to an external counsellor. However, no participants identified a need for further counselling.

Presentation of the findings

The analysis of the interview transcripts revealed four main themes:

1. participants' experiences of interactions and relationships in multidisciplinary meetings
2. participants' internal and external characteristics and resources
3. the enabling environment of the multidisciplinary meeting
4. the process of multidisciplinary meetings.

Theme 1: Participants' experience of interactions and relationships in multidisciplinary meetings (proximal processes)

Proximal processes refer to the interactions and relationships in multidisciplinary meetings (Rosa & Tudge 2013:253; Tudge et al. 2009:621). In this study, the focus was on the interactions and relationships between the participant and the residential social worker, designated social worker, child and youth care worker and family.

The participants highlighted the value of having a *positive relationship* with their residential social worker and mentioned that having this relationship allowed them to feel more 'comfortable' (Participant 4, female, 13 years old) in multidisciplinary meetings, thus contributing to their participation in a positive manner. Participants experienced 'happiness' from having their residential social workers 'by my side' and 'standing by me', and this in turn boosted their 'confidence' (Participant 9). Participant 11 mentioned that having a positive relationship with her residential social worker allowed her to feel comfortable to share information with her, which in turn developed their relationship.

None of the participant in this study experienced positive interaction with their designated social worker. Participant 11 said that the *deficiencies in the relationship* with her designated social worker actually hindered her participation as she did not feel 'comfortable' speaking in front of her, and she did not 'trust her'. Meaningful relationships could not develop as participants said that they did not have regular contact with their designated social workers and sometimes met them for the first time at their multidisciplinary meetings. The participants justified the lack of contact by explaining that their designated social workers had *high caseloads*, which limit the time they could spend with them. The participants seemed to understand why there were deficiencies in the relationships with their designated social workers. However, it still made them feel unimportant and as if they 'are just another file in the cabinet' (Participant 9). Whilst there was some form of relationship or interaction with their designated social worker, it was evident that the nature of the relationship was not suitable in terms of the participants' expectations and needs.

At child and youth care centres, child and youth care workers act as the primary carers for children. They therefore work with the children on a daily basis in their life space (RSA 2005).

According to Van Weezel and Waaldijk (2000), working in a child's life space means working:

[W]ithin the daily living situations of their clients, and who by their way of being there, by their way of fulfilling a number of quite different tasks, and by their way of reflecting on the process in close co-operation with others, help the clients to live their own lives and to solve or handle their problems in the most effective way. (n.p.)

The participants in this study had mixed responses regarding their experiences of their interactions with the child and youth care workers. Some participants found it 'difficult' (Participants 9 and 12) to open up to their child and youth care workers, which in turn affected the child and youth care workers' ability to 'understand' (Participant 12) the participant. On the other hand, some participants felt supported by their child and youth care workers and felt that they were 'gentle' (Participant 7), 'kind' (Participants 7 and 9) and 'patient' (Participant 9) during the multidisciplinary meeting. Participant 9 also said that her relationship with her childcare worker helped her in her multidisciplinary meetings, especially when her parents were in conflict, whilst another participant mentioned that it was easier to speak with her child and youth care worker because they had a 'bond'.

Children who have been placed in child and youth care centres have been found in need of care and protection, and they cannot be in the care of their parents (RSA 2005). It is therefore not surprising that some participants did not experience the interaction with family members at their multidisciplinary meetings as positive. Participant 9 confirmed this by saying: '[i]t's very difficult opening up to my mother, because we don't have that relationship.' Participant 1 highlighted that her poor relationship with her sister influenced her participation at her multidisciplinary meeting, explaining that 'we don't have that relationship of speaking and when they call her in I'm not gonna feel comfortable speaking about whatever issue I have'. However, some participants experienced empowerment and confidence during their multidisciplinary meetings because of the positive relationships they had with various family members.

Participant 12 even felt that her mother gave her the 'courage' to verbalise her feelings during her multidisciplinary meetings because her mother would 'stand by [her]'. Participant 9 said that her relationship with her father allowed her to 'speak my heart out ... I trust him and I know that he won't at least shout at me in front of everyone'. Therefore, children are in need of trusting relationships where they feel protected from the fear of being shamed in front of others.

Theme 2: Participants' experiences of their internal and external characteristics and resources (person)

The *person* characteristics as described by Bronfenbrenner (Rosa & Tudge 2013:253; Tudge et al. 2009:621) not only

include mental and emotional resources but also spirituality and temperament. This theme therefore describes children's experiences of their internal and external characteristics and resources.

As part of the participants' internal challenges, they often felt *unprepared* for their multidisciplinary meetings. The participants identified that they felt they did not know what to expect in their multidisciplinary meetings as social workers failed to prepare them prior to the meeting. This is evident from Participant 9's words:

So that I can know what's going to happen and what's going on around me, so that when something happens, I'm not caught off guard, so that I'm actually aware of what's going to happen.

The participants also indicated that they wanted to know what would be discussed, who would be present and how the meeting would be facilitated.

The participants were all able to address any negative feelings associated with multidisciplinary meetings with their internal strengths. These internal strengths included their *evolving capacity* and their *faith in God*. Participants experienced an increase in confidence the older they became, and they felt that their age and maturity allowed them to have a better understanding of the discussions at the multidisciplinary meetings. Both Participants 9 and 12 also maintained that children are quite *mature* and could therefore participate actively in their multidisciplinary meetings.

An internal strength that three participants mentioned in this study was their faith in God. Participant 12 said that God gave her the 'strength' to cope in the meeting, whilst Participant 13 mentioned that praying to God allowed her to remain calm and not shout at the adults in the meeting. The participants experienced God's strength and peace during the meeting.

Many of the participants commented on their internal characteristics when referring to their *personality* or *temperament* as either being strength or weakness. Participant 9 felt that if children were 'shy', 'not open' and 'awkward', this would hinder their participation in multidisciplinary meetings. On the other hand, children who were 'quick with [their] mouth', comfortable to talk (Participant 2) and keen problem solvers were more comfortable to express themselves and to participate actively in their multidisciplinary meetings.

Theme 3: Participants' experiences of the enabling environment of the multidisciplinary meeting (context)

The third theme refers to the *context* as described by Bronfenbrenner (Rosa & Tudge 2013:253; Tudge et al. 2009:621). On a microlevel, the participants felt that the *venue where the multidisciplinary meetings were held* was 'comfortable' and 'professional', and that it was a space where everyone was out of their comfort zone. Whilst the multidisciplinary meetings were held at various venues across the three child

and youth care centres, the general experience of the participants was positive. One aspect that was raised about the venue was that it was in a space where no one else could hear the discussions, thus ensuring confidentiality.

This research revealed that multidisciplinary meetings were held at various formal and informal venues. These included the social worker's office (at the child and youth care centre or at the designated social worker's organisation), a conference room or a lounge in one of the houses. Many of the participants felt that sitting around a big table was too formal and that they would feel more comfortable to participate if the meeting is held in an informal venue (Participants 9 and 12). The participants expressed the need for the room to have a door that can close so that the matters being discussed in the room could be kept confidential and would not be heard by people walking by. Whilst two participants were comfortable with the meeting being held in their residential social worker's office as they identified this as a safe place (Participants 1 and 4), a few participants mentioned that the residential social worker's office was too small and that it was beneficial for the multidisciplinary meeting to be held in a neutral environment, where everyone is out of their 'comfort zone' (Participant 2). This is evident in the following two quotes: 'I like this room, ja. Everyone's out of their comfort zone, very professional' (Participant 2), and 'Yes, I actually feel very comfortable in her [social worker] office. It's because like when we used to come out of school and we would go there ...' (Participant 1).

Whilst the participants experienced the venue quite positively, they did not experience the use of *child-friendly language* in the meetings. The participants often felt that they did not understand what was being said in the multidisciplinary meetings as the adults would make use of 'high words'. This resulted in them feeling 'stupid' and incompetent. Participants indicated that social workers often referred to the *Children's Act* (RSA 2005), which caused them to not understand what was being said.

Another aspect that formed part of the micro-level was people's negative *reactions* in the multidisciplinary meeting. Participants experienced feelings of embarrassment and disappointment with the levels of conflict between adults in the meetings. One of the participants felt that her parents 'attacked' (Participant 12) her, whilst another participant said that her dad would 'go off at' her (Participant 8). The participants did not experience the high levels of conflict in a positive way.

On the meso-level, the participants discussed their experience of the *support they received* from various groups of people: family, residential social workers and child and youth care workers. The participants indicated that they received support from their parents and other family members, and this made them feel 'loved'. Participant 9 illustrated the support she received from her mother by saying the following:

She [mother] gave me courage ... you know that if you say something and someone attacks you, she is going to stand by you ... she was like my lawyer.

Participants also felt that they received support from their residential social workers. They indicated that their residential social workers tried to make them feel better by making jokes and supported them when their parents 'got out of hand' (Participant 9). Furthermore, Participant 12 mentioned that she felt confident with her residential social worker by her side and that this made her feel happy. Lastly, some participants indicated that they received emotional support from their child and youth care workers. However, two participants did not experience the support received from their child and youth care workers positively. One participant said she felt that her child and youth care worker was 'forcing herself to be supportive' (Participant 12), and therefore, the support did not feel genuine. Participant 9 said that her child and youth care worker was just 'checking if [she] was ok' and did not provide real support.

On the macro-level, participants specifically mentioned *legislation* in terms of children's right to participate in decisions and having their voices heard. International (UN 1989) and South African (RSA 2005) legislations make provision for children's right to participate in all matters affecting them. The participants referred to the following rights conceptualised in the UNCRC (UN 1989): Article 12 – respect for the views of the child; Article 13 – freedom of expression; Article 17 – access to information. The participants had a good understanding of what their rights are with regard to participation in multidisciplinary meetings. Participant 12 even mentioned her responsibility to also listen to the adults in the meeting. It became very clear in this study that the participants felt that the adults involved in the multidisciplinary meetings were denying them their right to participate, thus limiting their need to be heard and listened to. One participant (Participant 5, female, 15 years old) verbalised an experience of disrespect for their humanity:

I felt disrespected as a human and as a child, because we have the right to be heard and we also we have the right to listen and to be heard and that was my, to me that's a right to be in a family conference. It's because of what we want, is it not? And like we have the right to be heard.

Participant 10 also mentioned her right to 'stand up and to say but I think, I don't agree with this. I don't want to do it. I choose something else' (Participant 10, transgender, 15 years old).

From the voices of the participants, it is evident that children are aware of their right to be included in the multidisciplinary meetings and to disagree with the views of adults. The participants do not view themselves as being 'too young' to participate, but rather feel that they should be treated as equal parties to adults in multidisciplinary meetings. They understand their rights, and they feel as if this right is continually violated by the adults involved.

Theme 4: The process of multidisciplinary meetings (time)

This last theme refers to what Bronfenbrenner earlier called the *chronosystem*, and indicates what happens over the course of an activity or interaction in historical *time* (Rosa & Tudge 2013:253). This specific theme focused on meso-time, which refers to the process before, during and after the multidisciplinary meetings.

As discussed earlier in the section entitled 'Theme 2: Participants' experiences of their internal and external characteristics and resources (person)', one of the elements that the participants mentioned regarding what happens prior to the multidisciplinary meetings is the *lack of preparation*. The participants indicated that they do not feel that they are prepared for their multidisciplinary meetings and they emphasised a need to be prepared to have a 'slight clue about what's going to happen' (Participant 9).

Another aspect was the *feelings experienced prior to the multidisciplinary meetings*. Most participants did not experience positive feelings prior to the meeting. Feelings experienced included feeling nervous, feeling that they cannot be free and feelings of being anxious, terrified and hurt. Participant 12 said, 'black, it describes my mood ... just don't want to feel anything at these meetings ...'. These negative feelings experienced prior to the meetings are usually a result of negative experiences with their previous multidisciplinary meetings. This made participants feel anxious and nervous about future meetings as they were afraid of similar outcomes to the previous meetings. This in turn results in a cycle of negative feelings before, during and after multidisciplinary meetings.

Most of the participants also experienced negative feelings during their multidisciplinary meetings. The participants mentioned feelings, such as 'guilty conscious' and feeling 'hurt' (Participant 12), 'anxiety' and experiencing the meeting as 'nerve wrecking' (Participant 9) and 'uncomfortable' (Participant 2). It is concerning that so many participants experienced these meetings negatively when multidisciplinary meetings are meant to be an institutional mechanism that facilitates the participation of children. In order for children's participation to be facilitated meaningfully, children should experience the multidisciplinary meeting as a safe place where they are able to participate in matters affecting them. However, the above quotes indicate that most of the participants did not experience a sense of being 'safe' during the meetings. Participant 15 was one of the two participants who experienced the multidisciplinary meeting positively. This is highlighted in the following quote:

The first thing is that I feel free when I sit there ... I feel comfortable ... they help there, that I can say what I want and how they can help me ... and they make me feel like the president there.

Participant 13 said that he experienced the multidisciplinary meetings as an 'inspiration' when positive plans were developed. Whilst it is a concern that only two of the 15

participants had such a positive experience within their multidisciplinary meeting in a child and youth care context, it is important to emphasise the positive experience of these two children. Participant 15 mentioned that he was made to feel comfortable, and his experience of the adults was that they were there to assist him. He also mentioned that he was provided with the opportunity to express his wants and views. This child highlighted that the adults involved in the multidisciplinary meetings were capable of creating a space for children to feel secure enough to share their views and be part of the decision-making process.

It may be appropriate to add that gender could also have an influence on how children experience their participation in multidisciplinary meetings. This study only included three male participants, two of whom had reasonably positive experiences of their participation. Whilst this may be coincidence, it may also be a result of differences on the basis of gender. According to Akerkar (2001:3), participatory practices have lacked the awareness of gender and gender differences for many years. What is important to recognise is that participation is not a spontaneous process where each person, regardless of gender, is able to take part. Whilst this may be connected to how the participants view themselves according to their gender – which consequently may lead to how they participate – it is also linked to the residential social workers and child and youth care workers and how they view their own positions in life from a gender perspective (Akerkar 2001:14).

Most of the participants felt 'upset' (Participants 1 and 4), 'down' (Participant 9) and 'panicky' (Participant 12) after their multidisciplinary meetings and said that they would usually cry in their rooms afterwards. Participants experienced these feelings as a result of the interactions in the meetings, but also because of the outcomes of the meetings. Participants often felt sad after a multidisciplinary meeting if the outcome was not what they had expected. However, the participants mentioned that they received *support from various people after the multidisciplinary meetings*. These people included family, friends, residential social workers and child and youth care workers.

Discussion

Participation is a process and cannot be viewed as a single occurrence or a once-off activity (cf. Jones 2010:6). Therefore, the data provide insights into the various elements in the process of children's participation as identified by the participants.

The participants felt that the adults at the multidisciplinary meetings did not listen to their views because of the stereotype of 'grownups always being right' (Participant 9) and that their opinions were consequently not taken into consideration. This resulted in participants feeling 'hurt' and 'angry'. They felt that they were *not asked for their opinions*,

and this was why they would not say anything. They also felt that their participation was not encouraged or supported. Participant 9 said:

Decisions are based on what they think is best for me, so I don't actually have control over what is happening ... I feel like I don't exist. I feel like I am just a body sitting there and then they are talking and they have all this control and I don't get to say what I want, or what I think is best ... I feel very invisible.

This indicates a lack of *control* – a lack of agency – that children feel when they are not included in decision-making processes. They felt excluded, unimportant and experience their multidisciplinary meetings as a place where they are not seen or heard.

According to Vis et al. (2012:20), despite legislations providing for children to participate in decision-making processes, social workers continue to deny children their rights. Vis et al. (2012:20) revealed three possible reasons for this. Firstly, some social workers are afraid of the harm that may be caused to children if they participate, and they therefore do not attempt to facilitate the process. Secondly, whilst some social workers understand the necessity of children's participation, when they attempt to facilitate the process, they realise that the process has various challenges and they then give up. Thirdly, some social workers feel that they lack the necessary communication skills to build the necessary relationships with the children.

Both the UNCRC (UN 1989) and the *Children's Act* (RSA 2005) highlight children's rights to participate in decision-making processes and have their voices heard and listened to. However, this was not the experience of most of the participants. Most of the participants felt that the adults did not give them an *opportunity to express themselves*. Only three out of the 15 participants indicated that their views were listened to and taken into consideration. This study clearly reveals that children have a desire to participate in their multidisciplinary meetings. If children are not given an opportunity to speak and have their voices listened to, it would be very unlikely for their views to be taken into consideration during the decision-making processes in multidisciplinary meetings.

Furthermore, the participants identified a direct link between taking their *views into consideration* and decision-making. It became clear from this study that participants believed that the concept of adults taking their views into consideration means that the adults would act on their views. The same theme was seen in a study conducted by Johannisen (2014:73–74), where adults and children had different perceptions of children's participation. In the study conducted by Johannisen (2014), it was evident that adults saw it as the process of working with the child (thus taking the child's views into consideration), whilst children felt that their participation should lead to the implementation of their wishes. Because of a lack of consensus between children and adults, children often experience frustration, anger and

sadness as they feel that their *views were not taken into consideration* because their wishes were not implemented. Some participants of this research felt that social workers would intentionally disregard their views. Other participants verbalised that they could understand why their social workers made the final decisions. These participants mentioned that they thought that social workers made the *final decisions* about their lives because they felt responsible for the participants, because they were 'scared' (Participant 6) that something negative would happen to the participants and because they thought they were making the right decision for the participants.

Shemmings (2000:240) refers to this as the 'rights' versus 'rescue' approach. A 'rights' approach refers to the process where social workers believe it is the right of children to participate in matters affecting them. These social workers therefore facilitate the process of children's participation. In this context, the word 'rescue' refers to 'protection'. Social workers who work from a rescue position facilitate a less empowering model of participation in practice (Shemmings 2000:241). In order to ensure that children are empowered during the process of participation, it is necessary that social workers create a therapeutic environment that provides a space for children to express their views openly (Shemmings 2000:241–242). However, this may be a challenge if social workers feel that they already know which decision would be in the child's best interest. In this case, social workers might not include children in the decision-making process as they may continuously be aware of their responsibility to protect children who are, because of circumstances, in an even more vulnerable position. Shemmings (2000:241–242) maintains that it is not worth it for social workers to practise from an exclusive rights-based perspective or a rescue perspective; instead, they should implement a more flexible approach to balance the two perspectives.

Another element that emerged as part of the process of participation is how participants experienced being physically *excluded* from their multidisciplinary meetings. All participants felt that they wanted to be present at their multidisciplinary meetings. When excluded, participants felt that their views were not valued and that they 'didn't exist' (Participants 9 and 12). Participants were unhappy when they were not present in the meetings as they wanted to hear what was discussed about their lives. Furthermore, Vis et al. (2012:9) highlight that children are three times more likely to have an impact on the outcomes of decisions made if they are physically present in the meeting.

The participants study also felt that they were not provided enough information prior to the multidisciplinary meeting (Participants 1 and 9). The participants experienced a lack of preparation for meetings, which leads to feelings of both stress and anxiety. They felt a need to be prepared and to know what to expect at the multidisciplinary meeting. Participant 9 mentioned that when her social worker prepared her for her family conference, she felt cared for and

that it was as if her social worker was not just doing it because it is her job. Participants therefore experienced *preparation* for multidisciplinary meetings as positive and necessary. Healy, Darlington and Yellowlees (2012:8) concur that preparation is vital in creating a safe and secure environment for multidisciplinary meetings.

Being provided with choices during the multidisciplinary meetings allows children to experience feelings of being in *control*, thus feeling part of and able to participate. Furthermore, when children are provided with choices, it is more likely that the decisions made would be more appropriate and acceptable for the child, thus affecting the implementation of the decision in a positive manner (Cashmore 2002:839). Children frequently lack control and power in their lives, especially in a society where children are silenced and viewed as being invisible and where adults are perceived as being the 'experts' (Roche 1999:477). Children feel powerless over their lives if they are not heard and listened to, and this may result in them experiencing power struggles with adults (Oaklander 2006:59). This occurs as adults sometimes fail to recognise children as fully human, who also have rights, and who have the ability to be part of the decision-making processes pertinent to their lives (Manion & Nixon 2012:30).

Conclusion

Legislations on both South African and international levels highlight the importance of including children in the decisions that affect them. Whilst legislation emphasises that children's participation is a right, it is evident that this is not always the children's experience. We can conclude that the most important lesson that emerges from this research process is that we have to take more cognisance of the way theoretical frameworks are utilised and the prominence of adult perspectives when listening and interpreting the experiences of children. It is clear that the practical implementation of the directives in our legislation is still lacking. Part of the problem that underlies this is the thought patterns and views of the society. It is here where disciplines such as theology can contribute. Once a multi- and transdisciplinary discourse has set the stage by creating an inherent culture of child participation, more research is required to determine practical solutions for the problems children experience during participation.

Listening to children and their experiences has made us aware that their participation in decision-making processes and in contexts of research should be supported by a culture that appreciates and respects their full humanity. Although this article focused on exploring the current situation rather than offering solutions, it is safe to say that creating such a culture takes more than just the social worker. The entire multidisciplinary team and role players beyond the multidisciplinary meeting should be involved in advancing such a culture. Theologians, teachers, etc. should urgently join the conversation. They should function as conversational partners with children within the tension field of human

vulnerabilities and capabilities, acknowledging the give and take movements within adult-child relations.

Researchers and practitioners with an interest in the field of childhood and children, child protection and child participation, children's rights and child justice should work in inter-, multi- and/or transdisciplinary ways to explore emancipatory methodologies with children. Adult researchers and practitioners surely need methodologies that will develop them into active listeners – listeners who are led by children to meet them where they are and to address their real questions and challenges in ways children themselves construct. Listening to children in respectful and humanising ways embodies a humble way of seeking with children their own and adults' place, dignity and agency in this world. When doing social work, theology or other forms of professional practice with children, researchers and practitioners will surely be humbled by the wisdom and courage of children, and the mutualities and differences in humanity that the children and adults share.

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Competing interests

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Authors' contributions

J.C.J. was responsible for data collection. H.Y. and C.v.W. were the promoters of this research. All authors equally contributed to the writing of this article.

Ethical considerations

This study was approved by the Health Research Ethics Committee (HREC) on 09 December 2014 (Ethical clearance number: NWU-0126-14-S1) and by the Department of Social Development Research Committee on 11 March 2015 (Ethical clearance number: NWU-0126-14-S1).

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