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# PARTICIPATION OF CHILDREN AND YOUNG PEOPLE IN DECISION-MAKING IN OUT-OF-HOME CARE IN AUSTRALIA

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## Introduction

Current research has recognised the importance of encouraging the participation of children and young people in decision-making about their lives in care (e.g. Clark & Percy-Smith, 2006). Leeson (2007, p.276) argued that they must be treated as "...active participants in their world. Ignoring their voices or preventing them from being heard through overzealous notions of protection is both dangerous and manifestly unfair". However, until relatively recently, there has not been a great deal of attention given to listening to what children and young people actually experiencing the care system have to say about their lives. Trudy Festinger's (1983) book titled *'No One Ever Asked Us ... A Postscript to Foster Care'* echoed the views of many who were "alumni of care" complaining that, while in care, they were not consulted about major decisions that affected them such as where they might live and with whom when removed from their biological parents.

The relative lack of consultation observed may result more from adults' believing that it is inappropriate to involve young people in decision-making than from the young person's capacity to participate effectively. Several studies (e.g. Mason, 2008; Tregeagle & Mason,

2008) support the view that children and young people should be considered as "knowledgeable about their own needs" (Mason, p.358). Bessell (2011), in her synthesis of previous work, gives a clear description of what participation involves: "(i) a child or young person has sufficient and appropriate information to be able to take part in the decision-making process; (ii) a child or young person has the opportunity to express their views freely; and (iii) the child or young person's views affect the decision" (p.497). When responding in such a context, children and young people can provide unique insights into their care experience.

What children and young people actually say when interviewed was summarised by Fox and Berrick (2007) in their review of the international literature. They identified four major themes: safety; wellbeing; families; and promoting permanence. In Australia, Bessell's (2011) qualitative study of 28 children and young people in care found similar topics to be important including placement issues, contact with family and friends, and the wider social concerns of housing and education.

Since its inception in 1999, the CREATE Foundation has offered programs that help children and young people in care to build self-confidence and self-esteem

through the acquisition of skills that enable them to reflect on their situation and share their thoughts with others in the care system. It also provides pathways through which these views can be communicated to the wider community. This paper reports the views of children and young people within the Australian care system regarding the type and extent of their participation in decision-making affecting their lives.

## Method

### *Participants*

Data for this paper were drawn from a larger study investigating the experiences of children and young people living in out-of-home care in Australia (McDowall, 2013). For this component about participation, reports from 811 respondents were analysed, stratified on four variables: two Age Groups (542 in the 10-14 age group; 269 between 15-17 years); Sex (437 females; 374 males); Culture (531 Anglo-Australian; 235 Indigenous; and 45 of other cultural background including African, European, and Asian); and Placement Type (473 in foster care, 240 in kinship care, and 98 living in residential accommodation). Approximately half the respondents volunteered to participate after being selected at random from de-identified client information provided by all state and territory governments except Western Australia. The remaining respondents agreed to participate in response to being selected randomly from the national database of *clubCREATE* members.

Respondents also reported on their experience of disability. Overall, 188 (30.2%) claimed to suffer from some impairment, of which 33 per cent claimed an attention deficit disorder, 11 per cent

experienced an intellectual disability, and 7 per cent reported autism spectrum disorder.

### *Materials*

As part of the CREATE Report Card 2013 survey (McDowall, 2013), children and young people in out-of-home care were asked a series of questions specifically about their participation in decision-making surrounding their lives, their involvement in meetings, and their knowledge and capacity to raise issues about their care experience.

The primary survey was designed to be administered as a CAPI (Computer-Assisted Personal Interviewing) tool (Scott, 2008) using the platform developed by the CREATE Foundation. Being web-based, this vehicle could be self-administered by online participants or used for question prompting and data entry by CREATE staff when conducting structured interviews with respondents. Interviewers also had access to a hardcopy version of the survey for recording responses from young people in areas where web access and computer assistance were not available.

### *Procedure*

Before this study began, ethical clearance was obtained through Griffith University (Reference Number QCA/07/12/HREC). Governments were supportive in posting project information and invitations to participate to all children and young people included in random samples drawn from the de-identified client data supplied. Participants were eligible to enter the draw for prizes (including iPods and an iPad, as well as gift vouchers) in each state and territory to encourage their involvement.

Some children and young people logged in using the unique usernames and passwords provided in their invitation and completed the whole survey in one period; others chose to break the survey over two sessions. Alternatively, respondents telephoned CREATE offices and completed the survey as a structured interview with staff. Governments also permitted CREATE staff to phone young people in the sample from department offices.

Because the response rate from the random sample was not as high as desired (even with limited direct calling), additional participants were sought by contacting a random sample of members from *clubCREATE* who had recorded phone numbers. Information about the project also was included in *clubCREATE* magazines and was presented at carer and agency conferences, so that these key people could facilitate the involvement of children and young people. Data collection extended for six months from June 2012. Information collected was summarised and analysed using IBM SPSS Statistics Version 21 for Macintosh computers.

## Results

### *Having a say*

As an expression of the principle of participation, it is essential that children and young people have an opportunity to communicate their views in various forums, and to be confident that adults involved will consider their wishes and opinions. To assess their participation in decision-making, respondents were asked to rate, using a 6-point scale (1: Never; 6: All the time), how often they were able to have a say about decisions that affected their lives while in care. Further, they were to indicate to what

extent they felt that people listened to what they had to say (1: Not at all; 6: Totally).

Overall, 66.5 per cent of the 811 respondents reported having a say at least “reasonably often” in decision-making affecting their lives. While little variation was observed between males and females, or over Cultures and Placement Types, significant differences were found for Age group in how often children and young people felt able to be involved. Not surprisingly, probably because of developmental differences in confidence, those respondents in the 15-17 Age Group (M 15-17 = 4.5, 95% CI [4.4, 4.7]) felt more able to have a say than did those in the 10-14 group (M10-14= 4.2, 95% CI [4.1, 4.3]). Encouragingly, no differences were found across the ages in the extent to which respondents believed people listened to them when they did express their views.

However, differences were revealed among cultural groups and Placement Types for the degree to which respondents believed people listened to what they said in general. The Indigenous sample (M = 4.4, 95% CI [4.2, 4.5]) reported feeling less heard than did Anglo-Australians when Cultures were analysed.<sup>2</sup> A similar experience was reported by those in residential care (MR= 4.1, 95% CI [3.8, 4.3]) compared with respondents in foster (MF= 4.6, 95% CI [4.5, 4.8]) and kinship placements (MK= 4.7, 95% CI [4.5, 4.8]).<sup>3</sup>

### *Topics of concern*

Children and young people were asked to list the care situations about which they had been consulted most often. The 513 children and young people who commented mentioned 608 topics; of

these, 10.9 per cent indicated that they could have a say about most things. Of the remainder who gave specific references, the following categories were identified: Leisure (sport, games, activities): 21.8%; Daily Living (food, dress, tasks, rules): 10.5%; Family and Friends (contact and access): 24.5%; Placement (choice of desired living location and arrangements): 13.1%; Life in Care (discussions with caseworkers, comments about placements): 8.1%; Education (choice of school, subjects): 20.7%; and Health: 1.3%. These data indicate that Family and Friends, Leisure, and Education are subjects that have particular salience for this group.

In addition, participants were presented with a list of aspects of life and asked to indicate how important it would be for them to be consulted on each. Mean ratings using a 6-point scale (1: Not at all important; 6: Very important) are summarised in Table 1.

Significant differences were found among the importance of being consulted on aspects, but no significant differences were revealed for any of the between-groups variables (Sex, Age Group, Culture, and Placement Type).<sup>4</sup> Being consulted about where they were placed, their daily routine, and issues surrounding their care experience were considered more important than having a say about leisure activities and family contact.

#### *Participation at meetings*

Children and young people also were asked to rate using a 6-point scale (1: Not at all; 6: Very often) (a) how frequently they had participated in formal meetings with caseworkers and key people in their lives (e.g. family group meetings), and (b) to what extent they thought their views were considered at these meetings (1: Not at all; 6: All the time). Overall, 27.5 per cent of respondents reported participating in such meetings at least “reasonably

**Table 1**

*Mean ratings by respondents of perceived importance of consultation on the designated aspects of life in care*

<b>Aspect of Life</b>	<b>Mean</b>	<b>95% Confidence Lower Bound</b>	<b>Interval Upper Bound</b>
Leisure	4.8	4.8	5.0
Daily Life	5.1	5.1	5.2
Family Contact	4.9	4.8	5.0
Where Living	5.2	5.1	5.3
Life in Care	5.1	5.1	5.2

often", and 43.9 per cent of those who participated more than a little ( $n = 805$ ) claimed that their views were considered "reasonably often". Significant Sex and Age Group differences were observed in participation.<sup>5</sup> Females (MF= 3.3, 95% CI [3.2, 3.4]) were more likely to participate than males (MM= 3.0, 95% CI [2.8, 3.1]). The older Age Group (M15-17 = 3.4, 95% CI [3.3, 3.6]) participated more frequently than did the younger group M10-14 = 3.0, 95% CI [2.9, 3.1]). No other significant differences were detected.

Correspondingly, Sex and Age Group differences were found for reports of the extent to which respondents' views were considered at meetings.<sup>6</sup> Females (MF= 3.6, 95% CI [3.4, 3.7]) reported being heard more than males (MM= 3.3, 95% CI [3.2, 3.5]); and members of the older group (M15-17 = 3.9, 95% CI [3.7, 4.0]) felt that their views were considered more than did those in the younger group (M10-14 = 3.3, 95% CI [3.1, 3.4]).

#### *Feedback and complaints*

Having a say also means that children and young people can give positive feedback to those people providing support, and can lodge a complaint if they are unhappy with aspects of their life-in-care experience. Respondents were asked if they had ever told a caseworker or carer that they were happy with something that had been done for them. Overall, an encouraging 73.2 per cent of 811 respondents claimed that they had given such positive feedback. No differences were found between levels of any of the independent variables on this measure.

While children and young people should be encouraged to give positive feedback, they also must have the information and support to enable them

to notify decision-makers if they need to complain about their treatment. To this end, respondents were asked whether: (a) they knew how to make a complaint within the care system; (b) they had actually made a complaint in the hope of getting some aspect of their care changed; and (c) they had wanted to complain about something but had decided against that action.

Overall, 52 per cent of respondents indicated that they knew how to make a complaint within the system. As might be predicted, the strongest effect regarding this knowledge involved Age.<sup>7</sup> More of the older respondents than expected (59.9%) had the necessary knowledge of the system compared with the younger group (48.2%). No age differences were observed in whether or not respondents had raised their concerns with authorities (18.9% overall), or in the numbers who had wanted to complain but chose not to (26% overall).

Placement Type differences in the three complaint variables are presented in Figure 1. Those in Residential care appear to be particularly well informed about the complaints process compared with their peers in alternative placements.<sup>8</sup> These respondents reported complaining more than expected statistically (while those in Foster and Kinship care seemed to have fewer issues than expected).<sup>9</sup> Those children and young people in the Residential group also experienced more occasions where they felt like complaining but decided against it.<sup>10</sup>

Reasons given by respondents for not complaining were analysed to determine why they did not follow through. In total, 195 children and young people volunteered thoughts on why they

changed their minds. Of these, 35.4 per cent ( $n = 69$ ) indicated that the situation improved and the issues were no longer worth worrying about. A further 28.7 per cent ( $n = 56$ ) felt scared or were concerned with possible consequences. A few were advised not to complain (10.3%,  $n = 20$ ) and some were worried about the effect the complaint might have on others (9.7%,  $n = 19$ ). The remaining respondents felt that either there was no use doing anything (5.1%,  $n = 10$ ) or didn't know what to do (10.8%,  $n = 21$ ).

#### *Factors influencing participation*

It was of interest to determine which of the measured variables might best predict levels of participation by children and young people within the care system. A participation score was

calculated for each respondent by combining the ratings obtained for "how often they had a say" and the "extent of participation in departmental meetings". This was used as the dependent variable in a hierarchical regression analysis. Predictor variables included: Age; Sex; Disability (presence or absence); the extent to which respondents had their Views Considered (a variable calculated by combining ratings for the extent to which "people listen to what you say" and "your views are considered" at departmental meetings); Happiness in Placement; placement Stability; and dummy categorical variables of Residential vs Home-Based placements and Indigenous vs Anglo-Australian cultures.



**Figure 1.** Percentage of respondents living in the various Placement Types who indicated that: (a) they knew how to make a complaint; (b) they had made a complaint; or (c) they had wanted to complain but decided against that action.

**Table 2**

*Summary of Hierarchical Regression Analysis for Variables Predicting Participation by Children and Young People in Decisions Affecting their Lives in Out-of-Home Care (n = 755)*

Variable	B	SE B	$\beta$	t
Step 1				
Age	0.20	0.03	0.22	6.07***
Sex	0.24	0.07	0.12	3.28***
Disability	0.00	0.09	0.00	0.01
Step 2				
Age	0.10	0.03	0.11	4.05***
Sex	0.17	0.06	0.08	3.04***
Disability	-0.06	0.06	-0.03	-0.94
Views Considered	0.61	0.03	0.64	22.69***
Happy in Placement	0.07	0.06	0.04	1.23
Stability	-0.30	0.17	-0.05	-1.74
Step 3				
Age	0.09	0.03	0.10	3.77***
Sex	0.18	0.06	0.09	3.20***
Disability	-0.05	0.06	-0.02	-0.83
Views Considered	0.61	0.03	0.64	22.62***
Happy in Placement	0.10	0.06	0.05	1.69
Stability	-0.19	0.18	-0.03	-1.04
Residential vs. Home-Based	0.14	0.06	0.07	2.19*
Indigenous vs. Anglo Australian	-0.02	0.06	-0.01	-0.25

*Note.*  $R^2 = .06$  for Step 1;  $\Delta R^2 = .41$  for Step 2 ( $p = .000$ );  $\Delta R^2 = .00$  for Step 3 ( $p = .08$ ).

\*  $p < .05$ ; \*\*\*  $p < .001$

Table 2 shows the results of this analysis. The regression model in the Step 3 accounted for 47.7 per cent of the variance in Participation.<sup>11</sup> As suggested by previous findings, Sex and Age were important predictors, with females participating more than males, and the older respondents tending to be more involved than the younger cohort. Also, there was a tendency for those in Residential care to report greater participation levels than children and young people in home-based placements, possibly because of the greater likelihood for these respondents to be active in the complaints process.

However, by far the most significant predictor of participation in decision-making by children and young people in care (as indicated by the corresponding Beta coefficient in Table 2) was the extent to which they believed that their views were being considered, that people were listening to what they had to say. It was interesting that self-reported experience of disability, happiness where living, stability of placements, or cultural identification did not influence significantly degree of participation.



## Discussion

### *Having a say*

Given the strength of argument from research in favour of children and young people's participation in decision-making, it is disappointing that only 66.5 per cent of respondents could claim that they had been able to have a say on issues that concerned them "reasonably often". Overall, this suggests that there is considerable scope for more consultation with young people. It also is of concern that respondents in Residential locations feel less "heard", as do those in the Indigenous sample. While overall much work needs to be done to improve children and young people's participation, these areas require special attention, possibly through the adoption of similar engagement strategies to those identified by Vromen and Collin (2010) for working with marginalised young people (that is, consultations that are youth led, purposeful and fun for the participants).

From comments volunteered by children and young people when identifying the topics on which they were most likely to have a say, it appeared that they contributed most to decisions about contact with family and friends, school issues and leisure activities. The observation that they rated leisure and family contact as the *least important* subjects on which they wished to be consulted probably reflects that these areas already were well addressed. Clearly, respondents wanted a greater say regarding other topics including issues in daily life, where they were placed, and their care experience.

### *Feedback and complaints*

Having a say involves not only being

capable of expressing thoughts and ideas when consulted, but also being able to provide feedback about positive experiences and able to follow procedures in making complaints, if necessary, through appropriate channels. To be able to take these actions, children and young people must have relevant information about the processes to follow and must be aware of the possible outcomes (positive and negative) that may result from a complaint. As Holland (2010) observed, the level of knowledge and engagement with the system may not be a high priority for children and young people in care. She found from a long-term study of a small group of looked-after young people that:

*"their predominant interests and concerns were more about their care relationships ... They appeared relatively (and, in some cases, completely) uninterested in the care system such as care plans, reviews and rights."*(p.1671)

Other young people who have attempted to exercise their rights have experienced difficulties because of the unintended and unexpected consequences of their actions. Barnes (2007) reported anecdotal evidence of the dilemma faced by some young people who had complained about their treatment from carers; one suffered ridicule by staff from the unit in which she lived, and another was moved to even less satisfactory accommodation.

These two aspects (level of knowledge of the system and possible concerns with outcomes) were explored in the present study. On the positive side, over 70 per cent of respondents had passed on feedback praising supporters

for assistance given. Consistent with Holland's (2010) findings, only half of all respondents claimed that they knew how to complain if necessary about any problems they may have. This is associated with the observation that only 19 per cent actually have made complaints. Either most children and young people have little need to complain, and therefore have not bothered to find out how; or they don't know how to complain and therefore have not taken that action. More work must be done to ensure that all children and young people know their rights within the system, so that they can make an informed choice as to whether or not to exercise them.

Larger numbers of those in Residential care knew about the complaints process, but these placements also had most respondents who wanted to complain but reconsidered. Most concerning is that 11 per cent of these didn't know what to do, and that 54 per cent chose not to raise the issue because of concerns with possible negative outcomes. It would seem desirable that the complaints processes be reviewed, with the aim of reducing any unnecessary adversarial or punitive connotations and treating it as an opportunity to gather information to improve the system for the benefit of everyone.

#### *Factors influencing participation*

It is clear from these data that, for children and young people to participate in decision-making that affects their lives, and overcome the inertia that Holland (2010) describes, they must feel that the people who have the power to change the system are listening to what they have to say. As Barnes (2007) advocated, rather than operate under a "Protectionist" model of children's rights

which justifies adult control because they are seen as being "not capable of making their own decisions, liable to make mistakes and vulnerable", it would be preferable for child rights workers and advocates (and possibly researchers) to adopt a "Liberationist" model which views children as "competent and able to learn" and to consider it "unfair to deny a child the opportunity to participate in decisions about their future" (Barnes, p.142). Children and young people are telling us that Cashmore's (2002) summary is still relevant today: "Participation does not mean having the right to make the decision or determine the outcome, but it does mean being listened to and having one's views taken seriously and treated with respect" (Cashmore, p.838).

#### ENDNOTES

1. Univariate ANOVA comparing mean Participation rating by Age Group:  $F(1, 809) = 10.3, p = .001$ .
2. Univariate ANOVA comparing mean Views-Considered rating by Culture:  $F(2, 808) = 4.5, p = .01$ .
3. Univariate ANOVA comparing mean Views-Considered rating by Placement Type:  $F(2, 808) = 9.5, p = .001$ . Post hoc comparisons, employing the Bonferroni adjustment, were significant beyond  $p = .001$ .
4. A series of mixed ANOVAs (Aspect of Life [5 levels] by Sex [2], Age Group [2], Culture [3], and Placement type [3]) with repeated measures on the first factor and employing the Greenhouse-Geisser correction were conducted. No main effect was found for any independent variables; the Aspect of Life effect was significant:  $F(4, 2855) = 13.9, p = .001$ . Post hoc comparisons employing the Bonferroni adjustment were significant beyond  $p = .005$ .

5. Univariate ANOVA comparing mean Participation rating by Sex:  $F(1, 809) = 24.3, p = .001$ ; univariate ANOVA comparing mean Participation rating by Age Group:  $F(1, 809) = 12.3, p = .001$ .
6. Univariate ANOVA comparing mean Views-Considered rating by Sex:  $F(1, 803) = 5.5, p = .02$ ; univariate ANOVA comparing mean Views-Considered rating by Age Group:  $F(1, 803) = 28.1, p = .001$ .
7. Knowledge X Age:  $X^2(1) = 9.4, p = .002$ .
8. Knowledge X Placement Type:  $X^2(2) = 15.9, p = .001$
9. Complain X Placement Type:  $X^2(2) = 16.3, p = .001$
10. Not complain X Placement Type:  $X^2(2) = 29.0, p = .001$
11. Regression model Step 3:  $F(8, 746) = 84.9, p = .001$ .

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