

Chapter 10

The Participation of Children in Care in the Assessment Process

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10.1 Introduction

In child protection policy, children are regarded more as an object to be protected than as the subject of rights (Wolff et al. 2013). This is tied to the history of child protection. Child protection policy emerged in the nineteenth century with the idea that the State should intervene in the private lives of families to protect the weaker members of the family unit. But as Youf (2002) stressed, child protection policy in France was not built with an approach based on children's rights, but with the intent to preserve the social order and pursue a demographic objective. Child protection law did not intend to promote a philosophy of human rights and children's rights, but aimed to fight the lack of adaptation of children at the fringes of society. In a path-dependent way, the French child protection law of 1945 does not promote the individual rights of the child. This also relates to the familialist social model in France. In a holistic approach, the individual is considered as a part of the family. The family is the proof of the anteriority and supremacy of society over individuals. In this conception, giving individual rights to family members is seen as a step towards the destruction of the social fabric and society (Commaille 2008). Furthermore, in child protection, rights to protection were for a long time seen as antagonistic to civil rights. Children were seen more as vulnerable human beings in need of protection than as possible autonomous actors (Wolff et al. 2013).

Nevertheless, the status of the child in care has evolved considerably with the adoption by the United Nations of the Convention on the Rights of the Child (UNCRC 1989). The States parties to the UNCRC recognize the child as a rights holder, including both socio-economic and civil rights. They must therefore grant him/her protection, provision of services, and effective possibilities for participation. The UN Convention on the rights of child also enhances the rights of children

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in care: for instance, children must be provided the opportunity to be heard in any judicial and administrative proceedings affecting them. Similarly, they have the right to be heard in care during the assessment of their situation. Furthermore, the 2005 Council of Europe recommendation on the rights of children living in institutions sets out a number of specific rights, such as the right to take part in the decision-making process and the individual care plan (Council of Europe 2005). But unlike the UNCRC, these guidelines are not legally binding. In 2009, the European Committee for Social Cohesion evaluated the implementation of the recommendation and showed numerous difficulties (Council of Europe 2009). This is precisely to overcome such obstacles that Sen (2000) pointed out the necessity of paying attention not only to appropriate procedures but also to the availability of adequate opportunities for enhancing participation.

France is beginning to adapt its legislation to these recent international norms. The March 5, 2007 reform incorporated many of these principles: decisions must take into account the best interests of the child, who has the right to take part in the assessment process via the set-up of the individual care plan. In addition, the reform gives administrative services the primary responsibility for conducting the assessment, in line with the principle of double subsidiarity: state intervention is supplementary to the intervention of parents in raising their children, and the intervention of courts does not come until after the intervention of the administration. The main idea is to bolster voluntary help, prior to imposing compulsory help. This reform takes place in the wider context of transforming social work, following a contractual approach where more freedoms but also more responsibilities are given to children and their families (Astier 2007).

But the law doesn't clearly choose between the aforementioned familialist pattern and a new child-centered paradigm. It states, for example, that parents sign the individual care plan, but makes no explicit mention of the child's participation. According to Commaille (2008), although we can see the evolution towards a more child-centered approach, the ambiguity in the law and its implementation shows the lasting weight of the old familialist pattern. It is important in this context to try to understand the difficulties resulting from the gap between formal and real rights of the child during the assessment process. Indeed, it is not because participation with children in care is difficult that implementation of the democratic requirement and research in this area proves any less necessary (Wolff 2007).

Several difficulties immediately arise when designing and implementing a system for children's participation in care. The first lies in the fact that the aid relationship is not equal; it creates dependency by its very nature, especially when it is formed over a long period of time (Chauvière 2002). Furthermore children in this situation do not have a choice as to whether professionals deal with their case, so that help may be constrained. Moreover, this aid relationship is established by adult professionals who face children with lower bargaining power (Robin 2010). Moreover, there are multiple actors with potentially divergent interests in the child protection field. This is why it is vital, according to Wiesner (2006) and Munder et al. (2000), to consider the rights of the child in this context, where s/he finds himself in a vulnerable and unequal position.

But surprisingly, the sociology of weak actors (Payet et al. 2008) has omitted children as a category of vulnerable actors suffering from systematic deprivation of substantive opportunities to participate. However, it would be heuristic to attempt to understand children through the prism of the sociology of weak actors. In this approach, the actors are not seen as weak in themselves, but rather weakened by structural social relations with institutions that make them more vulnerable. This does not preclude their achieving strategies and new rules in the circles of power and within the institutions involved. But very little empirical research has sought to analyze the strategies and possibilities of child participation in care. The latter were mainly developed in the field of childhood studies.

After having been ignored for a long time, the issue of child participation in decision-making processes in care has recently been subjected to extensive research, mainly in the English- and German-speaking literature. Although the epistemological and methodological perspectives are different, the research leads to the same conclusion, pointing out a large gap between the theory and practice of participation (Cashmore 2002). Leading research in this area, notably in Australia, shows the difficulty of conceiving the child as a subject in his/her own right during the assessment process (Mason and Michaux 2005). Professionals show greater ability to communicate with parents than with children during the assessment process; they fear that asking the children direct questions about their situation will make them more vulnerable. And the child's view appears little in the assessment, and is never a key factor in the decision (Mason and Michaux 2005). English studies have led to similar results. Interviewed professionals are convinced of the need for participation, however studies show that children are barely seen or heard during the assessment process. In dangerous situations, professionals are especially unlikely to engage in a process of meaningful child participation. Participation by children is encouraged primarily to get them to accept assistance rather than to give them the possibility of helping to shape it. The words of the child are used to justify the point of view of the professionals (Katz 1995). In this sense, participation is not used to question existing power relations; on the contrary, it strengthens them. This is why Holland (2001) refers to a process of "ongoing silencing of the voices of children".

The issue of child participation in decision-making processes remains unexplored in France. This is why we tried in our PhD thesis to study the participation of children in care assessment processes. We envisage the assessment as a process which "aims to systematically determine the extent to which the well-being of the child is threatened by any element connected to his/her environment, in order to propose appropriate action" (Boutin and Durning 2008: 77). The assessment process can take place as a diagnostic function, before assistance is given, or in the course of action to assess the evolution of the situation. Using biographical interviews with 16 children aged 11–19, in and out of care, we sought to understand how assessments were experienced by the children, and the role they were able to play in the process. We pointed out the enormous gap between the formal rights of the child to be heard in the assessment process and the possibility of exercising those rights. In this chapter, however, we will try to identify the individual and social factors

influencing children's participation in the assessment process. After presenting our theoretical and methodological framework, we will disclose some of the results of our empirical study of children's experiences in the care assessment process.

10.2 Theoretical Framework

According to Stoecklin (2013: 454), "The child is considered a 'subject of rights' as soon as the child is born. But the child's ability to obtain respect for personal rights is only progressively elaborated". To understand the discrepancy between formal rights and real rights, it is important to empirically study children's evolving capacities and agency. He argues that "the extent to which individuals develop their agency depends on the interaction between their evolving capacities and dynamic contexts they live in, and this is actually a non-linear lifelong process". Indeed, there is a cumulative interaction between individual factors and social context in the development of agency. In this sense, the capability approach could be of interest in understanding the development of children's agency. This approach insists on the idea of interconnections, interlinkages, and complementarity between individual factors and social opportunities in the improvement of power and agency.

The capability approach was developed by Sen (1999) and Nussbaum (2000) over the past two decades, and focuses on development policies. Central to this approach is the idea that the person is an active participant in change, rather than a passive recipient of dispensed assistance. Participation is a pillar of this approach, which espouses the notion that giving people more opportunities to take part in and make choices reinforces their capabilities to choose the things they have reason to value. The approach aims to capture the ability of people to pursue goals that they value and have reason to value: "The freedoms of persons can be judged through explicit reference to outcomes and processes that they have reason to value and seek" (Sen 1999: 86).

A distinction is made between instrumental freedom and substantive freedom, and capability is defined as a "set of vectors of functionings" reflecting the person's freedom "to lead one type of life or another. . . to choose from possible livings". According to Sen (1999: 75), "a person's 'capability' refers to the alternative combinations of functionings that are feasible for her to achieve. Capability is thus a kind of freedom: the substantive freedom to achieve alternative functioning combinations".

A key element of this approach lies in the interlinkages between the distinct types of freedom. The central idea of the capability approach is that there are interconnections between individual and social factors in the development of these capabilities. To understand the interlinkages of individual and social factors in the concept of capabilities, Sen developed the concept of "socially determined capabilities" (Sen 2000). In this approach, social arrangements should aim to expand people's capabilities:

The capabilities that a person does actually have (and not merely theoretically enjoys) depend on the nature of social arrangements, which can be crucial for individual freedoms. And there the state and the society cannot escape responsibility.

The approach attaches particular importance to the role of public discussion and interaction in the emergence of shared values and commitments:

The politics of social consensus calls not only for acting on the basis of given individual preferences, but also for sensitivity of social decision to the development of individual preferences. (Sen 1999: 253)

To capture preference building through social interaction, Sen develops the concept of “partial accord”:

It’s also important to recognize that social arrangements and adequate public policies do not require that there be a unique ‘social ordering’ that completely ranks all the alternative social possibilities. Practical agreements still separate out acceptable options (and weed out unacceptable ones), and a workable solution can be based on the contingent acceptance of particular provisions, without demanding complete social unanimity. (Sen 1999: 253)

Sen attaches particular importance to the development of capabilities of persons enduring systematic deprivation. Class and sex inequalities were thoroughly pointed out, and poverty was analyzed as a form of capability deprivation. A related concept, stigma, was also seen as a deprivation of the social opportunities to take part in society. The capability “to go without shame” has been given a central position in Sen’s (1999) and Nussbaum’s (2004) lists of basic capabilities, yet the notion is underdeveloped, philosophically and empirically, in this work (Crabtree 2008: 57). In addition, particular attention was paid to women’s agency. Sen stresses that women and men have both congruent and conflicting interests that affect family living. According to him, “the impact of greater empowerment and independent agency of women thus includes the correction of the iniquities that blight the lives and well-being of women vis-à-vis men” in societies with strong “anti-female bias” (Sen 1999: 193).

Children, like women, suffer from inequality, and there is growing interest in integrating the capability approach into the field of children’s rights studies (Biggeri et al. 2011) to analyze the development of children’s capabilities in vulnerable situations. Nevertheless, its application has yet to be explored. A holistic approach of capabilities could be interesting to better understand the participation of children as a process influenced by individual factors, socio-economic realities of the children’s lives, and their relationship with adults and peers in their communities (Feeny and Boyden 2004). The capability approach also points out that participation of children is related to the representations of children, their vulnerabilities, and their capacities. Furthermore, it stresses that participation of children is related to the services at their disposal and the understanding of those services. But according to Biggeri et al. (2011), applying this approach to areas such as health and education is somewhat problematic, though some studies have recently looked into these issues.

However, the development of children’s agency has been widely studied in the field of children’s rights, principally through the analysis of participatory processes

in the context of interdependence and reciprocity (Lansdown 2010). For Smith (2002), participation is not a linear process or one that flows from adult to child, but a reciprocal activity in which children and adults build understanding and common knowledge. For this common understanding, emotion and effective communication are important. Thus, Smith (2002) shows that children are more likely to explain their views to an adult they trust, and with whom they can develop a relationship of reciprocity. Liebel (2010) distinguishes between ascending and descending participation. While descending participation is conducted by adults in a possibly adult-centric way, ascending participation is initiated by children and includes their subjective perspectives. Stoecklin (2013: 453) advocates for more attention to be paid to “children’s experience of their rights” and to how children make sense of everyday life. He argues that “assessments of participation remain fragile and possibly ethnocentric as long as we do not have a clearer understanding of the participants’ subjective sense of reality” (Stoecklin 2013: 447). He also argues for the development of more child-friendly methodologies to study participation processes.

10.3 Research Methods

In order to develop a child-friendly methodology, we used biographical methods in our work to understand the participation of children in care in the assessment process. The choice of a biographical approach is partly due to its heuristic and ethical attributes. Because it allows the linking of individual dynamics and normative constraints, taking into account the socio-historical contexts in which they occur, the biographical approach has strong heuristic value for sociology and educational science (Bessin 2009). Additionally, from an ethical point of view, the use of narratives can give stigmatized actors a chance to reopen the path to recognition (Butler 2007). Indeed, as Truc (2005) was able to conclude from the work of Ricoeur (1990), narration allows the individual, who is not the author of his or her actions and does not control their consequences, to keep making sense of the situation.

We conducted 16 biographical interviews with children and young people, both in and out of care, on their experiences and perception of participation in their assessment processes in two French sub-regional province¹ (Drôme and Ain). The originality of our methodology lies partly in the fact that each child and adolescent we interviewed nominated a further five people involved in their lives. We got in touch with respondents via children’s social services, following a random drawing of a panel and the acceptance of the research process by the respondents.

¹ In French administrative organisation the “departments” are in charge of child protection. The “department” (ie Province) is a local authority between the region and the town council.

Analyzing biographical interviews is not easy. It should be noted that a narrative is always collected at a specific point in time in the history of the subject, and that it is colored by meetings and positive or negative experiences. Therefore, the story and the feelings expressed are marked by reconstruction of the past in the present (Hamman 2002). Taking into account these principles of analysis, we will try in this chapter to understand the experiences of children and young people in assessment processes, and to analyze the factors that facilitate or hinder their involvement. The names of the children we interviewed were changed to protect their identity.

10.4 A Strongly Constrained Context with Little Possibility of Participation

Except in cases where children were involved in the request for assistance, they have few memories of the initial assessment: “I don’t remember having met a family assistant. My first memory is the placement.” (Adeline, 19 years old) The lack of memories associated with the administrative assessment raises questions; it cannot simply be attributed to a lack of memory in children. In fact, Frechon and Dumaret (2008) emphasize, in a meta-analysis of studies on the fate of placed children, that biographical research showed their capacity to remember such things. Could a weak memory be explained by post-traumatic amnesia, linked to the shock of separation? It is difficult to answer, but we can see that children have very specific memories of other events having taken place during the same period. They can for example give the exact date of court proceedings. This would qualify as partial amnesia, then! But can’t we consider the lack of memories about administrative assessments to be related to the low participation of children in the initial process?

Indeed, most of the children interviewed point to their lack of participation in the initial assessment of their own situation. Ten out of the 16 children interviewed mention not being heard in the assessment process: “They spoke while I was not there. I was not in the room. I didn’t follow the conversation.” (Abdel, 13 years old) Four interviewees said that they were heard alone, while their parents were not present: “I couldn’t really talk to my parents, only it was a little better.” (Marie, 14 years old) Two emphasized that it was important that parents heard what they had to say, yet they didn’t: “Actually, it did not bother me to have the social worker talk to me, but I would have loved my mother to hear it, because afterwards I would not have known how to explain and tell her about it.” (Abdel, 13 years old) Although our corpus is not representative, the results reflect the heterogeneity of professional practices in the implementation of child participation, as recognized in Article 12 of the International Convention on the Rights of the Child.

And when they *are* heard, children and young people speak of having difficulty trusting adults during the primary assessment and having had to explain their story to different stakeholders: “We have to re-explain things all the time.” (Fred,

19 years old) In addition, children emphasize the difficulty they have speaking in front of adults they do not know: “For a child, it is difficult to talk to an adult because of the age difference.” (Marie, 14 years old) This is due to the fact that they feel they will not be believed, if they are not supported by a third person:

I could not explain my situation; it was mostly her (the province head) who was speaking. She did not see the situation as I did. It looked like she did not believe what I was saying. She contradicted me [. . .]. At the beginning, I would have wanted to be listened to more. (Elodie, 14 years old)

In this difficult configuration, some of the youth eventually ended up resigned and kept silent about the choice of assistance means.

In defining help, certain children, adolescents and youth remember a meeting with a social worker who helped them choose between different types of assistance: “I saw a social worker. She understood better; she offered me solutions. She told me where I could find them.” (Marie, 14 years old) Others emphasize that their participation was limited by the lack of information they were given about the different possibilities for help. Six of the young people interviewed see themselves as actors in the decision made: “I’m the one who decided to come here. I’m the one who wanted to be placed.” (Assia, 16 years old). For the ten others, however, the decision was imposed on them: “I didn’t want to go. They told me I had to.” (Abdel, 13 years old).

In the choice of placement housing, three remember having written a letter to the children’s/family supervisor specifying their housing preference in terms of placement facilities. But despite the requests, their preference was not always heeded. The majority of youths interviewed said that the housing facility was imposed on them: “They told me: ‘where there’s room, you’ll be placed’. I would have liked to have been more or less informed.” (Elodie, 14 years old).

Regarding their ongoing assessment procedure, only one spoke of having been able to take part in the group review meetings where all the professionals were present. Most only remember the moments they were able to speak one-on-one with their advisor. The group meetings were thus seen by the interviewees as a space reserved for professionals, where children did not belong. One child, however, was allowed to attend a meeting usually reserved for professionals when her case was at an impasse:

They conducted reviews. They went to the General Council [i.e., province level]. Usually, I wasn’t supposed to participate. Children can’t go. Usually, I had no business being there. There was a special review. I went because the situation was at an impasse. They couldn’t find a solution; that’s why I went. (Assia, 16 years old)

In our cases children were given the possibility of attending meetings when adults are essentially unable to find solutions for their situation, whereas they are usually left out of the negotiations. This is what a girl explained to us; the scheduling for weekend family visits was imposed on her:

They didn’t even ask me about the schedule. The General Council came up with the schedule. I got it when it was finished. They opposed. . . um, I mean, imposed it on me. I told my dad about it. He said that they weren’t going to change the schedule for me.

The schedule itself said that we would rediscuss it together for vacations, but I don't know if I'll be there for that 'together'. Given that it's my situation, I'd like to be able to give my point of view, so that we could look at things together. The social worker does a bunch of stuff I don't know about. I'd like for us to meet and work everything out. (Elodie, 14 years old)

Thus, from the moment they are placed until the preparations are made for them to leave placement, children are not involved in the decisions concerning them, even though they are the ones most affected.

10.5 Inequality, Stigma, and Discrimination

This non-participatory experience can be linked to the asymmetric relationship between professionals and users of social services. But it isn't just the dominant position of professionals that creates difficulties for children, adolescents and youths; it's also the alliances between adults. Indeed, during the assessment process, parents are heard more than their children. As though the child's voice has less value than those of adults, as this young girl explains, trying to show that a child can also be competent enough to make rational choices:

Children are not heard simply because they are children. It's as if they thought I was lying, and only believed my parents. I cannot understand that. A child also knows what s/he is doing! (Océane, 19 years old)

It took until the 1980s for children's voices to become more credible in the eyes of many, but their voices remain fragile when going up against dominant adult speech. Professionals and parents "go before", children "come second". To make their voices and rationales heard, children, as "minors", have to redouble their efforts in the face of professionals who, caught up in the narrative of the parents, can forget the perception of the child.

Therefore, according to Leeson (2007: 274):

There needs to be recognition of the power adults have in children's lives. Adults caring for children in these situations wield considerable power vested in them by the authority but are not aware of the power they hold simply by being adults. There is an anxiety to protect the children from making the wrong decisions. This fits with the nature of current social work practice being risk-averse, but leads to serious questions about why children are being denied the right to make mistakes, draw their own conclusions and learn or even to have the right to change their mind.

The over-protectiveness by adults can also be seen as discrimination against children. Liebel (2010: 85) lists as a form of age-based discrimination "the measures justified by the need to protect children but which lead to their being limited and marginalized".

We can see that children in care are marginalized in the decision-making process and that their voice is stamped with the seal of incompetence, the effect of a discriminatory process that can lead to stigma:

We're not all mean kids, delinquent kids, or battered kids. There are stereotypes in everybody's head. A lot of people think that a placed child has problems, is a disturbed kid, one who has run away or taken drugs. You can't stereotype. Young people are not all the same. Young people are being difficult because they're not being heard, like they want to be. (Océane, 19 years old)

In Goffman's thesis cited by Nussbaum (2004), stigma is seen as an instrument used by a dominant group over a less powerful group to somehow make them appear less competent. Nussbaum (2004: 234) links stigma to primitive shame:

Often, the reasons why people form such groups and target others is a kind of deeply irrational fear of defect that is part of a more general shrinking from something troubling about human life, a search for an impossible type of hardness, safety and self-sufficiency.

But as the capability approach shows, stigma can deprive people of the basic ability to participate in the community. Indeed, children's capabilities are tied to the representations people have of them and their vulnerability and abilities. Taking into account Sen's analysis of women's agency, we can say that the development of empowerment and independent agency of children in care includes the correction of the iniquity and stigma that blight their lives and well-being.

However, in the context of descending participation with the highly unequal position of children, we observed in our empirical study that the opportunities for children in care to assess their own situation differed and evolved according to individual and social factors.

10.6 Reflexivity and Initiative at the Moment of Entry into Care: Key Individual Factors for Participation

In light of our empirical studies, it appears that two individual factors strongly influence children's possibilities for further participation in the assessment of their situation: reflexivity about their own history and taking initiative when entering the system. Thus, as shown in Germany by Munder and Mutke (2001), we must distinguish between children who take the initiative of entering the arrangement and those who do not.

In our corpus, seven of the 16 children interviewed could say that they were the instigators of their own protection. They are the children who were the most expansive about their family history. They very quickly perceived themselves to be in danger, and said they seized the initiative themselves to reach out to social services. They then had the impression of maintaining control over decisions throughout the process: "I started coming here. (...) In my case, it was me who decided everything from the beginning to the end." (Assia, 16 years old).

On the contrary, children who did not contact social services themselves had the feeling of being subjected to the help of adults. These children, who have a highly fragmented view of their own history, felt unable to take part in the assessment of their own situation. Such was the case of Abdel (13 years old):

First, I left for a foster family. The foster family was going to look after me. I said nothing; the decision had already been made. (...) They talked about it while I wasn't there. (...) I was little, I couldn't find the right words, and it was done quickly. I did not want to go there. They told me that I had to.

Children in similar circumstances did not feel in control of initial or subsequent placement decisions. Assigned a status akin to an object, they compared themselves to 'bags':

A social worker told me I was going to change foster families. (...) The decision was imposed on me. I did not want to leave. I felt like a suitcase being transported from one place to another. They did not ask for my opinion. I was introduced to these people. They took me home. I was told 'you will go there'. (Océane, 19 years old)

Nevertheless, some children who perceived themselves to be objects of adult intervention could, through the process of social assistance, consider themselves subjects of the intervention and learn to take part in the decision:

Before, it happened without me, now it's happening with me. During the first court proceeding, I said nothing, I cried (...). But at the third court proceeding, it was my mother who was crying and it was me who was talking. (Abdel, 13 years old)

In this example, the boy in the first court proceeding was an "infant" who could not speak, only cry. But at the third hearing, he placed himself in the position of an actor capable of speaking and acting, and his mother was the helpless one with only tears to express herself. This illustrates the recursive dimension of participation. Through the process of help and social opportunities, this child was able to develop an individual capacity to take part in the assessment process in care.

This is why the potential involvement of children in assessing their situation is not just linked to individual factors, i.e. reflexivity about their own history and initiating entry into the system; it also evolves through interaction with social factors.

10.7 Crucial Social Factors: The Services Available and Their Design

In our empirical study, the main social factors identified as influences on child participation in the assessment process are related to the services at their disposal as well as their design.

Let us reflect for a moment on the perception of children about social services at their disposal in assessment processes, and the quality of these services, in order to better understand the social factors which influence participation.

First of all, the children interviewed mentioned having had difficulties explaining their story to different stakeholders, due to the turnover of professionals:

You confide in someone. When that changes, you have to start the file again from the beginning, if it hasn't been transferred during the change in host families, juvenile centers, or psychologists. (Océane, 19 years old)

They want greater importance attached to the transitional period, when they could develop more self-confidence and “be tamed” before undertaking the assessment:

I think they have to try to get to know me a little more. When I saw my psychologist, she immediately asked: ‘What’s the problem?’, even though I don’t know her. She needs to know me better, take more time, and talk with the school to see what my behavior is like there. We first have to talk about different things. With the social worker, I take trips; we talked a little about everything. Those were good times”. (Elodie, 14 years old)

They also demand to be listened to more carefully: “It’s better when you have an adult who will listen. When you explain the situation and they don’t believe you, it does not make you want to continue.” (Marie, 14 years old) They want to be heard, whatever their age, and not in formal and imposed meetings:

There should be a little more listening to the wishes of young people, whether they are in their teens, pre-teens, or younger. You can’t stereotype. Young people are not all the same. Young people are being difficult because they’re not being heard, like they want to be. That listening ear is lacking between the ages of 7 and 12. They should take into account what the young person has to say, give them the opportunity to express themselves when they want and not necessarily impose meetings on them, and act according to the wishes of the young person. Foster families have the right to be heard; why would youth not have the right to be listened to when they want? People only listen when it is required. (Océane, 19 years old)

This narrative echoes the risk pointed out by Pluto (2007), i.e. that professionals only see the formal and procedural side of participation, that they use it when their processes need to be legitimized, while attaching little importance to the results of such participation. She also recommends paying attention to all verbal and non-verbal forms of expression of the children being assessed.

In the narrative of children in care, assessments during placement are in turn presented as a constraint or support, as the approach of assessment was retrospective or prospective.

The ongoing assessment is experienced by young people as a burden they try to avoid when it focuses solely on family history:

They ask us the same thing all the time: “have you seen your mother?” “It ends up being boring. I feel controlled. At the age of 16, I started to shrug it off a little better, almost all the time, but there was always a sense of rehashing things. (Fred, 19 years old)

Conversely, when the assessment served as an opportunity for advice and guidance for the future, it was perceived positively: “Some helped a lot and have been able to support me, understand me, help me, guide me.” (Adeline, 19 years old). For Bernoux (2004), returning to the past during the assessment process is only of real interest if it refers to a future perspective. In this sense, we can say that participation is interesting only insofar as it connects to concrete choices for children.

Moreover, for all the children interviewed, the assessment is seen as a time for review, “for an update on what was and what was not”, “to share some positive elements, some negative elements, and elements that must be improved” (Albert,

17 years old). It is seen as a time when their behavior is assessed more than their situation: “They wrote a report on my behavior here. It was pretty positive because I’m pretty calm.” (Assia, 16 years old). More than just a definition and evaluation of common goals along the lines of a contractual approach, assessment is perceived by children as a time when expectations are set: “Here, the objectives expected of me are recorded.” The most reflexive children, and those with the most social capital, are able to negotiate the objectives contained in their assistance plan: “I write the objectives; it gives them more value. The fact that I am writing those objectives means that, unconsciously, I have already accepted them”. (Alex, 19 years old). But for the majority of children, the objectives are defined unilaterally. And yet for Pluto (2007), encouraging participation means conducting a bilateral assessment of the child’s and the parents’ development, but also involving professionals. This would imply, as shown by Wolff (2007), that both parties are on an equal footing, and would help evaluate the actions that have proven implementable and the reasons for failure. Otherwise, the participatory paradigm may be reduced to “a new normative project” in which children are increasingly forced to become personally involved in an individual performance obligation, which can create difficulties for vulnerable persons (Ebersold 2002). This echoes the risk identified by philosopher O’Neil (1998) of participatory approaches masking the child’s vulnerability and placing too much responsibility on him/her, while weakening State and parental responsibilities in this sphere.

10.8 Substantive Participation: Do Children Have the Possibility of Pursuing Goals They Have Reason to Value?

In this chapter, we look at participation in its instrumental dimension. But according to Sen (1999), it is necessary to understand participation in both its instrumental and substantive dimensions. Substantive participation refers to the ability of people to pursue goals that they value and have reason to value. This is why we would like, finally, to question the possibility of children pursuing goals they have reason to value through the assessment process.

Three categories of situations can be distinguished in our corpus. In most reconstructed assessment processes, the child had to deal with the judgment of professionals disqualifying his or her family and had to learn to get used to the idea: “In my distant memories, the people who administered care were nasty. (...) Growing up, I realized that it was for my own good. It made me move forward in life. I don’t regret it; what I regret is that they did not take the time to explain. (...) After much reflection and several discussions with adults in the province, and those around me, we were able to understand, but later.” (Océane, 19 years old). Children have to face the lack of accurate representation in the reasons behind their placement (Abels-Eber 2006). The reluctance of professionals to diagnose a family’s

situation and communicate to the child the reasons for their placement can be attributed to the fear of intensifying the trauma of separation (Robin 2009). Faced with the difficulty of adults to verbalize their situation, acquiring information about their own case proves to be a long process for young people. But it leads to a difficult acceptance of the placement.

In a second category of situations, children were able to take part in the assessment process and sometimes change other's perceptions of their situation. Children who managed to change professionals' views about their situation were those who built alliances with their siblings or parents to construct a shared view of the situation:

The head of the province did not believe me. My social worker was silent. Only my mother tried to do something. It was my mother who convinced my father to accept the placement. My father gave in. The province head agreed. (Elodie, 14 years old)

Children could also show, through their actions, their disagreement with the assessment conclusions, leading to a change in the decision-making process:

I was in a hostel in T., in another province. (...) I did not want to come back. They brought me back here by car. I returned to T. by train the next day. They were flexible. They tried again; they tried to keep me. They listened to what I asked. (Ariane, 21 years old)

We could interpret these kinds of situations as "voting with one's feet"²: the choices that minors lack in negotiations, they make through movement.

But young people, who are not always able to take ownership over the decisions made or to influence the evaluator's assessment, can express disagreement over the interpretation of their situation, especially when, following the decisions made, their experience is not positive.

The source of gaps in interpretation between children and professionals are to be found in the use by professionals and children of two opposing views on the situations. Any assessment indeed calls for an interpretation of the world. Yet the interpretation by children differs from that of professionals. Children's interpretation on their cases is based on a view of an elective family whereas professionals refer to a biological, nuclear family. Indeed children have as their reference point their own subjective experiences of extended, elective families. Young people in our interviews alternately used the words "my real parents" to describe their biological parents ("real" being used here in a legal and genetic sense) and their host family ("real" referring then to subjective and emotional ties). But we can presume that this dual meaning does not reflect confusion about the roles they attribute to each, given that the distinction they make between "biological parents" and "those who teach you how to take all the steps you'll need in life" is very clear: "For me, there's a difference between biological parents and those who teach you how to live and teach all the necessary steps you'll need to take in life. . ." (Fred, 19 years old). Any possible confusion is linked more to the difficulty of explaining and expressing the subjective

²The phrase was originally used in the ex-Soviet republics to describe the movement of people faced with a lack of political democracy.

ties formed during placement in the absence of recognized, common terms used in the real world to designate these additional family ties. And one can infer that the absence of such terms signals a “blind spot” in assessments that fail to take into account host parenting. And it’s not only “additional parenting” that constitutes a blind spot in professional assessments but the whole of the extended family. The wider belief systems of children rest on diverse and extended families, including biological siblings, host siblings, and biological and host family members. Instead of referring to a *de facto* family, young people speak of elective families:

At the age of 6, I asked to be baptized. My godmother is the daughter in my host family. The godfather is the brother-in-law of the host family. They’re two people I appreciate tremendously. (Fred, 19 years old)

Thus, two belief systems collide, the one of professionals who exclusively refers to biological parents, and the other of users with a vision of diverse and elective families. The two belief systems are in tension and contradiction with each other. The familialist worldview professionals use in assessments stirs disagreement and bewilderment among the minors, who have the impression that their interests and worldview are not being sufficiently taken into account:

I just so happened to have an educator [specialized social worker] who consistently took my biological father’s side, which wasn’t the best choice. He did everything according to what my father said. My host family came second, when they were allowed to step in at all. (Antoine, 19 years old)

This situation illustrates the difficulties involved in designing social programs that are open “to the development of individual preferences.” (Sen 1999: 253).

10.9 The Development of Capabilities: A Non-linear Process

Children have mostly had a non-participatory experience during assessments of their situations. Our empirical study shows the dominance of adults in this assessment process and the slim possibilities that exist for children to take part in decisions concerning them. But even in a highly constrained, descending participatory context, opportunities for participation of children in assessment evolve through the interaction with individual factors (reflexivity and the initiative taken to enter the system) and social factors (the services available and the design of these services). With the capability approach we can see interconnections and interlinkages between individual factors and social opportunities in the development of children’s ability to pursue goals they value and have reason to value.

Indeed, there is a cumulative interaction of individual and social factors in the development of children’s agency. Our empirical study shows for example that children who perceived themselves to be in danger, and who say they took the initiative themselves to use social services, have the impression they are in control over decisions throughout the process. They were able to express their views during the

assessment process and sometimes change the perceptions of those whom they dealt with. In this situation, a practical agreement and a workable solution were found between the child and professionals. The workable solution is based on “the contingent acceptance of particular provisions, without demanding complete social unanimity.” (Sen 1999: 253).

Participation is a non-linear process that is cumulative but could also be retro-active (see the diagram in the chapter by Stoecklin & Bonvin in this volume). That’s mean that despite inequalities and stigma the individual participation of children evolved during the process of assessment in interaction with social services. Indeed, some children who perceived themselves to be the objects of intervention by adults could, through the process of social assistance, consider themselves subjects of the intervention and learn to take part in the decision. Through the assistance process and the social opportunities offered during placement, the child can develop an individual capacity to take part in the assessment process in care. In this sense, we were able to analyze a recursive dimension of participation insofar as it was possible for some children to move from a position of being an object of the assessment to one in which they were a subject of the assessment and to change the course of action.

Nevertheless, our empirical study demonstrates great difficulties that remain in developing social programs for care that are sensitive to “the development of individual preferences” (Sen 1999: 253), in a context of discrimination and stigmatization. As Astier (2009) stresses:

The professional is in a dominant position and thus imposes his/her definition of the situation. Even if professional and relationship logics are present, they are dominated by the logic of social control. Even before the relationship begins, the institutional identity of the user is given. These users are, in a certain way, predefined by the work of others. They must remain passive. At best, they accept and adhere to what is imposed on them; at worst, they submit themselves. (Astier 2009: 53, translated by P.R.)

As Leeson (2007) was able to demonstrate in England, this can have serious consequences for the child’s future. Leeson stressed that children in care display serious anxieties about their decision skills as a consequence of a lack of opportunity earlier in life. She suggests that ignoring the voices of children in care and their full citizenship, or preventing them from being heard through overzealous notions of protection, is dangerous. Instead of protecting the child, this makes him/her more powerless, dehumanized and marginalized. Thus, there is an urgent need to develop the capabilities of children in care and their resilience to face all types of social and emotional challenges.

How, in this context, can we strengthen the involvement of children in the assessment of their own situation? As shown by Jaffé (2001), the quality of children’s participation in the assessment process depends on the adult representations of children’s world and, vice-versa, on the children’s representations of the adult world. Improving the participation of the children requires both their adaptation to the assessment process—by keeping them informed and giving them the means to understand the process—and that of the assessment process to the children. This requires taking into account the plurality of a children’s verbal and non-verbal means of expression, supporting the emergence of their point of view,

encouraging participation, not at an imposed time, but at a time chosen by the children, offering them real choices between different means of assistance, but also taking into account the specific view that they have of their situation. More than imposing an external view of children, the assessment should take more into account children's perception of their situation.

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