

Young People's Voice: The First Visiting Advocacy Project in Italian Residential Care for Children

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Abstract. *This article presents the research of the project Giving Young People a Voice: Advocacy in Children's Homes, set up as a result of the interest of a nonprofit organization working with looked-after children, with an aim to improve advocacy as a listening process and to promote the participation of children that reside in children's homes. The research focused on the implementation of a visiting advocacy project and the activities carried out by an independent advocate working in children's homes. The children's evaluation of the project was collected by two focus groups; interviews were conducted with social care workers and the manager of the organization. This research deals with the implementation of the first visiting advocacy project in the context of the Italian child protection system.*

Keywords: *advocacy for children, child protection, visiting advocacy, looked after children, children's home.*

1. Introduction: Child Advocacy and Out-of-home Children in Italy

This article deals with a study of the first visiting advocacy project for children in residential care in Italy. After a brief presentation of the project, the article focuses on the children's and the social care workers' point of view of advocacy support in two children homes. The study data was gathered by two focus groups with fourteen children and young people hosted in the homes and semi-structured interviews with nine social care workers and the manager of the non-profit organization that has implemented the project. Data from focus groups and interviews have been thematically analyzed.

The importance of involving children and young people in decisions that affect their lives is being increasingly recognized (Gallagher et al. 2012). To this purpose, independent advocacy has been shown to be useful (Boylan and Dalrymple 2006; Munro 2001; Noon 2000; Vis et al. 2011), but, in the Italian child protection system, it is still a new professional practice (Calcaterra 2014; 2016).

In 2001, a law was issued in Italy to regulate foster and residential care for children who were removed from their families, whereby the Court could remove children from their families and

place them in residential care or another family when parents or relatives were not able to care for them, despite the aids provided by social services.

At the end of 2012, in Italy, 28 449 children were known to be living away from their families – 14 255 of them left in residential care (Ministero del Lavoro e delle Politiche Sociali 2015).

In Italy, as in the most part of Western countries, social workers have a mandate from Courts to support children and to work with their parents toward a reunification of the family whenever this is possible. Even in the presence of a relationship of trust, children are not always able or willing to talk to the adults responsible for them or those who make decisions about their lives (Ulvik 2014). This difficulty could arise from the lack of confidentiality, or, because children know that the social workers have to decide important things about their lives, they may be worried how the information they give will be judged or used, and/or the fact that they do not have enough information to understand what will happen or why the things they have to talk about are the concern of the adults they are talking to (Barnes 2007; Boylan and Ing 2005; Tucker 2011). Young people not supported by an independent and dedicated practitioner are unlikely to fully participate in decision-making meetings and to have their voice taken seriously (Dalrymple 2003).

Advocacy is described as the action of speaking up on behalf of children, supporting them to have a voice and putting their views across (Herbert 1989; Oliver et al. 2006).

The advocate's role is different from that of the social worker, because the advocate acts independently (Dalrymple 2005; Dalrymple and Boylan 2013; Department for Education and Skills 2003; Department of Health 2002; Pona and Hounsell 2012; Scottish Executive 2001) from both of the other responsible adults and the organization that manages the decision-making process, meaning that the advocate represents only the children's point of view and not their best interest (Action for Advocacy 2006; Boylan and Dalrymple 2009; Dalrymple and Horan 2008).

The UNCR states explicitly that when a decision about the life of a child needs to be taken, adults are expected to decide in the best interests of the child (1989, art. 3). However, the child's best interests do not always coincide with what the child wants for him or herself. Social workers do not operate independently of their relationship with the children, their parents or other practitioners involved, but rather are closely tied into these relationships and their consequent knowledge of the child. Furthermore, when social workers have to make a decision on the basis of children's best interests that are different from what the children want, the latter may feel frustrated, not listened to or taken seriously (Boylan and Ing 2005; Boylan and Dalrymple 2011). Due to this, it is unlikely that social workers can act as advocates (Pithouse et al. 2005) despite their commitment of listening to children and young people. Advocates are not more competent or more qualified than social workers, but rather they are in a different position, which allows them to listen to the children without conflicts of interest and in an independent way (Dalrymple and Boylan 2013).

Another principle of advocacy, which has important variations at an operational level, is confidentiality (Department of Health 2002, Welsh Assembly Government 2003). The advocate is expected to report only what the child authorizes, in what way and to whom.

Advocacy, as a professional practice, is a well-established professional process that has long been studied in several countries. In particular, the work carried out in the United Kingdom over the last twenty years deserves to be mentioned.

Advocacy is a relational and non-oppressive practice (Dominelli 2002; Folgheraiter 2012; Folgheraiter and Raineri 2012), designed to support people in making their voices developed to support children and young people, including children in care (Boylan and Dalrymple 2009; Calcaterra 2013).

2. Methodology

The aim of the research, taking account of Italian researches on the implementation of the UN Convention on children's rights (C.R.C. 2012), was to study the first *visiting advocacy project* in children's homes (residential care for children) implemented in Italy and to examine how children and young people use this support.

The research hypothesis was based on the consideration that young people, despite being in difficulty, know what is good for them and what they need in order to feel safer and that they are able to engage in decision making, their age and maturity considered. However, they are not always able to fully express their opinions or have the authority to make their voices heard. Attending a meeting is an opportunity for children to be involved in decision making (Dalrymple 2002; Sinclair 1998; 2004); however, it is not so easy. One-to-one advocacy support can be useful in this (Campbell 1997; Cashmore 2002). A visiting advocacy project in children's homes can both promote the participation of children and young people in decision making processes about their care plans and allow social workers to fully understand the children's point of view in decision-making that would be affecting children's lives.

The study proposal was to investigate these hypotheses by actually implementing a visiting advocacy project in a children's home. The project was carried out with two children's homes run by a non-profit organization, working in the north of Italy, which for over 20 years has worked with children and families in need. At the time of the research, each home accommodated seven looked-after children, both male and female aged between 6 and 18 years old.

Children have been involved in the evaluation of the project via two focus groups, the first one with seven children, aged between 6 to 13 years, and the second one with the other seven children, aged between 14 and 18 years old. The focus group is particularly useful when the aim is to gain knowledge of an unexplored field (Morgan 1997). As this was the first study on visiting advocacy project in Italy, the focus group was a good way to ensure that the point of view of children and young people was heard. The focus groups were conducted through key questions relating to the positive and negative aspects of having an advocate at the homes. Children's parents and the local authorities of social workers received a letter explaining the aim of the research in order to obtain the permission to involve young people. Children had voluntarily chosen whether to participate and all of them have decided to participate in the focus group. It was important to enable young people to feel safe within the focus group, to assure them regarding any disclosures. The anonymity has been protected and maintained with care when using the quotes in this document.

The social care workers' point of view was collected via semistructured interviews. Four main topics were developed: 1) The presentation and preparation of the project; 2) Advocacy accessibility; 3) The perception of the usefulness of the project; 4) Changes that took place with the project. Finally, an interview was conducted with the manager of the organization. Each interview lasted between one and one-and-a-half hours.

Focus groups and interviews were tape-recorded and subjected to a thematic analysis. Two researchers have read the transcripts looking for common themes or differences. Sections of text were coded in accordance with the set of categories resulting from the analysis.

3. The Visiting Advocacy Project

Before submitting the research findings, it is important to describe how the visiting advocacy project has been organized into the two children's homes and what activities the advocate¹ carried out with children and young people. The activities have been classified through the advocate's diary.

The initial information given to the advocate was related only to the number of children housed in each home, their names and the presence of particular disorders to be taken into consideration at the first meeting. Indeed, it is particularly important that advocates are not aware of a great deal about the history of the child in order to allow the children themselves to decide how much they wish to recount about their own past lives, and to assess what information they felt was important to discuss with the advocate.

Given the innovative nature of the project for children and young people as well, it was necessary to ensure regular visits of the advocate in both children's homes. This gave children the opportunity to take up the support if they need it, removing from them the responsibility to contact an advocate for themselves.

The advocate went to visit the children regularly in both children's homes over the course of six months. By guaranteeing a weekly presence, the advocate had the opportunity to meet all the children and succeeded in establishing a relationship with most of them.

The advocate was introduced during everyday moments of the life of the young people in the homes – while having a snack, watching a movie or relaxing in the lounge. Those children who were willing to participate used these opportunities to speak with the advocate, particularly at times when they were alone. It should be noted, however, that often the dialogue was interrupted when another person entered the room, usually a carer, but sometimes even other children.

As for the types of activities carried out with the children, we can identify five macro categories:

1. Peer relationship difficulties in everyday life in the home, asking the advocate to bring critical situations to the attention of the children's homes social workers. In these situations, the intervention of the advocate was requested above all by younger children and with greater relationship difficulties;
2. Requests for help in getting an "appointment" with social care workers to discuss their own difficulties in relation to social life outside the home. In these cases, the children were already clear about their desires and concerns and benefited from the intervention of the advocate only to ask for individual attention about their concerns;
3. Active listening for the clarification of possible courses of action in order to decide how to act. This category includes listening to children's concerns where no further intervention

¹ The advocate was a white woman with a bachelor's degree in social work, specially trained on advocacy in child protection.

actively involving other carers was required. In such situations, the work of the advocate entails helping children to hypothesize different courses of action, to understand the consequences of the different choices and then to decide how to act. It would seem that the work of the advocate risks invading the space of other carers. However, it is precisely the independence and confidentiality of the role that allows the child to interact with an adult, not in a relationship of care and guided by the best interests of the child, but rather directed solely by the will of the child.

4. Time to play and let off tension. the advocate takes part in the children's lives via the activities proposed by the children themselves. The children asked for the advocate to join in whatever they were doing when she arrived: play, listen to music and look at pictures together. These moments were functional both for a greater mutual understanding between the children and the advocate, and as opportunities for opening up and telling their own stories.
5. Requests for the redefinition or understanding of their own care plan. This concerned situations where the children did not agree with or did not have a clear idea about the reasons for choices made by adults which affected their lives, in particular concerning arrangements for parental visits and their stay in the home. The advocate intervened in the first instance by asking for an explanation from the social workers on the children's recommendation, and then accompanied the children when talking with social workers, ensuring that the children in question had understood whatever explanation was offered.

4. Results

From the thematic data analysis of the focus groups and the semistructured interviews, the children and social care workers point of view emerges on the usefulness of advocacy support for children and young people and the impact of the project on the system of the nonprofit organization.

The children's point of view

All the children demonstrated that they fully understood the advocate's role and they were well aware of how she could help them.

“Beatrice [the advocate] helps you talk to the social worker if you need it and says only what you want her to say.”

When considering the areas dealt with by the advocate, we need to make a distinction between the younger children and the older young people.

In the case of the older ones, the issues brought to the attention of the advocate did not concern life in the home with the other children or with the carers. In this respect, young people were clear about being able to speak for themselves and wanted to continue to communicate autonomously with their social care workers.

“We have been here for a long time and we know how to speak for ourselves; we know the social care workers and we know how to deal with them. They listen to us.”

They then argued that the functions of an advocate would be most needed by the younger children because, according to them, they had greater difficulty in speaking to adults. The only dissenting voice was that of a boy recently placed in the home who said he wanted to be guaranteed easy access to the advocate.

“I am new to the home and I might need the advocate because I don’t know how things work around here.”

Children noted some negative aspects related to the time factor for two reasons:

1) On the day chosen for the visit, not all those children who would have liked to talk to the advocate were present;

2) The time that the advocate had stayed during her weekly visits was considered insufficient by the children who would have liked more time to speak.

This latter aspect was then correlated to a positive evaluation of the advocate’s work, who “managed to have time for everyone.”

Reflections on the positive aspects highlight two important considerations of the children:

1. The exclusivity and independence of the relationship. Children understood and valued very positively the fact that the advocate was present only for them and was interested in them so much that “she never got tired because she was happy to talk to us.” According to some studies (Dalrymple 2005), children value the relationship with the advocate, even considering the advocate to be like “a relative who is happy to come in the children’s home and who you can say anything to.”

2. The assistance given in communication with social workers: the children’s evaluation of the advocate’s work was positive in relation to the opportunity to be heard and the help received in expressing their point of view.

Children also clearly identified the differences between this initiative and the work of other practitioners, differences stemming in part from the characteristics of independence and confidentiality of the advocate’s work; they also considered these to be positive aspects of the experience. In fact, the children claimed that the advocate was different from the other social workers because “she came from outside,” meaning that she was not involved in the children’s home or in the child protection system, and because she “kept secrets,” an aspect that clearly refers to the importance of the principle of confidentiality (Oliver et al. 2006).

The social care workers’ point of view

What emerged from the evaluation of the social care workers was a detailed and correct understanding of the advocacy goals, considered positive for its ability to ensure children’s voice. The social care workers clearly understood the characteristics of confidentiality and independence of the advocate, defined as a “third channel of communication” (Interview No. 5). Nevertheless, the advocate’s presence was not always easy for the practitioners who, at times, had “the feeling of being the target of a disguised and sometimes judgmental ‘observation.’” (Interview No. 5).

“[The advocate is] a figure who hangs around you, watches and questions you” (Interview No. 1).

The feeling of judgment derives from the fact that it is the work of a visiting advocate to question the social workers constantly (Dalrymple 2003), even if only via his/her presence in the

home, about what they are doing in the interests of the children living there. The advocate is a figure who gathers only the opinions and perspectives of the children and presents them with an authoritative, adult voice to which the social workers are called on to respond, giving reasons for their choices to the children through the advocate.

“The presence of the advocate has also allowed the staff to reflect more deeply on their decision-making with respect to the daily life of children, and made them, to a certain degree, ‘accountable’ to the child through another adult in a professional role” (Interview No. 1).

In addition, the advocate did not meet with the social workers, except at the specific request of the child, which means that she did not speak with adults in the absence of the children and their authorization. She did not have peer-to-peer moments with them (from drinking coffee to sharing thoughts or chatting at the door) and maintained an attitude of friendly distance with all the adults.

This element was also difficult for social care workers, leading them to define the advocate as “a disturbing presence” (Interview No. 9) or having to deal with moments of “embarrassment with a very elusive figure who was difficult to live with in the everyday life of the community” (Interview No. 2)

However, social care workers realized the need for the position of the advocate and the usefulness of her presence for their work with the children.

“As soon as staff were informed of the difficulties of a child, this was immediately discussed as a team and operational responses were put in place” (Interview No. 4).

“[The advocate has contributed] to a different perspective on the child, which is useful for us to know him/her better and better respond to his/her needs” (Interview No. 6).

Those who had the opportunity to directly experience the advocate’s work, because of their involvement in a decision-making meeting attended by the child with his/her advocate, were able to understand in practice the usefulness and importance of the principles of independence, confidentiality and centering on the child.

“[...] what was evident was the importance for the child of the advocate being totally there for him and I understand that the distance from the social workers facilitates this process” (Interview No. 8).

“After the meeting with the local authority social workers, I observed how the advocate can be a resource in the network meetings to vary the point of view. The child can have a voice at the same level as the adults, be heard and have his requests taken into consideration. The child also becomes a participant in his project within the home” (Interview No. 6).

The point of view of the management and the impact on the system

Advocacy is a way to challenge the power relationships among adults and children by promoting the right of children to be involved in decision making and to have their views valued and listened to with equal importance (Boylan and Ing 2005; Martin and Franklin 2010). This was one of the aims that motivated the non-profit organization to carry out this project, as pointed out by the manager in his interview. The intervention of the advocate was intended as an additional element of protection offered to children. This service was also sought after for its potential usefulness in the definition of *care plans* in support of individual children.

“We wanted to introduce this figure because s/he can put forward a completely different point of view from that presented by the carers [...] There are ethical reasons that led the cooperative to this project, recognizing the right of children and young people to be heard, but also operational reasons, because it facilitates the ability to create shared, perhaps even more functional projects by the children themselves” (Interview No. 10).

In relation to the changes that the project has led to, first of all, there was a change for the children and young people who benefited from the interventions of the advocate and were able to reflect on their situation and participate more actively in the definition of how they are cared for.

“The children were allowed to focus on the decisions taken by adults, but this time at the center – not as an object, but as a subject of protection to be answered to, able to have their own opinions” (Interview No. 10).

This represents a high level of empowerment (Dalrymple 2003; Morgan, 2008) for the children, which necessarily affects the work of the carers so that “the active participation of the child changes his/her position, the child is competent, and we must make room for that competence.”

Having to “make space for the children” may be listed as the second element of change introduced by the advocacy in the children’s home. What is clear is the awareness that the presence of the advocate in the home forced carers to deal with a professional from outside the everyday life of the home, but still equally interested in the welfare of the children, by granting them an equal voice in the decision-making process.

“[...] the initial reactions of social care workers were ones of hostility; they asked themselves, ‘why is she [the advocate] here? Because we are not good enough?’ They experienced feelings of persecution and control” (Interview No. 10).

However, after an initial period of hesitation, it was possible for the carers to rationalize these emotions and to understand more clearly the functions of the advocate. After making this transition from mistrust to openness, the presence of the advocate helped the carers to be more competent and reflective about their work by realizing that the advocate did not replace the functions of their care, but provided greater protection of the children by promoting their voice.

“With time, the presence of the advocate increases the confidence of the carers; it helps them to be more competent” (Interview No. 10).

5. Discussion

The right of these looked-after children to have a voice has been recognized by the managers and children’s home social workers, who were facing the risk that advocacy could challenge their work.

The data and opinions collected from the social care workers and children allow us to detect any differences of perception regarding the understanding of the design and evaluation of the full implementation of the advocate’s function. These discrepancies highlight the fact that the advocate’s work was led by children and young people, without any contamination from the world of social workers. As well as the nature of advocacy work in the protection of children, this is also due to the initial distrust and difficulties of the social workers, noting that their active involvement in the interventions of the advocate led to a clarification of the advocate’s role.

The advocate follows the instructions of the children who lead the process. This is an important principle of advocacy (Action for Advocacy 2006), but is also an unusual situation for an Italian practitioner, allowing him or her to clearly and openly differentiate his or her position: the advocate is not another social worker called upon to understand, make an assessment and decide about the welfare of the child, but is rather a representative of the point of view of the child. In this project, the advocate was a person unknown to the children and this, together with the non-transmission of information about the lives of children by their carers, ensured that the focus was on the children's point of view from the first meeting.

The absence of any direct knowledge of the past lives of the children did not affect the possibility of establishing a relationship of trust; indeed, it was an important opportunity for the young people to show themselves as they believed themselves to be, without having to face the fear of any prejudice arising from their history or feel labeled as children removed from their families (Oliver et al. 2006).

In relation to the use that was made of the project, at first glance it seems that it has not been fully exploited. After a more careful analysis, it is clear that the children took advantage of the presence of the advocate as much as possible, both in relation to the time spent in the children's homes and with respect to their needs. To this we must correlate a reflection in relation to the mode of activation of the advocate (Dalrymple 2005) that, in the project, was initially proactive and later reactive.

A long-term stay, together with a good relationship established with the carers, made young people feel confident and able to speak for themselves. The use of advocacy would therefore seem to be most appropriate where there are issues to be discussed with local authority social workers in relation to the child's care plan.

However, when a child is relatively new to the experience of children's home life, the advocate is used to his/her full potential. This underlines the importance of ensuring an independent representation to looked-after children with respect to their particular vulnerability (Boylan and Ing 2005; Utting 1997) above and beyond the excellent interpersonal skills of the social care workers.

The advocate's work, which actively involved carers as recipients of the requests made by the children, were, in almost all cases, to do with concerns or wishes of the children that were already known and already being considered by the adults, or issues to which responses and explanations had already been given. The fact that the children used the advocate to bring their opinions once more to the attention of the social workers makes clear the need of the child to explain again what they think and want and the need for the adults to maintain active listening and not assume that their answers to the children have been accepted and/or understood. As an example, many of the children and young people who talked to the advocate stated that they knew why they were in the children's home, because the carers or social workers had already told them. However, they expressed explicitly to the advocate their desire/need to understand the reasons (which they considered to be insufficient justification) of why they had been removed from their families. This is a matter of great interest, which shows that even when social workers communicate with the children concerned, greater explanation is needed when they feel that a best-interest decision was not taken or does not take account of their wishes and feelings.

The research tells us that when the children decide to use an advocate's support, they are clear what it is for, to the point where they subsequently seek the intervention independently. Indeed, the project experienced a major shift, from a proactive to a reactive approach, when children, who had experienced an advocate's support, asked again for the intervention of the practitioner.

Finally, we should recognize the importance of continuing the work of consciousness-raising and information with the social workers (Dalrymple 2004), both because they may also be involved in the work of the advocate and because they, in turn, can raise awareness and inform the children about their right to be heard and supported by an independent practitioner.

Conclusion

Introducing an advocate into a children's home is surely a positive demonstration about the quality of work done by its social workers, because it implies that they are willing to listen to everything children have to say and that they are open to ongoing improvement. This is very important for all the stakeholders involved, including the parents of children who come into the home's care and the social workers who decide about placements.

More research is needed in order to understand how to introduce and handle a visiting advocacy project when managers and social care workers are not so keen on this kind of support. It is also necessary to develop issue-based advocacy supports for vulnerable children who live in problematic families. In order to promote advocacy services for Italian children – what seems most important – is to develop a culture of advocacy, to raise awareness on children's right to be heard and to increase the understanding about how advocacy can be useful in this respect and in helping looked-after children to take part in their care plans.

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