Involving Young Children in Decision Making:
An Exploration of Practitioner’s Views

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Executive Summary

This project explores the views of childcare workers and early childhood teachers (practitioners) on young children’s involvement in decision making. Practitioners who work daily with young children aged six years and under - and within the structured settings of long day care, kindergarten, pre-primary and grades one and two - were engaged in discussions about how they understood notions of decision making and what this meant for them in their practice of working on an everyday level with young children.

This project was initiated by Ngala whose staff were interested in notions of decision making for young children. This interest was set against the background of the United Nations Convention of the Rights of the Child (UNCRC), which identified that children should be given the opportunity to be involved in those decision making processes that affect their lives. This, combined with an increasing push by government to include children in decision making in professional practice, directed the main interest for the study to be centred on practitioner’s views on decision making and young children, and the opportunities for participation afforded to them in settings where they spend most of their day.

Lotterywest provided funding to Ngala, Anglicare and Murdoch’s Centre for Social and Community Research (CSCR) to investigate practitioner’s views on decision making with the purpose of ‘mapping’ some of the issues.

Approximately 108 practitioners were involved in discussions regarding decision making and young children in structured settings.

This report identifies and elaborates on the complexity of practitioner’s understandings of decision making and highlights a number of competing discourses and tensions. Two main themes are identified: A significant gap in what is understood and talked about in terms of decision making and the complexity of what actually happens in practice, and the importance of the individual practitioner’s relationship with the child.

Decision making was a difficult term to define with practitioners tending to conflate a number of other terms and ideas in an effort to talk about their understanding. The term ‘choice’ was inextricably linked with and often used interchangeably with ‘decision’ with both terms being considered more broadly within the practitioner’s role of providing children with appropriate information and increasing their understanding of consequences. This is an indication that decision making was talked about in adult set boundaries in which children are expected conform to interpretations and standards set by adults.

Practitioners agreed in principle that young children can and should make decisions and be involved in decision making processes. However, qualifying this agreement were considerations of context, age and development, individual capacity, home environment, and the opportunities provided to practice genuine decision making. Limit points were set in terms of children’s participation in the areas of health and safety, negative social behaviour. The degree to which practitioners viewed these considerations as inhibitors to involving children in decision making processes fell on a continuum: Those practitioners who spoke strongly about the value of decision making for young children did not see such variables as limitations to children making decisions or involving children in decision making processes – they felt that their practices circumnavigated these issues. On the other hand, and to varying degrees, others felt that these variables did limit both the opportunity for involvement and the children’s ability to make decisions.

The level of participation that young children were afforded across the care and educational settings varied according to both the organisational requirements and the practitioner’s views on children’s autonomy and their capacity to decision make. The extent to which children should be involved in decision making according to the relevant articles of the UNCRC is premised on notions of capacity and as such left open to interpretation. 

Constructions and stages of child development to which practitioners subscribed impact strongly here: Two main positions are noted – the independent and competent child, and the dependent and vulnerable child.

Similarly, practitioner’s views highlighted a competing discourse in how children can/should be involved in the processes of decision making which tended to reflect and fluctuate between contemporary ‘child-centred’ approaches to more ‘traditional’ authoritarian and discipline based approaches. Participation levels from tokenistic to child initiated and directed decision making is discussed in this report using examples of practices used by practitioners and according to Hart’s (1997) Ladder of Participation.

Finally, rather than considering the ‘right’ of young children to be involved in decision making – which was considered the ‘driver’ for the importance of decision making - practitioners talked in terms of ‘education and socialisation’. There was a strong emphasis on decision making as a developmental skill which was considered an essential part of guiding a child towards independence and becoming a functional and capable individual. In view of this, and the particular ‘mainstream’ settings within which the practitioner’s views were explored, a culturally specific notion of decision making is highlighted.
Glossary

Young children – Children aged six years and under

Practitioner – A collective term referring to childcare workers, early childhood teachers (kindergarten, pre-primary and year one and two teachers)

Long day care – Childcare centres providing care during working hours

Childcare worker – Carers working in childcare centres providing long day care

Early childhood teacher – Kindergarten and pre-primary teachers

Grade teacher – Year one and two primary school teachers
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1.0 Introduction

This project explores the perceptions of childcare workers and early childhood teachers (practitioners) working with young children (six years and under) about decision making in the context of care and educational settings (long daycare, kindergarten and pre primary school). Practitioner's views on decision making at the everyday or 'micro' level and the possibility for children's involvement in making decisions within such structured settings is discussed. In the course of the research these were looked at in relation to:

- General understandings of 'decision making'
- The extent to which young children can/should be involved in making a decision
- The ability to involve young children in making decisions in the course of daily activities
- The possible constraints to young children's involvement in decision making

The primary purpose of the research was to 'map' the issues raised by practitioners as a basis for discussion and possible future research.

The project was initiated by staff members at Ngala as a result of their interest in decision making for younger children. As practitioners working with children of this age group and their parents, staff were aware of the potential for children to be rendered powerless and invisible in service provision. In particular, the position of the child in the daily activities of childcare and the extent to which children were given freedom to decide on how to spend their time in care became the main area of interest.

To date there has been minimal research on the notion of decision making for this age group. Hence there is little information on the issues confronting childcare workers, kindergarten and early childhood teachers, that may constrain or enhance the practice of decision making in daycare, kindergarten and pre-primary settings.

Ngala together with Murdoch University's Centre for Social and Community Research (CSCR) and Anglicare received funding from Lotterywest to explore and map practitioner’s views on decision making and young children and to highlight any issues that might enhance and/or constrain the practice of decision making with young children in everyday care or education.
2.0 Background to the Study

This project is set against the increasing interest at all levels of government for involving children (and young people) in decision making. Since the United Nations Convention on the Rights of the Child (UNCRC) was ratified in 1990, international law has recognised children as subjects to rights and their entitlement to be involved in decisions and actions that affect them. This ratification set in motion the view that children should be given the chance to express their views and to be involved in public decision making processes. The consultation of children has now become commonplace alongside a commitment to find strategies that may enhance the participation of children in various projects and/or decision making tasks.

The participation of children in decisions that affect them is an expanding area of policy development (Franklin & Sloper, 2008; Burfoot 2003). In Australia there has been a steady push at all levels of government and non-government for children to be given the opportunity to express their views. Current government documents stress the importance of including children and young people in systematic processes. Government literature such as the Office of Children and Youth’s (Western Australia) ‘Conversations with Children’ identifies the active participation of children and young people in decision making as an area of high value and commitment. This, the report states, is because it is an “important means of facilitating their development and empowering them as citizens”. Further, enabling and encouraging the participation of children and young people serves to build their capacity to shape their own lives (ibid):

By feeling that they have been heard and valued, children and young people develop a connection to the community and society, and they are more equipped to deal with the increasing complex world in which we live.

There have also been moves to encourage organisations to consult with young people and children on various issues and projects. While Conversations with Children is focused on children aged nine to twelve years, similar resources such as Telling the Emperor – A guide for Young People and Organisations look at ways to effectively engage young people in established democratic decision making processes.

In a more limited manner, other resources focus on children of a younger age group. Early Childhood Australia (2002) produced a set of guidelines for consulting with young children with a number of principles established to reflect an “adherence and commitment to the Convention of the Rights of the Child”. More recently the Office for Children and Youth WA (2007)
produced *Active Participation of Children in Your Organisation – a guide to setting up a children's advisory group and other participation mechanisms*. However, the primary emphasis for these kinds of resources remains on ‘consultation’ and gaining access to the views of this portion of the population. This sits apart from the idea that children must have the opportunity to be involved in the decision making structures that are inherently part of their daily routines. As Lansdown (2004) notes, the devotion to providing new forums is usually driven towards hearing the views of older children with those aged under six often considered too young to consult. For example, Clark McQuail & Moss’s study *Exploring the Field of Listening to and Consulting with Young Children* (2003) found that of 50 audits of childcare centres in the United Kingdom only seven had sought feedback from children under five. This apparent reluctance to consult with young children is reflected in the small number of research studies which explore the views of young children from their own perspective (ibid).

Clark et al (2003) make an important distinction between ‘consultation’, which they define as a “one-off consultation about a particular issue, event or opportunity” and what they regard as everyday ‘listening’. They suggest that it is “everyday listening” by those who regularly work with young children that provides the opportunities for children to decision make in routines and activities (ibid). While it is important that young children are not ignored in consultative processes, they stress that the opportunity to teach children the skills to express their views and to participate in decision making processes are most apparent in the everyday. Consultative practices tend towards removing children from their everyday circumstances rather than working within those institutions where young children spend a large part of their time – school, childcare centres and so on (Lansdown 2004). Thus the role of those who work with children in this everyday structured capacity and the emphasis that is placed on decision making therein becomes an important and pivotal point when considering young children’s capacity to be involved in decision making processes.

There is increased interest from some quarters towards greater participation by young children at this day to day ‘micro’ level as well as in those bigger decisions that relate to health and home care arrangements. In parallel there sits a growing body of literature which seeks children’s perspectives and provides resources to practitioners to assist with engaging children’s participation. For example, *Caterpillar Toothpaste – a child’s introduction to the decision making process* (Office for Children and Youth in WA 2005) is “a child friendly book that has been written to help young children, aged three to six years, develop early decision making and literary skills. The book, combined with a series of activity cards, is designed to encourage discussion about everyday decisions between adult and child” (ibid). Similarly, the UNCRC agenda has been reformulated into child friendly language (Appendix A) illustrating the growing value being placed in adult/child communication.

The infiltration of the value of decision making is also evident in childcare policy with the National Childcare Accreditation Council (NCAC) producing an *‘Involving Children in Decision Making’* fact sheet in accordance with Family Day Care Quality Assurance Principles (available at www.ncac.gov.au). While this sort of literature, promoting the importance of children’s involvement, is targeted towards those practitioners working with young children on a daily basis, what those practitioners actually think about increasing children’s participation in decision making on any level remains ‘uncharted territory’ (Shemmings 2000). Moreover, the attitudes professionals have to involving children in decision making is unclear (ibid).

At a glance the trend towards increased participation for children seems to infer widespread support for the principles that underlie it (i.e. children’s rights, respect for children’s views and abilities in decision making). However, Shemmings’ UK study gives reason to question if this is the case. By examining the views of social workers on when children should be allowed to make decisions on a broad range of issues and whether children should be involved in child protection conferences, the study found that the participants had diametrically opposed viewpoints. The social workers took either a ‘rights’ position where they saw children capable of making their own decisions at a young age; or what Shemmings termed a ‘rescue’ position, where children were seen to be requiring adult protection until adulthood. Professional attitudes thus became a determining factor as to whether or not children were afforded the opportunity to participate in conference proceedings and whether or not their ‘right’ to be involved in decision making exercised.

The practitioner’s views discussed in this report emphasises childcare worker’s and early childhood teacher’s understandings of decision making and the ways these may or may not be translated in the course of daily routines and practices.
3.0 Methodology

The methodology used for this research was a qualitative approach using discussion groups and a semi-structured interview format. The data was analysed thematically. This approach for analysis was based on the early decision made by the advisory committee that a full stand alone literature review was not appropriate given the newness of the subject and the paucity of relevant literature available. The explorative nature of the study predisposed it to a strategy that allowed the literature to be sourced alongside the process of data collection and ultimately directed by the views of participants.

In the course of the research approximately 108 practitioners in the childcare industry and early childhood teaching profession were reached in a series of focus groups and small forums. This, alongside a comprehensive study of literature forms the basis of this report.

It was acknowledged at the beginning of this project that finding childcare workers and teachers to participate in the research may be difficult. Practitioners in daycare settings work long hours hence it was important that the approach served to minimise the impact of their participation on work burdens. In addition, for this type of research, where it is the practitioner’s views being sought, it was important that discussions be conducted in an environment that promoted the sharing of personal views rather than a ‘centre’ or employer based policy. For this reason the first stage of securing participants was quite opportunistic and attempted through already established network meetings across various metropolitan districts. For childcare workers this was through Department of Community Development Children’s Services Officers, and for teachers through the Department of Education and Training’s Early Education District Coordinators.

All early education teachers participated via established network meetings. Approximately 59 kindergarten, pre-primary and grade one and two teachers were reached via this network. Some difficulties experienced included:

• Inability to control participant numbers in each forum
• The meeting agenda dictated the time allocated for discussion

Childcare centre workers however, were more difficult to access through existing forums. Some difficulties experienced included:

• Children’s Services Officer’s meeting agendas were already established with no space to include the research
• Often these meetings had centre coordinators or senior staff in attendance which meant childcare workers themselves would not be included

Only one discussion group for childcare workers was conducted as a network meeting; a further six were held as specific focus groups. These focus groups were held at selected daycare centres who had offered to ‘host’ the meeting for their own staff and for staff from other centres in their district. In the process of setting up these groups over fifty centres were approached through Ngala networks, Children’s Services Officers or by direct mailout. The main difficulty experienced was the availability of childcare workers to meet outside of work hours. Often the ‘host’ centre had the majority of staff in attendance with only a few representatives available from other centres.

Nevertheless, approximately 12 centres were represented in the research with 46 childcare workers taking part in these discussion groups.

3.1 The Discussion Groups

Each discussion group was approached using a semi-structured interview format with open ended questions to stimulate discussion (Appendix B). The discussions were initiated by presenting an overview of the project in the context of the increasing interest at a government level in decision making for young people and children. Each group discussion was anywhere between 20 to 90 minutes in duration depending on the particular forum. Those conducted via network meetings were the shortest as the discussion was included as an agenda item and time needed to be considered for the rest of the meeting. Those groups conducted specifically for the research ranged from 45 to 90 minutes. The dominant themes from these discussions were identified, and together with relevant literature, forms the basis for this report.

3.2 Limitations of method

The methodology used for this project tended to connect with practitioners who were already engaged with the idea of decision making as an important consideration for their work with young children. This is particularly relevant for childcare workers as most gave up their personal time to attend the discussion groups. Thus those practitioners who are perhaps not interested in notions of decision making or do not believe it as important for their work are for most part not reflected in this report. Similarly those teachers who do not believe in notions of decision making are possibly not considered here even though their discussions were held during work time. The size of some of the forums may have provided those with more negative views to withhold from participating in discussions.
The purpose of this study was to explore practitioner’s views of younger children and decision making in order to provide some conceptual framework for the issues surrounding decision making. Because this is a preliminary study no claim is made for the views presented here to be representative of the broader population of practitioners. The aim was to illuminate the issues and to begin to isolate areas of tension and identify information gaps for further research and/or as a possible resource for policy makers on encouraging children’s rights. Thus the findings represent a lens through which practitioner’s views might be understood in terms of their position in the workforce and how this might connect with the considerations and processes for decision making practice.
4.0 Key Findings

4.1 Defining Decision Making

4.1.1 The language of choices

At the beginning of each discussion group participants were invited to talk in a general manner about their understandings of decision making before talking about it in the context of working with young children. This was to provide some clarity over what was understood to be considered a decision in ‘adult’ terms in order to understand how this might be translated in terms of young children.

Invariably practitioners talked about decision making in terms of ‘choice’ – having a choice available and having the opportunity to be able to choose. The ability to choose was supported by having an adequate knowledge of the consequences associated with each choice. It was this broader context that was considered important to making an informed decision.

Thus three key points were raised when notions of decision making were considered by practitioners:

1. The availability of options
2. Having adequate information concerning each option
3. Being aware of the consequences of each option

While practitioners tended to use the terms ‘decision’ and ‘choice’ interchangeably, a decision was seen to be making an informed choice when supported by knowledge and an understanding of positive and negative consequences.

4.1.2 Definitional difficulties

Defining decision making proved to be a difficult task. Part of the problem faced by practitioners in terms of decision making, Shemmings found in his study, was the “opaqueness and definitional elusiveness” of such commonly used terms. Morcol (2007) however suggests the difficulty arises because decision making is complicated. Where it may start out as a simple choice between two alternatives it can arise in “an infinite number of situations, from the resolution of a problem to the implementation of a course of action” (Heller 1998 in Morcol 2007, p. 372). A common supposition he suggests is the view that there is only one decision to be made which does not reflect the many decisions often made in the decision making process.

The practitioner’s understandings of decision making tended to follow Morcol’s (2007) assertion of a commonly held assumption that there is only ever one decision to make, with everything falling into place after that. The focus that practitioners had on ‘choice’ seems to reflect this assumption. For example, some practitioners tended to think of a choice as a decision, so if the child was offered a choice between two activities - to play on the slide or in the sandpit - when the child chose the slide it was considered that a decision had been made. However, while there were a smaller number of practitioners who did give more reference to the complexity arising from varying situations, they still did not clearly separate decision making from decision making process.

This resonates with Schofield & Thoburn’s (1995 in Shemmings 2000) observation that there is an important distinction to be made between involving children in decision making and them actually making the decision. They suggest that professional practice tends to conflate the two. In this study, practitioner’s discussions did not make a clear distinction between involving children in daily decisions, and the child actually making the decision; they viewed them for the most part as the same practice.

There are a few factors here for consideration. Practitioners tended to link their role as carers or workers with the child making a decision. Most practitioners, in discussing decision making in the context of young children, talked about what they did to create and support children with the opportunities to decision make, rather than the child’s autonomous capacity to decision make. For example, they spoke of offering children alternatives from which to choose, how they structured their programmes, and how they structured the physical environment to stimulate opportunities for children to learn and practice decision making.

Several practitioners viewed the ability for children to make simple choices as the precursor to learning how to make a fully informed decision; That is, when the child’s development had progressed enough to practice this ability. However, there were a few childcare workers who worked in the babies and one to two year old rooms, who suggested that even at this age babies and toddlers can choose activities and routines that suited them. These workers were more inclined to view that this was a form of age specific decision making in terms of their ability to satisfy their own immediate needs.

This blurring of practitioners’ interpretations of decision making with their role in teaching and providing opportunities for children to practice, points to notions of decision making being adult set and interpreted. While this point will be explored more fully in the report to follow, it must be noted that this conflated view may have been exaggerated because in the context of this research, practitioners were asked to describe their views as well as how they worked in their daily practice. In a different light the distinction between involving children in decision making and children making a decision may have been clearer.
4.1.3 Can and should children make decisions?

The majority of practitioners, both childcare workers and early childhood teachers, agreed in principle that children have the capacity to make decisions and that they can be quite definite in what they want. While it was generally agreed that it was important for children to be involved in decision making processes this was qualified by a number of considerations:

- Contextual boundaries (requirements of school or care settings)
- Age and development
- Individual capacity
- Home environment
- Opportunity to practice genuinely
- Appropriate social behaviour
- Personal health/safety and the safety of others

These considerations were mentioned early on in most of the discussions as part of defining decision making. In terms of the practicalities of working with young children they can be seen as having a significant impact on how practitioners’ understandings are translated into their daily practice.

While agreeing with the concept of decision making in principle these considerations show a continuum in their translation to practice. This continuum emerged when the discussion focused on whether or not children could be involved in the process of decision making and at what level it was possible for this to occur.

At one end of the continuum practitioners agreed in principle that decision making was important for young children and believed that children of any age can and should make decisions regardless of the situation. On the other hand, however, others held a more limited view about the practice of involving children and its associated practicalities. At this end of the continuum decision making was considered important but was found to be practically difficult and impeded by a number of variables.

This points to a possible gap between what practitioners talk about and understand to be decision making and how this translates into practice. Shemmings (2000) illustrates a similar and unifying trend in his research with social workers. He identified that professionals tended to adopt an ‘I agree with it in principle, but…’ position and suggests like Marsh and Fisher (1992) that professionals “may deliberately or not – be paying a certain amount of lip service” to such notions when translating them into practice.

4.1.4 Genuine participation and decision making

The blurring of the distinction between involving young children in decision making processes and children actually making a decision raises the question of what might be considered genuine decision making and what level of participation lends itself towards children being able to make a ‘genuine’ decision.

Definitions of ‘choice’ and ‘decision’ do vary markedly with choice being a fairly superficial selection between a number of available options, and the notion of a decision demonstrating consideration of a range of options (some that might not be presently available at the time) to draw a conclusion or judgement. For the most part practitioners viewed children were making a genuine decision when they were offered real choices combined with enough information for the children to understand the associated consequences. While some practitioners viewed choice simply as a selection between two or more options; others considered choice in broader educational terms where involving children was an opportunity to teach them how to make an informed choice; That is, being aware of the full consequences of the decision made and supporting the child to take responsibility for those consequences.

Some practitioners held a very structured view and considered that providing two options to a child from which to choose was an adequate context for a decision to be made; For example, asking the child do you want to play with the train or read a book? On the other hand, other practitioners held a broader view and considered physical and environmental factors as an important part of the child being able to participate in decision making and to make real choices for themselves.

Figure 1.0: Continuum for Involving Young Children in Decision Making
While some childcare centres had a structured routine such as having a set indoor play time, outdoor playtime, morning tea, lunch, afternoon tea and so on - of which the children had no involvement in setting - other centres held a more fluid approach where the child could determine on their own whether they wanted to be indoors or outdoors, whether they were hungry or thirsty and so on. Practitioners advocating this approach stressed that this was a vital factor in affording children the opportunity to make real choices. Winkworth & Macarthur (2006) suggest that it is this sort of conscious effort that ensures children's participation in processes that impact upon them.

4.1.5 Participation ladder – tokenism to child initiated and directed decision making

From the practitioner’s views explored here a cursory glance can identify varying levels of participation from highly structured opportunities afforded to young children to make choices, to more flexible choices in an relatively unstructured free setting. However, as these are always offered in the context of an organisational setting it is difficult to determine the level of real participation afforded to children.

Arnstein’s (1969) Ladder of Citizen Participation provides a useful starting point as it identifies eight levels of participation ranging from non-participation (manipulation) to full participation (citizen control). More recently, Hart (1997) described a similar ladder adapted specifically for children’s participation. An adaptation of this ladder produced by the Office for Children and Youth (2007) is provided as Appendix C.

While this needs further examination, at a glance it would appear that based on the level of choice children are afforded in the course of their daily activities, the practitioners views report a level of participation that gravitates between level three – tokenism, to level seven – child initiated and directed.

By way of introduction, Levels One and Two - Manipulation and Decoration – is where adults use children to support or bolster causes that are not inspired by children. There was little or no discussion that indicated this level of participation.

Level Three: Tokenism – is seen in terms of the more structured environments where children are given specific choices but these are offered to them in a limited manner. In this study, some childcare practitioners reported having a designated morning tea time and asking the children if they want a particular piece or fruit or not, regardless of whether they were hungry. Similarly those at school have set eating and drinking times. Hence children have little choice about what they can do and how and when they participate.

Level Four: Assigned and Informed – Children are assigned a task or role and are informed about how and why they are being involved. Practitioners in both childcare and school settings reported children being engaged in the process of packing up activities as a shared or community expectation and the children being informed about the importance of sharing tasks.

Level Five: Consulted and Informed – Children are asked their opinion on projects or programs and daily routines and are given the opportunity for input, but the final decision is made by an adult. Some childcare workers reported adjusting their programs according to the interests of the children with the program coordinators making the final judgement as to the activities selected.

Level Six: Adult initiated, Shared Decisions with Children – Projects or programs are initiated by adults, but the decision making is shared with children. Some practitioners reported engaging children in making disciplinary decisions on a collective basis. This entailed establishing ‘room’ boundaries to which the children must observe to show consideration to others sharing community space. Children were given the opportunity to decide what would happen if someone were to not respect the ‘group’ etiquette, for example – the offending person might have to have some ‘quiet time’ or ‘time out’.

Level Seven: Child-initiated and directed – Children initiate and direct their participation and adults are involved in a supportive way. Some practitioners discussed ways of setting up the physical environment to encourage children to make decisions about what they wanted to do and when. Practitioners were supportive and supplied the resources or opportunities for children to engage in what they wanted to do.

Finally, Level Eight represents child-initiated, shared decisions with adults. Projects or programs are initiated by children and decision making is voluntarily shared with adults. There was little or no discussion that indicated this level of participation.

Finding the practitioners’ views falling between levels three and seven is not to say that there are not examples of levels one, two and eight occurring, but rather that these four levels best reflect the themes presented in discussions with practitioners. Underpinning these levels is the how the organisational setting impacts on the practitioner’s ability to afford children opportunities for participation and involvement.
4.2 Contextual considerations – school and care settings

How practitioners viewed children’s participation in decision making and how much involvement was afforded to children varied considerably between the three settings explored in this study – long daycare, kindergarten and pre-primary to grades one and two. It is interesting to note that the issues of choice and decision making were rarely mentioned in terms of the child having a say in whether they wanted to attend daycare or school in the first place. Most, if not all, practitioners accepted that this was an area that children had no say and focused on what they and the child can do within the context of the care or school setting.

4.2.1 Limited time

The structural setting within which practitioners worked was an important factor in how flexible they were able to be in allowing children to make decisions during the course of the day. Generally speaking daycare workers and kindergarten teachers appeared to be able to offer more flexibility in altering activities according to children’s needs and choices. As discussions moved more into a school based environment the opportunities for children to decision make appeared less as routines became more established and curriculum driven. Some pre-primary and grade school teachers talked about having to get through quite an extensive curriculum in relatively short amount of time which does not lend itself to having the amounts of time available to engage children. The size of the school was also a factor in teachers being able to be flexible in practice. The bigger schools seemed to be more of an impediment as they offered less flexibility in accessing shared space or resources without having to pre-program it first. The number of children in a classroom setting also detracted from teachers being able to individually converse with children and to ensure each child had the opportunity to participate. Others teachers however, offered strategies such as forming workgroups and role play that assisted them in their role as educators to enable children to develop decision making skills.

In some ways this highlights a paradox that needs further exploration. That is, the higher the children go in the education system, the less opportunity they have to determine the course of their daily routine and make participatory decisions. However, some childcare workers also talked about how their relationship with the children in their care (and hence their ability to involve children in decision making), was compromised by quality assurance requirements and programming reporting systems. Some workers, particularly program coordinators, reported that increasing administrative responsibilities meant that the time they spent with the children was limited. This was seen to impact on their ability to be available to foster decision making skills. One particular centre who spoke of this quite extensively had just been through their NCAC accreditation audit which may have influenced the level in which this issue was discussed. While some childcare workers raised this as a concern, others did not see their programming and reporting requirements as impacting on their ability to nurture decision making skills with the children: Instead, they talked about using these to incorporate choices into the children’s activities.

Those practitioners who talked about using programming to include choices for children reflect Thomas & OKane’s (2000, p.18) assertion that “a commitment to involving children in decision making must go with a determination to find methods of communication that enable children to demonstrate their competence”. This however, is not to say that those who found their time compromised were not committed to involving children, but rather found that their determination was compromised by systematic requirements.

4.2.2 Language of education and socialisation

Across the board, most practitioners talked about decision making in terms of (1) education and (2) socialisation. As educators, they viewed it as their responsibility to ensure that children were equipped with the necessary skills to negotiate and have some sort of control over their lives if they are to cope effectively in the world. The outcome of learning decision making skills was mostly considered in terms of what the children would need in the future as socialised older children or young adults.

Of interest here is the link that can be made to the historical development of childcare and kindergarten/pre-primary education that reflects these values of education and socialisation. McGurk (1998, p. 7) suggests the development of childcare in Australia emerged via two historical paths – one rooted in preschool education in line with the German kindergarten movement; and the other being more welfare or philanthropic in nature through the establishment of crches or nurseries. These settings were aimed towards providing care and supervision for children with working mothers whose needs could not be met by kindergarten programmes. The later focused more upon physical well being rather than the educational development of children: “The aim of these services was to take care of children of working class backgrounds and to socialise them into becoming good future citizens” (ibid). Thus childcare has multiple roles and functions and serves care and education needs as well as the economies of family and the wider community (Hayes, Neilsen Hewitt & Warton 1999).
Practitioners in both childcare and early educational settings saw decision making in terms of educating young children how to go about making appropriate choices for themselves and to ensure they were making what was considered to be the ‘right’ choices in terms of the group as a whole. Again, they saw that it was their role to teach children to be able to make a choice between available options supported by appropriate knowledge and understanding of the positive and negative consequences of that choice. This social aspect, and considering the self in the context of their peers, was mainly talked about in terms of behaviour management. Practitioners, particularly those dealing with toddlers talked about teaching children to make appropriate choices in their dealings with others and learning to control their emotional impulses - so that a child learns not to push or bite and to share toys. In this way, decision making was viewed in terms of getting the child to comply with what is socially acceptable.

4.2.3 Limit Points - Behaviour management, health and safety

While most practitioners made a link between decisions and behaviour, it was mainly pre-primary and grade teachers that emphasised the importance of getting the child to make what they considered to be the ‘right’ decision. Here social values were an important limit point as disciplinary measures seemed to be more the norm in dealing with inappropriate behaviour rather than a conscious involvement of children in the process. For example, certain ‘social’ or ‘community’ rules were considered not negotiable such as packing away, mastering appropriate relationship behaviour (no fighting, sharing) and so on, where any misdemeanours were met with predetermined disciplinary responses.

Childcare workers and often kindergarten teachers held more of a mix of views when talking about decision making and behaviour. Some views were similar to the teachers where a disciplinary line was drawn and certain behaviours were not tolerated - for example, if a child had hit another child the offending child might be removed from the others for ‘time out’. Some might also provide an explanation to the child as to why that particular behaviour was not acceptable. However, interestingly, a small minority of workers (particularly childcare workers) took the view that it is normal for a child to want to hit - so in their response to the child’s behaviour they talked about redirecting the physical action of hitting to a material object such as a beanbag. They would then explain to the child the emotion they were having, that they can hit the beanbag, and why its important they don’t hit other children. Therefore, those practitioners who did not see unacceptable behaviour as a limit point to decision making argued that providing the young child with information helped them to make appropriate behavioural choices and gave them a pathway for learning how to make social based decisions.

Limits were also set around issues of health and safety with most practitioners agreeing that ensuring children maintained a healthy diet and cleaned their teeth and kept physically safe (i.e., by not running across a road or climbing a tree too high) cancelled out a young child exercising a decision. These limits were considered to be made in the best interests of the child. Daniel (1999, p. 179) suggests that in childcare work “decisions have to be made on the basis of what is, and is not, good enough for children”. However, while most recognised the importance of setting certain boundaries around children making decisions there was a minority of practitioners were able to articulate that children could still be involved in the process of making decisions about health and safety by explaining why particular boundaries were set. These practitioners separated children making a decision and being involved in the process. Nevertheless, while some practitioners did reflect on the need for children to have some control over their lives and believed that their current decision making skills gave them this; the overall sense was that decision making was a developing skill that they would eventually achieve for their future rather than their present benefit.

The notions of education and socialisation, and within that behaviour management, sit aside from discourses about children’s rights where decision making is considered imperative to giving children some power and control over their lives. Perhaps shedding some light on this is Cumming, Mawdsley & De Waal’s (2006) observation that, in terms of children’s rights and best interests, Australia appears to be a strongly state-directed nation in contrast to more ‘rights based’ nations such as the United States. Also, in terms of the language surrounding decision making Woodrow & Press (2007, p. 312) point out there are a number of competing ‘discourses’ about childhood and ideas about “the nature of children and how children should be treated, [which] circulate at any given time”. These discourses underpin particular perspectives and policies that shape practice. This combined with the specific educational and care settings within which the practitioners in this study practiced, present quite a specific and culturally interpreted notion of decision making.
4.3 Practitioner Values

It is impossible
For anyone to enter
Our small world.
The adults don’t understand us
They think we’re childish.
No one can get in
Our world.
It has a wall twenty feet high
And adults
Have only ten feet ladders.

Written by an 11 year old child in Ian Turners ‘Cinderella,
Dressed in Yella’
(cited in Hunt 1997)

4.3.1 Views on children’s capacity

While holding a general agreement on the importance of decision making for younger children, like Shemming’s (2000) studies, this research uncovered various levels of diverse attitudes. How practitioners viewed the role of ‘children’, their age and what should be expected of them developmentally at certain stages, influenced how they viewed decision making for young children and their strategies for involvement. Thus children’s capacity for decision making was very much determined by the practitioner’s perceptions of ‘social competence’. Daniel (1999, p. 179) suggests that such an assessment is drawn “in part upon beliefs which are built up from a complex mix of knowledge, professional practice and personal experience and influenced by legal and policy frameworks and local guidelines”. From a similar view, Trinder (1997 in Shemmings 2000, p. 236) concluded in her study of competing constructions of childhood in divorce situations, that professional’s constructions of childhood affect their perceptions of whether children are considered dependent and vulnerable or autonomous and competent because “they are based on normative assumptions about the proper role of children”.

Practitioners’ discussions highlighted a competing view in terms of how much autonomy a child should have. At one end, there were practitioners who believed children were already individuals and should be treated as such, and at the other end there were those who feared that the responsibilities of decision making could turn children into ‘mini-adults’ – meaning that the time children have as children ought to be protected. In this view, decision making was considered strongly in terms of what is ‘age appropriate’. This was again variously interpreted with the views being more disparate among childcare workers.

This issue of age appropriate ability goes to the heart of some of the ambivalence associated with young children and decision making. Cavet & Soper (2004, p. 278) assert that it is generally accepted that the level of participation a child has in decision making will vary depending on the decisions involved and the capabilities and choices of the child. The UNCRC includes a child’s capacity to decision make as the main qualifier to a child expressing their views. This entrenches the children’s rights agenda with adult constructed views on capacity. Relevant articles from the convention state:

Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child -Article 12 (italics added).

In view of this, practitioners’ discussions were usually centred on the developing capacity of children to make decisions and the role of practitioners to nurture this, rather than the children’s current ability to make a decision. This fits with the previous points made about education and socialisation – that practitioners viewed it as their role to nurture the child’s stages of development and to get them ready for the social world and the requirements of higher levels of education.

As well as the child’s capacity being impacted by age and maturity, the developing capacity of young children was also considered to be impeded or enhanced by a child’s individual personality, their consummate experiences, and the influences of their home life and parental values. Some practitioners lamented parents’ attitudes to their child’s development either for being too laissez-faire and giving the child too much freedom to choose and decision make, or by keeping the child dependent and incapable of making their own decisions. This kind of discussion again centred mainly on the notion of a child’s autonomy where permissiveness lent itself to the child having too much responsibility and no sense of a secure routine, or having no autonomy and being socially immobilised and hence not able to make any choices for themselves. In this way the bridge from home life to care/school life impacted on the way practitioners viewed their ability to involve children in decision making. Sinclair (2004) suggests there is a distinction to be made between what is considered to be private and public decision making. How this distinction impacts on decision making in care and educational environments is an area for future consideration.

At a superficial glance, it appears that this ‘rights versus rescue’ position might be articulated according to the personal...
backgrounds of practitioners and along the lines of their experience and education. For example, some of the younger room coordinators who were more recently qualified in daycare centres seemed more comfortable with using decision making language. On the other hand, it appeared to be some of the older workers (those who had been in the industry for many years) who were more concerned about what was meant by decision making and how this was related to children. It must be noted that this observation was mainly drawn from discussions held by room coordinators who were responsible for programming and who often have higher qualification levels – this seemingly disparate view might not be as apparent with practitioners in general childcare worker positions.

4.3.2 Relationship building and communication

As stated previously, a majority of childcare workers and kindergarten teachers talked about setting up the spaces for play where children could determine what activities they would like to participate in. This was considered to be an important mechanism to ensure that children were offered the opportunity to make choices in the course of their daily routines. While some saw the provision of various activities as enough opportunity for a child to decide their interests there were others who talked about the importance of their personal relationship with each child. These practitioners also talked about observing the interests of the children in their care and incorporating these interests into activity programmes; however, it was more to do with the bond created between carer and child and the carer getting to know the child that enabled the child's interests to be known and suitable choices to be provided.

A preliminary observation is made here. Most of the pre-primary and grade teachers appeared to not talk about decision making in terms of providing activity choices or the importance of their relationship with the children, but rather in terms of what they needed to teach the children first and how to elicit the best responses from them in order to do this. On the other hand, childcare workers and kindergarten teachers were more inclined to articulate the importance of knowing the child and establishing trust and rapport.

This is relevant in terms of decision making being a vehicle for children to be able to exercise some control over these lives. McGurk (1998 p. 9) suggests that giving infants or toddlers the space to influence the course of behaviour in primary relationships and to have an impact on their immediate world provides the foundation for “social, communicative, emotional and intellectual competence”. The relationship between parents or caregivers allows for such interaction as it:

Provide[s] infants and toddlers with the experience of having an affect on the world, of experiencing things happening in the world consequent upon their own behaviour. […] Such experiences of effectiveness engage a competence motivation encouraging the search for other opportunities to be effective, thus contributing to the enhancement of developmental progress (ibid).

According to McGurk (1998) it is the relationship between child and parent/carer, and the sensitivity to, and commentary of, the child’s interests - that develops the child’s perception of their own ability to influence world around them.
This study highlighted a significant gap between what is understood and talked about in terms of decision making and what actually happens in practice. There are several possible explanations for this. The push for decision making as a way to foster the rights of children and young people is still a relatively recent introduction with research into the topic still in its infancy. This combined with assumptions made about young children's capacity to decision make (with particular reference to children under six years), seems to have served to keep this age group off the agenda. However, in the broader context of existing theoretical literature and the resources provided by government departments on decision making, the inconsistencies and tensions highlighted by the practitioners in this study are not adequately recognised. Decision making is most often presented as a reasonably straightforward practice for working with young children with little acknowledgment of the constraints of the various structural settings within which practitioners operate. Moreover, literature on decision making is considered in adult and developmental terms which talks about the autonomy of the child but predisposes the type of autonomy it wants to see i.e., the types of skills and behaviours that children should have that demonstrates that decision making is taking place. While the gap between theory and practice may not be surprising in itself, acknowledging it raises the question - does this gap really matter? It could be argued that the resources and literature available on decision making is a useful consciousness raising approach. That is, by providing information on decision making practitioners will come to embrace decision making as an important and valuable approach for their work which will assist them to be creative and to overcome any difficulties raised by their places of work. This may work to some extent - however, to overcome any limitation there must first be an awareness of what it is and why it exists. Mackenzie (2005) observed with the notion of 'inclusion' – that just because we speak about it and know about it, doesn't necessarily mean that it translates to children being included. The same can be held for decision making just because practitioners know about it - doesn't mean that children are engaged in it, and it doesn't mean their rights are being exercised. Hence, acknowledging this gap is important because it is only when an open dialogue begins, a dialogue that embraces the potential of decision making but acknowledges the reality of the structures within which it has to operate, that an opportunity for a real and ethical practice can move forward. Finally, this study has highlighted the importance of the child/practitioner relationship in the necessarily limited way that the decision making of children occurs. This was demonstrated by the way some practitioners were undertaking to listen and observe children's wants and needs, and by trying to be flexible where possible to accommodate these. Communication and allowing this kind of reflection in the practitioner/child relationship is pivotal in drawing the world of the practitioner and the worlds of young children closer and can provide a stronger foundation for negotiating the complexities of decision making. As Vicary et al (2006) state: Communicating with all children is a two way interaction. As adults working alongside children, we may think we have much to offer, but we should never underestimate how much the children have to offer (emphasis original). Moreover, this report, like Sinclair (2004), highlights the view that meaningful participation for children must consider how participation becomes embedded as an integral part of our relationship with children.

5.1 Further research and professional development

As an introductory ‘mapping’ of the issues surrounding decision making and young children this report offers two key suggestions for moving forward: Broadly, these include opportunities for further research and professional development. For future research some possible exploratory studies are noted:

- A secondary and supporting qualitative study including individual one on one discussions with practitioners with a view to providing some narrative and further clarification for the issues raised in this report.

- A complementary and comparative study across various cultural settings to determine areas for shared communication and practice for young children from non mainstream cultural backgrounds, with particular reference to Aboriginal children.

- An analysis of organisational settings through policy, programmes and curriculum agendas across childcare, kindergarten and early grade schools with a view to introducing ‘rights’ based literature and practical ways of including children at all levels of decision making.

- A complementary and comparative study across different professional settings where practitioners work with young children – for example, social work, and psychology, family law, health and nursing and so forth with a view to providing a thematic analysis to determine areas for shared communication and practice on decision making and the rights of children.
• A study that involves the views of children in relation to practitioner's views. This is an essential pathway to gaining a clearer picture on the practicalities of involving children in decision making and the impact on their lives.

While this report focused on mainstream care and educational settings, as suggested in the report *Conversations with Children* (2003), it is important to recognise the additional difficulties experienced by children and practitioners working in isolated settings and circumstances. Thus an exploration of practitioner's views and children's views in settings and circumstances including, hospitals, foster care, detention centres and refuges, children in distance education or being home schooled, children with disabilities, children from diverse cultures and so on, is an important part of the dialogue on children and decision making.

Finally, it is important that this push towards children's participation be fully supported at the level of professionals who are most often in the position to decide whether or not to include children's views. What was evident in this study is that there is a lack of clarity as why practitioners might involve children in decision making. As Sinclair (2004) notes the first imperative for any participation is clarity of purpose – why are we doing it? Research (e.g. Smart 1989; Moloney 2001; Lansdown 2004) indicates that children often do not feel as if their views are taken fully into consideration leaving children objectified in the process. Thus the interrelationship between the world of practitioners and the world of the child in terms of decision making processes needs some strategic questions with regard to the relationship and communication processes between practitioners and children. As Thomas and O’Kane (2000) suggest there are a number of considerations important to this relationship such as, who determines the agenda for decision making and what counts as important? What difference does age make? How do children respond to and feel about adults asking them questions? What is the interaction between verbal and non-verbal methods of communication? These questions of practitioner/child reciprocity form the basis of a much needed ongoing conversation about the way we listen to children. Some reflection on the complexity of everyday care and teaching settings, as well as individual practitioner values in relation to children's participation in decision making, is an essential part of this dialogue.


Department of Community Development; Office for Children and Youth, & WACOSS (2003) *Conversations with Children: A guide to accessing 9-12 year olds in settings other than mainstream for consultation.*


“Rights” are things that every child should have or be able to do. All children have the same rights. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. Sometimes, we have to think about the rights in terms of what is the best for children in a situation, and what is critical to life and protection from harm. As you grow, you have more responsibility to make choices and exercise your rights.

**Article 1**
Everyone under 18 has these rights.

**Article 2**
All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

**Article 3**
All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

**Article 4**
The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

**Article 5**
Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

**Article 6**
You have the right to be alive.

**Article 7**
You have the right to a name, and this should be officially recognised by the government. You have the right to a nationality (to belong to a country).

**Article 8**
You have the right to an identity – an official record of who you are. No one should take away your identity or change it without your permission.

**Article 9**
You have the right to be raised by your parents(s) if possible.

**Article 10**
You have the right to be protected from being hurt and mistreated, in body or mind.

**Article 11**
You have the right to all kinds of play, and to have your basic needs met.

**Article 12**
You have the right to give your opinion, and for adults to listen and take it seriously.

**Article 13**
You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms others.

**Article 14**
You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

**Article 15**
You have the right to choose your own friends and join or set up groups, as long as it isn’t harmful to others.

**Article 16**
You have the right to privacy.

**Article 17**
You have the right to get information that is important to your well being, from radio, newspaper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

**Article 18**
You have the right to be educated.

**Article 19**
You have the right to be protected from harmful drugs and from the drug trade.

**Article 20**
You have the right to special care and help if you cannot live with your parents.

**Article 21**
You have the right to care and protection if you are adopted or in foster care.

**Article 22**
You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

**Article 23**
You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

**Article 24**
You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

**Article 25**
If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

**Article 26**
You have the right to help from the government if you are poor or in need.

**Article 27**
You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can’t do many of the things other kids can do.

**Article 28**
You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

**Article 29**
Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

**Article 30**
You have the right to practise your own culture, language and religion – or any you choose. Minority and indigenous groups need special protection of this right.

**Article 31**
You have the right to play and rest.

**Article 32**
You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

**Article 33**
You have the right to protection from harmful drugs and from the drug trade.

**Article 34**
You have the right to be free from sexual abuse.

**Article 35**
No one is allowed to kidnap or sell you.

**Article 36**
You have the right to protection from any kind of exploitation (being taken advantage of).

**Article 37**
No one is allowed to punish you in a cruel and harmful way.
Involving Young Children in Decision Making: An Exploration of Practitioner’s Views

Appendix B

YOUNG CHILDREN AND DECISION MAKING
DISCUSSION GROUP SCHEDULE

Introductions – name, where you are from, why you were interested in coming along?

Primary Questions:

1. What comes to mind when we talk about making decisions? What is decision making? (consultation/ choices/ adult set boundaries versus genuine decision)
   - To what extent can/do children participate in decision making with regard to the overall structure of daily routines?
   - What makes for a genuine decision?

2. What do you think about involving younger children (from the ages of 1-6) in decision making?
   - Does age determine their ability to make decisions? How? What enables this capacity? What disables this capacity?
   - How can genuine decisions occur for this age group?

3. In what ways and to what extent can younger children be allowed and encouraged to make choices for themselves?
   - General daily activities – examples?
   - One off occasions – examples?

4. In what situations are there opportunities for children to make choices for themselves and when is it not possible or acceptable?
   - Examples? Do you actively encourage this? How? If not, what prevents you from encouraging the children to make choices?

5. Are there any further issues with regards to decision making for children in this age group that you feel needs discussion?
1.2 LEVELS OF PARTICIPATION

Hart (1997) has described the ways that children and young people can participate in terms of a ladder, or continuum, ranging from unconstructive involvement to children initiating projects and controlling the decision making.

1 **Manipulation.** Adults use children to support causes and pretend that the causes are inspired by children.

2 **Decoration.** Children are used to help or ‘bolster’ a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by children.

3 **Tokenism.** Children appear to be given a voice, but in fact have little or no choice about what they do or how they participate.

4 **Assigned and informed.** Children are assigned a specific role and informed about how and why they are being involved.

5 **Consulted and informed.** Children are asked to give opinions on projects or programs designed and run by adults. The children are informed about how their input will be used and the outcomes of the decisions, however, the final decision is made by adults.

6 **Adult-initiated, shared decisions with children.** Projects or programs are initiated by adults, but the decision making is shared with children.

7 **Child-initiated and directed.** Children initiate and direct their participation. Adults are involved in a supportive role only, for example, providing resources.

8 **Child-initiated, shared decisions with adults.** Projects or programs are initiated by children and decision making is voluntarily shared with adults. These projects empower children while also enabling them to access the expertise and influence of adults in the wider community.

Hart suggests that children’s involvement can be meaningful when their role in decision making is at rungs 4, 5, 6, 7 or 8 on the ladder. The best way for children to be involved in an organisation, however, is not necessarily rung 8.

**Consultation** applies to rungs 4 and 5 where an organisation creates a short-term or one-off mechanism for children and young people to be involved in decision making about a limited set of issues.

**Participation** applies to rungs 6, 7 and 8 where adults work in partnership with children on an ongoing basis, and on a range of issues that children consider important. The role of adults includes supporting and empowering the children, encouraging them to initiate projects and to own decision making processes.