

‘I never win’: How children and staff in residential facilities experience meaningful participation

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Abstract

Policymakers increasingly emphasize the importance of achieving meaningful participation of children living in residential care. To achieve the goal of participation, children must be adequately informed, have opportunities to express themselves freely and to be heard, and be given the opportunity to influence decisions about their lives. This study investigated the views and experiences of both children and staff with respect to children's participation in residential facilities in Norway. We conducted both focus-group and individual interviews with 6 children and 18 staff members at different facilities. Qualitative interview data were analysed using the dimensions of meaningful participation: informing, hearing and involving. The study offers three main findings. First, children's initiatives determine if staff inform them of their rights, with two exceptions: children are presented with information by staff when they arrive at a facility and/or after staff use coercion that requires protocols. Second, staff members expressed the importance of listening to children's opinions in a standardized way, following bureaucratic guidelines and structures. Third, several children stated that, no matter what they say, they cannot change the minds of staff members. These findings reveal that the dimensions of meaningful participation (informing, hearing and involving) are not all fully present at these facilities. Further research is needed to determine how to achieve in practice the policy goal of participation of children in residential care.

KEYWORDS

children, influence, participation, residential facilities, staff and children experiences

1 | INTRODUCTION

Worldwide, recognition is growing that children in the care of child protection services should be encouraged to participate in decisions about their lives (Cossar et al., 2016; Doek, 2009; McPherson et al., 2021; van Bijleveld et al., 2014). Policies are increasingly being shaped according to the principles of the United Nations Convention on the Rights of the Child (UNCRC, 1989), which state that acting in

the best interests of children is only possible if children are involved in the decisions that affect them. The right to participation, which is addressed in Article 12 of the UNCRC (1989), is seen as a cornerstone of children's rights and should be seen as a prerequisite for making decisions.

Several studies show that professionals generally agree that children's participation is important (Pölkki et al., 2012; Rap et al., 2019). Children are expected to participate both in broad and future-oriented

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contexts and in everyday situations. This is important for three main reasons. First, participation accords children their fundamental rights. This is particularly crucial for children in residential care, given that the decisions shaping their lives are often made by strangers and through bureaucratic processes (Bessell, 2011). Second, children's participation can enhance self-confidence and self-esteem (Cashmore, 2002; van Bijleveld et al., 2015; Vis et al., 2011). Further, participation is associated with increased feelings of mastery and control (Bell, 2002; Leeson, 2007), as well as a sense of ownership and responsibility (Cleaver & Kerr, 2006). Allowing children to participate positively affects their overall mental well-being and sense of safety (Vis et al., 2011). Giving children a voice empowers them to be active in their own care and prepares them for the transition to adulthood (Bramsen et al., 2019; Harder et al., 2017). Third, children's participation has instrumental value and positively affects outcomes and other aspects of their lives (Bessell, 2011; Bouma et al., 2018; Dadich, 2010). Considering children's views, wishes and expectations in decision-making fosters their development, makes them feel more connected and committed to decisions and improves the fit between their needs and the care they receive (ten Brummelaar, Harder, et al., 2018; van Bijleveld et al., 2015).

1.1 | Understanding meaningful participation in the context of residential care

The UNCRC General Comment on Article 12 (2009) as well as several studies emphasize that participation is a dynamic and ongoing process, which includes information-sharing and dialogue based on mutual respect and through which children can learn how their views and those of adults shape the outcome of the process (Archard & Skivenes, 2009; Križ & Skivenes, 2017; Lansdown, 2010; Rap et al., 2019; van Bijleveld et al., 2020). These aspects of participation provide the basis for a three-dimensional approach, presented in Bouma et al. (2018), with respect to meaningful participation by children in out-of-home care settings. The three dimensions were operationalized by Bouma et al. (2018) as informing, hearing and involving.

The first dimension—informing—is a prerequisite to participation (Bessell, 2011; Bouma et al., 2018; UNCRC, 1989). Children need information about their right to and possibilities for participation and about the aims, potential impact and consequences of participation. Staff are responsible for ensuring that children understand the information they are given. Only then can they form views relevant to their circumstances (Cashmore, 2002; UNCRC, 1989). The second dimension—hearing—refers to children expressing their views freely and being heard (Bessell, 2011; Bouma et al., 2018; UNCRC, 1989). Children depend on professionals to ensure safe and supportive relationships and environments that facilitate free expression (Archard & Skivenes, 2009; Bell, 2002; Cashmore, 2002; Cossar et al., 2016; Horwath et al., 2012; Pölkki et al., 2012; van Bijleveld et al., 2015). The third dimension—involving—means that children's expressed views are considered before decisions are made and that the children can affect these decisions (Van Bijleveld et al., 2015).

In this study, we focus on the way the aims of Article 12— participation by the child— have been enacted in residential facilities for children; we then analyse the findings using the three-dimensions framework.

1.2 | Implementing participation in practice

Many studies on children and young people's participation in residential care have confirmed that children wish to have a say in the decisions that are made about their lives (Moore et al., 2017). Several authors have stated that children's participation should become a standard part of formal group processes (Bessell & Gal, 2009; Blakemore et al., 2017; Cashmore, 2002; Daly, 2009; Gal, 2017; Jamieson, 2017; van der Helm et al., 2018). An evaluation of the 'You Matter' project by Strijbosch et al. (2019) found that feedback from the children led to a reduction in aspects of negative group climate over a period of 2 years. Children's answers to open-ended questions indicated the importance of staying focused on creating a safe and positive context for them.

Other studies of residential and foster care find that implementation of child participation has been limited and that children's voices are often unheard or poorly heard (Cahill et al., 2016; Goodkind et al., 2011; Knorth et al., 2008; McCarthy, 2016; Moore et al., 2017; ten Brummelaar, Harder, et al., 2018; van Bijleveld et al., 2015; Vis & Thomas, 2009). Children report that they are not adequately consulted and are not given enough detail to make informed contributions to decision-making (Bessell, 2011; Leeson, 2007). Southwell and Fraser (2010) found that children under the age of 15 were less satisfied than older respondents about several aspects of their lives, including feeling safe, having someone to talk to when they are worried and having a say in what happens to them. In a scoping review, McPherson et al. (2021) reported that several studies showed that youth experienced the setting and space as well as the bureaucratized care planning process as constraints on effective participation. In contrast, when children reported a safe, relational space, usually with a residential care worker, they also indicated that they felt able to voice their opinions (McCarthy, 2016).

One of the reasons that ensuring child participation is challenging is that professionals are greatly influenced by the laws and regulations that dictate the procedures they must follow, their budgets and their workload (Gal, 2017). Limited opportunities for participation can negatively affect children's sense of dignity and self-worth (Bessell, 2011). Consequently, children may try to participate or exercise control in negative ways, such as by rebelling or withdrawing (Leeson, 2007; van Bijleveld et al., 2015).

1.3 | The Norwegian context

The Nordic countries are known for their comprehensive welfare states, which emphasize universalism, solidarity and decommodification (Shanks et al., 2021). Similarities exist in institutional care across

these countries. Norway has a child-centred policy system that focuses on children's rights and their place in society, in which they are seen and respected as individuals and not just future contributors to the welfare state (Burns et al., 2017). The welfare services are largely publicly funded, and citizens are traditionally granted equal access to the services. In Norway, the welfare state is the framework for residential care and treatment. It is the responsibility of the Directorate of Children's Youth and Family Affairs (Bufdir) to safeguard children's interests and rights and to help them and their families to the extent possible. Children's participation is incorporated into the Norwegian Constitution §104, together with the fundamental best interest principle, the biological principle and the least intrusive intervention principle (TheChildProtectionAct, 1992). Residential care in Norway is funded by the state. Most of the children who are removed from their families are placed in foster care. Approximately 1100 children (9% of the placed children) are put in Norwegian residential facilities run by non-government service organizations or in one of 60 government facilities (StatisticsNorway, 2021). Some of these children are placed because they did not get proper care from their parent and, others, because of their challenging and destructive behaviour. The placement can be voluntary or mandated by civil law. Residential care and treatment are typically provided in suburban houses that accommodate three to eight young people who are cared for by staff. The staffing requirement at the time of data collection was that at least 50% of the staff group had a bachelor's degree in social work, health, child protection or similar field.

1.4 | Aim of the study

In this study, we consulted the staff and children at the same facilities to investigate (1) how children in residential care experience being informed, heard and involved in everyday life and in planning for their futures and (2) how these dimensions of meaningful participation coincide with the way that staff provide information to children, listen to their views and facilitate their involvement.

2 | METHOD

This article draws on three focus-group interviews with 18 staff members (see Table 1) employed at state-run residential facilities in Norway, as well as on one group interview and individual interviews conducted in 2020 with six children between 16 and 18 years old.

A convenience sample was chosen to achieve variety, in both the size and geographical location of the facilities. The first author approached managers of five residential facilities in three of five different regions of Norway, offering written information about the planned study and requesting permission to recruit participants. Three of the five facilities agreed to participate, and two of them were able to recruit both staff and children. The third recruited only staff. The capacities of the facilities ranged from housing 4–20 children between

TABLE 1 Participants details (N = 18).

Participants	N = 18 N (%)
Gender	
Female	9 (50)
	Median (range)
Age	35.0 (24 to 50 years old)
Residential work experience	4.5 (8 months to 18 years)
Formal education	
Bachelor's degree in social/ health/child-welfare work	16
No relevant education	2

12 and 18 years of age, including children in long-term placements for substance and behavioural problems and children who had difficult home conditions. Staff shifts range between 7.5 and 24 hours.

2.1 | Participants

2.1.1 | Children

The first author approached the managers of the three residential facilities whose staff members participated in focus-group interviews (Slaatto et al., 2022). Each facility was given written information about the study and our request to recruit children. The inclusion criteria for participating youth were (1) currently living at the residential facility and (2) age 16 or older. We chose the ages of 16 and older so as not be limited by parents or others who might refuse to allow the child to participate. Residents were given oral and written information about the study by staff. Among the 16 children who met our inclusion criteria, six were recruited. Of the six, five were male and one was female. Three were living in a drug-and-behaviour treatment facility and three were in a residential care facility.

2.1.2 | Staff

Inclusion criteria for staff members were (1) employment involving 50% or more time working directly with youth and (2) participation in the 4-day education and training course known as the Basic Training Program in Safety and Security (Slaatto et al., 2022). We found it important that participant staff members work directly with youth because of our interest in staff-youth interaction. We also considered it important that all participating staff have the same basic educational and training knowledge. Staff members received written information about the study, which was forwarded to them by their managers, who encouraged participation and ensured staff that they would be given the time and opportunity to participate. For practical reasons, we conducted the interviews at the staff members' workplaces.

2.2 | Data collection and analysis

The interviews took place from February 2020 to September 2020 and were digitally recorded and transcribed verbatim by the first author. The three staff-member focus groups comprised five participants at one facility, six at a second facility and seven at a third. The interviews were conducted by two of the authors together and ranged from 75 to 90 min. We started each interview by giving information about the project and about the focus-group method. We introduced our themes and asked the staff members to describe how they inform the children living at the residential facilities of their rights, how they prevent and handle conflicts with the children and how they listen to them and involve them in decision-making.

After considering the ethics of conducting a focus-group interview with children, we determined it to be an appropriate method, as it could offer vulnerable individuals a feeling of safety that might be lacking in a one-on-one interview. Although the first interview at one of the facilities was planned as a focus-group interview, it became instead a group interview as we were unable to foster discussion among the participants, who each directed their answers at the interviewer rather than speaking to each other. COVID-19 restrictions prevented us from conducting further in-person and group interviews. Thus, we conducted three additional individual interviews by telephone with participants, which ranged from 13 to 56 min. To establish rapport, the interviewer first talked about the project and asked the participant to 'tell me about what a regular day is like for you'. We asked the children what they know about their rights and how they obtained the information. We also asked them how they experience staff listening to them, understanding their perspectives and taking their views into consideration in decision-making.

We used a theory-driven framework in the data analysis. The three dimensions of participation—informing, hearing and involving—provided a guideline. MacFarlane and O'Reilly-de Brún (2012) point out that preexisting concepts or theories in qualitative analyses can provide a powerful lens with which to study data. At this stage of our study, we derived the coding scheme from the three dimensions of meaningful participation (see Table 2). First, one of the transcribed interviews was independently coded using the coding scheme developed by two authors. Any disagreements were resolved through discussion. All interviews were then coded by the first author. We strove to represent staff and youth responses truthfully and empirically by accurately transcribing quotes (Krefting, 1991). The only alteration of quotes involved omitting 'filler' words, such as 'um' or 'uh'. The software package NVivo was used to sort the quotes. To increase reliability, the second author coded a random selection of the interviews. The final step was to analyse and interpret the content of the codes.

2.3 | Ethical considerations

The project was approved by the Norwegian Agency for Shared Services in Education and Research (ref. 339013). We administered

the study in accordance with the principles for ethical research of the Norwegian National Committee for Research Ethics. When writing up the findings, we removed any potentially identifying characteristics from the material. We used 'he' or 'him' in referring to participants to mask their gender.

3 | FINDINGS

The three dimensions of youth participation—informing, hearing and involving—are presented in selected quotes (translated from Norwegian into English) that exemplify the views of both staff and children.

3.1 | Participation: Informing

In this section, we present data on how youth experience the provision of information by staff and on staff's perceptions of their provision of this information to the children.

3.1.1 | Children

When asked if staff talk to them about their rights, one child simply said, 'No'. Another said, 'I learned them [the rights] myself'. Several participants from both facilities mentioned receiving a brochure. As one explained, 'When we move into the facility, then we get a brochure with all our rights and stuff I have read it a couple of times'. In addition, information was provided by staff when the residents asked for it. One said, 'They [staff] say they can help you; they can talk to you; they can give you the phone number [to the county representative]. They can explain to you about your rights and everything....[Y]ou just need to ask for it, then they will help you ...'. Several said that staff differ in how they offer information. In the words of one:

Some of them try to explain, but others just say 'no, this is how it is' If someone does not give it [the explanation] to me, I get really pissed. If someone tries to talk about it ... in a proper way, then it is easier for me to accept it.

Regarding children's rights, one child commented that complaining is pointless: 'I get thrown in my face almost every day that I can complain to my appointed county representative but that doesn't do shit'.

Participants were asked if they know what will be happening in their lives. Most said they know what will happen in the next weeks and months. One said, 'No Last time they said I was going to move in June, then it was November, then it became February Yes, and now all these [dates] have passed already'.

TABLE 2 Dimensions meaningful participation.

Dimensions	Codes	Examples of selected quotes
Informing	Children: I do not know what will happen in the future I do not know why I am here I know my rights I get the rights thrown at me Nobody talks to me about my rights I have learned my rights on my own I have to ask for information I know what will happen in my life I got the brochure when I moved in Staff: Staff use the brochure with descriptions of rights Giving information depends on the youth Giving information can be forgotten Experiences of youth not getting sufficient and adjusted information Information is given after a situation that requires protocol	Children: ‘They [staff] say they can help you; they can talk to you; they can give you the phone number [to the county representative]. They can explain to you about your rights and everything ... you just need to ask for it, then they will help you ...’. Staff: ‘[E]ventually, it slips a bit ... to remind about the rights ... it depends on the young person. Some are very interested and then we have others who simply do not care. So, trying to hold on to it ... we forget about it’.
Hearing	Children: It is a professional workplace It is no use complaining There is always someone to talk to Staff do not understand Staff do understand to a certain extent Staff: The children should be heard at all time We work in a standardized way Staff are curious about the youth	Children: ‘I have sent in one or two complaints before and it hasn't been taken seriously I would rather handle it myself’. Staff: ‘To have the feeling of being heard ... is an important thing for self-esteem’
Involving	Children: I give up discussions with staff Staff stand strictly by the rules I usually get what I want Youth do not think about the future The youth are not allowed to decide We can decide because it is about us It depends on who I ask Staff: It is important to take into account children's perspectives Staff act in a united, coordinated way to create stability and predictability Staff act person-dependent	Children: ‘One can argue and come up with all the good points there are. They go strictly by the rules, and stand firm I like to discuss and argue I usually have the best points, but I never win’. Another said, ‘... they [staff] won't change their minds ... in the end, I just give up’. Staff: ‘[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do’.

3.1.2 | Staff

With respect to informing children about their rights, staff participants at all facilities agreed that predictability, overview and knowledge about what is going on are important to children. The majority mentioned that the children receive an informational brochure about their rights when admitted to the facility. One said, ‘[I]t is very easy for us to have these brochures available, so okay, then we can go through it. “Here is the brochure with your rights and if you are unsure, then you can contact the county representative.”’ It was also acknowledged that providing information at intake could be bad timing for children as they were coming into a new situation and probably experiencing stress.

There is an incredible amount of information that the children must take in. And requirements ... and there is

a new place for them to live, new adults to deal with. So, whether the information about rights is properly perceived and they remember it It gets drowned in everything else [I]t disappears in a papermill or gets thrown away

Another staff member added a comment on the need to remember to inform:

[E]ventually, it slips a bit ... to remind about the rights [I]t depends on the young person. Some are very interested and then we have others who simply do not care. So, trying to hold on to it ... we forget about it.

Another responded, ‘It is often a bit “here and now,” so if it is not about “here and now,” we deal with it later’.

Several staff members discussed that youth need to be given correct information and explanations even if they are not interested or claim they know all their rights. One said,

[I]t is a part of standardized course, then we read their rights and should make sure that they have understood, but ... in practice I've experienced that most of the youngsters think they know their rights, or erroneous rights My impression is that many have misconceptions of their rights ... that they might have heard from others It comes from unreliable sources.

They also stressed the importance of both staff and children knowing children's rights so that conflicts and misunderstandings can be avoided. A staff member said,

I have experienced that they [children] didn't get sufficient information, that they don't know it, and you kind of forget about it, right? ... I think there is a point that can avert even more situations if we get better at their rights.

Several participants mentioned staff uncertainty as a possible barrier to providing children information about rights. One commented, '[H]ow far should I go? How far is too far? ... I believe we are very unsure about the use of restraint, how far we can pull the strings, right? And what to do when exercising restraint'.

When asked how staff inform children about their rights at times other than at admission, several agreed with one who said, 'Sometimes in house meetings ... when applicable, but I don't go and talk to children about the rights, not out of the blue, without something having happened'. Several said that it is easier and more common to give information about rights when it is connected to specific coercive situations, for example, drug testing, searching rooms or use of restraint. About the right to complain one said, '[O]ne must explain that if you experience that I've done something wrong in this situation ... it is really important ... that you take it properly, convey it, but it is always afterwards, I feel ... and that's a bit awkward'.

3.2 | Participation: Hearing

Here, we present data on how youth experience being heard and on how staff perceive their professional practice of listening to children's opinions.

3.2.1 | Children

Several residents said that there is always someone they can talk to if they need to. Others said they try to be involved with the staff as little as possible. About feeling able to express themselves to staff, several said it is person-dependent and that there are some staff members whom they feel safe with and others with whom they do not. In

response to the question, 'How can you tell if the staff care?', one of the residents answered, 'When they [staff] actually ask me if I'm okay or say that they can talk to me about it'.

When asked about whether they felt heard and understood by staff, some residents agreed. One commented,

They do listen to me and understand me to a certain extent, but they can't understand everything Most of the staff who work here haven't experienced things that we have, so it's a little hard for them to put themselves in our situation.

Another said, 'There are only some that I feel understand a bit more than the others, and others are more like ... they just look at it from one perspective. Others try to see at it from my perspective'.

When asked how they experience conflict with staff, one resident responded, '... I try to hold my emotions in ... because it is a professional workplace, right? ... [S]o, I feel that I need to be professional as well'. In response to a follow-up question about what happens after a conflict, another said, 'Nothing special; it's just put aside'. Another mentioned complaining to the county representative: 'I have sent in one or two complaints before and it hasn't been taken seriously I would rather handle it myself'.

3.2.2 | Staff

The topic mentioned most often was the importance for staff to listen to children. 'To have the feeling of being heard ... is an important thing for self-esteem', one explained. Another responded, 'There is something about listening to what they actually are saying'. One commented,

The children should be heard at all times [F]ollow-up with weekly conversations or where user participation is part of our care-conversations We work ... in a standardized way. It is planned for user participation so it is always quality assured ... so that the child shall participate in his or her own process.

About conflict management, one staff member pointed out and several agreed,

We are curious about what is their frustration ... trying to find alternative solutions ... so we are listening, we are curious, honest that 'no, you can't have chocolate milk. I understand you want chocolate milk on a Monday, but you know that we only serve that on Saturdays and Sundays [I]t is annoying, I know, you probably are tired and blah blah blah'.

The majority also talked about that the importance of ensuring that children's voices are heard after a conflict.

3.3 | Participation: Involving

In this section, we present data on how children experience being involved and how they perceive staff's consideration of their opinions. Then, we present staff perceptions of their professional practice of involving children.

3.3.1 | Children

Overall, the children in both facilities said they have some influence over everyday activities, being able, for example, to decide when and what to eat and which activities to engage in with staff or other residents. Some also reported some flexibility about internet rules. Others said they had very little or no influence. Most youth participants in this study said that they understand that their residence facilities have rules and limits and that they do not ask to do things that violate those rules. As one explained,

I don't ask 'You, shall we smoke pot?' I ask if we can go to the movies or something like that I usually get what I want. Of course, I understand that we live in a residential facility, that we have some things to follow

Another said that staff take their opinions into account '... to a certain extent ... to the extent that they are allowed to'. Even when admitting that rules are needed, the youth residents questioned why some staff focused on what they consider to be trifles. As one said: 'This is a drug treatment facility. This is not a fashion place. I have my sweater over my boxers, so shut up! These small things piss me off ...'.

When asked if they have some influence over plans for their future, several said they did. One answered, 'We are allowed to decide, because it is about us'. He also said, 'They [staff] have asked me, "Do you want to move into an apartment when you turn 18? Would you like us to continue supporting you?" And that they [staff] are always there if I should choose that'. In contrast, one soon-to-be 18-year-old said, 'I don't even get to decide where I want to move next. They have said that I must move back to the municipality where I first got into the child protection system. That is the last thing I want ...'.

Several residents from both facilities reported that, even if they present good arguments, staff will not change their opinions. As one stated, 'One can argue and come up with all the good points there are. They go strictly by the rules and stand firm I like to discuss and argue I usually have the best points, but I never win'. Another said, '... they [staff] won't change their minds ... In the end, I just give up'. Another participant stated, 'I feel that they [staff] are ... a bit too "into" the rules. Sometimes they should bend the rules a bit'. He continued, 'I would rather go for a drive and listen to hip-hop and curse in the car instead of punching someone. I feel that's better ...'.

Whereas some of the participants felt listened to, several also said that their arguments had no effect on decisions. Others described differences among individual staff members: 'Some [staff] are more open to talking about things, others are more, like, "No, it's supposed to be like this and this and this."'.

3.3.2 | Staff

Staff participants at all facilities discussed the importance of taking children's perspectives into account and involving children in decisions about their everyday lives and futures. As one explained, staff seek 'to be open and honest and get the children on board in planning their lives for the future, to decrease powerlessness, and to experience control in their own lives ... that they participate in and shape their daily lives'. One described using conversation to engage children after a difficult situation:

[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do.

One staff member said he often hears children say that complaining is useless, that

It doesn't help anyway. They have very little interest in going through the protocol with me, because there has to be such an enormous feeling of powerlessness that they have ... 'My voice doesn't count. Now the staff has done this ... and that is that'.

The staff at one facility spoke of wanting to act in a united, coordinated way to create predictability and stability for the children in their care. One commented,

Structures are there that tell us what to do when there is commotion or unrest, so in a sense we have systems that we follow. And this ... is very important, that one doesn't start to wonder just when it starts to burn, 'what to do now?' That it is clear beforehand, right? And it is at least very predictable and very safe.

In contrast, several staff members at the other facility expressed insecurity and uncertainty about person-dependent decisions among staff and about different ways of communicating with residents. One said, 'It becomes very unpredictable for them "if I'm allowed to do that with [a named staff member] but I'm not allowed to that with you."'.

As one participant said, 'That's where we often fall into the same traps again. Then you just judge for yourself. Because I know what I'm

able to do, right? But I don't always ... know what my colleague would do in the same situation'. Another voiced similar concerns:

The insecurity and uncertainty that occur when there is not enough sausage and soda on the table If you agree to PlayStation, soda, and pleasant activities, then it is mostly pretty calm and okay. But once you try to frame it a bit and create some adult structure, then the temperature among the children increases Then I experience more insecurity, so What does my colleague do now? Okay, why didn't my colleague stay within the structure that was decided on, and ... what happens next time when I stay within the structure that was actually decided on and not make an individual adaptation but do what the papers tell me to do?

4 | DISCUSSION

Here, we present our analysis of the experiences of children's participation, with the aim of better understanding how meaningful participation is practised.

4.1 | Are children receiving adjusted and sufficient information?

According to the UNCRC (1989), information about rights should be adjusted to the needs of the individual child and provided in a manner sensitive to the child's character, abilities and particular circumstances. Some staff members expressed concern that new residents may have trouble absorbing information provided on admittance, which is often a stressful and overwhelming experience. Additionally, merely providing a brochure at time of admittance can be assumed to be an insufficient way to fully inform children.

Staff shared concerns that children had received incorrect information about their rights, which could cause misunderstanding and conflict. Both children and staff reported that significant responsibility rests on the children to ask staff for information about their rights. This is an important finding because it shows that actual practice is at odds with policy aims. Staff members additionally claimed that the provision of information also depends on children's willingness to listening. However, the challenge and responsibility should lie with the staff to present the information in a way that is interesting and engaging to children.

Staff members from all three facilities focused on informing children about their rights in specific situations, usually those involving the use of restraint or other coercive measures, as such incidents must be documented. Some of the interviewed children said that when they received information about their right to complain to the authorities, they felt it was 'thrown in their face' and that complaining in any case does not help or is not taken seriously. Such statements can be understood as expressions of frustration and powerlessness.

Staff members mentioned that informing children of their right to complain was easiest in here-and-now situations; otherwise, it could be forgotten. This suggests that providing information about this particular right is not a staff priority, a finding supported by other studies showing that caseworkers do not always regard provision of information as integral to fostering children's participation (van Bijleveld et al., 2015; Vis & Thomas, 2009). Another interpretation is that staff are uncertain about children's rights and, as a result, may find it challenging to provide children with appropriate information. A literature review (Toros, 2021) confirms this study's finding regarding the lack of information provided to children. According to the child participants, if staff explain something sufficiently, it is easier to accept. Staff participants indicated that, in situations when they are sure about children's rights and provide enough information, conflicts and misunderstandings can be averted.

4.2 | Are youths' views being heard?

Staff who participated in this study agreed on the importance of allowing children to express themselves and of listening to what they say. They stressed that children need to feel heard at all times, and they described themselves, both during and after conflicts, as mainly interested in the perspectives and views of the children in their care. Many of the children's comments about participation highlighted their relationships with staff, and several pointed out that whether they felt heard and understood depended on which staff member they talked to. Staff have been shown to be crucial in promoting child participation and providing opportunities for children to participate (Archard & Skivenes, 2009; Horwath et al., 2012; Križ & Roundtree-Swain, 2017; McCarthy, 2016; Pölkki et al., 2012).

The power relationship between professional staff and children in residential facilities is obviously asymmetrical. The fact that the children live in the facilities that are the workplaces of the staff can also create challenges to the ideal of children freely expressing themselves. Some children said that they avoid involvement with staff. And one described his home as someone else's workplace and that, therefore, he tried to behave professionally. This suggests that the workplace aspect of residential facilities may diminish or overpower the youth-home aspect. It could be that this particular child experienced the staff's professionalism as an obstacle to sharing his views. In such an environment, residents may not feel free to express opinions, although doing so is part of the dimension of being heard (Bouma et al., 2018). Some staff said that they strive to standardize participation and assure quality by referring to bureaucratic terms and scheduled meetings. The drawback to this approach is that it may create distance between staff and youth, channelling staff energy into task or assessment completion. Another risk is that staff, overidentifying as professionals in a bureaucratic institution, become inflexible or use their autonomy and discretion defensively rather than to address the individual needs of children.

Even if the structural and bureaucratic approach can be helpful in ensuring that children are invited to scheduled conversations and

meetings, it creates challenges to children's free expression if it has not been adjusted to meet children's needs for spaces and relationships that make them feel comfortable and safe and do not pose a risk of negative consequences.

4.3 | Are children involved in matters concerning them?

Research indicates that children feel that their views are rarely taken into account and that they have limited influence on important decisions (Bell, 2002; Cashmore, 2002; Moore et al., 2017; ten Brummelaar, Harder, et al., 2018; van Bijleveld et al., 2015). The findings of this study largely support this research. Some of the participants said they have little or no influence over big decisions, such as where they will live after leaving the residential facility.

Some of the children at one of the facilities said that their voices do not matter. They described staff as adhering to the rules, unwilling to change their minds, no matter what; these children said that they have given up arguing with staff and trying to have influence. They reported that they were given opportunities to express their views, that staff listen to them and understood their views but that staff still do not alter their decisions. This finding supports the work of de Valk et al. (2019) and McCarthy (2016) who found that children often felt that staff members were not open to changing their minds. Both staff and children stated that there is no point in complaining to the county representative, which is concerning.

If children feel they are not able to influence decisions, they could conclude that there is no point to expressing their views. This could contribute to beliefs that it is futile to stand up for themselves in an argument, voice their concerns or try to protect their interests. Once they establish such a pattern of thinking, they may be less likely to try to change their circumstances. As a result, they may experience prolonged anxiety and display learned helplessness (Seligman, 1974). Unless people feel able to exert some control over their lives, they will cease making the effort to do so (Maier & Seligman, 2016; Seligman, 1974). Feeling powerless can lead to withdrawal (Leeson, 2007; van Bijleveld et al., 2015), to 'just giving up' on any effort to influence their own lives. Fudge Schormans and Rooke (2008) ascribe such passivity to a lack of participation. Henriksen et al. (2008) identified the experience of reduced well-being as a result of limited freedom, unexplained decisions and dissatisfaction with the outcome of decisions over which children had no influence. Children who experienced cooperation with staff and who felt their voices were heard reported more positive experiences when living in residential care.

Establishment of clear frameworks and boundaries, and coordination and unity among staff members could enhance predictability and stability for both residents and staff. The study of Moore et al. (2017) supports this. On the other hand, the resulting environment could be perceived as hard to influence. Staff could behave more rigidly and show more concern about doing and saying what they have agreed upon beforehand than about listening to and considering the voices

of the involved children. The staff at the facility where children reported feeling that their views did not matter described a high degree of co-ordination and unity among staff and expressed trust that their colleagues would keep their word and act as they had agreed upon beforehand.

In contrast, several staff participants at the other facility said that it is up to them to decide what to do in a particular situation. This could mean that whether children at that facility participate depends on the preferences of individual staff members. In any given situation, some staff members say 'yes', perhaps to avoid conflicts, and others say 'no', to follow the rules. According to most staff members at this facility, person-dependent professional practice engenders feelings of insecurity. Staff said that they did not know what their colleagues would do in different situations and expressed uncertainty about how much influence the children should have and what they should be allowed to do. They also perceived coordination among staff and teams to be limited. Several previous studies confirm that professionals do not always include children and that, in fact, children's participation does often depend on a professional's personal choice (Archard & Skivenes, 2009; Križ & Roundtree-Swain, 2017; ten Brummelaar, Knorth, et al., 2018; van Bijleveld et al., 2014). Most of the children at this facility also judged staff communication, strategies and attitudes to be person-dependent. Several stated 'it depends who ...' when talking about their experiences communicating with staff and seeking involvement in decision-making.

Ultimately, staff face a challenge to balance the need to be flexible and supportive with the need to maintain reasonable and predictable boundaries.

4.4 | Limitations

There are several limitations to this study. First, we approached the participants via the residential facility managers. We cannot be sure they provided accurate information to the children and staff who fit our selection criteria. A different sample might have generated other or additional findings. Staff members who participated may have felt obliged to do so because their manager handed them the invitation. To avert this bias, participants were told to contact the researchers directly if they wished to participate. Given the varied responses achieved in our sample, we believe that sampling bias was minimal.

Second, participants may have offered comments that they believed the interviewers wanted to hear. To reduce this likelihood, we explained explicitly and clearly to participants that no answers were wrong and that all the identities and data would be anonymized.

Third, the combination of focus-group interview, group interviews and individual interviews could have resulted in our missing the interaction elements or group effect, which is more easily captured by focus-group interviews.

Fourth, by analysing the data using the three dimensions of participation, we may have missed some perspectives that could have emerged from a data-driven analysis.

4.5 | Implication for practice and future research

The implications for practice include the need for residential facilities to challenge professional attitudes and to disrupt practices that exclude children from participating and for residential staff to provide information in safe and inclusive spaces to support children in forming and expressing their opinions without concern for negative consequences. We recommend that every child has access to an adult with sufficient knowledge of the child's rights who can act as a representative who has no power to implement negative consequences for the child. Having heard the child's views, staff must then demonstrate that the views have been taken seriously. Staff training regarding how to engage and involve children is needed to ensure that the dimensions of meaningful participation become embedded in residential-care practice.

Further research is needed on children's perspectives, specifically, on how children can participate meaningfully and experience that their voices are heard and taken into consideration. There is also a need for further investigation into how staff can better ensure that youth take in and understand important information that staff provide and have space to freely expressed views. Increased knowledge is also needed about the challenges that staff face when seeking to involve children and about the factors preventing the implementation of full participatory practices.

5 | CONCLUSION

This study's findings, in accordance with the scoping review by McPherson et al. (2021), indicate that, although valued in theory, the three dimensions of meaningful participation—informing, hearing and involving—are not fully implemented in practice.

Our research shows that the model of Bouma et al. (2018) cannot simply be implemented through procedures and policies. Dynamic participation by the staff and the children is also necessary. Establishing the model at the institutional level does not mean that, at the practical level, the desired results will be seen.

Our study shows that even if the policies are consistent across institutions, their practical application is not. One of the biggest lapses in the Norwegian context seems to be with respect to the first dimension—informing—which is a prerequisite to participation. Both children and staff agreed that for a child to be properly informed, the child usually must take the initiative. Significant responsibility rests on children to ask staff for information about their rights. Although children entering residential facilities are usually offered pamphlets that inform them of their rights, this action may fall well short of what is needed to promote and develop a culture of participation that truly includes the voice of the child. Given that informing is the first step in a three-step process, failure to inform adequately puts at risk the whole effort of child participation. Despite Norway's high ambitions when it comes to children's participation, bureaucratic and structural systems, including the asymmetrical power between staff and children

in residential facilities, most likely impede children from expressing their views freely in these settings. This is another significant lapse that needs attention. Additionally, we found that some children feel unheard and that whether they felt listened to was staff-dependent.

If the well-being of children matters and if the goal is to consider children's best interests and achieve the best possible outcomes for them, then emphasis must be placed on children's participation. Our findings, in conjunction with those of previous research, point to the need to maintain a focus on how children can participate meaningfully in their own lives. To the best of our knowledge, this study also contributes to the literature by comparing the opinions of staff and children at the same facilities.

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CONFLICT OF INTEREST STATEMENT

The authors report no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available in TSD-system at the University of Oslo.

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