Young people being heard in their residential house

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Abstract

Few studies in residential child care focus directly on young people's participation in the daily decision making of their residential house. Research more generally indicates that young people regularly feel excluded from decision making forums.

This article discusses a study that explored practitioners and young peoples' experiences of participation in their residential child care house. The research was a Master's dissertation, carried out in 2022 as part of the requirements of the MSc Advanced Residential Child Care course at The University of Strathclyde in Scotland. It found that young peoples' participation was perceived by both young people and practitioners to be valued. It also found that facilitators to participation were mostly located within individual characteristics of practitioners and that complexities related to obstacles received limited attention. The findings, contextualised with relevant literature, can offer some understanding of what helps and hinders young peoples' participation in their residential house, and may support the development of practice in other residential or social care settings. Most importantly, a development orientation to supporting young people's participation is needed for both practitioners and young people.

Introduction

When young people participate in the decision making process they can feel heard, even if the final decision is not what they want (Lundy, 2007; Hart, 1992). The current literature about young people's participation is rich in the related benefits for young people, both now and into their adulthoods. The various processes of involving children and young people in decisions that affect their lives are found to be emotional, social and decision-making skills, which are essential attributes required for adulthood (Garfat & Fulcher, 2012; Perry, 2006; Gharabaghi & Stuart, 2013). Therefore, providing meaningful participation opportunities is vital. However, literature on the topic fails to make clear what form of participation should take place, how often and what specific support young people may need to be able to meaningfully participate. To ensure all young people receive high quality opportunities to participate, approaches require an evidence base to inform them. Yet evidence is lacking about how to effectively involve children and young people in participation in a way that brings lasting change. Some believe consideration must be given to addressing barriers, creating participatory structures, achieving inclusive participation and motivating young people to be involved (McNeish & Newman, 2002 as cited in Sinclair, 2004).

This article discusses a small scale study which was completed for the requirements of the MSc Advanced Residential Child Care course undertaken at The University of Strathclyde and submitted in August 2022. It was carried out by the first author (Adrienne) for her

Master's dissertation and supervised by the second author (Laura). Both have co-authored this article, with Adrienne taking the lead role.

The aim of the research was to explore practitioners' and young people's experiences of participation in one residential house[1], including their views on related facilitators and obstacles. The article first reviews some of the literature on participation, before outlining the design of the study and then discusses the findings.

Young People's Participation

Following The Independent Care Review, which took place in Scotland between 2017 and 2020, Scotland made a promise to improve the current care system so that children and young people receiving care will feel loved, safe and respected (Independent Care Review, 2020). The Promise (the name of the report of the Independent Care Review) published what the Care Review heard and outlines what needs to be done to achieve a desirable care system in Scotland (Independent Care Review, 2020). It was highlighted that care experienced young people still feel they do not have an adequate voice in regards to decisions being made about them, despite measures taken on the back of previous reviews highlighting similar experiences, including The Skinner Report and the Edinburgh Inquiry (Skinner, 1992; Marshall, Jamieson & Finlayson, 1999). Legislation and frameworks outline what is expected to happen, but not how it should be implemented into settings. This gap was a motivating influence in choosing and designing this research. For the purposes of this article, we will briefly consider what participation is, the benefits and barriers of young people's participation, and then focus on two key theories which influenced the research study.

Scholars in the field of child involvement – a term used for children's participation in Denmark – have developed theoretical concepts but there is no fixed definition of what involvement or participation of children and young people entails in practice (Lausten & Kloppenborg, 2021). Youth participation is broadly defined as "a process of involving young people in the institutions that affect their lives'' (Checkoway, 2011, as cited in Vosz et al., 2020, p. 4). In practice, the term participation is often used to describe 'listening' or 'consulting' with children, but it is argued to be more than that. Hart (1992) describes participation as "the process of sharing decisions which affect one's life and the life of the community" (Hart, 1992, p. 5).

Participation is considered multi-dimensional. The dimensions include: the level of participation, the focus of the decision making, the nature of the participation activity and

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[1] In Scotland, where this study was carried out, residential children's homes are often referred to as houses as a result of negative associations with the term 'children's home' (often at the request of children and young people) and so that term is used throughout.

the children and young people involved (Sinclair, 2004). The level of activity ranges from consulting with young people to actively involving them in the decision-making process. Participation is a process that enables young people to have an ongoing influence on their outcome, rather than just a one-off event (Allcock, 2018). Indeed, a participatory orientation is reflected in the 25 characteristics of Relational Child and Youth Care, the umbrella under which residential child care is located in several parts of the world. It explicitly identifies 'being and participating with people in the everyday moments of their lives' as increasing the potential for young people to develop new ways of being in their everyday world (Garfat, Freeman, Gharabaghi, Fulcher, 2018).

The literature is clear that when young people are offered opportunities to engage in participation and make decisions which are meaningful, transparent and accountable, the benefits can be empowering and long lasting and can positively impact their lives (Križ & Skivenes, 2017; McCarthy, 2016; Vosz et al., 2020). Decisions might involve food items to purchase or cook, reviews of behaviour within the house, organisation of day trips and house decoration. When young people are included in these decisions their social and emotional wellbeing, communication skills, awareness of safety issues, culture connections, relationships, education and employability skills can all improve (Križ & Skivenes, 2017; McCarthy, 2016; Vosz et al., 2020). Children who have been asked about their experiences of collective participation report they enjoyed the participatory experience because it developed their skills and confidence, and increased their understanding of rights (Lundy, 2018).

Actively involving the participation of young people living in residential child care is also of high importance because it is the only way to fully understand and meet the needs of this group. Providing an opportunity to be part of decisions about the running of the house will also attempt to limit the experience of marginalisation and exclusion which is sometimes associated with being care experienced (McCrystal, 2008; Babic, 2007; Ward, 2004).

Despite these benefits, young people still experience barriers when engaging in meaningful participation. Children do not have the same decision-making power as adults and some argue that children are entitled to a carefree childhood, protected from adult concerns and the problems of society (Hart, 1992; McLaughlin, 2020; Sinclair, 2004). In addition, only tokenistic opportunities may be offered to young people; this is when young people's views are sought but not taken seriously (Lundy, 2018). Adults may be resistant or avoid young people's participation due to it requiring too much effort or because of their scepticism about the child's capacity (Lundy, 2007).

Models of participation can support the evaluation of levels of participation in a residential children's house. Two prominent modules include The Lundy Model of Participation (2007), which offers a four-stage process to participation, and Hart's Ladder of Participation (1992),

which presents eight rungs reflecting young people's increasing agency, control and power. Neither model, however, shines light on how to support young people's development, enhance their skills or improve their confidence to enable their ability to access participation opportunities.

While the literature indicates that participation can enhance children's development, it does not address their related developmental needs so that they can actually participate meaningfully and derive the benefits of that participation.

Methods & Methodology

During a two-week period in June 2022, all young people and practitioners from one residential house were invited to participate in semi-structured interviews about their views and experiences of young people's participation in the house. The interviews included an activity which consisted of 5 scenarios about going on a trip. Participants were invited to pick the most and least likely scenario, in terms of how things happen in their house. Unbeknown to the participant, each scenario was linked to a rung on Harts ladder. This activity was intended to provide insight into young people's levels of agency in participating in the running of the house.

Since the term 'participation' had not been commonly used in the house prior to the study, the information sheet referred to experiences of 'being heard'. All 7 young people (aged between 14-21) agreed to participate, and Adrienne selected 7 practitioners out of the 10 who noted interest, establishing a diverse sample in relation to length of service, educational qualifications and a balance of gender.

Prior to undertaking this research, ethical approval was gained from the University of Strathclyde's School of Social Work and Social Policy School Ethics Committee and the relevant department (i.e. relevant to the study site) tasked with gatekeeping the residential house. Adrienne observed the standard principles of ethical social research, including mitigating potential harm to participants, facilitating informed consent, and avoiding invasion of privacy or deception.

Social research that has involved people, particularly children and young people, requires sensitivity to the effects of the research; therefore, it was important to consider the further related ethical dimensions of the research project (Murray & Hughes, 2008). Typically, young people require parent or guardian consent to participate in social research. However, since this topic was about young people's views on participation, it was considered how potentially disempowering it would be to obstruct their participation in the research by requiring parental consent. Moreover, the young people ranged in age from 15 to 20 and the topic to be discussed was not expected to be highly evocative or elicit private information. Therefore, parental consent was not required, and instead additional

safeguarding measures were incorporated (such as checking in with the house manager about young people's state of mind prior to inviting their participation).

Since the research was taking place within Adrienne's workplace, consideration was given to researcher bias (Kumar, 2011). The risk of bias can increase in research involving interview methods because the way the interviewer interacts may unduly influence the participant. Single researchers also increase the risk of bias because they can influence the way research findings are interpreted to support a viewpoint (Bell & Waters, 2018). As a student researcher, Adrienne determined how the data was interpreted, though with guidance from Laura. In addition, as an 'insider', Adrienne had detailed knowledge of the subject. Whilst this in-depth knowledge was valuable (Braun & Clarke, 2006), it was important to account for alternative constructions too. Adrienne was aware of her own personal eagerness to promote young people's voices within residential child care settings and identified a need for this to be managed in a way to promote objectivity. To address this, Adrienne used reflexivity to minimise potential bias (Costley et al, 2010). Reflexivity is an ongoing and active process of scrutiny, reflection and interrogation on the impact of the self that should saturate every stage of the research (Guillemin & Gillam, 2004). Adrienne ensured that her semi-structured interview schedule did not contain leading questions and was balanced in its focus on facilitators and inhibitors of participation. Adrienne also used supervision to identify and minimize potential bias. Drafts were sometimes revised to use more neutral language, and supervisory discussions supported Adrienne to reflect that her own personal interest of promoting young people's voice needed to take a back seat to her commitment to interpreting the data as accurately as possible.

Thematic analysis was used as the method for identifying and analysing patterns of meaning (themes) in qualitative data (Braun & Clarke, 2006).   The data was coded according to frequency and duration of discussion of themes, and to capture the interesting features of the data both on the surface and underneath (Braun & Clarke, 2006). This process required considering the different words and language people use to express themselves and categorise them (Kumar, 2011). For example, participants would not say 'tokenistic participation' but instead described occasions where young people had opportunities to participate but little or no influence in what happened. Therefore, this was categorised with other examples of tokenistic participation.   Various maps were drawn from a range of perspectives to help visualise the different relationships between the themes before deciding which angle captured the facilitators and obstacles of participation best. Throughout the research, reflexivity was used to actively raise awareness of potential bias and to prevent, to the greatest degree possible, Adrienne's own views from inappropriately influencing the findings (Etherington, 2007). Reflexivity encourages one to learn about being a researcher but equally encourages one to remain human in our research relationship (Etherington, 2007).

Due to the size of the participant group, the findings are limited in that they cannot be generalised for the whole of Scotland or the sector more widely. However, the participants' views and experiences, along with relevant literature, can offer some understanding of facilitators and obstacles of young peoples' participation in their residential house. This can be helpful when developing practice in other residential houses and other social care services.

Findings

On the whole the participants indicated that they felt young people's participation was valued in the house. When asked to rate this on a scale of 1 to 10, the degree to which young people's participation was valued was reported to be an average score of 9/10 by young people, and an average of 8/10 by practitioners. Participants gave explanatory and/or reinforcing comments with their scores:

> 10, because we all get our voices heard. (Young Person)

> I think young people's views are central to a lot of the decisions made around the house. And I think the staff team advocate on what young people think and feel about the decisions. (Residential Child Care Practitioner)

In analysing the facilitators and obstacles to young people's participation the following two themes were identified:

- Personal attributes or skills of practitioners and young people
- Organisational factors

All of the practitioners and almost all of the young people identified attributes and skills that facilitated young people's participation, which generated lots of discussion. Other facilitators and inhibitors of participation that were not addressed to practitioner skills or attributes were almost all related to decisions or processes at the level of the residential child care organisation.

These themes were organised in terms of facilitators and obstacles, but it is important to note that the data related to the obstacles are limited. This is because only one young person provided an example of when they did not feel involved in the decision about the running of the residential house. The table below outlines the facilitators and obstacles of the two themes.

Table 1: Individual and Organisational Attributes organised by facilitators and obstacles

Personal attributes or skills of practitioners and young people

Facilitators	Obstacles
Relationships – the relationships between practitioners and young people where practitioners initiate activities for engagement and respond willingly when young people initiate engagement were referred to by practitioners and young people.	Lack of interest – practitioners indicated it is hard to support young people to be involved in participation opportunities if young people don't want to be involved. Some young people described being happy not to participate and didn't view it as a negative. Rather, there was a sense of being content to let adults make decisions.
Relational practice – staff identified using the everyday living space as an opportunity to get to know young people and their views and supporting young people to feel contained, happy and safe in the house to be able to participate. Relational practice was present in young people's answers as they described practitioners' kindness, listening and teaching as helping them to participate.	Lack of trust and time – practitioners identified a lack of trust and time to build participation as being an obstacle for some young people to participate (for example, when a young person is new to the house).
Communication and listening skills – skills related to communication and listening were implicitly referred to by both practitioners and young people.	Under-developed role clarity – practitioners appeared to tacitly take sole responsibility for initiating young people's participation, and this can be seen as an obstacle to supporting young people's development to initiate and/or take a lead role in participation.

Organisational factors

Facilitators	Obstacles
Organisational structures – an embedded participation process was clear within the house as identified in nearly all participants' responses. The young people's group meetings were reported to be productive and regularly used for supporting young people's participation. Team meetings consider young	Organisational structures – a few practitioners identified rules or organisational policies to be obstacles when trying to fulfil young people's views and requests. For example, COVID19 prohibited the kitchen being open when young people wanted it open.

people's views and allow for decisions to be made as a team. Flexibility and responsiveness – both groups identified the benefit of less formal opportunities too, for example to be able to approach and initiate activities or requests to any member of staff at any time and have the confidence that this will be carried through. Feedback -- the provision of feedback to the young person about their request, including how the decision was made, was recognised by all participants as being highly important. Practitioners said they believed this reinforced to young people that their view has been considered. Young people acknowledge that feedback provides them with the go ahead to their request or another opportunity to renegotiate their request, for example if they need to do something differently.	Complexity - attending to young people's views whilst also fulfilling practitioner's role is complex. Despite young people's views being sought, the staff team had the final decision (which sometimes was not what the young person wanted). Some identified this as their 'duty of care'.

The relevance of relationships and relational practice to participation was strongly reflected across the data, and is not surprising. Warmth, trust and active levels of engagement between practitioners and young people create the opportunities for meaningful participation. It also seems obvious that young people are more likely to feel supported and valued when their views are elicited and acted on.

> Young people in here feel they are listened to well. They have good relationships with staff, a lot of them have been here for a long time as well, which I think helps in terms of building that relationship or having that relationship that you can talk about how you feel. (Residential Child Care Practitioner)

A lack of interest in participating was a significant finding, in terms of obstacles. One practitioner was very clear:

> I think some of the kids have no interest then therefore don't contribute. Otherwise, all the other ones, they are much more interested and they contribute much more. *(*Residential Child Care Practitioner)

This quotation highlights that on some occasions, the initial engagement is challenging in itself. Some participants were able to identify that a lack of engagement may be because the young person is in a difficult place. If they struggle to be invested in themselves, they are unlikely to be interested in the house.

The literature suggests that good participation involves both young people and practitioners initiating it (Hart, 1992; Lundy, 2007). Yet the research found that practitioners and young people tended to see participation as the responsibility of the practitioner to initiate, and young people to engage. Participants identified formal opportunities such as resident meetings and keywork trips, as well as more natural opportunities which arise working in the life space of young people. These often involved activities and the challenges that accompany them:

> Like the staff team are generally the genuine drivers for participation. Easy to let a kid sleep all day, not so easy to get them up and spend a bit of time with them. (Residential Child Care Practitioner)

When young people were asked if it is important that they are encouraged to participate, all answered yes, apart from one who said 'so so' and explained they were concerned the young people would only suit themselves, as opposed to the whole group.

In terms of organisational factors, care and control, and tokenistic practices were cited as preventing young people's views being heard. An interesting part of this finding involved two practitioners providing the same example of a situation in which a young person was denied additional portions of food during a meal. They both agreed the young person's voice was not heard. One supported the decision and believed it was part of their 'duty of care'. The other participant disagreed with the decision, describing it as controlling.

Young people making decisions promotes the development of emotional, social and decision-making skills, essential attributes required for adulthood (Garfat & Fulcher, 2012, Perry, 2006, Gharabaghi & Stuart, 2013). However, no participant made this connection. In discussing a different example, one participant implicitly touched upon developmental considerations by saying the young person's views were taken seriously and the request approved due to their active voice in asserting children's rights and their maturity in managing the request. Development, in the form of maturity and insight already achieved, was the reason for approving the request (rather than the requested participation being an opportunity to promote development).

Discussion

Children's participation in decision making is an important topic, especially with the changes taking place within Scotland due to The Promise. This research has identified an area that

requires further thought and action to improve participation for care experienced young people. This next section is going to highlight what this change may be and why it is important.

The data suggests that even when all young people are participating in the decisions about the running of the house, important practice development may still be warranted. The example about a practitioner deciding the quantity of food to give a young person instead of what the young person requested is a prime example of the tensions between a caring decision to support a young person's healthier eating and care plan, but one that also exercises control. It could also be considered an example of tokenistic participation as the young person's choice was not implemented, and it is unclear whether the young person felt their views were taken seriously. At the same time, providing full autonomy to a young person to decide completely all food-related decisions may not be in their best interests. Young people need support to have a healthy, balanced diet and guidance on what to eat, how much to eat and when. Sometimes guidance is not enough. In residential child care, life space is the "deliberate and focused attempt to promote individual growth and development within the context of daily events" (Feilberg, 2007). A life-space approach to the work incorporates the development of habits that will serve a young person's health and wellbeing in a more ongoing way. This can be extremely challenging for young people who have self-destructive habits driven by an internal narrative of shame or despair. At a more mundane level, we all know how hard it can be to change our habits. This decision around food portions illustrates the complexity of how practitioners balance their role, their assessment of the young person's related development (and interruptions to that development), and the need for the young person to feel heard. It may be that in a situation like this, *how* the practitioner responds is at least as important as whether or not the young person's wishes are honoured.

A developmental orientation to supporting young people's participation is needed. Many developmental theories organise human growth and capability in a series of stages through which a person progresses (Phelan, 2008). Others focus on the impact of early life experiences on the way experience is organised, understood and managed (Bion, 1962; Bowlby, 1969, 1988; Daniel et al., 2011; Perry, 2006). To support the growth of a young person, practitioners would need to be able to use developmental lenses to identify the young person's developmental stage or need, and create learning opportunities that support their growth onto the next stage (Phelan, 2008) and/or new ways of understanding and responding. Participation opportunities should be available which maximise the opportunity for any child to choose to participate at the highest level of their ability. Different children at different times may prefer to engage with varying degrees of involvement or responsibility (Hart, 1992). The data demonstrated this, as participants identified the need for all forms of participation.

Therapeutic experiences can positively influence neural pathways, promoting healing, recovery and restoration. A key factor in their efficacy is ensuring the therapeutic activity (in this case, the participation opportunity) matches the developmental stage of the young person (Perry, 2006). Promoting participation from a developmental perspective requires us to ask, 'What does this young person need to be able to participate meaningfully?'. For young people to think of themselves as capable, invested or feel they have a role in participation, Hart (1992) suggests recognising and building upon their resilience and creativity. In some cases, this could mean implementing a young person's suggestion, if offering that suggestion is all that the young person is able to contribute. This would be a developmental response if contained with an overall approach aimed at skill- and capacity-building so that the next time, the young person could gradually be part of implementing participatory decisions and with time and confidence, eventually take a lead role (with or without the support of practitioners).

The highest rung on Hart's Ladder (Hart, 1992), a prominent model of child participation mentioned above, is where children initiate and share decisions with adults. This was voted by all participants in the research as the least likely scenario in their house. This form of participation is rare. Hart illustrates of the highest rung of participation with an example of students partnering with adults to fundraise, develop and run a school programme. Relating this to residential child care, this may be young people taking the lead role in organising a trip. To achieve this highest level, Hart suggests practitioners' need to be able to respond to the subtle indicators of energy and compassion in teenagers (Hart, 1992). It may be that highest is not necessarily best, however.   As was evident in the study, some young people do not want to participate in decision making. Being a more passive recipient of care for a period of time may be what they need. 'Meeting Them Where They Are At', a characteristic of high-quality Child and Youth Care, means accepting and responding appropriately to young people's developmental capabilities (Garfat & Fulcher, 2012). Lundy's model offers a way to conceptualise various levels of supporting young people to find their voice, express their views, have an audience, and influence change at the young person's discretion, which possibly meets them where they are at.

A developmental orientation may help practitioners to think more clearly about developmental attributes of young people and by thinking about those, might improve advocacy in getting it right for young people to participate. This should include not forcing participation when a young person needs to simply be a recipient of care, but instead supporting the development of a stronger sense of agency, for example. Current literature does not offer a related theory or model.   By considering young peoples' experiences and exploring what they need in order to be active participants in their own lives, a developmental model of participation is possible. More research and related practice development is needed.

Conclusion

This research found that relational practice, clear communication and an embedded process facilitate participation. Young people not wanting to engage in participation and practitioners not having resources to make informed decisions are identified barriers in participation.

Key findings from this research recommends that a developmental orientation to supporting young people's participation is required and that no current theory or model provides guidance for this. It is argued that young people should have participation opportunities which maximise the opportunity for any child to choose to participate at the highest level of their ability. If practitioners provide opportunities for young people to learn and support their growth, no matter which developmental stage a young person is at, the participation experience could help them heal and develop in optimal ways.

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