

*The Challenge of Participation for Young People in Residential Care*

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## Foreword

On any one night, around eighty young people will be living in residential care units under the responsibility of MacKillop Family Services. These young people are often isolated from their families, from normal education and community activities, and have been placed in care by authorities that they may not know and powers they may not understand. Young people not only have a right to have a say in decisions made about their lives, but they also grow and learn when they are engaged in participatory processes.

Tennille Alivizatos was working as an education support worker in MacKillop Family Services Western Education Services when she undertook a placement as a practitioner on secondment at MacKillop's Practice and Policy Unit for six months, one day per week, in 2005. Inspired by her participation in a CREATE Youth Summit for young people in care in 2003, and guided by work undertaken in her Masters degree program, she wanted to explore ways to promote young people's participation in residential care. Her secondment was guided by the Residential Care Issues Group attached to the MacKillop Managers meeting and supervised in the Practice and Policy Unit.

As Tennille's work was being developed, a companion research project on participatory practice was being developed in the PPU to meet a key objective of the 2005-2010 Strategic Plan. This second document, *Service-User Participation and Feedback: "The Next Steps"* (MacKillop Family Services 2006) and its associated *Feedback Toolkit* should be read in conjunction with Tennille's report, as the two sets of reports are designed to complement each other: one looks more at barriers, the other at ways forward. Both, however, acknowledge the need to develop an organisational culture of participation.

We thank Tennille for this work and for her passion to improve participatory practice. Thanks are also due to the young people and staff who participated in the research, to Greg Broadbent as the then convenor of the Residential Care Issues Group, and to the Practice and Policy Unit staff, John Honner, Nick Halfpenny, Suzy McManus, and Nadia Carretta.

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## Executive Summary

MacKillop Family Services' Overarching Practice Framework (Operations Manual C.1), Principle 2 on Participation states, '*The involvement of children, young people and families in decision-making and service design should be facilitated whenever possible.*' Research shows, however, that 'children and young people in care, through no fault of their own, are usually either excluded from the decision making process or do not understand it' (Reimer 2003, p.33).

This report focuses on models of participation and current barriers to participation for young people living in residential care. It rests on both literature research and interviews with young people and workers.

The report consists of six parts:

- A review of the literature on youth participation;
- Barriers to achieving youth participation: literature review;
- Creating participation: literature review;
- Models of participation: literature review;
- Findings from young people and workers;
- Conclusion.

The findings are that everybody believes participation to be desirable, but many barriers lie in the way. These are identified around the themes of system, trust and power. While some participation occurs around day-to-day activities, there are significant systemic and organisational barriers to the development of participation. For example, young people may have a say in decorating their rooms and in choice of activities and outings, but they rarely have a say in big questions about where they live and who they might live with. Many therefore become detached from the places in which they live, with unhappy consequences for all concerned. Staff also felt unable to participate at times in decisions about where young people lived and who was to live in the house with them.

Resources, skills, and training will all be required if full participation by young people in residential care is to be achieved. This is a challenging group, and there are many barriers and challenges in the way. The use of the companion report, *Service-User Participation and Feedback: "The Next Steps"* (MacKillop Family Services 2006) and its associated *Feedback Toolkit* will, it is hoped, help overcome these barriers.

## 1. Introduction

The primary purpose of this report is to encourage and facilitate the participation of young people living in residential units in the decisions that shape their lives and their day-to-day living. The report includes a literature review and preliminary discussions of the possible levels of participation and barriers to participation and examines the current practices used within MacKillop Family Services residential units to involve young people in decision-making. It notes some existing strategies and challenges for engaging with young people.

Fostering an environment that encourages the participation of young people within MacKillop Family Services will strengthen our practice working with young people. The key motivation for the project was to pose the question: How can we improve the participation of children and young people in decision making while in residential care? An added rationale for this research was provided by the voices of young people participating in the then Children's Welfare Association Victoria's (CWAV) Youth Summit in October 2003. The Summit provided a focus for young people to express their views on the state of residential care. A clear message from the Summit was that young people wanted to be more involved in decision-making.

In recent years the issue of youth participation has generated a great deal of discussion. Participation is not an end in itself but a means to effecting lasting change (Sinclair 2004, p. 114). The emphasis on participation is beginning to permeate through out-of-home care policies and procedures. For example:

- the Looking After Children process promotes the inclusion of children and young people in care planning;
- the Minimum Standards and Outcome Objectives for Residential Care services in Victoria lists client and family involvement in planning and decision making as a key requirement.

Such simple prescriptions, however, open up a host of other considerations. For example:

- What decisions are children and young people encouraged to participate in, and how and when?
- Could MacKillop do better at encouraging and maintaining participation in the future?
- Do children and young people have any suggestions about the decisions they would like to be involved in?
- Are these suggestions possible?
- What are the issues preventing or encouraging young people to participate in the involvement of decision-making?
- Does MacKillop need to strengthen the policy approach to young persons' participation in decision making in residential care units?

The report consists of six parts:

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- Creating participation: literature review;
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The argument generally is that children and young people should be able to participate as a principal in decisions that affect their lives. The literature implies that participation is not performed well. It appears children and young people in care, through no fault of their own, are usually either excluded from the decision making process or do not understand it (Reimer 2003, p.33). If young people had opportunities to make decisions and become involved in decisions within the residential unit they would have more confidence in making decisions about their lives and would have developed skills to advocate for themselves at other opportunities.

The findings are that everybody believes participation to be desirable, but many barriers lie in the way.

## 2. Review of the Literature on Youth Participation

*Parties shall assure the child who is capable of forming his or her own views (has) the right to express those views freely in all matters affecting the child, the views being given due weight in accordance with the age and maturity of the child [and] for this purpose the child shall, in particular, be provided with the opportunity to be heard in any judicial and administrative procedures affecting the child.*

Article 12, United Nations Convention on the Rights of the Child

*The child shall have the right to freedom of expression; this right shall include freedom to seek, receive, and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or any other media of the child's choice.*

Article 13- United Nations Convention on the Rights of the Child

In 2001 the Victorian Department of Human Services (DHS) published the findings of an audit of residential care in Victoria. The *Findings of the Audit of Children and Young People in Residential Care* presented data collected through interviews with case managers and a review of material on the CASIS database. No young people in care were consulted in the course of the audit. While the Audit did not focus on the issue of participation by young people in care, some of the findings shed considerable light on the issue. For example, in relation to relationships within the residential unit the audit found that almost 60 per cent of young people in residential units were reported as having 'moderate' to 'poor' interaction with other residents in the Unit and 56.9 per cent were not involved with any clubs, group or community organisation

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(DHS 2001, pp.36-37). Such evidence suggests that the levels of participation by young people placed in residential units are problematic and substantially lower than young people not in care. Cashmore (2002, p.839) noted that the consistent finding from studies in Britain, North America, Australia, and New Zealand is that most children and young people in care think they have limited opportunities to be involved in the way important decisions are made.

It seems that most of the literature in regard to youth participation focuses on the issue of 'choice' for young people more so than the actual practical application of youth participation within residential units. Some literature does discuss participation in regard to case plan meetings and lodging complaints.

The active promotion of the rights of the child and young person to be involved in decision-making is a relatively recent phenomenon. The notion of children and young people 'in care' taking part in decisions affecting them was viewed as somewhat problematic. As Raychaba (1993) states, historically service provision for children and young people in care has been paternalistic, controlling and disempowering. The idea has been that children and young people are 'victims' in need of care and protection. For O'Brien (1997), however, the child or young person is a victim only while being subjected to abuse or neglect, and should cease to be a victim when removed from abusive or neglectful situations within their family. Furthermore, Cashmore (2002, p.838) notes an added layer of complexity when observing that for most young people living at home decisions are made by one or two adults who are in daily contact with them. Children and young people in care often have a multitude of adults involved in their lives (parents, carers and caseworkers from one or more agencies and so on). Some of these people may not have even met the young person or understand what is important to them.

There are a variety of ways to frame youth participation. The words 'involvement', 'consultation' and 'participation' have often been used interchangeably. The lack of precise definitions does not provide for clear thinking on this topic. Such a practice can be misleading as 'involvement' and 'consultation' can be representative of a passive contribution, whereas participation implies a more active and central role for young people. The more fulsome definitions of participation convey a more meaningful involvement in decision-making. In relation to young people placed in out of home care, many researchers share the view that effective participation can only occur in an environment that nurtures the three elements of voice, choice and action. Put simply, participation entails the right to be heard (voice), to have reasonable control over the one's environment (choice) and to be a part of community life (action).

For the purpose of the project, participation will refer to, 'a process of sharing decisions which affect one's life and the life of the community in which one lives. It is the means by which democracy is built and it is a standard against which democracies should be measured' (Hart 1992, p.5). In this report, 'community' may be equated to the residential unit.

One of the keys to ensuring effective participation is openness. UNICEF (2003, p.19) states that participation should not be limited to a select few deemed the best and the brightest, as 'encouraging youth participation entails listening not just to the oldest,

brightest and most articulate children, but to children of all ages and capacities'. In elaborating on the concept of participation, O'Brien (1997, p.56) asserts,

[T]here is a difference between having a voice and being able to participate. Having a voice is mostly a one-way process where children and young people express their views and wishes only. Participation is a two-way process where all parties express their views with all decisions being made jointly.

This two-way process is the essence of 'participation' and yet this is what is often neglected. Participation is much more in-depth than young people having a say, it is a two-way process with shared decision-making. Thus Spall, Testro and Matchett (1998, p.54) stress that participation in decision making is 'the act of taking part in and sharing in the processes'. This proposition is not without risk. The young person's voice may carry a message that agencies or governments do not want to hear or that is difficult to resolve. It is helpful to note here that participation and decision-making are two different processes and do not always have to follow each other.

In paraphrasing Article 12 of the United Nations Convention on the Rights of the Child, Cashmore (2002, p.838) notes that, 'participation does not mean having the right to make the decision or determine the outcome, but it does mean being listened to and having one's views taken seriously and treated with respect'. Cashmore (2002, p.841) then sets out a number of conditions to be met to ensure genuine participation:

- The opportunity and choice of ways to participate;
- Access to relevant information;
- A trusted advocate or mentor;
- Policy and legislation to ensure children and young people are consulted and informed;
- Ways to complain;
- Ways for services to evaluate their performance and the way they encourage involvement of children and young people.

Cashmore's approach describes a process of listening more than an outcome. In many ways this is the beginning to welcome youth participation. One would also hope that, when young people are being heard, adults would subsequently assist them to be part of the decision-making process. This will provide opportunities for them to learn essential skills in decision-making.

Having their views respected and taken seriously is important for children's self esteem and confidence (Melton 1987, cited in Cashmore 2002, p.838). Sinclair (2004, p.114) thus suggests that '[p]articipation is not an end in itself but a means to effecting lasting change'. This is because it may give them some sense of being active agents in relation to their own care rather than the powerless victims of the whims of adults.

The Create Foundation, an Australian wide organisation run for children and young people in care and those that have previously been in care, aims at advocating for and with young people in the care system and creating opportunities for them to be heard and to influence services. Create has sought to fill the void of young people's voices in the debates around the issue of children and young people in care. Create has

identified a significant absence of youth participation in care organisations, and in influencing policy and practice. Create work from the premise that consultation and participation need to be viewed as an investment not only in terms of outcomes and data obtained through consultation, but the value it adds in empowering children and young people in care to make positive difference to their lives and the lives of others in the 'care system' (Create 2000). Create therefore strongly advocates for a culture shift.

However, even though there is a plethora of literature on the participation of children and young people, there are few reports on the processes or models of participation used, nor is there any evaluation of the processes that have been used.

The bulk of the literature regarding the participation of young people 'in care' focuses on important issues such as involvement in case planning and review, relationships with social workers, lodging complaints and the legal process (for example see, Thomas and O'Kane 1999; Munro 2001, Cashmore 2002; Sheehan 2003; Shemmings 2000). The point of this report is not to undermine or downplay the centrality of these issues but to explore the ways in which residential care units can be further developed as sites of participation. While it has become commonplace for practice and policy documents to trumpet the centrality of participation, these principles do not easily translate into good practice and achievable outcomes within the child protection system. Scant attention has been paid as to how these processes can be achieved in residential care. Often the barriers seem too high or too hard. It is to the nature of the barriers to participation, therefore, that we now turn.

### **3. Barriers to Achieving Youth Participation: Literature Review**

*Poor relationships.* Relationships are essential to personal self-understanding. It is through other people that we come to know ourselves. It has been said that relationships are vital for a child to develop a sense of his or her identity and how they fit into the world. Relationships are vital for a child's sense of security, self-esteem, and thus their happiness. The relationships which provide these core components of a person's future wellbeing and ability to contribute to society are not just any relationships: they are primarily intergenerational relationships, usually within a family context (Schluter 2004, p.1). Research indicates that the ability to form positive relationships is a key factor for success when attempting to have young people participate in decision-making. Young people in care often lead transitory lives with many disruptions, and therefore maintaining ongoing relationships with peers, carers and/or workers can be extremely challenging.

The research suggests that for a young person in care the idea of relationships focuses on establishing, maintaining and then completing a relationship with a carer and/or other often over a short amount of time. It seems there are multitudes of relationships across the system, but of little persistence or depth, which hinders participatory practice. Workers often do not get the opportunity to have a 'real' relationship with the young person because they are often limited to having a relationship with the young person's behaviour.

*Lack of trust.* Munro (2001, p.135) emphasises the importance of developing trust. Often young people in care have had limited positive adult relationships and find it difficult to trust adults. This can be a major barrier to young people in care even taking the first step to participate in decision-making. They may have lived a lifetime during which nobody has respected their opinion or encouraged their input. They are also often forced to make new relationships, which places strain on young people and makes it doubly difficult to develop trust for the adults they work with.

*Negative attitude.* Some adults hold the belief that young people are incapable of rational decision-making. This view is particularly prevalent when significant decisions concerning the care and protection of a child or young person are being made. The view that adults know best and the belief that only adults have a young person's best interest at heart or know what the young person wants is not uncommon (Spall, Testro & Matchett, 1998). These assumptions would obviously hinder the practice of youth participation and further constrain the limited choices young people in care often have to participate in decisions that affect their lives. Carers and workers often do not believe that young people can participate, furthermore, if young people are using substances or have an emotional issue. In such case they do not support the young person's participation and often do not inform the young person that an opportunity for participation exists (Spall, Testro & Matchett 1998).

*Fear.* Adults have a fear of chaos and a fear that they will lose control and their authority if young people are encouraged to have their say (Spall, Testro & Matchett 1998). This in itself is difficult when working under the current system. All decisions that are made in regards to young people in care need to be justified, often adults find it hard to make the time and space to really listen to what young people are saying and transfer their opinions into justifiable reasons for courts and/or other systems.

*No options.* Another common barrier reported is that where there is no choice for a young person there is no point in asking their opinion. Adults question why young people need to be asked for their views in this situation (Spall, Testro, & Matchett 1998). This point is unfortunately often raised and is not without truth, because the out of home care system does not allow young people to make many decisions, for example, about placement in a residential unit and about other residents.

*From young people.* Young people can also put up barriers to participation. For example:

- *Participation is seen as a waste of time.* Often young people say that consultation and participation are a waste of time, believing that their decisions or comments will not be taken seriously and will not affect the result. Often young people do not take the opportunity to have their say even when they are asked (Spall, Testro & Matchett 1998).
- *Fear of Rejection.* Young people fear that their opinions may not be right or that adults will not accept them. Similarly, adults can also be afraid that young people will experience a sense of rejection if their opinions are not reflected in the final decision (Spall, Testro & Matchett 1998).

- *Promises not kept.* Young people are less willing to participate if they believe that past decisions have not been actioned (Spall, Testro & Matchett 1998).
- *Emotional and physical situation.* Issues for children and young people in care. Young people's emotional and physical situation will impact on their participation. Lack of experience in identifying issues, examining options and making decisions, given that many young people in care have not been encouraged to engage in these processes, may make participation difficult (Spall, Testro & Matchett 1998).

*Structural barriers.* Other barriers to consultation may arise as part of a process or structure. For example, young people in care are used to the system making decisions for them and strangers in a room at a case plan meeting stating what is best for them, even though they may have never met in person. Young people in care thus can feel outnumbered by adults and may not feel comfortable to state their opinions. If young people are unsure of what is expected of them, of how they are meant to participate and of the outcome their participation may have, they will be reluctant to participate. Young people need to be continually informed, encouraged and given all information so they can make decisions based on knowledge at the most appropriate time.

*Continuity.* Young people in care can often find it difficult to participate on an ongoing basis after they leave care. This makes it difficult to develop ongoing groups. 'Many young people experience guilt, regret and distress in relation to their experience of being in care. Many young people want to forget the past and move on.' (Spall, Testro & Matchett 1998).

In conclusion, the barriers to participation are complex and pose significant but surmountable challenges for the care and protection sector. The biggest and inclusive change that must occur is a culture shift. This shift needs to be evident within funding bodies, care organisations, workers and carers. 'Agencies need to be willing to use opinions of young people to implement change' (Pinches & Dunstone 1997).

## 5. Creating Participation: Literature Review

Although there has been much improvement in the extent to which children and young people are encouraged to participate in various ways through society, there is still much to be done. Generally, it seems that changes in systems, structures and cultures have to precede changes in practice. (Reimer 2003, p.32). Sinclair observes, 'the challenge...[is] how to move beyond one-off or isolated consultations to a position where children's participation is firmly embedded within organisational cultures and structures for decision making – to offer genuine participation to children that is not an add on but an integral part of the way adults and organisations relate to children' (Sinclair 2004, p.116)

Organisations and the people working directly and indirectly with young people must, 'create a truly listening ethos, communicating trust, respect, patience, openness, sincerity, warmth and ways of adopting a non judgmental style, inviting elaboration of ideas and exploring them, rather than using closed questions or worse, arguing back'. (Spall, Testro & Matchett, 1998). An acknowledgement that young people have a

right to be involved in decisions that affects them is essential. Agencies must be aware of what they mean by participation before they can even begin to build partnerships with children and young people (Reimer 2003, p.30). There needs to be a real sharing of power, and relevant stakeholders need to acknowledge the importance of young people involved in decision-making. 'Young people have to be treated with respect and adults have to acknowledge their right to participate in important decisions affecting their lives.' (Caputo 1999, p.29).

In examining the rights of the child in developing policy and practice, Press (1999) states that the acceptance of the principle that children and young people should be involved in decision making about their lives requires cultural changes to translate the principle into practice. A simple strategy to facilitate the change will not suffice. The challenge in achieving the desired level of participation requires application across all levels of the care and protection systems.

All writing about youth participation insists that *young people need to be given a variety of options to become involved*. There needs to be different stages that young people can explore throughout their time in care. A range of options and several levels of youth participation will ensure a project is flexible enough to meet the needs of different young people.

## 5. Models of Participation: Literature Review

There are a number of explanatory models of youth participation (although none have been specifically developed with young people in care in mind). Many have been adapted and combined to create the best results for this particular group.

The classic model of young people's participation is known as Hart's Ladder. This consists of eight rungs as a framework for his model of participation.

Hart's ladder illustrates eight levels of participation:

### **8) Young people-initiated, shared decisions with adults**

This happens when young people initiate projects or programs and decision-making is shared between young people and adults. These projects empower young people while at the same time enabling them to access and learn from the life experience and expertise of adults.

### **7) Young people-initiated and directed**

This step is when young people initiate and direct a project or program. Adults are involved only in a supportive role.

### **6) Adult-initiated, shared decisions with young people**

Occurs when adults initiate projects or programs but the decision-making is shared with the young people.

### **5) Consulted and informed**

Happens when young people give advice on projects or programs designed and run by adults. The young people are informed about how their input will be used and the outcomes of the decisions made by adults.

**4) Assigned but informed**

This is where young people are assigned a specific role and informed about how and why they are being involved.

**3) Tokenism**

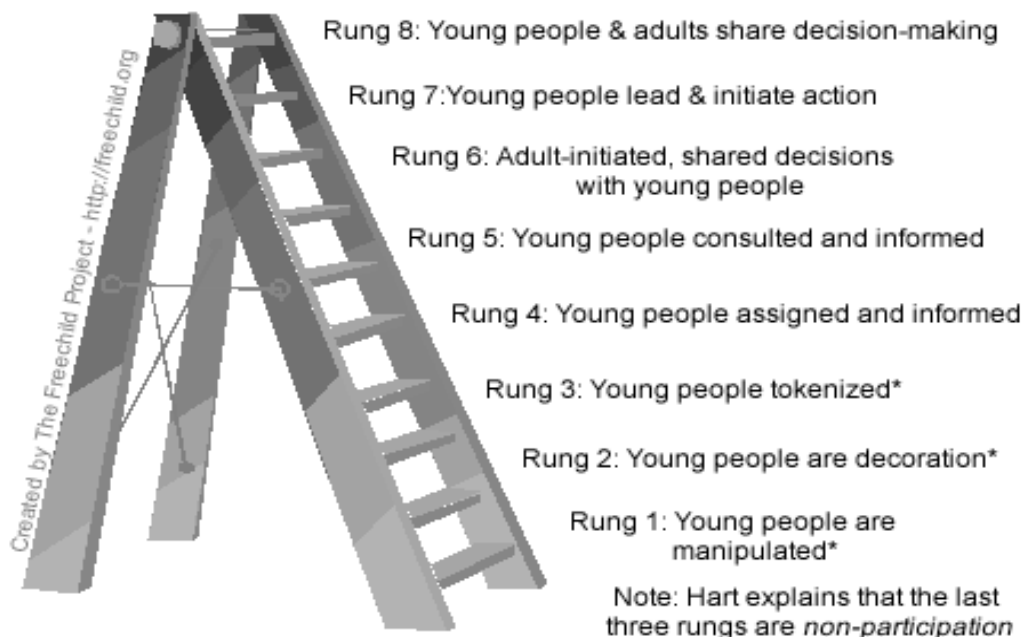
When young people appear to be given a voice, but in fact have little or no choice about what they do or how they participate.

**2) Decoration**

Happens when young people are used to help or "bolster" a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by young people.

**1) Manipulation** Happens where adults use young people to support causes and pretend that young people inspire the causes.

### Roger Hart's Ladder of Young People's Participation



Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.

**The 7 or 8 Debate:** Roger Hart's Ladder of Participation shows young people – initiated, sharing decisions with adults as the top form of young people's participation, followed immediately by young people-initiated and directed. This is a somewhat controversial an issue for many people working with and around young people. Essentially, the debate is which of these levels of participation is actually the most meaningful? (source: <http://freechild.org/ladder.htm>) Many believe that shared decision-making is most beneficial to both young people and adults. Others believe that young people are most empowered when they are making decisions without the influence of adults. Most often, this does not exclude adults but reduces their role to that of support.

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Rungs 1-3 represent non-participation by children and young people and the remaining rungs represent degrees of participation. Hart advocates that non-participation can be a form of participation as long as the child or young person has had the opportunity of making the choice about whether they wish to participate.

In September 2000, Create released a report titled, 'Consultation and Participation Models for Children and Young People in Care'. The purpose of this report was to examine and document different ways in which young people can participate in consultative processes within the care and protection system. The report identifies consultation as one approach where young people can inform and review strategic directions in the care system. The Report also discusses the current gaps in consulting with young people and the barriers identified by organisations and young people. The Create report provides a roadmap to define not only ways to achieve consultation but some of the issues and barriers that may prevent it.

The Create report also stresses that it is essential to have a multilevel approach to participation by children and young people in care, and that consultation is one method of youth participation.

The levels CREATE (2000, p.4) identified are:

- System Level: Children and young people participate in policy and legislative decisions of the government;
- Local Level (Regional): Children and young people participate in shaping and driving forward regional initiatives and strategies that are addressing and fulfilling local needs, is supported by local stakeholders;
- Service Level: Agencies and service providers actively seek and encourage children and young people who use their services to look at policy and practice and then to jointly develop strategies to have positive difference to their care experience;
- Individual level: Children and young people are supported to participate in decision making in their own lives by provision of skills, information and resources. Adults are responsible for ensuring that young people are aware of their rights and opportunities to participate in their own lives.

The above levels of participation were adapted from the 'Having a Say report', (Townsend 2001, p.6)

Sheir's model is based on five levels of participation, along with three stages of commitment at each level of participation called 'openings', 'opportunities' and 'obligations'. An opening occurs when a worker makes a choice to work in a certain way; it is described as an opening as the opportunity may still not be available. Opportunity occurs when the needs are met that will enable the worker or organisation to operate at this level in practice, such as having the appropriate resources, skills and knowledge. An obligation is established when it becomes the agreed policy of the organisation that staff should operate at this level. It has been suggested that this model may be useful when applied to the case planning process with young people in care.

## 6. Findings from Young People and Workers

Twelve young people in residential care were interviewed from across MacKillop Family Services. One-to-one interviews were conducted, with interviews lasting between 20 and 40 minutes. Questions centred on the young person's experience of barriers and opportunities to participate in the 'life of the residential unit'.

In addition to the interviews conducted with young people, six focus groups were conducted with staff from across MacKillop Family Services. A total of 23 staff participated, comprising residential care workers, youth workers and case managers. Each focus group lasted approximately one hour.

Once the data was collected, current examples of participation in decision-making were documented and the main themes were identified in regards to barriers to participation in decision making within residential units.

### 6.1 Barriers to Achieving Youth Participation: From Interviews

As illustrated in the Literature Review, research suggests a strong correlation between healthy relationships and levels of participation in decisions making. Young people in care often lead transit lives with continual disruptions, therefore maintaining on-going relationships with peers, carers and/or workers can be extremely challenging. They are often forced to make new relationships, and often never get the opportunity to experience a relationship with any one person for a long time.

Three main themes surfaced in relation to barriers of youth participation. These themes emerged throughout interviews with young people and focus groups with staff. They were:

- System
- Trust
- Power

*The system* in this instance included the Department of Human Services, the judicial system, services that provide case management, MacKillop Family Services and the residential unit.

The system limited a young person's power in case plan meetings and decisions that affect young people's life, 'what is the point of saying anything...no one listens anyway?'

The system limits choice. Young people gave many examples where they felt they did not have a choice in decisions that they would have liked to be involved in. Six young people mentioned they would have liked the opportunity to meet staff and young people in a unit before they moved in, and to have some choice about the placement. In addition, the same concern was raised by young people in regards to 'choice' about

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who moves into a unit. 'Sometimes people move in and they stuff it up for everyone, they should check if we are compatible first.'

The system does not allow young people a say in placement change. Young people expressed their disappointment and frustration around not being able to prepare before a placement change or have any choice in regards to a placement change. One young person discussed how she was moved out of a residential unit, due to another resident's behaviour. She was frustrated with the move, 'why should I have had to move? I liked it there, it was close to my friends and family, they should have been moved out!'

Four of the young people said that sometimes there was no opportunity given to say goodbye to other young people or staff when placements changed. 'Sometimes when I have moved I have not had the chance to say goodbye, if you move far, it just gets too hard'.

Moving out of their community, away from family and peers, was brought up as an issue by eight of the young people. They expressed frustration about being put into a suburb that they were not familiar. 'I had to change schools because I moved areas, I did not have any choice about that. I hate the new school!' Again young people felt that they did not have a choice about where they move, and the consequence of the move was often that they had to attend a new school.

Another example of young people feeling disempowered and without choice is when another young person's behaviour influences their lifestyle and choice. 'Sometimes things happen around here...that have nothing to do with me, but I am the one who gets ripped off, if one of the other kids comes home off their face everyone runs around them and whatever I had planned to do with the workers is thrown out the window...that happened with the tennis once, I missed out! They should have back up staff so we do not have to get stuffed up if someone else needs something.'

The same frustration occurs when planned events are cancelled because other young people in the unit have misbehaved. Due to staffing issues, the planned activity cannot happen, as there is only one worker on duty.

The fact that young people feel they have no choice and/or control over decisions and choices that affect their lives means they feel disempowered and powerless. These feelings could hinder the capacity and faith to participate in unit decisions as indirectly they are being told that their 'choice' and/or 'control' over decisions is out of their hands. Young people openly mentioned their feelings of disappointment and importantly, how they sometimes just keep their mouth closed, because no one listens. This could mean young people are sceptical about coming involved when encouraged or asked to.

Workers raised similar issues about 'choice' for young people and provided similar examples where young people are not given a choice. The system makes a number of decisions for young people and young people do not have a choice about. These could be in regards to a placement change, timing of placement change and time to transition may not be available.

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It seems current practice on transition between placements is poor, young people often do not know where they will be moved to and who is there. As did the young people, workers suggested the opportunity for young people to meet the staff and young people at a unit before they move there.

Background information about a young person's life may not always travel with the young person. Often units may not get this information for sometime, or even not at all. This issue is an example of poor communication between professionals. This could hinder participation, as workers are not aware of key strengths or difficulties a young person may have to work from, thus limiting the opportunities for useful strategies to be passed on by previous carers. Some workers spoke of the need for specialised training in enhancing participation.

The workers also raised the issue of the opportunity to say goodbye to young people when they move out. Often the system has emergency placement changes due to issues going on for that young person. This means they 'almost vanish' and you never see or hear from them again. Opposing this view some workers said they always plan a transition and in cases where this cannot happen they always re contact the young person and operate with an open door policy so young people can return to visit.

Another concern raised was managing the complexities of young people with multiple issues within the unit. Trying to consider the needs of all residents can sometimes be difficult and it is not always easy to ensure everyone's safety. This in essence is much the same as the issue that young people raised that depending on what is going on with another resident their day may be disrupted. Young people identify this as a staffing issue.

Inconsistent practice by other professionals working with the young person was another concern. Staff brought up the issue of professionals not always having the same working styles and goals for the young person. The consequence of this can be professionals undermining each other's work.

Different rules for different young people can make equality difficult within the unit. These differences may be for a number of reasons – for example how long the young person has lived within the unit – but regardless it is difficult to manage. This may affect workers' ability to create relationships with the young person, hence making it difficult to engage in participation in decision-making.

Temporary relationships between young people and workers are another systemic factor: nobody knows how long they will be there for. Sometimes there is not enough time for significant relationships to develop, as the placement is not long enough. This in itself often makes it hard to work on transition, to develop meaningful and trusting relationships, and to prepare the ground to engage young people in participation, or for young people to feel comfortable enough to raise issues with workers. Often due to the young person's lifestyle (e.g. drug use or absconding) there is no opportunity for them to build relationships with workers or other residents.

One huge concern brought up by workers was, 'who follows up with the young person and is the consistent person in their lives?' Workers observed that mentors would be

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great for this purpose and that this is a desired goal, but many expressed difficulties in setting young people up with mentors.

*Trust* works in several ways: trust between the young people within the unit, between staff and young people, and the trust staff, young people and families have in the system. Workers made the following observations:

- Young people do not trust workers and other young people who live in the unit;
- Young people never get the opportunity to experience a level of trust; they are not around long enough;
- Issue of building dependency from young people when they are in the unit. Culture of community services sometimes will argue this is not good practice. Some people say it is;
- When young people enter the unit they often bombard workers with extreme behaviours that are difficult to manage: this can sometimes affect the ability for workers to trust young people, hence young people find it hard to trust workers;
- It is difficult to get past the behaviour and actually have a relationship with the young person;
- Young people's ability to form relationships with other young people at the unit is difficult. The same goes for forming appropriate peer relationships.

Young people did not directly identify trust or difficulty in trusting workers as an issue as such, but they did raise the following relevant points:

- It is hard to believe people really care about you when you know they are getting paid to care;
- You really know when a worker cares about you because they do that little bit extra for you;
- It is hard to trust the system when you do not understand it and why there are so many different rules;
- No one trusts me so why should I trust anyone.

*Power* as a theme emerged out of the young people's constant comment: 'How can we and why should we participate when we do not want to be here?' Workers sympathised with this and asked, 'How can we encourage greater participation when we know this is a substantial problem?'

Young people added the following observations:

- Lots of people do not listen to me... some staff do...but they do not always make the decisions anyway;
- There is not much I can have a choice about;
- They ask me what I want but most of the time it never happens;
- Options that are sometimes put to you do not have anything you would choose yourself.

Workers commented:

- From a resi worker's perspective there are limited choices we can make for the young person. Instead, often people who hardly know the young person make decisions about their lives;
- How much choice is there really? What's the point of dangling a carrot in front of the young people?
- There is a real inability for young people to choose what they want and sometimes even to talk about what they want;
- There is limited opportunity for resi staff to be involved in decisions that effect young people's lives, often staff have valuable insights they could share;
- Resi staff have no say over client mix in the unit: where there is a spare bed it gets filled. Therefore no ability to balance dynamics within the resi unit.

### 6.2 Creating Youth Participation: From Interviews

Twelve young people in residential care were interviewed in this research. Their responses indicated that they feel a level of participation already exists in some aspects of their lives:

- All appreciated being able to have a say in the decoration of their own rooms;
- All appreciated being able to have input into choices for holidays and activities;
- Nine felt they participated in decisions about their responsibilities around the house and in planning meals;
- Seven mentioned participating in case planning meetings;
- Four mentioned involvement in house meetings;
- Four mentioned discussion of appropriate consequences for troublesome behaviour;
- One mentioned participation in developing an exit plan.

The twelve young people also suggested further ways they would like to participate:

- All wanted to have a say in where they lived, so they could be close to family and friends;
- All wanted to have a say in where they would go to next if moving to a new placement;
- All wanted to have a say in what they would do during the day, 'without undue pressure';
- Three wanted to be involved in developing exit plans;
- Three wanted more involvement in house decisions.

The young people were shown Hart's Ladder of participation, but were lost in trying to understand what it might mean.

Workers who were interviewed for this research gave similar responses:

## Participation In Residential Care

- All recognised the desirability of encouraging young people to participate in decision making in the life of the residential unit;
- All spoke of choices around decoration of bedrooms and meals as examples of current participation;
- Most noted that participation happens formally through house meetings, and informally in a lot of ways during the day: about meals, shopping, activities, outing.

Staff said that the units encourage participation in day-to-day activities, but if a young person is not interested, then the young person will not be pressured and participation will not occur. This unfortunately leaves the young person increasingly disconnected from the life of the house.

## 7. Conclusion

The research identified the importance of participation and the different types of participation. At the level of residential units, however, the feedback mainly focussed on barriers to participation rather than on tools for advancing participation. While some day-to-day participation occurs in residential units, formally and informally, there are larger systemic factors which make it difficult for full participation to develop in residential units. There is also a need to distinguish between participation as a group activity, and participation as an individual activity.

The companion MacKillop documents on participatory practice and the feedback toolkit should be consulted for further ideas and activities for developing participation in residential care units.

**Young People's Participation in Decision Making Research Project**  
Questionnaire Pro Forma for Young People

1. Explain Research context and purpose

The interview will operate as an open discussion and I will be writing down main ideas onto paper with the young person. Answers will be put onto the table of start, during and end as workers. I will attempt to keep the responses recorded visually so the young person can see what I am writing down.

*Discussion Questions*

1. How long have you been living in the residential system? How long have you been at this unit?
2. What decisions are you encouraged to participate in at the unit, how and when?
3. Have you been given the opportunity to have a say at the unit?
4. Can you give an example of a time you have had a say? What happened?
5. What decisions would you like to be involved in?
6. Do you think this would be possible? Why/why not?
7. Explain the ladder of participation: Where would you place your participation in decision making at the unit on the ladder of participation?

**Young People's Participation in Decision Making Research Project**  
Questionnaire Pro Forma for Workers

***Introduce researcher/context and purpose of research***

My name is Tennille Alivizatos and I have worked for MFS for two years as an Education Support Worker in the Western Region. My background is Youth Work and Secondary Teaching. I have previously worked for local government youth services, with a focus on youth participation and as a teacher in a number of alternative education programs.

I am currently working on secondment for six months, one day per week with the Practice and Policy Unit. I am interested in the way young people within MFS are provided with opportunities to participate in decisions that affect their lives within the residential unit setting. The process will document what is currently happening so this information can be shared with others and further more explore ways to improve opportunities for young people to participate in decision making. This project is not about assessing the performance of individual workers or units.

This project aims to gather information about what current practices exist within residential units to involve young people in decision-making. The key question to be explored is, how we can improve the participation of children and young people in decision making while in care? In doing this I will be categorising your responses into one of three stages; start, during and end of time in residential units. I will also explain a framework of ranking Youth participation and ask you to assist me in ranking your examples.

***Discussion Questions***

1. What decisions are young people encouraged to participate in, how and when?  
List these examples on the board with the group under one of the three stages.
2. Are young people given opportunities to provide feedback? How and when?  
List these examples on the board with the group under one of the three stages.
3. How can we do better at encouraging young people to participate in decision-making and providing feedback?
4. Are there any barriers to some of your suggestions? If yes, what are they?
5. Discuss the ladder of participation and the different ranks with the group.  
Have a large scale of the ladder on the board.
  - a) List some of the examples provided and barriers onto the ladder with the group.
  - c) Where would you place your unit on the ladder of participation?
6. Does MFS need to strengthen the policy approach to young people's participation in decision making in residential care units?

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