Parents' collaboration and participation in a residential child care setting

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Abstract

This study addresses user participation as a democratic right as well as a means to promote service users' citizenship. The aim of this study is to explore parents' ($n = 6$) experiences of collaboration and participation with professionals working in child protection service in Norway. The empirical material was collected through open interviews with the parents of young people with psychosocial problems who were accommodated in residential care. The collaboration was structured around core group meetings held approximately every six weeks attended by professionals, parents and sometimes the young people involved. Content analysis was used to analyse the interviews and the emerging themes were concentrated around four categories; *"support the child"*, *"fight for help and services"*, *"struggle for an ordinary daily life"* and *"keep up self-esteem"*. The over-arching concept was identified as *"reconstruction of parenthood"*. The findings show the emergence of two levels of collaboration and participation: 1) *The formal level,* also contributing to the parents' status as citizens, 2) *The interactional level,* also contributing to active citizenship.

Key words: child protection, collaboration, content analysis, parents, participation

Introduction

During the 1970-80s the debate regarding user participation and user influence developed (Young et al., 1995; Sitzia & Wood, 1997; Dahlberg & Vedung, 2001). Discussions about individuals' rights and participation might be regarded as a sound aspect of a living democracy. However these debates may also reveal that many people consider their rights to be violated, or believe that the state as well as market forces, has gained too much power. The welfare state might be regarded as a remote and superior system, and service users and professionals frequently express their concern that public services themselves create problems that lead to marginalization and powerlessness (Bergwitz, 2001; Eriksen, 2001). Professionals are supposed to work according to the Universal Declaration of Human Rights (HR) (1948), which give the service users the right to influence decision-making. Moreover, the HR are part of the value-base of a welfare state in which the citizens are regarded as equal members of society, as fellow citizens. Hence, professionals' work should both include user participation as well as be regarded as a means to promote service users' citizenship.

User participation may be defined in various ways, but in Norway a starting point may be the ideas encapsulated in a White Paper. According to this paper "the people who are involved in a decision, or users of services, have influence on decision making processes and framing of the service" (Norwegian Government, 1996-97, p. 29). The concept of user participation exists on different levels; individual and collective, and there are different degrees of participation, such as passive participation to full control of the service (Rønning & Solheim, 1998). User participation has also been extended to democratic rights and a legal framework (Lister, 1998). In this study the focus is at individual level, it presents parents' experiences of user participation when collaborating with professionals regarding their children who have psychosocial problems and have been placed in residential care.

Co-ordination of services in child protection has been one of the objectives of welfare policy for about 20 years both in Norway and other European states (Norwegian Government, 1984-1985, 2001-2002; Stevenson, 1994; Hallett, 1995). Better use of resources and greater degree of user participation are the outcomes envisaged. The purpose is to obtain agreements on mutual solutions and co-ordinate competence and resources to the benefit of service users. Thus co-ordination of services is related to how professionals collaborate with other professionals as well as with citizens as service users (Willumsen & Hallberg, 2003). It is widely accepted that effective work in child protection requires interprofessional collaboration (Hallett, 1995; Stevenson, 1994; Bunkholdt & Larsen, 1997; Payne, 2000; Nordahl, 2001). This may be especially the case when working with young people who have psychosocial or behavioural problems, which are considered complex and serious. These require competent intervention from various professionals and agencies as well as great effort from the young people and their families (Norwegian Expert Conference, 1997; Hayden & Gorin, 1998). Services should ideally be comprehensive and many need to be long lasting, for example residential care like in this study. This necessitates extensive collaboration and participation over time.

Previous research regarding service users' influence and participation in decision making and framing of services was limited until the 1980-s. As both Young et al. (1995) and Sitzia and Wood (1997) indicate there are difficulties in defining the meaning of the concept of participation and satisfaction because it is entirely relative. Studies often report overall high satisfaction, which may indicate both sampling bias and social desirability. In addition there are methodological and validity problems to take into consideration. The results of the studies reviewed may also vary depending on different components ("items") of the service system as well as with the integration of services. Several surveys are based on managers' and professionals' identification of the most salient features of a service, a top-down approach. While service users themselves rarely are asked what they consider to be the most relevant components of satisfaction, the so-called bottom-up approach (Young et al., 1995; Krogstrup, 1999).

The child welfare service is an extensive field but the part representing children living in institutions is limited. When focusing on interprofessional collaboration in child protection the role of service users is little discussed, i.e. challenges between interprofessional services and service users' participation (Sinclair & Gibbs, 1998; Hayden & Gorin, 1998; Nordahl, 2001). Generally childcare services rarely ask for feedback from children or parents (Thoburn et al., 1995; Einarsson & Sandbæk, 1997) and there is limited evidence of professionals encouraging parents to be involved in partnership in child protection. That may be one of the reasons why we find limited research focusing on service users' views in child protection (Sandbæk, 2000b). Research on parents' participation in interprofessional collaboration with children in foster care, disabled children and service user participation in child protection in general may provide relevant evidence for residential care services. However the particular context and circumstances relevant to parents whose children have moved out of home, together with their complex problems as well as the legal framework and child protection's strong aspect of control (Egelund & Hestbæk, 2003), may influence the parents' role and participation as service users.

Hayden and Gorin (1998) studied 30 children's residential units. over 350 foster carers and over 200 children who were fostered in England, focusing on "care and control" regarding the children's behaviour. They found that the children and young people's behaviour caused major difficulties to a range of agencies other than social services. Thus it was regarded as essential that agencies combined their resources and expertise in order to try to provide the best circumstances and opportunities for the young people who needed help. According to Hayden and Gorin (1998) their research confirms the findings of a number of other investigations regarding specialist support services available to children's homes which point out that a more positive use of and connection between the sectors, a multi-agency approach, are required in order to match needs to services.

Zobbe's (1993) pilot study in Denmark focused on children's and parents' experiences with various types of out of home placements. This indicated that parents had problems with their children before placement, such as difficulties with establishing structures and limitations of boundaries. The children's problems were first registered within the school setting where the staff tried to handle the problems. However the parents considered that the school's collaboration with them was limited. The findings show the necessity of collaboration including the child and family before, during and after the placement, which was not sufficient in these cases. The parents reported that their children's problems had been so complex and serious that a move was necessary, and the parents themselves had been active in trying to obtain help (*cf.* Sandbæk, 2000a). According to Zobbe (1993) this is probably the reason why the parents did not experience the out of home placement as an unreasonable interference in their private life, rather they considered it ensured the children's security. This finding is supported by a study of out of home placements of 109 children in Norway (Christiansen & Skaale Havnen, 2003). Here parents had initiated 30% of the acute placements when they felt they could no longer be responsible for the child because they were exhausted, felt powerless and totally insufficient.

Sandbæk (2000a,b) undertook a study of 60 parents of children in Norway who received services from the pedagogical psychological service, psychiatric youth service and child protection services. She followed up with the same group three years later and the results were similar. The researcher found that parents emphasised that the people they met at the agencies were important, i.e. the professionals as individuals and how they achieved a positive development in relationship with the children (*cf.* Uggerhøj, 1996). This was closely related to the particular services offered and whether they contributed to inclusion or marginalisation of the child regarding his/her peer group, as well as the parents' experience of influence or powerlessness related to the children's therapy. The parents wanted to focus on the children's strengths and how to increase their well-being. In addition the parents wanted to present their perception of their child's situation and relevant solutions and to participate in therapy. The parents were open about the problems they had at home, but still wanted to help their child. Some parents were unsatisfied because they felt they were not listened to and did not receive acknowledgement for their efforts. When parents and professionals disagreed the parents reported that they had to fight against services that stigmatised and excluded their children from the help they needed, which also revealed the power of the agencies/professionals. Sandbæk (2000a,b) concludes that parents want to be actors who contribute to the help their children needed.

Egelund and Hestbæk (2003) claims that, viewed from a democracy perspective, it is central that a minority group like parents of children in residential care, is given the opportunity to express it's opinions and experiences, particularly when assessing the quality of public services. However, as the researcher points out, the clients' satisfaction is not always dependent on whether they have received adequate and effective help to solve their problem. Satisfaction is to a higher degree dependent on whether they have been met with respect and humanity. Thus service users might have a positive experience of the service, even though they have not received help corresponding to their needs. Uggerøy (1996) similarly found that the families emphasised humanity, honesty and engagement in the relations to the counsellors.

Collaboration in child protection – the Norwegian context

According to the Norwegian Child Care Act (1992), child protection services, both at municipality and county levels, are obliged to collaborate with other relevant services. Collaboration is a broad term and may include different concepts of collaboration, such as occasional coordination and more systematic collaboration in team. When organising continual collaboration in Norway the concept often used is "ansvarsgruppe", corresponding to "core group". The goal is predominantly to ensure coordination and participation over time, particularly in complex and serious cases such as young people in residential care (Godeseth, 1995; Havnen & Iversen, 1996; Hallett, 1995).

In Norway, formal decisions like care orders for residential care are made by the County Social Welfare Board, and an individual child protection plan is formulated by the local childcare services, at municipality level. These documents form the formal framework for further collaboration within which the core group will collaborate and co-ordinate further activities. Most residential childcare institutions organise core groups as a compulsory part of their provision of care to residential children, which was the case in this study. This implies regular meetings, about every six weeks, between the people involved in the case; professionals and the young people (dependent on age) and their families. User-participation is emphasised and together they formulate details into an action record and make decisions about how to implement the plan (Willumsen & Skivenes, 2004). Openness to other parts of the network is important in the work of the core groups. This corresponds with Payne's (2000, p. 5) understanding of "open teamwork", which is characterised as *"the professional and multiprofessional teams and the network of people we link with in the community and team working and networking together as an integrated form of practice"*. In consequence, the core group is considered as a part of an implementation process where members try out different actions to find fruitful solutions (Willumsen & Hallberg, 2003).

Aim

This study is part of a larger project including interpretation of documents and open interviews with five young people (age 12-18) and the professionals involved in those cases, and observations from core groups over the period of a year. The study described here is focusing the parents of young people in residential care. The aim is to explore the parents' experience of collaboration and participation with the professionals involved in their children's care.

Method

This is a small study characterised by an exploring and interpretive design. Qualitative methods are usually regarded relevant to collect data and analysing such empirical material (Patton, 2002). A qualitative content analysis was applied focusing on patterns or themes of communication and the challenge is to simplify and make sense out of the complex reality that is constituted in the verbatim transcripts, such as interviews (Patton, 2002). The researcher identifies the patterns, develop categories and label them. He/she may also become aware of categories or patterns that the informants themselves have not labelled. The point is to study the informants with an "inside view", which means to try to catch their meaning and perceptions of their situation. The analysis can focus on manifest and latent content, the first meaning the visible and obvious components of the text, "the surface structure", and the latter dealing with the relationship aspect which involves an interpretation of the underlying meaning of the text, "the deep structural meaning" (Graneheim & Lundman, 2003; Berg, 2004). Additionally, the process of analysis involves a back and forth movement between the whole and parts of the text, i.e. the interpretative part of the analysis.

Sample

This study is based on interviews with parents of five young people with psychosocial problems living in two residential institutions. They represent information-rich cases for the purpose of this in depth study: purposeful sampling (Patton, 2002). All parents of children residing at both institutions at a certain point of time, nine in total, were invited to take part. Six parents decided to participate, five single mothers and one father (divorced). Some of the parents had new partners, but they were not involved in the collaboration. The parents lived in five different municipalities and were linked to child protection services respectively. They were parents of children who had been assessed as having grave and complex problems including being aggressive and misbehaved, exposed to suspected sexual abuse, receiving psychiatric treatment, having experienced serious conflicts in the family, and in school, like bullying and truancy, and having problems with friends. Most of the parents had been in contact with public services for years, which had not apparently resolved or diminished their children's problems.

Ethical considerations

Approvals were obtained from the Data Inspectorate in Norway (ref. no. 2000/793) and the professionals at the residential care institutions. Written consent was provided by the participants and they were assured that information was given in confidence, including their right to withdraw from the project and have statements deleted at any time. All data have been anonymised and tapes will be deleted according to the Data Inspectorate's procedures. When interviewing parents of young people having psychosocial problems many delicate subjects arise revealing conflicts and defeats. Researchers have to be careful and not push respondents to tell more than they are prepared to. It is important to respect their experiences and encourage their frankness and sincerity when collecting such fragile data. To be able to be aware of possible negative reactions from the parents the researchers made arrangements with the residential staff to pay attention to any such responses and asked them to be prepared to handle them in a constructive way. No such responses were registered.

Open interviews

The interviews were semistandardized in the sense that the interview was directed like a dialogue around three main areas, however giving the interviewer opportunity to add or delete probes during the interview and between subsequent informants (Berg, 2004).

1) The parent's worries about the child what caused the worries, how they perceived the child's problems and needs, what they did to support the child and provide help and services and how the collaboration process started.
2) Description of experiences of the collaboration and how it proceeded; formal procedures, interaction, participation in decision-making, division of responsibility and possible conflicts.
3) Reflections of the collaboration, "lessons to learn" from experiences, aspects missing, possible improvements, opportunities and limitations.

The first author (E.W.), who has a background in social work and special education, undertook the interviews and tried to construct rich data by collecting details regarding the informants' activities, actions and meanings, making an attempt to discover multiple meanings (*cf.* Berg, 2004). The parents were asked to describe their experiences of the collaboration quite freely to be able to present a picture of particular incidents according to the interviewees' own descriptions. A good starting point seemed to be asking the parents to talk about their concern for the child and then move on to reflect on the collaboration process. The interviews lasted for 1-1½ hours and were audio taped. The interviews were carried out at the most convenient place for the parent; at the parent's home, in a nursing home or a suitable office. The interviews were transcribed verbatim and analysed subsequently.

Qualitative content analysis

The method used to analyse the empirical data was qualitative content analysis (Patton, 2002; Graneheim & Lundman, 2003; Berg, 2004). The unit of analysis was interview text about the parents' experiences of collaboration and participation with the professionals involved in their children's care. First the researchers read through the interviews to obtain a sense of the whole and getting an idea about possible topics and files. Content analysis essentially means analysing the core content of interviews to determine what is significant. Thus identifying, coding, categorising, classifying and labelling the primary patterns in the data is included in the analysis process (Patton, 2004). The text was read several times and the researchers identified meaning units such as words, sentences and paragraphs containing aspects related to each other through their content and context (Graneheim & Lundman, 2003). The meaning units were labelled or coded and similar codes were abstracted into categories. According to Berg (2004) and Graneheim and Lundman (2003) the categories refer to the descriptive level of content and may be regarded as the manifest content. Tentative codes and categories developed and the researchers discussed and reflected on what would be the most appropriate label. Relevant literature was also reviewed to provide ideas of certain headings, which constituted a process moving back and forth between data, method and theory. Finally the researchers returned to some of the interviewees and reflected on the themes, categories and codes and some adjustments were made.
The categories and codes that emerged during the analysis are shown in Table 1.

Table 1
Reconstruction of parenthood; categories and codes

Reconstruction of parenthood				
Category	*Support the child*	*Fight for help and services*	*Struggle for an ordinary daily life*	*Keep up self-esteem*
Codes	Live with unpredictability	Ask for adequate help (network/services)	Take care of the rest of the family	Strive to be a good parent
	Understand complexity	Participate in collaboration and decision-making	Live with uncertainty	Obtain respect
	Commitment	Make people listen	Deal with prejudices	Search for acknowledgement
	Cope with rejection	Share responsibility	Be prepared to take the child home	Live with insufficiency
	Regain trust	Develop trust		Sort out own problems

Results

Overview of the collaboration process and participation

In an attempt to discern parents' experiences of collaboration and participation with professionals and their children the parents reported on the process of collaboration that was structured around regular meetings, such as the core groups held every 4-6 weeks mentioned earlier. The remit for the collaboration had been outlined by the court, and this was further specified in care records and decisions for each young person. The content of the collaboration varied from child to child, dependent on the characteristics of the case and the interaction between the collaborating partners. The members of the core group were the parents, professionals from the residential institution, the social worker from the child care service, municipality, and the child's main teacher from the school (residential or local). The young people were invited to participate and sometimes they were present, perhaps during the last half of the meeting. In addition, members of the family's network, such as grandparents, were invited to separate meetings or extended network meetings. The parents also used the telephone extensively. Thus the collaboration may be regarded as "open teamwork" (*cf.* Payne, 2000) including team working as well as networking with service users and their social network.

The parents reported that they were very satisfied with the scope and level of collaboration when the young people stayed in residential care. This can be understood in the light of the often chaotic situations that had occurred, feelings of inadequacy and lack of help the parents experienced while the child still lived at home. The decision made by the County Social Welfare Board (voluntarily or through care orders) and the child's move to residential care appeared to be a turning point for the parents. Parents reported trying for a long time to get help for their children, unsuccessfully. As the situation became worse, and the young people were experienced as more out of control and difficult to relate to, a crisis appeared before professionals intervened and moved the child. The parents thought they had done their best, but it had not been enough.

The reconstruction of parenthood

Relatively early in the analysis process the codes appeared concentrated around four categories, *"support the child"*, *"fight for help and services"*, *"struggle for an ordinary daily life"* and *"keep up self-esteem"*. The parents related to these four categories as a whole. They felt they had to use a lot of energy to help the child and at the same time they were struggling for adequate help, even though the child was taken care of in a residential care. The parents also had responsibility for the rest of the family and keeping ordinary daily life going. Finally, they were sorting out their own problems and rebuilding their self-image. The main category, which provided an over-arching concept, embracing all categories, was identified as *"reconstruction of parenthood"*. A child's move out of the family home, either voluntarily or by a care order, may represent a threat to perceptions of parenthood. Apparently the *"reconstruction of parenthood"* was dependent on the relationship with the child after the move, what help and services were available, and what support the parents were able to provide, as well as how the rest of the family managed, all of which influenced the parent's self-image.

The category *"support the child"* included the following codes; live with unpredictability, understand complexity, commitment, cope with rejection and regain trust. The parents described themselves as trying to understand the complexity and gravity of their child's situation to be able to help them in the best way. On the other hand, the child might reject the parent. Even though the parents may have made great effort to help the child, they could not anticipate events. One of the parents explained:

> "... I realised after a while that he was depressed and terribly sad... we discussed alternatives (with the school)... than I realised after a while that he was struggling with more things than school problems. There had to be a lot of things I had not thought about... the picture was so complicated, so many things influenced..."

Another parent was talking about the daughter:

> "... she will not have anything to do with me most of the time... If something goes against her, she does not want to talk to me, regardless of whether it has something to do with me or not... like if something has happened at the institution, she does not want to talk to me... I think it is terrible to call her... But I still do it because I think it is a little important and that she knows that even if *she* does not want, *I* want to, you know... so regardless of whether there are periods where we hardly see each other, when she grows older she will know that I have been there for her, and she knows that if there is something, I will be there."

The next category *"fight for help and services"* included ask for adequate help (network/services), participate in collaboration and decision-making, make people listen, share responsibility, develop trust. This category describes different aspects of collaboration with professionals and their services. The parents felt they did not know what type of help was necessary; they were struggling to get help and to make the professionals listen to them to discuss what might be best. They wanted to share the responsibility for the child because they found it hard to manage on their own. They were dependent on a "readiness to act" (Willumsen & Hallberg, 2003) because the child's behaviour was so unpredictable and the situation might easily turn into chaos. At the same time they wanted to participate equally in the collaboration and decision-making (*cf.* Sandbæk, 2000a, b). Even though the child was in residential care for the time being, the parents still felt the need for close collaboration and support. They did not know if they would manage when the child next came home for a weekend or holiday, or if the child would run from the institution. The parents wanted positive relations with the professionals and wished to be included in the collaboration about their child.

> "Because even if she is there (in residential care), you know, she is still my child. And I want to participate and, yes, know how things are going and things like that... They did not want to understand that I did what I could. They thought I could have done more. But I have no idea about what more I could have done... I was worried that if she was not getting any help now, when I cannot manage her, then everything can turn out very, very bad when she reaches her teens and adolescence."

The category *"struggle for an ordinary daily life"* consists of; take care of the rest of the family, live with uncertainty, deal with prejudices, be prepared to take the child home. The parents found the situation uncertain and unpredictable and were afraid they could not handle it. Even though the young people resided in child care institutions for the time being, they visited their families regularly and planed to move back home in the future. This challenged the parents' patience and endurance. The parents had to deal with the rest of the family, such as siblings, new partners and relatives (extended network), as well as people in the neighbourhood, school and local community.
One parent said

> "I have to find out about all this, you know, it is not only Jill who needs help. The whole family needs help. It is no use that she is going to be okay and then *we* do not know how to handle her... when she becomes aggressive... How are we going to handle her and then the other kids as well (two younger siblings)?... She manipulates them a lot, you know. We have to know what to do, you know, we cannot send her to a deserted island...We cannot take her home before we have received therapy, I told them, or found out things... that is impossible."

Another parent talked about meeting people after the placement:

> "You know, you are a parent and the child protection service has come into your home and taken the children away from you, and now the children live in institutions. This has to do with prejudices you know. Think about it, when you meet new people, get new friends, like I do now (new partner)... and you want to make good relationships with them, and then you are going to tell the story. It is very easy that they turn their back on you... right? They will look at you from above and down. You feel like a "shit in your life"?"

The category *"keep up self-esteem"* consisted of; strive to be a good parent, obtain respect, search for acknowledgement, live with insufficiency, sort out own problems. This group of responses concerns how parents view themselves, particularly in the light of the feedback they get from other people. Being a parent of children with psychosocial problems challenged their role as parents and how they managed. The child being moved away reinforced this. The parents seemed to search for acknowledgement to maintain their self-esteem. One parent talked about the child moving away to the institution:

> "I was quite sure that this was the right thing to do. I did not see any other option... there was no other alternative... And he needed more help than I was able to give him, neither could his ordinary school. That was obvious. So for me it was not a difficult choice to give him away, so to speak, to a place which I knew was safe... It was actually a relief... And I think that most of the parents have that feeling that, finally I can give away part of my responsibility... You really want to manage on your own. It is so hard to have to admit that you actually have a child who needs extra help, or you do not manage it. It is so hard to admit that and ask for help."

One parent talked about how the collaboration influenced her self-esteem:

> "It has been very fruitful. I have in a way been met with sympathy for what I meant was right for my boy, and I have actually received acknowledgement that what I have done during the years has been right. And I have not had that experience before, you know, in a way there had to be something wrong in the home, the school said. There had to be something I did wrong when the child was like that... But now I have received a lot of acknowledgement that I have done the right things and taken the right decisions, and I have not done so many wrong things. It is important to get this straight... It really influences your self-esteem... and you can trust yourself a little bit more."

Methodological considerations

Content analysis was used to analyse the data. There are several limitations to this study. The authors acknowledge the small number of parents involved. Although there is so far little agreement on how much verbatim material is necessary in qualitative research in general, the researcher may feel the need for more empirical data. Thus the results of this study cannot be generalised to other populations, but may serve as a basis for further research. However, despite the fact that this is a small study, it provides a useful and frequently neglected alternative perspective about the needs of parents whose children are looked after.

Discussion

The aim of this study was to explore the parents' experiences of collaboration and participation with the professionals involved in their children's care. Main findings were concentrated around the parents viewing the young people's situation and the collaboration as a wholeness. The parents felt they had to support the child and fight for adequate help and services as well as struggle for an ordinary daily life for the rest of the family. These factors influenced their self-esteem and appeared to be dependent on the progress of the child. "Reconstruction of parenthood" embraces all these aspects and indicates the parents' feeling of responsibility and active work to keep everything together. However the progress of the child is related to a great degree of unpredictability and uncertainty because of their complex problems and difficulty in providing adequate services (Willumsen & Hallberg, 2003). Nevertheless the parents' role regarding collaboration and participation becomes important (Willumsen & Skivenes, 2004). They need support and acknowledgement as well as to be regarded as capable partners in the collaboration process. The findings show that the collaboration process that included them in an active and supportive way contributed to the reconstruction of their parenthood.

It seems like a placement of a child might be considered as a "breakdown" on two levels. First, a breakdown regarding the parents' care of the child; the relation between parents and child. Second, a breakdown of the child care services' efforts to provide care to the family while the child is still living at home; the relation between child care services and the parents. However the "breakdown" may also represent a "break through" (Christiansen & Skaale Havnen, 2003). In this study apparently there had been a breakdown in the relationship between parents and children as well as between parents and child care services. This is probably why the parents found it difficult to know what to do. At the same time they had to fight for help and services while they were struggling to rebuild their relationship with their child to be able to support him/her. However, the placement may be considered as a turning point or a "break through". The process was turning into a new phase; the child had been moved out of home by the decision of the County Social Welfare Board. This meant someone else had taken responsibility and moved the child. On one hand the parents experienced the placement as a threat to their parenthood; they were not good enough parents, which influenced their self-esteem. On the other hand the placement represented a relief; the situation had turned into a crisis, which they were not able to handle. The child was moved out and the institution took over part of the responsibility. After the placement the parents struggled with reconstructing their parenthood, but now in a rebuilding phase. They wanted to collaborate and take an active part in the planning and decision-making regarding their child. It was important to the parents that the professionals acknowledged them and included them as active collaborative partners in a mutual effort to find the best solutions for their children (*cf.* Zobbe, 1993; Sandbækk, 2000a,b). At the same time this involvement served as a support to reconstruct their parenthood.

These findings may be related to the notion of "citizenship". According to Lister (1998) citizenship has an inclusionary potential. However people living on the margins may experience citizenship as a force for exclusion. Nevertheless Lister (1998) is focusing on citizenship as a matter of rights or status on the one hand and as participation or practice on the other. She claims it is possible to synthesise the two by the notion of "human agency", and thus "the citizenship as rights enables people to act as agents" (Lister, 1998, p. 6). As a consequence, social work may be seen "not only in what it can achieve in terms of practical outcomes for disadvantaged individuals, groups and communities, but also in the process of involving them in working for change and the impact that both the outcomes and the involvement can then have on those individuals' capacity to act as citizens" (Lister, 1998, p. 6). She makes the distinction between to *be* a citizen and to *act* as a citizen; the first one meaning to enjoy the rights necessary for agency and social and political participation and the latter meaning fulfilling the full including potential of the status.

When service users are involved as active participants it represents a more active form of social citizenship rather than simply the passive bearers of rights or recipients of services. When referring to the parents in this study they obviously want to act as citizens, both to achieve the best outcome for their children as well as to reconstruct their positions as parents. The professionals work within frames of HR and WHO, legal rights and so on that implies the parents' status as citizens in terms of rights. Additionally the professionals involve the parents in the collaboration and change of their situation. In other words the parents are allowed to act as citizens to be able to reconstruct their parenthood.

The findings in this study showed that the parents experienced collaboration and participation in a positive way that indicated satisfaction. According to previous research the perception of participation and satisfaction is claimed to be entirely relative and influenced by social desirability (Young et al., 1995; Sitzia & Wood, 1997). The parents' satisfaction in this study might be influenced by their wish to have a positive relationship with the professionals, particularly the residential care workers who interacted daily and directly with their child. The parents were apparently exhausted and relieved when the child was moved out of home. In addition the opportunity to share responsibility with competent professionals might make them less critical of what was going on. In case the parents disagreed, what sanctions did they have? In fact they were dependent on help and quite powerless under the circumstances. The Norwegian Child Care Act states the childcare service's obligation to collaborate with relevant services. However the Act does not ensure the parents' and children's *right* to participation, in terms of service users' legal right to appeal against the lack of access to participation (Kjellevold, 2003). Legal authority to explicitly ensure coordination of services on the individual level, might give service users a formal right to coordinated services as well as the right to participate. Formal rights authorised in laws would be more in accordance with HR and WHO's strategies (Kjellevold, 2003).

Conclusions

In conclusion two main levels of collaboration and participation emerged: 1) *the formal level* which includes laws, procedures and guidelines such as Human Rights, health and social policy and relevant laws (Child Care Act). This level contributes to the parents' status as citizens in terms of rights. 2) *the interactional level* which includes the collaboration as such; the interaction between the parties, how participation is carried out, the involvement in collaboration and decision making. This level contributes to the parents' opportunities to act as citizens.

The formal level seems to represent a necessary framework to promote collaboration and participation as well as giving service users a status as citizens. However the formal framework is not sufficient to ensure the service users' rights are being taken care of in practice. The level of interaction seems to be decisive for the opportunity to provide adequate help, support the parents' work with reconstructing their parenthood as well as being regarded as a means to promote their status as active citizens .

Acknowledgements

This study was supported by a grant from the Norwegian Research Council. We are grateful to the parents who participated in the interviews. Thanks also to Nicky Stanley who reviewed the manuscript and Jill Manthorpe who have reviewed the English.

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