Article

Experiences of Adolescent Participation in Educational Institutions in Croatia

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Abstract: Adolescents in educational institutions are one of the groups of children whose voice is seldom heard, who have fewer opportunities to participate, and face more obstacles when they want to participate. Furthermore, growing up in out-of-home care often increases the children's vulnerability and endangers their participatory rights in terms of obtaining adequate information on the course of care, the opportunities to participate in decisions relevant to their life and care, the impact on the quality of care, etc. The aim of this paper is to describe adolescent participation from two perspectives: prescribed and formalized in the form of beneficiary councils in educational institutions and in the form of adolescent's experiences in institutions. A qualitative approach was used, and the data were obtained from focus groups with adolescents, as well as from descriptions of beneficiary councils through online questionnaires. The results shed light on the importance of adolescent's rights but also on the lack of their fulfilment in educational institutions, especially when it comes to participation. Adolescents' participation in educational institutions is perceived as limited, characterized by restriction and a lack of choice, which results in decreased motivation for participation. Beneficiary councils, despite being regulated in terms of legislation, are not considered a significant form of child participation in educational institutions.

Keywords: adolescents' participation; educational institutions; forms of participation

1. Introduction

Child participation is the continuous process of expressing opinions and actively participating in decision-making in different areas of life affecting children. It is a dialogue between children and adults based on respecting children's rights, opinions, and attitudes [1]. Participation of children who are beneficiaries in the social welfare system, more specifically children placed in educational institutions, is important not only when it comes to respecting children's rights, but also in terms of preventing those children and young people from becoming outsiders [2] and enabling them to become active holders of their rights who can make their own choices and create outcomes in their own lives. Therefore, child participation is a key factor that can improve treatment outcomes, as it gives the children a sense of autonomy and control over their own life and the course of care [3]. There are numerous advantages related to child participation and the participatory approach[1] in working with children in residential care[2], including educational institutions. Thus, children who are given the possibility to express their opinions and participate in decisions are more motivated to work on their own problems and develop responsibility and autonomy [4,5]. The benefits of the participatory approach in assessing and planning interventions are tangible not only for children, but also for professionals and the community through shared responsibilities and partnerships between professionals and children, the development of relationships between professionals and children, a better understanding of the children's perspective, and the creation of preconditions for better treatment outcomes [4].

In the context of residential care, more specifically when it comes to care in an educational institution, children can participate at three levels: the individual, institutional, and systemic level. Furthermore, a distinction between individual and collective levels of participation can be made. Individual participation refers to the participation of an individual child in decisions regarding the course of care, while collective participation refers to the participation of children as an interest group expressing opinions and participating in decision-making regarding the social welfare system, policies, and practices [6]. Figure 1 provides a more detailed overview of the possibilities offered to children when participating as beneficiaries of interventions regarding the level of participation, ways of exercising participatory rights, and forms of participation, from the authors' perspective.

| Dimension	Ways of exercising participatory rights	Forms of participation	
Individual level Child as a person/individual in care	The child has the right to be informed and consulted on all important aspects which may affect his or her life The child has the right to be involved in decisions regarding his or her life and the course of intervention The child has the right to initiate activities and make suggestions during the intervention	Individual Expressing one's own opinion and voice Formally through verbal and written requests, demands and complaints Informally in everyday life in an educational institution	
Institutional level Child as one of the beneficiaries/stakeholders of the intervention in a specific institution Children as a group/community in an educational institution	Children have the right to be informed and consulted on all important aspects which may affect their lives as a group/community in an educational institution Children have the right to be involved in decisions regarding their life and the work of the educational institution Children have the right to propose and initiate activities and changes in the educational institution	Collective Through association and peer support in the educational institution Formally through children's representative bodies in the educational institution Informally in everyday life in an educational institution	
The level of system (social welfare) Child as one of the beneficiaries/stakeholders of the intervention at the level of the system Children as an interest group at the level of the system	Children have the right to be informed and consulted on all important aspects which may affect their lives as a group of beneficiaries in the social welfare system Children have the right to be involved in making decisions at the level of the social welfare system Children have the right to propose and initiate activities and changes in the social welfare system	Collective Through association and peer support at the level of the system Formally through children's representative bodies and children's advocacy groups at the level of the system Informally through projects, actions, memberships in various initiatives, and activities through social networks	

Figure 1. Dimensions of child participation in residential care.

Children and young beneficiaries of educational institutions are a particularly vulnerable group which, due to personal, family, and environmental characteristics, are at a greater risk of not exercising the right to participate [7–9]. It can be said that this is one of the groups of children whose voice is seldom heard (seldom heard young people), i.e., with fewer possibilities and opportunities to participate, who at the same time face more challenges in exercising this right [10]. Family separation threatens their rights and freedoms. Therefore, special efforts should be made to ensure these children are given the opportunity to express their views and make decisions regarding their lives [11]. Before entering care, this group of children has experienced multiple risks such as behavioural problems, inadequate parental care, poverty, and problems in the school environment and the community that consequently lead to family separation [12]. Their vulnerability and risks of social exclusion are deepened by entering the social welfare system, as well as by the deprivations experienced while in care, such as restrictions on freedom, a lack of privacy, and a lack of choice [12,13]. At the same time, the children in care are faced with several important decisions regarding changing their behaviour, choice of education, and future plans after leaving the social welfare system [14]. The interaction between the many risks they are faced with indirectly affects whether the right to participate is exercised or not, whereby positive treatment outcomes are also linked to the creation of a supportive

and structured environment that provides young people with a sense of autonomy and the ability to make decisions that concern them [15].

Challenges regarding child participation in residential care in general, and specifically in educational institutions, are also evident at the level of the individual characteristics of children, professionals, and parents, as well as in the structural features of the system. In that regard, Duncan [16] states that participation is limited by the child's actual maturity and capacity, as well as the child's maturity and capacity as perceived by professionals and parents. The key concern of professionals is how to simultaneously respect the child's right to protection and well-being, as well as the right to participate. Underlining the conflict between the right to protection and the child's right to participation in care, Barry [17] says that young people often come into the social welfare system from families where they have not been protected and have taken on the role of adults (e.g., caring for siblings) as a result of disrupted family dynamics. The social welfare system protects them from dysfunctional families, but it treats them as children with little influence on decision-making. This significantly reduces children's responsibilities and autonomy, which negatively affects the opportunities regarding participation and reduces their motivation to participate [17]. This group of children has also had numerous traumatic experiences, i.e., they have experienced neglect by adults they trusted, making it difficult for them to establish a trusting relationship with the adults in the social welfare system who play a key role in encouraging participation [14]. It is also evident that professionals declaratively recognise the right of children to participate, but in fact support the paternalist ideology of the social welfare system based primarily on protection [16]. Professionals also need specific competences in order to develop the participation skills of young people in the social welfare system [14,18,19], first and foremost being relational competences [20], i.e., developing a respectful and cooperative relationship with children. Opportunities for participation are also limited at the systemic level, as the social welfare system is predominantly based on adultism in assessing the child's needs and making decisions about their future life and care [16,21].

Based on studies involving children who have been in alternative care, Duncan [16] points out that child participation in this system is generally characterised by constrained participation and defines the typology of child participation in alternative care (Figure 2). When it comes to constrained participation, the typology presumes that children choose to participate in a congenial (congenial participation), sceptical, or disaffected manner. In doing so, congenial participation is characterised by cooperative relationships between children and adults and authorities, while sceptical participation is characterised by the child's hesitation to participate due to doubts, insecurities, and fear of consequences when expressing opinions. On the other hand, disaffected participation is characterised by conflicts with authorities and withdrawal from the process due to dissatisfaction with the system and a lack of trust in professionals [16]. It is also important to emphasise that these types of participation are not static and stable, but they change as the child spends time in the system, i.e., as the child matures and experiences life in the social welfare system. These types of participation also depend on the adults with whom the child interacts in the social welfare system. It is precisely because of this dynamic nature and the variety of constrained opportunities for participation that children can simultaneously experience several different types of participation [16].
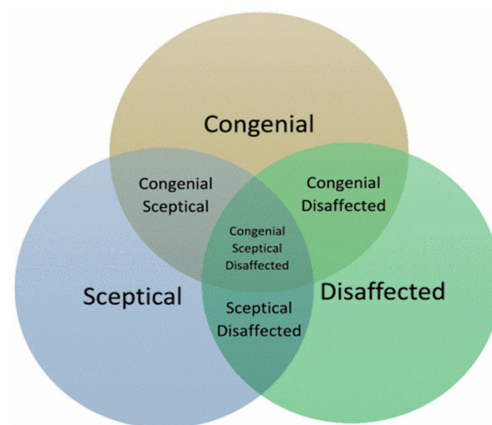
Figure 2. The typology of child participation in alternative care and social welfare systems [16].

The meta-analysis of previous studies on the topic of child participation in residential care indicates that children have abundant experience in terms of non-participation in decisions regarding everyday life in care, care planning, participation in the management meetings related to living in the social welfare system, information about admission, course of treatment, and leaving care [14,22,23]. The results of the research show that some children participate in the day-to-day decision-making, but that a large part of them are excluded from decisions concerning their life, education, and social relations [14]. A satisfactory practice of participation is supported by a study dealing with the attitudes of children and young people in alternative care in Australia [24]. A total of 2083 children participated in the study. The results showed that 67% of children are given the opportunity to express their views and be heard, 74% have said they are informed regarding the decisions concerning them, while only 17% feel they are not given an opportunity to be heard and to express their opinion (10%). Furthermore, Henriksen [21] analysed the perspective of young people and professionals (case managers) on three key topics: trust and continuity in relationships, access to information and understanding care, and the impact on decision-making. The study showed that an important step in promoting young people's participation in decision-making is creating a space for mutual trust and a continuous quality relationship between professionals and children. At the same time, a particular challenge for young people is the fluctuation of professionals with whom they interact, and numerous ineffective systemic interventions that have not helped them solve their difficulties. When it comes to access to information and understanding the process of care, the results clearly showed that most young people lack an understanding of how the system works, the reasons and purpose of their placement, and their life after leaving the social welfare system. Moreover, they perceive the system as extremely intrusive to their lives and relationships. Young people have also experienced that many adults (both parents and professionals) discuss and exchange information about their lives, with adults taking all the responsibility for decision-making. The influence of young people in decision-making is an example of "tokenism", where children participate in discussions about their lives, but their opinion is neither heard nor can it affect the course of care [21]. Furthermore, Sierward and Wolf [25] conducted two studies on participation involving 1067 young people in residential care in Germany. The results showed that the participation of young people is relatively low and that a large number them do not feel fully involved in the life of the institution of their placement. The most frequent participation was observed in aspects of everyday life in the institution (e.g., food, pocket money, leisure time in the home, creation of group rules), while young people were given no opportunity to participate in the choice of their roommate, the course of care, and the selection of employees. Analyses of recent studies have also shown that adults are one of the key elements in the involvement of young people in decision-making, but also in developing their capacity to participate [5,14,22,23]. For example, young people agree that it is easier to share their thoughts with interested, involved, and available professionals

with whom they have established a good and lasting relationship [18]. Moreover, the impact on future life and care has been shown to be of relevance when it comes to the participation of young people. For example, the results of a qualitative study in Australia, carried out with 121 children in the social welfare system, showed that the children feel the safest in an institution when they have a degree of control over their space and the situations occurring in the institution [26]. Furthermore, the children clearly expressed their desire for more influence in decision-making, not only in terms of what they have for dinner, but in terms of choosing their roommate, choosing available programs, maintaining relationships with friends and family, and choosing professionals and programs which can help them change their behaviour. Negative experiences with participation at the institution level, such as not getting feedback and having their opinions ignored, lead to children losing motivation and confidence in participation, which consequently further reduces their participation [5]. A survey with children in the social welfare system in Ireland showed that children need to have more self-confidence and life skills in order to feel ready for participation. Children are aware of their own lack of social skills, as well as the fact that their aggressive behaviour sometimes hinders their access to participation [18]. In this regard, they need informal and formal participation spaces, as well as professionals with the necessary skills to encourage meaningful participation.

Studies regarding the collective participation of children in residential care are less common. In a study dealing with the manner of participation of children in care, Ten Brummelaar et al. [23] concluded that children rarely participate both in meetings dealing with the organisation and functioning of the institution, and in the beneficiary councils. In a study conducted in the USA by Brown et al. [27], it was established that out of 126 institutions with a beneficiary council, only 35 of them had meaningfully involved young people in decision-making and allowed them to assist in ensuring the quality of care. A recent study by Gazit and Perry-Hazan [28] showed that the collective participation of young people in care is faced with a number of challenges. Key challenges refer to contextual factors regarding young people's lives, such as a lack of family support, lack of perseverance, lack of support from adults, and engaging in high-risk behaviours that consequently limit young people's ability to participate. While the survey clearly revealed the challenges young people face, the results also showed three factors contributing to overcoming these obstacles. The collective participation process facilitates young people's sense of belonging to a group, their ability to participate in forms which are tailor-made for them and flexible, accompanied by the continuous mediation of adult managers, and a sense of participation in bodies as an alternative to non-participation in bodies such as student councils in schools [28].

1.1. Context of the Research

Since this paper focuses on the experience of participation of young people in educational institutions in the Republic of Croatia, it is important to briefly clarify the national context related to this topic. The key processes in the last decade in Croatia regarding services for children with behavioural problems and the improvement of those services are the processes of deinstitutionalization and transformation of the social welfare institutions. Until 2019, only two institutions for adolescents with behavioural problems had changed their legal status and title and transformed to centres for services in a community; however, this was without any significant changes related to the quality of care or newly developed services. The process of deinstitutionalization has been slow with many delays and obstacles in implementation (more in Borić and Ćosić [29]). Therefore, services for children with behavioural problems in Croatia are still mainly based on a residential type of care (educational institutions) since there is a lack of structured interventions in the community and there is still no specialized therapeutic foster care. The research was conducted on the territory of the Republic of Croatia, in educational institutions in the field of child welfare. In the Republic of Croatia, children and young people aged between 7 and 21 who show behavioural problems that endanger their psychosocial functioning, their family, and their

environment over a longer period of time are placed in educational institutions. There are currently ten educational institutions of this type in the whole of Croatia, providing care and specialized intervention for children and young people with behaviour problems. There are seven centre-based homes and three residential care homes. At any moment, there are around 350 children and young people in these institutions [30].

Child participation in residential care in Croatia in general, and including educational institutions, is defined in various relevant national laws, policies, and guidelines. The National Strategy on the Rights of Children 2014–2020 [31] states that "children who are beneficiaries of rights in the social welfare system require increased adult responsibility and special attention from public policies. In this system, children should be given access to information and services, and the opportunity to advocate for their rights and interests, so that they can choose between forms of support and participate in situations and decisions related to their future lives, as well as in the evaluation of treatment outcomes" (pp. 27–28). Child participation in the social welfare system, which includes children in educational institutions, is defined in the following national laws: the Social Welfare Act [32], the Family Act [33], and the Foster Care Act [34]. Furthermore, the Ordinance on Social Services Quality Standards [35] in Croatia prescribes the following standards regarding children as the beneficiaries of the social welfare system: *the standard of access to information* (current and potential beneficiaries need to receive all the information on the social services they are entitled to so that they may choose the right services which best meet their needs); the standard of decision-making and self-determination (beneficiaries are encouraged to actively shape their own lives, and they are enabled in every way to make their own choices and decisions on all aspects of their lives); and the standard of privacy and confidentiality (the recognition of every beneficiary's right to privacy, confidentiality, and dignity in all aspects of their lives). At the prescriptive and normative level, as Jeđud Borić, Mirosavljević, and Šalinović [36] conclude, child participation is well regulated. However, it lacks clear mechanisms for monitoring and evaluating legislation and strategies. Moreover, it lacks sanction mechanisms in cases of non-compliance with the regulations, and measures and information about normative documents (laws, strategies, guidelines) related to children provided in a child-friendly format.

Koller-Trbović and Širanović [37] point out that significant interest in the topic of participation of at-risk children has been evident in the Croatian research discourse only in the last fifteen years or so, while the research encompasses several contexts and topics (e.g., the participatory rights of children in educational institutions, of children who are in the process of a needs analysis and intervention planning, who are in foster care, or who are undergoing non-institutional treatment). Even though these are smaller and most often qualitative studies, the results almost unambiguously indicate that children's participatory rights are insufficiently observed and very diversely perceived in practice. It is also interesting to analyse the survey results regarding the time continuum and the attitude of young people towards participation. For example, it is evident that young people in the first studies on participation in care [38] consider that it is important to participate in decision-making but see themselves as not sufficiently capable or mature for this role. In subsequent studies, young people clearly point out the need to make changes in the relationship between the professionals and the beneficiaries, and the importance of active and responsible participation. They also consider themselves as capable of providing relevant information about themselves and their own lives [39–41]. This also shows an increasing awareness of young people about their right to participate, but also the need to develop a participatory approach in residential care. As regards this group of children, it is also evident there is no indication of how statutory mechanisms work, such as beneficiary councils, which should ensure the collective participation of children in care [9]. It may be concluded that the results of key Croatian studies on this topic unequivocally show the children's readiness to participate, but also their continued insufficient involvement and partnership with adults, especially in terms of participating in decisions on their future lives. In direct treatment, children report better opportunities for participation than in

the process of needs analysis and intervention planning, even if such opportunities are still insufficient [37]. Therefore, this research was conducted with the aim of deepening the knowledge and understanding of participation of adolescents in various aspects of institutional life. The motivation for the research was the largely untapped (and unexplored) space in relation to the characteristics and possibilities of the collective participation of in-care adolescents as an interest group which makes decisions related to the practice and the policy of residential care for children and young people.

1.2. The Aim of the Research and Research Questions

The aim of this paper is to deepen the knowledge and understanding of the participation of adolescents in educational institutions. More specifically, the following research questions were defined: (1) How do adolescents who are beneficiaries of educational institutions describe their own participation in the institution? (2) How do adolescents' representative bodies in educational institutions (beneficiary councils) operate?

2. Methods

This research was based on an exploratory qualitative approach, which is in accordance with the nature and the subject of the research and allows adolescents' (educational institution beneficiaries) voices to be heard. According to Flick [42], a qualitative approach allows us to examine locally, temporally, and situationally relevant perspectives.

Considering the fact that child participation in the social welfare system is well regulated, the research is focused on two aspects: (1) analysing the activities of beneficiary councils in educational institutions through the perspective of adults, i.e., professionals who manage these institutions and (2) the perspective of educational institution beneficiaries as told from their own experience. Two forms of participation are intertwined in the research: the formal collective form, described through the perspective of beneficiary councils, and the individual form, as told from the adolescents' perspective.

2.1. Participants

Given the two above-mentioned aspects, the first aspect of the research includes educational institutions in Croatia (a total of 8 institutions[3]), while the second aspect of the research includes children from the largest educational institution in Croatia, which is located in Zagreb, the capital city of Croatia. A total of 11 adolescents, beneficiaries of an educational institution aged from 13 to 17, participated in the research. There were two focus groups with 4 participants in one and 7 participants in other. The sample is intentional and follows the logic of sample defining in qualitative research as described by Patton [43], i.e., information-rich respondents that can offer in-depth understanding of the researched phenomenon. The time spent in an educational institution was two years on average (from one to four years of experience in residential care in general).

2.2. Ethical Considerations

In the phase of preparation and implementation of the entire research, the principles of the Ethical Code for Research with Children in the Republic of Croatia [44] were applied. For the purposes of conducting research with children, the educational institution has given its consent. Before the focus group was held, the participants were presented with the research and given an overview of the topic, the aims of the research, the method of data collection, and the results. Since consent is an integral part of the research process and is based on the principle of participant autonomy and the principle of protecting their best interests and causing no harm, the participants were asked to give verbal consent for participation and the permission to be recorded, with a prior explanation of the need and the importance of recording and the future use of obtained information. The participants were also informed that they were allowed to withdraw from the research at any point.

2.3. Methods of Data Collection and Analysis

The data were collected using two methods: online questionnaires for educational institutions aimed at describing beneficiary councils and focus groups with adolescents in terms of their experience of participation in educational institutions. Online questionnaires were sent to institution directors via e-mail and were subsequently analysed as text material. Online questionaries included the following open-ended questions: existence of a council of beneficiaries in the institution, structure and number of members of beneficiaries' councils, scope of work, topics of council meetings, frequency of meetings, and actions as a result of councils meetings. Focus groups were held on the premises of educational institutions. Two researchers (authors of this paper), experienced in the field of research and in work with children in educational institutions, conducted the focus groups. A protocol for discussion in the focus groups was created in the preparatory phase of the research, including topics and specific questions for discussion. Key domains of the protocol were rights of children, rights of children in educational institutions, child participation in general, child participation in educational institutions, and beneficiaries' councils. A distracting factor in one of the focus groups was the presence of educators in the adjacent room, with the door open. The researchers feel that the participants of this focus group were somewhat reluctant to respond, which was discussed with the participants. The participants reflected that they were used to the presence of the educators and that they could speak freely. An important advantage of the focus group method is the interaction of participants and the possibility of simultaneous reflection on one's own experience as well as the collective experience (group experience).

The following steps were taken for the data analysis. The responses collected through online questionnaires were systematized according to the key areas of the questionnaire. Moreover, qualitative content analysis procedures were applied: editing materials, defining categories, encoding the framework, initial coding (interpreting data with a focus on parts corresponding to the defined categories), final coding (coding check after the categories have been applied to the entire material), and establishing patterns (meanings). Data from focus groups were analysed as follows: the conversations in focus groups were rewritten verbatim and edited, followed by the initial coding of the material. The initial codes were then grouped into the code list, revised, and redefined where necessary. After that, the codes were grouped into categories and themes according to their meaning, i.e., according to the recognized patterns in the data. Three researchers (authors of the paper) conducted the data analysis. Each researcher individually conducted initial coding and categorization, which was followed by a joint discussion and definition of the final codes, categories, and themes. Results were described according to the defined themes and categories.

The data collected through the online questionnaires and focus groups will be presented separately and considered in the conclusion in terms of their interrelation with the common themes, in order to gain insight into the formal and personal forms of adolescent participation in educational institutions.

3. Results

3.1. Description of the Activities of Beneficiary Councils in Educational Institutions—Participation through Formalised Forms

The description of the activities of beneficiary councils in educational institutions will be presented in relation to the following categories: the number of beneficiary council members; the frequency of beneficiary council meetings; and beneficiary council activities.

The number of beneficiary council members varies greatly depending on the institution. The range of members participating in the beneficiary council range from four to forty. In some institutions, the beneficiary council is made up of all the beneficiaries in placement, with the representative of each educational group participating in the presidency of the beneficiary council. Some institutions have established their beneficiary council based on the model of representation, whereby each educational group elects its representative in the beneficiary council. In larger institutions with remote accommodation units, beneficiary

councils are established in individual accommodation units, but at the same time there is no joint beneficiary council at the institutional level.

The frequency of meetings also varies depending on the institution. In some institutions, meetings take place on a regular basis (either monthly or once every two/three months), with the same frequency always followed. In other institutions, meetings are sporadic and less frequent (e.g., in some institutions, once every nine months).

The topics discussed at the beneficiary council meetings are generally similar or identical in all educational institutions and relate to the diet of beneficiaries (discussions about the menu), leisure time of beneficiaries (trips outside the institutions and excursions), and material demands of beneficiaries (clothes, toiletries, maintaining the equipment and the hygiene of the premises). In addition to common topics, some institutions have specifically defined topics such as peer-to-peer education, rewarding beneficiaries who have demonstrated pro-social behaviour, participating in the adoption of house rules, interpersonal relations of the beneficiaries, and their relations with the educators.

The beneficiary councils of the institutions that have participated in this research follow the same course of action: after the meeting, the professionals from the institution (the head of the beneficiary council-educators) communicate the conclusions and the proposals to the director and the professional council of the institution, either verbally or by submitting a written record. In some institutions, directors also take part in the meetings of beneficiary councils.

3.2. Experience of Participation in Educational Institutions—Personal Experiences of Adolescents

The results are presented in relation to the main themes and the corresponding categories (Table 1).

Table 1. Themes and categories.

Themes	Categories
Knowledge and understanding of children's rights	Perceiving children's rights as important Lack of knowledge regarding the specific rights of children as intervention beneficiaries Relationship of rights and rules in the educational institution Good relationship with educators as a basis for exercising these rights
Exercising participatory rights in an educational institution	Lack of information on interventions Lack of participation in the educational institution Dissatisfaction due to the inability to influence decisions Low motivation for participation in the educational institution Beneficiary council as a relatively unknown element
Exercising participatory rights outside the educational institution	The importance of participation in the family and in the group of peers Difficulties in exercising participatory rights in schools

3.2.1. Knowledge and Understanding of Children's Rights

The focus group participants stated that they are familiar with children's rights and also mention specific rights ([Children] have the right to privacy, the right to live and rest, the right of opinion, the right to make decisions, the right to choose their friends, the right to play, the right to participate and vote... the right to study, the right to education...). They believe that children's rights are as important as the rights of adults. Participants also pointed out that it is important for children in educational institutions to have the same rights as children living in their own families. The participants stated that having rights and being aware of them is important as it enables them to stand up for themselves and recognise when these rights are being violated. The participants learned about children's rights most often in school or by taking part in workshops held in educational institutions. Referring to the rights exercised as educational institution beneficiaries, the participants generally state that they were not specifically informed about their rights as intervention beneficiaries. At the same time, however, they said that some of their rights have been violated in the institution, such as the right to privacy. They also pointed out a lack of privacy when using the restroom. This category of responses is linked to the subsequent

category, which refers to the relationship between the rights and the rules in the educational institution. When discussing rights in the institution, participants most often described real life in the institution and talked about rights in the context of the house rules in the institution. Some participants stated they do not have enough information about the rules of the institution and that they have to learn about them "on the go", which they consider unacceptable. In adopting these rules, they are mostly assisted by other beneficiaries. Some participants pointed out their dissatisfaction, but also coming to terms with the (in)ability to change the house rules (We are here, we have been placed here, we are here because we have to be here and that is all. We simply cannot change these rules.) Participants described institutional life in a clear and specific manner through the lens of their role and their behaviour. If they behave appropriately (and in accordance with the rules), they receive benefits (rights). On the other hand, some participants referred to themselves as passive recipients of interventions and showed no desire to participate or act. The participants pointed out that a good relationship with educators, based on agreement and common goals, is an important element of exercising rights in the institution. In this regard, they see educators as people who encourage them to participate, both at the individual and the group level (They [educators] involve us, ask us questions, give us purpose. We are making plans to decorate our rooms and the living room...). They also see educators as advocates of their rights and intermediaries with the management of the institution.

3.2.2. Exercising Participatory Rights in an Educational Institution

In the context of exercising participatory rights, the first thing that was observed while talking to the beneficiaries was the lack of information about the intervention (placement in institutional care) before the placement. Young people were not adequately informed, and some were even misinformed, and did not have the opportunity to participate in the decision on placement. Neither their parents nor the professionals who were involved in the decision-making process made this possible for them. The responses given by young people point to the conclusion that in some situations the adults (parents and professionals) have even resorted to being deceptive, i.e., concealing the fact that the child will be sent to an educational institution or not providing this information in time for the child to participate in the process or influence the decision, for example, a day before placement (*I was at home, it was Sunday. My Mom told me to pack my things, I thought I was going on a trip. Then I came here.*). Furthermore, some participants say that they were misinformed about the duration of the institutional placement (*They told me [in the social welfare centre] I would be there for a year or two. It's been five years already.*). A minority of the participants were informed about the location of the placement and asked for consent. The lack of information prior to the intervention is followed by the category which refers to the lack of participation in the educational institution. This means that the adolescents had no prior experience of participation (even at the level of information) and that such practices are repeated in the institution. Their (non)participation experience in the institution is mainly described through the inability to make various personal decisions: choosing a room and a bed, using a mobile phone, restrictions in terms of decorating their living space, the inability to own a pet. In this context, the young people pointed out that it is important for them to participate in the reception of new beneficiaries, i.e., peers with whom they will share their life and space. It was also stated that they are sometimes obligated to take part in various activities in the institution without any real possibility of choosing whether or not they wish to participate. When discussing the lack of participation at the institutional level, some young people also referred to the government, i.e., key decision-makers whose decisions directly affect their quality of life. In this regard, they said the amount they get as pocket money limits them in their choices (e.g., limiting their social life because they cannot afford a drink): *"The government won't give us the money to go out. We walk around and watch people drink coffee."* Most young people are not particularly motivated to participate at the level of the educational institution, partly because they believe they cannot greatly influence decisions, which is also reflected in the lack of choice

in everyday situations. Some participants also stated that they are excessively burdened by daily duties at school and the institution, which prevents them from being motivated for greater engagement. Some participants also exhibit a degree of resignation and coming to terms with the situation, stating that they cannot wait "to go out". Benefits from the educators would motivate them for greater participation. Participants' responses about the beneficiary council are particularly interesting. Most beneficiaries said their institution does not have a beneficiary council, even though the responses received by the institution through the online questionnaires confirm the existence of a beneficiary council. The beneficiary council reminds them of the student council in their schools and they assume it is a similar body. After they were given an explanation about the beneficiary council, most participants did not show any desire to get involved in its activities, but they confirmed it would be useful to organise a beneficiary council in their institution.

3.2.3. Exercising Participatory Rights Outside the Educational Institution

When it comes to participation outside the educational institution, the young people stated that the most important form of participation is in the family and in the group of peers. Participation in school is also important for them, as some perceive school as more important than the educational institution. At the same time, most of them said they do not intend to actively participate in school or student councils. Some participants have also had negative experiences regarding participation in student councils. They have either had no opportunity to become members of student councils, or they have had the impression (and the experience) that their opinion was not heard and valued.

4. Discussion

Based on the results of this research, it can be concluded that the experiences of child participation in educational institutions are determined by the context of care (i.e., educational institutions), by the predominant forms of participation, and by the personal experiences and characteristics of adolescents. These three dimensions are in relation to one another, and their interplay decides whether the children can exercise their rights or not. Each of these three dimensions has a metaphorical meaning/meaning in terms of value and a concrete/operational meaning. The data from this research directly point to the operational, everyday meaning and experiences of participation, but this aspect also leads to an indirect conclusion about the value aspect of participation.

In relation to the context of care, based on the discussions with the adolescents, it is concluded that they do not see any greater significance of beneficiary participation. Their previous experiences of participation are very modest, even at the level of information about the social welfare system, where it has been established that most adolescents are not adequately informed about the interventions, and some have even been deliberately misinformed. Adolescents also gave very short responses about participation in the educational institution and do not see participation as a specific right or an area in which they could be affirmed. In an operational everyday context, young people believe their rights are important, but consider them in relation to the rules which define their institutional life. Such a restrictive context of care, i.e., in an educational institution, with numerous rules, a lack of choice, and the inability to participate in decision-making, even at the level of decorating their living space, discourages adolescents from participating and leads to resignation. Young people want to have a choice, they want a life that resembles family life: decorating their room, the possibility of having a pet, and using mobile phones. Their requirements are realistic and age-appropriate, but they do not comply with the requirements of an (overly) institutionalised life, which operates in a rigid framework and discourages participation. This kind of context of care is probably a reflection of adultism and ideas about organising the environment and care in educational institutions. This means it is important for adults (professionals) to listen to children's voices and create new, better, and more flexible conditions of care and treatment for them (38).

In further discussions about the forms of participation, one may distinguish between collective formal participation and individual participation. The formal collective participation of children refers to beneficiary councils. Based on this research, one may conclude that the compliance with normative standards is merely declarative and procedural, failing to offer a meaningful, guided, and influential form of participation in educational institutions. The data collected on the activities of the beneficiary councils through online questionnaires were generally of a formal nature, without personal impressions or comments from the institutions that participated in the research. Knowledge was obtained about the technical side of the beneficiary council's activities, but no information was obtained about the quality of such activities or about the perception of beneficiary councils and their influence. Information on these aspects was not formally requested in the questionnaire, but institutions did not provide them in the questionnaire on their own initiative, which may suggest that subsequent studies should focus on a more personal approach and additional methods of data collection (e.g., interviews), but also that there may not be much information about the beneficiary council's activities to be shared. Formal forms of participation in beneficiary councils, i.e., children's representative bodies at the level of a specific educational institution, mainly operate in a similar way: all the institutions stated that they have established beneficiary councils, which is their obligation in accordance with the applicable regulations in the social welfare system. Most institutions stated that all the children participate in the beneficiary councils, while some institutions have established beneficiary councils based on the criteria of representation (representatives of educational groups are members of the beneficiary council). Beneficiary councils generally meet on a regular basis, even though there is a notable difference between institutions (some councils meet monthly, while some meet once every nine months). The topics addressed by beneficiary councils are also rather universal: diet, leisure time, material demands. Topics such as peer education, rewarding beneficiaries, and the participation of beneficiaries in the process of adopting documents relevant for institutional life are rarely on the agenda or in the focus of beneficiary councils. Beneficiary councils are led by adults, and the conclusions made at council meetings are passed on to directors. Similar results were reported by Sierward and Wolf [25] in a study on child participation in residential care in Germany: children participate most in debates on topics related to everyday life in the institution and do not participate in topics related to the decision-making regarding the course of care. The mode of action and topics addressed by children's representative bodies, as well as obtaining feedback from adults, have a strong impact on the children's motivation to participate. Numerous studies in the field of school and student councils and children's councils in cities and municipalities, which are equivalent to beneficiary councils, show that dealing exclusively with everyday issues, such as diet and decorating personal space, discourages children from participating. Moreover, they want to participate in more relevant topics such as the ability to influence policies and decisions [45–51]. Therefore, Yamashita and Davies [52] argue that ineffective student councils may have a negative impact on children and make them question the meaning of participation, giving them the impression that such participation is a waste of time. Students become frustrated and alienated from the idea of participation and can get the impression that adults do not truly want to hear their voice. By choosing exclusively mundane and repetitive topics, adults (and consequently children) stay in their comfort zone, enacting known roles and relationships, and fail to make new opportunities for mutual influence, learning, and action. When it comes to beneficiary council activities, the focus groups involving children have evidenced the need for deeper research and questioning of how beneficiary councils work and their purpose. The adolescents who participated in the research were not aware of the existence of beneficiary councils in their institution, which means such councils have no role or influence in their lives, nor do the children give them any importance, showing no motivation to engage in their activities. However, regardless of the currently inadequate activities of beneficiary councils, their potential must be used. Studies show that the process of collective participation also allows adolescents to feel a sense of belonging to a group, offers the possibility of tailor-made and flexible forms of

participation, and the possibility of participation in children's representative bodies as an alternative to non-participation in similar bodies in regular environments, e.g., student councils in schools [28]. Participation in beneficiary councils can thus become a place where adolescents are empowered to participate in other environments where they are very often on the margins, precisely because they are viewed through the prism of "care beneficiaries". Likewise, the activities of beneficiary councils may help adolescents develop better social skills and learn various pro-social behaviours, which is also an important treatment outcome. In relation to the individual level of participation, in addition to the relative lack of information provided to adolescents, which is the first step in the participatory process, the results show that adolescents insufficiently participate in everyday institutional life, even though they would like to. When expressing their desire to participate, young people mention very specific topics/decisions in which they would like to be involved and which are very important for their quality of life in the institution: the choice of beneficiaries who come into their group, persons with whom they wish to share their living space, the choice of activities in which they want to be involved, and the possibility of influencing the decisions at the level of the social welfare system (such as the amount they get as pocket money). So far, studies have also shown that children in residential care mostly have abundant experience regarding non-participation in everyday decisions, care planning, management meetings related to their life in care, information about admission, the course of treatment, and leaving the social welfare system [14,22,23]. It is important to bear in mind that this group of adolescents exhibit (at least) two vulnerabilities in parallel, i.e., they are both children and beneficiaries of the social welfare system. In this context, enabling them to participate is even more important. Adolescents mention educators as the key factor in encouraging participation, as their actions enable or disable participation. In particular, the characteristics of educators, such as interest, availability, and concern, are necessary components of quality supportive relationships [18]. In addition, the continuity of the relationship between adolescents and educators is an important element, as many adolescents have no experience of stability and continuity due to numerous interventions in which they were involved, as well as the fluctuations of caretakers. Previous studies also confirm the conclusion that adults (professionals) are one of the key elements for the inclusion of children in decision-making, but also for the development of young people's participation capacities [5,14,18,21–23,53].

When it comes to the personal characteristics and the experiences of adolescents in relation to exercising their rights in an institution, their (both individual and collective) participation will depend on their personality and skills, but also on their previous participation experiences in the family, school, and the social welfare system. Apart from the experience of participation, experiences with important adults and with the intervention system are also of relevance. If the adolescents did not have positive experiences with adults in their earlier life and in the course of care, they will be less inclined to participate. The results of this research show that some young people do not trust adults (professionals and parents) due to being inadequately informed (and misinformed) about the duration of placement, the form of placement, etc. Also, some participants feel a "care fatigue" and their only desire is to "get out" as soon as possible, showing no desire to participate (. Numerous traumatic experiences of children in educational institutions, as well as the neglect from adults whom they had trusted, are cited as challenges in the exercise of participatory rights [14]. In that regard, Vosz et al. [5] point out that negative experiences with participation are reflected in the fact that children's opinions are often disregarded, and they do not receive feedback on their participation, which also reduces their desire for future participation. In relation to the individual experiences of adolescents and their characteristics in the context of life in care, children describe institutional life as the relationship between their behaviour and the possibility of exercising their rights (including the right to participate): if they behave appropriately (and according to the rules), they receive benefits (rights). Regarding the issue of participation, one should ask whether we "hear" the adolescents' voices in educational institutions as a sign of participation, or as

disobedience and rebellion. In fact, very often (which has been shown in focus groups) adolescents in educational institutions communicate violently, impatiently, and loudly, which reflects their authenticity, but it can also be challenging when it comes to offering guidance and direction.

Summarising the above, one may conclude that the restrictive context of care, declaratory collective participation, and limited individual participation, along with distrust in adults and "care fatigue", discourage adolescents from participating in educational institutions. These operational aspects also shed light on value aspects, i.e., recognising the importance of adolescent participation in ensuring the quality of care, encouraging participatory culture at the institutional level, and promoting participation as a value, as well as promoting the awareness and faith of adolescents in their ability to influence their lives and their living environment. Keeping in mind the characteristics of beneficiaries' participation in educational institutions, it seems that participation and its potential to improve the quality of care have not (yet) been recognised as a real value in the social welfare system (more specifically educational institutions), neither generally nor specifically at the level of institutions. In terms of value, and based on specific descriptions of behaviour, experiences, and perceptions, it seems that adolescents have little faith in being able to influence their living environment and change their lives. In relation to the typology of child participation in the context of alternative care as presented by Duncan [16], one may conclude that adolescents in this research show scepticism and dissatisfaction regarding participation, as well as suspicion, uncertainty, disappointment, and a lack of trust. However, they also show a desire for participation.

Considering the findings of this research, a number of opportunities are presented in terms of achieving the more meaningful participation of adolescents in educational institutions. First, an emphasis should be placed on a holistic approach when considering the children and their contributions in the context of educational institution. Adolescents' participation should be integrated into the culture and the structure of the social welfare system, but also into each institution. In this regard, participation should be fostered as a benefit and the backbone of the relationship between children and adults in educational institutions. At the institutional level, one must invest in the development of organisational structures that enable participation (participation infrastructure), such as participation strategies, action plans, and guidelines for working with adolescents. Furthermore, providing resources for participation in terms of people, space, and time is also of relevance. Mannion [54] cites the respective and spatial dimension of participation, whereby the respective dimension implies changes in the perception of power and coexistence (communion) in the relationship between children and adults, while the spatial dimension refers to safe environments, information, time, and support from adults so that children can articulate their views. Furthermore, it has been shown that adults are crucial in encouraging adolescents' participation. In this sense, it is important to educate professionals about the concept, forms, and levels of participation, as well as about developing relational competences when dealing with adolescents. Adult's dedication, interest, and availability, along with their belief that participation makes sense, will increase adolescents' motivation to participate. Finally, the results have shown that this topic needs to be further deepened and explored. In this context, it also seems crucial to foster a participatory approach of including in-care children and young people in all stages of the research process.

5. Limitation of the Research

Even though it has brought some valuable insights, this research is limited to certain segments and stakeholders of child participation within the system of educational institutions in Croatia. The data obtained through online questionnaires were relatively concise, making it is difficult to conclude whether they reflect the reality of beneficiary councils in the educational institutions. The concise nature of the responses obtained in the questionnaires corresponds to the declarative and concise nature of the organisation of beneficiary councils. A possible issue could be the format, i.e., the method of data

collection, which potentially compels participants to give very specific responses without providing details, contexts, or their experiences. The content and the outcomes of the beneficiary council activities can be indirectly concluded based on the outcome of their specific requests, actions, or reports, through the analysis of social networks of institutions, institution's magazines, etc. Furthermore, it is important to include children and adolescents from various institutions in future studies and to talk with those who have had particularly negative or particularly positive experiences with participation.

In future research, it would certainly be necessary to explore the perspective of professionals in educational institutions, through interviews or focus groups, regarding beneficiary council activities and child participation, but also to explore the perspective of decision-makers in order to obtain information on the value aspect and the actual significance of child participation in the context of the social welfare system.

Notes

1. Participatory rights refer to children as the holders of rights, while the participatory approach refers to professionals and how they interact and work with children, which includes respect, dialogue, cooperation, and encouragement to achieve treatment goals.
2. Residential care is used as an umbrella term, which includes different forms of care for children in institutions. The term educational institutions refers specifically to institutions for the care and treatment of children with emotional and behavioural problems.
3. The questionnaire was sent to all ten educational institutions in the Republic of Croatia, and eight of them provided their response.

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