Participation in Residential Childcare: Safeguarding children's rights through participation and complaint procedures
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Claudia Equit (ed.)

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1. Safeguarding Children's Rights in Residential Childcare – Introduction

Claudia Equit, Antonia Finckh, Julia Ganterer, Elisabeth Thomas

The subject of this book is the implementation of children's rights in residential care, how participation and complaints processes were implemented in everyday life in the living groups, but also how children and young people were silenced, devalued and not listened to. This is why we will also report on children's and young people's experiences of victimization in this book. The latter in particular can act as a trigger and activate existing trauma. In the abstract of each chapter, we provide a trigger warning if victimization and/or violence is the topic of the contribution.

This book offers current insights into the discussions on safeguarding children's rights, especially the right to participation according to the United Nations' Convention on the Rights of the Child (UN CRC) in residential group care. The findings of the study "Participation in Residential Childcare" are presented and discussed against the backdrop of the international research discourse. Although the study was conducted in German residential care facilities, the results presented offer important insights for the national and international discourse, as current studies in various other countries reveal similar barriers and obstacles to the participation of children and adolescents in residential care, despite the very different welfare systems worldwide.

The presented study takes a special approach: it analyzes participation processes in the everyday lives of children and adolescents in residential groups. In doing so, this study fills a gap in the international professional discourse, which focuses primarily on participation in the context of decision-making in child protection and the process of out-of-home placement (Equit & Purtell, 2023a). Furthermore, the effects of complaint procedures in the residential groups are presented with respect to enabling and securing participation but also, when victimizations in the facilities occur, regarding child protection. Therefore, this book offers an innovative and theoretical conceptualization of complaint processes and their impact on children and young people in residential group care. The current professional discourse lacks approaches that explain the links between complaint processes, participation, and protection, although the UN CRC recommendations on ensuring participation place complaint procedures prominently (General Comment No. 12, 2009; General Comment No. 20, 2016). The offered findings seem to be relevant not only for complaint

procedures in residential care facilities but also for the conceptualization and use of complaint procedures outside the facilities (so-called ombudsman offices or advocacy services), and for complaint management – to secure children's rights in municipalities, for example.

In addition, the presented findings offer a variety of connections for important topics, such as the organizational influence on the implementation of participation as well as the prevention of victimization and re-traumatization in the respective facilities. The reconstructed complaint processes within residential living groups are examined in terms of their embeddedness in organizational working routines and hierarchies. Important "shifting points" in the guidance and shaping of the existing organizational culture within the residential groups are outlined and the role of relational social work is systematically presented. In addition, forms of victimization and silencing practices in residential groups are reflected upon, and insights are given into the views of children and adolescents coping with everyday life in residential groups during the COVID-19 pandemic. In a more general way, children's and adolescents' views on living in a residential group, and the demands of being placed in residential groups, are presented and discussed as well.

The book therefore offers numerous insights and findings for researchers, professionals, students of social work, care-experienced persons, and interested people. By scientific standards, the results of the study are illustrated by excerpts from group discussions and interviews with children, youth, professionals, and management staff. The book thus contributes to the research objective of implementing and securing participation in residential care but also to the views and knowledge of the children and adolescents interviewed. Their narratives were crucial to the findings presented, following the perspective of children and young people as moral equals to adults (Križ & Petersen, 2023), and they provide important knowledge about organizational problems and routines by which they are affected. The views and narratives of children and young people have been contrasted by the views and knowledge of professionals and management to examine similar and different perspectives on the described matters of everyday life in residential group care. Using these varying and sometimes very different views, it was possible to draw a detailed picture of the gap between the perspectives of the professionals and the children and young people, of shared routines and valuable experiences, as well as difficult practices and disguised problems in everyday life.

Reviews by care-experienced consultants

The volume introduced a review process by care-experienced consultants. The authors and editor are convinced that research should search for suitable formats in which care-experienced persons include their views and comments. The aim is

to establish the presentation of findings not only *about* children and adolescents but *with* them. In order to include the views and knowledge of children and young people who have experienced residential group care in the presentation of the research findings and to consider and acknowledge their views, all chapters of this book have been reviewed by people with care experience, except chapters two, five and eight, due to severe health problems of the care-experienced persons. The authors and the editor wish them a safe and easy recovery. The authors and editor are very grateful for the valuable views presented by care-experienced young people who invested their time and attention to provide feedback to the authors on their work. The comments and reviews were included in each reviewed chapter. Our special thanks go to Lukas Dreesbach, Mariana Gratz, Antonina Milinkovic, Ali Rahimi, and Sabrina Schwenke. They helped the authors and editor to gain a more nuanced view of the research conducted and the findings presented. Thank you so much!

Participation and voicing complaints in substitute care

Before going into detail about the study and the structure of the book, we provide a brief outline of why participation and complaint procedures have been given such important relevance in the study.

Children and young people who were placed in family-substitute care experienced multiple victimizations and difficult living circumstances (Dhakal et al., 2019; Edmond et al., 2002; Gusler et al., 2019; Huffhines et al., 2020). Out-of-home care seems to be an important and necessary solution for these children and youth to address the need for protection and support of their best interests. However, studies about trajectories with multiple care placements and exacerbated problems highlight that experienced victimizations and problematic situations can mutually reinforce each other (Dregan & Gulliford, 2012; Mascenare & Feist Ortmanns, 2021; Schleiffer, 2018; Tornow et al., 2012). This is also true for young people leaving care (Rome & Raskin, 2019). Multiple care placements disrupted bindings to caregivers, and a lack of information about important care decisions made on vulnerable young people, are challenges that question the quality and scope of the provided means and measures of child protection (Bell, 2002; Dregan & Gulliford, 2012; Mascenare & Feist Ortmanns, 2021; Schleiffer, 2018; Tornow et al., 2012). Especially children and young people with multiple problems like poly-victimizations, mental health issues, and high risk behavior bear the potential for multiple care placements and several dropouts in out-of-home care (Dregan & Gulliford, 2012; Leathers et al., 2019; Mascenare & Feist Ortmanns, 2021; Tornow et al., 2012). In addition, studies on the results of long-term substitute care point to worsened outcomes for children and youth (Knorth et al., 2008; Vinnerljung & Hjern, 2011). Therefore, out-of-home care is critically discussed and evaluated. Substitute care is a radical invention for children,

young people, and their families. Family-supporting provisions are discussed as an important aspect of preventing out-of-home placements (Font & Gershoff, 2020; Sindi, 2016; Wolff, 2020). In addition, out-of-home care provisions do not match all needs and requirements for safeguarding children and youth from maltreatment and abuse. Thus, safeguarding children's rights, especially the right to participation seems to be an important issue not only to secure the rights of young service users but also to improve the positive outcomes of out-of-home care provisions and legitimize this radical intervention.

The implementation of participation rights for children and youth at high risk is seen as a key facilitator to improve out-of-home care for this vulnerable group and to adapt out-of-home care provisions to the needs and requirements of children and youth. The experiences of co-determination and gaining agency have several positive outcomes for children and youth in out-of-home care, such as regaining a feeling of control in their life (Bessell, 2011; Leeson, 2007), garnering a sense of identity (Sindi & Strömpl, 2019), building resilience (van Bijleveld et al., 2015), increasing self-esteem (Albus et al., 2010; Burgund Isakov & Hrncnc, 2021) and acquiring a feeling of responsibility which prepares children and youth for making individual, responsible decisions in their lives (Skauge et al., 2021). In addition, participation is related to stronger commitments by agreements made in care (Balsells et al., 2017; van Bijleveld et al., 2015) and stronger effects of the care provisions (Albus et al., 2010; Barnes, 2012; van Bijleveld, 2015; Woolfson et al., 2009). Participation is also closely related to developing children's ability to communicate their needs, wishes, and feelings effectively (Brady et al., 2019; McCarthy, 2016). Participation seems to be a key facilitator for improving the outcomes of family-substituting care. Participation rights are fundamental human rights that must be safeguarded, especially for children and youth in out-of-home care (Committee on the Rights of the Child, 2009, 2016). Therefore, new studies stress protective factors and improvement in detail about the very diverse group of children and youth in out-of-home care (Pinheiro et al., 2022; Garcia-Molosa et al., 2019). However, the positive outcomes of participation in a context of child protection like substitute care are just as diverse as the manifold barriers that occur by implementing participation in these settings.

Children and young people in residential childcare reported that they have limited or no opportunities to explain their views concerning their placement in family-substitute care (Balsells et al., 2017; ten Brummelaar et al., 2018; Toros, 2021). Children and young people often experience non-participation or tokenistic participation in care plan conferences[1] where important decisions about

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1   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be

their ongoing care are made (Messmer & Hitzler, 2011; ten Brummelaar et al., 2018; Toros, 2021). Children and young people in out-of-home care are often excluded, or even uninformed, regarding decisions about their medication(s) (ten Brummelaar et al., 2018). Their health outcomes and health insurance are worse compared to peers growing up in families (Vinnerljung & Hjern, 2018). Children and adolescents in residential care often reported being excluded from having a say in matters of daily life (Balsells et al., 2017; ten Brummelaar et al., 2018; Cossar et al., 2014) as well as being excluded from having a say in matters such as contact with family members or extending their stay in the children's home (Equit, 2023; McCarthy, 2016; Toros, 2021). The participation of children and young people in decision-making as well as in issues of everyday life in out-of-home care is limited or not available (Equit & Purtell, 2023b; Kriz & Petersen, 2023; ten Brummelar et al., 2018; Toros, 2021, 2020).

The focus of international research on the participation of children and young people at high risk is on decision-making in child protection provisions and on participation processes. Little attention is paid to participation in the daily lives of children and young people in substitute care (Equit & Purtell, 2023a) as well as on the impact of complaint procedures, which are suggested to be provided in order to secure the participation rights of children and adolescents, especially in out-of-home care (UN-Committee, 2009). The few existing studies about complaints and complaint procedures in out-of-home care point to the fact that "complaints by children in care are managed at the lowest possible level" (Diaz, 2019, p. 463).

Aims and methodology of the study

Therefore, the presented study aims to analyze participation *and* complaint processes in residential group care. It was examined if and to what extent complaint procedures prevent the victimization of children and youth by using the complaint procedures that are implemented in Germany in the respective facilities (e.g., group evenings, letter boxes for written complaints, home councils, etc.). Therefore, the organizational cultures of residential groups were examined in order to clarify the role of hierarchies and the power dynamics between peers, staff, and management. Victimizations and silencing practices were analyzed when narrated by interviewees. In addition, strains and strategies to cope with the COVID-19 pandemic were reconstructed because the project was conducted during the COVID-19 pandemic crisis in Europe.

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extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

collaboration with research assistants Antonia Finckh and Julia Ganterer, and with Elisabeth Thomas analyzing the impact of the COVID-19 pandemic on children and young people in the respective living groups. The study[2] looked at 27 residential groups of 17 different child welfare stakeholders in four federal states. The sampling criteria were an urban-rural comparison, the different concepts of the facilities, and the examination of facilities in eastern and western Germany. 233 children and young people aged 6–21, both with and without a family history of migration, were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The sample is very broad for a qualitative study. This was aimed at and fulfilled by criteria-led sampling in order to capture the variance of the very different residential facilities in Germany. The group discussions and interviews were analyzed using the documentary method (Bohnsack et al., 2019). The entire sample and the research methods used, as well as the data protection policies, are presented in detail in chapter two and briefly in each of these sections of this book.

Content of the book

Each chapter of the book begins with a brief summary of the thematic focus, which is presented on the basis of the study and against the background of the current state of research. In addition, each chapter contains a section on the objectives and methodological design of the study. This gives readers who only want to read a specific chapter a good overview of the entire study.

Chapter Two, written by Claudia Equit, Antonia Finckh, and Elisabeth Thomas, presents the key results of the study. It introduces the aims of the study that are discussed against the backdrop of gaps and results of the professional discourse. It furthermore provides insight into the methodology of the study and highlights important findings of the overall project.

Chapters Three, Four, and Five, written by Claudia Equit, discuss Participation, Complaints, and Power Dynamics for children in Residential Care. Chapter Three, "*This is your home, that's what it's supposed to be: Participation in Residential Childcare",* presents the processes of co-determination in the daily lives of children and adolescents in residential group care and how participation rights can be safeguarded. Research findings highlight under which conditions children and adolescents have a say in their daily lives. Based on the research results, a typology is presented that locates participation in everyday life against the background of existing organizational idiocultures within the facilities. The importance of daily life in residential groups for children and young people is illustrated by excerpts from group discussions with young people. The results of

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2   The presented sample includes group discussions and expert interviews before and during the COVID-19 pandemic.

the study indicate that participation in daily life is crucial, especially in terms of feeling at home and building trusting relationships. The results of the study reveal that the special idioculture of the residential group shapes the opportunities for co-determination in daily life. Having a say in daily life also has an important impact on the decision-making in care processes. Therefore, the study presents three main types of idiocultures in residential groups (participatory, routinized, and opposed type), and their influence on participation for children and young people. The chapter includes comments and statements provided by Antonina Milinkovic about her experiences in residential care related to the findings.

Chapter Four, *"... but the professionals decide everything" – Complaint Procedures and Processes in Residential Care,* presents findings about different complaint processes of children and young people in living groups shaped by the different idiocultures. In addition, a theoretical conceptualization of complaint procedures to secure participation rights is provided. In the conclusion, the results are discussed with regard to the implementation of the United Nations Convention on the Rights of the Child, and the international professional discourse. It is highlighted that the implementation of children's rights by concepts such as complaint procedures in out-of-home care can be conceptualized as a kind of politics of social service providers since it is not formal participation and complaint procedures but the idiocultures with their discretionary spaces in the residential groups that decide whether young residents can make experiences of participation or not. However, if the policy and the fulfillment of children's rights are only tied to the implementation of formal concepts, children and adolescents have a much harder time reporting violations of children's rights because these are seen as "implemented" in the facilities according to formal criteria. The work of institutions that try to implement participation for children and adolescents elaborately also remains obscured and invisible to a certain extent if only the existence of a formal concept is evaluated. The chapter includes comments and statements provided by Antonina Milinkovic about her experiences in residential care related to the findings.

Chapter Five, *Organizational Power Dynamics in Residential Care as Key Drivers for Safeguarding Children,* describes reconstructed organizational power dynamics and hierarchies with respect to safeguarding participatory rights and residential group care that facilitate or hinder participatory processes. Different forms of power dynamics between children, adolescents, and staff members, and senior management will be presented and illustrated by examples from group discussions with young residents and professionals. In conclusion, the interconnectedness of organizational power dynamics with clientization processes, and the enaction of generational orders, are highlighted. Depending on the idioculture and the interwoven power dynamics, children's and youth's needs and problems are interpreted and addressed by staff members in very different ways. The respective idiocultures, and the interwoven power dynamics, can have an important influence on client identification and the care process.

Children and adolescents have to adapt to their respective power dynamics and attributions as a client. And they have different potentials and abilities to fit into the existing, very different idiocultures of the residential groups.

Chapter Six, *The Impact of the COVID-19 Pandemic on the Daily Lives of Young People in Residential Group Care,* written by Elisabeth Thomas, focuses on the impact and challenges of the COVID-19 pandemic in residential group care. It first analyzes how the effects of the pandemic are discussed in other fields through the metaphors of *the magnifying glass effect* and the *catalyst*. The group discussions with young people that were collected during the pandemic were additionally analyzed for this chapter using the method of qualitative content analysis (according to Mayring, 2016). The results of this evaluation reconstruct existing problems, challenges, and effects of the pandemic; at the organizational level in terms of idiocultures, on the one hand, and at the individual level in terms of the subjective experiences of the young people, on the other. Accordingly, the results are based on the young people's narratives and allow for further considerations, including where the pandemic has acted as a *magnifying glass* or *catalyst* and what conclusions can be drawn. This chapter was reviewed by Ali Rahimi, who gave important feedback and advice from a care-leaver's perspective.

Chapter Seven, *Participation and Complaint Processes in Residential Group Care – What Do Young People Think About It?* written by Antonia Finckh, focuses on the perspectives of the young people themselves regarding participation and complaints. It is demonstrated that the opportunities for participation, and of having complaints heard, are not equally accessible to all young individuals in residential groups. Whether young people can profit from participatory offers in residential childcare depends on the amount to which their orientation and habitualized scripts on everyday life match with the idioculture of the specific group to which they are assigned. These results will be discussed and contextualized not only in light of the current state of research but also within the theoretical framework of the project's understanding of organizational culture as idiocultures, which can be more or less independent from the formal goals of the organization (Brodkin, 2012; Fine, 1996; Klatetzki, 1996). This chapter was reviewed by Sabrina Schwenke who provided the opening statement and gave meaningful feedback regarding the relatability of the presented case studies against the background of her own experiences in residential care.

Chapter Eight, *Relationship and Participation – Relational Social Work in Residential Group Care,* written by Claudia Equit, examines the relationships and relational social work of professionals in different residential group care facilities. The presented results highlight the connections between organizational idiocultures in the living groups – which were investigated in the project – and the respective relationships described from the perspective of the professionals, as well as from the perspective of the children and adolescents. It is shown that relational social work takes on a special significance in participatory idiocultures

of residential living groups. Finally, the potentials and limitations of the study of relational social work in residential groups and safeguarding the participation rights of children and youth are discussed against the background of the outlined state of research at the beginning of the chapter.

The ninth chapter, *No Voice – No Choice? Practices of Silencing in Residential Childcare*, written by Julia Ganterer, looks at the phenomena of voice and the practice of silence with regard to children's rights, the United Nations Convention on the Rights of the Child (UN CRC), and childhood research. The research findings of the project show that voicing and silencing are explicit gaps for violence and power dynamics in residential care. The article begins with a brief historical overview of children's rights and the UN CRC in order to understand participation in the context of children's rights and child protection in residential childcare. The research is then contextualized with regard to current debates on childhood research and its position on Article 12 of the UN CRC. Concepts of violence and the social functions and forms of silence are also discussed. This is followed by a presentation of the research project and the documentation of selected research findings, including the analysis of complex practices of silence in the context of violence in residential childcare. The paper concludes with a summary of the question: What do we know about practices of speaking and silence in the context of violence and power dynamics in residential childcare? This chapter was reviewed by Antonia Milinkovic. Antonia gave important feedback and advice from a care-leaver's perspective.

Chapter Ten, *Silencing and Victimisation in Residential Care – Key Results from the Study*, is seen as a complement to chapter nine and focuses on violence and the active and passive practices of silence in residential childcare. The author, Julia Ganterer, begins by pointing out that the phenomenon of violence and practices of silence were not explicit objects of research but emerged through the process of analysis. An epistemological consideration of practices of silence and the (bodily) experience of victimization and violence is therefore only possible in a fragmentary form, which is presented based on selected case studies using a sequence-analytical approach and a bodily-phenomenological orientation. Applying a perspective of phenomenological pedagogy allows experimental readings of the material, which show possible connections between bodily experiences of abuse of power and violence as well as practices of silence among children, adolescents, and professionals in residential care. The active and passive practices of silence presented in the chapter clearly show that children, youth, and professionals are restricted in their participation and complaints by practices of silence and concealment. Lukas Dreesbach reviewed Chapter Ten and gave important feedback and advice from a care-leaver's perspective.

The *Conclusions* (Chapter Eleven) present further insights and consequences based on the study. First, the topic of participation and visibility is reflected upon. Children and adolescents in out-of-home care were not visible in the societal discourses in Germany during the COVID-19 pandemic, although they

were very much affected by strict rules and restrictions, especially in residential care. The situation and experience of young residents is hardly discussed in professional and social discourse in Germany (Chapter Six). Second, the topic of organized participation is discussed in detail. The results of the study highlight that participation in adult-led organizations entails certain preconditions and limitations for children and adolescents. The preconditions and limitations based on the findings of the study are highlighted in Chapter Eleven regarding participation practices, implemented complaint procedures, hegemonic orders, and relational social work within the facilities. The viewpoints of young residents are also highlighted concerning their adaption to the given idioculture in the living groups. Chapter Eleven stresses that children and young people in care know the crucial problems and challenges and the potential of the care organizations they live in. Therefore, including care-experienced persons in creating scientific knowledge and generating guidelines for practitioners is essential. The Chapter concludes with some critical reflections on the implementation of children's rights as recommended in the UN CRC based on the complaint procedures for children and youth in out-of-home care.

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2. Organizational Idiocultures in Residential Group Care – Key Results from the Study

Claudia Equit, Antonia Finckh, Elisabeth Thomas

Abstract

This chapter presents an overview of the aims and methodological design as well as crucial findings of the study "Participation in Child Residential Childcare" funded by the German Research Foundation (DFG)[1], and led by Claudia Equit in collaboration with Antonia Finckh, Julia Ganterer, and Elisabeth Thomas. The qualitative study with a broad sample examines the organizational requirements and conditions necessary to implement and safeguard the participation rights of children and young people in residential group care. The chapter introduces the topic of participation rights in out-of-home care. The aims of the study are discussed against the backdrop of gaps and results of the professional discourse. A deep insight into the methodology of the study is given. Significant findings are highlighted.

Participation

Participation is a multifaceted term that includes different meanings, e.g., the right to participate in democracies or the participation of toddlers in gameplay (Kellett, 2009). As an overarching principle for the implementation and protection of all children's rights, Article 12 of the UN CRC states that States Parties shall ensure that children and young people are heard and can express their views in all matters affecting them. Studies and meta-studies prove, especially for children and adolescents in out-of-home care, that this represents a particular challenge, on the one hand, and is an essential condition for successful care, on the other (ten Brummelaar et al., 2018; van Bijleveld et al., 2015; Skauge et al., 2021; Toros, 2020).

Skauge et al. (2021) highlight that the understanding of participation must go beyond an understanding of participation as "having a say". The UN CRC defined participation concerning children and young people not only as persons who have the right to be involved in decisions that affect their lives but who

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1   Project No. 419403819.

also will be citizens and therefore need democratic competencies. This twofold meaning of participation stresses the need for adults to provide and develop meaningful opportunities for children and young people to enable them to raise their voices and make experiences of participation. The twofold meaning also indicates the powerful position of adults in enabling or inhibiting the participation of children and young people through adult-led discourses, procedures, etc. (Featherstone et al., 2018; Skauge et al., 2021; Toros, 2020). Several approaches conceptualize participation in specific areas, such as children's homes, child protection services, schools, or daycare centers (Lundy, 2007; Prengel, 2016; Rampal, 2008). Although context-sensitive strategies to implement participation rights for children and youth are as crucial as theoretical concepts to capture the different meanings of participation and avoid adultism, Skauge et al. (2021) highlight the need to practice participation not only in particular areas, such as child welfare service provisions or daycare centers, but as a participatory practice that includes all areas of society. Acknowledging different cultures, traditions, and post-colonial viewpoints, it seems essential to bear in mind that, concerning different contexts, different problems regarding the participation of children and youth occur (Rampal, 2008). This is especially true for child welfare provisions, where the need for child protection often reduces the diverse group of service users under "risk management" (Featherstone et al., 2018; van Bijleveld et al., 2015). The presented project aims to take a closer look at the requirements of participating children and youth in residential group care.

Residential Care in Germany

Residential childcare in Germany includes different forms of residential group and foster care. Section 27 of the Child and Youth Welfare Services Act (SGB VIII) specifies the conditions and objectives of out-of-home care for children and young people who cannot live with their families (Struck & Trenczek, 2022, p. 426).

Residential group care is regulated together with "other forms of assisted living", in Section 34 of the Child and Youth Welfare Services Act, and can take place on a short, medium or long-term basis and in various childcare facilities (Moch, 2018). Children and adolescents are placed outside their family for different reasons, such as abuse and/or neglect, behavioral problems or a lack of parenting skills at home. Residential care pursues different aims, e.g. a return to the family, adoption, long-term kinship care or long-term residential care (Struck & Trenczek, 2022). There are various residential group care settings for children and youth in Germany, e.g. large, multi-group facilities, smaller specialized residential groups or children's homes. 207.052 children and adolescents were placed in out-of-home care in Germany in 2022. While 121.005 were placed in

residential care or another form of assisted living (Destatis, 2023), 86.047 were placed in foster families.

The implementation of children's rights, especially the right to participate is explicitly enshrined in the last both reforms of the Child and Youth Welfare Act in 2012 and 2021. The children's right to be heard (Art. 12 UN CRC) plays a crucial role in both reforms. Amongst other things complaint procedures and advocacy services within residential care facilities and outside the facilities (e.g. ombudsmen) are seen as an important tool to safeguard children's rights in alternative care in Germany (see also Chapter Three).

Aims of the study[2]

The aims of the presented study are manifold and outlined against the backdrop of international discourse. First, a particular focus is placed on the participation of children and young people in their everyday lives in the respective groups. While the international discourse provides sound knowledge about participation in child protection (Križ & Petersen, 2023; Skauge et al., 2021; ten Brummelaar et al., 2018; Toros, 2020; van Bijleveld et al., 2015), very little attention is paid to the experiences of participation in the daily life of children and young people in out-of-home care (Equit & Purtell, 2023). Therefore, the study focuses on experiences of participation described by children and youth in residential groups and the impact of participation processes concerning the care process. The study results reveal a strong connection between clientization processes and the ongoing case recording within the facilities, on the one hand, and participation processes framed by the organization in the everyday life of children and young people, on the other. To catch the interplay of participation in decision-making and the daily life in substitute care, a process-orientated understanding of participation seems to be crucial against the backdrop of the presented findings of the study.

Second, the study focuses on complaint procedures for children and young people in the respective facilities, such as letterboxes for complaints, group evenings, children's home councils, etc. This focus was chosen concerning Germany's current child welfare reform in 2021. The reform aims, amongst other things, to strengthen the participation rights of children and adolescents as service users in child welfare means and measures (Pluto, 2022; Storck, 2022). Participation seems equally necessary to prevent institutional violence, as documented in numerous cases in the history of children's homes in Germany and worldwide (Fegert & Wolff, 2015; Urban-Stahl, 2012). To secure children's rights in residential care in Germany, concepts and procedures for recording

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2   Each chapter of the book provides a brief overview of the aims and methods of the entire study and the specific research findings. If you have already read the design of the study, you can skip the next two sections.

the views and complaints of young residents were implemented. Complaint procedures and guidelines are intended to make the shimmering and ambiguous concept of participation manageable in an organization characterized by scarce resources, high caseloads, shift work, and sometimes high turnover among staff, children, and youth. The presented project examines whether and to what extent complaint procedures secure children and youth's experience of participation in residential groups. The study also aims to conceptualize a theoretical approach to complaint procedures in residential group care. Although complaints are seen as a strategy to safeguard the participation rights of children and youth in out-of-home care, there is a lack of theoretical concepts about complaint processes and their impact on participation in young residents' daily lives. Nor has it been clarified theoretically and empirically to what extent complaint procedures enhance disclosure and reports about victimizations of young residents. The presented study analyzes how complaint processes and child protection are connected in the facilities and under which conditions complaints enable participation.

Third, the study analyzed the power dynamics and hierarchies between young residents, staff members, and senior management within the living groups' organizational subcultures, called idiocultures. It is consensus in national and international discourse that the full participation of young residents depends on the support of professionals who are embedded in the organizational culture that influences the work of professionals (Ackermann & Robin, 2017; Caldwell et al., 2014; Dalton, 2015; Gharabaghi, 2011; 2023; Kemp et al., 2009; Kerr, 2006; McCarthy, 2016; Vis & Fossum, 2015). Empirical studies show that organizational cultures have a more significant influence on the professional actions and the participation opportunities of children and young people than the individual attitudes of social workers (Vis & Fossum, 2015; Vis & Thomas, 2009). However, the terms of organizational culture and climate are defined very differently. Whereas quantifying studies strongly emphasize the differences between organizational culture and climate and investigate clear indicators for the survey of both concepts, qualitative approaches stress the close connection between climate and organizational culture. The presented study follows the interactionist-pragmatist approach of sociological, organizational research (Fine, 1996; Klatetzki, 2019). These approaches emphasize that interactions generate organizational power dynamics. Fine's ethnography of cooks' work in kitchens shows how the reciprocal meanings of workers in the kitchen create a culture of small groups. A similar picture emerges in residential group care. Economic resources, quality standards, bureaucracy, and management guidelines provide a framework that influences staff work. However, this framework does not determine the reciprocal meanings and meaningfulness of the activities that the staff generate and reify in their actions. According to Fine (1996), idiocultures comprise "a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group, to which members can refer and which

serves as a basis for future interactions" (Fine, 1996, p. 129). This "small group culture" (ibid.) is characterized by shared experiences among its members and the accepted expectation that those members will understand the meaning of the shared experiences and act on that basis. Idiocultures in living groups provide the collectively shared narratives that enable social workers to translate children's and youth's problems into manageable problems (Klatetzki, 2019). Therefore, the conceptualized idioculture of residential group care is analyzed concerning clientization processes as they are manifold described in professional discourse (Gubrium et al., 2014; Hall et al., 2007). Power dynamics and hierarchies are embedded in these idiocultures and ongoing clientization processes. The project aimed to generate a typology of organizational idiocultures in residential group care related to participation processes (Chapter Three), complaint processes (Chapter Four), and hegemonic orders (Chapter Five).

Fourth, the COVID-19 pandemic restrictions and challenges affected the project's data collection. Therefore, the project also looks at the living circumstances of children and youth in residential groups in Germany during and after the lockdowns. Reported experiences of participation, as well as restrictions during the COVID-19 pandemic, were analyzed. Interviews with young people and staff revealed that residential care was affected by blatant quarantine regulations, which resulted in social isolation experiences for young people and exacerbated existing problems. For this reason, the study additionally addressed the experiences and challenges that residential youth had in those times and how they dealt with occurring challenges (Chapter Six).

The analysis of the data yielded new insights that went beyond the set goals of the project in the application. These were, on the one hand, the reconstruction of silence practices in the respective residential groups. The study's findings showed that participation and voicing complaints by young residents are closely connected with silencing practices[3]. The latter provides information about how participation is challenged in everyday life. This book reveals findings about practices of silencing and how silencing is related to the victimization of children and adolescents (Chapters Five, Nine, Ten). On the other hand, the important role of young people's views in capturing the challenges of childcare participation is outlined in Chapter Seven. In addition, the necessity of relational social work in the implementation of participation rights was revealed. The intertwining of relationships between professionals and young residents in terms of participation in daily life and the role of idiocultures are discussed in Chapter Eight.

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3   Silencing or silencing practices are understood as performative practices in which children and young people's utterances are silenced or, as such, are not 'heard' by adults (Magyar-Haas, 2015; Lorenz, 2020). Silencing practices play an important role, particularly in the context of disclosure of violence experienced by children and youth in different child welfare contexts and/or families (Bühler-Niederberger & Alberth, 2023; Callaghan et al. 2017; Tiitinen, 2018).

Methodology of the study

Twenty-seven residential groups of 17 child welfare stakeholders in four federal states were analyzed. The sampling criteria were an urban–rural comparison, the different concepts of the facilities, and the examination of facilities in the eastern and the western part of Germany. Children and young people with and without a family history of migration were interviewed. Two hundred thirty-three children and young people aged 6–21 were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The interviewed young residents were nearly gender balanced (117 males to 116 females) – no child or young person identified as "diverse" concerning their gender. 91 female and 49 male professionals were interviewed, with one professional identifying as "diverse" related to their gender. The gender distribution of the managerial staff was 15 females and 12 males. Fourteen facilities in the western and 13 in the eastern part of Germany were surveyed, with 17 facilities in large cities and 10 in small towns and rural areas. Each status group was interviewed separately to investigate the views on participatory processes in residential childcare on the different organizational levels (young people, professionals, and senior management). A guideline was constructed for each group discussion and interview to improve comparability. The semi-structured approach allowed us to focus on the research questions while still having the most significant possible openness to the topics of the interviewees. The interview guideline included questions on topics connected to the research objectives, like everyday life in the living groups, opportunities for participation and complaint, or the relationship to professionals. In addition, a case vignette was used to initiate discussions among the interviewees and stimulate narrations about collectively shared experiences. The vignette presented a young resident who wanted to complain. A staff member confiscated his cell phone for a week because he had not cleaned his room for an extended period. The interviewed professionals and children and youth received a modified vignette. They were asked how they would act and what they would advise the young person to do. The use of vignettes has a long tradition in qualitative research and is discussed as a helpful tool for complex or sensitive research questions (Kandemir & Budd, 2018). The classic documentary analysis of group discussions, according to Bohnsack, was used (Bohnsack, 2010). He suggests two working steps: the formulating interpretation and the reflecting interpretation. The formulating interpretation includes the analysis of the topical structure of the discussion. The reflecting interpretation outlines the structure of the discussion that reveals the organization of the discourse among interviewees. It was described how the topics (which are the subject of the formulation interpretation) are discussed and – for group discussion especially important – how participants refer to and address each other formally in their utterances. As a result, the implicit orientation of the group, the so-called "framework of orientation", was reconstructed. The typology presented here was

created using the sense-genetic type formation method (Bohnsack, 2017; Amling & Hoffmann, 2013). The tertium comparationis of the typology comprises the reconstructed orientation frameworks of professionals and young people. These collective orientation frameworks, which were reconstructed through formulated and reflective interpretation, were abstracted and categorized concerning the following three main themes:

1. rules and routines in everyday life: It was meticulously reconstructed according to which basic collective orientation rules are generated and implemented in everyday life. This included the framework of orientation of the professionals and those of the young people in each residential group. Rules in everyday life include, for example, the organization of group services, leisure activities, meal times, attendance times, group activities, etc. It also includes overnight stays with friends, contact with the family of origin, etc.
2. formal and informal participation processes: The collective frameworks of orientation about the participation of young people in the living groups were reconstructed based on narratives of professionals, children, and adolescents. The frameworks of orientation include the understanding of participation, norms, and values concerning participation, as well as narrated experiences of participation by professionals and young people.
3. formal and informal complaint processes: The collective orientations regarding complaints and used complaint procedures were reconstructed based on the narrations of young people and professionals. The frameworks of orientation contain the understanding of complaints, narrations about experiences using complaint procedures, etc.

The collectively shared orientations of professionals and young people regarding all three aspects (everyday regulations, participation, and complaints) are closely related. The reconstruction of the typology followed the considerations of documentary organizational research (Jansen et al., 2015; Amling & Vogt, 2017). The power dynamics within organizations were reconstructed based on the reconstructed typology on the one hand and analyzed expert interviews with senior management using the documentary method (Nohl, 2017). To conceptualize "power" and "power dynamics", the sensitizing concept of "hegemonic orders" was built. The concept of "hegemonic orders" is explained in detail in Chapter Five.

     All interviews and group discussions were anonymized. The data collection was carried out according to ethical standards. Children, youth, and professionals were sent detailed information about the project before the group discussions and interviews started. In addition to data protection regulations, the voluntary nature of their participation in group discussions and interviews was pointed out. Children and young people were provided with information on advocacy

services (ombudsmen). They were given the opportunity to contact either these services or the head of the research project, Claudia Equit. All participants received Claudia Equit's mobile number and email address in case they decided to withdraw their consent for the use of the interviews or if they wished to contact counseling and advocacy services. All participants were also assured that the data were being treated anonymously.

Due to the COVID-19 pandemic, the survey was interrupted between October 2019 and February 2020. The interviews collected during the COVID-19 pandemic include eight group discussions with children and young people, professionals, and senior management. The project's previous research method was modified to answer the additional questions on stressors and coping strategies during the pandemic. By switching to qualitative content analysis, as described by Mayring (2016), it was possible to examine content and themes relating to the COVID-19 pandemic, including theory-based aspects. This research method made it possible to analyze the transcribed material and determine which changes and challenges the young people discussed and how they dealt with and coped with them. The transcribed group discussions were thus coded and evaluated using theory-based categories. The main categories included, among other things, the 'challenges experienced' and 'coping strategies' used by the young people (see Chapter Six).

The following chapters of this book provide a detailed derivation and illustration of the results based on interview excerpts. A summary of crucial findings of the research project is presented in the following.

Key results of the study

Three different types of organizational idiocultures were reconstructed in the respective residential groups. Participatory, routinized, and oppositional organizational idiocultures have been analyzed. These three types contain different dimensions, especially the dimension of participation (outlined in Chapter Three), the dimension of complaint procedures (presented in Chapter Four), and hegemonic organizational orders (explained in Chapter Five).

In participatory idiocultures, professionals and management are oriented to individual concerns and problems of children and adolescents. The focus is on cooperation and the search for joint solutions in which the children and adolescents are involved and experience participation, as outlined in Art. 12 UN CRC. The senior management is present in the group's daily life and communicates the expectation that professionals should cooperate with children and adolescents. Young residents reported that they were involved in the process of searching for joint solutions to their problems using professionals. They also reported having a say concerning group decisions and events in everyday life. The children and adolescents talk about appreciative and trusting relationships

with the professionals. They know their rights and share diverse experiences of complaining and being heard. Ten of 27 facilities were assigned to this type.

In routinized idiocultures, professionals and young residents focus on existing routines and fixed rules carried out in everyday life without explicitly coordinating or discussing them. Professionals declare that individual concerns of children and adolescents are taken seriously if the problems are considered important from the professionals' point of view. Professionals and senior management evaluate routine and fixed daily structures as helpful and suitable for children and adolescents' development and learning processes. The addressees take it for granted that professionals set the daily routine. A paternalistic hegemonic order was reconstructed in these facilities. Professionals and management enforce guidelines and rules on children and adolescents. They are convinced that professionals know best what is suitable for the development of children and adolescents. Participation and complaint processes are bureaucratized in these facilities and are geared to the group's concerns. The paternalistic hegemonic order often does not allow the joint search of professionals, children, and adolescents, especially for solutions to individual concerns and complaints of young residents. Group concerns and complaints will most likely be heard and acknowledged when they fit into the given routines. Thirteen of 27 residential groups were assigned to this type.

In living groups with an oppositional idioculture, professionals position themselves against the group of children and adolescents. At the same time, the creation of a supposedly "normal" everyday life is emphasized. Professionals use sanctions and disciplinary measures to enforce their concept of a "normal" life on children and adolescents. Massive conflicts between young residents and professionals characterize daily life. The hegemonic order is dominated by the (violent) enforcement of the strict guidelines of the professionals and senior management in all areas of life using discipline and coercion. Dissenting opinions are not discussed because they do not occur or are not allowed. All forms of institutional violence occur between staff and young residents, such as verbal violence, bullying, and, in one case, physical violence. There is no evidence of complaint practices in oppositional idiocultures. The formally established complaint procedures had no benefit. Professionals dismissed complaints from children and young people as nagging, harassment, and unwillingness to abide by non-negotiable rules. Children's rights are not guaranteed in these facilities. In total, three out of 27 facilities were assigned to this type. One divergent case could not be classified with the typology.

Critically, all facilities, including those in which violence was systematically perpetrated against children and adolescents, formally demonstrate a complaint procedure and, according to the evaluation of the Federal Child Protection Act in Germany in 2015, they fulfill the standards for the implementation of children's rights (BMFSFJ, 2015). It is, therefore, crucial to theoretically frame and classify the underlying complaint processes in the facilities, which are diverse.

The impact of complaint procedures in living groups

Formal complaint procedures do not explain how children and adolescents' complaint processes proceed in facilities. The idioculture of the residential groups is decisive for the complaint procedures. It determines whether children and young people feel they have a say in everyday life or are silenced. How complaints are evaluated by staff is shaped by the respective idioculture. The latter consists of a shared understanding of professionalism, participation, complaint, etc. Some teams in the residential groups have worked together for a very long time and have an almost traditional knowledge of "professionalism" that they pass on to new staff.

The prevailing hegemonic order (hierarchies and power dynamics) is part of the respective idiocultures. Hegemonic orders determine the staff's scope of action. Depending on the idioculture of the residential group, which determines what professional action should look like and which hierarchies exist in the facilities, complaint procedures are either professionally desired and encouraged (participatory idiocultures) or assessed as problematic because individual complaints do not fit into given routines (routinized idioculture). In oppositional idiocultures, complaints are evaluated by the staff as a supposed expression of the young residents' supposedly "bad" character.

Complaint procedures are based on narrative practices (Klatetzki, 2019). In particular, the positioning approach proved helpful for analyzing complaint processes in the respective residential groups (Harré & Moghadam, 2003; Hirvonen, 2013). When a child or young person uses the complaint procedures or expresses a complaint as such, a change of position is sought from the addressee's position to the complainant's position. The change of position is associated with a new status with different rights and obligations. Communicating confirmation by the respective professionals is necessary to realize the change of position. These are the so-called first-order positionings (Hirvonen, 2013). Similarly, a change of position can be envisaged for professionals, for example, from staff member to complaint officer. In both cases, mutual communicative validation is essential. While the formal complaint procedures suggest relatively uniform processing and examination procedures of young residents' complaints, the empirical reconstructions show that even within the framework of these formal procedural steps, conflicts are conducted over differentiated positionings that prevent the continuation of complaints by children and adolescents. These second-order positionings, in which the position assignment becomes the subject of the conversation, are accompanied by norms and values in which children and adolescents are addressed and reified as supposedly good or bad clients. Because complaint procedures are narrative practices, they are connected to processes of clientization in the respective facilities. Young residents are assessed as supposedly "good" or "bad" clients during and beyond the complaint process, especially when using formal complaint procedures (not informal conversations).

Therefore, the use of complaint procedures impacts the provision of care because the process of clientization is about reifying meanings in professional groups and casefiles (Järvinen, 2014). It perpetuates assigned attributes, e.g., through duty books, care plan protocols[4], and stories that staff tell each other about the children and young people. Complaint procedures are part of this process, although the defined roles, such as complainant and complaint manager, promise a process separate from the usual roles (caregiver and cared-for) and implicit hegemonic orders.

The study's findings suggest that the behavior of young residents, labeled deviant by professionals, expresses a struggle to acknowledge complaints that staff members do not recognize. These resistant forms of "complaining" by children and adolescents include running away from facilities, verbal abuse of staff, deliberate breaking of existing rules, etc. The study's findings suggest that young residents choose these resistant complaints to circumvent the clientization process closely connected with using complaint procedures. Resistant complaining also highlights the limitations of complaint procedures within residential groups: young residents criticize the practices of professionals involved in the care process (Chapter Four). The professional discourse does not address these resistant practices by young residents as a youth-led kind of participation. It does not correspond to the typical concepts of "voice" (Lewis, 2010; Lundy, 2007).

In addition, practices of "silencing" by professionals towards addressees in connection with complaints were reconstructed (Chapters Four, Five, Nine, Ten). Silencing (Geiss & Magyar-Haas, 2015; Lorenz, 2020) is a practice to prevent and suppress possible complaints of children and adolescents. Research findings demonstrate the minimal scope of children and adolescents when voicing complaints and seeking agency. Given the large, criteria-driven sample, it can be assumed that the generated typology and the explanations of the complaint processes reflect the variance of residential care in Germany.

The research results also demonstrate the diverse challenges children and young people faced during the COVID-19 pandemic. By classifying the much-used metaphors of the *magnifying effect* and the *catalyst*, the evaluation of the results made it possible to show which problems of the young people have intensified like a *magnifying glass* or which processes in the residential groups have been accelerated like a *catalyst* (Chapter Six). In the participatory idioculture, the young people mainly talked about a considerably changed everyday life. They experienced new rules in the daily life of the residential

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4   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

group, such as the mask obligation and no more common meals, as well as restrictions in their activities, for example, that they could no longer meet friends, group activities no longer existed, and they had to stay in their rooms. In addition, youth reported a lack of technology equipment for schooling from home and digital leisure activities such as television. Youth in residential groups with a routinezed idioculture reported changes in daily routines and a lack of technical equipment. In one facility with a routinized idioculture, the place of learning was moved from the living group to the empty school rooms. In routinized living groups, many additional rules and routines were introduced. The young people were not allowed to visit their families for several weeks at the beginning of the pandemic; they were only allowed to eat in small groups and without the professionals, and they had to keep a safe distance from each other. In both idiocultures, the adolescents had to endure strict quarantine rules. They were not allowed to leave their rooms for several weeks if they had contact with infected people and fell ill.

In addition to the changes at the organizational level, there were individual and subjective challenges that the young people had to cope with. Limited contact with significant others, increasing difficulties in school learning, fears for the future, worries about family members, and strict quarantine with several weeks of self-isolation are just a few examples. Thus, the pandemic acted as a *magnifying glass* by making problems such as lack of equipment and few social contacts particularly visible. The pandemic also acted as a *catalyst* by making personal needs less important and deteriorating relationships between youth and professionals.

When young people enter residential care, they must adapt to the given idioculture of the respective residential group. Concerning the implementation of participation rights, Chapter Seven highlights that the extent of participating in daily life largely depends on personal abilities such as expressiveness or cognitive and social competencies. These findings align with international studies on barriers to young people's participation (Pithouse & Crowley, 2007; Diaz et al., 2018; 2019; Bessell, 2011; Shemmings, 2000; Vis & Fossum, 2015). Whether young people can profit from participatory offers in residential childcare depends on how much their orientation and habitualized scripts match the idioculture of the specific group they are assigned to. In residential groups of the routinized type, for instance, young people who adhere to daily routines and rules and focus on their personal achievements and (school) performance report more satisfaction than those who are more oriented toward independence and want to shape their daily life individually and spontaneously. Different matching patterns could also be identified regarding the communication styles of the respective residential groups and young people. Drawing on expanding the discretionary space (Lipsky, 2010), the chapter shows how such habitual differences between young people and professionals can lead to a partly reversed generational order and jeopardize the general participatory culture in this residential group. Reflecting

on the limitations of the project, it is finally discussed how socio-biographical conditions could influence young people's ability to fit into educational contexts and institutions such as residential group care.

The role of adults in supporting young people to participate in decisions that affect their lives is set out in professional discourse. The project's findings highlight that the living groups' idiocultures shape the understanding, knowledge, and meaning of relationships and emotions of young residents and professionals (Chapter Eight). The idioculture of a living group includes the knowledge and assessment of what relationships should look like and what emotions are considered "appropriate" in everyday coexistence. Idiocultures are the basis for relational social work in the facilities and the key driver for children and young people to experience full participation in everyday life. Children and young people in participatory residential groups described appreciative relationships with professionals. They show mutual understanding with their roommates, even if they sometimes have contradictory opinions. The residents see the children's home as a community where not everyone is best friends, but there is mutual respect. This type of solidarity has been reconstructed in various cross-group discussions of participatory idiocultures. In contrast, relationships are characterized by ambivalence in routinized residential groups. Mutual respect and trust are described in group discussions, as well as experiences of racism by professionals, body-shaming, and other forms of devaluation. All routinized residential groups have one thing in common: collective rules take priority over building trust and relationship-oriented social work. This concept contrasts relational social work in participatory settings, where individual relationships with others are valued as a prerequisite for professional action. In routinized facilities, professionals see themselves as a team that coordinates with each other to ensure that existing routines and rules are adhered to. Children and youth describe their relationships with professionals in living groups with an oppositional idioculture as tricky. They express pronounced distrust and report disappointments, bullying, and violence. They describe a variety of devaluations and express great anxieties about their future. The children's and young people's narratives show that their trust in reliable and helpful relationships has been permanently disturbed.

The project's research findings also show that voicing and silencing are explicit gaps for violence and power dynamics in residential care (Chapter Nine). The analysis of complex practices of silence in the context of violence in residential childcare is shown and explained in detail (Chapter Ten). The paper concludes with a summary of the question: what do we know about practices of speaking and silence in the context of violence and power dynamics in residential childcare? Violence is conceptualized as a phenomenon that is related to practices of silencing. Manifold connections between bodily experiences of abuse of power and violence are shown related to practices of silence among children, adolescents, and professionals in residential care. A classification

of active and passive practices of silence shows that children, youth, and professionals are restricted in their participation and complaints by practices of silence and concealment.

Conclusion

The summarized results of the study demonstrate the diversity of residential care and professionals' efforts to implement children's rights and ensure children's participation. They also show the challenges and violations of children's rights in the daily lives of young residents.

The study results are summarized in detail in the chapter 'Conclusions'. However, it is evident that the ideas and wishes of when and how children and youth want to participate differ fundamentally from the professionals' viewpoints and assumptions. In addition to their knowledge of children's rights, professionals in participatory idiocultures are characterized by their awareness of this gap and their ability to work with it. They systematically ask the children and adolescents about their viewpoints and challenge them to find solutions together. This also means that although there are rules that structure everyday life in the facilities, the professionals reflect on these rules and change them depending on the situation. This kind of professional work with children and young people is very reminiscent of the attitude with which Janusz Korczak describes situations in Dom Sierot's orphanage in Warshaw (Korzcak, 1967/2018). Korczaks described the search for the lost things of children in the orphanage, the search for standard rules for living together, and the created journal. They collected comments on the chalkboard, which describes the idea of participation. Sharing children's problems, concerns, and wishes, the self-evident insight that living together means thinking and organizing power dynamics; all these ideas are aspects of a participatory idioculture in living groups. Korzcak demonstrates that daily life in a participatory setting does not mean harmony and a relaxed atmosphere. However, children's participation allows them to clarify conflicts and appreciatively relate to themselves and others. This aspect is often called a "good atmosphere" in participatory residential groups in the research project.

Also, participation is not seen as always "positive" or "helpful" for service users. In searching young residents for discretionary spaces, the described forms of resistance can be seen as participation that denies or circumvents organized participation by adults. What does participation mean for children and youth beyond the requirements of an organization? The findings of the project reveal that participation is linked to agency, especially when deviant behavior is not only seen as a kind of rule-breaking and resistance but as a way for young service users to gain more power in their own everyday lives or in demonstrating a critique that could not be voiced for different reasons. Therefore, it will not be enough to locate participation in the voice of children and young people which

adults hear. The study results show deviations, resistance, and escape from the facilities as a struggle for self-determination or participation in young people's lives beyond clientization in care provisions.

Limits of the study and participation

The described and analyzed facilities are embedded in a child welfare system with low resources, high caseloads, sometimes a rapid change of children and youth, bureaucratic reports, etc. Because of the chosen focus on the idiocultures of the living groups, it was impossible to capture the entire organizational culture of the stakeholders. Sometimes, the senior management interviewed reported on their strategies to present their "professionality" to the different expectations of the staff in youth welfare offices. Sometimes, the management described the problems they had when they empowered youth in criticizing their care plans, but the staff members of the child welfare office refused to accept the critique of the young service users. Child welfare offices in Germany are located within municipalities. The methods and requirements of the youth welfare offices vary greatly. Often, very different youth welfare offices are responsible for the children and adolescents of one stakeholder. There is a lack of research on the impact of these connections and power dynamics between residential group care and youth welfare offices on participation and complaint management. The presented study cannot close this gap because the focus was on daily life within the facilities.

In addition, the project did not use participatory research methods, although it focuses on participation processes. The decision not to work with young people in a participatory way was based, on the one hand, on the large sample of the study. The goal was to capture the diversity of children, youth, professionals, and residential groups to get an overview of different forms and practices of participation. This was not feasible with participatory research methods. On the other hand, the researchers also interviewed those children and youth who reported experiencing bullying, racism, and stigmatization by professionals. Participatory research methods remove the anonymity of interviewed persons. When young residents express serious problems and criticism, it must be ensured that their protection is guaranteed in the facilities even after the project has ended. However, the scope of science in child protection interventions is limited. For ethical reasons, participatory research methods were not used.

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3. "This is your home, that's what it's supposed to be": Participation in Residential Care

Claudia Equit

Abstract

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This chapter presents the results of the study "Participation in Residential Childcare", funded by the German Research Foundation (DFG)[1]. The focus is on the processes of participation in the daily lives of children and adolescents in residential group care and how participation rights can be safeguarded. The connection between participation and victimization in the living groups is also presented and discussed. Based on the research results, a typology is presented that locates participation in everyday life against the background of existing organizational idiocultures within the facilities. An important review from Antonina Milinkovic, a care-experienced person, is added to make the knowledge and voice of young people who grow up in out-of-home care visible. Some conclusions are presented at the end of the chapter.

Participation in alternative care

The English word participation describes different forms of social engagement (Lansdown, 2010). The presented study focuses on participation, as outlined in the Children's Rights Convention (UN CRC), especially Art. 12.

"1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings

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1   Project No. 419403819.

> affecting the child, either directly, or through a representative or an
> appropriate body, in a manner consistent with the procedural rules of
> national law". (Art. 12,1 UN CRC)

Participation is conceptualized as a right to express children's views freely in all matters affecting them. Knorth et al. (2018) suggest distinguishing between activities that aim to participate in children and youth, on the one hand, and the level of participation on the other (Knorth et al., 2018). The presented project focuses on activities or procedures to secure the participation of children and young people in residential group care, such as group evenings, letter boxes for complaints, youth councils of children's homes, etc. Theoretical approaches to participation primarily discuss the level of participation. They serve as a basis to evaluate activities as participatory or not. Especially Roger Hart's ladder of participation presents a ranking for the level of participation. Hart (1997, p. 113) describes and evaluates the levels of decision-making power and the subsequent consequences for children and young people in different global contexts. Eight rungs were presented from manipulation up to child-initiated shared decisions with adults (ibid.). Although his model is often mentioned with regard to the implementation of participation rights in alternative care, it is criticized that the ladder rungs of participation do little or nothing to capture and reveal the underlying power dynamics of participation processes, which ultimately determine the concrete possibilities of participation for children and young people. Current models to conceptualize participation in out-of-home care deny the ranking of participation. The focus is on important dimensions of participation that should be fulfilled and adapted to the different contexts of social work. Laura Lundy's model offers a reference to the implementation of participation in organizations, such as residential group care (Lundy, 2007). She proposes "four separate factors" to be considered in the implementation of Art. 12, UN CRC. These are *Space, Voice, Audience,* and *Influence* (Lundy, 2007, p. 932). In order to guarantee the participation of children and young people: *Space* is needed to give children and young people the opportunity to express their views; *Voice* is a precondition for children and youth to express their point of view; an *Audience* must be given that will listen to them; and *Influence* should guarantee that the facility acts upon expressed views (ibid., p. 933). The organization must ensure that the aforementioned conditions are met. Participation is ensured only when the four preconditions are fulfilled. Therefore, Lundy's model is very important for alternative care because it provides criteria by which organizations implement participation. Lundy's model challenges assumptions that children and young people do not have the capacity for participation (Mekada, 2011; Thomas & Percey-Smith, 2010) and has many applications in research and practice in alternative care (Eberitzsch et al., 2021; Kennan et al., 2019; Magalhães et al., 2021). The model of the Meaningful Participation Assessment Tool (MPAT) created by Middel et al.

(2020) responds to the need for participation models specialized in child protection services. Meaningful participation is described as the core aspect of participation according to Art. 12 UN CRC. Bouma (2019) generated three core dimensions: *informing*, *hearing*, and *involving*. Informing stresses that children and youth can be informed about several issues regarding their participation in child protection services. The dimension of hearing highlights the necessity that children and young people should have the opportunity to voice their concerns. The dimension of involving means that children's and youth's voices must be heard before the decision is made (Middel et al., 2020). The model of meaningful participation questions the idea of rungs that determine the value of participation. Meaningful participation is operationalized in 13 items that represent different forms of participation in child protection agencies (ibid.). While Knorth et al. (2018) highlight the difference between activities to aim at participation and the level of participation, MPAT stresses that both aspects are two sides of one medal.

Children and young people in residential childcare face numerous challenges. Compared to peers growing up in families, they show higher rates of victimization (Cyr et al., 2012; Indias et al., 2019; Mazzone et al., 2017; Segura et al., 2015). They are also confronted with risks and challenges caused by alternative care itself. Looked after children and adolescents experience "higher risks of lower educational attainment, dependency on social welfare and higher risk of homelessness, imprisonment, unwanted pregnancy, early parenthood, substance misuse, self-harm and suicide" (Committee on the Rights of the Child, 2016; p. 14-15; Evans & Coccoma, 2014; González-García et al., 2017; Kääriäla & Hiilamo, 2017; Keller, 2021; Okpych & Courtney, 2018; Seidler et al., 2018). Safeguarding children's rights plays a crucial role in preventing victimization in child welfare facilities. In addition, enabling participation and agency are important objectives regarding the implementation of children's rights in alternative care. Therefore, participation is not only an "overarching principle" (Tisdall, 2015, p. 185) to implement children's rights, but it is also challenging for children and young people in alternative care itself. Pert et al. (2017) stress that children and youth in residential childcare often experience a fundamental disregard for their rights within their families. At the same time, they are confronted with decisions that affect their lives to a significantly greater extent compared to their peers living in families. Thus, staff members must promote experiences of participation of children and youth in residential group care as well as support their participation in decision-making processes. However, several studies highlight the variety of barriers regarding the implementation of participation in the facilities (Barnes, 2012; van Biljeveld et al., 2015; ten Brummelaar et al., 2018; Carra, 2014). Research findings point to the fact that the attitude and knowledge of professionals are not the only key factors for the implementation of participatory rights, even though this is an important prerequisite (Dalton, 2015; Gharabaghi & Groskleg, 2010; Kellett, 2009; Lulow et al., 2014; Oliver & Darymple, 2008). Rather, the

organizational culture in the facilities appears to be an important foundation for children and young people to experience participation in their daily lives within the living groups (Equit, 2023; 2018; Parry et al., 2008).

While numerous studies examine the role of participation in decision-making processes in child protection (Križ & Petersen, 2022; ten Brummelaar et al., 2018; Toros, 2021; van Bijleveld et al., 2015), few studies look more closely at participation in the daily lives of children and young people in alternative care, despite evidence that experiences of participation promote children's well-being (Magalhães et al., 2016; 2018; 2020) and have positive outcomes of care (Equit, 2018; Brady et al., 2019; McCarthy, 2016). It is rarely analyzed if and to what extent the implementation of participatory rights reduces the victimization of children and adolescents within residential care facilities (Eberitzsch et al., 2023; Equit, 2023). Due to residential group care, participation is distinguished into formal and informal participation (Equit, 2023; Pålsson, 2023). All procedures and committees that provide opportunities to voice concerns and opinions are counted as *formal* participation, such as group evenings, child and youth parliaments, children's home councils, letter boxes for concerns, wishes and complaints, and so on. *Informal* participation focuses on negotiations and discussions between staff and young residents. The results of the presented study highlight that informal participation provides the foundation for safeguarding children's rights and participatory processes in residential group care.

Participating Children and Young People in Residential Group Care in Germany

Children and adolescents who cannot stay with their parents, due to abuse and/or neglect in the family, behavioral problems, or poor parenting skills, are placed in foster care or residential group care facilities in Germany. Children's homes and foster care both are used in almost equal proportions in Germany (Ainsworth & Thoburn, 2014; Kindler, 2016).[2] Within residential group care in Germany, there is a wide variance in terms of clients, programs, and organization. Many residential groups specialize in different needs and requirements of young people, for example, some groups accommodate girls or young refugees only. Some groups focus on young people who cannot be reunited with their families and many groups have special therapeutic or educational programs.

The implementation of children's rights in alternative care is currently enshrined in Germany by the Child and Youth Welfare Act (SGB VIII) and by its reform in 2021. The children's right to be heard (Art. 12 UN CRC) plays a crucial role, which was adopted in the Child and Youth Welfare Act (SGB VIII). Children and young people in residential group care have the right to turn to the staff of the Youth Welfare Office if they want to complain and/or if their rights are

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2   Alternative Care in Germany is described in detail in Chapter 2 (Key results from the study).

violated. Some interviewed children and youth in the presented study reported that they had chosen this way once or twice. Children and adolescents also have the right to contact advocacy services. In Germany, the expansion of external advocacy services (ombudsmen) for children and young people in alternative care has been legally stipulated for each federal state since the amendment of the law in 2021 (cf. § 9a SGB VIII). The presented study, conducted from 2019–2022, reveals that these external advocacy services are not known by all 233 interviewed children and young people.

Since 2012, the implementation of the participation rights of the UN CRC should be legally ensured in German residential group care using formal participation and complaint procedures within the facilities (§ 45 SGB VIII). Children and adolescents in children's homes can voice their opinions and complaints using these formal procedures, which are present in great variety. They range from weekly group meetings to inter-facility home councils and child parliaments. Some facilities provide letterboxes for written complaints or formal procedures in which children and young people can send their written requests to the staff team or senior management. In addition, sometimes providers of residential groups offer the possibility for children and young people to contact so-called ombudspersons[3]. These are volunteers, such as retired judges or former social workers, who mediate as independent parties between the children and young people, on the one hand, and the professionals, on the other, in case of conflict. A survey from 2015 showed that almost all residential childcare facilities submitted a draft for participation and complaint procedures (BMFSFJ, 2015, p. 97ff). However, no participation or complaining processes were investigated in the respective facilities. The presented study provides the first comprehensive insight into the use and impact of participation and complaint procedures for children and youth in children's homes in Germany.

Methodology and objectives of the study[4]

The project "Participation in Residential Childcare" was funded by the German Research Foundation (DFG), No. 419403819. Claudia Equit led the project in collaboration with research assistants Antonia Finckh and Julia Ganterer, and with Elisabeth Thomas analyzing the impact of the COVID-19 pandemic on children and young people in the respective living groups.

The presented study is in line with the understanding of participation as it is emphasized in Art. 12 UN CRC. However, the term participation was not defined

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3   Ombudspersons do not work in advocacy centers or ombudsmen services. They were mostly volunteers who would like to support children and young people in alternative care.

4   Each chapter of the book provides a brief overview of the aims and methods of the entire study and the specific research findings. If you have already read the design of the study, you can skip this section.

entirely because the aim was to analyze the understanding of participation by children, adolescents, staff, and senior management. Therefore, how children, youth, and staff described – from their point of view – situations in which participation was evident was reconstructed. The legitimation of rules in the facilities was analyzed, and complaint processes from the very different views of professionals and young residents were examined. They include experiences of children, young people, and professionals using formal complaint procedures, as well as voicing complaints in informal ways. Organizational and informal hierarchies and power dynamics that emerged within this context were also reconstructed.

Twenty-seven residential groups of 17 different providers in four federal states were studied[5]. The sampling criteria were an urban–rural comparison, the different concepts of the facilities, and the examination of facilities in eastern and western Germany. Children and young people with and without a family history of migration were interviewed. In total, 233 children and young people aged 6–21 were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The sample includes almost an equal distribution of male and female children and youth (116 females to 117 males). No child or young person identified as "diverse" regarding their gender. In total, 91 female and 49 male professionals were interviewed with one professional identifying as "diverse" regarding their gender. The gender distribution of the managerial staff was 15 females and 12 males. A total of 13 facilities in the eastern part and 14 facilities in the western part of Germany were surveyed, with 17 facilities located in large cities and 10 in small towns and rural areas. Children, young people, and professionals were sent detailed information about the project before the group discussions and interviews. In addition to data protection regulations, the voluntary nature of their participation in group discussions and interviews was pointed out. Children and young people were provided with information on advocacy services (ombudsmen) and were given the opportunity to contact either these services or the head of the research project, Claudia Equit.

A content overview was prepared for each interview and group discussion to provide an overview of the topics discussed and statements made by interviewees. The content overviews of group discussions with youth and professionals as well as the content overview with the senior management built the foundation for the case construction, served in the selection of the in-depth analysis, and helped to generate a typology. From a total of 27 cases, 15 cases were analyzed in detail and a first typology was built (Bohnsack et al., 2019). Based on the content overview, the 12 remaining cases were subsequently categorized as developed types. One divergent case could not be classified with the typology. Each type included implicit, collectively learned, and shared assumptions from children,

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5   The presented sample includes interviews and group discussions before and during the COVID-19 pandemic.

young people, and staff members about the organization of their daily lives within the group.

The term organizational culture is conceptualized as a negotiated order that is grounded in interactions between participants (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963). The negotiated (hegemonic) orders and hierarchies between management, staff members, and children and adolescents were analyzed. Resources and hierarchies provide an important framework for work as well as the narratives and meanings created by actors themselves (Fine, 1996). Against the background of the definition of organization by Fine, idiocultures in residential care are defined "as a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis for future interaction" (Fine, 1996, p. 129). These "cultures of small groups" (ibid.) are characterized by shared experiences and meanings of actors. Based on this understanding, the group discussions and interviews present shared meanings and experiences of professionals' work. Explicit rules and regulations used to structure daily life in the living groups, as well as the implicit knowledge and habitualized practices within these groups, were analyzed. Participatory processes and opportunities of participation are embedded in these routines and collectively shared meanings and were reconstructed in these contexts.

Results

Idiocultures in residential groups as key drivers for participation

Opportunities and experiences for participation of children and adolescents in residential groups depend on the idioculture within these groups. Idiocultures serve as key drivers for the participation of children and adolescents in daily life in their living groups. Neither participation and complaint procedures (e.g., group evenings, home advisory boards, etc.) nor specialized group programs (e.g., therapeutic interventions, educational programs, etc.) influenced the participation opportunities and participation of children and adolescents. The idiocultures of the residential groups determine how daily life is organized, which events are named as problems, and which solutions emerge from within their perspectives. Likewise, idiocultures have a significant influence on how and to what extent children and adolescents can have a say in daily life.

Residential groups that belong to the same provider had different idiocultures, even if they shared participation and complaint management entirely, e.g., a child and youth parliament. We examined providers whose management very actively promoted the implementation of participation and children's rights. However, not all residential groups examined brought them out. While there were residential

groups with participatory idiocultures where children and adolescents reported a variety of opportunities for participation, at the same time professionals of other residential groups of the same provider silenced children and young people when they complained.

Three very different types of idiocultures of residential groups were analyzed: participatory, routinized, and oppositional idiocultures.

Participatory idiocultures in residential groups

In total, ten of 27 residential groups were assigned to the participatory type of idiocultures. Professionals and management are guided in their professional actions by the wishes and needs of the children and adolescents. Professionalism is explicitly understood as responding to the needs of children and young people and coping with demands and problems in everyday life and in relation to biographical experiences. The professionals work closely together; the manifold negotiation processes between staff, children, youth, and the management are coordinated by the staff team. The focus is on creating a good 'atmosphere' in which children and young people feel comfortable. Children and young people describe the residential group as a good place to live. They report appreciative relationships with staff and self-organized leisure time activities. The following quote from a focus group with young people illustrates the vivid and relaxed atmosphere of the residential group:

> *Interviewer[6]:* How do you find life here, how are you? [...]
> *Marcel:* Well, it's very relaxed.
> *Irina:* Well, I definitely find it better compared to home. For my part, a huge burden has really been lifted since I've been living here. The only thing that annoys me a lot is that you really have to do everything on your own (shopping, laundry, etc.). [...] definitely find it better and more relaxed here.

Youth in participative idiocultures report relaxed relationships and also good conversations with staff members when they want to talk to them. They report about a positive atmosphere in the group which is a characteristic of the type.

Frequent and binding negotiations between staff and young residents, as well as working on trusting relationships, build the foundation in participatory idiocultures. Trusting relationships are explicitly demanded by the senior management.

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6   All quotes from group discussions and interviews have been translated from German into English.

The power dynamics within participatory idiocultures, which are conceptualized with the sensitizing concept of hegemonic orders,[7] are characterized as cooperative. Senior management present themselves in group discussions as well as in expert interviews in a clear leadership role. They develop and explain their specific perceptions regarding professionalism: mutual exchange of ideas and information, constant collaboration, and collective reflection about how to support children and young people. The respective senior management sets guidelines when his or her responsibility and competence require this. At the same time, they repeatedly ask the professionals for their opinions and convictions and are willing to find a consensus. Professionals as well as management consult with each other and intensively discuss the needs and problems of the children and adolescents.

Participation of children and young people

Professionals promote the participation of children and adolescents in daily life using formal procedures, e.g., group evenings, child and youth parliaments, home councils, etc., as well as informal opportunities, e.g., spontaneous discussions and negotiations between staff, children, and youth.

> *Mr. Meyer:* I'm thinking of Justus, for example. Young people who already had everything behind them were kicked out everywhere and stayed in this residential group for a really long time. In the beginning, they got along with very few arrangements and settled in. And they have [...] become more and more attached to us over time. You can see that our way of working works really well. [...] we adapt to the young people.

Mr. Meyer mentions the troubles and challenges the team was faced with regarding Justus and other adolescents who were often absent and experienced many breakdowns of care. The professionals set only a few rules and agreements that helped them bind young people to the group. Professionals adapt their rules and work regarding the needs and experiences of children and young people.

Professionals as well as management reflect in group discussions in many ways, how they can adapt the setting and institutional environment to the needs of children and youth to enable them a satisfying daily life and solutions to

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7   Hegemonic orders is a term that was used as a sensitizing concept to reconstruct and conceptualize different power dynamics and hierarchies within the residential groups (Kelle & Kluge, 2010). Hegemonic orders contain three different levels: 1. Power dynamics between clients and professionals (Gubrium & Järvinen, 2014; Urban-Stahl, 2012), 2. Generational orders and adultism (Alanen, 2001; Bühler-Niederberger, 2005) as well as 3. Organizational hierarchies and professional perceptions (Titiinen, 2018).

social problems. They encourage children and young people to express their wishes and voice their complaints in order to collectively find solutions. They also focus on agreements with children and young people to motivate them to work on goals that are set in care plans[8], improve in school, or deal with drug problems. Relationships build the foundation for negotiations, working on problems, and important agreements between staff and young residents. The narratives of professionals, children, and young people contain descriptions of participatory processes and practices. Professionals were well-informed about children's rights. They had various methods and concepts for informing children and young people about their rights in daily life.

Professionals talk about children and young people appreciatively. Children and young people report a wide range of opportunities for participation, e.g., planning leisure activities, participating in staff application procedures, request for TVs in each room, etc. Participatory residential groups had very different participation and complaint procedures. No connection between a specific participation and complaint procedure and the extent of participation was identified, but children and young people presented a wide knowledge about their rights and how to use complaint procedures. In conflicts with professionals, children and young people in participatory idiocultures have the opportunity to show solidarity with each other to lend their arguments more weight. At the same time, children and young people often simply use informal channels, such as discussions with professionals, to express wishes or clarify important issues. Some professionals report that they actively support children and young people in care conferences, e.g., to negotiate with the youth welfare office about the charge they have to pay from their training salary, etc.

Routinized idiocultures in residential groups

Thirteen of 27 residential groups were categorized as routinized idiocultures. Professionals as well as children and young people focus on established routines and procedures that structure daily life. The daily routines are well-known and accepted by all interviewees. The rules and daily tasks for children and young people within the groups (e.g., providing services, tidying up the room, etc.) are carried out as if it was the most natural thing in the world. The professionals ensure through control practices that the tasks are fulfilled. Professionals evaluate daily routines as helpful and good for the development of children and adolescents.

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8   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

Hegemonic orders in routinized facilities are characterized as paternalistic. Paternalism refers to the enforcement of guidelines and curtailment of the freedom of others by justifying that the well-being of others will be safeguarded (Steckmann, 2014). The paternalistic order decisively shapes the perception and actions of professionals and senior management. Professionals rationalize the rigid daily routines as beneficial for children and young people. They impose many duties and sometimes neat time schedules on children and young people, and they check whether they comply with the set tasks. Children and young people are given little say regarding their daily lives. While professionals assess their knowledge and competencies as superior to those of children and adolescents, their narratives show that many interviewed professionals had knowledge gaps regarding children's rights and how to implement them in daily life. Interviewed staff stress the deficits children and youth have from their point of view. Silencing practices play a crucial role in routinized idiocultures. Children and adolescents described that their complaints about rigid rules in daily life, racist jokes, body shaming practices, etc. by professionals were silenced. They were admonished not to make "trouble". In one case a young person was threatened that he or she would be excluded from the facility if repeating complaints. Professionals rationalize silencing practices by pointing out that the concerns of children and young people were not 'appropriate' or in the best interest of the child. The reconstruction of the hegemonic order shows that professionals silence[9] young people because they fear the critique and sanctions of the management. Group discussions with professionals show practices of silencing among professionals, e.g., the senior management interrupted staff members in group discussions when they explained their contrary opinions on important topics. Professionals reported that they were controlled, manipulated, and silenced by the management. They had to amend their reports about children and young people's development, they were silenced regarding conflicts with the parents or family members of the children and adolescents, professionals were excluded from care plan conferences, etc. (Chapter Five).

Participatory processes and participation in routinized idiocultures

Participation is mostly bureaucratized using committees with fixed rules and timeslots, procedures that weren't at all child-friendly, and routines that were predefined by staff. Children and young people are required to make written

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9   Silence or silencing practices are understood as performative practices in which children and young people's utterances are hushed or, as such, are not "heard" by adults (Magyar-Haas, 2015; Lorenz, 2020). Silencing practices play an important role, particularly in the context of disclosure of violence experienced by children and youth in different child welfare contexts and/or families (Bühler-Niederberger & Alberth, 2023; Callaghan et al. 2017; Tiitinen, 2018).

requests for which, after a week or two, they receive a decision from the team. Written forms must be used for complaints in letterboxes. Although professionals, children, and young people share the conviction that children and young people should be heard if their concerns are justified, children's and young people's narratives show manifold problems and difficulties. Young residents describe the loss of experiences of participation in important areas of their life, e.g., making friends, organizing leisure time activities, cooking for themselves and eating what they prefer, learning to shop with little budget, etc.

> *Interviewer:* [...] What I haven't quite understood yet is how you experience everyday life here. What is it like for you? That's not quite clear to me yet. How do you feel about it here? How is it for you to live here?
>
> *Alice:* Exhausting.
>
> *Interviewer:* Exhausting?
>
> *Alice:* Sometimes yes.
>
> *Quentin:* When you think about it.
>
> *Stefanie:* Yes, there are ten of us together and you don't like everyone. And some people get on your nerves. (laughter) And you also have quarrels between people more often. And that also causes you to be so stressed. And you live together in a heap like that.
>
> *Quentin:* And you don't have as much free time as most children do at school, because, as I said, if you're on kitchen duty, tutoring, then you have some after-school activities, and then study time, and all that. Then you just don't have as much free time.
>
> *Tom:* Well, if you look at it in terms of a normal school day for children or young people who don't live here, they just go home after school and probably meet up with friends. I guess most of them don't study (laughing), or what do you mean most of them, almost all of them. Um, then there's the group that gambles for a while or then there's the group that's out drinking. But if you compare it with our everyday life here: we really only have a few hours of free time a day and the rest is just some duties we have to do. Or simply time that we have to spend on a certain thing, like study time now, for example. We are also limited in that we can't just go anywhere we want. After all, we are here on the premises, we have to ask if we can get off the premises. It's not so easy to go to a friend's house next door. Sure, we are a few among ourselves here. We can do something together. But I think everyone has a day when they just don't want to see anyone here or most of the people here. They'd rather see someone else.
>
> *Quentin:* Mhm (confirming).
>
> *Tom:* We see the same faces every day.

This short discussion illustrates the burden that emerges from limited possibilities for making friends and enjoying leisure time activities outside the facility. Strict guidelines for leaving the facility, many services in the residential group, study times every afternoon, etc., ensure that the young people have to spend their free time within the facility. The interviewees wish to spend more time and activities outside of the group without roommates and professionals. These forms of institutionalized daily life are very well reflected on by the interviewed adolescents. Nevertheless, they do not question the existing routines.

The focus on living a routinized daily life is shared by professionals as well as children and youth. The latter discuss that they lack the freedom to organize spontaneous leisure activities and friendships, as well as the scope for negotiation in which individual wishes are taken into account. The acceptance of paternalistic idiocultures by children and adolescents varies. All in all, however, they fit into the existing hegemonic order. Some children and adolescents who orient themselves toward participation and the negotiation of individual wishes try to expand their scope of action using complaints, such as to the management or the youth welfare office. Other children and adolescents are oriented towards the guidelines of the professionals and fit in well with set routines and rules (Chapter Seven).

Professionals' acceptance of paternalistic orders varies and depends on the individual attitudes of staff members and the role of the senior management. Facilities with paternalistic management were examined as well as a senior management with a participatory attitude that leads a residential group with a routinized idioculture.

The analysis of group discussions with young residents reveals calculated deviations from the established routines and rules that were tolerated by professionals. Children and young people provide themselves with experiences of agency by sly collective deviations from strict rules and routinized daily life. They report nocturnal secret room meetings when the professionals on the night shift are briefly working in another residential group or surreptitious WIFI use because they secretly learned the password of a social worker's account. These collective deviations were tolerated by professionals, the sanctions when secret actions were discovered were predictable from the views of children and young people, and they accepted them. For example, young residents had to clean the children's home for three hours because they secretly used the WIFI for over half a year. The young people calculate the consequences of breaking the established rules and decide collectively if the planned deviation is worth a try. Children and adolescents can rely on the acceptance of the professionals in terms of tolerated collective deviations. They collectively create small discretionary spaces that balance strict rules in a routinized daily life.

From a theoretical point of view, these collective practices can be evaluated as gaining agency. However, this is where the research project reaches its limits.

These forms of resistant collective practices cannot methodically be captured as valid and comprehensive through group discussions and interviews. However, from the author's point of view, it is very important to conceptualize these performative practices because they show that children and young people use practices to experience agency beyond voicing views or complaints. Understanding participation in the sense of Art. 12 UN CRC not only as voicing views or complaints but as performative practices by which children and youth gain discretionary spaces is also an important insight concerning the implementation and safeguarding of children's rights in alternative care.

Group discussions in routinized idiocultures prove very clearly that children and young people often cannot voice their concerns and wishes, nor can they clarify important questions about agreements and aims in care plans, wished contact with family members, unfulfilled wishes of reunification with family, etc.

The professionals often do not support participation in individual matters. These concerns are very diverse. They range from questions to care plan conferences, reunification with family, arrangements for school attendance in case of illness, getting pain relievers for headaches, wishes to cook for themselves, receiving more support in becoming independent, more leisure time, reducing strict rules and services in daily life, and so on.

Children and adolescents in routinized idiocultures often report that individual important concerns, such as reunion with the family or complaints about personal devaluations, racism, sexism, etc. were not recognized by professionals (see in detail Chapter Five). This has concrete effects on children and adolescents. They distrust staff members, feeling depressed and frustrated. Some of them cried during the interviews. They were in despair because they did not understand why they must continue the care against their wish or why racism, sexism, and other forms of discrimination do not stop despite frequent complaints.

Some professionals show uncertainty in group discussions regarding how to implement children's rights and to provide participation of children and youth. Sometimes they ask interviewers what the term participation means exactly, regarding the daily life of children and adolescents, or if the interviewers can give more information about participatory methods. Staff approved sanctions for children and adolescents that were not in line with children's rights, e.g., the withdrawal of the mobile phone for a period of one week or longer because adolescents did not clean up their rooms.

Opposed idiocultures in residential groups[10]

Three of 27 residential communities were assigned to the opposition type. In facilities of this type, professionals enforce rules and measures on children and adolescents using discipline and coercion. The project did not include participatory methods for children and young people because the aim was to catch the whole variety of idiocultures in residential group childcare. The author was aware that this could include forms of coercion, devaluation, and violence against children and youth. Regrettably, they were found. The suffering of children and young people will be documented in this chapter in a more detailed manner compared to the other described type, via the means of statements made by the children and young people. The author finds it important to document the suffering. In one case, young people were removed from the facility after intervention. The young people of the other two residential groups did not want to report their experiences to Advocacy Services or the Youth Welfare Office. They denied interventions and were afraid of escalating conflicts. They assumed that their victimization would go on in other facilities. Distrust and hopelessness are the main feelings that lead to children and adolescents remaining in the facility.

Opposed idioculture in residential groups

Interviewees reported severe conflicts in daily life. Professionals as well as children and young people opposed one another. Within the respective groups (such as 'professionals' or 'children and adolescents'), either there was consensus on discussed issues or different opinions were not expressed or silenced. Dominant opinions were mutually confirmed within the group. Children and adolescents described the manifold conflicts and problems that characterize daily life as opposed to idiocultures. The professionals criticized and devaluated children and adolescents in manifold ways, e.g., they described a lack of competencies, bad character traits difficult attitudes, etc. Children and adolescents were compared with so-called 'normal' young people growing up in families.

The professionals used discipline and coercion to enforce their ideas and requirements on the children and adolescents. Teen-aged Bruce describes this in his way very clear:

> *Bruce:* This is like a farm for difficult animals. Where you vegetate and the caretakers make sure that you don't go for each other's throats. Really at each other's throats. It's not called a prison here, but it's the same here. In the evening, we are locked up here. There are just

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[10] The following chapter includes descriptions of aggression and experienced violence by children and young people. Please note that these descriptions can trigger experienced trauma.

as many rules as in jail and the social worker is not here to help and support us, but to watch over us. Just like zookeepers. Or prison guards. Where you don't get a lot of support.

Bruce lived in a house where the front door and kitchen were locked from 10 p.m. to 7 a.m., the kitchen was also locked during this time. The windows on the first floor were barred. On only one day of the week, candy or crisps were given out in rationed portions. The adolescents reported that their mail was opened without their consent, and rooms were regularly controlled against their will. They described a variety of stigmatizations and insults by professionals.

Children and adolescents in opposing idiocultures reported many strict rules and control practices by staff. Children's rights were flouted. Young interviewees described confinement practices and interruption of contact with the guardian. Jasmin told us about massive racism between her group and another residential group living in the same house.

> *Interviewer:* How is your relationship with the young people living in the other residential group?
> *Jasmin:* Not good.
> *Interviewer:* Not good?
> *Jasmin:* Yeah. Sometimes when we walk outside, they say to me "Bloody foreigners".
> *Interviewer:* Do the professionals know that?
> *Jasmin:* Yeah. I told them. I told them every day, but no one listened.
> *Interviewer:* What did the professionals do? How did they react?
> *Jasmin:* They said we should keep to ourselves.

Jasmin and her roommates were racially abused by the young people of another residential group on the home's premises. The social worker did nothing. Racism was perpetuated towards those affected by the professionals. Professionals entered adolescents' rooms without their consent, even at night. Jasmin and her roommates were Muslim. They were given pork without their knowledge. The professionals stressed in the interview that Jasmin and her roommates had to adapt more. These and similar arguments were used to legitimize discipline and disguise violence against children and young people. Children and youth in opposed idiocultures were devalued and bullied by professionals as well as roommates. Narratives include accounts of multiple shaming, based on sexual orientation, gender, ethnicity, etc. Almost any characteristic of children and adolescents can be the subject of devaluation and stigmatization by professionals or other residents. The children and adolescents describe, in many ways, the breaches of trust they experience as a result of disciplinary measures and devaluations in daily life:

Bruce: You can't trust each other.
Jeanny: Exactly. You can't confide in anyone.
Bruce: Because staff will discover it anyway exerting leverage on us.
Jeanny: And it's not just with *one* caregiver either!
Bruce: Exactly.

Children and young people express a variety of concerns about their future. They worry about their safety and express fears that existing conflicts will escalate. They know that the behavior of the staff is unprofessional and they also know that their rights are insufficiently protected.

A variety of legitimations and disguises of discipline and coercion by professionals was reconstructed within the group discussions. The daily running battle between professionals, on the one hand, and children and adolescents, on the other, is seen and disguised by a staff member enfolding an own 'moral' point of view:

> *Professional:* Certain moral values are important to me. First of all, it's about treating each other with respect. When you offer contact. Whether the child wants it is another question. But that's my focus. […] Respectful interaction with each other is something that should be a given. I simply expect that.

The professional stated that mutual respect is the focus of her work and an important condition in conversations with children and young people. The quote contrasts with the adolescents' reported devaluations and experiences of bullying in their daily interactions with professionals.

Strict rules are justified to adolescents with a combination of moral arguments and devaluations. The professionals argue that the (enforced) rules and demands on the adolescents are supposedly 'normal' requirements that are desirable from a professional point of view. The resistance of adolescents is identified as deficient and immoral behavior that must be stopped to avoid young people's supposed 'undesirable development'.

The young people's fulfillment of their duties without contradiction or criticism is described by professionals as successful so-called 'participation'. The freedom of decision consists in the fact that they can decide for themselves when to carry out the tasks and duties imposed on them, provided this has been approved by the professionals beforehand. Staff members also see participation as given when the children and young people are asked for their opinion on leisure activities. However, this does not mean that their wishes will be taken into account. Participation is described by professionals as a kind of 'privilege' that is only granted to children and young people *if* they behave 'responsibly,' according to the rules from the perspective of the professionals, the supposed deficits of the young people are the reason why they can rarely be involved in

decisions that affect them. This argumentation is used to legitimize the rigid rules and restrictions for young people.

> *A professional explains:* We have children who never sat at the dining table with anyone else. They sat in front of the computer or in front of the television while eating. You ate when you wanted to. That's the point: does a child have the right to say, "No, I don't want to eat with the others?"

Participation is not questioned by the professionals in the interviews. Rather, the supposed deficits of the children and adolescents are cited as a reason for denying their rights. The denial of rights is usually woven into pedagogical arguments, e.g., "too much" participation and freedom of decision would be overburdening and "harmful" to the development of children and adolescents. The suffering of children and young people will be documented in this chapter in a more detailed manner compared to the other described type, via the means of statements made by the children and young people. This indicates that participation has little to no relevance in the daily lives of children and adolescents. The handling of criticism by the adolescents is described by a staff member of another facility:

> *Professional:* The young people criticized us. They said we do nothing with them, no leisure activities, etc. We discussed this with the team. Okay, the young people are very dissatisfied at the moment. We have two options: we do nice activities and eliminate the reason for their dissatisfaction. Or we turn the tables: "Okay, we don't want you to lie. We won't do anything with you anyway. Then you'll see the difference".

The professionals chose the latter option and described various disappointments and resistance by adolescents. After several days and weeks, the young people fell silent. Professionals evaluate silencing as a kind of success. The children and adolescents from the residential group reported that their criticism and wishes were not heard and taken into account.

Children and adolescents in opposed idiocultures had no hope that making complaints at the youth welfare office or advocacy services would change their situation. They feared that the conflicts with the professionals in the residential group would escalate when they entrusted to members of external organizations (Chapter Four).

In the following, a review from Antonina Milinkovic, a care-leaver and student of social work is presented. Her review was translated from German to English by the author.

Review of this chapter by Antonina Milinkovic, care-experienced person

I found the section remarkable in which the importance and urgency of promoting the experience of participation of young people in residential childcare was pointed out since they had previously been enormously restricted in their rights in their families of origin. I also found the statement that the participation of adolescents in residential groups seems to be dependent on the organizational culture to be very true.

About the sections that explained that care-receivers were silenced when they complained, I felt very understood and represented as a care-leaver - looking back on my time in residential care. The quote from a professional in the interviews, "Working on trusting relationships is the best complaint management", touched me personally. I would have liked to have such a relationship. I wish that my facility at that time would have lived more of a participatory idioculture.

I also found the explanations of the hegemonic and paternalistic order in the facilities fascinating. I also found myself in the sections on this issue as the former professionals in the facility also rigidly adhered to the rules, procedures, and duties. There was little say in everyday life.

It was also interesting to read the section in which it was emphasized that professionals rationalize practices of oppression by considering the concerns of young people as not "appropriate" and thus disregarding their rights.

In some interviews, it was reported that complaints about racism, sexism, etc. were not acknowledged in part or that the experiences were played down. I also recognize similarities to my own biographical experience since a similar case occurred in the facility where I lived.

In my opinion, the fact of having to fear sanctions or the fear that complaints will not be heard is also linked to a lack of participation in residential childcare facilities. Not consulting or involving the youth welfare office or the ombuds-person's office because the fear of a possible escalation is too great shows, in my opinion, more than clearly how urgent and important a change in the handling and implementation of participation with care-receivers is.

Conclusions

The understatement of Antonina Milinkovic as well as the statements by interviewed young people illustrates the importance of participation in daily life in residential groups for children and young people. The results of the study indicate that participation in daily life is crucial, especially in terms of feeling at home and building trusting relationships.

The results of the study illustrate that the special idioculture of the residential group shapes the participation of children and young people in daily life. This is also true from the perspective of the care-experienced person Antonina Milinkovic.

Participation in daily life also has an important impact on the decision-making in care processes. Therefore, the study presents three main types of idio-cultures in residential groups (participatory, routinized, and opposed), and their influence on participation for children and young people.

In summary, it can be stated that residential groups with a participatory idioculture offer children and adolescents a basis of trust on which important matters relating to their needs and wishes can be negotiated and discussed. Children and young people use informal ways for gaining participation as well as formal procedures such as home councils, letterboxes, etc. We also found evidence that in these participatory living groups, children and adolescents experience support concerning care plan conferences, and their wishes and needs regarding decision-making in care (e.g., reunification with family, the amount of the money that the youth welfare office withholds from their training salary, etc.). In addition, the interviewed persons were very well informed about their rights. In this way, participatory processes in daily life support and fundamentally influence the outcome of care. At the same time, participatory idiocultures require the competence to negotiate needs and wishes, to adapt to changing daily routines and amended rules. Children and adolescents who need fixed daily routines and clear rules might have problems adapting to participatory idiocultures. This raises the question of how inclusive participatory idiocultures can be.

Routinized idiocultures focus on opportunities for formal participation, e.g., group evenings, letter boxes, home councils, etc. Nevertheless, opportunities to address individual wishes, concerns, and problems are often clearly limited. This is due to the focus on collective routines, which enable a clear daily structure in the residential groups at the expense of consideration for individual concerns and wishes. The paternalistic order established in the residential groups between professionals, young residents, and the management, provides silencing practices that drive a concealment of the young people's demands, wishes, and criticisms. Although it was mentioned in the group discussions that children's rights are well known, professionals report some uncertainties in implementing children's rights in daily life.

In the opposed idiocultures of the residential groups, no evidence of parti-cipatory processes in the sense of Art. 12 UN CRC could be found in the data. The children and young people are aware that their rights are violated when professionals devaluate them in manifold ways, control their rooms without authorization, open their mail without consent, take away their belongings, etc. However, they often did not know advocacy services and they did not have hope that their lives would improve by complaining at all.

The results of the project show that the safeguarding of participatory rights is essentially framed by the idiocultures in the residential groups and not using formal procedures to promote participation. The attributions and addresses of the professionals towards children and adolescents fundamentally determine their possibilities and experiences of participation. All interviewed professionals

emphasize that participation is meaningful and necessary and that they recognize participation, as well as children's rights in general, according to the UN CRC. Even in residential groups with opposed idiocultures, where no evidence of participation processes could be reconstructed, professionals affirmed children's rights. However, the concrete interactions between professionals and adolescents are accompanied by attributions and legitimations, by practices of silencing that undermine the participation rights and participation opportunities of children and adolescents in the routinized and opposed idiocultures.

Routinized idiocultures are particularly important for the theoretical conceptualization of participation. Indications of resistant performative practices of children and young people that create discretionary spaces were analyzed. These discretionary spaces are enacted by children and adolescents on the 'backstage', so to speak, in nightly room meetings or clandestine WIFI use. However, these forms of self-willed practices are highly meaningful and important for them. Concerning the theoretical models of Roger Hart's Ladder of Participation or Laura Lundy's model with the areas of Space, Voice, Audience, and Influence, it is not merely a form of verbal negotiation preferred by adults that is important (Hart, 1997; Lundy, 2007). Rather, resistant practices of adolescents point to a form of participation that is essentially self-determined, and that eludes verbal negotiation. These obstinate forms of participation can be addressed as deficient by professionals and open them to a powerful discretionary space. However, beyond the logic of the institution, resistant practices of children and young people pursue the purpose of opening up self-determined spaces of freedom, precisely where the generational order becomes fragile due to gaps in control on the part of the caregivers. In this respect, it seems to be crucial for the theoretical discussion of participation in organizations of child and youth welfare to include performative and obstinate practices of children and adolescents, on the one hand, and organizational mechanisms of silencing adolescents by professionals, on the other, on the conceptualization of participation according to Art. 12 UN CRC.

In the following Chapter Four of this volume on complaint procedures in the facilities, which are anchored in the residential groups as a safeguard for participation rights, we will present a theoretical classification based on the study. We argue, based on the findings of the data in the project, that participation and complaint procedures are embedded in the process of "clientization" (Gubrium & Järvinen, 2014; Hall et al., 2003). Chapter Four unfolds this theoretical perspective in detail.

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4. "... but the professionals decide everything" – Complaint Procedures in Residential Group Care

Claudia Equit

Abstract

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This chapter addresses complaint procedures to secure the participation rights of children and adolescents in residential group care in Germany and is based on the project "Participation in Residential Childcare" funded by the German Research Foundation (DFG). Different complaint processes in the residential groups will be presented against the backdrop of different idiocultures that were analyzed in residential group care. In addition, a theoretical conceptualization of complaint procedures to secure participation rights will be proposed. The review of the care-experienced person Antonina Milinkovic is presented and linked to the following conclusions. The results are discussed against the backdrop of the international discourse about the implementation of the UN Convention on the Rights of the Child.

Complaint procedures in alternative care

The term "complaint" is defined in its meaning as a cause or expression of dissatisfaction (Oxford Learner's Dictionaries, n.d.). Complainants who have exit options at their command in an organization have more effective options for complaints (Diaz et al., 2019; Hirschmann, 1970). Based on Urban-Stahl (2012, p. 7), this contribution understands complaint as a process in which, through attribution, criticism, dissatisfaction, or personal concerns are dealt with in child and youth welfare organizations (ibid.). Children's rights especially assign an important role to complaints procedures in securing participation rights:

> "Children should have the possibility of addressing an ombudsman or a person of a comparable role in all children's institutions, inter alia, in schools and daycare centers, to voice their complaints". (General Comment No. 12, 2009, p. 13)

Schools, daycare centers, and other facilities that provide services for children and adolescents should offer access to individuals who are not members of the facility so that children and young people can voice their complaints if necessary. According to the UN Convention on the Rights of the Child (UN CRC), guidelines and procedures should encourage and support children and adolescents when complaining about services they receive. These guidelines and complaint procedures are seen as a possibility for children and young people to raise their voices and to be heard regarding matters affecting the child (General Comment No. 12, 2009; Diaz et al., 2019). Therefore, guidelines and complaint procedures are seen as a strategy to safeguard the children's right to participate as it is conceptualized in Art. 12, UN CRC.

Particularly for children and adolescents in alternative care, the processing of complaints is essential. On the one hand, they have often experienced disregard for their rights in their biographies (Magalhães et al., 2016; Pert et al., 2017). On the other hand, they have no exit options that would enable them to exert pressure toward the recognition and processing of their complaint (Diaz et al., 2019; Pert et al., 2017). Looked-after children and adolescents are affected to a much greater extent than their peers growing up in families by profound decisions, such as changing families, changing care settings and schools, etc. (ibid.). Besides the burden of problems and the experiences of disregard, children's complaints in alternative care must be heard in a particularly sensitive way so that their participation rights are secured. At the same time, it can be assumed based on previous studies that the complaint process of children and adolescents in alternative care is particularly susceptible to disruption and manipulation. Studies highlight that social services and social workers often do not support complaints from children and young people in alternative care. Complaints from children and youth are often only taken seriously and dealt with when adults support the complaints (Pithouse & Crowley, 2007; Munro, 2011; Selwyn & Wood, 2015). Other studies point out that children and young people often have reasons to complain but that they still do not use the complaint procedures for different reasons (Barnes, 2009; Bell, 2002; Bridge & Street, 2001; Diaz et al., 2019; van Nijnatten et al., 2011; Parry et al., 2008; Pithouse & Crowley, 2007). Some studies show that children and adolescents are afraid to jeopardize their relationships with social workers (Equit, 2023; Diaz et al., 2019). Other young people want to resolve conflicts themselves with social workers and not resort to formal procedures (van Nijnatten et al., 2011). As Clive Diaz summarizes the research: "Complaints by children in care are managed at the lowest possible level" (Diaz, 2018, p. 463).

Studies highlight that the relationships between social workers and young residents in the organizational subculture (idioculture) are crucial for the course of complaint processes (Bell, 2002; Diaz et al., 2019; Equit, 2023; Munro, 2011; Parry et al., 2008). Social workers act as gatekeepers who can promote or prevent complaint processes for children and young people (Bell, 2002;

Bridge & Street, 2001; Diaz et al., 2019; Diaz, 2018; Parry et al., 2008). Stable relationships with social workers are recognized as a desire of children and young people in alternative care and as a prerequisite for successful complaint processes (ibid.). It is argued that children and youth are more inclined to accept adults' guidelines (Muench et al., 2017). In contrast, Equit (2023) and Parry et al. (2008) identify the existing organizational cultures in the residential groups as decisive for the course of complaint processes (ibid.). Parry et al. (2008) identify conditions under which complaints by children and young people are rejected by social workers. This is the case when complaints are seen as a threat to one's professionalism, work resources are scarce and there is an aversion to risks (ibid., p. 11). Equit highlights that the senior management of the group is assigned a central function in shaping the organizational culture and therefore complaint procedures (Equit, 2023). Power dynamics and hierarchies between professionals and adolescents are also cited as a reason for the suppression of complaints (Diaz et al., 2019).

Research on complaint processes is important to understand the conditions under which complaint procedures secure adolescents' participation rights and how children and adolescents are silenced (Lewis, 2010; Mazzei, 2007). This is because the studies on complaints by adolescents make it clear that the barriers do not only exist in complaint procedures within an institution or residential group (Equit, 2023; van Nijnatten et al., 2006). Studies on complaint procedures outside residential groups and facilities report barriers and difficulties, too (Diaz et al., 2019; Munro, 2011; Selwyn & Wood, 2015).

Complaint procedures in alternative care in Germany

In Germany, there is no independent complaints body for all children and young people to report the violation of children's rights (Sandermann & Urban-Stahl, 2017). Complaints management by local agencies exist only for children and young people in alternative care. They offer advocacy consultation for parents as well as children and adolescents who make use of alternative care or socio-pedagogical assistance (cf. Sandermann & Urban-Stahl, 2017; Schruth, 2013; Walter, 2014). Furthermore, to ensure the participation and protection rights in residential care in Germany, complaint procedures and arrangements for the promotion of participation in facilities for children and young people have been prescribed by law since 2012. There are manifold complaint procedures that vary from home councils or youth parliaments for several residential groups of one social provider, letter boxes for complaints, written forms of complaints as well as group evenings. In contrast, so-called informal complaints contain discussions and negotiations between young residents and staff. In 2015, an evaluation was carried out to determine whether concepts for participation and complaints existed in residential groups in Germany (Sandermann & Urban-Stahl, 2017;

Schrapper, 2017). This was the case almost across the board (BMBFSFJ, 2015). However, no research has been done on how these internal organizational complaint procedures work and whether they can safeguard children's rights.

Methodology and objectives of the study[1]

The project "Participation in Residential Childcare" was funded by the German Research Foundation (DFG), No. 419403819. Claudia Equit led the project in collaboration with research assistants Antonia Finckh and Julia Ganterer and with Elisabeth Thomas analyzing the impact of the COVID-19 pandemic on children and young people in the respective living groups.

The study aimed to examine the use of complaint procedures and their impact on participation experiences in the daily lives of children and adolescents in residential group care. Therefore, it was reconstructed how children, youth, and staff describe situations in which, from their point of view, participation was evident. It was reconstructed how staff members legitimize existing rules in daily life and how young people could complain within the living groups. Furthermore, the exerpiences of children, youth and professionals with formal complaint procedures and informal complaint processes were analyzed based on the narrated experiences in the group discussions. Finally, the organizational and informal hierachies and power dynamics were reconstructed that emerge in this context.

The study[2] looked at 27 residential groups of 17 different child welfare stakeholders in four federal states. The sampling criteria were an urban–rural comparison, the different concepts of the facilities, and the examination of facilities in the eastern part and western part of Germany. A total of 13 facilities in the east and 14 facilities in the west of Germany were surveyed, with 17 facilities located in large cities and 10 in small towns and rural areas, 233 children and young people aged 6–21, both with and without a family history of migration, were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The sample includes almost an equal distribution of male and female children and youth (116 females to 117 males). No child or young person identified as "diverse" regarding their gender. In total, 91 female and 49 male professionals were interviewed with one professional identifying as "diverse" concerning their gender. The gender distribution of the managerial staff was 15 females and 12 males. Children, young people, and professionals were sent detailed information about the project before the group discussions and interviews started. In addition to data protection regulations,

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1   Each chapter of the book provides a brief overview of the aims and methods of the entire study and the specific research findings. If you have already read the design of the study, you can skip this section.

2   The presented sample includes group discussions and expert interviews before and during the COVID-19 pandemic.

the voluntary nature of their participation in group discussions and interviews was pointed out. Children and young people were provided with information on advocacy services (i.e., ombudsperson) and were allowed to contact either these services or the head of the research project, Claudia Equit. All participants were also assured that all data were being treated anonymously. A content overview was prepared for each interview and group discussion to provide an overview of the topics discussed and statements made by interviewees. Content overviews built the foundation for the case construction, and they served for the selection of interview sections for the in-depth analysis. The group discussions with children, young people, and professionals, as well as the expert interviews with members of the senior management of one residential group, were combined into one "case" and analyzed using the documentary method (Bohnsack, 2010). From a total of 27 cases, 15 cases were analyzed in-depth, and a first typology was built (Bohnsack et al., 2019). Based on the content overview, the 12 remaining cases were subsequently categorized as developed types. One divergent case could not be classified with the typology. The typology was created in several steps. First, the narratives of professionals, children, and young people about their daily lives in the residential groups were analyzed. Secondly, the experiences with participation and complaints were analyzed and typified. Thirdly, the hegemonic order, i.e., the power dynamics between children and young people, professionals, and senior management were examined. The narratives of daily life as well as the hegemonic orders form the basis of the reconstructed idiocultures. Subsequently, it was analyzed how participation and complaint procedures are embedded in the reconstructed idiocultures. Although this is a qualitative study, the criteria-led sampling and the high number of participants suggest that the study reflects the breadth of diverse residential group care in Germany.

The term hegemonic order describes a sensitizing concept based on Kelle and Kluge (2010), which was used in the evaluation process to analytically capture the hierarchies and asymmetries in the institutions regarding participation and complaint processes. Hegemonic orders include three levels of analysis: 1. power processes between clients and professionals (Gubrium & Järvinen, 2014; Urban-Stahl, 2012), 2. generational orders and hegemonic normalizations of childhood/adolescence (Alanen, 2001; Bühler-Niederberger, 2005), and 3. organizational hierarchies and status differences (Tiitinen, 2018). The narratives of the daily life of young residents as well as professionals build the foundation to reconstruct the organizational cultures in the residential groups related to the three aspects (Chapter Five). The concept of organizational culture in the research project is based on interactionist-pragmatist approaches to sociological organizational research (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963). Organizations are characterized as "negotiated order" (cf. Strauss et al., 1963). The focus is on the negotiation of the stakeholders' expectations (e.g., about professional action) and on the fact that the formal goals of an organization do not have to coincide

with the goals and expectations of the individuals (Meyer & Rowan, 1977; 1978). Rather, work processes are not determined by formal goals, hierarchical structures, and given resources but by the meanings that the actors mutually indicate to each other in their actions. Although resources, hierarchies, and power structures form significant frameworks for work processes, they also have an impact on work processes through the stakeholders' constructions of meaning (Fine, 1996). Against the background of this organizational understanding, the organizational subcultures ("idioculture") reconstructed in the residential groups are defined, following Fine (1996), "as a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis for future interaction" (Fine, 1996, p. 129). This "culture of small groups" (ibid.) is characterized by the shared experiences of their members and the accepted expectation that these members understand the meaning of the shared experiences and act on that basis.

Complaint procedures in residential group care – Results of the study

Overall, three different idiocultures were reconstructed: participatory, routinized, and oppositional idiocultures in residential groups. In the second step, the courses of complaints within each type were examined according to the principle of minimum and maximum variance (Kelle & Kluge, 2010). Subsequently, the complaint processes of one type were compared with the complaint processes of the other types, and typified complaint processes in the idiocultures were reconstructed. Since the results of the project prove that the respective idioculture in the residential group is decisive for the opportunities and limitations that children and adolescents are confronted with in the use of complaint procedures, the three typified idiocultures and the complaint processes embedded in them are presented below.

Complaint processes in participatory idiocultures

Ten out of 27 residential groups were assigned to the participatory type. Participatory facilities are characterized by an explicit orientation of the professionals and management towards the needs and requirements of the young people. The wishes and concerns of the adolescents are taken as the starting point for shaping professional action. At the same time, the professionals cooperate closely with each other. Coordination processes of all kinds in the facilities are essentially carried out by the team. The creation of a "good atmosphere" is the focus of professional action. Young people refer to the residential community as a positive place to live, where they can pursue their leisure time activities. They report appreciative relationships with the professionals.

Interviewer: How is everyday life here? What is it like for you?[3]
Ahmed: Good.
Denise: When we have school, the staff wakes us up and we go to school.
　　After school we come home, eat and then we have our free time. It
　　depends on how old someone is and what time they get home.
Dennis: There is also homework support if you have homework.
Jenny: Sometimes we go on trips or to the cinema.
Dennis: Yes.
Denise: Crazy golf. (laughs)
Jenny: Swimming, all kinds of things just whatever we fancy. What most
　　of us want to do. For example, maybe not everyone wants to play crazy
　　golf, then those who want to play crazy golf go with the social workers,
　　and those who don't want to play go somewhere else for a while.

The young people describe everyday life in the facility with a focus on leisure activities and cooperation, who goes where – who feels like playing crazy golf, who wants to do something else. Everyday life is described as "good".

Professionals and management see the establishment of trusting and appreciative relationships with young people as an important element of professional action. "Relationship work is the best complaint management", says a professional. Intensive cooperation and good relationship work are explicitly demanded by the management.

The hegemonic order existing in the living group was characterized as cooperative. The group leaders in all participatory institutions present themselves in a clear leadership role. In group discussions, management explicitly deploys expectations of the professionals' actions. It should be characterized by mutual exchange, cooperation, and joint reflection about the work with the young people. The professionals do not have a uniform, but a differentiated understanding of complaints. The professionals of one residential group, for example, explain that complaints are an expression of biographical learning processes, while professionals of another residential group define complaints as critical statements of young people that are influenced by the social climate in the group. Despite these different understandings, there is an explicit consensus among all professionals interviewed that complaints are meaningful and necessary from a pedagogical perspective. The professionals describe it as their task to decipher what reasons (at the group level or individually) underlie the complaints. They seek a dialogue with the young people to find solutions or resolve a conflict.

From the perspective of the professionals, there is a close connection between participation and complaint processes. Professionals consider complaints to be an important aspect of securing the participation rights of children and young people.

3　All quotes from group discussions and interviews have been translated from German into English.

Children, adolescents, and professionals agree that complaints are voiced by children and adolescents and handled by professionals in the form of conversations or using formal complaint procedures (e.g., complaint forms, etc.). The children and adolescents know their rights. They know about formal complaint procedures and use both informal conversations with professionals and formal complaint procedures to voice their criticism and concerns. Children and adolescents consistently report the experience of having their complaints "heard" by professionals. They talk about being valued and having the opportunity to make a difference with their complaint. Children and young people also express criticism that certain complaint procedures are too bureaucratic (e.g., applications to the children's and young people's parliament) and that the decision on their applications takes too long.

Limits of complaint procedures are in line with structural conditions of the facility, for example, when it comes to financial resources. Young people, e.g., criticized that there wasn't enough money from the Youth Welfare Office, such as for furnishing the rooms or for pocket money. However, young people recognized that this was not the professionals' fault but was because children and adolescents in residential homes were poorly equipped by the Youth Welfare Office and society. In addition, the management of one facility reported that they support young people with their complaints to the Youth Welfare Office, e.g., because the latter withholds most of the young people's training salary.

Complaint processes in routinized idiocultures

Thirteen of 27 residential groups were assigned to the type of routinized idiocultures. Facilities of this type are characterized by an explicit orientation of professionals and management towards the collective routines in everyday life, which are often also referred to as "structure" or "daily routine" by the interviewees. As a rule, routines are evaluated as helpful and good for the development and learning processes of children and adolescents. Both professionals and children and young people assume as a matter of course that everyday life is structured by routines and that everyone is collectively involved in carrying them out. This orientation can be reconstructed explicitly, but it is also reflected by professionals and young people at the level of narrated practices.

> *Jannik*: We all finish school at about 3:30 p.m. and are here afterward. A quarter of an hour later, we all sit around the table, uh, and have a little "coffee get together". If there are any concerns, they are brought up by our social workers. Otherwise, we all eat together until we all go to our rooms and start with the homework time, so, with the learning unit until 5 p.m. Then we have free time except if someone must go to tutoring or one of us is always at the kitchen duty, that

> person has then drawn the "super ticket" and then must cook dinner, (..) then we have, uh, dinner yes: there's not much to say what we do there. And after that we all have free time again (..) many either do something in the rooms, either alone or with others, or it is often the case that about half of us get together and go out together [to the residential grounds, C.E.]. Then later in the evening, most are back in the house. We all slowly get ready and are all still in our rooms talking until we all must go to bed. That's our rough daily routine.

Jannik reports on the thoroughly structured daily routine that applies equally to all children and adolescents, with some deviations depending on whether some children and adolescents still have to perform individual duties or require tutoring. In addition, it becomes clear that the children's and adolescents' leisure-time possibilities are limited. They are not allowed to leave the institution's premises without written permission and only in individual cases. Thus, children and adolescents dependent on each other and there are hardly any variations for them. Compared to the children and adolescents from the residential group with a participatory idioculture they hardly report on any leisure activities. These must also be coordinated in advance with the professionals, preferably in the form of a written request. The bureaucratization is part of the children's everyday life and is particularly evident in the complaint processes of the routinized residential groups.

In the routinized type, professionals, children, and adolescents agree that the demands on the children and adolescents (e.g., carrying out duties, establishing room order, etc.) are executed routinely in everyday life, without major coordination processes. The professionals use institutionalized control practices to ensure that the children and adolescents fulfill their tasks so that everyday life is "business as usual". The rules and routines apply equally to the group; individual agreements are considered major exceptions and are rarely possible. The professionals refer to the necessity of regulations that apply equally to all in the group ("equal rights for all"), as well as the unity in the team, to achieve a daily routine that is as conflict-free as possible. Some routines are flexible for deviations recognized as legitimate by the professionals (e.g., sudden illness of a young person), but not for individual, spontaneous wishes of the young people (e.g., spontaneous visits of friends).

Routinized residential groups exhibit a paternalistic hegemonic order. Paternalism is understood as the enforcement of requirements and restrictions on the freedom of others, with the justification of ensuring their well-being (Steckmann, 2014). In the residential groups, professionals enforce routines, measures, and rules on adolescents with the justification that this is conducive to their well-being and development. In doing so, professionals evaluate their knowledge and competencies as fundamentally correct and superior to those of adolescents. Children and young people themselves are given little say in decisions about everyday group life. They reported control practices and the

enforcement of measures and guidelines by professionals with the reference that it serves their well-being. At the same time, a paternalistic order between professionals and the management was reconstructed. In the group discussions, professionals reported on the control and sanctioning practices of the management. For example, they were excluded from care conferences[4] for the children entrusted to them because the management feared that the professionals might voice "internal information" during the conference. The management considered themselves the more "suitable" party in the presentation of the institution towards the Youth Welfare Office (Chapter Five).

When dealing with complaints, professionals follow routines and fixed procedures. Complaint handling in routinized living groups tends to be bureaucratic. The orientation towards collective routines and group rules also leads to tension in the recognizability of complaints. Complaints that address collective concerns (e.g., changing distributed duties among children and young people) are more likely to be addressed than individual complaints (e.g., spontaneous meetups the next afternoon with friends) that imply a deviation from the routines. Silencing children and adolescents is a recurring practice and takes several forms, for example, complaint mailboxes are not emptied, joint group meetings are postponed, or complaints from adolescents are "reinterpreted" by professionals. The young people's complaints are labeled as evidence of a lack of insight or as a "conflict" with the professionals. This form of silencing complaints is closely related to the paternalistic hegemonic order in the facilities. Professionals may be criticized by the management when children and young people file their complaints against individual staff members in complaint procedures. They show solidarity with their colleagues in the team. This explains why professionals rarely conclude that the complaints of children and adolescents are "justified" or even "correct".

In routinized idiocultures, children and adolescents try, because their concerns and complaints are often not recognized by professionals, to involve the next higher authority in the hierarchy. In doing so, clear limits to partisanship on the part of management become apparent. Sometimes the young people reported changes, but frequently they reported very arbitrary and incomprehensible evaluations of the complaints by the management.

Amadou, for example, reported that he had complained to the management of the facility because of a racist statement made by a staff member (Mr. Bartel).

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4   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

> *Amadou:* Then I told the social worker "Mr. Bartel" that I can't stand
> him and that I don't want to do tutoring with him. He took it as a joke
> and said: "Come on, do your tasks". If someone tells you that they
> hate you, then you should take it seriously. I told Mr. Herz (Head
> of the facility) about the whole thing when we were sitting in the
> car. Mr. Herz just said he didn't understand it at all, so he just said
> "Well, Mr. Bartel is not allowed to do your homework at all, isn't he",
> although I just told him that Mr. Bartel calls me a colonial Frenchman.

During the group discussion, Amadou reports frequently about racist insults
by the staff member Mr. Bartel, which, however, are not taken seriously either
by the management or by the professionals. The children's and young people's
responses to the accusations of racism are also divided. While some children and
young people support Amadou in his criticism, other young people state that he
should not get so upset.

In the group discussions, professionals unfold an ambivalent understanding
of complaints. On the one hand, they emphasize that children and adolescents
have a right to complain. It is the task of the professionals to make sure that this
happens. On the other hand, the professionals assess the value of the complaints
of children and adolescents according to their standards. Professionals make a
difference between "justified" or "correct" complaints that correspond to the
professionals' understanding of complaints and not justified complaints. The
latter contains criticism of the professionals that is judged to be unfounded or
incorrect. This understanding of complaints results in the ambivalence that is
characteristic of routinized residential groups: on the one hand, complaints by
children and adolescents are justified and are explicitly stated as their right by
professionals. On the other hand, complaints are perceived by professionals as a
form of criticism of their professional actions. This is related to the paternalistic
order in the institutions. Depending on knowledge and decision, complaints
by the young people are judged as a professional fault by the management
and are followed by criticism and, if necessary, measures and sanctions. The
professionals are therefore anxious to prove that the expressed complaints of
children and young people are wrong and that they have acted in the right way.
This way of assessing complaints contradicts the view of complaints as a right
of children and adolescents.

Complaint processes in oppositional idiocultures

Oppositional idiocultures imply massive conflicts between the professionals
and the children and adolescents. Professionals and children and youth are in
opposition to each other, both regarding the organization of everyday life in
the residential groups and about the possibilities of participation and voicing

complaints in the facilities. We may therefore speak of a collective counter-positioning. This includes the discursive positioning of the individual or the group in opposition to the other group.

Within the groups, there is either a consensus on content or different opinions are not expressed or are silenced. Opinions are sometimes expressed vociferously, but in any case, they are mutually confirmed. The children and adolescents as well as the professionals have little dissent among themselves. There is, however, an oppositional attitude toward the other status group. Rules and practices of the professionals are either explicitly criticized by children and adolescents or violence and bullying by professionals is initially concealed. The children and young people explicitly wish for a more appreciative attitude on the part of the professionals. They criticize everyday devaluations and describe processes of suffering through the institutional violence[5] and devaluations experienced. In one case there was evidence of physical violence. A social worker threw water bottles at the adolescents, they were yelled at, and one staff member tore off their bed covers while they slept, revealing their naked bodies.

The professionals enforce rules and guidelines in everyday life with the help of sanctions and coercion against the will and despite the resistance of the children and young people.

> *Bruce:* Soccer is also crap though. If the social workers have a wish, like watching soccer, then everything must dance to their tune. I then have, for example, cooking service, I have nothing against having to cook later. But that means, for example, that I must do everything by myself if the "birds" [staff, C.E.] binge nicely on national German soccer. Where I think to myself "Ey for what?" Or if there is something that bothers them in the house. That the shoes are lying around or something. Then things are always looking grim. Then it's time to pull in our heads. Then they are not opposed to simply handing out punishments all around (...) Oh, I'm getting blood pressure. No reasoning. And there is also no pedagogical policy in this group. There is one, but it's, like, fragmentary. And if you ask: "What is, like, the sense and purpose here? Then you get nothing. You are just kept stupid and quiet. If you do what the staff members say or want, everything is great. Then nobody has a problem with it. But as soon as someone here even begins to think that this group is not the right one or says something wrong, you've screwed up.

Bruce describes the everyday conflicts and frustrations within the cohabitation with the staff members in the residential group. They give instructions, check

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5   Institutional violence refers to various forms of violence (verbal, physical) that is perpetrated within the organization.

that order prevails, and assert themselves over the children and adolescents. It is expected that the young people implement the guidelines of the professionals unquestioned, such as cooking on their own. Bruce criticizes that it is not possible to negotiate or reason with the caregivers ("then you get nothing"). He criticizes that the pedagogical policy of the professionals is fragmentary, that he cannot discuss the "sense and purpose" of the group with the caregivers. Instead, guidelines are implemented via disciplinary measures without being justified.

In contrast to the children and adolescents, the professionals with their orientations (e.g., towards rules and structure) have a very high level of assertiveness in everyday life. They use discipline and coercion to enforce their ideas and demands, the rules and structures in everyday life against the will of the children and adolescents.

The dominant hegemonic order in the opposition type is the (violent) enforcement of strict guidelines in all areas of life using discipline and coercion. Dissenting opinions are not addressed, either because they do not occur or because they are not permitted and are concealed or silenced. Between professionals and children and adolescents, forms of institutional violence are evident in all its forms: verbal violence, bullying, silencing practices, and, in one case, physical violence. This violence is accompanied by mutual devaluations and "hate speech".

> *Bruce:* Yes, this principle, too, makes you feel like the Stasi[6]. Absolutely unpleasant. I have experienced that once. So the staff has, like, a duty book where they write things down, like "Justus was at school first and afterward with his friends. At the dinner table, he was upset and went to bed". For me it said in the book because Susi was also there, I'm sometimes a bit silly sitting there at Sunday breakfast and pulling a bit of shit, just spreading a bit of chaos, that's sometimes fun for me. And then I went upstairs and looked over the social worker's shoulder when she made an entry in the duty book. And then there were things like, "Bruce is going to the zoo with his mom after lunch, he acted like a monkey at the lunch table today, maybe they can find a place for him there". Where I'm thinking to myself, dude, ey, you're gonna get it in a sec. Where I also thought: "Hey, so open your puss and talk to me directly. And don't write such ugly backhanded shit in the book". That simply has nothing to do with pedagogy. I also don't want to know what they talk about in the team sometimes when they talk about us. Just that feeling of knowing that everything you do is written down. Everything!!! Every fucking little thing.

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6   "Stasi" is an acronym for „Ministry for state security" in East Germany from 1950-1990. It was a department which was a widely ramified, heavily staffed surveillance and repression apparatus. The "Stasi" used observation, intimidation, imprisonment, and so-called decomposition against opposition members and critics of the regime ("hostile-negative persons").

Bruce describes the stigmatizations, the constant observations, and logging that Foucault described with references to the "panopticon" as a form of pervasive disciplining (Foucault, 1977/2008). Similarly, Goffman described in his remarks the comprehensive regulation of the needs of the inmates as a total institution which becomes visible in the narratives of the young people, for example, when the children and young people are locked in the facility in the evening so that no children and young people can "escape", kitchens and access to the refrigerator are locked overnight, sweets are rationed concerning the overweight of some inmates, etc. (Goffman, 1961/2009). The mutual devaluations characterize the grueling everyday life in the oppositional idioculture of the residential groups. There are many forms of body shaming, racism, and sexism, almost every feature of a person can be the object of devaluation and shaming through professionals. The relationship between professionals and management reflects the acceptance of violence by professionals. In two out of three facilities, the disciplinary measures and sanctions of the team are covered up by the senior management and concealed from the Youth Welfare Office. In another facility, the concrete power dynamics could not be completely reconstructed using the interviews. The group management of the respective residential group did not want to give an interview and the senior management of the large facility had a very participatory attitude. The latter criticized that the implementation of children's rights in some residential groups but also by some senior managements of the providers was not implemented consistently enough.

All professionals in oppositional idiocultures evaluate complaints as something negative. Complaints from children and adolescents are increasingly interpreted as stubbornness and a lack of understanding about shared norms and values. In these settings, complaints are highly risky for children and young people. They can result in an escalation of conflict and violence. There are indications in the young people's narratives that increased complaints due to professionals crossing boundaries lead to further sanctions and an escalation of conflicts. In principle, the professionals confirm to the interviewer that children's rights are advantageous, but they openly doubt the usefulness of participation and complaint procedures. For example, the children and youth parliament is criticized because it would give certain children and young people a stage to distinguish themselves and cause "disruption". However, inquiries from professionals also reveal that there is a lack of knowledge about how participation and complaint procedures can be implemented constructively, and which methods are suitable for negotiating rules together with children and young people.

There is no evidence that complaint practices were used in oppositional residential groups despite complaint management processes being formally in place. The isolated narratives only give some indications that the children's and adolescents' complaints were dismissed as nagging, teasing, and the inability or unwillingness to abide by non-negotiable rules.

It is particularly alarming that all facilities, including those in which violence has been systematically perpetrated against children and adolescents, formally have participation and complaint procedures and, according to the evaluation of the Federal Child Protection Act in Germany in 2015, have the standards for implementing children's rights (cf. BMBFSFJ, 2015)! It is therefore pivotal to theoretically frame and classify the underlying complaint processes in the facilities, which proceed so differently. This is also because both in Germany, in the context of violence prevention and protection concepts, as well as internationally, in the context of the UN CRC Committee, complaints are being discussed as an important measure to safeguard children's rights.

Of course, the study implicates limitations, which are seen in the collected data. The reconstructed courses of complaints are based on the narrated experiences of the interviewees. Complaint practices were not observed as well, and courses of complaints are not based on a longitudinal design. However, the chosen documentary method is particularly suitable for the reconstruction of habitual orientations based on narrated experiences (Bohnsack, 2010). The idea of contrasting views of children, youth, and professionals as well as management is methodically helpful to reconstruct experiences with different views on complaint processes.

Clientization and children's rights – a theoretical approach to complaint procedures in residential group care[7]

Complaint procedures for children and adolescents in the facilities are embedded in the comprehensive process of clientization. The term "clientization" is related to critical approaches that explain how social services transform complex experiences of persons into recognizable problems (Järvinen, 2014). Clientization is a process that explains how human service organizations perform "person-building activity" (ibid., p. 50). It describes "the way people are categorized sets the guidelines for how organizations will treat them, what services they will receive or be denied, what goals professionals will set for working with the clients, and what means will be used to reach the goals" (ibid., p. 50). Social workers cannot incorporate the entire complex personality of a young person or child into their work. Instead, an attribution or typification of the adolescent/child occurs against the backdrop of a residential group's idioculture unfolding within the staff members. The basis for the unfolding of idioculture in the residential group and processes of

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7   The theoretical conceptualization of complaint processes in institutions presented here is based on a pragmatist understanding of theory, as phrased by Bryant in relation to the Grounded Theory Methodology: "The pragmatist position [is] that theories and concepts are best seen as tools; tools are assessed in terms of usefulness for particular tasks and applications" (Bryant, 2009, p. 103). Thus, the presented approach ranges in a research tradition in which a theoretical conceptualization is carried out via the mutual exchange of theory and empiricism, which bundles and systematizes findings on the chosen research object.

clientization are narrative practices (Klatetzki, 2019). Narrative practices generate and reify the cultural knowledge in the respective organizational idioculture. They enable professional actions, images about addressees, and perceptions about how complaint procedures should proceed to be brought into a collective, meaningful context for the affected in the form of narratives, stories, or elaborations on applicable norms and values. In this way, meanings are collectively generated that allow the staff to make evaluations about established work routines, professional actions, and good and bad clients. Narrative practices are embedded in routines of action and habits, each of which is generated through shared action, through collective experience, and passed on to incoming professionals or children (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963).

Complaint processes are based on narrative practices. The announcement of a complaint expressly designated as such proceeds through the mutual signaling of positionings (Harré & Moghadam, 2003; Hirvonen, 2013; Klatetzki, 2019). Positioning is a process by which the people concerned ascribe their positions mutually. A position includes "a loose set of rights and duties that limit the possibilities of actors" (Harré & Moghadam, 2003, p. 5). Positions differ distinctly from the concept of social roles in organizations. Social roles define the status of a person and based on this, certain fixed functions of a person as the representative of a role. The concept of position is distinctly more dynamic. Positions are determined by the rights and duties ascribed to someone in a specific situation (Harré & Moghadam, 2003). People mutually position each other during daily conversations and discussions in specific social contexts. This kind of positioning or narrative practice enables the activation of a whole bundle of meanings about rights and duties. Positioning works in (organizational) cultures in which stories/storylines already exist about certain positions and how they are to be filled. The positions are assigned or indicated situationally via speech acts. The allocation of rights and duties takes effect immediately in the perlocutionary act. First-order positionings are usually routine acts in which positions are assigned and accepted without question. Second-order positionings exist when the reciprocal positioning is questioned. Then negotiations emerge about what is the "right" position. In second-order positionings, the initially non-thematic aspects of hegemonic orders become visible in the context of positioning. Who successfully assigns what position/rights and responsibilities to whom? Hirvonen (2013) describes second-order positioning based on negotiation in group discussions. This occurs when, for example, the person disagrees with the assigned positioning or because it is discussed that the person is not fulfilling his or her duties (ibid.). Third-order positions include speech acts in which people are positioned outside the speech situation by those present (Hirvonen, 2013).

Complaint processes in the institutions are based on positioning. The example of the group discussion with a staff member from a routinized residential group is used to illustrate these positionings. The professional assesses the complaint as professionally void.

> *Professional:* Well, I think quite a good example, I am a social worker of reference for a child in my residential group who has submitted a complaint about a colleague. And, uh, it was very interesting because, um, the colleague is just (laughing), I must laugh about it (laughing). So, I took it seriously, of course, and discussed this complaint with her in advance, and have also told her how serious her, uh, so this thing is and which examples she makes so firmly, so she has somehow only written one sentence on this form, and, um, interestingly (laughing), uh, I have also been able to read in the duty book what some situations were like. Well, her perception was completely different there [...] so I took myself out so to speak as a complaint officer and told her we're now talking from child of reference to social worker of reference about it. Well, so that was also quite good. I mean she is ten, um, and has not really (...), ah, so I trusted her that she will manage this, well she has also managed great, uh, to somehow draw this line there, but she has stuck with wanting to evaluate her complaint. I also asked her that (inhales) because, of course, I want to take that seriously and have to take it seriously, and I told her that we would then, uh, sit down together with the social worker, she and I, and she continued to want that, but I still showed her using examples that I, for example, had not seen that as her primary caregiver. So, it was quite interesting [...].

The complaints officer of the facility reports about a girl who submitted a complaint about a colleague to her. She compares the girl's sentence on the complaint form with the professional's description in the duty book and concludes that the girl has a completely different perception than the professional. While the girl positions herself as the complainant toward the complaints officer (with the corresponding complaint form), the professional adopts a different positioning. She positions the girl as a "child of reference" and now evaluates the child's competencies in how she manages to comprehend her professional perspective. That is called second-order positioning. While the girl insists on her right and her position as a complainant, the professional undertakes a different positioning. In the negotiation of the position, the girl succeeds in keeping her position as complainant, but hegemonic orders are presented that make it more difficult for the girl to assert her right to complain. In principle, the girl has the right to complain, and the complaints representative must initiate the procedure and conduct a three-way conversation, i.e., with the girl and the professional, and mediate in a moderating role. In the further course of the group discussion, the complaints representative describes that the complaint procedure is continued because the girl insists on her position as "complainant". However, the complaints representative reports that she consults with the other professional, who, for example, now keeps the duty log with greater detail so

that the result of the complaint procedure, namely, the girl's complaint, is already anticipated by the coordination processes of the professionals. Interwoven with the positioning are forms of adultism and discrimination based on being addressed as a "child" and not as a complainant. This practice of being addressed and discriminated against as "children" became visible in group discussions of routinized institutions. Clientization processes are intertwined with adultism or other forms of discrimination such as racism, sexism, etc. They are part of the paternalistic organizational orders of routinized institutions (Chapter Five).

Complaint processes in the further analyses were framed as narrative practices in which children's and young people's expressions of mutual positioning are displayed as complaints. The complaint process as a narrative practice (Klatetzki, 2019) includes the first utterances by young people that are labeled as complaints and that these utterances are processed organizationally as complaints. While the formal complaint procedures suggest quite uniform processing and examination procedures of children's and adolescents' complaints, the empirical reconstructions show that even within the framework of these formal procedural steps, conflicts are apparent over different positioning that prevent children and adolescents from continuing their complaints. We find this practice, for instance, in routinized idiocultures, as illustrated above. The complaint process consists of mutual positioning between young residents and staff that is accompanied by norms and moral judgments, in which children and adolescents are generated and reified as supposedly "good" or "bad" clients.

It is therefore not surprising that only children and adolescents in participatory facilities used complaint procedures more often when they had complaints. In routinized or oppositional idiocultures, children and adolescents reported "cooling out" processes (Goffman, 1952). Their expectations that their complaints will be heard are cooled off; for example, by taking a long time to communicate results/feedback on their complaint or by deflecting their complaints with the same arguments over and over again. In some cases, the children and young people report open and hostile stigmatizations when they complained (in the oppositional type).

The analysis of the group discussions revealed, that the course of the complaint procedures depends on the idioculture of the residential group, especially the inherent concepts of complaints by professionals. The use of complaint procedures has an impact on the provision of care because the process of clientization is about reifying meanings in professional groups and casefiles (Järvinen, 2014). It is a perpetuation of assigned attributes, e.g., through duty books, care plan protocols, and stories that staff tell each other about the children and young people. The assessment of children and adolescents as "good" or "bad" clients, which is made in the complaint process and beyond, is momentous.

Displaying Children's Rights – policy delivery and politics

Youth-serving organizations can be described as street-level organizations, following Lipsky (1980) and Brodkin (2012; 2013). They are characterized by high caseloads, complex cases, scarce resources, and situations characterized by ambiguity. Klatetzki (2019), for example, emphasizes that child welfare organizations cannot be governed through a top-down process. An essential condition of street-level organizations is the discretionary powers of the so-called frontline social workers. It is up to the frontline workers to handle the implementation of goals and measures in a somewhat idiosyncratic way according to the requirements of the situation, given the heterogeneous nature of practical work. Brodkin emphasizes that the gap between management goals, on the one hand, and frontline practice, on the other, is not simply a form of inadequate implementation of objectives and goals in welfare state arrangements. Rather, there is a very good case to be made for the fact that policymakers of welfare-state arrangements are aware of this gap and use it, for example, to disguise unpopular austerity measures. This works by making saving measures not through unpopular reform targets, for example, but by enacting standards for frontline workers that ultimately make them inclined to make cuts in aid approvals (Brodkin, 2012; 2013). This form of disguising unpopular cuts by professional standards and measures is a form of politics in welfare state arrangements.

Concerning the implementation of complaint procedures to secure the participation rights of children and adolescents in residential childcare, a policy of "displaying children's rights" can be stated. Following the work of Brodkin (2012; 2013), the implementation of children's rights can also be conceptualized as a form of politics of social providers. The implementation of transnational requirements such as children's rights is associated with considerable discretionary space in the residential groups and social providers themselves. Since it is not formal participation and complaint procedures, but the idiocultures in the residential groups that decide on the implementation of the participation rights of children and youth, it remains within the discretionary space of the residential groups and social providers whether the participation rights in the sense of Art. 12 of the UN CRC are granted or not.

The work of facilities that work participatory and try to implement participation for children and adolescents elaborately also remains obscured and invisible to a certain extent if only the existence of a concept is evaluated, as was done for participation and complaint procedures in 2015 in Germany (BMBFSFJ, 2015).

Discretionary spaces in implementing children's rights using complaint procedures are also visible in other countries, such as the UK – very prominently, with distinctive complaint requirements and standards (Diaz et al., 2019; Pert et al., 2017; Selwyn & Wood, 2015) and Ireland (Brady et al., 2019); in the US

with the research on advisory boards and their critique (Horn & Spencer, 2018; Forenza, 2018; Havlicek et al., 2016) and in the critical studies of advocacy services in Canada (Blackstock et al., 2020; Mahon & Collier, 2010) and in Australia (Bessell, 2011; Purtell et al., 2019) as well as in the UK (Barnes, 2012; Thomas et al., 2017) and the US (Boel-Stud & Tobia, 2016; Herbert et al., 2017; Rosenwald & Riley, 2011); or in studies of participation and complaint procedures in the Netherlands (van Nijnatten et al., 2006) and Belgium (De Wilde & Vanobbergen, 2020). Postcolonial perspectives on complaint procedures become apparent in South Africa, for example (Tabi, 2016).

The evidence from research suggests that displaying children's rights is a particular form of securing the scope of action of social providers in implementing transnational policies, given the neoliberal orientation of many welfare state arrangements worldwide (McMillan, 2020). Displaying children's rights seems to be an important form of policy in welfare state arrangements (de Corte et al., 2021). Displaying children's rights is also established as a policy because the addressees of child and youth welfare are themselves often affected by poverty and/or special needs (Bywaters et al., 2016) and therefore do not have social or economic resources to persevere through the long path of complaint procedures through the official channels (Diaz et al., 2019). Particularly disadvantageous for the children and adolescents concerned is the fact that the official semantics and programming of social providers suggest that children's rights are being implemented, and that complaint processes are integrated into the case-based tailoring of care. It is much more difficult for children and adolescents to report violations of children's rights and to have their voices heard, even though children's rights are so prominent in policy delivery.

Review by Antonina Milinkovic, care-experienced person[8]

At the beginning, I would like to mention that the chapter, or all the chapters, were very pleasant to read, as I felt the commitment and passion for this topic, and the motivation to stand up for the rights of young people in youth care, between the lines. For example, at the beginning it is written about services in youth care facilities; providing access to others who are not staff members of the facility when young people want to complain. This is supported by the guidelines from the UN CRC. Children and young people have rights, and these should be protected and carried out.

I found the residential groups that see complaints as necessary and meaningful so that care receivers can participate and have a say, really great. In my opinion, professionals who work in a solution-oriented manner and want to clarify conflicts are building trusting relationships, which is inevitably necessary for a successful complaint process.

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8   The review was translated from German to English by the author.

The routinized type of organizational idioculture of youth welfare facilities is very familiar. Therefore, I see the analysis of this as particularly valuable because of the control practices of professionals and the paternalistic hegemonic order that particularly restricts the participation of young people in residential childcare.

I also find the revealed contradiction remarkable that professionals are often anxious to prove that the complaints of young people are simply wrong, although it is expressed that it is the right of young people to complain.

The sections from some young people also reminded me again of my own time in youth welfare, as such situations were typical: "As long as you do what the staff say or want, everything is great. Then nobody has a problem with it. But as soon as someone here even starts to think that this group is not the right one or says something wrong, you've screwed up". Even in my old facility, or in facilities I worked in, that kind of culture was fostered.

Responsibilities for the atmosphere and the handling of the organization in the facility are often blamed on the young people, often no mistakes are admitted or practices that are not conducive. It is said that it is up to the young person and not up to the staff members to change something. There is talk about the youth being "wrong" or not fitting in with the residential group. Rules and guidelines continue to be enforced with coercion, sanctions, and against the will of youth.

Foucault's panopticon describes the situation in such facilities very aptly: stigmatization, observation, and logging. The young person from the interview even mentions that he feels like he is in the "Stasi", and he is not alone in this, as many care-receivers feel this way.

Conclusion

The presented findings about displaying children's rights as a policy to legitimize the organizations of child welfare services besides their concrete practices within the facilities point to the importance of presented voices of care-experienced persons in different discourses of researchers, policymakers, and professionals. Antonina Milinkovic as a reviewer of this chapter and care-experienced person very clearly points out the importance of participatory idiocultures which allow children and youth in out-of-home care to complain and be heard by professionals. Complaint procedures in residential facilities support the participation of children and youth when professionals support their complaints. But it is also evident that complaint procedures do not provide child protective impact when institutional violence occurs. Therefore, the result of the presented study suggests that the concept of safeguarding children's rights through complaint procedures is not convincing although it is a prominent position in professional discourses. The findings of the study and the review of Antonina Milinkovic highlight that access for children and youth affected by violence in the respective facilities to ombudservices and complaint management services outside the organization

is difficult, sometimes impossible. There needs to be more research about the barriers and facilitators for victimized children and young people in out-of-home care to get access to important ombud- and advocacy services. A crucial aspect explored in the study is the organizational hierarchies and "hegemonic orders" within the residential facility. These power dynamics form a kind of membrane or boundary, which has more or less permeability for children and adolescents to form bonds and establish relationships outside the facilities, or even to make use of ombud- or advocacy services. The power dynamics within residential group facilities and their impact on participation and complaint procedures are presented in the following fifth chapter.

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5. Organizational Power Dynamics in Residential Group Care as Key Drivers for Safeguarding Children's Rights

Claudia Equit

Abstract

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This chapter addresses organizational power dynamics and hierarchies in residential group care that facilitate or hinder participatory processes and safeguarding participatory rights. Different forms of power dynamics between children, youth, staff members, and senior management will be presented and illustrated by examples from group discussions with young residents and with professionals. In the conclusions, the interconnectedness of organizational power dynamics with clientization processes and the enaction of generational orders are highlighted. In addition, the limitations of the study will be discussed.

Power dynamics in residential care

Power dynamics between professionals and clients are well-researched in child and youth welfare (Fraser et al., 2015; Gubrium & Järvinen, 2014; Hall et al., 2003; Messmer, 2018; Thieme, 2011; Urban-Stahl, 2012). According to Urban-Stahl, asymmetries in professional and legitimated knowledge of rules, procedures, and processes of professionals vis-à-vis clients show. While professional guidelines represent a "home match" for professionals, many clients, especially children and adolescents, have little knowledge about the concrete competencies, possibilities, and limits of professionals (Urban-Stahl, 2012). In addition, most clients have a lower social status and sometimes lower linguistic abilities than professionals. The latter can be a hurdle, especially for children and adolescents, but also for clients with disabilities. Professionals have the status of the profession. This is associated not only with specialist knowledge and the power to define but also with a head start in terms of orientation, information, and role security. Professionals construct 'cases' through attributions, stories about 'good' and 'bad' clients, through reports and statements in the case conferences, and thereby exert a significant influence on the provided care (Hitzler & Messmer, 2010; Järvinen, 2014; Messmer, 2018; Urban-Stahl, 2012).

In contrast, power asymmetries, referred to as the "dual mandate", are particularly evident in residential care (Fraser et al., 2015). For example, social workers in residential groups often face opposition, verbal aggression, and violence by young residents. Social workers also support traumatized children and youth. Staff members are confronted with the costs of secondary traumatic stress and have to cope with them (Mersky et al., 2019). Social workers in the dual role of 'controlling' and 'helping' must manage contradictory tasks in their daily lives with children and youth. In addition, social power relations, such as the treatment of ethnicity, may play an important role, particularly in residential care, as minorities are overrepresented in children's homes. Discipline is an important aspect that may be reflected in the way minority children and youth are treated in children's homes (Fraser et al., 2015). In contrast, Wolff (1999; 2010) emphasizes that power dynamics between adolescents and staff are characterized by a strong mutual reference. Using Norbert Elias' figurational approach, he describes how the distribution of care activities essentially shapes the power dynamics in everyday life in residential groups. For example, whether food is to be prepared by young people in the residential group or provided by a caterer has an impact on the enforcement of duties and relationships between staff, children, and youth (ibid.). In contrast, Fowler emphasizes more asymmetries in the relationship between youth and staff in residential group care using Erving Goffman's interactional approach. In distinguishing performances from frontstage and backstage, different demands are placed on behavior that significantly influences which norms and routines are enforceable: "In residential care, where one might consider the staff members or young people as team-mates to each other, there is a need for staff members to make sure they maintain the same performance in front of young people, even if they happen to disagree with their fellow staff members, and vice versa" (Fowler, 2018, p. 71). The results of this study show that this notion of a front stage and joint action of staff towards young people might represent a specific form of idioculture in children's homes. Power dynamics in the analyzed facilities were reconstructed as a sensitizing concept (Kelle & Kluge, 2010; Kelle, 2005) that was labeled with the term "hegemonic orders". These include organizational power dynamics and hierarchies in the residential groups, their organizational anchoring, generational asymmetries, and clientization processes, which not only manifest themselves in the everyday life of the residential groups but could also have an impact on the decision-making in care plan[1] conferences. Further below, the sensitizing concept of hegemonic order is presented concerning the elicited organizational idiocultures. However, the design of the study will be outlined first.

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[1]   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

Methodology and objectives of the study[2]

The project "Participation in Residential Childcare" was funded by the German Research Foundation (DFG), No. 419403819. Claudia Equit led the project in collaboration with research assistants Antonia Finckh and Julia Ganterer, with Elisabeth Thomas analyzing the impact of the COVID-19 pandemic on youth in residential childcare.

The study aimed to examine the use of complaint procedures and their impact on participation experiences in the daily life of children and adolescents in residential group care in Germany. Therefore, it was reconstructed how young residents and staff describe situations in which, from their point of view, participation was evident. We also reconstructed the legitimization of existing rules in daily life by staff members and how children and young people can voice complaints. Furthermore, we analyzed what experiences children, young people and professionals had with formal complaint procedures and what informal complaint processes were described in the facilities based on the narrated experiences. Finally, we reconstructed organizational and informal hierarchies and power dynamics that emerge within this context.

The sample[3] included 27 residential groups of 17 different child welfare stakeholders in four federal states. The sampling criteria were an urban-rural comparison, the different concepts of the facilities, and the examination of facilities in eastern and western Germany. A total of 13 facilities in the east and 14 facilities in the west of Germany were surveyed with 17 facilities located in large cities and 10 in small towns and rural areas. 233 children and young people aged 6–21, both with and without a family history of migration, were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The sample includes almost an equal distribution of male and female children and youth (116 females to 117 males). No child or young person identified as "diverse" regarding their gender. In total, 91 female and 49 male professionals were interviewed with one professional identifying as "diverse" about their gender. The gender distribution of the managerial staff was 15 females and 12 males. Children, young people, and professionals were sent detailed information about the project before the group discussions and interviews. In addition to data protection regulations, the voluntary nature of their participation in group discussions and interviews was pointed out. Children and young people were provided with information on advocacy services (i.e., ombudsperson) and were given the opportunity to contact either these services

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2   Each chapter of the book contains information about the objectives and methodological design of the study, so that it can be studied by the reader without missing an overview of the entire study. If you have already read the design of the study, you can skip this section.

3   The presented sample includes group discussions and expert interviews before and during the COVID-19 pandemic.

or the head of the research project, Claudia Equit. Additionally, all participants were assured that all data was being treated anonymously. A content overview was prepared for each interview and group discussion to provide an overview of the topics discussed and statements made by interviewees. A content overview was prepared for each interview and group discussion to provide an overview of the topics discussed and statements made by interviewees. They built the foundation for the case construction, served to select interview sections for the in-depth analysis, and helped to generate a typology. The group discussions with children, young people, and professionals, as well as the expert interviews with members of the senior management of one residential group, were combined into one "case" and analyzed using the documentary method (Bohnsack, 2010). From a total of 27 cases, 15 cases were analyzed in-depth, and a first typology was built (Bohnsack et al., 2019). Based on the content overview, the 12 remaining cases were subsequently categorized as developed types. One divergent case could not be classified with the typology.

The typology was created in several steps: first, the narratives of professionals, children, and young people about their daily lives in the residential groups were analyzed. Secondly, the experiences with participation and complaints were analyzed and typified. Thirdly, the hegemonic order – i.e., the power dynamics between children and young people, professionals and senior management – was examined.[4] Although this is a qualitative study, the criteria-led sampling and the high number of participants suggest that the study reflects the breadth of diverse residential group care in Germany.

Results

The study follows the interactionist-pragmatist approach of sociological organizational research. According to this approach, power dynamics in organizations are not simply given by existing hierarchies but are essentially produced through interactions (Fine, 1996). Harré & Moghadam (2003) shows how persons in different positions indicate their duties (and sometimes power relationship) through communication and, in case of dissent, through verbal negotiations (ibid.; Hirvonen, 2013). Fine (1996) shows in his ethnography about the work of chefs in kitchens how reciprocal meanings of workers in the kitchen built the culture of small groups which influenced how staff in the kitchen dealt with emotions, the rhythm of guests, boredom, the demands of management and so on. Of course, these variables set the pace and determine resources necessary to accomplish the work, but this frame does not specify the reciprocal meanings and meaningfulness of the activities that the cooks generate and reify in their actions, as if casually. How good or bad food looks and tastes,

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4   A detailed description of the methodological type formation is provided in Chapter Two.

for example, the emotional cohesion of the staff, spending part of their free time with their colleagues, all this is not determined by formal management goals, by resources, or by the rhythm of guests. A similar picture emerges in residential group care. Economic resources, quality standards, bureaucracy, and the specifications of management form a framework that influences the work of staff members, but this framework does not completely dictate how professionals describe and evaluate children and adolescents they work with, what value they ascribe to their work, and how they implement the instructions of management. According to Fine (1996), this distinct form of idioculture encompasses "a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis for future interaction" (Fine, 1996, p. 129). This "culture of small groups" (ibid.) is characterized by the shared experiences of its members and the accepted expectation that these members understand the meaning of the shared experiences and act on that basis. From another point of view, the idiocultures in living groups provide the collectively shared narratives that allow social workers to transfer the troubles of children and adolescents into workable problems. The analyzed data of different residential living groups of one social stakeholder shows that the idiocultures are limited to the respective residential groups. Therefore, one stakeholder can provide residential living groups with very different idiocultures regardless of the participatory or non-participatory attitudes or means and measures of the management. Individual idiocultures develop in the residential groups, with their routines and meanings about professional work in daily life. This form of "independence" or "loose coupling" (Meyer & Rowan, 1977; 1978; Orton & Weick, 1990) of the individual residential groups from the organizational culture of the management is to be expected in facilities of residential group care. Referring to Brodkin (2012; 2013) and Lipsky (1980), residential group facilities can be characterized as "Street Level Organizations". This approach explains social work practices and beliefs of front-line workers in public services (ibid.). Brodkin (2012) as well as Lipsky (1980) emphasize that front-line workers, such as teachers or social workers, have extensive personal discretion, especially in "face-to-face contact with clients" (ibid.). Their personal discretion is the pre-condition for coping with excessive caseloads, limited resources, complex cases, and ambiguous targets (ibid.) The front-line workers must develop strategies to cope with the conditions of their work, which may often stand in stark contrast to the official policy of the organization. Even if residential care in many countries, including Germany, is run by non-profit organizations and not by public providers, the cost pressure, high caseloads, and complex cases, as well as the lack of choice for clients, can also be stated for residential group care (Klatetzki, 2019; McMillan, 2020). The "loose coupling" found in the evaluated organizations between the management, on the one hand, and the team of professionals in the residential living group, on the other, suggests that social workers in residential groups are

partly also confronted with dilemmas of the front-line workers, whose processing or handling requires "individual discretion" (ibid.). In the team, professional work is necessarily coordinated so that the front-line workers remain capable of acting and can deal with the existing ambiguities in everyday life. At the same time, these routines and meanings form the idioculture of the residential group and can be separated from the formal goals of management (Orton & Weick, 1990; Brodkin, 2012; 2013). The handling of social problems in child welfare arrangements takes the form of delegation rather than instruction (Klatetzki, 2019). In this respect, discretionary spaces are, on the one hand, necessary for front-line workers to be able to do their work. At the same time, discretionary spaces are used by management and politicians to mask political decisions, such as unpopular austerity measures (Brodkin, 2012).

The results reveal three different types: these are participatory, routinized, and oppositional idiocultures. Based on the built typology the sentisizing concept of "hegemonic order" was created in order to analyze the different aspects of power dynamics within each type.

The power dynamics in each living group between young residents, staff, and senior management were reconstructed and conceptualized as a sensitizing concept based on Kelle and Kluge (2010). The use of sensitizing concepts is especially common in grounded theory methodology (McCall et al., 2021) but not limited to it (Kelle & Kluge, 2010; Kelle, 2005). A sensitizing concept represents an "important type of heuristic concept" that "refers to a variety of theoretical notions, definitions and categories drawn from 'grand theories' in the social sciences which are too broad and abstract to directly deduce empirically contentful propositions" (Kluge, 2005, p. 35). The term *hegemonic order* was used to conceptualize different power dynamics and hierarchies in residential living groups. Therefore, hegemonic order as a sensitizing concept includes different theoretical approaches to explain the various facets of the empirical data to generate a dense and consistent understanding. The term hegemonic order analytically captures the hierarchies and asymmetries in the residential living groups regarding participation and complaint processes. Presenting the results of this process, hegemonic orders include three levels of analysis:

1) organizational hierarchies and leadership
2) clientization processes
3) generational orders

1. Organizational hierarchies and leadership

The reconstruction of organizational hierarchies and leadership in the living groups is basend on the interactionist-pragmatist approach as outlined above. As well studies about silencing practices in child welfare organizations were

helfpul to reconstruct the exercised hierachies and leadership in the living groups (Tiitinen, 2018).

In participative idiocultures, professionals and leadership are oriented toward the wishes and concerns as well as individual problems of the children and adolescents. The management adopts a cooperative leadership style. They explicitly formulate the expectation that professionals should take the relational work with children and adolescents seriously, deal with the wishes and concerns of each young resident and seek solutions to problems cooperatively with colleagues and the children and adolescents. This participatory attitude is set as a quality standard in everyday life by the senior management of the residential group and implemented by professionals and young people in negotiation processes. Negotiations are also used to deal with a basic organizational problem: the relation between individual needs and group issues. This problem is dealt with through the collective search for common solutions in which children and adolescents have a say. Likewise, in some facilities of the participatory type, the agreements of individual rules with children and adolescents were reconstructed. Contradictory demands in everyday life are seen as an occasion for negotiation processes. Closely linked to this is also a pronounced error-friendly culture, which is assessed as professional and expected of the professionals by the senior management of the respected living group.

> *Professional*[5]: [...] and if then sometimes a decision is not so good, we as professionals can say 'okay we give it a second thought, we overreacted'. We try to keep in touch with children and adolescents and admit our faults. To be error friendly [...].

The professional reports that wrong decisions are communicated to children and youth. Misconceptions are not communicated as a "problem" in participatory living groups because decisions can also be criticized afterward in the negotiation process with actors, and consequences for future decisions can be made. However, the expectations of constant negotiation and cooperation among professionals and with the senior management of the living group as well as with the children and adolescents are an explicit requirement of participatory idioculture. These perceptions are explicitly communicated by the senior management to the professionals. Compliance with this is ensured through control practices. In this context, the senior management of the residential group is often present in person and has various contacts with children and youth. The senior management of the team participates in team supervisions and he, she or they is available for discussions in everyday life for children and adolescents as well as for professionals. The management repeatedly articulates the perception

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5   All excerpts from interviews and group discussions presented in the chapter have been translated from German into English according to their meaning.

that the respective decisions should be made in the team or/and with the children and adolescents. The senior management itself does not prescribe decisions unless, in its view, it is a matter of protecting the best interests of the child.

Ten out of 27 facilities were assigned to participatory idiocultures. In one case, children and youth reported about a past victimization within the facility. In this case, the limits of participatory idiocultures become clear. The children and adolescents reported that a girl in the residential group was beaten frequently and very badly by a roommate. The perpetrator silenced the survivor by threatening. Neither the professionals nor the other children and adolescents witnessed the victimization. Ultimately, a doctor revealed the victimization because of the hematomas. The survivor had to leave the facility while the perpetrator remained in the residential group. The girls in the group discussion criticized the fact that they had no say in the decision as to which of the two should leave the facility. They got along well with the young person who stayed, but they insisted that they wanted to have a say in preventing and dealing with peer violence. Violence or aggression between staff and young residents was not reported in any of the participatory facilities. However, this is a limitation of the study, which can only draw on narrated events. Further data, like ethnography, would have been useful for a comprehensive analysis but would have gone beyond the scope of the study.

In routinized idiocultures, paternalistic hegemonic orders were reconstructed between the management and the professionals as well as between the professionals and the children and adolescents. Paternalism is understood as the enforcement of requirements and restrictions on the freedom of others, with the justification of ensuring their best interest (Steckmann, 2014). Professionals in routinized idiocultures set many rules and requirements, usually with the legitimization that it is for the best interest of the child. They point out that routines and fixed rules in daily life are intended to help children and adolescents achieve "their" goals set out in care plans, or that these fixed "structures" help children and youth cope with daily life. Participation rights are safeguarded by formal, bureaucratic procedures. The paternalistic order is accepted by professionals, management, and children and adolescents. The latter take the daily routines set by the professionals for granted. Likewise, the professionals accept the guidelines and control practices of the management. For example, the management is referred to and addressed as a "good boss", even if they make decisions that have economic rather than pedagogic legitimacy. How strictly or less consistently the paternalistic order is enforced ultimately depends on the positions at which the organization enacts the paternalistic order. Thirteen of 27 residential groups were assigned to this type. Within the thirteen residential groups, a wide variance was found. There were seven residential groups in which the senior management and the head of the social stakeholder, together with the professionals enforced a paternalistic order toward the children and adolescents. In four cases, the enforcement of a paternalistic order was enacted by the senior management of the respective living group. Likewise, there were two cases

in which professionals themselves enacted a paternalistic order both towards the management and towards the children and adolescents. Participation and complaint processes in these institutions are highly bureaucratized and focused on the interests of the group. Collective concerns and complaints are most likely to be heard and acknowledged when the concerns fit into the given routines and structures in everyday life.

Two special aspects emerged in routinized idiocultures with a paternalistic order. On the one hand, children and young people expand their discretionary spaces against professionals through resistant practices, e.g., by secretly using the social worker's Wi-Fi or secretly gathering in a room at night. Children and youth described these incidents more as a game in which the otherwise fixed rules in the facilities were circumvented. On the other hand, children and young people described discrimination and devaluation by professionals. These devaluations are embedded in clientization processes described in more detail later in the chapter.

The hegemonic order in oppositional idiocultures is dominated by the (violent) enforcement of the professionals' strict guidelines for children and young people using discipline and coercion. There are massive conflicts between children and adolescents, on the one hand, and professionals, on the other. The children and adolescents report devaluation and bullying by professionals. In one case, physical violence was used. The children and adolescents as well as the professionals have little dissent among themselves. Dissenting opinions are not discussed in group discussions, either because they do not occur or because they are concealed or silenced. Between professionals and children and adolescents, forms of institutional violence are evident in all its forms: verbal violence, bullying, silencing practices, and, in one case, physical violence. This violence is accompanied by mutual devaluations and "hate speech". Overall, three of 27 facilities were classified as this type. In all three cases, the senior management of the residential group relativized and tolerated the violence. The senior management explicitly follows the decisions of the professionals. No criticism was expressed by the senior management. Reports and criticisms from the children and adolescents were put into perspective concerning the professionals' many years of experience. The head and middle management of one stakeholder had a contrary participatory orientation in one case. The middle management made efforts to include the children and adolescents from the oppositional residential group in the child and youth parliament of the provider. However, the children and youth themselves reported that they did not believe that their participation in the child and youth parliament would change things for the better. Among the professionals, an oppositional counter-positioning against the head and middle management was reconstructed. The professionals reported conflicts with the middle management because they did not want to accept certain children in "their" residential group. They stated that the complaint procedures for staff members were ineffective and devalued the facility's

complaint management. The children's isolated narratives provide evidence that in oppositional idiocultures, child and youth complaints are dismissed as nagging, teasing, and an inability or unwillingness to conform to non-negotiable rules. Participation rights according to Article 12 UN CRC are not guaranteed in these institutions.

The examination of the respective organizational dynamics revealed two other important power dynamics that are of relevance for children and young people in residential care. On the one hand, these are clientization processes and, on the other hand, the enaction of generational orders by adultism.

2. Clientization and idiocultures – hidden power dynamics

Power dynamics between clients and social workers are well studied (Gubrium & Järvinen, 2014; Hall et al., 2003; Hitzler & Messmer, 2010; Klatetzki, 2019; Messmer, 2018; Urban-Stahl, 2012). As early as the 1970s, Hasenfeld examined how human service providers translated clients' "troubles" into "manageable problems" (Hasenfeld, 1972; Hasenfeld & English, 1974). In this context, the term "people processing organizations" was coined (ibid). The focus on clientization processes is highly relevant to the study of power relations between social workers and clients. The claiming of care is accompanied by the transformation of a troubled person into a client with organizationally workable problems. This transformation simultaneously defines a set of preconditions and hierarchies that significantly shape the help process (Järvinen, 2014; Vitus, 2014). Essentially, the process of clientization is seen as a transformation in which the troubles that people brought to social organizations were changed via narrative practices of professionals in such a way that they became workable by the organization. "Becoming a client consists of a process in which human troubles are translated into a system language that frames the client's situation in institutionally relevant terms that correspond with their measures and models of treatment" (Vitus, 2014, p. 85). In this context, the organizational clientization processes have significant social relevance and consequences for those affected (Gubrium & Järvinen, 2014; Järvinen, 2014).

Theoretical approaches to clientization offer the potential to analyze the interconnectedness of child welfare provision with organizational processing and policy-making (Järvinen, 2014; Vitus, 2014). The theoretical approach of positioning has proven particularly fruitful for reconstructing clientization processes (Harré & Moghadam, 2003; Klatetzki, 2019; Maynard-Moody & Musheno, 2003; 2022). The transformation of a person with troubles into a client with workable problems is generated by narrative practices. Studies highlight that front-line workers are already pre-positioning clients when they enter social services. (Potential) clients are assessed by front-line workers in terms of motivation, honesty, and responsiveness. This assessment contains a moral

evaluation that allows the front-line workers to classify the person on a continuum from "good guy" to "bad client" (Maynard-Moody & Musheno, 2003). The moral evaluation by social workers significantly controls the interaction behavior of the social worker (ibid., p. 104). In organizations, clientization processes are essentially perpetuated through positioning based on speech acts. Behaviors and activities of persons are given social and especially organizationally relevant meaning using narrative practices (Harré & Moghaddam, 2003; Klatetzki, 2019). In Chapter Four, reference was made to the reciprocal positioning between professionals and children and youth in the reconstruction of complaint processes and trajectories. The conceptualization of power dynamics revealed different narratives for the respective idiocultures about how children and adolescents are to be understood as clients. What "problems" do they have and what should appropriate "professional" action look like in this context?

Professionals in participatory idiocultures characterize children and adolescents as individual personalities with specific needs and problems. In group discussions, professionals refer to problems or needs of adolescents, or important needs of the group of adolescents were highlighted. The description of the young people as clients is done appreciatively. The individuality of the young people, including their willingness to complain and engage in conflicts as well as their "competencies" in undermining rules, is described as something "given" and thoroughly positive with which the professionals can "work". The positive assessment of young people as clients is an important feature of participatory idiocultures, even if the choice of words and the attributions vary in the institutions.

This will be illustrated by the example of the excerpt of a group discussion.

> *Mr. Meyer:* Especially with difficult young people [...] I think we've had really great successes here. I'm thinking of Justus, for example, who really had it all behind him.
> *Mr. Schmidt:* and Miriam.
> *Mr. Meyer:* Yes. And they both haven't been anywhere for more than a month. And they had been here for a really long time. In the beginning, they managed very little agreement. They settled in, and afterward, at least for their circumstances (…). With Miriam it was extremely good, but also with Justus. He was really like a gamin, constantly on the street. At that time, we got another call that he was in Mountain City. He became more and more attached to us.

Professionals appreciatively characterize their clients. At the same time, they present a success story of the facility by referring to different case stories. The young people are remembered by their names. Their frequent absenteeism is accepted as a given. It is the starting point for the work of the professionals.

In routinized idiocultures, different moral ideas about clients were expressed in the group discussions. On the one hand, professionals expressed appreciative views about children and adolescents. Certain skills or accomplishments that young residents made together were positively highlighted. On the other hand, there are various devaluations and discriminations. Depending on the situation and the person, children and adolescents are devalued along categories such as race, gender, disability, or age. This ambivalence of, on the one hand, positive descriptions of the clients and, on the other hand, existing devaluations, which express themselves in racism, sexism, and ableism, is typical for routinized idiocultures. The ambivalent evaluations of the clients by professionals are reflected in the group discussions of the young people as well. They criticize experienced devaluations by professionals, which are not dealt with via complaint procedures, for example, because they are not "heard" or taken seriously.

Children and adolescents in oppositional idiocultures are often attributed negative characteristics by professionals. In particular, the moral evaluation of the clients becomes clear when professionals are outraged by certain behaviors of adolescents. Similarly, professionals compared their clients to supposedly "normal" children and adolescents living in their families and justified negative attributions in this way. The young clients were described as deficient. The named deficits are embedded in moral judgments that highlight the questionable character of the children and youth in the living groups. This kind of story lines enfolded in group discussions and interviews serves as the argumentative basis for legitimizing the disciplinary measures and sanctions frequently imposed in everyday life. For example, it is explained that children and adolescents in living groups lack rules and so-called "structure". Professionals complain that children and adolescents do not take advantage of the learning opportunities offered to them and instead disregard the rules that have been established.

3. Generational orders

Following Alanen, adultism is understood as a process in which childhood is discursively constructed about adulthood. Being a child is embedded in processes of social positioning, which is linked to rankings and values, independent of the individual's actions and behavior (Alanen, 2005). Adultism is determined as a form of discrimination that results from comparison with or relationship to adults (Prengel, 2016), linked to hegemonic orders. In these, adults are positioned as superior or more mature compared to children (Liebel, 2017). Adultism is challenged by childhood studies. It is argued that the supposed superiority of adults is a discursive construction to legitimize adult behavior or powerful positions (Liebel, 2017). Liebel therefore criticizes childhood as a social status that is illegitimately subordinated to adults. The childhood-adult generational relationship is therefore a socially created source of social inequality and

injustice reproduced through discourse (Liebel, 2017; Schulze et al., 2020). In social work and especially child and youth welfare, two different aspects of adultism can be named: first, adultism is located in child welfare policy delivery and politics. Therefore, the studies critically analyze the extent to which child welfare legislation, policies, and planned interventions implicitly and explicitly rely on adultism-based assumptions and discourses (Kränzl-Nagl et al., 2003). Second, child welfare agencies, such as residential groups and other care settings, are examined for how they create or perpetuate inequality and discrimination against the children and youth they care for. Studies and meta-studies on the participation of children and adolescents in alternative care point out that paternalistic attitudes of social workers often prevail in child protection, although especially in the process of out-of-home placement participation contributes significantly to successful decision-making (van Bijleveld, 2015; Bell, 2002). Adultism, especially according to silencing practices was reconstructed mainly in routinized and in oppositional idiocultures. However, it does not mean that adultism does not occur at all in participatory idiocultures. Forms of adultism were not found in the group discussions with children, youth and professionals. Children and youth addressed conflicts and contrary opinions as well as differences of opinion among the group and young people. However, the group discussions of the young people showed that they accepted the other opinions of the young people or that professionals were involved in conflicts.

As an example, an excerpt from a group discussion with young people is shown. When the interviewer asks Bobo whether a young person from the residential group has already complained, he becomes thoughtful and finally answers:

> *Bobo:* Yes, yes, I have already complained, but I have always solved it with the young people then. So, these were just little things, but we then agreed on them.
> *Interviewer:* Can you tell us about it?
> *Bobo:* Well, I've already said what bothers me about this person. Because I find some young people exaggerate just the role, they are in. We're here justifiably. Everyone has their problems. And you want to achieve the best. You want to stand on your own feet and have your own apartment.
> *Interviewer:* And then you went to the staff and complained?
> *Bobo:* Exactly. I have complained to the social workers, and they just found a solution for me. I distanced myself from this problem, so to speak.

Bobo explains that he has already complained to professionals about another roommate. He does not name the specific reason, only that something about the person bothered him and that he complained to the staff members. He legitimizes

his complaint. Every young person has his own problems, and everyone wants to achieve the best, become independent, and live in their own apartment. He reports that the professionals found a solution for him so that he could distance himself from the problem, as he says. Bobo highlights that the professionals helped him to deal with the disruptive behavior of the other roommate. And he presents himself as a young person who is able to distance himself from problems in order to find a solution with the young people. From Bobo's point of view, complaining is linked to the help of adults. He combines his complaints about other roommates to the interviewer with his own skills and actions. The jointly developed solutions enable Bobo to present himself as a person who is able to find solutions himself and not just as a person who is helped by adult social workers.

In routinized or oppositional living groups, professionals set clear guidelines for children and adolescents. In both idiocultures, various forms of adultism and other forms of discrimination, such as sexism, and racism, were reconstructed. Children and adolescents reported discrimination by professionals based on their gender or sexual orientation, social or ethnic origin, body measurements, appearance, and so on. Adultism and discrimination practices were also reported to some extent by professionals, for example, when a lack of table manners was cited as a reason that youth were labeled as not "fit to participate" (Equit, 2023). Adultism and other forms of discrimination are consistent with professionals' practices of silencing youth complaints and disregarding their participation rights. Children and adolescents reported that their complaints were not heard or ignored when they also reported adultism and other discriminatory practices by professionals towards them (Chapter Four).

On the one hand, discrimination is part of the hegemonic order in routinized and opposed idiocultures. In both idiocultures, experts legitimized the devaluation and discrimination of children and young people, and the restriction of participation rights vis-à-vis the interviewers. Likewise, complaint processes were assessed as not "professional" from children's and adolescent's point of view. Discrimination is a form of silencing children and youth by discrediting their person. Discrimination by individual professionals against some children and youth was a form of tolerated practice on the part of management and professionals. Group discussions with professionals as well as with young people included stories about individual incidents of discrimination in routinized idiocultures. The complaints of the children and adolescents were deliberately "overheard" or evaluated as "no real complaints" or ignored at all. Especially routinized facilities whose senior management and the head of the social stakeholder enact paternalistic hegemonic orders in a concerted manner, children and young people in these organizations often report discrimination and silencing practices[6] in group discussions. In oppositional idiocultures,

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6   Silencing or silencing practices are understood as performative practices in which children and young

discrimination and discipline were part of everyday life. Discriminations are ignored by professionals and management, complaints from children and young people are considered null and void, also to prevent problems and grievances of one's own organization from "outside". This practice can be classified as a form of silencing complaints and whistleblowing in social organizations (Tiitinen, 2018; Fowler, 2018). It was also found that children and youth in oppositional idiocultures continued to discriminate against other groups in the same way that professionals practiced against them. Within the group discussions, divergent views of the group members were either not expressed or attempts to express different views were silenced by ironic comments or by interruptions by other group members.

The interconnectedness of reconstructed hegemonic orders and limitations of the study

The distinctions presented between organizational power dynamics and hierarchies, clientization processes, and generational orders are analytical categories. In the interpretation and analysis of the interviews and group discussions, clientization processes overlapped with organizational power dynamics and the enactment of a generational order.

This interconnectedness is illustrated by an excerpt from a group discussion with adolescents living in a routinized residential group.

Lilly lives in a facility where the young people reside in the children's home from Mondays to Fridays, which also provides very intensive schooling and therapeutic support. On weekends, they return to their families. Lilly criticizes the influence of the caregivers in the residential group on the care plan management. It is striking that Lilly, who is 16 years old at the time of the interview, describes herself as being addressed as a "child".

> *Lilly:* The professionals wonder why the children don't want to return to the children's home anymore. And don't want to return anyway. The children then simply stay at home, or simply say "I want to go back to my family". You have these care plan conferences, and they (the professionals) told you: "Well, the child can stay with us at the children's home for another year. That would be good for her".
> *Amadou:* Oh, I wanted to address that today.
> *Peter:* Money, money, money.

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people's utterances are silenced or, as such, are not "heard" by adults (Magyar-Haas, 2015; Lorenz, 2020). Silencing practices play an important role, particularly in the context of disclosure of violence experienced by children and youth in different child welfare contexts and/or families (Bühler-Niederberger & Alberth, 2023; Callaghan et al. 2017; Tiitinen, 2018).

> *Lilly:* And then Ms. Heart (the home's management, C.E.) says, "Well, Lilly's doing fine here". And then they (the home management) gloss over to the youth welfare workers that things are going well at the children's home, even though things were going really well at my mother's home. And then Mr. Meyer (deputy director of the facility) explains to my mother that things really sucked during the vacations, even though they were going splendidly! Thank you for taking away the opportunity to return to my mother's home, Mr. Meyer.

Lilly explains that the children no longer want to return to the children's home anyway. She justifies the children's reluctance by describing her own experiences. She tells of a care plan conference in which a decision was made about whether to extend or terminate the care. In the care plan conference, the caregivers explained to the professionals from the youth welfare office that Lilly should stay for another year because it would "do her good". Amadou objects that he has saved this topic for the group discussion. Peter interjects the words "money" and alludes to the fact that extending the care means money for the management of the children's home. Lilly explains that the home's manager states that she is doing well at the children's home. Implicitly, he implies that Lilly is not doing so well at her mother's home. But Lilly contradicts this. She explains that she and her mother get along well with each other. However, the deputy director of the home, Mr. Meyer, tells Lilly's mother that things really sucked during the vacations. Lilly contradicts again and accuses Mr. Meyer of preventing the termination of the care and her return home.

In the previously mentioned interview excerpt, Lilly describes typical aspects of adultism. At the age of 16, she is addressed as a "child" by the adults, and the management and deputy management do not talk to her but about her. Particularly evident in Lilly's utterance is the experience of not being heard. Lilly contradicts what the adults say to the interviewers, but there is no perception of her voice and opinion in the care plan discussion itself. Lilly has to remain in the facility. During the group discussion, she criticizes the professionals and describes her different forms of resistance to them.

The short interview excerpt illustrates from the perspective of Lilly that neither she nor the mother are heard by the social workers, even if they raise objections. Rather, the youth welfare office and the home's management made in coalition the decision. Lilly's residential group was assigned to the type of routinized residential groups in which paternalistic hegemonic orders – the prescribing and enforcement of measures and goals by those higher in status because this was for the good of the others – are part of the organizational culture. Paternalism as a reconstructed dominant hegemonic order in the residential group was also reconstructed in the relationship between management and professionals of the facility. Children and adolescents in routinized living groups often expressed criticism because they were deprived of important

participation rights, such as those regarding participation and being heard in the care plan conferences, participation by the creation of case descriptions that are discussed during the care plan conferences, lack of recognition as complainants in the formal complaint procedures, lack of consideration of individual concerns and wishes, etc. Discrimination practices and the enforcement of a hegemonic order are interwoven with organizational power dynamics and hierarchies in the everyday life of routinized idiocultures and influence the clientization of children and youth and their parents.

The interconnectedness of organizational orders with adultism and clientization processes was also evident in residential groups with oppositional or participatory idiocultures. Depending on the idioculture and the power dynamics interwoven within it, children and youth are positioned by professionals in very different ways, and their needs and problems are interpreted and addressed in various forms as well. The respective idiocultures and the power dynamics interwoven in them can have an important influence on client identification and the care process. Children and adolescents must adapt to their respective power dynamics and attributions as a client. And they have different potentials and abilities to fit into the existing, very different idiocultures of the residential groups. The challenges and practices of matching into the respective idiocultures are presented and discussed from the perspectives of children and youth in Chapter Seven.

For methodological reasons, the study's ability to reconstruct clientization processes and power dynamics systematically and comprehensively is limited. The study can only refer to the interview material collected and compared by the perspectives of the respective actors. However, clientization processes and power dynamics were not reconstructed based on observed interactions. Ethnographic approaches are an important addition to corroborating the reconstructed experiences of the actors. However, this was not envisaged in the study. Due to the goal of the study to comprehensively reconstruct the variance in German residential group care and thus to collect a large, criterion-guided sample, systematic ethnographic observations as a comparative and complementary approach could not be realized.

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6. The Impact of the COVID-19 Pandemic on the Daily Lives of Young People in Residential Group Care

Elisabeth Thomas

Abstract

This chapter contains reports on isolation and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This chapter focuses on the impact and challenges of the COVID-19 pandemic in residential group care in Germany and is based on the project "Participation in Residential Childcare" funded by the German Research Foundation (DFG)[1]. In this regard, the following section illustrates how the metaphors of the so-called *magnifying effect* and the *catalyst* have been used across disciplines. Furthermore, it will be shown what has been discussed with the metaphors and what has been demonstrated with them. After introducing the methodology of the project, the idiocultures identified in the project that significantly determine the everyday life and interaction of residential groups are briefly described. Based on this, the results of group discussions with adolescents, which were collected during the pandemic, are presented and analyzed. This allows us to reconstruct existing problems, challenges, and effects of the pandemic at the organizational level in terms of idiocultures, on the one hand, and at the individual level in terms of the subjective experiences of young people, on the other. These findings are therefore based on the perspectives and narratives of the young people themselves and enable further thinking on how to work on these emerging problems and challenges. This chapter was reviewed by Ali Rahimi, who gave important feedback and advice from a care-leaver's perspective. His remarks can be found at the end of this chapter.

The use of metaphors to illustrate the impact of COVID-19

German media, referencing various restrictions that were implemented to contain the spread of COVID-19, echoed a wide variety of statements, reports, and scientific articles and frequently used the metaphors of the so-called *magnifying*

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1   Project No. 419403819.

effect and the *catalyst*. Metaphors have different functions in science and are used in different ways (Hänseler, 2005). Among other things, they serve to import and adopt meanings, expressions, or concepts from foreign scientific or even non-scientific discourses in order to trigger semantic and conceptual tensions and to clarify things in a comprehensive manner (ibid., p. 125). Metaphors thus serve as impetus and trigger scientific change and scientific knowledge, which is why they can take on a constitutive function (ibid.). Max Black also refers to epistemic metaphors as cognitive instruments and analogizes them to optical instruments, whereby metaphors function as specific linguistic filters that make certain objects and aspects visible (ibid., p. 127f.). Metaphors, even in science, are usually ambiguous and fuzzy, which makes them elusive to being conceptually and theoretically grasped (ibid., p. 130). This paper focuses on where the metaphors of the magnifying effect and the catalyst have been used in the context of the pandemic and how they are to be understood. Drawing from this, it is further explained to what extent these metaphors can also be applied to the everyday life of young people in residential group care in Germany and what can be more easily understood with them.

The metaphor of the magnifying effect has been employed and used in a wide variety of scientific disciplines. Disciplines such as labor economics, business administration, political science, and various fields of psychology and social sciences have applied the metaphor of the magnifying effect (and the catalyst metaphor) in the COVID-19 pandemic. In each discipline, different verbs and phrases were used to indicate the results of the magnifying effect or the specific meaning of this phrase. Thus, COVID-19 has *revealed* existing *weaknesses* acting as a magnifying glass (Heinze, 2022; Sliwka & Klopsch, 2020; Gundrum & Oelerich, 2022), made existing disadvantages and problematic situations *particularly clear* and *exacerbated* them, made them *more prominent* and *apparent*, and *created* or *defined new ones* (Nakao et al., 2021; Heinze & Schupp, 2020; Heisler & Meier, 2022; Eckelt, 2022; Dany-Knedlik & Baldi, 2020; Maaz & Jungkamp, 2021; Klingler et al., 2020; Holznagel, 2021; Lutz, 2021; Seithe, 2021; Wendt, 2021; Reinhold & Bendel, 2022; Werkmann & Wolfs, 2021; Spiegler et al., 2022; May, 2022; Kattein, 2022; Weinhardt, 2022). Moreover, the metaphor is used in the context of COVID-19, *relentlessly pointing out* or *illuminating* the situation like a magnifying glass, showing where action must be taken (Eilfort, 2021; Mattern, 2022; Arnold et al., 2020; Holst et al., 2021; Kniffki et al., 2021; Kreilinger et al., 2020; Krämer, 2020; Eichinger & Schäuble, 2022). In this way, these authors draw attention to a wide variety of problematic situations or disadvantages caused by the magnifying effect. These include social, political, and structural conditions, such as racism, climate problems, income inequality, and unemployment rates (Arnold et al., 2020; Dany-Knedlik & Baldi, 2020; Eilfort, 2021; Heinze & Schupp, 2020; Holst et al., 2021; Klemm & Knieps, 2020; Kniffki et al., 2021; Lutz, 2021; Wendt, 2021; Heinze, 2022; Werkmann & Wolfs, 2021; Schäfers et al., 2022; Spiegler et al., 2022; May,

2022). In addition, the magnifying effect accentuates a deficit of digitization in institutions or companies (Mattern, 2022; Buchmann & Scheffler, 2022), precarious situations of people with refugee experience or with disabilities (Dietze, n.d.; Klingler et al., 2020; Reinhold & Bendel, 2022; Rude, 2020; Nakao et al., 2021; Kattein, 2022), disadvantages concerning education, school, and social inequality (Maaz & Jungkamp, 2021; Sliwka & Klopsch, 2020; Heisler & Meier, 2022; Eckelt, 2022; Kreilinger et al., 2020; Eichinger & Schäuble, 2022), and consequences and requirements of so-called 'system-relevant' occupational groups (Seithe, 2021; Meier-Gräwe, 2021; Hübner, 2020; Meyer, 2020; Weinhardt, 2022; Gundrum & Oelerich, 2022). This means that the metaphor of the magnifying effect is used by a wide variety of authors and disciplines to highlight the respective problematic situations, disadvantages, and complaints which have been intensified or redefined by the pandemic. At the same time, the metaphor is used to emphasize the need for action to reduce existing and new challenges and problems. The magnifying glass metaphor thus highlights various aspects and areas of the different disciplines that are experiencing increasing precarity and are disadvantaged as a result of the pandemic.

In contrast, the metaphor of the catalyst is used somewhat differently, not as a negative magnifying glass but rather as an *acceleration* (Laempe & Schiller, 2022; Gerholz & Schloffmann, 2022), a *driving and transformation engine,* and a *wake-up call* (Breyer-Mayländer, 2022), a *development thrust* (Fuhrmann et al., 2022; Ritter, 2022; Niedenhoff & Orth, 2021), *repositioning* (Härtel & Vogt, 2022), *revolution* (Raehlmann, 2022), *reformation* (Hoffmann, 2020), or *change* (Heinze, 2022) triggered by the pandemic. These authors mainly refer to the digitization processes initiated in areas such as business, culture and education (Härtel & Vogt, 2022; Breyer-Mayländer, 2022; Laempe & Schiller, 2022; Fuhrmann et al., 2022; Ritter, 2022; Moser, 2022; Hoffmann, 2020; Gerholz & Schloffmann, 2022; Raehlmann, 2022; Heinze, 2022). These developments and accelerations are predominantly assessed positively by the authors mentioned and are seen as a gain brought on by the pandemic. However, COVID-19 has also been seen as a catalyst with regard to psychological suffering (Jäggi, 2021), conspiracy thinking (Funkschmidt, 2020), a de-professionalization of social work (Meyer & Buschle, 2021), and existing inequalities (Jonas-Ahrend et al., 2022; Kremer & Kückmann, 2022; Borutta & Mertens, 2021). Thus, the catalytic effect of the pandemic has also led, in part, to an increase in inequalities, rather than merely exacerbating existing problems. This is directed, for example, at digitization, which was established in many places but excluded people who did not have the appropriate technical equipment or skills (Nakao et al., 2021; Reinhold & Bendel, 2022). It can thus be assumed that although the use of metaphors may seem fuzzy at first, they presumably all aim to make visible – in an understandable way through linguistic filters – what insights and changes have been triggered by the pandemic and how to respond. In the following, the methodology of the study "Participation in Residential Childcare" and the three types of idiocultures

developed in it are presented. Subsequently, the focus will be placed on the cases collected during the pandemic in order to highlight where the pandemic also acted as a magnifying glass or catalyst in residential group care in Germany.

Methodology and objectives of the study[2]

The project "Participation in Residential Childcare" is based on the research goal of reconstructing participation and complaint processes in organizational cultures of residential childcare. In the project, existing hierarchies and power structures between young people and professionals as well as between the senior staff and the management of the residential community were investigated. Twenty-seven residential groups were studied, from 17 different child welfare stakeholders, in four federal states in Germany. Criterion-guided sampling was used. The sampling criteria were the urban-rural comparison (17 facilities were in large cities and 10 were in small towns), different concepts of the facilities, and the examination of facilities in eastern (13 facilities) and western Germany (14 facilities). Children and young people with and without a family history of migrationwere interviewed. A total of 233 children and young people between the ages of 6 and 21 were interviewed. 116 self-identified as female and 117 as male. In addition, 168 professionals (including 27 executives) aged 23 to 77 were interviewed. Of the professionals, 91 self-identified as female, 49 as male, and one as diverse. The gender distribution, as self-identified by managers, was 15 females and 12 males. Due to the COVID-19 pandemic, the survey phase was interrupted. Between October 2019 and February 2020, 18 residential groups in a total of eleven facilities were surveyed and eight cases were collected during the pandemic. Of these, six interviews were conducted in previously researched residential communities in order to reconstruct a change in residential communities' idiocultures under COVID conditions. Moreover, aside from the additional six interviews, two new cases were added during the pandemic.

From a total of 27 cases, 15 cases were analyzed in detail and an initial typology was built (Bohnsack et al., 2019). Based on the content review, the remaining cases were then categorized as developed types ("idiocultures"). A deviant case could not be classified using the typology. Each type contained implicit, collectively learned, and shared assumptions about children, young people, and senior staff regarding the organization of their daily lives within the group. These organizations in everyday life represent the organizational idioculture of the residential group. Based on Fine (1996), organizational idiocultures ("idioculture") are "a system of

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2   Each chapter of the book contains information about the objectives and methodological design of the study, so that each chapter in itself provides a good overview of the entire study and specific research results. If you have already read the design of the study, it might be interesting for you to read only the last paragraph of this section on the modified method for analyzing the interviews.

knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis of further interaction" (Fine, 1996, p. 116). An interactionist approach to organizational culture research is represented here (Klatetzki, 2019; Fine, 1996). The typology also represents different idiocultures of participating children and young people and how their voices are heard by professionals. Three types of idiocultures could be formed for the cases of the project: the participatory, the routinized, and the opposed idiocultures (for a more detailed explanation of the methodology and results of the study, see Chapters Two, Three, Four, or Five in this book.).

Furthermore, the group discussions with young people from cases collected during the COVID-19 pandemic were additionally analyzed with qualitative content analysis according to Mayring (2016). The transcribed group discussions were subsequently coded and evaluated using theoretically based categories. The main categories include, among other things, 'experienced challenges' and 'coping strategies' of young people (Thomas, 2022). In addition, narratives were coded in which the young people named pandemic-related changes in their everyday lives. This was the starting point for the analysis of changes at the organizational level (of the idiocultures). In qualitative content analysis (according to Mayring, 2016), the category system is the key component for the analysis. This makes the procedure and the analysis intersubjectively comprehensible. There are different forms of analysis. In this case, the *structuring* qualitative content analysis was chosen. This form of analysis can be used, for example, to extract certain structures or content. A category system was applied to the material in order to identify the impact COVID-19 had on the lives of the youth in the residential groups (Thomas, 2022). The switch to qualitative content analysis allowed (theory-based) content and themes regarding the pandemic to emerge. This evaluation method made it possible to extract which changes and challenges the young people talked about, and where these overlapped, etc., from the transcribed material. This content could then be combined into superordinate categories that included, for example, the challenges experienced during the pandemic. This procedure allowed us to make overarching statements across the different residential groups. It also enabled us to demonstrate which topics and contents were particularly frequent. A total of six of the eight cases collected during the pandemic were additionally evaluated using qualitative content analysis. 13 adolescents participated in the group discussions, eight of whom identified as female and five as male. There were young people with and without a family history of migration. Since only adolescents were present in these analyzed group discussions, only adolescents and not children will be referred to in the following section. In the project, the sample according to Bohnsack et al. (2019) was analyzed first before the COVID sample was evaluated. Therefore, the development of the typology according to Bohnsack et al. (2019) was already well advanced at the time of the analysis of the COVID sample. Thus, the adolescents' narratives could be systematized and the cases could be classified into the analyzed types of idiocultures.

The following is a characterization of the three idiocultures that were developed in the project.

Three types of idiocultures[3]

The participatory type is characterized by an orientation towards the positions, problems, and needs of the individual children and young people. The leadership style is cooperative and the professionals work closely together as a team. The professionals and the management are oriented towards the needs, wishes, and requirements of the young people. The focus is on creating a "good atmosphere" which should guarantee professional action. The young people interviewed report an appreciative way of dealing with the professionals. In all ten cases of the participatory type, the management level proves to be central for the implementation of the orientation towards diversity as a hegemonic order (Kelle & Kluge, 2010) in everyday life. From there, the hegemonic order is explicitly specified as an expectation of professionalism. The professionals are encouraged to enter conversation or discussion with each other and the adolescents when decisions are made or conflicts arise and to be guided by the best (professional) arguments. The participatory attitude is set as a quality standard in everyday life by the management and implemented by professionals and young people in negotiation processes.

The type of routinized idiocultures, on the other hand, is characterized by routinized practices and fixed daily structures in the residential group. Management, professionals, and young adolescents see the routines as basically helpful and positive for the shaping and development of the children's and adolescents' lives. Regarding participation and complaints, however, there is a characteristic difference between normatively explicit expectations and habitual orientations in the routine type: on an explicit level, young people and professionals agree that young people should bring in their concerns in everyday life if they feel they are important. Their needs should be taken seriously. This normatively explicit position is opposed to the habitual orientations of the professionals, which require a collective orientation towards routines. Participation processes that include individual concerns and wishes of the young people are opposed to this routinization of everyday life. Participation and individual wishes of the young people are dealt with specifically by the respective professionals, either by referring to the collectively oriented participation and complaint procedures and/or by trying to deal with the wishes or deviations from routines with the help of new routines. Individual concerns and wishes to have a voice are heard least

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3   The typology has already been presented in detail in chapters two to five. If you have already read these, you can skip this section. If you only read this chapter, the explanations on typology in this section will be helpful for understanding the organizational changes in residential groups during the COVID-19 pandemic.

in routine-type facilities. Collective wishes for participation are more likely to be dealt with, as long as they can be dealt with within the existing routines for everyday life. There are flexibilizations of the routines that are recognized by the professionals as legitimate deviations (e.g., sudden illness of a young person) but not for individual, spontaneous wishes of the young people (e.g., overnight stay with friends). This points to the hegemonic order, which is enacted by professionals through routinized actions and influences the young people's complaint and participation processes. With regard to complaints, young people and professionals explicitly agreed that they should be heard and dealt with. This shared, explicit consensus among young people and professionals contrasts with the reconstructed habitual orientations of professionals. Complaints are seen as criticism of their professionalism or, sometimes, as personal criticism of the professionals themselves. Accordingly, it was possible to reconstruct addresses by professionals to young people that aimed to frame the young people's reasons for complaining differently (e.g., as a misunderstanding on the part of the young people, etc.).

The third type of opposed idiocultures is characterized by the prevalence of massive conflicts between professionals and young people who are in absolute opposition to them and the leadership. One can speak of a collective counter-positioning. Within the groups (professionals, young people), there is either consensus on the content or different opinions that are not expressed or are silenced. Opinions are sometimes expressed vociferously at the propositional level, but when they are expressed, they are mutually validated. On the level of the conjunctive space of experience, the young people show that they are able to connect in the discourse. On the professional level, there is little dissent, both on the normative and habitual level. In contrast to the young people, the professionals have a very high enactment potential with their orientations (e.g., to rules and structure) in everyday life. They enforce their ideas and requirements, the rules and structures of everyday life, against the will of the young people, through discipline and coercion. The differences between the status groups are dealt with by the young people through a fundamental oppositional attitude and demarcation. Rules and practices of professionals are criticized, institutional violence is not brought up, or it is silenced. The young people explicitly wish for a more appreciative attitude on the part of the professionals. They criticize the devaluations they experience from professionals in everyday life and describe processes of suffering caused by the institutional violence and devaluations they experience. In the case of professionals, normative practices towards young people can be reconstructed in connection with moral argumentation. Professionals enforce desirable rules, requirements, and behavior, which are legitimized as normal and professional, with the help of sanctions and coercion against the will of, and with resistance from, the young people. The reconstructed experiences of the young people in the group discussions confirm in many ways experienced sanctions and the resistance against them. The professionals

wish for and orient themselves in the legitimization of their actions towards a normal everyday life, which, however, always threatens to fail given the existing conditions (such as deviant young people who are characterized as deficient). Conversely, young people argue that they have normal demands and needs, which the professionals, however, do not meet. On a habitual level, it is evident that everyday life in opposed idiocultures facilities is decisively characterized by a clash between young people and professionals. This is clearly shown in the group discussions when sharp and sometimes also derogatory criticism is voiced against the other group. The young people's conjunctive experiences reflect experiences of discrimination and stigmatization. They report forms of psychological, verbal, and sometimes physical violence by professionals.

Results

As described previously, the group discussions with the adolescents conducted during the pandemic were additionally analyzed by a qualitative content analysis according to Mayring (2016). Based on the narratives of the youth, it is clear to what extent COVID-19 has changed their situation in residential group care. From these narratives, it can be analyzed which problems have intensified like a magnifying glass or which processes have been accelerated like a catalyst. The first step is to look for change at the organizational level before addressing young people's subjective challenges. First of all, it should be noted that only residential groups assigned to the routinized and participatory types were analyzed, which is why no statements can be made about changes in the opposed idioculture.

Reinforcement of organizational problems due to the pandemic

In the group discussions, the young people talked about their daily lives during the pandemic, listing various changes that have occurred since its beginning. Comparing these descriptions and considering to which idioculture the respective residential group belongs, pandemic-related changes and problems on the organizational level can be reconstructed. However, differences were found between the participatory and the routinized idiocultures. Thus, problems and restrictions regarding the pandemic were perceived differently.

In this respect, young people from residential groups of the participatory idioculture, for example, told of a greatly changed everyday life. Many rules were established in the residential group, for example, that the professionals had to wear masks, were no longer allowed to eat with them, and hygiene measures such as regular airing were strictly enforced despite complaints from the young people. The young people also described that they were hardly allowed to meet friends and schoolmates, if at all, that they mainly stayed in their rooms, and

that group activities were virtually non-existent. In addition, there were no longer group discussions in which the young people could discuss problems, wishes, and concerns with the professionals. The adolescents described the strict room quarantine imposed on them when there was a case of COVID-19 in the residential group. They were not allowed to leave their rooms and the food was also placed in front of their room door. One youth describes: *"For example, I was only allowed to go out of my room onto the terrace with a mask because I'm a smoker. I was only allowed to come out to smoke, so food and stuff like that was brought to my room"*[4] (Group discussion, adolescents, "Participation"). In addition, problems with regard to technical equipment became apparent when the young people said that at the moment they could only watch TV, but not everyone had their own TV and the common rooms could no longer be used as before. The fact that laptops for schooling from home were difficult to impossible to obtain also posed challenges for young people. Overall, schooling from home caused severe difficulties, and many youths described their grades as greatly deteriorating. In particular, the young people frequently emphasized the changed relationship with the professionals. Thus, they had less personal contact, and fewer conversations, and felt that professionals spent less time with them. Access to professionals also changed as a result of the pandemic. The young people reported that they could no longer just walk into the office when they wanted to discuss something but always had to announce themselves beforehand and then leave the office quickly. In addition, several young people emphasized that personal wishes and complaints, for example, regarding visiting arrangements or contact with each other, were no longer heard. From this, some young people concluded, among other things, that there was no longer any point in approaching professionals with personal concerns, as the young people would only feel as if they were 'part of their jobs' and not personally significant to them. As one young person describes it: *"There are also new problems. To be honest, the professionals were different in the past than now. Before COVID, they were different than now. […] Not only because of COVID but in general. The professionals are responsible for us, they are the substitutes of a parent for us. But it felt to us as if they didn't care"* (Group discussion, adolescents, "Rainbow").

If we now compare these descriptions of the young people with the characteristics that make up the participatory type, among others, it quickly becomes apparent that the pandemic had a major impact on the idioculture. The orientation towards personal and individual problems and needs of the young people decreased strongly. The creation of a 'good atmosphere' also no longer seemed to be the focus of this facility. The complaints of the young people were no longer heard and dealt with in the way to which the young people were accustomed. The format of group discussions, in which problems and concerns

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4   All interview quotes were translated from German language to English in a general sense.

can be discussed together, was also canceled, in part due to the pandemic restrictions. New rules and routines which did not focus on the needs of the individual or a 'good atmosphere' now determined the daily lives of the young people. The goal of these routines and rules was to contain the pandemic and prevent the virus from spreading.

Youth from residential groups in the routinized idioculture also reported changes in daily life. However, some of these were expressed somewhat differently than in the participatory type. For example, the young people also reported a lack of technical equipment, which made schooling from home more difficult. However, they did not respond by purchasing their own digital devices. Initially, mailed assignments were printed out by the computer in the residential group and completed and edited by hand. Later, all adolescents from the residential groups of the routinized idioculture interviewed again reported that online lessons did not take place in the residential groups at all. The youth were given a room at their respective schools where they then participated in the online classes, while their classmates all participated in the classes from their homes. The young people also reported that in some cases they then remained at the school beyond school hours and were looked after before returning to the residential groups in the afternoon. The youth described this with mixed feelings. For some it was nice to get out of the residential group as well. For others it reinforced the feeling of being different from their classmates because they were in school and not in their home. One young person describes: *"I don't know how many people we are right now. The others [classmates] are just not at the boarding school. They also have online school like us, but we have to be the only ones sitting in the school"*. (Group discussion, adolescents, "Max von Humboldt"). Furthermore, many additional rules and routines were established to replace existing ones. Depending on the residential group, either all the young people were no longer allowed to eat at the same time or were ordered to eat in smaller groups. The professionals wore masks during work and no longer participated in the common meal. The young people were required to keep a safe distance within the residential groups, which is why not many were allowed in the common room at the same time. On the sofa, for example, the young people were only allowed to sit two apart. The young people also reported that they were not allowed to go home to their families for several weeks at the beginning of the pandemic. They were also not allowed to meet friends. For many months, they were not allowed to have any visitors in the residential group. Friends were also not allowed to come to the outside area of the facility. In addition, the radius of movement was restricted to such an extent that some of the young people were only allowed to move 15 kilometers away from the residential group. Due to high infection rates, neighboring towns and areas were declared 'risk areas' that had to be avoided. As the pandemic progressed, some of these rules relaxed, allowing young people to visit their families over the weekend after prior consultation and precautions were taken. If someone in the residential group had contact with

someone who had COVID-19, the entire residential group had to be quarantined for at least 14 days. In these residential groups, this meant that the young people lived in isolation in their rooms and no contact was possible with each other. Youth also reported that professionals set additional rules about how sick leave was handled, for example. In addition, the young people told of their care plan conferences[5] taking place by telephone or being canceled. In some cases, plans were drawn up to regulate everyday life and procedures in the residential group. The existing formats for discussion in the residential group in case of complaints or requests (children's forum/children's team) were abolished so that the young people would not infect each other in these meetings.

The young people's descriptions make it clear that the characteristics of the routinized idioculture have largely remained. Thus, routines and rules continue to determine the highly structured everyday life of the residential group. These are now also oriented toward containing the pandemic and trying as best they can to prevent infection among themselves. Individual concerns of young people are hardly heard, if at all because the formats for this have been abolished. However, the young people did not perceive this as too great a change. Interestingly, the residential groups seemed to have difficulties adapting to new routines or processes. Thus, initially and at times throughout the lockdowns, it was not possible for young people to participate in online classes from the residential group. Instead, they continued to go to classrooms in the school and left the residential group as they had before. It is unclear whether this was actually due to the fixed routines or whether perhaps staff shortages were an additional factor favoring this approach.

If the described developments and changes of the participatory and routinized idioculture are compared with each other, it is particularly noticeable that the young people in the participatory type repeatedly emphasize the changes and, above all, deteriorated relationship with the professionals. The everyday life of the young people changed a lot in the residential groups. Before, they were able to have a part in decision-making, their needs, wishes, and complaints were important, taken seriously, and listened to. However, in a daily routine focused on the pandemic and its containment, there seems to be no room for this. Priorities have changed and this seems to have a particular impact on the relationship with professionals. Youth described that professionals no longer had time or interest in listening to them or doing things with them. From this, they appeared to conclude that they as a person no longer seemed to be important overall in the daily life of the residential group and for the professionals.

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5   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, half-yearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

For both idiocultures, the metaphors of the magnifying effect and the catalyst can be applied. In this way, existing problems in the residential groups were illuminated as if through a magnifying glass, and in some cases exacerbated. This applies, for example, to the technical equipment which was or is, insufficient in the residential groups. The young people had to stay at home, but there was a lack of recreational opportunities, such as televisions, laptops, or stable WIFI. This also had a strong impact on participation and attendance in online classes during the pandemic. Youth reported that a lack of equipment initially prevented them from participating in online classes. At the same time, however, the pandemic also acted as a catalyst, thereby accelerating the provision of technical equipment so that at least all of the young people in the surveyed residential groups of the participatory idioculture were able to take part in online lessons from the residential group. The pandemic also acted as a magnifying glass, exacerbating existing problems regarding learning at school or inflaming new ones. For example, young people described that their academic performance suffered as a result of the pandemic and that they failed some exams. This led them to become increasingly concerned about their future. Some adolescents also reported that they were no longer allowed to see their families and friends as often or at all for a while due to the pandemic. This made it more difficult to maintain relationships with important persons of reference outside the residential groups. Maintaining these relationships, in particular, keeping (good) contact with their own family and friends, is often difficult for young people in residential groups anyway (Schwartz, 2017). In this respect, the pandemic exacerbated the situation. This also applies to the fact that the young people had to decide who they wanted to meet and visit due to the contact restrictions. It was often not possible for them to maintain both personal contact with their family *and* with important friends. In the routinized type in particular, the pandemic acted like a magnifying glass in that new and even stricter routines and rules were added to the many routines and rules that already govern everyday life. Participation, and the opportunity to complain, were eliminated because the forums established for this purpose were canceled. Even in the participatory type, many rules and routines were quickly established to contain the spread of the virus. As a result, difficulties flared up in the relationship with professionals that defined the lives of young people. The pandemic also acted as a catalyst in that subjective needs and concerns, as well as opportunities for complaint and participation, were quickly subordinated or eliminated by the new daily routine.

The following is a brief description of additional challenges that have shaped the daily lives of the young people in residential group care.

Additional challenges of young people in residential group care due to the pandemic

With the changes in the young people's daily lives came new challenges to deal with. The young people reported various difficulties that now define their lives. These are due, on the one hand, to the outbreak of the pandemic, but on the other hand, they are due in particular to the restrictions enforced by the German Federal Government and by the respective residential groups.

For example, the youth reported that the rule about having personal contact with no more than two or three people outside of one's household was very difficult for them. This meant adolescents growing up in their family were allowed to meet two to three friends or other significant others in addition to their family, but youth growing up in residential group care had to decide whether they wanted to see their friends or family, and had to set additional priorities and make decisions in this regard. One young person describes: *"I have to choose between all my friends, so who do I meet? I have my boyfriend as a contact person and my mom. Yes, my best friend and others I'm not allowed to see"* (Group discussion, adolescents, "Participation"). In addition, the residential groups sometimes did not allow this at all by prohibiting meetings with friends or visits at home. Additionally, activities and hobbies could no longer take place as usual. Sports clubs, youth clubs, or cultural venues such as cinemas and swimming pools were closed. In some cases, public parks and playgrounds in Germany were also closed. Stores in city centers, cafés, and restaurants were no longer open. The young people no longer had opportunities and spaces to meet, to engage in activities, and to have experiences and adventures as usual. Accordingly, the young people described various experiences of social isolation. In addition to the reduction of contacts outside the residential group, contacts within the residential groups were also restricted. This meant that some of the young people could only see each other at a distance, community activities were canceled, and access and contact with professionals were limited.

The highlight of the isolation experience was described by the adolescents in the so-called 'room quarantine' when someone had COVID-19 or had contact with someone who had the disease. The young people were not allowed to leave their rooms at that time and were completely isolated for several days, sometimes weeks. Moreover, this took place in very small spaces, with few recreational opportunities and little contact with other people. The young people sometimes described this experience as the worst time of their lives and compared it to a stay in prison. One young person describes: "*The second lockdown was the worst time of my life, although I have experienced worse things. But the lockdown really dragged me down. I have never felt like this before. I was so hopeless. I was so lost in thoughts that I could no longer notice anything. I was in my world, so to speak"* (Group discussion, adolescents, "Max von Humboldt"). These restrictions on contact with family and peers, as well as isolation during quarantine, had a strong impact on the adolescents' psychological well-being

(e.g., Selwyn & Wood, 2015; Zhang & Selwyn, 2019). They described various depressive episodes, self-injurious behavior, and suicidal ideation. Often, youth already had psychological distress and problems before the pandemic, which were exacerbated by the pandemic and isolation experiences. They also developed pronounced fears and worries. For example, they were very afraid of having contact with a sick person and therefore of having to go into self-isolation again. They were also afraid of infecting and endangering significant others or the elderly. They also developed concerns about their future. For example, they did not know how long COVID-19 would determine their lives and how this would affect their future. As one young person describes: *"We worry a lot about our parents, our families. We can't sleep well, we worry about our future. Will tomorrow be better than yesterday? But we don't know"* (Group discussion, adolescents, "Rainbow").

In addition, the adolescents experienced severe difficulties in learning at school, which in some cases resulted in lower grades. Youth in residential groups are, generally, already affected by difficulties in school learning and educational disadvantages (e.g., Pothmann, 2007; Brady & Gilligan, 2019; Strahl, 2019). The situation was made even more difficult by the pandemic, as they were often left to their own devices while learning in the residential group (or the school building). The young people reported various difficulties they had. For example, they found it difficult to follow the lessons and understand the subject matter. They were also often unable to ask follow-up questions because contact with the teachers was limited. They also received little or no educational support in the residential groups.

In addition to the changes and effects at the organizational level in the residential groups, described above, the young people were also individually affected and challenged. The pandemic acted as a magnifying glass, further complicating contact with friends and family, some of which was already difficult or limited. Families of some youths also reduced contact with them, fearing that they would pose a danger as carriers of the virus: *"The contact with my mother has decreased because my father doesn't want me near my mother because of COVID. Others can hug their mothers, but I stand in front of my mother at a distance. It hurts me so much"* (Group discussion, adolescents, "Participation"). Like a magnifying glass, however, the pandemic also illuminates individual difficulties in learning at school. Lack of contact with teachers and classmates makes individual learning progress and class participation more difficult.

Moreover, the pandemic illustrates that the special situation of young people growing up in residential group care is not in the public consciousness. There has been little public discussion of the view of and implications for young people in general (e.g., Andresen et al., 2020; 2021; 2022; Ravens-Sieberer et al., 2020). However, even less consideration was given to youth not growing up in their families in Germany. The regulation with contact restrictions and self-isolation in quarantine cases illustrate this particularly well. What enormous impact this

pressure of having to choose between important people and loved ones – or being isolated and locked in a room alone for days or weeks – can have, has not been considered. It seems that the federal government assumed that young people were always growing up in their families and thus had support from home. Regulations for public facilities, such as residential care facilities, further complicated the situation of the residents. Because the pandemic mainly determined the everyday life of the residential groups, the young people could not even get distance from the topic at home. Only a few national and international studies examined the specific situation of these young people (e.g., Jenkel et al., 2020; Mraß & Straus, 2021; Montserrat et al., 2021; Murphy, 2020).

The pandemic also acted as a catalyst and accelerated individual processes and consequences. This particularly affected the psychological well-being of young people (e.g., Selwyn & Wood, 2015; Zhang & Selwyn, 2019). As Jäggi (2021) has described, the pandemic was, among other things, a catalyst for psychological suffering. This was impressively confirmed by the adolescents' descriptions. Already existing psychological problems and suffering were intensified by the pandemic, and for some adolescents, the pandemic created these problems. This catalyst effect also concerned the emergence of fears and worries. These were manifold and concerned one's future and that of the family, as well as the fear of infection or its consequences.

Conclusion

The COVID-19 pandemic has caused many impacts and consequences in different areas of life for various people. As a result, there have been frequent reports about how the pandemic has illuminated and exacerbated existing problems as if through a magnifying glass, or accelerated processes with a catalytic effect. This chapter was able to show that this metaphorical representation and description of the pandemic can also be applied to everyday life in residential groups. COVID-19 has increasingly highlighted existing problems in residential groups and created new ones. These problems are evident at the organizational level, and differences in the respective idiocultures are becoming visible. Young people's opportunities for participation, complaints, and involvement were curtailed to better contain the pandemic in the residential groups. Everyday life in the residential groups was determined in part by new rules and routines that dictated how life was lived, who could have contact with whom, and to what extent. On an individual level, young people also experienced new challenges to overcome. The pandemic has acted as a catalyst in the residential groups surveyed because deficits in technical equipment were remedied. At the same time, however, it also promoted and accelerated problems in relationships with professionals, difficulties in contact with family and friends, and an increase in psychological suffering.

However, it should be emphasized that these analyses and conclusions reflect the everyday life of *some* residential groups of the respective idioculture. This can certainly be applied to others but certainly not to all residential groups. The sample of cases collected during the pandemic was very small. Moreover, only cases classified as participatory and routinized types were included. This means that the statements and their range are doubly limited in this respect. The analysis is based on narratives and thus the subjective experience of the young people. There is the possibility that other young people felt differently. In addition, the perspective and experience of the professionals were not taken into account in this analysis. It is clear, however, that the pandemic also acted as a magnifying glass in the residential groups, exacerbating existing problems, and as a catalyst, accelerating processes, changes, and consequences. What is exciting, however, is that both the magnifying effect and the catalyst effect in the residential groups differ in part regarding the idioculture. Thus, sometimes other organizational and individual problems were illuminated or processes accelerated.

However, now that the restrictions have ended and the problems seem to be diminishing, they should not be forgotten or faded out. The pandemic has shown where the bottlenecks lie within residential groups, in the lives of the young people living there, and in the public attention paid to them. These points should now be addressed to offer improvement and support. It is still unclear how far-reaching the consequences and effects of the pandemic will be and how long-term the changes will impact young people's everyday lives. The metaphorical effects of the pandemic should therefore be taken as a starting point to work on the problems that are emerging and the processes that are accelerating.

For this reason, there are two follow-up projects. The first project (JuPa) examines the effects of COVID-19 on the participation opportunities, health, well-being, and educational disadvantages of young people in residential group care and foster families in Germany. The perspectives of the young people are collected through individual interviews and those of the professionals through questionnaires. JuPa is a joint project between Leuphana University Lüneburg (headed by Claudia Equit) and the TU Dortmund (headed by Uwe Uhlendorff) and is funded by the German Federal Ministry of Education and Research (BMBF). The second project (JuPaCo) examines the long-term consequences of the pandemic in terms of psychological well-being and self-perceived health for young people (15 to 30 years old). One focus is on young people with exhausted or precarious parental support who are growing up in residential group care or foster families. JuPaCo is also a joint project, but between Leuphana University Lüneburg (headed by Claudia Equit) and University Hildesheim (headed by Wolfgang Schröer and Severine Thomas), and is funded by the COVID-19 Research Network Lower Saxony (COFONI). JuPaCo started in October 2023 and will enable a longitudinal section of the JuPa survey.

This chapter was reviewed by Ali Rahimi. Ali Rahimi is a care-leaver who lived alone in his apartment during the pandemic, outside a residential group.

He confirmed the contents of this chapter and supplemented them with his own experiences as, and with other, care-leavers. He described in detail that the already tense situation as a care-leaver was intensified by the pandemic. He told of many care-leavers he knows who lived alone during the pandemic and had little or no contact with their family. He shared that many care-leavers – including himself – felt very lonely during the pandemic. They had no laptops or similar devices and were at home a lot. Therefore, he networked with other care-leavers in the Careleaver e.V. association, and organized and offered various leisure activities, for example, cooking or film evenings and making music together. Ali Rahimi's feedback highlights that not only were the problems and grievances of those who were living *in* a residential group at the time of the pandemic amplified and exposed, but that it also hit hard those who had already *left* the residential groups by reaching the age of majority. These young people and their special situation in life should not be forgotten either but should receive much more attention and consideration.

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7. Participation and Complaint Processes in Residential Group Care – What do young people think about it?

Antonia Finckh

"However, it's more of an idealistic notion.
Because the implementation often fails.
Daily life is too stressful – too many tasks – emotional chaos.
Decisions are made without us, which leads to frustration.
One is hesitant to engage in discussion, complaints are dismissed, and the fear
of conflicts is large".

– a care-leaver's statement on participation

Abstract

In this article, results of the project "Participation in Residential Childcare", funded by the German Research Foundation (DFG), will be presented. The focus lies on the perspectives of the young people themselves regarding participation and complaints. It is demonstrated that the opportunities for participation and having complaints heard are not equally accessible to all young individuals in residential groups. The results will be discussed and contextualized in light of the theoretical framework as well as the current state of research. The chapter was reviewed by Sabrina Schwenke who gave important feedback and advice from a care-leaver's perspective. Her remarks can be found at the end of this chapter.

1. Participation and Complaint Processes in Residential Child and Youth Care – (Inter)national Research Status

Participation as the right of children and young people to raise their voices and to be heard is defined by the UN CRC since 1989. This right is particularly important for children and young people in out-of-home care, as compared to their peers living with their biological families, they are more frequently involved in decisions that affect their lives (Pert et al., 2017). Multiple surveys have given evidence of the connection between participation and well-being, particularly for young people in residential care (Barnes, 2012; ten Brummelaar et al., 2018;

Vis & Fossum, 2015). The opportunity to participate is associated with more commitment to agreements, higher scores of self-esteem as well as higher effects of interventions in general (van Bijleveld et al., 2015). However, there is evidence of various obstacles to the realization of participation. For instance, Pithouse and Crowley (2007) found that most complaints from young people are processed on an informal level and that advocacy services are rarely used. Similarly, Diaz et al. (2019) emphasize how not taking complaints of children seriously leads to fewer complaints because children feel it is too difficult or not worth it at all. Finally, empirical research shows that the involvement of adult caregivers (e.g., social workers) has a huge impact not only on the outcome of complaint processes but also on the safeguarding of children's rights in general. This insight suggests that the relationship young people have with the professionals responsible for their care is crucial for successful complaint processes (Barnes, 2012; Bell, 2002). Against this background, it is argued that the investigation of participation processes must particularly consider the pedagogical quality of relationships (Equit, 2018; McCarthy, 2016; Schwartz, 2017). Participatory studies show that young people also report the relevance of participation in everyday practices like getting support from professionals, for example, to stay in contact with family and tradition (Damiani-Taraba et al., 2018). The few studies on everyday participatory processes indicate the importance of distinguishing between formal participation processes and complaint procedures, such as regular group meetings or complaint boxes, and informal ways of participation and complaint such as direct conversations with professionals. The relevance of these informal structures, such as a good relationship with professionals and other young people in the group, for successful participation has been emphasized repeatedly (Equit, 2017; McLeod, 2007; Schwartz, 2017; Magalhães et al., 2016). In their qualitative study, Calheiros et al. (2013) point out "the importance of trust, with the unanimous belief that it was essential to establish, from the onset, a relationship based on mutual trust between residents" (ibid., p. 62). Further, a positive perception of and identification with the living group was associated with higher scores in life satisfaction and overall (psychological) well-being (Magalhães & Calheiros, 2015; Magalhães et al., 2016). As there is a connection between solidarity or group identification and the perception of rights by young people in residential care (Magalhães et al., 2018), one could argue for a stronger focus on the promotion of peer dynamics in residential living groups to increase young people's well-being and foster better conditions for participation. Finally, it has to be mentioned that there are differences in the perception of group climate and the associated peer dynamics depending on socioeconomic factors such as ethnical background (Sevilir et al., 2020). Despite these results, which emphasize informal processes like the relationship to professionals and peers as crucial for participating children and young people, the majority of research on participation focuses on institutionalized and formalized participation processes,

such as involvement in decision-making, for instance, in care planning meetings[1] (Bessell, 2011; Diaz et al., 2018; Shemmings, 2000; Vis & Fossum, 2015).

Another aspect of participation that has been discussed more recently is the notion of participation as demanding and presuppositional, especially for disadvantaged young people (Magyar-Haas et al., 2019; Walther, 2014; Højholt, 2016). This is closely connected with the behavioral and understanding structures of social workers who, for instance, have difficulties with young people showing negative emotions and tend to exclude them from participatory processes rather than support them in coping with their feelings (McCarthy, 2016). Further, it has been criticized "that children's participatory initiatives resonate with a neoliberal economic and political context that prioritises middle class, western individualism" (Raby, 2014, p. 77).

2. Relevance and Focus of the Study

Against the background of the UN Convention on the Rights of the Child, which stipulates the right to participation for children and young people, as well as the national policy delivery in Germany through the Federal Child Protection Act (2012), a variety of measures have been implemented in institutions of residential care. In Germany, the provision of participation and protection concepts has now become a requirement for operating licenses for (residential) child and youth welfare facilities, leading to the widespread establishment of corresponding structures in recent years (BMFSFJ, 2015). Especially since the reform of the Child and Youth Welfare Act (SGBVIII) in June 2021 the voice of children and young people has been strengthened legally. In this regard, counseling and participation for children and young people has to be realized in an understandable, comprehensible and perceptible form (KJSG §8). While participation is largely recognized as a maxim for professional-pedagogical practice in the discourse, there have been few studies on the implementation of participation processes (e.g., regarding their protective effect in the context of institutional violence). At the same time, international research findings, as presented above, point to numerous barriers and implementation difficulties regarding effective participation of children and young people. Therefore, the aim of the project was to reconstruct participation and complaint processes in different residential groups. Furthermore, it was investigated whether and to what extent informal aspects like generational and hegemonic orders embedded

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1   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with allparties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

in everyday life practices (such as the middle-class culture mentioned above) hinder participation, complaint, and protection processes.

3. Methodological Approach[2]

The data for the project consisted of 27 residential groups from a total of 17 child and youth welfare providers in four federal states. A total of 233 children and adolescents (116 males and 117 females) between the ages of 6 and 21 were interviewed through group discussions. Additionally, group discussions and expert interviews were conducted with 168 professionals (106 females and 61 males, one diverse) aged between 23 and 77. Sampling criteria were urban-rural comparison, the different concepts of the facilities, and the study of facilities in eastern and western Germany. A total of 14 facilities in western Germany and 13 facilities in eastern Germany were surveyed, with 17 facilities located in large cities and 10 in small towns and rural areas.

In order to examine the perspectives on participation processes in residential child and youth services at different organizational levels, the status groups were interviewed separately. To ensure better comparability, a guideline was designed and used in all group discussions and interviews. This semi-structured approach allowed a great openness to the topics discussed by the participants while keeping the research questions in focus. The guideline included questions on various topics related to the research questions, such as everyday life, well-being in the group, decision-making processes, participation and complaints, and the relationship with the professionals. In addition, a case vignette (case example) was used, where young people and professionals were asked to express their opinions. The use of vignettes has a long tradition in qualitative research and is particularly discussed as helpful in the context of research on sensitive topics (Kandemir & Budd, 2018). In the project, a vignette was designed about a young person living in a residential group who complains about their social worker. This not only prompted the respondents to articulate normative ideas about complaints but also led to narratives about their everyday experiences regarding complaint processes.

The data was analyzed using the documentary method developed by Ralf Bohnsack (2014; 2017). The documentary method provides the opportunity to theoretically describe implicit knowledge embedded in everyday practices. In the group discussions conducted during the project on participation processes in residential groups, the young people reported their experiences and perspectives on their daily life in the group. Analyzing the way in which the young people

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2   Each chapter of the book contains information about the objectives and methodological design of the study, so that it can be studied by the reader without missing an overview of the entire study. If you have already read the design of the study, you can skip this section.

discussed and (mis)understood each other enabled access to the collectively shared experiences in order to theoretically describe them. The documentary method also refers to this as the description of *orientation frameworks*. By comparing the orientation frameworks and analyzing the similarities and differences in the first 15 cases (residential groups), three different types of organizational idiocultures were identified: a participatory type, a routinized type and an oppositional type. According to Fine (1996), organizational idiocultures can be understood "as a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis for future interaction" (ibid., p. 129). This means that different living groups even if they are assigned to the same stakeholder can develop individual idiocultures in which the members act on the basis of their shared experiences and the expectation that these members understand the meaning of this shared experience. After this first outlining of the different types of idiocultures within the residential groups, the remaining cases were categorized into the created typology based on thematic summaries. One deviating case could not be classified in the typology, which will be returned to at a later point.

4. Theoretical Framework

For analyzing the data it was important to understand how and to what extent everyday life in a residential group with all its formal and informal aspects (rules, procedures, freedoms, limitations, etc.) can be regarded as collectively organized and constructed not only by the professionals but also by the young people themselves. Schwartz (2017) points to the fact that "in general, parents coordinate their children's everyday life, but in the case of children in out of-home care, the responsibility of care is distributed between several professionals and institutions" (ibid., p. 992). Therefore, in order to understand how everyday life, including the possibilities to participate, is structured in residential care groups, Schwartz suggests examining both the inter-professional cooperation practices across contexts and how children and young people contribute to the maintenance of the social structures that constitute their everyday life and participation in the group but at the same time also try to change them according to their own interests and needs (ibid.). In the project, this concept of the collaborative construction of everyday life and participation refers not only to explicitly stated organizational conditions that can be reflexively referenced but also to incorporated practices that often remain unconscious. It became evident that the examined residential groups can be grouped based on the characteristics of these processes of coordination and arranging daily life across contexts, which are decisive for the participation and complaint practices found in those groups.

Another important concept for interpreting the data is organizational culture. The term organizational culture is conceptualized as a negotiated order based

on interactions between participants (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963). In this sense, organizational cultures can be understood as frameworks for constructing and addressing social problems. According to Klatetzki (2019), such frameworks can also be understood as narrative knowledge. Narrative knowledge is differentiated into knowledge about case stories and social script knowledge. Knowledge about case stories creates them by organizing events into a temporal sequence and explaining the (non-)actions of actors. This process also involves positioning based on societal moral expectations. Social script knowledge, on the other hand, can be seen as a script for collective action, guiding the work processes in organizations and contributing to the (re)production of social orders. In the project, complaint processes were particularly conceptualized as narrative practices. Complaints thus largely involve processes of positioning. "The concept of positioning is a metaphorical concept that works with the idea of a social space in which individuals are located, 'positioned' through social (speech) actions" (ibid., p. 74). This process is relational, meaning that with each self-positioning, there is also the positioning of others and the assignment of rights and obligations, resulting in options and limitations for action. In complaint processes, for example, positionings are made where children and young people position professionals as the recipients of complaints and position themselves as complainants. However, due to unequal power relations in favor of the professionals, complaints often go unrecognized and children and young people are positioned as disruptors of everyday routines, as will be shown in the empirical material.

Furthermore, the data indicate that the facilities do not have a uniform culture. Instead, the individual residential groups develop their own idiocultures. The relation between residential groups and the organizational goals can be described as more or less independent or only "loosely coupled" (Meyer & Rowan, 1977; Weick, 1979). The residential group idiocultures are accompanied by specific routines and attributions of meaning to daily life, which do not necessarily align with the formal goals of the organization. Regarding complaints, for example, this can manifest in the fact that while complaints are desired and considered worthy of support at the management level to ensure the rights of young people, they may not be recognized at the residential group level, where the shared expectation of smooth daily operation is seen as more important. In this context, residential groups can also be referred to as "street-level organizations" according to Lipsky (2010) and Brodkin (2012). Michael Lipsky (2010) coined the term "street-level bureaucracy" to describe the work of public servants who directly interact with the public, such as police officers, social workers, teachers, and healthcare providers. Lipsky (2010) argues that these street-level workers often have a significant amount of discretion to make decisions and solve problems because they are authorized and encouraged to assess individual situations and adapt to local conditions and needs. However, they also face limited resources and have to deal with conflicting expectations

and goals. This type of bureaucracy at the "street level" can therefore play a key role in the implementation of political measures, but it can also form barriers to the implementation of policies and programs, especially when the personnel responsible for implementation are faced with complex or conflicting requirements. Similarly, professionals in residential child care facilities work directly with young people and are responsible for considering their individual needs, interests, and perspectives in order to develop and implement appropriate support services. In doing so, they must also deal with limited resources, contradictions, and regulations imposed on them by higher-level administration and legislation. It can be assumed that dilemmas arise in this process, which require individual discretion in their resolution. As mentioned above, this can have far-reaching consequences, such as when complaint processes are adapted to the meanings shared by the professionals in a residential care group.

5. Results – The perspective of young people in focus

The aim of the study was to reconstruct formal and informal participatory processes. As a result, three different types of organizational idiocultures could be described based on which participation and complaint processes are realized: participatory idiocultures, routinized idiocultures, and oppositional idiocultures.

The first type of residential groups are connected by a participatory idioculture. The idioculture in residential groups that could be assigned to this type can be described as oriented towards valuing the individuality of each individual while seeking consensus on group-related matters. This orientation is shared by professionals and young people alike, and the collective focus in everyday co-living is on creating a good atmosphere. Professionals orient their actions towards the needs of young people and consider their comprehensive participation as a right that needs to be ensured. Furthermore, they have a complex understanding of complaints, which includes informal participation practices of young people, such as when they show resistance to rules of the group or withdrawal.

In residential groups of the second type, the focus of professionals and young people is on the shared, structured everyday life, and therefore, it is described as the routinized type. Regarding participation, professionals and young people agree that young people must have the opportunity to express their opinions and complaints and that these should be taken into account. However, the documentary analysis revealed that in their everyday practice, professionals rather conceptualize participation as a learning process for young people, in which they can acquire communication skills or the ability of changing their perspective. Complaints are perceived as criticism against professionals and thus are often not recognized as "proper" complaints. The formal complaint management is often very bureaucratic and therefore does not align well with the

concerns of young people who want to spontaneously organize their everyday lives with their peers.

The third type represents an idioculture that can be described as oppositional. In residential groups of the oppositional type, there are many conflicts between professionals and young people, which leads to both groups being oppositional towards each other, as shown, for example, in the group discussions through mutual devaluations. Participation is primarily understood by professionals as rule-compliant behavior, with discipline and coercion being seen as helpful in achieving educational goals. Complaints are often not taken seriously in this type but are interpreted as a sign that young people do not have the ability or the will to follow the rules of the professionals.

As mentioned above, participation has recently been discussed as particularly demanding, especially for disadvantaged young people (Magyar-Haas et al., 2019; Walther, 2014). Whether and to what extent young people can participate in institutional contexts such as residential care depends largely on personal abilities such as expressiveness or cognitive competencies (IKJ, 2017) as formal participation processes are often associated with high bureaucratic barriers. But also, informal ways of participation, as found in the participatory type, are not equally accessible to all young people, as they also require social competencies that are often unevenly distributed among young people in residential care, for example, due to psychological constraints. The following two examples illustrate how different the fit between the offered participation opportunities and the prerequisites of young people can be.

The residential group of the St. Johanna organization was assigned to the routinized type. Participation and complaints are implemented at different levels within the organization and realized through various formats. At the level of the individual group, there is a child and youth committee and elected group representatives who come together in a monthly youth parliament to represent the concerns of their respective groups. Additionally, there are professionals who are specifically trained and elected to be contacted by children and young people in confidence. If young people want to make a complaint or have any other issues, they can communicate them in written form to the professionals, who then discuss the letters as a team. During the group discussion with the young people, it becomes evident that there are also more informal ways of getting involved or making complaints. For example, one girl mentions that she directly approaches the senior manager when something bothers her. However, the staff members do not appreciate this complaint strategy. In the group discussion, the girl explains that the professionals are not happy with her approach and sometimes even make fun of her. While the young people and professionals generally agree that complaints can be addressed to professionals or the group manager, it becomes apparent in their practical actions that the professionals perceive the young people's complaints more as "whining" or "picking on things" and therefore do not take them seriously. This rhetorical framing bridges

the gap between the institutionalized group norm of taking complaints seriously and the everyday practice in which complaints tend to go unheard.

The professionals in the St. Johanna residential group understand participation as a learning process that should help young people acquire certain skills, such as forming a collective group will or accepting existing rules. From the professionals' perspective, participation can only be realized if young people possess certain predefined characteristics and abilities. In the group discussion, the professionals, for instance, argue that participation was not possible for some former residents because they were "truants". This conditional form of participation was also reconstructed in other cases of the routinized type and is often accompanied by a negative perception of the clients.

In contrast to the professionals, the young people have fewer agreements regarding their views on participation and complaints. While some girls in the group are interested in individually and independently shaping their daily lives, their roommate Ahmed tries to adapt to the professionals' rules to avoid conflicts and maintain the daily structure. These different orientations of the young people become apparent in the group discussion, as they often seem to talk past each other and frequently cannot agree, resulting in abrupt terminations of the topic. The following excerpt from the group discussion illustrates this specific mode of interaction.

> *Zoe*[3]*:* Well, I don't mean when we're on duty, but also generally, every day because sometimes the food from the kitchen doesn't taste good. Well, mostly not. So, I think we could also cook something for ourselves. We already have a kitchen, I find it unnecessary that we can't do it there.
>
> *Abed:* Can I speak?
>
> *Zoe:* Mhm (confirming)
>
> *Abed:* Uh, cooking for ourselves, I think that's also a bad idea because we're tired when we come from school, you have to take a break. If we say, 'Now we have to cook for ourselves,' then the professionals always say, 'You have kitchen duty today, you have to do it this way,' but you're tired, you need a little sleep, and after that, you have to do your homework. If you don't do everything properly, you won't get any bonus points. I think that's a bit of a bad idea. I think it's good if we cook, but it's not possible because we have school.
>
> (Group discussion, St. Johanna young people, shortened and smoothed transcription)

In this sequence, Zoe and her roommate Ahmed discuss the advantages and disadvantages of food deliveries from the central kitchen, on the one hand, and

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3   All excerpts from interviews and group discussions presented in the chapter have been translated from German into English according to their meaning.

cooking for themselves, on the other hand. Zoe argues that she often doesn't like the food from the canteen and doesn't understand why the kitchen in the residential group cannot be used at least by those young people who would prefer to cook for themselves. Ahmed is concerned that cooking could become another obligation that would be controlled by professionals, even though he already feels very busy with school and homework. Zoe sees her idea of individual cooking as a way to bring more independence and spontaneity into her daily life, while Ahmed is worried about being burdened with more responsibilities and increasing stress in his daily life. The discussion continues, exploring various arrangements for cooking independently, but no agreement is reached until another girl, Susa, addresses the interviewer and asks her to continue with the questions. The different orientations of the young people make it difficult for them to articulate desires that are supported by all group members, thus making it challenging to formulate a complaint that would be recognized as valid by the professionals.

The failure of complaint processes when it comes to individual problems or needs is a phenomenon that has also been observed in other cases of the routinized type. The collective orientation toward routines, which is also manifested in participation and complaints, contradicts the needs of young people who are more individually oriented. This highlights that individual prerequisites, abilities, and preferences are crucial factors determining whether participation opportunities can be utilized or if young people are only heard to a limited extent.

In order to demonstrate the disparity in opportunities for young people to grasp and make use of the existing participation and complaint mechanisms, and the resulting implications for evaluating the support rendered, another example will be elucidated.

The AFF Jugendwerk is part of a large nonprofit company that focuses on integration and vocational education. It is also a member of an umbrella organization in the social welfare sector. The researched location within the project consisted of four residential groups, each housed on a different floor of a building. In total, seven young people, five professionals, and the senior manager were interviewed. This configuration reflects the everyday practice in which professionals regularly assist in other teams or switch teams, young people visit each other, and there are also joint activities.

The participation and complaint management, as presented by the senior manager, is part of the quality management system. It includes an institution-wide digital complaint registration system and, at the group level, primarily involves house and group meetings to discuss complaints and other issues. There are also complaint boxes and the option to lodge complaints directly with the youth welfare office, legal guardian, or the senior management to initiate a joint conversation. Both employees and parents can file formal complaints, and there is an annual satisfaction survey in place.

This seemingly elaborate participation and complaint system which is explicitly aligned to the principles of the UN Convention on the Rights of the

Child (UN CRC), however, faces limitations in practice. The extent and timing of these limitations, along with the ensuing ramifications, are intricately linked to the specific circumstances of the young individuals lodging the complaints, as exemplified in the forthcoming sequence.

> *Philipp:* "[...] for example, in group X, the social workers were really, really good. We always had something planned, or if not, we would talk. They would always knock on our doors and ask what's going on, what are you doing? Can we sit outside for a bit? Or let's bake something. They were always active, but not here. They always seem (inc.)".[4]
>
> *Interviewer:* "Yeah. What do you think about that?"
>
> *Thomas:* "Can't you see, everyone has their own opinion. I think (inc.) they [the professionals] shouldn't bother me so much if I want to spend my day the way I want to (inc.)".
>
> *Moritz:* "Hmm".
>
> *Thomas:* "I think it's better that way".
>
> *Moritz:* "Well, sometimes, when the caregivers are in the office, they have many appointments to arrange for us or tasks to complete on our behalf with the employment agency or youth welfare office and such... So, they have things to do, and if they have something planned, we should join in earlier, but if not, everyone does their own thing, whatever they feel like".
>
> (Group discussion, Adolescents AFF, shortened and smoothed transcription)

In this sequence, the adolescents discuss their experiences of daily life in the residential group and their relationship with the pedagogical staff. As with other topics, two "camps" emerge. The first camp, led by Deniz and Philipp, holds the view that life in the living group is boring and that the staff members make little effort to shape the daily routine or build a good relationship with the minors. They contrast their current situation with the positive experience of an independent life outside the group home or their previous experience in a different residential group.

The second camp, represented by Thomas and Moritz, presents a contrasting perspective on daily life. Initially expressed in a generalized manner using "one" and "everyone", they eventually express personal statements about their wishes for daily life in the group home. According to them, it should be more independently organized, while they devalue Philipp's description of his former social workers as "bothering" them. Moritz agrees and introduces an orientation in which the administrative tasks of the professionals are seen as an important part of their work with and for the young people. This stands in opposition

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4   incomprehensible

to Philipp's previous notion that the primary role of the staff is to actively engage with the youth in organizing their daily activities. Philipp describes his experience as follows: "Our social workers are always in the office, resting in their rooms, spending the whole time with the computer or talking on the phone" (Group discussion, Adolescents AFF,).

Although the case of AFF Jugendwerk exhibits characteristics of the routinized type and, to some extent, the oppositional type, it could not be clearly classified into the typology. It is more likely that the AFF case represents a new type, which, however, could not be fully described based on the data collected in the project. The case provides indications of an orientation in which the hegemonic orders that structure everyday life in the group are partially successfully reversed. The idioculture is characterized by different experiences and perspectives on everyday life (conjunctive experiential spaces). These distinct scripts can be attributed to different amounts to what young people match with the organizational idioculture. This (lack of) matching becomes evident both at the level between professionals and individual young person and between peers.

Regarding the first level (young people – professionals), two orientations can be identified that account for the problems of matching. Professionals follow a script that can be described as communicative and reflexive. This means that they primarily employ discursively oriented practices, such as explaining, questioning, or discussing, in everyday negotiation processes. In contrast, some young people have a more performative style of interaction, where everyday life is predominantly established through bodily practices, such as shared activities, physical (non-)presence, or extremes of nonverbal communication like shouting or ignoring. Interestingly, this second style of interaction and the associated difficulties in understanding seem to only become relevant in interactions with certain young people. The boundary aligns parallel to the differences that are also evident among the peers. As described above, there are some young people who generally show solidarity with the professionals (in their decisions and general behavior), even if they have some points of criticism here and there. This attitude is likely based on a better compatibility due to a shared communicative-reflexive script. The fact that professionals do not mention any problems with the young people from this "camp" at any point supports this hypothesis.

On the other hand, there are those young people (primarily including Deniz and Philipp) who clearly position themselves against the professionals and, therefore, against their fellow residents. This counter-positioning is not only evident on a content level (e.g., differing ideas about how conflicts should be resolved) but also becomes visible on the level of scripts. For example, the brothers Deniz and Philipp vehemently and loudly express their opinions in the group discussion, undermining the opposing discourse (led by Benny, Thomas, and Moritz) through constant interruptions or parallel conversations in their first language.

In general, the professionals of the group support the participation of young people. However, this participatory approach fails due to compatibility issues

with some of the youth. These young people are unwilling or unable to adapt to the communicative style of the professionals, instead subverting the negotiated rules in a performative manner.

In contrast, there is a group of young people who do make use of the discursive-argumentative negotiation style of the professionals and feel involved in everyday life, expressing satisfaction with life in the facility and the opportunities provided. For example, Moritz positively refers to a trip with the entire living group to a local basketball team's game and an upcoming bowling evening during the interview. These young people are in opposition to their peers who enforce their own rules against professionals and roommates.

6. Discussion of Results

With the concept of organizational idioculture outlined above, the different types of residential groups can be theoretically conceptualized. In the case of St. Johanna, which can be considered representative of the routinized type, professionals face the challenge of implementing the organization's formal goals, such as participation, while maintaining the routines that significantly structure everyday life. Against the background of a heterogeneous group with diverse backgrounds and needs, this can become a dilemma that needs to be dealt with. This is accomplished by professionals expanding their scope of discretion (extensive personal discretion) (Lipsky, 2010). That means that, although complaints are normatively viewed as a right of children and adolescents, in everyday practice they must be classified as "valid" or "legitimate" by professionals in order to be acknowledged (Chapter Five). As a result, complaint processes in routinized type residential groups are contingent and highly ambivalently assessed by young people. Particularly, individual concerns are difficult to address within this logic.

The ways in which young people perceive their opportunities for participation and complaints vary greatly and are closely linked to the orientations of each individual. For example, in the routinized type, some young people mainly focus on their personal achievements and performance which aligns well with the group's idioculture. Young people who hold this perspective see adhering to daily routines and rules as an opportunity for personal growth and to achieve their individual goals (e.g., successfully completing therapy or obtaining their school graduation). Nathan, a young man from a group home run by the Jugendhilfe Grünbaum explains why he believes it is important to follow rules such as keeping his room clean: "I mean, if you clean up your room, you may only waste five minutes, and then you can continue using your phone, and you can spare yourself all of that, and it also helps you in the future when you clean up your room, that's being independent". For Nathan, following rules not only means avoiding negative consequences (such as having his phone taken away)

but is also seen as helpful for his future development toward independence. It is evident that Nathan gets along well with this orientation within the group and is also perceived as successful by his peers. His roommate David says about Nathan: "[...] he's simply the best in the group. He hardly faces any consequences since he arrived here. There's no room inspection, the professionals go into his room during cleaning, it's okay, he can go out, he gets pocket money. He's simply the best; he even has the best average grades in the whole group". Nathan himself is satisfied with life in the group and reports that he has never complained. Since complaints within the idioculture of the residential group are interpreted as unwanted deviations from the daily structure, it is likely that young people like Nathan, who identify with the structured daily routine, are less likely to complain in order to avoid disrupting the routines they consider important. On the other hand, there are also young people who are more oriented toward independence and want to individually and spontaneously shape their daily life in the residential group. These young people regularly complain and do so through various channels, experiencing more often that their complaints are not recognized, heard, or even devalued as "whining". Lara, another roommate of Nathan and David, describes herself in the care planning[5] meeting as follows: "I swear, I fill up the whole page with complaints". She is very dissatisfied with life in the group and finds the rules, unlike her roommate Nathan, "shitty" and far too strict.

The possibilities for participation in routinized idiocultures are thus significantly dependent on the individual orientations of the young people. A match is only achieved when minors and professionals agree on their interpretations of what participation is and how it should be realized. The authority to interpret these aspects resides with the professionals in accordance with the paternalistic order in the routinized type.

What happens when this order is reversed was demonstrated in the case of the AFF Jugendwerk. Here, certain young people expand their "discretionary space" (Lipsky, 2010) through resistant practices, effectively reversing the generational order. As a result, complaint processes become contingent and ambivalent for the professionals, threatening the fundamentally participatory culture in the residential group. Different patterns of matching can also be identified here. As in other residential idiocultures, it becomes clear that professional practice, including the systems of participation and complaint, is structured in a specific way. In the case of AFF Jugendwerk, a strong language-communicative practice can be reconstructed, which requires specific competencies such as conversation

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5   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

management, written expression, or the ability to communicate personal problems and emotions. Whether young people can profit from participatory offers in residential child care depends on the amount to which their individual orientation and habitualized scripts on everyday life match with the idioculture of the specific group they are assigned to.

How such individual orientations and scripts are also related to, for instance, a class- and gender-specific socialization has been pointed out by various authors (Engler & Kreis, 2004; Ecarius & Wahl, 2009; Stecher & Zinnecker, 2007; Wahl, 2007; Wieler, 2015). In the project, these relations could not be investigated more deeply because of limited information on the socio-biographical background of the young people. However, in the following, it will be discussed how socio-biographical conditions can have an influence on the ability of young people to fit into educational contexts and institutions such as residential group care.

Many authors have already criticized that professional practice in social work is often oriented towards middle-class norms or implicitly demands them, which can conflict with the habitus of the recipients (see, for example, Kutscher, 2008; Alberth, 2020; Bühler-Niederberger, 2020). Similarly, our research results show that the addressing of young people in residential groups is linked to a bourgeois educational impetus, leading to different constellations of matching with the organizational idioculture and thus different opportunities for participation. The connection between individual and institutional habitual scripts has been discussed in educational research and school research for some time (Engler & Kreis, 2004).

The concept of habitus by Pierre Bourdieu explains how certain forms of behavior, language, etc., develop and become incorporated knowledge in different classes, (cultural) milieus, or families. In the context of education, the focus has been particularly on educational strategies (e.g., information literacy) or parental practices of support and upbringing (e.g., reading aloud) (Wahl, 2007; Wieler, 2015). Differences have been identified, and it has been observed that the school system promotes and reinforces specific habitually acquired characteristics and (implicit) knowledge resources while sanctioning and devaluing others (Kramer, 2017)[6]. These insights from the school context (as a prototype of an institution) can also be applied to institutions in general (e.g., public offices, etc.), yielding similar results that seem to intensify over time (Wahl, 2007), which can lead to "institutional identity damage" and even self-stigmatization (ibid., p. 251 or Solga, 2010). One such institutional context

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[6]   This is evident, for example, in the fact that multilingualism in migrant families is still perceived more as a problem than as a resource in society. This can be seen in the recurring debates about how children who do not primarily speak German at home can be adequately supported with language programs to compensate for this "deficit" (see, for example, Gall, 2022). The question of how early childhood education institutions can make their structures more accommodating to the increasing linguistic diversity of their clientele is often overlooked, although the abandonment of a "monolingual habitus" in educational settings has long been advocated from an academic perspective (Gogolin, 2008; Kühn, 2021).

is provided by residential group care for children and young people. Especially since the focus in residential group settings has increasingly shifted towards achieving educational and vocational qualifications as a central requirement for a successful transition to independence, professionals are increasingly confronted with the demand to support and promote young people in their personal development towards autonomous subjects in their everyday lives (Strahl, 2019). As part of this process, the right of children and adolescents to participate and complain has also been implemented in recent years.

The implementation of this requirement is closely linked to different normative interpretations of the concept of participation, each of which can be empirically reconstructed. On the one hand, there is the conceptualization of participation as a right that the organization must ensure for all children and young people. On the other hand, participation is seen more as a learning process in which certain competencies can be acquired. This second perspective on participation may provide insights into why the practical implementation of participation and complaint in everyday life poses significant challenges. Understanding participation as a learning process implies that the organization in which this learning process is to take place creates certain conditions within which individuals can acquire the corresponding competencies. These competencies are distributed unequally among the young people in residential care, depending on factors such as background, gender, or (mental) health. Based on the previous discussion of the conditional nature of successful acquisition within organizational logics, it can be understood that not all children and young people possess the same prerequisites for undergoing this learning process.[7] As emphasized, for example, by Ecarius and Wahl (2009), societal notions of education and socialization are "linked to a bourgeois conception of humans as reflexive, aesthetic, learning, interculturally tolerant, and biographically stable subjects" (ibid., p. 25). Drawing on Bourdieu and Passeron (1971), education in organizational contexts can be understood as a process of "imprinting" aimed at producing a certain habitus, which includes the adoption of the aforementioned conceptions of subjectivity. According to Bourdieu and Passeron, this practice of "cultural arbitrariness" – i.e., the arbitrariness of the dominant social groups – results in this arbitrariness being experienced "as necessary in the sense of natural" (ibid., p. 52), even by those whose experiential knowledge is structured differently due to diverse cultural, familial, and milieu-specific backgrounds. The promise of success by the organization (whether school, residential care facility, or public office) leads "the dominated classes to acknowledge the legitimate knowledge and skills", "which results in the devaluation of the knowledge and skills they actually possess" (ibid., p. 57).

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7   Typically, children and adolescents in residential care come from highly challenged families, which in turn are more commonly situated in socially disadvantaged contexts and milieus (Tabel, 2020; Bywaters et al., 2016).

In the project, this is reflected in the valorization of specific rules and norms (e.g., sitting together at the table) in residential childcare settings, while simultaneously devaluing practices of young people that contradict or undermine these norms (e.g., cooking alone and eating in their rooms). Such distinct values and normative expectations representing a middle-class, western, and also academic cultured idea of everyday life and education can be reconstructed in all of the idiocultures. However, there are differences in dealing with young people who deviate from these ideals. In the participatory type, the professionals try to reflect on such habitual differences and manage to maintain a respectful and appreciative attitude toward the clients. In oppositional and partly also in routinized idiocultures, professionals tend to sanction or even discriminate against young people who do not match with the organizational expectations. The analysis of empirical data of the AFF Jugendwerk, which could not be assigned to one of the types, clearly shows another mode of dealing with habitual differences and a mismatch between young people and the organizational idioculture. It is revealed that the imprinting of a specific habitus, or the practice of cultural arbitrariness, fails with some young people. This failure is manifested in the performative subversion of the norms and rules prescribed by the professionals as representatives of "legitimate knowledge and skills" (ibid.) and their attempts to enforce them in a certain way. The professionals, in turn, frame the practices of such young people in a derogatory manner because it not only does not correspond to their own habitus but also negates it and thus makes it dysfunctional on a practical level. According to Bourdieu, the consequence of such a failure to uphold the habitus in the social field is equivalent to an ongoing crisis because the habitus is fundamentally designed to cope with everyday crises and ensure agency. If a transformation of the habitus (i.e., implicit knowledge for crisis management) is not possible, it leads to discomfort in the social field, which is difficult to articulate because it arises at the level of the habitus (implicit knowledge) (see Kramer, 2017). Empirically, expressions that indicate such uncertainty ("I don't know how to express it") like professionals in AFF Jugendwerk would state can be interpreted as signs of this discomfort due to dysfunctional crisis coping strategies. The professionals there long for "real" documentable problems for which a clear solution can be offered, while the young people spend as much of their daily lives as possible outside the facility and expect to find more satisfaction once they have moved out. The fact that young people like Philipp (who also struggles with language barriers) confidently anticipate a life outside the facility may also be a consequence of continuous failures within the facility due to the unsuccessful "incorporation" of a habitus compatible with the field.

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8. Relationship and Participation – Relational Social Work in Residential Group Care

Claudia Equit

Abstract

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This chapter examines the relationships and relational social work of professionals in different residential group care facilities based on the project "Participation in Residential Childcare" funded by the German Research Foundation (DFG). The project examined how processes for participation and complaints, according to Art. 12 of the UN CRC, are organized in the residential groups in everyday life. One result indicates that informal processes – in particular between professionals and children and youth, such as conversations in-between – have a significant influence on the realization of participation and the experience of full participation among young people in the residential groups. Therefore, the role of relational social work was evaluated in more detail, and there are clear connections between the relational social work and the implementation of participation in the residential groups. First, the chapter gives an overview of relationships and physical contact in residential groups. This is followed by a description of the project. The presented results highlight the connections between organizational culture, which was investigated in the project, and the respective relationships described from the perspective of the professionals and the perspective of the children and adolescents in the residential groups. It is shown that relational social work takes on a special significance in participatory idiocultures of residential living groups. Finally, the potentials and limitations of the study of relational social work in residential groups and safeguarding the participation rights of young residents are discussed against the background of the outlined state of research at the beginning of the chapter.

Relationships and physical contact in Residential Childcare

Trusting and respectful relationships between young people, parents, and professionals are seen as a crucial foundation for helping processes in social work (Bell, 2002; Cameron, 2013; Ferguson et al., 2021; Morley, 2022; Rice et al.,

2020). Many young people in alternative care emphasize the importance of having a warm and positively perceived relationship with a professional, with whom they can build an ongoing relationship and who can respond to their needs (Bell, 2002; Fowler, 2018; Moore et al., 2018). Children and adolescents describe trusting relationships with professionals as showing they care, persisting although things are tough, recognizing risks for young people, and being available (Moore et al., 2018). Professionals evaluate trust as an important feature of good relationships with children and young people (Cameron, 2013). Professionals identify trust by the fact that adolescents or parents address problems and concerns on their own and want to discuss them. Trust is seen as an authentic interest and a limited, mutual exchange of information with addressees (ibid.). Good relationships are characterized by transparency, honesty, and respect in the view of social workers. In addition, trust in professionals is seen as an important aspect of reframing or repairing poor attachments (Holt & Kirwan, 2012; Moses, 2000). The potential of trusting relationships in social work is discussed concerning young people in alternative care (Rice et al., 2020; Fowler, 2018; Gallagher & Green, 2012) and family (Ferguson et al., 2020; Reimer, 2013). The relationship with the family plays a decisive role in alternative care. The parents' conviction that their child feels comfortable in the residential group, for example, significantly reduces the risk of dropouts in out-of-home care (Tornow et al., 2012). Concerning the relationship with professionals, friendliness, successful integration into the children's group and child-friendly services are important for children (ibid.). However, building trust between professionals and young residents can be difficult due to existing power dynamics (Fowler, 2018; Wagenblass, 2016).

Weak relationships with professionals are associated with feelings of anxiety and pressure, as well as insecurities among children and youth (Moore et al., 2017; Tornow et al., 2012). However, these anxieties are diminished when children and youth are given the opportunity to build a trusting relationship with professionals (Bell, 2002; van Bijleveld et al., 2015). A trusting relationship provides the foundation for children and adolescents to get access to important information in their care process (van Bijleveld et al., 2015; Calcaterra & Reineri, 2017; Diaz, 2018). Children and adolescents obtain important information from professionals with whom they perceive a good and reliable relationship (Bell, 2002; Moore et al., 2017). They value relationships with professionals in which emotional support is combined with practical help, such as contact with siblings or advice on personal decisions that need to be made (Bell, 2002). Frequent changes in social workers, little or insufficient information about important decisions in the care process, or assistance that does not address the complex needs of young people and families lead to dissatisfaction among children and adolescents, up to and including an "inner exit" from care (Carey, 2015; Lonne et al., 2021; Tornow et al., 2012). The experienced degree of participation and meaningfulness of the care are central factors for the retention of young people in residential care (Tornow et al., 2012).

Physical contact is seen as an important aspect of establishing caring relationships (Kendrick, 2013; Eßer, 2018). Physical closeness between children, adolescents, and professionals is, on the one hand, important for a good and caring relationship in residential childcare. On the other hand, physical contact is burdened by incidents of abuse and violence in children's homes and therefore a policy of 'no touching' exists (Fowler, 2018; Steckley, 2010; Smith et al., 2013). Kendrick (2013) emphasizes that this ambivalence of physical contact, discussed in several contributions, is ubiquitous in the everyday life of residential childcare. Physical closeness is a natural part of everyday life in residential facilities (Fowler, 2018; Wolff & Kampert, 2017). Based on various studies, Fowler (2018) distinguishes between "playful touch" (Warwick, 2017), tender forms of touch (Eßer, 2018), "physical restraint and catharsis" (Steckley, 2012), etc. Professionals in residential childcare indicated that they establish physical contact intuitively. Although there are rules about how and when physical contact can take place (e.g., in the presence of others), the professionals' 'gut feeling' and 'intuition' prevail when establishing physical closeness (Wolff & Kampert, 2017). However, young people reported that physical contact is not always desired. Power dynamics and hierarchies between professionals and young people are cited as a reason for a lack of criticism of the professionals' behavior by adolescents (ibid.). Furthermore, Morley highlights that breakdowns of relationships can be traced back to racism and stereotypes (Morley, 2022). Due to the importance of meaningful and trusting relationships for children and youth in alternative care, relationships are identified as a right of young people that must be respected in order to maintain good conditions for growing up (Rees et al., 2022).

Social work faces many difficulties, such as fragmentation and duplication of social services due to outsourcing of government services, privatization of former public services, complex needs of young people and families, high caseloads, low resources, etc. (Carey, 2015; Morley, 2022; Brodkin, 2012; 2013). Relationship-based social work embraces a holistic approach that focuses on the complex needs of young people and families and counterbalances bureaucratization. In this way, child protective services and alternative care should be prevented from serving as revolving doors for children, youth, and their families (Morley, 2022). However, the term 'relational social work' does not encompass a single approach. Rather, various studies and theoretical approaches deal with this concept. Some studies focus on emotional labor, such as presented by Hochschild (1983) (Morley, 2022; Winter et al., 2019). In addition, approaches to attachment theory (Howe, 1995), therapeutic, psycho-dynamic, and trauma-informed practice (Emond et al., 2016, Ferguson et al., 2021; Levenson, 2017) build a theoretical foundation for analyzing the relationships between social workers and clients. Developing concepts and guidelines for building relationships that improve retention and treatment outcomes, and reduce stress, is a central focus in professional discourse (Reimer, 2013; Ruch et al., 2018; Ferguson et al., 2021;

2020; Winter et al., 2019; Morley, 2022). Relational social work acknowledges the involvement in the respective organizational conditions of social workers. However, the organizational frame of social work has not been systematically examined in social and child welfare services (Morley, 2022; Winter et al., 2019). The results of the presented study, "Participation in Residential Childcare", indicate a connection between relationships and idioculture of the respective living groups. This insight was a surprising result of the study.

Methodology and objectives of the study[1]

The project "Participation in Residential Childcare" was funded by the German Research Foundation (DFG), No. 419403819. Claudia Equit led the project in collaboration with research assistants Antonia Finckh and Julia Ganterer, with Elisabeth Thomas analyzing the impact of the COVID-19 pandemic on youth in residential childcare.

Reconstructing relationships and relational social work were not the intended goal of the study but is a surprising finding. The focus of the study regarded participation in the daily life of the facilities and the use of complaint procedures by children and young people in residential group care. It was reconstructed how young residents and staff describe situations in which, from their point of view, participation was evident. We also reconstructed the legitimization of existing rules in daily life by staff members and how children and young people could complain. Furthermore, we analyzed the experiences of children, young people, and professionals with formal complaint procedures and reconstructed informal complaint processes based on the narrated experiences. Finally, we reconstructed organizational and informal hierarchies and power dynamics that emerged within this context.

The sample[2] included 27 residential groups of 17 different child welfare stakeholders in four federal states. The sampling criteria included an urban-rural comparison, the different concepts of the facilities, and the examination of facilities in Germany. A total of 13 facilities in the eastern part and 14 facilities in the western part of the country were surveyed, with 17 facilities located in large cities and 10 in small towns and rural areas. 233 children and young people aged 6–21, both with and without a family history of migration, were interviewed. Additionally, 168 professionals (including 27 senior managers) aged 23–77 were questioned. The sample included almost an equal distribution of male and

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1   Each chapter of the book contains information about the objectives and methodological design of the study, so that it can be studied by the reader without missing an overview of the entire study. If you have already read the design of the study, you can skip this section.

2   The presented sample includes group discussions and expert interviews before and during the COVID-19 pandemic.

female children and young people (116 females to 117 males). No child or young person identified as "diverse" regarding their gender. In total, 91 female and 49 male professionals were interviewed, with one professional identifying as "diverse" concerning their gender. The gender distribution of the managerial staff was 15 females and 12 males. Children, young people, and professionals were sent detailed information about the project before the group discussions and interviews. In addition to data protection regulations, the voluntary nature of their participation in group discussions and interviews was pointed out. Children and young people were provided with information on advocacy services (i.e., ombudsperson) and were given the opportunity to contact either these services or the head of the research project, Claudia Equit. Additionally, all participants were assured that all data was being treated anonymously. A content overview was prepared for each interview and group discussion to provide an overview of the topics discussed and statements made by interviewees. They built the foundation for the case construction and served in the selection of interview sections for the in-depth analysis. The group discussions with children, young people, and professionals, as well as the expert interviews with members of the senior management of one residential group, were combined into one "case" and analyzed using the documentary method (Bohnsack, 2010). From a total of 27 cases, 15 cases were analyzed in-depth, and a first typology was built (Bohnsack et al., 2019). Based on the content overview, the 12 remaining cases were subsequently categorized as developed types. One divergent case could not be classified with the typology.

The typology was created in several steps: first, the narratives of professionals, children, and young people about their daily lives in the residential groups were analyzed. Secondly, the experiences with regard to participation and complaints were analyzed and typified. Thirdly, the hegemonic order – i.e., the power dynamics between children and young people, professionals and senior management – was examined. Although this is a qualitative study, the criteria-led sampling and the high number of participants suggest that the study reflects the breadth of diverse residential group care in Germany.

The term organizational culture is conceptualized as a negotiated order that is grounded in interactions between participants (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963). The negotiated (hegemonic) orders and hierarchies between management, staff members, and children and adolescents were analyzed. Resources and hierarchies, as well as the narratives and meanings created by the actors themselves, provide an important framework for work (Fine, 1996). Against the background of the definition of organization by Fine, idiocultures in residential care are defined "as a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis for future interaction" (Fine, 1996, p. 129). These "cultures of small groups" (ibid.) are characterized by shared experiences and meanings of actors. Based on this understanding, the group discussions

and interviews present shared meanings and experiences of professionals' work. Explicit rules and regulations used to structure daily life in the living groups, as well as the implicit knowledge and habitualized practices within these groups, were analyzed. Participatory processes and opportunities of participation are embedded in these routines and collectively shared meanings and were reconstructed in these contexts.

Results

The findings of the study highlight that the living groups' idiocultures shape the understanding and knowledge as well as the meaning of relationships and emotions of young residents and professionals. This is reflected in the built typology.[3] The analysis has shown that evaluations of clients and a consensus about what is seen as professional behavior are part of the idioculture of the residential group. The idioculture of a residential group includes the knowledge and assessment of what relationships should look like and what emotions are considered "appropriate" in daily life. Idiocultures are not only crucial for relational social work in the facilities, but they are the key driver for the experience of full participation of children and youth in everyday life (Chapters Two and Three). According to Fine (1996), idiocultures are characterized by the shared experiences of their members and the accepted expectation that these members understand the meaning of the shared experiences and act on that basis (Fine, 1996; Klatetzki, 2019; Strauss et al., 1963). The relationship between staff and young residents is influenced by common perceptions of staff and senior management, the demands of the daily work and narratives, and cultivated attitudes within the team.

Three different idiocultures of the examined facilities were reconstructed. Participatory idiocultures are characterized by the fact that professionals and management emphasize the individual concerns and problems of the children and adolescents. They focus on cooperation and search for joint solutions in which the children and adolescents are involved and have a say. The senior management is present in the daily life of the living groups. They explicitly expressed the perception that professionals should cooperate also with children and adolescents in order to seek joint solutions. The young residents report that they were able to turn to professionals in case of personal problems and that they worked jointly together searching for solutions. This process of cooperation was also reconstructed with regard to group concerns. The young people report appreciative and trusting relationships with the professionals. They stated that professionals who take time for them were present in their daily lives.

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3   A detailed description of the methodological basis for the typology formed is contained in typology formation in Chapter Two.

Children and youth described that they organize interesting leisure activities and that they can maintain their relationships with family members or friends outside the group. The young people know their rights and talked about various experiences, how they can complain, and that they are heard. Their own opinions and conflicting views were expressed as a matter of course in group discussions. Different positions were accepted. Ten out of 27 facilities were assigned to this type. In the excerpt below from a group discussion, the relationships with professionals are characterized by the youth.

> *Interviewer:* How do you find daily life here?[4]
> *Jamal*: Relaxed.
> *Josi*: It doesn't get boring quickly. […] For example, I sit here and ask a social worker about something; and then all of a sudden, I'm sitting here for three hours. We started with math and ended up with ducks. It's really like that. You talk to the professionals, ask them a question and then suddenly you're sitting here for three hours talking about all kinds of things. You can do that well here. You can also do that with the residents here, of course.
> *Jeannie*: You are never alone here. When you live here, you are never really alone. […]
> *Donna*: I can always get in touch if I need to talk or anything. Even though I don't live here (but in the apartment next door, [C. E.]), I am still part of the group.
> *Joana*: Me too.
> *Jeannie*: yes.

The young people report about time and space for talking to professionals. Jamal describes the daily life as relaxed, and Jeannie adds that they never feel alone in the children's home. Donna stresses and acknowledges the possibility of getting in touch with professionals and staying in contact with the young people in the group although she is old enough to live in an independent apartment next to the house. There is consensus among the group that they have available and trusting relationships with professionals. The senior management described this as a 'good atmosphere'.

All residential groups with a participatory idioculture encompass descriptions by children and young people about trusting relationships and a good atmosphere. In addition, children, and adolescents report a mutual understanding with roommates, although they sometimes have contradictory opinions. Residents understand the living group as a community in which not everyone is your best friend, but respect is mutual. This kind of solidarity was reconstructed in different

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4   All excerpts from interviews and group discussions presented in the chapter have been translated from German into English according to their meaning.

all-group discussions of participatory idiocultures. Especially when children and adolescents have problems with some roommates in daily life, professionals help to cope with them, finding solutions. At the same time, the analysis shows that solidarity sometimes limits the critique of young people. If professionals do not have time for them, the children and adolescents themselves excuse this in front of the interviewers.

Relational social work in participatory idiocultures is based on cooperative leadership by the senior management. The latter explicitly demands relational social work in which professionals work on trusting relationships with children and young people and create a 'good atmosphere'. Both are seen as a crucial basis for everyday life as well as for encouraging young residents to cope with their strains and problems due to the aims of their care plans[5]. The management develops and explains the specific perceptions regarding professionalism: mutual exchange of ideas and information, constant collaboration, and collective reflection about how to support children and youth. The respective senior management sets guidelines when his or her responsibility and competence require this. At the same time, they repeatedly ask the professionals for their opinions and convictions and are willing to find a consensus. Professionals and management consult with each other and intensively discuss the needs and problems of the children and adolescents (Chapter Five).

Cultivating relationships with people outside the facilities is expressed by young people as a matter of course, which, like the positive atmosphere in the group, is part of everyday life and is consciously aimed at by professionals. Professionals describe trusting relationships as the foundation to promote participation and safeguard the participatory rights of children and youth. The link between relational work and participation is explicitly seen by professionals: "Working on trusting relationships is the best complaint management" (group discussion with professionals). Children and adolescents report a wide range of possibilities to participate in decisions regarding daily life, e.g., leisure time activities, dinner, and meals as well as preparation of the care-plan conferences, complaints at the youth welfare office, etc. Professionals and senior management know the children's rights very well and encourage young people to complain when they disagree, e.g., with plans about the next group vacation, goals that were set in care plans, or the pocket money they receive every week. Therefore, complaints are seen as a right by children and adolescents, a possibility to clarify an important issue or a chance to express their own needs. The latter is explained in a group discussion by Ms. Meyer.

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5   At the beginning of a placement outside the family in Germany, a so-called 'care plan' is drawn up with all parties involved (child/adolescent, legal guardians, professionals, employees of the youth welfare office). In this care plan, goals and measures are agreed upon and the course of the care is planned. In regular, halfyearly care plan conferences, the extent to which goals have been achieved and whether care measures need to be extended or changed is reviewed. Care plans are regulated by law in Section 36 of the Children and Youth Services act (SGB VIII).

> *Ms. Meyer*: The young people know for different reasons in their families
> of origin conditions that are for themselves and everyone a disaster.
> They have been through a lot. In the best case, we do not have these
> experiences. Everything that happens here (in the living group) must
> be for them anyway very easy and superficial. Nothing is threatening
> or intimidating here. There is not this misery, from which they come.
> Therefore, we have other topics here. [...] They had to manage so
> many things in their families, e.g., "Will I get food? Are my siblings
> being fed properly? Is daddy drunk and hitting mommy again?" The
> young people had to deal with real serious issues. And they are often
> not able to express personal issues or concerns.

Ms. Meyer explains that the young people had to cope with existential problems in their families. In the past, children and adolescents had little space for subtle issues. This is the reason, in Ms. Meyer's point of view, why it is so difficult for young people to express personal needs or concerns. However, Ms. Meyer does not devaluate the families but focuses on the biographical dynamics of children and youth. Making a complaint is seen as a way to empower children and youth to express their issues and needs. If they succeed in doing this, e.g., in the form of a complaint, then a big step has been taken in the development of the children and young people.

It is typical of participatory idiocultures that professionals have specific ideas and concepts about complaints. They know participatory methods with which to deal with and acknowledge complaints from children and adolescents. They evaluate complaints as a tool to support the development of young residents. Problems of children and adolescents and their families are named but not devalued. The problems mentioned serve the professionals as an orientation for their actions. They reflect on the professional support of children and adolescents on this basis and look for opportunities in which children and adolescents can experience participation.

The second type of idiocultures in the project comprises routinized subcultures. In these, professionals, children, and youth are guided by existing routines and fixed rules that are implemented in everyday life without any explicit coordination. Professionals declare that individual concerns of children and adolescents are taken seriously if they are important from the point of view of the staff. Routines and fixed daily structures are evaluated by professionals and management as helpful and good for the development and learning processes of children and adolescents. The addressees take it for granted that the daily routine is set by professionals. A paternalistic hegemonic order was reconstructed in these facilities. Professionals and management enforce guidelines and rules on children and adolescents because this is in their best interest, and the professionals know better what is good for the development of the children and adolescents.

Participation and complaint procedures are bureaucratized in routinized idiocultures and are geared to the concerns of the group. The paternalistic hegemonic order often does not allow for the joint search of professionals, children, and adolescents, especially for solutions to individual concerns and complaints of children and youth. Collective concerns and complaints are most likely to be heard and acknowledged when they fit into the given routines and structures in everyday life. Thirteen of 27 residential groups were assigned to this type.

The relationships between professionals, children, and adolescents are characterized by ambivalence. On the one hand, children and adolescents accept the routinized idioculture and value the helping care they receive. On the other hand, they report devaluations and ignorance by caregivers. The ambivalence reconstructed in the group discussions is rooted in the relationships between professionals and young residents. This ambivalence is presented in detail in a part of a group discussion with young people from a facility called 'therapy'. Toward the end of the group discussion, the interviewer asks if the young people would like to address anything else that is important to them. Then a detailed discussion begins, which is shown in excerpts.

Interviewer: Is there anything else you would like to say because it is important to you, but you haven't said it yet?
Samira: How we feel here in general. (general laughter)
Interviewer: That's a good question, yeah!
Samira: Who's going to start?
Filiz: Lukas.
Samira: Lukas go first!
Lukas: Yes, I have to say that I'm extremely happy that I'm here. Because it was already mentioned before that there are other residential groups where it doesn't work out at all, somehow, and I'm just pretty happy that I ended up here.
Filiz: I'm glad that I'm here because it couldn't have been better for me. Because my foster mother always said at the time: "Well, then go to the residential group if you like. You'll see then how you're doing". But that was only the lesser evil. In this group you can just let yourself go, you get support from all sides and […], and you are supported in every respect and everywhere.
Samira: I think it's great here (laughs) because I've learned to be more self-confident, to be more open-minded to other people. That wasn't the case before. I used to be shy. I never spoke my mind. And now I get aggressive sometimes and can really speak my mind. If I wasn't here, I wouldn't have been able to learn that. Then I would still be a silent person. I can be who I really am here. And not Samira who is always at home with her parents. […]
Celina: Well, I've never been silent at all, but –

Filiz: You are a person who needs to be communicated with.

Celina: Yes. I am also really happy to be here. So, I think it's just totally great, you come in here, we have a pretty cool house, the social workers[...] are always okay here. Always okay and cool. I also think it's cool that we can make jokes with the staff. We laugh a lot, even at the group meeting. There is always something funny. We sometimes give each other nicknames (laughs) (group discussion with adolescents, therapy).

Samira explains that the young people want to say how they feel about living in the facility. Filiz decides that Lukas should start. He tells the interviewer that he is 'extremely happy' to live in this living group. Filiz joins in. She is also happy to live there. She states that she could not have found it better. Her foster mother, with whom Filiz lived before, threatened her with a stay in a residential group. In retrospect, however, Filiz judges that the residential group was the "lesser evil". The positive reference to the residential group is clear in Filiz's narrative, but at the same time there are relativizing interpolations, for example, when the residential group is described as the 'lesser evil'. Then Filiz characterizes her stay in the residential group. She can just let herself go, live her life, and find herself. In this search for her own identity, she is supported 'from all sides'. Samira laughs and explains that life in the living group is 'super'. She has learned to become a more self-confident person and to be more open-minded to others. She compares this with her previous life in the family. She used to be shy and never spoke her mind. In the residential group, she has learned to express her opinion and can even express it assertively. Without this residential group, she would still be a silent person. In the residential group, she can be who she really is. Celina explains that she is just as happy to be in the residential group. The house is 'cool' and the social workers are okay. They make jokes and laugh a lot. Celina describes an atmosphere of cheerfulness. She and the caregivers even give each other nicknames.

The young people explain that they appreciate their life in the residential group. They are glad for the care and help they receive. While Samira and Filiz focus on their positive personality development, Celina refers to a cheerful feeling and positive relationships with the caregivers. Celina and the caregivers tease each other and give each other funny nicknames. Lukas says that things don't go so well in other living groups. He feels lucky to be in such a good facility. The focus on positive emotions and relationships in daily life is consensual among interviewees. Sometimes, however, the contributions also seem somewhat rehearsed, as if the young people wanted to give a positive impression of the facility at the end of the interview.

All children and adolescents in routinized idiocultures report mutual respect between children, adolescents, and caregivers. In some residential groups, positive relationships are described, as in the example given. Mutual respect and trust are equally described in group discussions. Children and adolescents

explain, for example, that they receive very moderate and expected sanctions for circumventing rules. Secret nocturnal room meetings are dissolved with admonishments, or the forbidden use of the WIFI by the whole group is sanctioned with a joint cleaning action. Professionals make appreciative comments about children and adolescents, for example, when they reflect on the experience of young residents in their families.

At the same time, relationships in routinized idiocultures are characterized by ambivalence. Children and adolescents express clear criticism of their caregivers. For example, children and adolescents report that the given free time is so limited that they cannot meet friends outside the residential group or even make new friends. They criticize incidents of racism by professionals, body shaming, and other forms of devaluation of their person. Then children and adolescents describe their relationship with professionals as difficult. Personal wishes for closeness or recognition of individual needs are rejected by professionals. This leads to criticism and resistance by young residents.

This other side of the relationship in routinized residential groups is also evident in the facility 'therapy' presented above. While the adolescents emphasize their happiness and positive emotions about the caregivers at the end of the group discussion, other experiences are discussed earlier, in the middle of the interview.

> *Interviewer*: Are there particular staff members you prefer to contact when problems or conflicts arise?
>
> *Samira*: Yes, we do, but they work transparently. The staff members tell each other everything, no matter what it is. Everything. That's why it's no use to go to Nadine, for example, because you like her more, or to Marla. Because they discuss it among themselves. But you feel more attracted to a social worker. But it doesn't matter to whom you turn to.
>
> *Filiz*: The social workers want to avoid using transparency so that we enter into a more personal relationship with the social workers. This should not be the case.
>
> *Interviewer*: Why not?
>
> *Samira*: Because everything should remain 'pedagogical'.
>
> *Filiz*: No clue.
>
> *Samira*: They often told us in the group meeting: "We can't replace your parents. We are only caregivers. And we'll just remain caregivers". That hurts. When you haven't received this love from your parents, and it's said to your face. That is stupid, even if it is true. They shouldn't say this to us.
>
> *Interviewer*: What do you think about that?
>
> *Samira*: Yes, stupid.
>
> *Interviewer*: And the others? Did you also hear that?
>
> *Filiz*: Yes.

Lukas: Yes.
Interviewer: Yes?
Filiz: Yes, I went to the warpath for that.
Samira: Yes.
Filiz: That was at the group retreat where I brought it up for the first time.
Lukas: Just tell it!
Filiz: Yes.
Interviewer: And you brought it up at the group retreat?
Filiz: Exactly. I brought it up there. Then it was taken up again here in the group meeting after the group retreat.
Interviewer: Can you tell us what that was like?
Filiz: Oh, that was a long time ago (laughs). The social workers explained that it was just their job. That it is unfortunately true that they are just doing their job. And that unfortunately they can't replace our parents.
Interviewer: And what do you think about that?
Filiz: On the one hand, it's hurtful, but you must deal with it.
Interviewer: mhm.
Filiz: Let's put it this way. (Group discussion youth 'therapy')

When asked by the interviewer whether there are staff members to whom the young people prefer to go when they have problems or conflicts, Samira confirms this. However, she adds that the staff work 'transparently' and tell each other everything. Even if one is more drawn or one is more attracted to a social worker, it doesn't matter because the staff tell each other everything. Filiz adds that the staff wants to avoid getting into a personal relationship with the youth. When asked why this is so, Samira explains that the relationship should remain 'pedagogical'. Filiz does not know why she should not enter a personal relationship with the social workers. Samira finds this regulation "stupid". The other young people confirm Samira's experience. Filiz explains that she protested the rule of not having a personal relationship with the staff at a group retreat. She had criticized it at the group retreat and later, at a group evening after the retreat, it was taken up again by the staff. They explained that they have a professional relationship. Social workers could not replace their parents. Staff members were only doing their job. Filiz finds this hurtful. She lacks a loving relationship, especially since she hasn't received the love of her parents from her point of view. She sums up pragmatically that one just has to cope with it.

In routinized residential groups, very different concepts about relational social work and building professional relationships with children and young people were reconstructed. In some facilities, a mentoring relationship between adolescents and social workers is provided. A mentoring relationship means that the professional has a deeper understanding of the youth's case and background and is expected to do more relational social work with the respective children and/or adolescents. Other facilities, such as group 'therapy,' categorically exclude this.

They work according to the principle of 'transparency'. Despite these differences in the conception of relational social work, all routinized residential groups have one thing in common: collective rules take precedence over establishing trust and doing relational social work with children and young people. The implementation of collective rules and routines is at the forefront of professional work. The maintenance of relationships is subordinate to this focus. This concept contrasts with relational social work in participatory settings, where individual relationships with caregivers are valued as a prerequisite for professional action. In routinized facilities, professionals see themselves as a team that coordinates with each other to ensure that existing routines and rules are followed.

From this perspective, individual arrangements between caregivers and children and youth appear to be non-professional. The argument is based on the equal treatment of children and adolescents. The same rules apply to everyone in everyday life, thus ensuring that children and adolescents have a transparent and reliable daily routine. The young residents can rely on the existing routines and rules. However, these ideas are not shared by all young people (see in detail Chapter Seven by Antonia Finckh). Adherence to collective routines and rules does not provide a sense of security for all. Rather, the collective guidelines and routines and their paternalistic enforcement by professionals tend to ignore the individual needs of children and adolescents. This is reflected in the ambivalence with which many children and adolescents describe their relationships with professionals in routinized facilities. In the project, the premise was developed that adherence to clear structures and guidelines offers professionals in particular a sense of security in an everyday life that is characterized by constantly new developments and unpredictable events. Routines serve as a relief in everyday life. They do not involve conflicts since professional actions are already clear and predetermined. There are no disputes in the implementation of routines about different expectations of management and professionals or professionals and youth. Routines are perceived by professionals and management as stabilizing and safe. Collective rules are designed to avoid implicit conflicts over divergent expectations among professionals, youth, and managers.

The team's shared adherence to collective routines can provide professionals with behavioral certainty. At the same time, they are subject to regulations. Social relationship work with children and young people must be subordinated. In many cases, professionals emphasize the growing importance of bureaucracy to legitimize their routinized actions. 'The administrative effort, it has increased [...] a digital documentation is more and more demanded,' 'if you are alone or with two professionals in the service, one is busy the whole day on the computer' (group discussion professional). Keeping up to date across different shifts and staff seems burdensome in routinized settings. Children and young people describe that staff are often busy, e.g., with office tasks and phone calls.

Of course, staff members in participatory idiocultures also must write reports. However, the children and adolescents often explain that the caregivers deviate

from bureaucratic routines and tasks when the children and adolescents express a concern. Furthermore, the young people in participatory facilities state that they understand the office activities of the professionals and instead undertake leisure activities organized by themselves. In contrast, in routinized residential groups, taking time for individual concerns and requests of the children and adolescents themselves is routinized. One professional reported that they always went into the children's and adolescents' rooms at the same time in the evening to pause from bureaucratic tasks and take some time for them. Children and adolescents report that their concerns were not heard, for example, because they did not fit into the existing routines (see Chapter Four in detail).

For children and adolescents in routinized residential groups, establishing relationships outside the organization is difficult and a complex task. Since their life is structured with tasks and time units, there is no time for spontaneous appointments. Exceptions are usually approved by the entire team through written requests from the children and adolescents. Spontaneous appointments with friends, acquaintances, or family are hardly possible in routinized facilities. The children and adolescents complain about this. They miss the social contacts outside the facility very much. Just as they sometimes report devaluation by professionals, devaluation of friendships or families by professionals is also evident.

As a third type, so-called oppositional idiocultures of residential groups were reconstructed. Three of 27 facilities were assigned to this type. In these residential groups, professionals position themselves against the group of children and adolescents. At the same time, social workers emphasize the creation of a supposedly "normal" everyday life in the facilities explicitly. They use sanctions and discipline to enforce their ideas of a supposedly "normal" everyday life on children and adolescents. Everyday life is characterized by massive conflicts between children, youth, and professionals. The hegemonic order is dominated by the (violent) enforcement of the strict guidelines of the professionals and/or management in all areas of life using discipline and coercion. Dissenting opinions are not discussed, either because they do not occur or because they are not allowed. All forms of institutional violence were reconstructed: verbal violence, bullying, silencing practices[6], and in one case physical violence. There is no evidence in oppositional idiocultures of complaint practices in which complaint management, which was formally in place, was used. The isolated narratives merely provide some indications that complaints

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6   Silencing or silencing practices are understood as performative practices in which children and young people's utterances are silenced or, as such, are not "heard" by adults (Magyar-Haas, 2015; Lorenz, 2020). Silencing practices play an important role, particularly in the context of disclosure of violence experienced by children and youth in different child welfare contexts and/or families (Bühler-Niederberger & Alberth, 2023; Callaghan et al. 2017; Tiitinen, 2018).

by children and adolescents are dismissed as nagging, pestering, and the inability or unwillingness to abide by non-negotiable rules. Children's rights and rights of participation following Article 12 of the UN CRC are not guaranteed in these facilities. A critical assessment is that all facilities, including those in which violence has been systematically perpetrated against children and adolescents, formally have a participation and complaints procedure and, according to the evaluation of the Federal Child Protection Act in Germany in 2015, they meet the standards for the implementation of children's rights (BMFSFJ, 2015).

Children and adolescents rate their relationships with professionals as very difficult. They express pronounced distrust of the professionals' guidelines and report disappointments, bullying, and violence. They describe a variety of devaluations and express great anxieties concerning their future. They feel that their independence comes too slowly and that they will not be able to cope with life outside the residential group. This anxiety as well as the experience that their complaints do not change the conflicting everyday life and the desolate living situation, leads them to distrust other offers or mediation attempts by ombudspersons and/or external complaint offices. In oppositional idiocultures, children and adolescents do not have the confidence or experience that interventions will improve their situation and change anything for the better.

The children's and adolescents' narratives show that their trust in reliable and helpful relationships has been permanently disturbed. They cannot exercise their right to complain, nor do they have the confidence that external complaint bodies can change anything about the demoralizing state of affairs. The safeguarding of children and adolescents is no longer guaranteed in oppositional living groups.

Interviewer: You told me that you can talk with your teacher about problems you have. Is there any other person you can turn to when you are worried?

Jamal: No. Only the teacher.

Mara: No.

Interviewer: Only the teacher?

Jamal: Yes. (Mara is nodding)

Interviewer: How is your relationship with the social worker? How would you characterize it?

Jamal: Before we had fighting, but now it is good.

Interviewer: What problems did you have? What fights?

Jamal: Because we want to go outside, but the social workers say no.

Interviewer: Do you ask them why you were not allowed to go out?

Jamal: They say to me you have to ask your guardian.

Interviewer: And what did the guardian say?

Jamal: I don't know. They (the social workers) say next week, then next week, again and again.

Jamal explains, that she could only talk to a teacher at school about problems that occur in everyday life. Her roommates and her were not allowed to go outside the facility. She and her roommates didn't get contact to the guardian at all. She had fights with the social worker but they stopped and that was "good".

Children and young people in oppositional idiocultures are exposed to high risks of re-victimization. They express anger, anxiety, and feelings of insecurity. The relationship between professionals and young residents is characterized by mistrust and devaluation. Approaches of relational social work do not exist in these idiocultures. Instead, young people report systematic observations, daily devaluations, and strict guidelines set by professionals. Due to the existing devaluations and violence in everyday life, it can be assumed that the violent relationships between professionals and children and adolescents perpetuate the victimization of children and youth, and permanently shake the trust in means and measures of childcare. There is a high risk of social isolation and traumatization in oppositional idiocultures for children and youth.

The hegemonic order between senior management and professionals can be characterized in two ways: in two facilities, the senior management weakens the accusations of the children and adolescents and denies the violence. Instead, reference is made to the fact that children and youth have to adapt to the organization. In one facility, senior management has legitimized the strict rules for the children and also enforced these on professionals (Chapter Five).

Contacts of children and young people outside the organization are devalued by professionals. It is emphasized that the children and adolescents must remain in the institution so that their pedagogical measures 'work'. Families are implicitly devalued, e.g., by pointing out their lack of competence in raising children and adolescents. In one case, the social and spatial isolation of the young people is accepted as 'self-evident', as it is shown in the quote of the interview above. The young people in this group were unaccompanied minors. The more violence took place, the more they were isolated from outside contacts. Teachers were told that they were irresponsible, that they would not take over their duties, and that the complaints were unfounded. The telephone number of the guardian was refused to be given out, etc. This is a break of the UN CRC as well as illegal due to the requirements of the Child and Youth Welfare Act in Germany.

Relational work in oppositional idiocultures can be compared to the rituals of total institutions as described by Goffman (1961). The effort to regulate all everyday needs and to enforce them with coercion is an experience that destroys helping and caring relationships.

Conclusion

Children and adolescents in all investigated residential groups mentioned that they desire warm and trusting relationships with professionals. The relevance of

caring relationships for children and adolescents is independent of the respective reconstructed types of idiocultures in the facilities. Thus, the findings of the project mirror the findings of the relevance of trusting and warm relationships outlined at the beginning (Bell, 2002; Fowler, 2018; Moore et al., 2018; Rice et al., 2020; Gallagher & Green, 2012). Children and youth who have experienced violence and bullying from professionals in residential settings do not only report very difficult relationships with residential professionals but, consistent with other research findings, are significantly more likely to express anxiety and insecurities and experience stress. The violence experienced increases the risk of multiple victimization and traumatization of children and adolescents as other studies have shown (Attar-Schwartz, 2017; Kor et al., 2021).

The findings of the study highlight that the living groups' idiocultures shape the understanding and knowledge as well as the meaning of relationships and emotions of children, youth, and professionals. The typification of the idiocultures showed that the three very different subcultures, the participatory, the routinized, and the oppositional subcultures, essentially shape the relational work in the residential groups.

Participatory idiocultures focus on relational work as a foundation to implement participation in the everyday lives of children and young people. At the same time, professionals work with organizations and persons outside the institution who are important to children and adolescents in an equally appreciative way. They provide opportunities for the children and adolescents to establish a variety of relationships within and outside the facilities, for example, in the neighborhood of the residential group, the school, and especially, if possible, with the family. The attitude of the professionals is appreciative. The reflection of children's and adolescents' problems, for example, with the family or school, with dependencies or traumas, form an important basis from which appreciative relationships are offered and conflicts are dealt with. This kind of appreciative and "holding" relationship is also described in social work with families in child protection cases (Ferguson et al., 2022). However, children and young people show solidarity with their roommates and with the professionals in participatory idiocultures. This can, however, lead to the fact that children and adolescents do not express certain points of criticism. Idiocultures are not only crucial for relational social work in the facilities, but they are the key driver for the experience of having a say in the everyday life of children and youth Relational social work plays a crucial role in participatory residential groups. This is also related to the well-documented fact that children and young people need support from professionals to exercise their rights (Magalhães et al., 2016; Magalhães & Calheiros, 2020). When trust is established through relational social work, children and youth are empowered by professionals to voice their concerns and exercise their rights. This also means that professionals know the children's rights and are familiar with participatory methods. Since the implementation of participation rights depends essentially on informal

processes and not on formal procedures of participation and complaint, such as home councils, youth parliaments, or group evenings, it is crucial to discuss the safeguarding of participation rights in the context of relational social work. This is particularly true with regard to enabling and supporting young people's relationships with their families and with friends and peers outside the residential group and possibly outside school.

In contrast, in routinized facilities, relational social work takes second place on a ranking list of importance. First comes the implementation of rules and routines that are supposed to give everyone security. This relates to an ambivalence in the relationship of the children and adolescents to the professionals. On the one hand, the daily routine is predictable, and they learn to perform duties and tasks that can help young people cope with the process of leaving care and their transition into adulthood. On the other hand, children and youth experience a lack of recognition of their wishes and needs. Contacts outside the facility are hindered and lead to frustration for some children and adolescents. Confidence is impaired when there are severe restrictions in everyday life.

In oppositional idiocultures, there is no evidence of implementation of children's rights, nor are there any approaches to relational social work. Instead, children and adolescents are forced to adapt to the 'normal' standards of behavior set by professionals through coercion and violence. Children and adolescents describe very clearly the silencing strategies and concealment mechanisms within the organization that ensure that the experienced devaluation and violence by professionals do not become known to the Youth Welfare Office or other organizations.

Limitations of the study

While the relationships between professionals and young residents as well as professionals and senior management were very well described by the respondents and stories (narratives) were told, descriptions and narratives with regard to physical contact were lacking. Since the focus of the study was on participation and complaint, no questions were explicitly asked about physical closeness. Moreover, physical contact is much better reconstructed through ethnographic observations or videography. This shows clear limitations of the study. However, the reconstruction of performative practices would be an important field of research, in particular concerning physical closeness, the protection of children's rights, as well as participation, in alternative care.

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9. No Voice – No Choice? – Practices of silencing in Residential Group Care

Julia Ganterer

Introduction

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

The interest in giving children a voice arose from the Convention on the Rights of the Child (UN CRC) (1991). Previously, it seemed that children were (non-)perceived as mute objects, especially by politicians (Lundy, 2007; 2014). From a scientific perspective, it seemed to be a methodological problem to capture children's voices. Therefore, scientific tools have been and are being sought to enable children to share more about themselves, their knowledge and their view of the world with us. When trying to empirically capture voicing and silencing, one of the challenges is to recognize them as such in conversations or interviews with children and adolescents, because all communication is structured by language restrictions. Silence is part of this communication. Due to the proximity to soundlessness or simply silence, the perception that someone is silent is initially an attribution. Therefore, voicing and silencing must be correctly recognized, heard and interpreted in certain social contexts (Assmann, 2013; Hahn, 2014). The German Research Foundation (DFG)[1] project "Participation in Residential Childcare" (2019–2022) attempted to take this challenge into account methodologically by asking about the idio-cultures, that make it possible to legitimize violence and power dynamics. Voicing and silencing thus form the thematic field of analysis in this chapter. Throughout the project, however, the practices of silencing were understood more as a cipher that is subsumed under the various actions and (social) practices of participation and complaints procedures of children and young people as well as professionals and management, leading to the concealment of hegemonic orders and power hierarchies in the organizations. The research results show that practices of silence reinforce hegemonic orders and power structures between the actors involved – children/young people, professionals and management.

Therefore, this chapter deals with the phenomena of voice and practice of silence with regard to children's rights, the UN CRC and childhood research.

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1   Project number: 419403819.

The research findings from the research project reveal that voicing and silencing are explicit voids for violence and power dynamics in residential organizations. According to Article 12 of the UN CRC of 1989, children and young people have the "right to a voice". However, the complexity of implementation lies in the problem of normative decision-making forces on the part of adults who view and weigh children's and adolescent's views and complaints differently.

First, reference is made to Article 12 of the UN CRC to then approach the phenomenon of voice and the practice of silence. Therefore, it starts with a brief historical outline of children's rights and the (UN CRC) in order to make participation tangible and comprehensible in the context of children's rights and child protection with regard to residential childcare. This is followed by a contextualization of the study in the current debate on childhood studies and its positioning on Article 12 of the UN CRC. This is followed by a discussion of the concept of violence and the social functions and forms of silence. This is followed by a description of the research project and documentation of selected research findings, including an analysis of the complex practices of silence in the context of violence in residential childcare. Finally, a summary is drawn and the question "What do we know about practices of speaking and silence in the context of violence and power dynamics in residential childcare?" is answered.

Historical outline of children's rights and the Convention on the Rights of the Child

The UN CRC was adopted by the United Nations General Assembly in 1989. This convention was preceded by a laborious and lengthy process, the roots of which lie in the history of childhood and were marked by friction and debate. The history of childhood as a contribution to childhood studies is difficult to grasp, since childhood history does not exist and can thus only ever be viewed from certain angles, leaving many facets and positions in the dark. What can be said, however, is that the historical works of Philippe Ariès (1978) and Lloyd deMause (1977) provide best-received basic literature, which should, however, be read with a critical-reflexive eye, since surviving documents on all periods of childhood qua do not exist (Bühler-Niederberger, 2020). The paradigm shift in *New Childhood History or Childhood Studies* in the past thirty years has led to childhood no longer being regarded as an independent, biologically based phase of life, but as a preparatory phase that is socially constructed by society (Bühler-Niederberger & Sünker, 2014). Representatives of childhood sociology and gender studies pointed out the unequal relation between children and adults, as they stand in a generational and thus hierarchical social relationship to each other (Alanen, 2005). A paradigm shift was called for, which focuses on the independence of the child in all life and problem situations and the associated rights of participation and complaint (Krüger & Grunert, 2002).

In retrospect, the educator and physician Janusz Korczak is considered a pioneer of children's rights, who advocated that children and adolescents be seen as full human beings and that the Magna Charta Libertatis be realized as a basic law for children and adolescents (Beiner, 2008, p. 23). In this writing, Korczak demanded the comprehensive right of participation for children, adolescents and overcame the idea of a view characterized by sole protection and promotion (Maywald, 2016, p. 31). In the international context, the *Geneva Declaration Charter* was drafted by the *International Union for Child Welfare* in 1924 and adopted in the General Assembly of the League of Nations, which was then expanded by the League of Nations in 1959. On the occasion of the International Year of the Child in 1979, the United Nations (UN) set up a working group to draft a convention on the rights of the child and adolescents. Ten years later, the 44th General Assembly of the United Nations unanimously adopted the UN CRC (Maywald, 2016, p. 32). In a total of 54 articles, economic, social, cultural, civil and political human rights were combined in a single treaty right. The aim of children's and adolescent's rights worldwide is "to ensure the dignity, survival and development of children and adolescents (up to 18 years of age) and thus of more than half of the world's population" (Maywald 2016, p. 32). In general, children's and adolescent's rights are divided into the following three categories – the so-called *3-Ps*: *Provision Rights, Protection Rights* and *Participation Rights* (Reynaert et al., 2015; Ruck et al., 2014). The three Ps set out the policies and fundamental rights of educating children and adolescents worldwide, which are in turn divided into further articles. Equit and Purtell (2023) draw attention to the fact that the three Ps.

"are complemented by 'four underlying general principles' which constitute the foundation for a comprehensive understanding of the UN CRC. The principles include 'non-discrimination', the 'best interests of the child', the right to live, survival and development and the requirement for 'participation' (Reynaert et al., 2015, p. 6). Art. 12 of the UN CRC includes the right of children 'to be heard in any judicial and administrative proceedings affecting the child'. It is a 'key overarching principle' (Tisdall, 2015, p. 185) and must be applied in the exercise of all other rights" (Equit & Purtell, 2023, p. 2, emphasis in original).

 Although consensus exist about the three different categories of children's rights, different interpretations and understandings exists with regard to the term participation. Roger Hart (1992) describes in his stage model eight different and partly stages of participation for the implementation of children's rights. The model features eight "rungs" that describe the characteristics associated with different levels of decision-making agency, control, or power that can be given to children and young people. Hart mentions that this model is oriented towards Western culture and therefore cannot be valid worldwide. Hart emphasizes that the use of his model of the "participation ladder" should be done with care and with great willingness to critique and reinvent: The critique of cultural bias can even be applied to some extent to the UN CRC, for this is based on Western

notions of child development and the importance of children's individual autonomy (Hart, 2008, p. 28). Hart's concern was to argue that the potential of children and young people as citizens must be fully recognized, and that children and young people should therefore be able to participate as much as possible. "When people recognize the rights of others to have a voice and involve them, then this, in my mind, is *morally* superior to children being 'in-charge'. (Hart 2008, p. 24, emphasis in original).

Laura Lundy (2007) has developed an approach specifically for a reference to the implementation of participation in organizations. Lundy draws attention to the fact that Article 12 is one of the most controversial provisions of the UN CRC, as it has the potential to undermine the authority of adults and override the voice of children and adolescents. Lundy calls for greater awareness to be created "that respecting children's views is not just a model of good pedagogical practice (or policy making) but a legally binding obligation" (2007, p. 930), so that the demanded right of children and adolescents to be heard and to participate becomes a reality. In order to be able to implement children's and young people's participation and complaints, space and time are needed to offer children and young people opportunities to raise their voices. After all, the possibility to express one's own voice and opinion is a prerequisite for children and young people to be able to communicate and represent their views and points of view. To conceptualize the child's right to participation as enshrined in Article 12, Lundy developed the Model of Participation to help decision-makers focus on identifying the following four overlapping and interlocking elements: "Space, Voice, Audience, Influence" (ibid., p. 932). The Lundy model will not be discussed in detail here, but the relevance of this model should be expressed, which involves the consideration of other articles such as "Article 2 (non-discrimination); Article 3 (best interests); Article 5 (right to guidance); Article 13 (right to seek, receive and impart information); and Article 19 (protection from abuse)" (ibid., p. 933) for the implementation of Article 12. The UN Committee comments on Article 12 in a multi-page paper that ends with the following conclusion:

"Investment in the realization of the child's right to be heard in all matters of concern to her or him and for her or his views to be given due consideration, is a clear and immediate legal obligation of States parties under the Convention. It is the right of every child without any discrimination. Achieving meaningful opportunities for the implementation of article 12 will necessitate dismantling the legal, political, economic, social and cultural barriers that currently impede children's and adolescent's opportunity to be heard and their access to participation in all matters affecting them. It requires a preparedness to challenge assumptions about children's and adolescent's capacities, and to encourage the development of environments in which children and adolescents can build and demonstrate capacities. It also requires a commitment to resources and training. Fulfilling these obligations will present a challenge for states parties. But it is an attainable goal if the strategies outlined in this general comment are

systematically implemented and a culture of respect for children and their views is built" (UN CRC Art. 12, 2009, p. 31).

The core message of the document is that children and young people must be heard and involved in all their concerns and that their views must be given due weight according to the age and maturity of the child. Regarding residential care, the Carta emphasizes that the views of children and adolescents in out-of-home care must be solicited and considered in "decision-making processes and out-of-home placements, [the] development of care plans or in relation to visits to parents and family" (UN CRC Art.12, 2009, p. 15). With the UN CRC, the States Parties recognize the right of the child to special state protection, to state promotion of their mental and physical development and that the child's point of view is considered in all matters. In Germany, the Convention entered into force in April 1992 and underlines the progress made in international efforts to make human rights binding in an ongoing process that helps to ensure that the special needs and circumstances of children and young people are considered. The main aspects of the UN CRC are, in summary, the establishment of children's rights of participation and that children and adolescents are informed about their rights. The UN CRC stands for children's and adolescent's "interests, their developmental and educational opportunities and, above all, their participation rights being taken into account" (Krappmann, 2017, p. 14). The best interests of the child are the focus of all measures. In addition, children and adolescents who have been exploited or abused have the right to rehabilitation and the government's promise that the children's and adolescent's health will be guaranteed. A state commitment also exists in the definition of principles for adoption, foster or residential childcare. In addition to the state, the economy and society, politics in particular is called upon to create suitable framework conditions and prerequisites for legislative measures in order to be able to implement children's and adolescent's rights in everyday practice (UN CRC, 1981; UN CRC, 2009). It is important to mention here that the meaning of the UN CRC has undergone a change which, in contrast to its preceding human rights instruments, represents a paradigm shift in that the child is seen as an independent subject and bearer of human rights. This also involves the discourse around participation and involvement of children and young people in residential care in the last decade (Equit, 2018; Equit & Purtell, 2023). "The discussion is no longer about the legitimacy of participation, but about the implementation of participation-oriented concepts as well as the coupling of participation and complaint possibilities in the institutions", according to Equit (2018, p. 16). Internationally, this new focus has increasingly led to discussions about ensuring participation and complaints processes for children and young people in residential facilities (Equit et al., 2017).

In view of the following presentation of the partial results of this study from Germany, it is necessary to draw a bow from the international discourse on the UN CRC and Article 12 (right to participation) to the complaint procedures of

children and adolescents in residential childcare. The coupling of participation and complaints is, however, subject to particular attention and need for discussion, especially in residential childcare. However, the studies highlight a large deficit of knowledge in relation to the goals and content of children's rights in German population. The majority of adults living in Germany say they know children's rights only by name (73 %), 15 percentage say they know them well, and one fifth have not yet heard or read anything about children's rights. Not even one in 20 adults can say exactly what the UN-Convention, which came into force 31 years ago, covers. According to their own assessment, 18 percentage of children and adolescents are well acquainted with children's rights. 18 percentage of children and adolescents aged 10–17 have only heard about children's rights without being able to give details. These are the findings of the *Children's Report* presented by the German Children's Fund in Berlin in 2017 (Children's Report Germany, 2017). The findings show that society still does not focus enough on children's rights and that neither politics nor educational organizations deal with them to a sufficient extent. To date, it is not possible to speak of comprehensive participation of adolescents in relation to the concerns of their lifeworld context. The possibility of participating in the shaping of life together with others on the basis of children's rights would be promoted if the rights of adolescents were recognized, written down and guaranteed, and their necessity articulated in a broad consensus on the part of science and relevant national and international organizations. To be substantially strengthened, they would already have to be enshrined in national basic laws.

In the essay "Die Kinder und ihr beredetes Schweigen" (*The Children and their eloquent silence*), Manfred Liebel (2019) critically questions the preconditions and conditions of children's and adolescent's voices and the practice of children's and adolescent's participation. Liebel notes that children and young people worldwide are demanding that their views and voices be considered in the drafting of international conventions and national laws. Success has so far eluded them because children and young people rely on the support of adults who ultimately have the final say, due to the hierarchical power imbalance between children, young people, and adults (Liebel, 2019).

"Their voice is not only influenced by their own social experiences, but can only gain validity, at least in the foreseeable future, if it is also supported by understanding adults who are willing to show solidarity. This does not mean that children cannot speak for themselves and represent their interests themselves (Liebel, 2015, p. 258), but that forms of action between children and adults must be found in which children can act on an equal footing with adults. In this context, the language of adults must not remain the yardstick for children's ability to speak and the legitimacy of their actions, but social conditions must be established in which all conceivable modes of communication are "heard" and equally recognized" (Liebel, 2019, p. 9, emphasis in original).[2]

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2   This quote was translated from German into English by the author.

To increase the degree of bindingness of participation processes of children and young people, it is therefore desirable to develop a participation strategy at the municipal level and to support it through political representatives. The aim should be to anchor participation as a cross-sectional task also in politics, to ensure a broad basis beyond fragmented responsibilities of co-design and participation (Betz et al., 2011, p. 281).

In addition to encouraging children and youth to articulate their interests, conditions must be created that make it easier and possible for adolescents to perceive and realize their interests (Liebel, 2015, p. 358). Children and adolescents must also know their rights. It is significant that children and adolescents, while recognizing their moral status as equal human beings and respecting their age-specific characteristics, attain a citizenship that goes beyond symbolic functions (ibid.). The creation of a comprehensive children's rights strategy, accompanied by national action plans, could be purposeful for this, in order to systematically push for the best interests of the child and to allow children and youth to participate in shaping all areas of society. In order to give children and young people a voice that empowers them to participate independently in their future (Liebel, 2019). Participation and children's and adolescent's involvement in their everyday lives are more difficult when children and young people are placed in organizations such as homes or boarding schools, which are characterized by fixed structures and intentional dynamics. Often, it is about dynamics that organizations do not perceive on their own, due to practices of concealment and silence or certain power constellations and hegemonic leadership styles. This interface is the starting point for the partial results that have emerged from the DFG-funded research project "Participation in Residential Childcare" on participation and involvement of children and young people in residential care. Before introducing the project and presenting the analyzed research results on voicing and silencing in the context of violence in residential organizations, the concept of silence and the practices of silence (in organizations and as a praxeological research interest) need to be explained in more detail.

Silence in organizations

The fact that silence takes place in organizations and that an organizational approach is therefore necessary has not been considered for a long time, even in professional discourse. Morrison and Milliken (2000) developed the basis for opening up this research gap and offered a specifically organizational approach to explaining the absence of critical voices in organizations (organizational silence) (Rambow, 2015). According to Morrison and Milliken, a climate of silences and critical voices by suggesting to employees that it is dangerous or pointless to question existing practices or raise critical issues. On the one hand, this climate is fed by management's implicit assumptions that consensus is desirable and

efficient, while a contrary position is unproductive and obstructive. On the other hand, structural barriers within the organization, e.g. large physical distances between employees and decision-makers or a too homogeneous composition of middle and upper management, contribute to employees not raising critical issues. Morrison and Milliken's focus on specific organizational causes for the lack of criticism and proposals for change – and thus of participation – initiated a new phase in the examination of this topic in organizational studies.

However, Morrison and Milliken paid little attention to the effects and processes that do not emanate from higher hierarchical levels or organizational structures, but from the employee level itself. Subsequently, Morrison and Milliken's top-down perspective has been complemented by conceptual work that asks about the specific motives that motivate employees in organizations not to express their opinions. In this sense, Pinder and Harlos (2001) countered the concept of *Organizational Silence* with the concept of *Employee Silence*. They speak of *Employee Silence* when members of organizations withhold their true feelings, thoughts and impulses for action that they have on matters relevant to the organization from people who could change the situation. Pinder and Harlo's essential contribution are therefore not to stop at individual motives, but to recognize these as the basis for independent forms of employee silence, namely *Quiescent Silence* and *Acquiescent Silence*. The Quiescent Silence state is characterized by a feeling of fear, a high tendency to want to leave the organization, a high sense of stress and the awareness that there are alternatives to the current situation. Employees in the state of Acquiescent Silence, on the other hand, are resigned, have a low intention to quit and see their situation as hopeless.

Van Dyne et al. (2003) further elaborated the idea of not seeing employee silence as a one-dimensional construct. They introduced the Concept of *Defensive Silence*, which is conceptually close to *Quiescent Silence*, and *Acquiescent Silence*. In this condition, employees remain silent out of prosocial motives, i.e. they remain silent in order not to expose others, to protect relationships and/or not to jeopardize the status of the group or the organization. Like Pinder and Harlos (2001) and Van Dyne et al. (2003) remained on a theoretical level and did not provide empirical evidence for the forms of employee silence they postulated. These missing measures for a differentiated investigation of different forms of staff silence and the resulting low level of knowledge about preconditions, concomitants, and consequences of the individual forms, especially among staff in residential care, form the starting point for the following presentation of the selected research results from the project. Since silence and voicing were not explicit research subjects of the project, these phenomena that came to light are seen as voids in the professional discourse, as well as ciphers among the various social practices that have in fact led to the concealment of violence in residential care.

Violence and silence: A praxeologically oriented approach

For the purpose of data analysis, the research project "Participation in Residential Childcare" utilized the documentary method as outlined by Bohnsack (Bohnsack et al., 2019). In this study, the praxeological approach (Bohnsack, 2017) was selected by the author and researcher as an additional framework to investigate the phenomenon of violence and silence. This is because a praxeologically oriented research approach is deemed valuable for researching the dynamics of violence and practices of silence in pedagogical fields of action. Furthermore, it is beneficial for reflecting on them in a practice-oriented manner. This will be elaborated on later. The objective is to present a research methodology that can facilitate the advancement of professional discourse. The approach is trans- and interdisciplinary, and aims to provide a comprehensive understanding of the research area.

A praxeologically oriented approach means, that actions are not considered in isolation, but always in relation to other (past, present or future) social practices. In practice theory itself, we are dealing with a heterogeneous field of theories, methodologies and analyses whose contours can be outlined but whose boundaries are fluid. This allows for an expanded and different perspective on the social world, which is considered an extremely fruitful analytical perspective for the object of the *practices of silence* researched here (Schatzki et al., 2001; Schäfer, 2016; Bohnsack, 2017). Even if, from a praxeological perspective, intentions to remain silent cannot necessarily be explained, they cannot be separated from silence in a temporal sense. It is rather the case that intentions are part of practices and their implementation (Schmidt, 2012). The research interest focuses on the collective social practices in which there is actual silence about staff violence. This perspective assumes, among other things, that such practices could also be carried out by members of the organization who are innocent in the legal sense, who knew nothing about the extent of the violence and who would certainly not have consented to the violence in the groups if they had been asked directly. From a praxeological perspective, the fact that these members of the organization can also be carriers of silencing practices can be explained by socialization into routine practices and their transmission (Schmidt, 2012; Lorenz, 2020). Especially since the exposure of sexualized violence in children's and adolescent's residential care and youth boarding schools, such as the *Odenwald School* in 2010 (Schäfer, 1979; Kaufmann & Priebe, 2010), more studies on violence and abuse of power in residential care contexts have been conducted in German-speaking countries and historical reappraisals have been conducted (Schäfer-Walkmann & Hein, 2014; Fegert & Wolff, 2015; Ralser et al., 2017; Keupp et al., 2019). Follow-up studies on residential childcare support show, on the one hand, a high incidence of physical and sexual violence against children and young people under protection (Fegert & Wolff, 2015; Unabhängige Kommission zur Aufarbeitung Sexueller Missbrauchs, 2016; Wright et al., 2017).

At the same time, research points to the cover-up and concealment of abuse and violence over the years and documents strategies of organizations to conceal incidents (Lorenz, 2020; Unabhängige Kommission zur Aufarbeitung Sexuellen Missbrauchs – *Independent Commission on Confronting Sexual Abuse*, 2016). So far, only isolated studies have worked on the topic of concealment and cover-up in institutional violence (Lorenz, 2020).

Basically, for years (decades), the processing of incidents of violence and abuse has been taking place to varying degrees in countries around the world (Fegert & Wolff, 2015; Wright et al., 2017). However, the context of concealment and disguise of institutional violence is an essential component, especially in the context of participation and complaints organizations. Different organizational members such as the professionals who entered the violent team constellation at different times, professional colleagues from neighboring groups and the senior managers can therefore be (made) actors of certain practices of silence over years (decades). In such context-specific practices, a range of implicit and explicit knowledge is involved, such as knowledge about organizational structures, hegemonic order or the acts of violence against children and young people in residential childcares. Against the background of the praxeological perspective outlined here, the research interest is about how the practices of silence by professionals and management against children and adolescents are concealed in social (out)actions and how structural conditions, power relations, idio-cultures (see in addition for example chapter 3) and hegemonic orders (see in addition chapter 5) in residential care were implemented in these practices. In order to clarify the initial question: What do we know about voicing and silencing practices in context of violence and power dynamics in residential care?

Violence and Silencing

The aim of this section is to theorize and contextualize the use of the terms violence and silencing in the study. Violence against children can be understood as a continuum that encompasses different forms and temporary dimensions of violence (Andresen & Demant, 2017). It can be differentiated into various acts of adults against children and youth that cause harm and are not in the interest of the child's subjective development. Violence is characterized by an instrumental use of power resources (Arendt, 1970/2014). In residential childcare, these power resources include psychological and physical superiority, material resources and emotional care work or the power of the professional to interpret the behavior of children and young people in reports and documentation (Wolf, 2007). What different forms of violence against children and youth have in common is that adults can legitimize them by referring to widely accepted concepts of children's and adolescent's behavior. Normative concepts of difficult vis-à-vis the "unfunctioning" child enable the shaming of children and youth, the

undermining of their resistance and the concealment and justification of violence against them. Such concepts do not only work on a discursive level. They can also be materialized in group concepts in the residential facility (Andresen & Demant, 2017).

Silence and Voice

The use of the concept of silence in the professional debate on violence and victimization in residential care is the starting point for this analysis. Methodologically, I approach the concept indirectly, because silence is an empirical challenge and not an object that researchers can observe directly (Geiss & Magyar-Haas, 2015). Mazzei (2003) argues that silence and voicing is neither an absence nor a lack of empirical material, but rather can be a purposeful added value and meaningful gain. In attempting to empirically capture silencing and voicing, there is also the difficulty that all communication is structured by language constraints. As mentioned in the introduction, silence is also part of all communication and because of the familiarity to silencing and muteness, the perception of a silent person is initially an attribution. Consequently, silence must first be correctly recognized and interpreted in certain situations and contexts in order for muteness to have an appeal. (Assmann, 2013; Hahn, 2014). The absence of a voice is "something more than the opposite of sound" (Poland & Pederson, 1998, p. 294) and should not be juxtaposed with speech but seen as part of a continuum at one end of which is silent speech and at the other vocal speech (Mazzei 2007, p. 633). The challenge, then, is to hear and understand what the voiceless voices and silent experiences say, precisely because of their nothingness and soundlessness. Methodologically, I take these challenges into account when researching Silence and Voice by asking about social practices that have enabled silent violence to be de-thematized and legitimized. Following Mazzei (2003; 2004; 2007), I therefore plead for making the silence of children, adolescents as well as professionals in residential organizations audible and for accessing precisely those silent experiences and silent knowledge that initially do not explicitly come to light in the analysis because they are (consciously or unconsciously) not voiced, veiled, concealed or suppressed.

Silence is the subject of the analysis, but it was only indirectly investigated in the research project itself and is understood here, as I said, as a cipher or an encoded symbol. For the exploration of silence and voice requires aspects of silence to be explored that do not appear to be readily meaningful, precisely because they are not encoded by language and thus do not immediately provide an interpretive answer. Silence and voice are objects that, unlike language, are not immediately identifiable, tangible and audible. In relation to this empirical challenge of silence in communication (Hahn, 2014), this research project did not ask about specific practices of silence (on violence), but rather I oriented myself

here to indirect statements and latent structures of meaning from the group discussions conducted with the professionals and the young people as well as the individual interviews with the home's management. An open and reflexive view is a prerequisite for this. For silence and voice can occur when one's own voice is unconsciously or intentionally silenced due to power structures and hegemonic orders, when children, young people or professionals are not allowed to speak, due to normative discourses or implicit rules within the organizational culture that marginalize, suppress and silence alternative voices with consequences (Baurain, 2011). The power differences and dependency relationships between young people and professionals or between professionals and home management, as well as the hierarchy gap between researcher and researched, must be considered in the interactions and subsequent analyses. These preconditions allow for an analysis of the data material in terms of which practices of silence by the home management, professionals as well as by the children and the young people themselves have the effect that violence and victimization in residential organizations are and remain concealed. As mentioned earlier, this chapter aims to explore the practices of silence by professionals and the home's management with a theorized concept of silence. From a heuristic on silence and voice that I used to frame the data analyses, I now outline relevant aspects for the subsequent presentation of the study and its findings.

Practices of silence: Institutional function, verbal silence, written documentation

Historically, practices of silence have been established in several social and religious contexts in which they have context-specific meanings. Silence has a social ordering function because implicit and explicit rules of silence are associated with different social roles and serve the purpose of asserting distinction. Specific rights or prohibitions of silence are institutionalized and linked to given power relations. The practices of silence constitute an essential element in the construction of the Social, in which they ensure Social cohesion and binding groups. Societies are organized through discussion and concealment; through rules about what should and should not be spoken about (Assmann, 2013; Hahn, 2014). Ervin Goffman showed that silence is a constitutive element of organizations with a social therapeutic mission. The concealment of certain dimensions of clients' biographies and the disregard of the impact of the institutional context on clients' behavior in files, is relevant for the legitimization of psychiatric and therapeutic organizations and the interventions and decisions of staff (Goffman, 1961/2014). Such given practices of silence in organizational routines, which are linked to power relations between residents and educational professionals, facilitate concealment in cases of violence by professionals and home managers.

Educational or therapeutic organizations are places where professionals speak and write about their work in numerous linguistic environments such as daily documentation, files, case reports, team discussions or conversations with parents or social services. Of the numerous forms of silence, the so-called verbal silence is particularly relevant here. This has also been described, for example, as "verbose silence" (Assmann, 2013), or as the "secret speech" (Keppler & Luckmann, 1997). In this sense, Hannah Arendt pointed out how words can be misused when they are not used to make deeds understandable, but to conceal deeds. Such misuse of language to conceal actions can be understood as a transition from legitimate power to violence (Arendt, 1958/2005). What the explanations of verbal silence have in common is that they do not address the trivial fact that there is something unspoken in all speech, but rather that something significant is left unaddressed and de-thematized by talking about something else. Understanding that language is the preferred place to be silent about something helps to understand how silences about violence occur in residential settings.

Georg Simmel (1908/2016) uses the example of the letter in his work "Das Geheimnis und die Geheimgesellschaft" (*The Secret and the Secret Society*) to illustrate the role of written communication in relation to silence and speech. Simmel emphasizes that the possibility of silence is inherent in what is written because what is written down is momentary, chosen and at the same time final. He uses this to derive the link between certainty and ambiguity that characterizes the written. Written explanations seem more confident and objective. However, because of its uniqueness, the written is more ambiguous than language. Writing is reduced to only one form of expression, lacking tone, gesture and facial expression. This reduction and materiality of a text favored subjective interpretation, reception and misunderstanding by the readership. Overall, Simmel understands writing as a form of expression in its own right, distinct from speech and silence, which favors the concealment of certain information. When it comes to written documents, no response is often interpreted as tacit approval, because an objection must be formulated and justified. But non-response to recorded acts is usually understood as silence-consent to their content (Assmann, 2013). This effect of silence-acceptance of texts and documents raises awareness of the long-term implications of statements in institutional documentation, files, reports and team books. Written statements that are not explicitly contradicted seem to receive approval or at least to be legitimate. But what is documented in professional files continues to exist and can influence further professional narratives about children and young people and their biographical career trajectories in residential organizations.[3] Based on this theoretical introduction, I will now present the methodology of the study and then turn to the results of the analysis.

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3   In professional discourse, this process called "Clientization". For a more detailed description, see Chapter 4 by Claudia Equit.

Methodology of the project "Participation in Residential Childcare"

The project "Participation in Residential Childcare" is based on the research goal of reconstructing participation and complaint processes in organizational cultures of residential childcare. The study aimed to investigate the impact of complaints procedures on the participation experiences of children and young individuals in residential group care settings in Germany. The focus was on reconstructing the situations where staff and children/young people observed co-determination from their perspective. We have reconstructed the process by which staff legitimize existing rules in their daily professional activities, as well as how children and young people are afforded opportunities to make their grievances known. Additionally, we have conducted an analysis of the personal experiences of children, young people, and professionals who have engaged with both the formal complaints procedures and informal complaints procedures in the institutions, based on their narrated experiences. Finally, we reconstructed the organizational and informal hierarchies and power dynamics that arise within this context.

Twenty-seven residential groups were studied, from 17 different child welfare stakeholders, in four federal states in Germany. Criterion-guided sampling was used. The sampling criteria were the urban-rural comparison (17 facilities were in large cities and 10 were in small towns), different concepts of the facilities, and the examination of facilities in East (13 facilities) and West Germany (14 facilities). Children and young people with and without a migration background were interviewed. A total of 233 children and young people between the ages of 6 and 21 were interviewed. In addition, 168 professionals (including 27 senior managers) aged 23 to 77 were interviewed. The sample includes 116 females to 117 males. A total of 91 female and 49 male professionals were interviewed with one professional identifying as "diverse". The gender distribution of the managerial staff was 15 women and 12 men. From a total of 27 cases, 15 cases were analyzed in detail and a first typology was built (Bohnsack et al., 2019). Based on the content review, the remaining cases were then categorized as developed types ("idio-cultures"). A deviant case could not be classified using the typology. Each type contained implicit, collectively learned and shared assumptions about children, young people and staff in relation to the organization of their daily life within the group. These institutionalizations in everyday life represent the organizational subculture of the residential group. Based on Fine, organizational subcultures ("idio-culture") are "a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis of further interaction" (Fine, 1996, p. 116). An interactionist research approach to organizational culture research is represented here (Klatetzki, 2019; Fine, 1996). The typology also represents different idio-cultures of participating children and young people and how their voices are heard by professionals. Three types of idio-cultures could be formed

for the cases of the project: participatory type, routinized type and oppositional type.

It should be noted at the outset that a central thesis of the project, namely that the informal participation and complaints processes are crucial for the implementation of participation (as perceived and described by the children and young people and professionals alike), could be confirmed. There are no formal participation and complaints processes that are specific to one idio-culture. Decisive for participation and complaint processes are the institutionalization processes reconstructed in the idio-cultures as well as the hegemonic orders formed (in a further typification) in the residential groups. The organizational idio-cultures in the residential communities determine whether and how the children and young people's participation and complaint processes take place and thus whether their right to be heard (Art. 12 UN CRC) is realized. The following is a characterization of the three idio-cultures.

The participatory, routinized and oppositional idio-cultures

The participatory type is characterized by an orientation towards the individual positions, problems and needs of the individual children and young people. The leadership style is cooperative, the professionals work closely together as a team and collectively. The professionals and the management are oriented towards the needs, wishes and requirements of the children and young people. The focus is on creating a "good atmosphere" which should guarantee professional action. The young people interviewed report an appreciative way of dealing with the professionals. In all ten cases of the participatory type, the management level proves to be central for the implementation of the orientation towards diversity as a hegemonic order (see Chapter 5) in everyday life. From there, the hegemonic order is explicitly specified as an expectation of professionalism. The term *hegemonic order* has been used to conceptualize different power dynamics and hierarchies in residential groups. Therefore, as a sensitising concept, hegemonic order includes different theoretical approaches to explain the different facets of the empirical data in order to generate a consistent understanding. The concept analytically captures the hierarchies and asymmetries in the residential groups in relation to participation and complaint processes. In presenting the results of this process, hegemonic orders include three different levels of analysis:

1) organizational hierarchies and leadership
2) clientization processes
3) generational orders (see more in chapter 5 by Claudia Equit)

In the participatory type means, that the professionals are encouraged to enter into conversation or discussion with each other and with the children and young

people when decisions are made or conflicts arise, and to be guided by the best (professional) arguments. The participatory attitude is set as a quality standard in everyday life by the management and implemented by professionals and children and young people in negotiation processes. On the basis of the project results, it became apparent that participation and complaints of the participatory type basically offer the best conditions for addressing violence in the first place, yet here, too, there are concealment and silencing processes, albeit to a flattened extent.

The type of routinized idio-cultures, on the other hand, is characterized by routinised practices and fixed daily structures in the residential group. Management, professionals and young adolescents see the routines as basically helpful and positive for the development and shaping of the children's and adolescents' lives. With regard to participation and complaints, it is important to mention that on an explicit level, the children, young people and professionals agree that children and young people should bring in their individual concerns in everyday life if these are important. Their needs should be taken seriously. Implicitly, this explicit positioning is opposed by the collective orientation towards routines. This means that participation processes that include individual concerns and wishes of children and young people are diametrically opposed to this routinization of everyday life. Co-determination and individual wishes of the children and young people are dealt with specifically by the respective professionals, either by referring to the collectively oriented participation and complaints procedures and/or by trying to deal with the wishes or deviations from routines with the help of routines. Individual concerns and wishes to have a say are heard least in routine-type facilities. Collective participation wishes are more likely to be dealt with, as long as they can be dealt with on the basis of the existing routines for everyday life. There is flexibility in the routine of action, which is recognized by the professionals as legitimate deviations (e.g. sudden illness of a young person), but not for individual, spontaneous wishes of the young people (e.g. overnight stay with friends). This points to the hegemonic order, which is enacted by professionals through routinised actions and influences the children's and youth's complaint and participation processes. Forms of silencing could also be reconstructed in order to circumvent complaints. The paternalistic hegemonic order also conditions the silencing and muting practices of the professionals.

The third type of oppositional idio-cultures is characterized by the prevalence of massive conflicts between professionals and children as well as/young people who are in absolute opposition to them and the senior management. One can speak of a collective counter-positioning. Within the groups (professionals, children and young people) there is either consensus on the content or different opinions that are not expressed or are silenced. The differences between the status groups are dealt with by the children and young people through demarcation from professionals and a fundamental oppositional attitude. Rules and practices of the professionals are either clearly criticized or institutional violence is initially not

brought up through silence. The children and young people explicitly wish for a more appreciative attitude on the part of the professionals. They criticize the devaluations they experience from professionals in everyday life and describe processes of suffering caused by the institutional violence and devaluations they experience. In the case of professionals, normative practices towards children and young people can be reconstructed in connection with moral argumentation. Professionals enforce desirable rules, requirements and behavior, which are legitimized as normal and professional, by means of sanctions and coercion against the will and resistance of the children and young people. The professionals wish for and orient themselves in the legitimization of their actions towards a normal everyday life, which, however, always threatens to fail in view of the given conditions (such as deviant children and young people who are characterized as deficient). Conversely, the children and young people argue that they have normal demands and needs, which the professionals, however, do not meet. This is clearly shown in the group discussions when sharp and sometimes also derogatory criticism is voiced against the other group. They report forms of psychological, verbal and sometimes also physical violence by professionals.

Results

Following a sequence-analytical approach (Sammet & Erhard, 2018), the findings presented here provide first possible descriptions and indications of practices of silence in residential childcare. Sequential analysis is used in qualitative research to reconstruct an underlying logic of action or the horizons of meaning of those involved in a social event. Sequential interpretation follows the assumption that social action and thus social situations are determined by social rules (e.g. conventions) (Kramer & Heinzel, 2013). Through this methodological approach, experimental readings of the material are constructed that show possible connections between practices of silencing in the everyday life of the residential community, which are practiced, concealed or covered up by the actors, and hegemonic orders as well as power dynamics in residential care. However, it cannot and should not be possible to assign these to the typology of the study, since the entire corpus of the sample was not evaluated, but only selected fragments. A final, verifiable reconstruction of the data is therefore neither possible nor planned. In the analysis, three thematically structured practices were worked out, which also occurred in all three idio-cultures and in the first and second survey phase (inclusive COVID-19 cases) of the study (see for detail Chapter 6 by Elisabeth Thomas), but with different intensity and sharpness, so that a specification and explicit typology could not be made.

The practices of silence were framed around the following three themes: (1) the practices of concealment, (2) the practices of (non-)response by professionals to management, and (3) the practices of verbal silence.

The partial results are now presented in the following chapter: The practices of concealment (1) are presented based on the case of *Welfare District Z facility 4* and facility *V*. The practices of (non-)reaction of professionals towards the management (2) are shown very well by the group management of the residential community *St. Johanna*. The practices of verbal silence (3) are illustrated by the facility *Structure*, where a professional describes a young person as a "monkey" and puts this on record in his juvenile file.

1. Practices of concealment

Towards the end of the group discussion with the children and young people from the facility 4, the interviewer asks them whether the help plan discussions were also conducted in general during the Corona period and what their experiences were with them in the second survey wave after the Corona pandemic.[4] Three children and young people from the facility 4 answered:[5]

> *Laura:* Absolutely shitty. (.) They don't respond to my wishes. I haven't seen them. So, I can only talk about myself now. So, I have...
> *Elif:* └You must talk about that more often.
> *Laura:* ... I only have two in one year.
> *Elif:* Yes, exactly. I'm also on my third HPG [*Hilfeplangespräch – care plan conference*] now. So, this is my third HPG, where I first really got an acceptance for what I wanted. Otherwise, I had the feeling that I was talking to a brick wall, or sometimes I also had the feeling that the carers were not committed to my wishes but were against them. And I think I expect my teacher/. I am at a school run by the Youth Welfare Office, and I expect my teacher to have stood up for me a bit, but otherwise I felt as if they were speaking against us and not with us. Or with the HPG report: it is read out and then we are asked if we want to object to it. And then I said a few things that I didn't understand or that it really wasn't like that and then I had no right to change anything. And then they also wrote things in there (.) and sent it to my father with which they then also put me in danger. Actually, they should have asked me beforehand if they could send it to my father and they know that it's not a good idea if they write something like that. So, they wrote in that I'm interested in the male genitalia and my father is very, very strict and they just send it to him. And then they really put me in danger. He didn't understand it, but he

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4   For details on the implementation and results of the second phase of the survey about the COVID-19-Pandemic, see chapter 6 by Elisabeth Thomas.

5   All interviews were translated from German into English.

should have understood it and they should actually ask us first. And if we have an objection, they should listen to it! So far, I've never been able to object, have you? They always read it out.

Laura: └yes┘

Elif: So, that we say something against it, but when we say something against it, it doesn't help.

Interviewer: So, the reports are practically read out to you?

Netti: Well, we can also take them and read them ourselves, that's what I usually do.

Elif: But they are usually already sent by the time we read them.

Laura: Yes!

Netti: Well, they always have to send the report to Mr. Lindner who/. What is he actually? From the EJBL [*Youth Welfare Stakeholder*]?

Laura: I don't know, one of the directors.

Interviewer: He is the head of the department for independence.

In the interview passage it becomes clear that the children and young people are offered the possibility to complain, and that they are allowed, should, and even have to express their wishes in the sense of the professionals or the guidelines of the organizational structure. Nevertheless, this orientation towards negotiation, participation and involvement has its limits when it comes to certain issues, such as in this case study, the protection and endangerment of children and young people. Laura's quote makes it clear how "absolutely shitty" some children and young people feel they are treated when it comes to communicating personal wishes to professionals or trusted persons. Laura also criticizes the fact that she only has two care plan conference in one year. In another sequence, Netti also criticizes the youth welfare offices for being "unreliable" or for care plan conferences being "simply postponed for months" or sometimes not taking place at all or simply being "cancelled a week or a few days in advance". Through this unreliability on the part of the youth welfare offices, as well as the cancellations of appointments for help plan discussions, processes of concealment and cover-up take place. Through these practices, information selected by the professionals, complaints and wishes about and from the children and young people are revealed or remain concealed for the (department) head Mr. Lindner and outsiders or guardians, such as Elif's father. These practices can be found especially in communication between professionals and supervisors or in communication with parents. The given concept of participation provides for systematic cooperation with the children and young people and their guardians, but the conceptual implementation sometimes takes place in a controlled and monitored way by the professionals, as in residential group 4. In this respect, only the information that is judged to be correct and important for the professionals and for which they are also committed and not against is carried out by the residential group. For other topics, such as protection and safety, there is an exclusion and non-participation

of the children and young people and thus a concealment and cover-up practice on the part of the professionals.

Elif criticizes the fact that her care plan port contains information she does not agree with. Although she noted this during the routine reading of the care plan, the information was not removed or changed at that time. Elif fears that her father, whom she describes as "very, very strict", would not take kindly to the information that his daughter "has an interest in the male genitalia", which she sees as a danger to herself. This shows a context of concealment and a practice of concealment that is often effective in organizations in cases of violence. Central to the "legitimization" of the concealment and disguise practices within the professionals to the outside world or the communication to the management or the parents of the children and young people, proves to be their invocation of the help plan discussion provided for by law. However, not only the professionals but also the youth welfare office neglect and act "unreliably" afterwards. This clearly shows the power imbalance that is legitimized by such explicit actions and implicit knowledge orders within the professional staff. Although Elif announces her third HP interview, "a commitment [...] to what I want", Elif has only experienced this first time: "So otherwise I have had the feeling that you are talking to a wall or sometimes I also have the feeling that the caregivers are not committed to it". Complaints and contradictions tend to be seen as criticism of the professionals and therefore tend to be avoided or concealed.

Also Matayo, an adolescent from the Institution V (first phase of the study), illustrates the phenomenon of concealment. When the researcher asked if Matayo could give an example of when professionals wanted him to do something he didn't want to do and he did it anyway, Matayo replied: "No, there are many examples, but I don't want to say any. Hm, so it's better not to say anything". (Group discussion, adolescents "V").

In conclusion, one possible reading of the two case studies could be, that participatory structures offer the best conditions for addressing violence in the first place, but here too there are practices of concealment and disguise and thus also processes of silence and voicing. A culture of silence and concealment is evident in social/pedagogical practices that are embedded in power relations. Implicit and explicit rules of silence and hegemonic orders structure the subculture of the residential community, which have an identity-forming effect in the residential group.

2. Practices of (non-)reaction of professionals towards the management

The extent to which the practices of (non-)reaction of professionals towards the management can be fragmentary reconstructed in the following final sequence of the group discussion between the professional Barbara and the group management Mr. Meisner of the St. Johanna facility:

Mr. Meisner: Um, yes, I personally think that is difficult at first, because the child also changes here.

Interviewer: Yes.

Mr. Meisner: So now let's work with the group. At the moment, as I said, I would like to distinguish whether we could work with them for another 10 years. I think it's going well here. Uh, of course there's room for improvement, but we have a good group structure. Who knows what it will be like in one and a half to two years when all the children and young people leave us. Then something will have been set in motion that can't be implemented at all with the children and young people, because we had some of that here too. That doesn't quite work with participation.

Barbara: └ Well, but the children and young people are not all completely replaced and if we then have a certain way of dealing with the children and young people, then we have to change them.

Mr. Meisner: └ Yes, but we can still/┘

Barbara: Contact/ I don't know what you call it, but we have a framework here and where the...

Mr. Meisner: └ Yes, nevertheless, two or three people of a different caliber can cut this thread directly. That happens from one day to the next and in the end all the work that has been done has been for nothing. That's the experience you have in your head because you know that it can happen. I still remember what a group was like four years ago. There is absolutely no comparison with this one, no comparison whatsoever. We had four calibers in here: I'll just say that one of them was described as unfit for school, as uneducable, and that's what everyday life was like. That was only one of three.

Barbara: I think it's exciting, but unfortunately, I have to go because, I...

Interviewer: └ Yes of course ┘

In argumentative mode, Mr. Meisner states that it is probably difficult to work participative in principle in the institution. The interviewer agrees ("yes"). Mr. Meisner then goes on to give further arguments: When it comes to working in the group, he wants to distinguish whether it is possible to continue working with the children and young people for another 10 years. In this way, Mr. Meisner sets up a horizon of expectations for participatory work in the residential group that cannot be realized with residential childcare. Then he concentrates on the present and tells the interviewer that things are going well in the group. When Mr. Meisner speaks of a good group climate – which does not only have to be present in participative work – but the counter horizon also opens: On the one hand, Mr. Meissner wants to maintain the "good" group structure and not change anything for the time being. On the other hand, Mr. Meisner returns to his original argument: the future is uncertain, nobody knows what it will look

like in two and a half years, then the children and young people will leave the group. Then something has been set in motion that cannot be implemented. In this respect, he argues that participation will not be feasible at all in the future. Further legitimization for non-participatory work is then provided by referring to the past "we've already had that". Participation did not work in this case.

Barbara interrupts Mr. Meisner and takes the right to speak. The professional starts with a counter-position by linking to Mr. Meisner's argument or the unfolded horizon of expectations and putting it into perspective by saying that not all group members leave the group at the same time. Barbara continues to try to defend her position, but is interrupted by Mr. Meisner, who in turn takes the right to speak and thus demonstrates his position of power. Mr. Meisner goes into opposition ("yes anyway") to the professional, who in turn continues to speak in order to regain the right to speak. She wants "a framework" for participatory work with children and young people, as she calls it. Barbara, however, is repeatedly interrupted by Mr. Meisner, who emphasizes his status and his leadership function by stigmatizing children and young people as a potential risk, as a weapon ("caliber"), as it were, who would tear the "thread" (meaning the participatory work) and then the work would be in vain. By referring to his years of experience, Mr. Meissner tries to generalize his thesis and at the same time legitimize his dismissive attitude. To support his (non-participatory) position, Mr. Meisner diverges into the past and cites four dangerous youths as "caliber". The group composition of that time is "in no way" comparable to the situation today. He exemplifies his remarks with the example of one youth who had been unable to attend school and whose everyday life had looked accordingly. To underline his argument, Mr. Meisner suggests that this was only one young person he had characterized. In doing so, he takes a threatening position and thus underlines that he could put forward further arguments to invalidate the opposition of the professional Barbara and to assert his opinion. This is consistent with the negative position of participation at the staff level, a performative performance in which Mr. Meisner, as the leader, takes the right to speak and explains his own opinion until the others (hierarchically lowered) are silenced: Mr. Meissner interrupts Barbara and thus forbids her the right to speak and have her say (voicing). Furthermore, he threatens her with further arguments and explanations on his part and thus puts her in a position of (non-)reaction as a professional vis-à-vis the management, which is silenced.

Barbara withdraws from Mr. Meisner's unpleasant dominance and leaves the discussion. She not only leaves the discussion verbally, but also spatially, physically, by leaving the room. This not only shows a ritual conclusion, but it also shows that silencing is exercised by staff members who do not have the same professional opinion as the group leader. The arguments and horizons listed are not of a professional nature, because from a professional point of view Mr. Meisner has relatively few good arguments to offer. The only one is the stigmatization of children and young people as a danger. From this conjured up

imagined danger, the safety aspect – which generally prevents the introduction of participatory procedures – is further extended, which at the same time is explicitly linked to a good group structure, without evidence of this being found in the group discussion. The sudden departure of the professional during the group interview makes it clear that the practice of a critical statement is not taken up or supported by the colleagues. A (non-)reaction on the part of the pedagogical staff thus takes place, legitimizing the paternalistic behavior of the management and the hegemonic order. Instead of criticism, the professionals reacted with loyalty to the management. The (non-)reaction of the professionals thus remains an ineffective criticism because they do not actively intervene in the "violent" practice of the group leadership and thus indirectly support and consolidate the paternalistic structures and hegemonic order and, in this context, also the practices of silence and victimization. It can be assumed that this form of dominance and paternalism is also shown to the children and young people and implemented in everyday actions (evidence of this can be found among the children and young people in the group discussion on the St. Johanna case). The dominance shown can be very well matched with the concept of paternalism in the routine type as a hegemonic order (see Chapter 5).

3. Practices of verbal silence

The following interview sequence comes from the group discussion with children and young people from the facility Structure.

> *Susi:* Well, when I get upset with Natalie about something, because something happened, then I kind of blaspheme. Although the counsellors do the same. If something happens, they talk about it immediately.
>
> *Bruce:* Yes, this principle too, you feel like you're in the Stasi[6]. It's totally unpleasant. I once experienced that in the team book, they have a team book where they write things like "Justus was at school before and afterwards with his friends" and so on. "And at the dinner table he was upset and went to bed". Mine said that because Susi was there too, I'm sometimes a bit silly and a bit gaga in the head. I get a bit carried away and sit there at Sunday breakfast and do a bit of shit, just spreading a bit of chaos, that's fun for me. And then I went upstairs and looked over her shoulder when she entered the team book and it said things like: "Bruce is going to the zoo with his mother after

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6   "Stasi" is the short form for the "Ministry for State Security (MfS)" in the former GDR (German Democratic Republic), which was founded on 8 February 1950 and was deprived of power by the citizens in 1989 (see also: Bundesarchiv, n.d.)

lunch, he behaved like a monkey at the lunch table today, maybe they'll find a place for him there". Where I think to myself: Dude, you're about to make a noise. Where I also thought to myself: "Hey, then open your mouth and talk to me directly. And don't write such ugly, backhanded shit in the book. That simply has nothing to do with pedagogy. I don't want to know what they talk about in the team when they talk about us. Just that feeling of knowing that everything you do is written down. Everything! Every fucking little thing.

Susi: You can't trust yourself like that either.

Bruce: ⌐Exactly. You can't confide in anyone⌐. Because the carers somehow get it out again with some kind of pressure.

Susi: And it's not just like that with a carer either!

Bruce: Exactly!

Susi: For example, you can't choose your primary carer. And if I tell my primary carer, then I know for sure that it will be passed on!

Bruce: And then I just ask myself what they do here all day. They are in the garden, writing in their book: "Bruce belongs in the zoo as a monkey. Susi is pregnant again". Yes, they write, make phone calls for private things. Sometimes people drop by. And then you ask yourself, what's going on? "Yes, you, help me set the table. Yes, you, you should dance to my tune here". But apart from that. They just sit on the balcony, drink their coffee, even more than I probably do. They just don't do much. And I just ask myself, where do you have an educational or pedagogical effect? What do I get out of living here? It's not a residential group, but an accommodation group, a farm for difficult animals. Where you just vegetate here, and they make sure you don't go for each other's throats. Really at each other's throats.

The hegemonic order and its enactment at the different levels is decisive for the concealment of violence in team communication. The (violent) assertion of one's own position becomes clear through verbal silence in the form of writing it down in the team book. The mention "Bruce belongs in the zoo as a monkey. Susi is pregnant again" represent the normative and hurtful way of presenting and thus verbal silence practice of violence by the professionals. The use of this form of writing and expression indicate an unclear and undescribed level of detail that make it impossible for other professionals to interpret this file note objectively. In addition to the lack of clarity and insight in the documentation, other structural features of verbal silence become apparent. An understanding of education can be reconstructed in which the professionals claim interpretative sovereignty and control over the children and young people. The children and young people have the feeling that they are being deceived, controlled and monitored, "like in the Stasi". The children and young people know that they are being talked about badly and that they cannot trust any of the professionals because everything

is immediately recorded in the "team book". With this form of writing down or the verbal practice of silence, a reversal of "perpetrator" and "victim" takes place when Bruce's "animalistic" behavior is described in writing, while the uneducational and non-professional behavior of the professionals remains uncommented by the hurtful formulation "(...) behave like a monkey at the lunch table today, maybe they will find a place for him there [in the zoo]" and thus the verbal silence is covered up. "Pedagogical" deeds and words thus do not coincide (Arendt, 1958/2005) because the violence is made incomprehensible to outsiders. What happens between professionals and children and young people can only be understood if outsiders have contextual knowledge. The verbal silence or "secret-keeping speech" (Keppler & Luckmann, 1997) and the resulting lack of contextualization of written incidents in the everyday life of the residential group is characterized by the fact that the professionals of the hegemonic team constellation speak (or blaspheme) verbosely about their "pedagogical" work with outsiders and document it daily in accordance with the regulations, but in this speech they largely de-thematize and conceal the violence and victimization.

Silent practice is a fundamental educational approach taken by professionals in teaching moral and ethical principles to children and youth. Sanctions and disciplinary measures are imposed to discourage inappropriate behavior. The hegemonic order in which the professionals document their position by writing down negative reports from the children and young people also becomes clear in the further interview sequence of Susi and Bruce. Susi and Bruce report that if anything happens in the residential group, "it is immediately talked about" or blasphemed and written in the "team book". They criticize that the professionals write down all everyday events in their life files for others and thus expose them in front of the other professionals and the management (or all those people who read their files) without any background knowledge. The professionals thus act in accordance with the strict guidelines and ignore the complaints and needs of the children and young people. Nevertheless, it becomes clear that the hegemonic order of asserting one's own position is also part of the children's and young people's practice of action. Through Susi's and Bruce's statement to the professionals such as, "Just this feeling of knowing that everything you do is written down. Everything! Every fucking little thing" or "then I know exactly that it will be passed on" shows that they represent their own perspective towards the professionals, which is based on normative assumptions and claims. This way of representing their own perspective to the professionals, which is explicitly distinguished from a "written complaint", can be interpreted as a homologous expression of the hegemonic order on the part of the children and young people.

The analyses documented here on verbal silence indicate that they do not aim at objective facts, but that something specific is not thematized, such as in the type opposition (violent) leadership of hegemonic order and its enactment on the more different levels (management, professionals and children and young people) as well as the lack of participation and possibilities for complaints of

the children and young people, which is why this form is "not a refraining from speaking, but a refraining from thematising" (Hahn, 2014, p. 169). By talking about something else, something significant is de-thematized at the same time. This realization that a silence in speaking is possible justifies speaking here not only of silencing and veiling, but also of the de-thematization of violence. For concealment and covering do not have to be silent and mute but can also take place in the form of verbal de-thematization. In order for verbal silence to remain effective and to take place without the intervention of others, implicit and explicit knowledge orders and hegemonic structures are necessary around the practice of violence. It can thus be said that practices of silence characterize the structure of social contexts and thus important elements of the organizational unit.

Conclusion

The right of children and adolescent to have their own voice and the promotion of participation and complaints (especially in residential care) are in principle welcomed globally and demanded and promoted at various levels (political, scientific, social, etc.). The multitude of international studies in this field reflect the historical change in children's rights and the countervailing expression of interest in theoretical as well as practical professional discourse. This benevolent interest in giving children and children and young people a voice, however, also carries the danger of not dealing carefully with what is heard, or even of not hearing silences or silent complaints and wishes of children and young people.

This chapter should contribute to a reflexive perspective on the phenomena of voice and practice of silence in residential care in the context of the UN CRC and provide a possible answer to the question, what do we know about voicing and silencing practices in context of violence and power dynamics in residential care?" Following the discussion of the UN CRC, it became clear that Article 12 and the specific rights contained therein (such as complaint or voice), need a focused strategy to continue to maintain the existing momentum on it and to consolidate it as a permanent, non-negotiable human right. For this (as the presented study has shown), a legally regulated and continuously taking place knowledge and further education of children's rights, children's rights conventions and childhood (research) for practitioners and trainees of social work and social pedagogy, as well as youth welfare offices, early help, youth advocacy offices etc. will be necessary.

The concept of violence and the associated forms of silence were presented in connection with the data collected from the research project. The evaluation of the group discussions, once with the children and young people and once with the professionals, as well as the expert interviews with the senior management of the residential group or the institution, illustrate the complexity when it comes to analysing voicing and silencing practices in the context of violence in

organizations. As a methodological approach, the praxeological perspective was adopted and oriented towards the documentary method. The aim was to reveal the implementation of silence in the (social) practices of action of all actors involved (children and young people, professionals and management). During the analysis, three central practices of silence were identified: I) practices of concealment, II) practices of (non-)reaction of professionals towards the management and III) practices of verbal silence. However, it should be noted that in the "Corona cases" from the second wave of the survey, it was possible to reconstruct more practices of (non-)reaction by professionals towards management, verbal silence and the practice of concealment. The three practices identified also made it clear that the phenomenon of silencing and voicing under investigation often takes place silently and in numerous variants within the institution or the actors. Likewise, a (conscious or unconscious) tacit de-thematization and consequent legitimization of these illegitimate practices within residential childcare became visible. For example, the obligation of professionals to document incidents and (inappropriate) behavior of children and young people in writing in the team book. This documentation not only legitimizes and promotes the violent practices of professionals, but also the non-participative, power-abusing and victimizing subculture that exists in the residential community. Children and adolescents are thus prevented from building up trust with professionals as well as external professionals (such as youth welfare offices) and thus prevented from active complaint management. This is an important finding in relation to voicing and silencing in the context of child protection issues. For children and young people to have a chance to raise their voices and be properly heard, the development of a safe relationship and trust context is very important, so that these trusted persons then also create further channels for the children and young people to communicate complaints or experiences of violence and victimization.

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10. Silencing and Victimization in Residential Group Care – Key Results from the Study

Julia Ganterer

Introduction

This chapter contains reports on violence and victimization experienced by children and young people. This can trigger experienced trauma. Please be aware of this when reading this chapter!

This article should be read as a supplement to and consolidation of Chapter Nine, "No Voice – No Choice? – Practices of silencing in Residential Childcare". The focus in this chapter deals with violence and the *active* and *passive* practices of silence in residential childcare, which are part of the results of the research project "Participation in Residential Childcare" (Project No. 419403819) which was funded by the German Research Foundation (DFG) and led by Prof. Dr. Claudia Equit in collaboration with Antonia Finckh and Dr. Julia Ganterer. First of all, it should be pointed out that the phenomenon of violence and the practices of silence were not explicit research objects, but rather arose through the analysis procedure. This can also be reconstructed to some extent, but not in its entirety, due to the evidence of violence, abuse of power and victimization. Therefore, an epistemological consideration of practices of silence and the (physical) experience of victimization and violence is only possible in fragmentary form, which is presented using selected case studies based on a sequence-analytical approach and a bodily phenomenological orientation. Through a bodily phenomenological perspective of the analytical point of view, experimental readings are formed on the material that present possible connections between bodily experiences of abuse of power and violence as well as practices of silence among children, youth and professionals in residential care. The pedagogical-phenomenologically oriented approach to the material made it clear that there are *active* and *passive* practices of silence and that both children, youth and professionals are restricted in their participation and complaints by practices of silence and concealment. Before the structure of this chapter is presented, the research design of the project "Participation in Residential Childcare" is briefly outlined in order to be able to understand the connection between active and passive practices of silence in idio-cultures in this chapter.

Methodology and objectives of the project

Twenty-seven residential groups of 17 different child welfare actors in four federal states were examined. The sampling criteria were a city-rural comparison, the different concepts of the facilities and the investigation of facilities in East and West Germany. Children and youth with and without a migration background were interviewed. A total of 233 children and youth between the ages of 6 and 21 were interviewed. In addition, 168 professionals (including 27 executives) aged 23 to 77 were interviewed. The sample includes 116 female and 117 male children and adolescents. A total of 91 female and 49 male professionals were interviewed. The gender distribution of managers was 15 women and 12 men. A total of 14 facilities in West and 13 in East Germany were examined, with 17 in large cities and 10 in small towns and rural areas. Children, youth and professionals received detailed information about the project before the group discussions and interviews. In addition to the data protection regulations, it was pointed out that their participation in group discussions and interviews was voluntary. Children and youth received information about the ombuds office and were given the opportunity to contact either this institution or the head of the research project, Claudia Equit. All participants were also assured that the data would be treated anonymously. A table of contents was prepared for each interview and group discussion. The group discussions with children, youth and professionals as well as the expert interviews with members of the senior management senior senior management   of a residential group were combined into a "case" and analyzed using the documentary method (Bohnsack, 2010). From a total of 27 cases, 15 cases were analyzed in detail and an initial typology was established (Bohnsack et al. 2019). One deviating case could not be classified within the typology. Each type contained implicit, collectively learned and shared assumptions about children, youth and staff in relation to the organization of their daily life within the group.

This project examined how participation processes and complaints processes according to Art. 12 UN CRC are organized in the residential groups in everyday life. Based on Fine (1996) definition of organization subcultures, "idio-culture" mean "a system of knowledge, beliefs, behaviors, and customs shared by members of an interacting group to which members can refer and that serve as the basis of further interaction" (Fine, 1996, p. 116). An interactionist research approach to organizational culture research is represented here (Klatetzki, 2019; Fine, 1996). The typology also represents different idio-cultures of participating children and youth and how their voices are heard by professionals. In addition, the respective hegemonic order between senior management senior management and professionals, between professionals and children and youth, and between senior management and children and youth were examined. Clear differences were identified between the types with regard to the analyzed hegemonic orders. In addition, children's and adolescents' experiences of victimization and muting

practices were examined through the narratives in the group discussions and related to the established typology. Three types of idio-cultures could be formed for the cases of the project: the participatory, the routine and the oppositional idio-cultures. A detailed description of the three types is not intended in this chapter, but only a brief insight. A detailed description of the three types can be found in the chapters 2 and 5.

Based on selected interview sequences from the group discussions with the children and youth as well as the group discussions with the professionals, this chapter will present practices of silence and forms of hiding in the idio-cultures of the l groups. It can already be said in advance that violence, power and victimization are interwoven with practices of silence within participation and complaint procedures, the core of which is anchored in the structures of hegemonic orders and organizational power dynamics with clientization processes. Selected case studies are intended to show that bullying, verbal violence and other forms of silence – such as silence and hiding – are practiced and experienced not only between children, youth and professionals, but also among peers and within professionals at the most diverse levels. The pedagogical-phenomenologically oriented approach to the material, which was previously evaluated using the documentary method, is intended to make visible the bodily perception of experienced, happened and procedural practices of silence. This should make it clear that children and youth as well as professionals are restricted in their opportunities to participate and complain. In this context, it can be said that children's rights are not adequately protected, their concerns and complaints are not sufficiently heard and professionals who are willing (or unwilling) to act participatively are *silenced* in their pedagogical actions.

In the following, a conceptual approach to violence, power and victimization is advocated, taking a phenomenological-pedagogically oriented perspective in order to illustrate not only the (un)conscious violence and muting practices of the perpetrators, but also the often (but not always!) unconscious experiences and reproductions of victimization and abuse of power (by the home senior management) by the professionals and the children and youth in the residential groups. In a second step, the phenomena of violence and abuse of power in residential care are examined historically in order to present the partially still existing normative ideas of the *difficult and degenerate children in care* and the rigid regulations and authoritarian educational styles of staff towards the children and youth. Furthermore, contexts of silence, muting and concealment are presented and discussed using pedagogical-phenomenological approaches (e.g., Meyer-Drawe, 2001) and socio-educational theories (e.g., Lorenz, 2019) before the results, which will be evaluated using the documentary method and framed by body phenomenology, are presented. As an example, the results are presented using four case studies (two of the routinized type and one of the oppositional type). A reflective summary of the results completes the article, which provides relevant insight into implicit and explicit processes of concealment and practices

of silence and the associated experiences of power, victimization and violence of children, adolescents, and professionals in residential settings.

Violence, power and victimization as a conceptual approach

Violence does not speak, although it is an act of speech. Violence or language *about* and *as violence* does not exist (Liebsch, 2014, p. 356). Violence is not something fixed or static, but a fluid entity that surrounds us at all times, in all spaces, relationally and physically. The term violence (Gewalt), originating from "to rule" (walten), is by no means negative per se, if we think, for example, of the expression "to exercise one's office" (seines Amtes walten), which is related to the Latin word *valere*, translated as "to be strong" (Hugger, 1995, p. 20f.). In dealing with the phenomenon of violence, which – as already indicated – only came to light through the analysis of the data material, I refer to an understanding of violence as a continuum (Rode, 2009) and as a multidimensional construct (Baader, 2016) that "can hardly be defined in a generally valid and separable way" (Lukas, 2017, p. 427). As long as the conversation about violence remains general and out of context, it is only *"talk of violence"* (Liebsch, 2014, p. 357). Violence is not seen here as an "exception, marginal phenomenon or (as in war) as an extreme case" (Liebsch, 2014, p. 359), but as an essential part of life, which people experience more or less, strongly or weakly, more or less visibly every day. It is not only about external and recognizable violence with which one could fight or hurt oneself, but rather subtle violence that embeds itself in us, but which in many cases has to be made visible as it otherwise presents itself so little to each and every one of us (Liebsch, 2014).

Subtle violence is an often-unrecognized form of assault on another human being that can have highly damaging psychological effects and cause physical death to a person. People in precarious conditions and high (emotional) stress (such as children and youth living in institutions or with foster families) often suffer more from subtle violence than people who are in safe living conditions. Therefore, children and youth who are victims suffer more from this subtle violence (also known as emotional abuse). Since these injuries are not physically visible, emotional abuse, like epistemic and structural violence, often remains invisible, unnoticed and not recognized by the victim for years, consequently not named and thus still and silenced. By keeping practices silent, these (silent) experiences of violence cannot only be experienced by victims, committed by perpetrators and concealed by witnesses; rather, violence, victimization and abuse of power can also be experienced without being tangible, articulate or definable in words, nor explainable or justifiable according to any theory of violence. Therefore, there is always the question of the vulnerability that emanates from the injured self, the perception and sensation of which is not experienced immediately, sometimes only after years or in the heat of the

moment. This also means that the personal perception of victimization, abuse or other forms of boundary violations is formed from different experiential circumstances (Kilching, 1995). A legal and criminal definition of violence, victim and victimization exists, but within the social sciences and humanities disciplines it is not possible to speak of a uniform definition of violence, since there is no such thing as a typical victim of violence or a typical perpetrator.

As will become clear from the case studies presented below, violence and power are not synonymous. Etymologically, power is derived from the Indo-European "magh" or the Gothic verb "magan", which can be translated as "to make", "to be able to" (Faber et al., 1982, p. 836). Following Hannah Arendt (1981), power has a potential character and is not a reliable possession, but has always got a potential that is changeable, fragile and not permanent. In this respect, no one actually has power, but it arises between people when they act and interact together – just as it disappears as soon as interpersonal relationships dissolve again. Power corresponds to the human ability to talk to one another and to persuade one another to ally with others and to act in accordance with them (Arendt, 1970). Power depends on the number of those who share it. It is not the individual who has the sole power, but the power depends on several and many, just as it disintegrates when these many dissolves, for example in the form of communal communities. When we speak of the power of an individual, it means that he or she is authorized by a certain number of people or a (residential) group (as will be seen in the case of the shared structure) or team, to act and speak on their behalf as long as this does not fall apart (Arendt, 1970). Power can only be generated through human interaction. The implementation or exercise of power occurs when words and deeds seem inseparable.

> "We are dealing with realized power whenever words and deeds seem inseparable, that is, where words are not empty and deeds are not violently mute, where words are not used to hide intentions but are spoken to reveal realities, and so acts are not misused to rape and destroy". (Arendt, 1981, p. 194)[1]

In Arendt's understanding, power and violence are absolute opposites and power is not a variant of violence, just as violence is not a variant of power. Power does not come from the use of force; on the contrary, it can be destroyed by force. Group power can be eroded and silenced by violence. Violence cannot generate power because it is mute (Arendt, 1970). Power, on the other hand, arises when people act with each other, talk to each other and act together, because it is an expression and connection of speaking and listening or of silence and muting. Power is thus repeatedly inspired and irritated by the imponderables of different people coming together and their relationship(s) to one another, which are also

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1   This quote was translated from German into English by the author.

jointly responsible for the *existence of* hegemonic orders in the idio-cultures of residential care.

The same applies to the term victimization, which comes from the Latin word *victima*, meaning "victim". According to this, victimization can be translated as "making a victim" (DWDS, 1999), although the meaning and the definition are highly controversial both in academic discourses and among those affected themselves (inter alia DJI, 2011). The concept of victim is discussed controversially, especially in the social sciences and humanities, since the criminal law dimension of the concept pair of perpetrator and victim has no or a different, lesser meaning than in the research and analysis tradition of classical criminology, where the criminally oriented *victim-perpetrator category* is of course used for the analytical classification of the crime and the people associated with it. In English, the term "victim" raises fewer questions and irritations than the term "Opfer" in German (Kirchhoff & Sessar, 1979, p. 7). Because "Opfer" is by no means a value-free term, but brings with it a whole range of subjective ideas and stereotypes: like the one that victims are defenseless, passive and at the mercy of others. In this stereotype, those who have been harmed are accused of not being themselves anymore. It can be assumed that these people felt at the mercy of violence, mistreatment or abuse, but they may have successfully defended themselves. As uninformed outsiders, we usually don't know it, but a term like victim makes everyone *passive victims, as it were*. Above all, people who have experienced sexualized violence plead or demand to move away from the concept of victim (Opfer) to the concept of "experiencing", "surviving" or "affected", since there is a shift from passive to active, but without the associated evaluation (Thürmer-Rohr, 2003; 2009; Sanyal, 2016). After all, experience is first defined by an adjective attached, such as wonderful experience, horrible experience, boring experience, etc., and even leaves room for ambivalence, such as a terrible but also mundane experience. By substantiating "experiencing sexualized violence" everyone can decide for themselves how they evaluate what they have experienced. At the same time, there is a change of perspective: the wording invites you to think about the perception of the person experiencing it, and not what another person is doing with this person. In legal parlance, the terms "wronged party" and "victim"[2] are largely used synonymously, with the term victim being more victimative and "pointing more towards procedural rights of defense, judicial duty of care and the general need to minimize damage" (Schroth, 2011, p. 17). The German term "Viktimisierung" is synonymous with the English word *victimization* and means the "concrete experience" of violence. Eberitzsch et al. (2022) point out that the term "victimization" refers to ascribed and/or claimed victim status. This concept has been criticized in the social sciences for its dichotomy (perpetrator/victim).

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2   Subsequently, due to the researched data and studies on violence, which write about "victims" and "perpetration"/"perpetrators", this expression or the term "victims" is also used.

With regard to violence, power and victimization in residential care, a large number of national and international studies (e.g., Finkelhor, 2008; Vandenhole et al., 2015; Wright et al., 2020) show that the number of victims or those affected (reported or unreported cases) is particularly high amongst children and youth. Studies worldwide show that, despite stricter legal measures, prevention concepts (UNICEF, 1989; UN CRC Article 12, 2009; etc.) and the professionalization of specialists in children's and youth homes are exposed to a particularly high risk of boundary violations and cases of abuse (Mosser, 2015; Allroggen et al., 2017; Loch et al., 2022). Many children and youth who have been and are housed in institutions have already experienced victimization and violence. Studies show that those who were victims of violence and abuse in childhood have an increased risk of (re)experiencing such trauma in adolescence and adulthood (Mansel, 2001; Finkelhor et al., 2006). In most cases, the perpetrators come from the social environment or are family members who make the child a victim of abuse. Boundary violations experienced in childhood can limit the development of positive self-esteem and a stable attachment structure, so that children and adolescents are overwhelmed in social situations and exposed to increased stress (Segura et al., 2017). About the subject matter of the study, experiences of violence can also have negative effects on the participation and complaints of children and youth in shared accommodation. Eberitzsch et al. (2022) showed in their study that the additional social stress experienced by youth in Residential care can manifest itself in problems with self-control and a lack of awareness of their own and other people's boundaries. Youth may also develop extreme skepticism and fear or dislike of other youth or professionals. It is important to take a closer look at violence and abuse of power in Residential care in order to present the socio-pedagogical discourse and to make clear the relevance of an increased theorizing of muting processes for organizational cultures (in German-speaking countries) of residential pedagogy.

Violence and abuse of power in Residential care – a historical outline with a view to Germany

To better understand the current situation of Residential childcare in Germany, it is important to know the historical course of Residential care in Germany, at least to some extent. Even if the cases outlined here are not one-to-one comparable with the cases of the research project, they still show relevance of the structure and pedagogy concept. From a historical perspective, it becomes clear how strongly the social constructions of the residential home and child influence the characteristics that were considered to be the causes of the necessity and the functions of home education in different phases. With the beginning of the Church taking care of orphaned children in foundlings and orphanages, taking in the children was considered an act of Christian charity. In the early modern

period, however, poverty was no longer understood as a "God-given fate [...] but as a self-inflicted failure"[3] (Kappeler & Hering, 2017, p. 4), whereby children were to be socially integrated through hard forced labor and Christian discipline. These ecclesiastical principles of education through punishment and oppression were to largely determine the educational practices of homes up to the 1970s/80s (Kappeler & Hering, 2017, p. 5). Generally applicable laws regulating the accommodation and upbringing of children and youth in homes were only introduced after the founding of the German Empire. However, around 1800 there was already a family-oriented "living room pedagogy" shaped by Pestalozzi approaches as an alternative to the usual home education. Even though Pestalozzi failed with his concept, he is considered to be a pioneer of child-friendly education alongside Rousseau and later Fröbel (cf., inter alia, Jacobi, 1993). At the beginning of the 19th century, however, the concept of "care education" prevailed and became a central element of child and youth welfare. "The threat 'if you don't do as told, you'll be taken to a home' became an omnipresent, real threat to proletarian children and youth even before the First World War" (Kappeler & Hering, 2017, p. 8). This welfare education was also considered a state educational principle during the transition from the Weimar Republic to the Nazi era, which also made the eugenic selection of *useful* and *useless* children and youth legal. Staff (un-)consciously supported the socially racist and anti-Semitic care system by systematically stigmatizing and categorizing children and youth and consequently selecting them as "worth living" or "not worth living" (Engelbracht, 2018; Engelbracht & Hauser, 2015). Even in the post-war years, Germany saw no reason for a reconceptualization of childcare and care practices, although there was scientific criticism of pedagogical practices in Residential care (Kappeler & Hering, 2017). Until the 1970s, neglect, behavioral issues or non-conforming behavior such as vandalism, absence from school, running away from home or unwanted sexual relationships were the criteria for admission to children's and youth homes. However, these years were also marked by the first home campaigns and reforms against the "Total Institutions", the aim of which was to dismantle the existing structures of homes, psychiatric clinics and educational institutions in order to free the children and youth from them (Kuhlmann, 2015). With a view to the present, it can be said that the system of Residential care has been positively changed through sociopolitical campaigns, social initiatives (especially care leavers in residential care), national and international changes in the law and the introduction of children's rights and child protection laws (Helfferich et al., 2016). However, many care leavers from the 1970s and 1990s are still traumatized by the stigma of being "children in care". Despite increased media presence on the violence of children and youth, as well as the recognition of the UN Convention on the Rights of the Child, published reports by care leavers are met with skepticism

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3   This quote was translated from German into English by the author.

and resistance (Round Table Home Education, 2011). The question is often raised as to why they only reported their complaints decades later and whether their memories really corresponded to the truth. As a result, many of them resort to saying nothing or falling silent. Against this background, stillness and silence are introduced from a pedagogical-phenomenological perspective and social/pedagogical theories and placed in a context with concealing processes.

Stillness, Silence, and Concealment Contexts

In social pedagogy and social work, silence in relation to Residential care is seen as an inhibiting phenomenon and a powerful or powerless problem at the same time, which usually remains undiscovered and unnoticed. The unconscious speaking or the speaking of the unconscious takes place in the spaces and gaps of the performative speeches. In this study, silence is seen as a *performative force* that is constituted and changed in its processual enactments. The cases show that silence is a performative act, which as such is part of communication – i.e., remains in language – but also as a passive experience – as an event – that happens. For this reason, silence or *silencing* is also seen as an important phenomenon in the documentary analysis of group discussions with children, youth and professionals about their everyday practices and complaints procedures in the facilities, in order to make power dynamics visible.

The production of silence in the mode of language primarily includes the forms of linguistic addressing that the individual experiences inter-subjectively. Practices of silence thus include *ways* in which and to what extent we are addressed. This in turn is organized by rules and regulations of what can be said and how it is to be heard. Children and youth are often not heard, not because they are silent. On the contrary, they usually give entire speeches. But what they say is often not heard because their complaint is not seen as "right", their talk is downplayed and thus obscured, or heard as diffuse and incomprehensible. In this research project, silence is first understood as a practice to prevent and/or suppress possible complaints from children and youth towards professionals or the organization as a whole. The results also point to practices of silence between professionals or between professionals and home senior management, for example by stopping or preventing access to complaints senior management.

If one considers practices of silence with social/pedagogical theories and from a pedagogical-phenomenologically oriented perspective in connection with processes of obfuscation, then approaches can be found that silencing is a complex *plus* or *surplus that* can be found in the interstices of organizational power dynamics.

Silencing practices: key results

Methodologically, the reconstruction of processes of repression and concealment as well as of experiences of violence, victimization, and power (abuse) is possible to a certain extent through the documentary method in this project, but not completely. For the study of idio-cultures in residential groups, three different types were reconstructed: the participatory, the routinized, and the oppositional idio-cultures. The three types contain different hegemonic orders. They include different hierarchies and organizational leadership, different processes of clientization, and different ways of implementing generational orders between staff and children and adolescence.

In order to be able to follow the exemplary case descriptions for forms of silence from a phenomenologically-pedagogically oriented research analysis more easily in the following, the three types are briefly described: The participatory type is characterized by the orientation towards individual positions, problem situations and needs of the individual minors, while at the same time collectively creating a "good atmosphere" and a residential community with positive connotations. The leadership style of the group leader is cooperative and present. There are indications that the orientation towards cooperation in the participatory type finds its limits when it comes to issues such as protection and endangerment. Occasionally children and youth complain that they are not able to participate sufficiently in processes or decisions that affect their protection. The project results show that participation-oriented structures of the participative type basically offer the best conditions for tackling violence at all, but here too there are processes of concealment and cover-up.

The routinized idio-culture, on the other hand, is characterized by the collective routine in everyday life and the everyday structures in the living group. Basically, routines are seen as helpful and good for the development and learning processes of the children and youth, and both the professionals and the children and youth assume that it is good if everyday life is structured by routines and that everyone participates together in the execution of this everyday life. However, with regard to participation and complaints, it is clear that minors should bring their individual concerns into everyday life if they are important. At the same time, individual concerns and language requests are least likely to be heard by professionals. Collective requests for participation are more likely to be dealt with, as long as they can be dealt with within the existing routines for everyday life or for dealing with deviations in everyday life. Spontaneous requests from minors (e.g. to spend the night with a friend) are considered illegitimate. This points to the hegemonic order enforced by professionals through routine actions, which influences the complaint and participation processes and thus the silencing processes of children and youth. The handling of complaints is closely related to the established hegemonic orders in such institutions, which this research project has characterized as paternalistic, and which are present at the senior

management -professional level, as well as at the professional-youth level and at the senior management -youth level.

With regard to organizational power dynamics with clientization processes, the opposition type is characterized by the prevalence of massive conflicts between children, youth and professionals, who are thus in absolute opposition to each other, be it in the everyday organization of the residential community or in the participation and complaints processes. One can therefore speak of a collective counter-positioning. This includes the discursive location of the individual or group in opposition to the other individual or group (and their existing claims to negotiation and leadership). Within the respective groups (professionals vs. minors) there is either a consensus on content or different opinions that are not expressed or are silenced. Through disciplining and coercion, the professionals enforce their ideas and requirements for rules and structures in everyday life against the will of the minors. The rules and practices of the professionals are clearly criticized by the children and youth or, in the case of institutional and structural violence, are initially not discussed through silence. The children and youth adopt a fundamental demarcation and oppositional attitude towards staff. Based on selected interview sequences, which have proven to be particularly content-rich and concise for me (e.g., Meyer-Drawe & Schwarz, 2017), traces of practices of silence and forms of concealment in the idio-cultures of residential homes and the complaints processes are shown in further courses. The cases presented in the following section aim to provide a possible clue that may show that practices of silence and hiding, particularly among minors, can be interpreted as a medium through which violence and abuse of power are experienced. A complete reconstruction of silencing processes through a pedagogical-phenomenologically oriented analysis is not possible, although it becomes possible to a certain extent not only to see and understand what is heard in an (interview or group) conversation but also to show what appears in an expanded and multi-faceted form. It is not about reproducing the meaning of the words heard, but about expanding the horizon of the possible that is implicit in what is said and maintaining an openness of the spectrum of possible meanings (Depraz, 2012). This research attitude does not promise any conclusive facts but allows other and new patterns to sound (Pennac, 2010), which enables alternative perspectives on a social (educational) phenomenon.

Presentation of the results based on case studies

Of the total 27 cases in this project, eight cases were studied for this analysis on victimization and silencing practices. The following three cases were specifically selected for the presentation of the central results about the practices of silence in the idio-cultures of Residential care:

1) The interview with the specialists from the *Living group Standard* was chosen from the opposition type in order to once again clarify the matter of course and the silencing practices incorporated with it.

2) *Living group Green, which* is assigned to the routinized idio-culture, serves as a contrasting example, in which silencing is particularly evident on the physical and paralingual level.

3) *Living group Principle* (routinized idio-culture) specifies silencing practices among children and youth, on the one hand in relation to violence, which is initially concealed among peers, and, on the other hand in relation to a girl with a disability who does not speak during the entire group discussion. After the group discussion, the girl is addressed as "mute" by the other children and youth because of her disability. Based on these selected cases, the multiplicity, diversity and excess of silencing and the associated power dynamics should become clear once again.

The ranking of the case presentation was chosen as follows: Living group Green, Principle and Standard. The reason for this is that Living group Green and Principle belong to the same provider and can therefore also be identified as a special provider, since the respective living groups have different orientation modes within their idio-culture. In all four residential communities, different forms of silencing could be reconstructed, which take place, among other things, on different relationship levels (youth-youth, staff-youth). For the pedagogical-phenomenologically oriented approach, those passages were selected that appeared particularly concise and poignant (Meyer-Drawe & Schwarz, 2017) and affected (me as a researcher) in a special way. The following bodily phenomenological readings of the interview passages appear as in a Kairos that rises out of the flow of time as a "favourable moment" (Meyer-Drawe 2008, p. 143), as a "stumbling upon something" (ibid.) and make it clear "that this shock does not begin in us, but in a disturbance, a discontinuity, an amazement, a surprise and an irritation" (ibid.). The course of the analysis is like letting things flow, getting involved, a hustle and bustle, letting oneself be affected, which reveals practices of silence like flashlights, without having a specific localization in mind in advance. Because the interweaving between speaking, listening and silence is hardly comprehensible, even less definable, but can only be made visible and audible through a temporary flash of the phenomenon, like an (invisible) shadow (Merleau-Ponty, 1966) to then disappear again. This additional phenomenological focus on this *shadow* is intended to make the *surplus gained* visible.

Case study living group Green: "I just did what I wanted"

People remain silent when other people forbid them to speak, when they are not allowed to choose their own words but are silenced by other people or institutions and organizations. This fact was also demonstrated in some of the group discussions for the project with the children, youth and professionals. Unequal power relations have been shown, for example, by not saying anything, by the dominant speaking of individual children and youth or professionals, as well as by the silence of all participants or mutual interruptions during the group interview.

The case study of living group Green shows practices of silence through long pauses, deep breaths, sighs, rhythmic tapping on the table and not answering questions. At the Green, two youth from the support group for newly independent youth[4] were interviewed. These were 15-year-old Mara, who has just become a mother, and 17-year-old Sabina, who is completing vocational training and an internship. In two months, Sabina will be moving from the support group for newly independent youth to her own apartment, which she is already looking forward to. Both seemed very nice, the young mother a bit annoyed, but somehow also very well-informed. Before the interview started, Mara asked if she would be asked about personal things. The researcher said no and told her in a calm voice that she could only say what she wanted to say. This seemed to be a prerequisite for the young person to agree to be interviewed.

> *Mara:* Do we have to tell everything here now?
> *Interviewer:* Absolutely not, and only what you want.
> *Mara:* Ok.
> *Interviewer:* No. So (...).
> *Interviewer:* Ok. What I'm interested in/. This is my interview guide.

Even in these first few seconds of the interview, which consist of just a few words and are also not easily audible and understandable acoustically, this sequence with the *not wanting to say* can nevertheless or precisely because of this stand as a starting point for the multi-layered consideration of silencing (and *silent* complaints) from the minor's perspective. When listening to the interview, I was particularly struck by Mara's pitch and voice, which changed in timbre over the course of the conversation, sounding softer and more relaxed. When Mara asked if she had to tell us something about her private life, it was clear that she did not trust the researcher and was not completely open with her. In this way, the young person clearly communicates the relationship and trust status with the researcher,

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4   This group consists of young people from the age of about 16 who are said to have a high degree of reliability, personal responsibility and anticipatory action. Young people are entrusted with a growing number of tasks and responsibilities. They first create their financial plans together with the supervisors, later independently, do their shopping, household etc. The care is provided in accordance with § 34 SGB VIII.

which suggests skepticism, reluctance, distrust and concerns. The young mother clarifies in advance to what extent she has to open up to the stranger and reveal personal (unspeakable) things about herself. This "preventive measure" could be an indication of the minor's lack of trust (see Bell 2002), since they were housed in several children's and youth facilities in the course of their lives. *Not wanting to tell* reveals the lack of trust, even distrust, towards adults and consequently also the Staff. This form of silence with the depiction of what is unspoken, of *not wanting to tell*, can be seen throughout the course of the interview: On the one hand, by ignoring or not wanting to answer certain questions. On the other hand, through the short answers, long pauses and deep breaths of the two youth.

> *Interviewer:* And um (.) what did you like, that is, what was nice and what was pretty nice @?
> *Sabina:* Well, I learned a lot and that wasn't so nice. (.) mhm (...) I don't remember @
> *Interviewer:* Ok (...). Are there things in your everyday life that you would like to change?
> *Sabine:* No. Not me. You?
> *Maria:* No.

This introductory practice of silence by the two young people determines the entire course of the interview and gives the resulting action a special note. It was the shortest interview with the minors (approx. 15 minutes) in the entire project, including the realization that the interview guidelines that had been designed did not work at Green. In the second, very short sequence, practices of silence are also expressed physically, in that Sabina shows a subjective reflection through the egocentric statement and subsequent affirmation, which is then not spoken out and told, but rather ends in a pause, a short period of thinking and finally with the words "I don't know anymore" and an embarrassed smile. These bodily expressions through the unspoken words make clear, on the one hand, the subjective reflection of their experiences and, on the other hand, that these bodily experiences cannot be told by others and cannot be addressed to others. Sabina also answers the second question from the interviewer in the negative and passes on the request, which she previously perceived as being addressed to Mara, to Mara. Mara's two-syllable negation "no" indicates the collegial habit and routinely agrees with Sabina's previous response without replying or adding. Here again, distancing, defensiveness and the youth's lack of trust in the interviewee (and consequently also in the professionals) could be interpreted. Finally, living group Green is assigned to the routinized idio-culture, whose understanding of the complaints by the professionals is that they do not take the complaints of the youth seriously, since the complaints expressed by the youth are not "real" in the sense of professional expertise. For this reason, the youth's complaints are not dealt with through the organizational procedure but

are clarified in advance. Mara also clarifies with the researcher in advance what she wants to say or has to say. This routine action of the youths reflects the lack of trust and the increased risk of conflicts as well as the fear of the consequences of the youths towards the professionals. As can be seen in the following case study, the paternalistic order towards youth in the routinized idio-culture is very diverse in the various cases.

Case study living group Principle: "... although the foreigners should actually do it"

The children and youth from the living group Principle did not make an enthusiastic impression about taking part in the group discussion. Many of the interviewer's questions were therefore not answered by the children and youth. Furthermore, the field note shows that one of the minors also stated that he did not want to express his personal opinion and information about it in front of the group. Not answering questions and not wanting to tell personal experiences and opinions are again read here as indications of silencing. The atmosphere of this group discussion was characterized by a density of feelings that I, as the researcher (and author of this article), could physically perceive myself while listening to the audio file and reading the reconstructed detailed analysis. The atmosphere was very aggressive and tense, which was also confirmed by the researcher's field note, in which she described the discussion climate as uncomfortable, strange, and odd. The speechlessness heard and read from the data material, the silence, the not wanting to say anything, as well as the condescending statements of the children and youth make it clear that it is difficult for the children and youth to talk about their participation in everyday life in the shared apartment and their experiences of the course of complaints. The charged mood – which is also interpreted as a form of silencing[5] – is expressed in the children and youth in the form of nervousness, agitation and sometimes not wanting to answer (verbal refusal). At the same time, their statements were very racist and also aggressive towards other children and youth from the other group. The tone was rough, there were hints of peer violence and after the group discussion, two youths got into fights.

Another indication of the silence in this group discussion was that two girls said virtually nothing throughout the interview but sat in silence. One of the two girls attended elementary school and only spoke once. The other girl didn't speak at all, appeared mentally handicapped, and was wearing a Barbie T-shirt. When the interviewer asked the girl about her shirt, she blossomed. This surprising speech can be interpreted as a *twist*. "It is the nature of surprising events that they come too soon compared to our expectations; otherwise, they would not

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5   For more details, see the case study of Standard.

be surprising"[6] (Waldenfels 2015, p. 24). At the same time, if "what happens to us comes too soon, our answer comes too late, compared to what is taking up our minds" (ibid.).[7] Due to a lack of further information and details, a further interpretation (unfortunately) cannot take place. As an interesting note, however, it should be mentioned that following the group discussion, the girl was addressed as "mute" by the other children and youth because of her disability. Another affecting point in relation to silencing can be found in the middle of the group interview, when the interviewer asked the children and youth if they would like to say anything else on the topic of participation, which was followed by a long pause (15 seconds), which was filled with no responses, silences, deep breaths, sighs, background noise and laughter. Before going into the interpretation of the interview sequence, these 15 seconds of silence are analyzed in more detail, since it is precisely these pauses without verbal words that are interpreted as very meaningful for silencing practices and experienced violence and abuse of power between the children and youth. Sighing, clearing your throat, taking deep breaths, and laughing are signs of cognitive discomfort. In particular, the multiple laughter of several adolescents indicates a possible feeling of shame, discomfort or insecurity. In this case, the function of laughter is interpreted as a feature of ambivalent emotional and relationship states. "Laughter is an expression of a crisis […]. [Laughing] and crying signify a response to a situation where language fails" (Meyer-Drawe, 1999, p. 33). In this particular case, this verbal silence and yet bodily noise is interpreted as the children and youth's practice of silence, so as not to speak about violent experiences that have become inscribed in their bodies. These forms of silence, laughter, sighing, clearing your throat, non-answering, etc. occur throughout the course of the interview, which are interpreted as expressions of being affected, hurt and experiencing victimization. Because the children and youth can't find the words to say something wrong out of fear and embarrassment and then have to expect (violent) consequences.

Only after the interviewer specifically asks if there is anything in the facility that they do not like at all does Jörg answer immediately:

> *Jörg:* Roommate.
> *Interviewer:* (quietly) roommate, ok.
> *Alex:* @ rroommates @
> *Interviewer:* So, when here in the group then among each other?
> *Alex:* └hm?┘
> *Jörg:* Well, that's not quite the case, there are still some missing.
> *Lara:* The first floor. I don't like the ones on the first floor that much.
> *Jörg:* Yes, the foreigners!
> *Interviewer:* What about you?

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6   This quote was translated from German into English by the author.
7   The quotes from Waldenfals was translated from German into English by the author.

Jörg: They're kind of screwed like (...) pretty much everyone. (quietly) Mhm doesn't matter. (.) Well, for example, now they will…
Alex: @
Jörg: …went everywhere we were told: "No, you can take the bus!" And if we miss the bus, it's either bad luck or you can walk.

Without going into detail about this passage, the bodily and (silent) silencing practices mentioned above become visible through the racist and discriminatory statements, laughing, whispering, longer pauses, etc. As is characteristic of the routinized idio-culture, the children and youth increasingly turn away from the interviewer during the group discussion. This (un)conscious demarcation becomes clear from several premature conclusions during the course of the interview ("anything else?"). In addition, the children and youth show a lower degree of internal coherence. In meta-communicative negotiations, differences become visible, some of which are also racially charged ("foreigners"; the Pole? well he steals"). Further differences are indicated by the fact that some children and youth, such as the two girls mentioned, do not express themselves at all, do not dare to say anything at all and the rights to speak are distributed by dominant children and youth to other roommates (Silencing practices).

Based on these readings, the question might arise as to why the living group Principle was not assigned to the opposition type. The reason is that the Principle is seen as the maximum contrast to the cases of youth welfare in St. Johanna and the institution of the Max von Humboldt Foundation, which, among other things, makes clear the variety and diversity of routinized idio-cultures. In addition, the Principle was also assigned to the routinized idio-culture because the type of routinization in professionals (e.g., opening sequence) and children and youth is very easy to recognize, even if power dynamics and victimization practices could be demonstrated among children and youth at the same time, which are characterized by discrimination and racism towards other residents. The above-mentioned pronounced practices of silencing towards the researcher became more apparent when it came to conflicts between children and youth. The intermittent opposition of the children and youth from the Principle was clearly aimed at the residents of the Yellow, but also among the children and youth themselves who were in the same residential groups. They report arguments among themselves that were not carried out, which in turn revealed practices of silence and victimization. However, (physical) violence and bullying took place *after* the interview with a "minor" fight between two minors and the condescending remarks made about the girl with the Barbie T-shirt.

Case study living group Standard: "We now run the standard program, but really there are no more exceptions."

The two members of staff Birte and Anne represent the common consensus of *pedagogical* action practices on a level, which are interpreted here as practice of silence and concealment. Criticism of the supervisors is taken up or covered up by the Staff in the residential group in that it is presented to the interviewers as a legitimate consequence of the curtailment of the rights of the children and youth. When asked by the interviewer how they deal with the expressed dissatisfaction of the residents in the shared apartment, the professionals answer:

> *Birte:* We think about what the problem is.
> *Interviewer 2:* Mmm.
> *Birte:* We're considering whether there's a cause that we can fix. The only thing that is a big problem for us at the moment is that the climate in the group has changed so much, mainly because of the many changes that we have had.
> *Anne:* Mmm, yes.
> *Birte:* So, the team is steady, it's been a long time.
> *Interviewer 2:* Yes.
> *Birte:* The children were also very steady for a long time; it was a nice atmosphere the whole time.
> *Anne:* Mmm.
> *Birte:* And now you moved out in November or October?
> *Lore:* October.
> *Birte:* At the end of October, two girls who had been there for a long time moved out. They were also something of a core part of the group, and after that you noticed that the children were becoming increasingly dissatisfied.
> *Interviewer 1:* Mmm.
> *Birte:* A basic unrest that was preparing here, where everyone was really getting more and more dissatisfied and where we didn't know how to react to it now.
> *Anne:* Yes, it wasn't only this atmosphere, so it wasn't just what they had with us, but also with each other, yes, it wasn't nice anymore.
> *Birte:* Yes, otherwise they are quite harmonious with each other.
> *Anne:* Mmm.
> *Birte:* And it really was everyone against everyone and it took a while for things to calm down again.
> *Anne:* That's only been the case again for a short time.
> *Birte:* Mmm. where we also said that there were some complaints from them too, so we're all stupid, we never do anything with him.
> *Lore:* Mmm yes exactly.

> *Birte:* They came in like that, so that's general complaints from them about how you're all mean and stupid and strict and don't do anything/.
>
> *Anne:* "You don't do anything with us", came the saying.

From a pedagogical-phenomenological point of view, the atmosphere and climate within the residential community is examined in connection with silencing and concealment processes.

In addition to the atmospheres of the weather, atmospheres primarily represent holistically perceived, objective emotional powers that physically affect people and allow them to become a subjective fact. According to Schöll (2007), for example, five different atmospheres in organizations can be observed: the excited and hectic, the combative and heated, the cool and distanced, the depressed and powerless, and the friendly and relaxed. In the Standard, the two supervisors speak of a "basic restlessness", a discordant mood that the girls (in this shared apartment there were only children and youth read as women) did not only exhibit towards staff, but also among themselves. According to the supervisors Anne and Birte, the reason for the dissolution of the "harmonious togetherness" was on the one hand "the many changes" and on the other hand that two girls who "were there for a long time" and who were described by the specialists as the "core part" of the group, had left the (harmonious) living community at the end of October. Here, too, there is a caesura, an upheaval and for the girls also a breach of trust, insofar as their confidant – the two girls – who were the core of the group, had left the facility and thus the common habitual consensus was dissolved. This also explains the increased demarcation towards the specialists and a fundamental oppositional attitude, which was expressed in a "basic unrest" and an increasing atmosphere of "dissatisfaction". With Schöll, one could speak of a "combative-heated" atmosphere within the facility, where the motto was "everyone against everyone". This aggressive and tense atmosphere was also expressed by the girls with insults and complaints towards the professionals ("you are all mean and stupid and strict and you don't do anything"). The consequence or reaction of the staff were sanctions to break the will and the resistance of the girls. In the following sequence, this comes to light: On the one hand, staff have the right to a "normal" everyday life, a "harmonious" atmosphere, on the other hand, they experience nagging and a tense, conflictual climate every day to which they react with sanctions. This discrepancy is bridged or hidden by silencing practices, insofar as opportunities for participation and complaints are silenced by introducing the "standard program".

> *Birte:* We're doing the standard program now, but there really aren't any exceptions anymore and um, there aren't any big activities like cinema anymore, we haven't done that. We haven't gone swimming for a long time.

Anne: You can't do that either.

Birte: You always want it, I would love it, but you just can't plan it. no

Anne: Yes, no, actually we do the standard program with the kids, but they definitely get what they are entitled to. That's out of the question, um, when I think of Mira, for example, she's pretty dissatisfied overall. So, I really made the effort to go back to bed at night and listen to what made her so unhappy.

Birte: I think that was the whole mood, she just jumped on the bandwagon and now she can't let go.

The opportunities for children and youth to participate were reduced to a minimum by the professionals to make it clear to them how lucky they are. The cuts in participation opportunities were used by staff to silence the girls' complaints. In addition to the wording "standard program", I was also touched by Anne's laughing "yes", who unquestioningly agrees with Birte's statement and therefore also agrees that it's perfectly fine if the girls find the standard program "shit". It is precisely this unreflective, unconditional agreement and oppositional attitude towards the girls that overwhelms, touches and irritates me, as it is a contradiction between social/educational professionalism and participation.

Epistemologically, the word standard comes from the English *standard* and can be translated with "military" or "ship's flag", " upright sign", "model size", "model weight" (probably developed from *king's standard*, actually "royal sign, king's flag as the center and rallying point of the army or a ship association"). Since the first half of the 20th century, standard has often been used as a modifier in compounds in the sense of "basic model" or "normal type" (DWDS, 2022). Standard therefore stands for a prescribed pattern, a uniform standardization, a consensus ("without exception"). The specialists follow the program (*pró-gramma*, Greek (π ρόγρ αμμα) "public notice", "agenda") and thus the sequence of the daily structure unconditionally and without exception according to the standard. Insofar, the standard program is also read as a *source of power*, on which the specialists orientate themselves and adhere to the regulations noted therein and document them. This means that the specialists retain the authority to interpret and enforce the written standard program. This also makes it understandable that the girls' discussions and inquiries are not addressed. Staff do not question their actions and imposed sanctions, do not take a critical look at themselves, but legitimize their actions through the standard program. The standard program is thus read as an instrument of power representation and protection of professional action. This interview passage also makes it clear that the decisions made by the specialists themselves are not commented on and are not questioned. Such a prevailing climate in turn makes it difficult for the girls to ask questions, intervene or complain and involve themselves, so these practices are also interpreted as silencing.

It is possible that the departure of the two girls at the end of October (the core of the living group) and the many changes within the staff body led to insecurities or made them feel vulnerable in their professionalism. Eventually, a climate of uncertainty and instability prevailed, leading to increased dissatisfaction and complaints. The covering up and cloaking of the *real* problems and conflicts within the community – be it between professionals and the girls, as well as within the peers – is legitimized by the imposed and unquestionable standard program. The distancing or oppositional attitude of the professionals towards the girls that was legitimized by this once again emphasizes the unity and the jointly represented consensus of the professionals. The (un-)conscious covering up and silencing of the girls is consequently reflected both in the conjunctive experiential space and explicitly in the knowledge of the professionals, through the conscious removal of opportunities for participation and complaints that identifies the oppositional type.

Reflexive summary of the results

In summary, it can be said that the present contribution is to be located in the basic theoretical discussion and empirical presentation of experiences of violence, abuse of power and victimization of children, youth and professionals in residential care, which are reflected in the most diverse forms of silencing practices. A major interest that contributed to the writing of this chapter was the lack of theoretical approaches to silencing practices in social work, as well as the non-existence of a theory of the course of complaints of children and youth in residential facilities. While here, with a pedagogical-phenomenologically oriented perspective, the so-called *excess* of the practices of silence and concealment has been worked out on the data material previously presented with the documentary method, Claudia Equit presents in Chapter 4 a first systematic theory of complaints in organizational cultures of residential care. Another central concern of this contribution was to show the diverse facets of silencing and the context of concealment in idio-cultures of residential care of children and young people, in which the effectiveness of silence as a performative force becomes visible. Finally, it should be stated or explained how these newly gained insights are related to the title "*Victimization in Residential Care – Key Results from the study*". With a pedagogical-phenomenologically oriented perspective towards the data material (obtained through the reconstructive study), the silence, the *quiet talking about,* is not seen as a deficiency or even a weakness of the children and youth and professionals interviewed, but as part of a continuum, in which there is silent speech at one end and voiced speech at the other end (Mazzei, 2007, p. 633). For precisely what is not said, what remains unspeakable and silent is that *more,* that *surplus* that leads us to the traces of organizational power dynamics. If voices in terms of participation and complaints processes are

not heard or given by children and youth or professionals, then their choice to participate or to submit complaints is restricted and prevented.

As a central result, the differentiation between *passive* and *active* silence can be presented: Passive silence means a silence that comes from within, that happens, that is experienced, that irritates and unsettles. The case studies presented showed to a certain extent – and this also makes the methodological limits of the study clear – that passive practices of silence are made to *sound through the body*. Insofar as, for example by Alex's laughter (Principle), which can be interpreted, among other things, as an expression of bodily self-consciousness and wordlessness. Longer pauses, not saying anything or dominant speech by individual children and youth or professionals are also *passive* practices of silence.

Active silence, on the other hand, appears as a silence coming from outside, or as a conscious silence. The silence in not speaking was shown by the members of staff Birte and Anke, for example, by something specific that was not said or played down in the context of the decision-making process or the choice to complain and participate. The bureaucratic "standard program" specified by the facility was the trend-setting feature for the silence in the speaking of the two specialists. In the guidelines, behavior and wording are offered on the basis of subject-specific terms with which the pedagogically standardized actions of the specialists are legitimized. This made it possible to reconstruct standardizing practices in connection with moral arguments among the specialists in the case of Standard towards children and youth. This means that professionals use sanctions and coercion to enforce desirable rules, requirements and behaviors that are considered "normal" and professionally legitimized against the will and resistance of children and youth. Living group Principle represents in particular physical and verbal violence in the form of victimization, bullying and discrimination among and against other children and children and youth. In the study are indications that both types of silence practices can be disruptive and inhibit complaint and participation processes on the part of the children and youth and on the part of the professionals from a social pedagogy and social work point of view. The *excess worked out* makes it clear that silencing practices cannot be seen as a marker of power dynamics solely in the interpretation.

This should stimulate a critical reflection of participatory approaches in concepts of residential cares. It is about problematizing and constantly reflecting on the existence of power constellations, dynamic processes in residential care. The empirical examples with the pedagogical-phenomenological approach to silence and silencing highlight the need for constant reflection, reinterpretation and further interpretation of the phenomenon. With the reconstruction (documentary method) and the pedagogically-phenomenologically oriented analysis of practices of silence and concealment, this article offers a first insight into the extent to which violence, abuse of power and victimization are interwoven with practices of silence within participation and complaint procedures, the core of which lies in the structures of power dynamics processes. The attempt at a pedagogically-phenomenologically

oriented framing was not only a condensation of the phenomenon, but also a broadening of the perspective in order to make the hidden excess visible. Such an attitude could be helpful and useful for social pedagogy and social work in order to illustrate the effectiveness and extent of hegemonic orders and dynamics of violence in residential care and to record the associated (influencing) affects and irritations as well as questioning collective everyday pedagogical practices of all members of the organization. In this context, *routine, participative and oppositional* practices in the idio-cultures of the residential care or organizations must be critically (de-)thematized and practices of concealment and silence at all levels (children and youth – staff – senior management) must be discussed consistently, so that everyone is guaranteed participation and complaint procedures.

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11. Conclusions

Claudia Equit, Antonia Finckh, Elisabeth Thomas

This chapter highlights crucial results of the study against the backdrop of professional discourse. One focus is on the understanding of participation and participation rights as well as the consequences that arise for children and adolescents in alternative care when putting participation into practice. It is important to discuss and determine what is meant by participation because it presents a multifaceted term that contains different meanings (Kellett, 2009). Especially concerning Art. 12 of the UN CRC, participation is conceptualized as a right to express children's views freely in all matters affecting them. Skauge et al. (2021) highlight that the understanding of participation must go beyond an understanding of participation as "having a say". The UN CRC located participation by children and young people as persons who have the right to be involved in decisions that affect their lives but will also be citizens and therefore need democratic competencies. This twofold meaning of participation stresses the need for adults to provide and develop meaningful opportunities for children and youth to enable them to raise their voices and express their views. The twofold meaning also indicates the powerful position of adults in enabling or inhibiting the participation of young people through adult-led discourses, procedures, etc. (Featherstone et al., 2018; Skauge et al., 2021). To address this crucial problem, Skauge et al. (2021) highlight the need to practice participation in particular areas, such as child welfare service provisions or early childhood education and care facilities, and as a participatory practice that includes all areas of society. This is especially important due to child welfare provisions, where the need for child protection often reduces service users to their risk of being victimized and harmed and needed protection (Featherstone et al., 2018; van Bijleveld et al., 2015). The results of the study highlight that both aspects of participation are meaningful for children and youth in out-of-home care.

Visibility and Participation

Although there is a broad discourse about how society creates opportunities for children and youth to experience full participation and voice their needs and concerns about their own lives, children and youth in out-of-home care are

often not visible in societal discourses. This is also demonstrated by the lack of visibility of young people in social discourses during the COVID-19 pandemic in Germany. Chapter Six shows that children and adolescents in residential group care suffered from exacerbated stress due to the sometimes very difficult living conditions in the facilities, with disproportionately long quarantine periods, lack of contact with family and peer groups, and so on. The limitations of the COVID-19 pandemic for children and adolescents in Germany were rarely a topic of societal discourse (Andresen et al., 2021). The strains and restrictions for young people in residential care were not publicly discussed. Elisabeth Thomas, in Chapter Six *The Impact of the COVID-19 Pandemic on the Daily Lives of Young People in Residential Group Care,* points out the multiple strains of youth in residential care. Related to the different idiocultures, she points out that the pandemic acted as a catalyst, exacerbating the strains and problems of youth in residential care. Studies about trajectories of multiple care placements show the mutual reinforcement of experienced victimizations of children and youth in out-of-home care, on the one hand, and additional requirements and problems that occur when using child welfare services, on the other (Dregan & Gulliford, 2012). The COVID-19 pandemic restrictions imposed on residential care facilities resulted in significantly greater restrictions on social contact for the youth interviewed than for youth living in families. Young people in residential care often had to choose between maintaining contact with family or maintaining contact with friends. Furthermore, due to living together in groups in residential care, there were more frequent and stricter quarantine regulations, and young people reported stigmatization in public spaces when they were engaged in activities as a group, such as going for walks in parks. At the same time, however, the the reconstructed coping strategies of the young people show that they tried to use their resources and ideas to cope with the difficult living conditions (Thomas & Equit, 2024). Some were inventive and used youth-typical deviations from existing rules to try to maintain and create the social contacts necessary for their well-being. Professionals could not guarantee flexible rules due to the special needs of young people and the strict regulations. However, it also appears that some facilities failed to help youth mobilize resources to cope with the restrictions. Some of the reported deviant behavior is typical of adolescence. Young people used deviant behavior creatively to generate discretionary spaces (for example, they ran away from the facility more often and stayed with friends, they secretly gathered in parks in the evening to meet their friends, or they used drugs to cope with the "pressure" and being alone). It has not been sufficiently researched to what extent these coping strategies, sometimes described as deviant and typical of adolescent development, have contributed to the maintenance of their mental health. It is also important to examine which sanctions and experiences of social exclusion have had a lasting impact on young people's mental health.

Organized Participation

The study highlights the need for context-sensitive strategies to implement participation rights for children and youth by the given living conditions and requirements. The implementation of formal complaint procedures often fails to achieve the intended aim of involving young service users and protecting them. Gharabaghi (2023) has pointed out that the implementation of participation rights in children's homes is an organizationally anchored measure imposed by professionals, which by no means meets the interests of all children and adolescents (Gharabaghi, 2023). Chapter Three, *This is your home, that's what it's supposed to be": Participation in Residential Care*, and Chapter Four "*... but the professionals decide everything" – Complaint Procedures and Processes in Residential Care,* written by Claudia Equit, show why organized participation and implemented formal complaint procedures can fail the needs of young residents: formal participation and complaint procedures are embedded in the specific idiocultures of the living groups that shape the meaning of participation and complaints by professionals. These meanings can follow the UN CRC, in particular with Art. 12 UN CRC, but this is not inevitable. Professionals in residential care cope with strains and demands of the work such as shift duties, documentation, and reports to be written, coordination with schools and parents, coordination with the guidelines of the management, dealing with a shortage of staff, scarce resources, and sometimes challenging behavior of children and adolescents. Given this demand in daily work that sometimes seems unpredictable, professionals can evaluate participation and complaint procedures as an additional task and burden that further complicates their daily work. Professionals with a lack of knowledge about children's rights and who lack participatory methods and ethics to put participation into practice tend to focus on the "burden" of participation. The presented study shows that the specific meaning of participation is created by the idioculture of the living group. This idioculture consists of a collectively shared understanding of how professional action should look like and how professionals should work together as a team. These understandings influence the way participation for children and youth is put into practice. These special meanings of how professional actions should look like are often not explicitly explained by professionals but influence their interpretation of daily situations and problems. They are embedded hierarchies and power dynamics (hegemonic orders) in residential groups as outlined in Chapter Five, *Organizational Power Dynamics in Residential Care as Key Drivers for Safeguarding Children's Rights,* written by Claudia Equit. It characterizes the different hegemonic orders in residential living groups and how they are related to participation and complaint processes. The results of the study highlight that participation and the implementation of participation rights is an organizational process in residential care, depending on the team's convictions and knowledge, as well as on the support of the senior management.

Therefore, methods and organizational development that recognize the specific composition of the staff members, the given working conditions, and the needs and wishes of children and young people are needed. Implementation strategies must be sensitive to the special context in which the living groups are located. The results of the presented study highlight that residential groups with a participatory idioculture have very specific understandings of participation and complaints. All these understandings are following Art. 12, UN CRC but also adapted to the special needs of the children and young people within the facilities (Chapter Three). Participatory idiocultures describe that, from the perspective of the young people surveyed, professionals provide an acknowledged and helpful child- and youth-friendly participation. The senior management has a key role in supporting participatory idiocultures. They often acted as a supervisor, strengthening the cooperation and participatory collaborations between staff and young residents. Senior management in participatory idiocultures explicitly expected and established a mistake-friendly culture, looking for joint solutions rather than blaming mistakes. Young residents report that they can easily get in touch with senior management to complain. The reconstructions of the organizational hierarchies and power relationships indicate that the participation of young people in the residential groups is closely interwoven with the hierarchies and freedom for professional action, which is located between the group management and the staff. If professionals themselves are criticized by management for the fact that young people complain, professionals are likely to silence further complaints by young people to protect themselves (Chapter Five). However, the connections between silencing practices[1] and the victimization of children and young people in residential groups are by no means simple, and causalities cannot be reconstructed. The concept of silencing practices is multifaceted. These connections are explained in detail in Chapters Nine and Ten, written by Julia Ganterer.

To support the participation of children and youth professionals need the power, knowledge, and freedom to put participation into practice. Social workers also need support from senior management in reflecting on daily problems and finding solutions together with young people. Chapter Eight, *Relationship and Participation – Relational Social Work in Residential Group Care,* written by Claudia Equit, shows that trusting relationships between staff members and the senior management are a foundation for implementing participation rights for children and youth in the respective residential groups. Living groups with participatory idiocultures focus on relational work as a foundation to

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[1]   Silencing or silencing practices are understood as performative practices in which children and young people's utterances are silenced or, as such, are not "heard" by adults (Magyar-Haas, 2015; Lorenz, 2020). Silencing practices play an important role, particularly in the context of disclosure of violence experienced by children and youth in different child welfare contexts and/or families (Bühler-Niederberger & Alberth, 2023; Callaghan et al. 2017; Tiitinen, 2018).

implement participation in the everyday lives of young people. At the same time, professionals collaborate with external organizations and persons. They provide opportunities for the children and adolescents to establish a variety of relationships within and outside the facilities, for example, in sports clubs or school, and, if possible, especially with the families of young residents.

When young people are silenced, this can also indicate violent incidents in the facility (Chapter Five). In these cases, professionals devalue young residents as deficient, showing that they are not trustworthy enough to disguise their violence. Children and youth in care know the crucial problems and challenges as well as the potential of the care organizations they live in. Therefore, it is of utmost importance to include care-experienced persons in creating scientific knowledge and generating guidelines for practitioners. The relevance of participation in child protection is also documented as the limitations when putting participation into practice (Skauge et al., 2021; Toros, 2021; van Bijleveld et al., 2015). Participation in child protection, whether it concerns the process of decision-making or prevention of violence in out-of-home care, requires the inclusion of care-experienced persons. Organizational guidelines to implement children's rights should also include the views and opinions of young residents. They have expertise in the field of disguised power relations and see the limitations of organized participation. Their expertise is, therefore, critical for science, practice, and policymaking.

In order to implement participation rights in residential care, it is also evident to recognize the gap between the views of children and youth, on the one hand, and the perspectives of professionals and management, on the other. This gap is described by Antonia Finckh in Chapter Seven, *Participation and Complaint Processes in Residential Group Care – What Do Young People Think About It?* Although the author reconstructed that young people have their viewpoints, they adapt to the given idiocultures and meanings of participation. Dealing with the diversity of children and youth in residential care can be a challenge to professionals' tasks and duties. Professionals must have the willingness and competencies to adapt to the given organizational culture but also to recognize the needs and individual viewpoints of young residents. These special viewpoints of young people might be in line with class-, gender- and ethnicity-specific socialization. However, Chapter Seven shows the need for conceptualizing participation against the backdrop of diversity. Relationship-based social work, as described in Chapter Eight, could provide a perspective on how inclusion and participation can be implemented. Working on trusting relationships between professionals and young residents formed the basis for participatory practices in daily life. Professionals reflect on the respective problems of young people about their special needs and backgrounds. On this basis, individual care provisions can be created.

The presented project takes the view that the implementation of participation rights in residential childcare must consider the requirements that occur when

children and youth are placed in organizational substitute care. This premise is the result of examining the study results about the global initiatives to strengthen the participation rights of service users in child welfare services like the LAC and SCARF initiatives. The LAC (Looking After Children) initiative promoted the participation of service users in child welfare services in Great Britain (Dixon, 2001; Jackson & Kilroe, 1996), Canada (Kufeldt et al., 2007), Sweden (Jones et al., 1998), and Scotland (Wheelaghan & Hill, 2000), and eastern Australia (Cheers et al., 2007). The SCARF initiative (Supporting Children and Responding to Families) was implemented in Australia to strengthen participatory principles in child protection services (Tolley, 2005). Both initiatives are interesting for research and discussion on the implementation of participation rights in child welfare services. They show that the challenges of user participation have existed for more than 20 years in different welfare states around the world. There seem to be waves of thematization in the discourses of researchers, policymakers, and professionals on this issue. Research on both initiatives was important in the preparation of the project. First, the research findings on these initiatives highlight that participation for service users can imply negative consequences. Although participation is always presented as positive and desirable, this is by no means the case for all participants in child welfare service provision. When parents lose their children to out-of-home care, participation can also be associated with acceptance of negative judgments by social workers that are not in the parent's best interests (Tregeagle & Mason 2008). Particularly in the case of conflicting perspectives, participation certainly appears contradictory. This contradiction was also evident in the project conducted on participation in residential care. Young people described their complaints as the trigger for harassment and conflicts with professionals. Professionals themselves were exposed to accusations and complaints and had to justify themselves regarding complaints from young people to the senior management. The consequences of participation are sometimes not very foreseeable for service users or professionals. The presented research results of Tregeagle and Mason (2008) about the SCARF and LAC initiatives show the close connection between participation and the organization in which it takes place. Forcing service users to participate to fulfill the participation standards by social workers shows the impact of organized tokenistic participation (Tregeagle & Mason, 2008). This is evident in routinized residential groups idiocultures with bureaucratic procedures. Mandated formal grievance procedures are implemented without the voices of young residents being heard. The consequences of a lack of exit options are also reflected in the results of the study on violent incidents in residential group care. The young people concerned are afraid to leave the group. They are also caught up in daily, escalating conflicts with staff (Chapters Four and Five).

Chapter Eight highlights that all residential groups with a participatory idioculture focus on relational social work with trusting relationships and a good atmosphere that creates a kind of solidarity of young residents with the

professionals and roommates. The analysis also shows that this solidarity sometimes limits the critique of young people. Therefore, the participation of children and youth in routinized living groups is limited to the match of the given routines and structures that must be fulfilled in daily life. Bureaucratized participation and complaint procedures in routinized facilities lower the motivation of young residents to participate. The children and youth question the meaningfulness of the participation organized in these living groups. At the same time, they report about discretionary spaces for their agency as outlined in Chapter Three. Young people reported calculated deviations from the established routines and rules that were tolerated by professionals. Children and adolescents provide themselves with experiences of agency by collective deviations from strict rules and routinized daily life. They report nocturnal secret room meetings when the professionals on the night shift are briefly working in another residential group or surreptitious WIFI use because they secretly learned the password of a social worker's account. The young people collectively create small discretionary spaces that balance strict rules in a routinized daily life. In opposed idiocultures violations of children's rights take place in manifold ways. Although these living groups have a concept for complaint procedures and are seen as rights-based organizations in Germany, they show that children and youth in settings with institutional violence are often silenced and suppressed (Chapters Three, Four, and Five). Young residents using the complaint procedures in opposed idiocultures bear the risk of escalating problems and aggressions by professionals. In Germany, the implementation of participation rights in residential groups is essentially reduced to the existence of a formal concept for participation and complaint procedures. There are hardly any possibilities to check the outcomes. Both groups, the young people and the professionals in opposed idiocultures, are aware of this.

Implications for the implementation of children's rights

The presented findings indicate that whether participation rights in the sense of Article 12 of the UN CRC are granted to young residents remains at the discretion of the professionals and management. Following De Corte et al. (2022), the child welfare facilities decide whether to focus on the organizational benefits or the social benefits of the children and adolescents. Facilities that work in a participatory way and try to implement participation for children and adolescents remain invisible if only the existence of a concept is evaluated, as is common in German residential facilities. The implementation of children's rights seems to be a policy of "displaying children's rights" (Brodkin, 2012; 2013). This kind of policy is visible in research on complaint procedures in residential care facilities and complaint management for safeguarding children's rights and advocacy services on a community level in countries, such as the United

Kingdom (Pert et al., 2017; Thomas et al., 2017), Ireland (Brady et al., 2019), in the United States (Horn & Spencer, 2018; Forenza, 2018), in Australia (Collins et al., 2021; Purtell et al., 2019), and in the Netherlands and Belgium (Nijnatten et al., 2006; De Wilde & Vanobbergen, 2020).

Given the findings of the presented project, and against the backdrop of the research results in other countries, the strategy of the UN Committee on the Rights of the Child to ensure the implementation of children's rights in residential childcare settings using complaints procedures needs to be reconsidered (Committee on the Rights of the Child, 2009). Complaint procedures within organizations of child welfare are embedded in given hegemonic orders and promote the clientization processes of young service users. Given the missing exit options of children and youth in out-of-home care, it seems to be important to distinguish the different roles complaint procedures can take concerning the different idiocultures in which they are embedded. They can be one tool in many to establish a participatory culture within the facilities. However, complaint procedures in the respective facilities do not have the capacity to secure the protection rights of young people. International studies highlight that there seems to be evidence that complaint management outside the facilities is also not appropriate for protecting children and youth from violence by caregivers (Diaz et al., 2019; Horn & Spencer, 2018).

The results of the project prove that complaint processes can support the implementation of participation very well. Children and youth as well as professionals in participatory idiocultures report this unanimously. However, the given idioculture in the residential groups is decisive as to whether and to what extent participation is implemented. The change of the given idioculture in the residential groups does not only require the training of the professionals, as the results prove. Professionals in routinized or oppositional residential groups showed gaps concerning the knowledge about participatory methods and contents of children's rights. A change of existing, non-participatory idiocultures needs a change of the existing hegemonic orders in the residential facilities. This change is the responsibility of the social stakeholders that organize residential group care provisions. It might be helpful to broaden the focus away from the narrow view of implementing participation rights, towards the outcomes of child rights-based out-of-home care provisions at the economic, political, and individual levels, as Kiaras Gharabaghi mentioned in a discussion. In this way, the impact of child rights-based out-of-home care services can be made visible. As an organization, providers must ensure their continued existence under economic conditions. Incentives for organizational culture change and ongoing organizational development can be enabled by measuring such child rights impacts. This requires a kind of policymaking that creates the foundations for promoting the participation of vulnerable young people as comprehensively as possible.

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Participation in Residential Childcare

Article 12 of the UN Convention on the Rights of the Child establishes the right to participation: children and adolescents are entitled to participate and to have their views taken into account in all issues affecting them in accordance to their age and maturity. The volume explores this right to participation in residential care. The impact of participation and complaint procedures in residential care facilities are evaluated by means of crucial results from an empirical study. How do these participation and complaints procedures work? The authors discuss crucial facilitators and barriers with regard to the implementation of children's rights to participate.

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