A Narrative Study of the Best Interest of Young Women in Out-of-Home Care

Towards a More Sustainable Social Work Practice

by

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Summary

At the time of this research, Norwegian Child Welfare had recently undergone reform, and a new Child Welfare Act came into force on 1 January and 1 July 2023[1]. The need to update the 30-year-old law was inspired by Norwegian society's current demands and to improve child welfare. The new law emphasises the participatory and human rights of children and young people in care, which have been neglected in many out-of-home care facilities. Previous research shows that many young people have negative development in out-of-home care. The care is not individually tailored, nor does it prepare residents for life after care. In addition, many children and young people with experiences of out-of-home care have been neglected and experienced violence and oppressive policies before entering care.

The overall aim of the study was to gain insight into young women's experiences before, during and after out-of-home care and how social work can move towards more sustainable practice while considering young women's best interests and human rights. This study sought to explore how the participants perceived their childhood and younghoods. Additionally, the study focused on how agency and possible oppression were present in their lives.

The research has adopted a social constructionist approach and narrative design. This study challenges harmful stereotypes surrounding young women in out-of-home care, reframing them as agents of their own lives rather than "victims" or "damaged." To achieve this, the research focused on the experiences of young women from disadvantaged backgrounds. By centring the perspectives of such young women, we can work towards improving the conditions for those in out-of-home care, refugee minors, and children in need of help from Child Welfare

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[1] Sections 2-6 and 15-7, 4th paragraph and section 15-7, 4th paragraph of the Act entered into force on 1 July 2023.

Services. This research also highlights the importance of prioritising the human rights of children and young people to prevent marginalisation and invisibility within these systems.

Interviews were conducted with five young women with backgrounds in out-of-home care in Norway. The participants shared stories about their experiences before, during and after out-of-home care. These stories helped to gain insight into what it is to be a girl and a young woman in marginalised locations and how their personal stories both challenge and confirm the dominant narratives of young women with backgrounds in out-of-home care in social work practice and research. Their narratives highlighted resistance to stereotypical categorisation and navigation among intersecting identity categories. The audience for their narratives impacted the modification of their stories, showing the necessity of giving them room to re-narrate their own stories. The stories showed the need to participate in one's own care and how this can improve care situations and relationships with employees and prevent coercive measures.

The study indicates that incorporating an intersectional perspective in social work can help comprehend the multifaceted identities of young women residing in marginalised locations and out-of-home care. The study emphasises the significance of acknowledging these young women's human and participatory rights to ensure that their best interests are protected. By examining narratives that explore possible, plausible and preferable futures in out-of-home care, we can envision ways to create more sustainable and user-friendly services locally and globally. The research findings are relevant to social work services and transferable to other disciplines where user participation and work with groups in marginalised locations are central.

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1   Introduction

There has been a recent shift in how children and young people are studied, with a greater current emphasis on understanding their subjective experiences and rethinking the Eurocentric universal approach, which fails to recognise diverse perspectives (see for example Abebe, 2019; Hennum, 2014; Sarmento et al., 2018). This thesis underlines the importance of gender, social locations, and subjective understanding when defining the best interests of children and young people. The study discusses the challenges of normative understandings of the child and young person and (good) childhood and younghood in a Nordic context. Conventional understandings are rooted in the United Nations Convention of the Rights of the Child (UNCRC), ratified in Norway and implemented into the Children Act 1981. The purpose of the UNCRC is novel, aiming to uplift the rights of every child and young person to non-discrimination, to life survival and development, to be heard, and to have their best interests valued. The mandate of the "best interests of the child"[2] is central to the UNCRC and Children Act legislations. However, it is not clearly given what the "best interests of the child" actually means (Aadnesen, 2015), and the UNCRC does not explain further (Haugli, 2012). Moreover, "best interests" is not a universal concept to be applied in every context or situation, and is thus ripe for further clarification and subjective understanding (Hennum, 2015). This raises questions about who defines the best interests of the girls and young women placed outside their families and how these interests are considered before, during and after their placement.

The Child Welfare Act was updated in January 2023, strengthening children's participation and human rights. In addition, their best interests

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[2] "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" (UNCRC, Article 3, Number 1, UNICEF, 1989).

should always be considered, and minors' opinions should be heard when deciding care measures (Norwegian Royal Department of Children and Family [NRDCF], 2021). This implies that children and young people should actively participate in planning their own care and in the decisions that concern them.

Concepts of the child, childhood, young person, and younghood, and especially what it entails to have a good childhood and younghood are socially constructed and have been defined by adults globally (Ariès, 1962). Little focus has been given to how children and young people from marginalised positions understand them. Available studies of children and young people also neglect gender, where there is surprisingly little knowledge of girls' and young women's experiences of out-of-home care. This "gendered data gap" (Criado-Perez, 2019, p. XI) is noted and addressed in this study. In addition, the available research on children and young people in child welfare and out-of-home care seems to tip strongly towards problem-focused, psychological quantitative studies (Backe-Hansen et al., 2014; Jozefiak et al., 2016; Stein & Dumaret, 2011). These studies are useful if the aim is to learn how many and to what extent young people in out-of-home care suffer from psychological and substance abuse problems. However, these studies cannot convey the lived experiences of children and young people who receive help from child welfare services (CWS) or are placed in out-of-home care. These children and young people are in marginalised positions and invisible to the broader society in many ways. Their status as transient children and young people in institutionalised care makes them hard to reach (Abrams, 2010). To study less accessible groups, methods and methodology are required that do not contribute to their invisibility or silence them but rather cherish their unique knowledge.

This qualitative study focuses on young women's experiences before, during, and after out-of-home care. Narrative inquiry was adopted to explore (i) their knowledge as girls and young women in marginalised

positions, (ii) how they come to tell their particular narratives from marginalised positions, and (iii) how they construct these narratives in particular research contexts. A further focus was the embodied narratives the participants shared with me in these intimate interview situations. Thus, I selected narrative methods, learning through my literature review that few previous studies used narrative research methods within this group in Norway. I therefore wanted to shift the power in research. Instead of letting the research questions dictate the interviews, I led the participants to tell their personal stories freely and focus on what they considered essential and central to their lives. Narrative interviews in this research are explained in detail in the Methods section of this thesis. Another important part of the research was maintaining transparency and participation throughout the project, and the participants had an opportunity to read their narratives and craft them as much as they wanted. The study has adopted qualitative research criteria for validity. The quality of qualitative studies lies in their transparency, and it is recognised that "some informants are better […] situated to provide key insight and understanding than others" (Abrams, 2010, p. 537). This is especially the case when studying hard-to-reach groups and attempting to gather their unique insights (Miles et al., 2019). Furthermore, to gain a variety of different perspectives on being a girl or young woman in marginalised positions, ethnic minorities and unaccompanied minor refugees (UMRs) were encouraged to participate in the study.

Initially, the idea for this research emerged from my master's thesis, "The Epistemological Standpoint and Motherhood in Norwegian Society (2015)", where I learned how the concept of decent motherhood is understood by social work practitioners. I found that social workers based their assumptions and knowledge of decent motherhood on their experiences and education as social work practitioners. Understanding what decent motherhood entails in Norwegian society from practitioners' point of view led me to develop an interest in understanding childhoods and younghoods in marginalised locations in

Norwegian society. My journey started by identifying which children are in marginalised locations in an assumed child-centric country. I learned that marginalisation begins in the early stages of life and often lasts throughout childhood, adolescence and early adulthood (Hammer & Hyggen, 2013). Marginalisation can be understood as a process whereby a person moves towards the margins of society and social exclusion. When identifying young people at the margins of Norwegian society, two groups were identified: young people placed into out-of-home care, especially in Child Welfare Institutions (CWI), and ethnic minorities, especially UMRs. This made me wonder how UNCRC is implemented in their care, especially considering the best interests of the child and their human rights. The idea departed from the critical perspective of the UNCRC, which argues that children's rights are based on white middle-class values in the wealthy North and have little to do with the realities of many children in marginalised locations (Abebe, 2019; Sarmento et al., 2018). Similarly, the concept of marginalisation inspired my interest in understanding it better.

At the time of the interviews (2018), there was 423 girls and young women and 565 boys and young men in Norwegian CWIs (Statistics Norway, 2019a). In 2022, the number of children and young people in institutional care in Norway decreased, and there were slightly more boys and young men (436), than girls and young women (428) (Statistics Norway, 2023a). In addition, boys and young men are majorities in the group of UMRs[3]. Only a few studies centre on girls' and young women's perspectives before, during and after out-of-home care. Hence, the participants in my research were girls and young women in Norwegian out-of-home care (CWIs, foster care, and housing collectives for UMRs) who were at least 11 years old and were or had been in care at the time of the research.

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[3] 84% of all unaccompanied minor refugees are boys and young men (Kirkeberg et al., 2022).

1.1 Overall Aim and Research Questions

The aim of the study was to gain insight into how young women with a background in out-of-home care in Norway perceive their marginalised locations and narrate their experiences before, during and/or after care. The study explored the experiences of five young women to gain an understanding of how they perceived their childhoods and younghoods. In addition, the research aimed to determine how agency and possible oppression are present in their lives.

The study's relevance to social work research lies in the potential to improve social work practice by challenging the dominant narratives that depict young women in out-of-home care as "damaged" or "victims". The experiences of five young women from different marginalised locations highlighted their realities as minors prior to and during out-of-home care. Understanding childhood and younghood from the perspectives of children and young people in marginalised locations is vital to improving their circumstances, including those in out-of-home care, refugee minors and children who receive help from child welfare.

The aims of the project were to (i) gain insight into how young women with a history of out-of-home care perceive their marginalised locations and narrate their experiences; (ii) understand how young women in out-of-home care perceive their childhoods and younghoods (iii) contribute to improving social work practice for young women in out-of-home care.

The overarching research question of the thesis is *How do young women with backgrounds in out-of-home care narrate their marginalisation and challenging experiences?* This research question is divided into three research objectives to explore the participants' social standing and experiences.

The research objectives of the study were to explore the experiences of young women living in out-of-home care; how do the participants narrate their lives prior, during and after out-of-home care, and; what are the

hopes and dreams of young women with a history of out-of-home care in Norway.

Table 1 Objectives of the study per article

Objectives of the study	Article(s)
What are the experiences of young women living in out-of-home care?	Articles I and III
How do the participants narrate their lives before, during and after out-of-home care?	Articles I, II and III
What are the hopes and dreams of young women with a history of out-of-home care in Norway?	Article II and III

1.2   Concept Clarification

1.2.1   The Child, the Girl, Childhood, Younghood, Young Person and Young Woman

Children and girls in this thesis are understood to be minors who have not reached puberty, though the biological age of a child can be difficult to define because children undergo puberty at different ages (Norwegian Health Institution, 2021). Similarly, childhood is understood to last until puberty. Younghood starts from puberty and ends when a person reaches early adulthood, at the age of 18 (Norwegian Health Institution, 2021). There is no universal definition of a young person or young woman; in this thesis, a young person/young woman is defined as those between 17

and 30. A girl and a young woman are used for the person who identifies her gender according to these concepts.

1.2.2 *Unaccompanied Minor Asylum Seeker and Refugee*

In this thesis, unaccompanied minors are children and young people who have fled from their country of origin, are under 18 years old and travel without their parents or anyone with parental responsibilities (United Nations High Commissioner for Refugees [UNHCR], n.d.). Unaccompanied asylum seekers are minors who have applied for asylum when they arrive in their destination country (Utlendingsdirektoratet, n.d.). Unaccompanied minor refugees have been granted refugee status and have achieved residence in the destination country (Kirkeberg et al., 2022).

1.2.3 *Out-of-home Care*

Out-of-home care is an umbrella concept defining care outside of biological homes such as housing collectives for UMRs, foster care, child welfare institutions and psychiatric care for young people.

1.2.4 *Child Welfare Institutions for Young People*

Child Welfare Institutions for young people in this paper refers to facilities that operate under child welfare laws and are for young people at least 12 years old.

1.2.5 *Care Centres and Housing Collectives for UMRs*

Care centres are fully staffed group homes for UMRs under 15 years old. Housing collectives for UMRs are group homes for young refugees between 15 and 18 years old and can be either staffed full-time or as needed (Integrerings- og mangfoldsdirektoratet, 2021).

1.3 Abbreviations

CWS: Child Welfare Services

CWI: Child Welfare Institutions

UMA: Unaccompanied minor asylum seeker

UMR: Unaccompanied minor refugee

1.4 Structure of the Thesis

This thesis is organised into eight chapters. Chapter 1 presents the introduction of the thesis, aim of the research, research questions, concept clarifications, abbreviations and structure. Chapter 2 provides the background of this research and a description of human rights in relation to the best interests of the child as defined by the United Nations. The new Child Welfare Act in Norway is presented in the context of the child's best interests in Norwegian out-of-home care. The thesis explains out-of-home care for young people in Norway and describes social work in out-of-home care with ethical discussion.

Chapter 3 presents a literature review of recent international and national studies of out-of-home care of young people, girls and young women. Chapter 4 gives a theoretical framework that outlines social constructionism, feminist intersectionality, narrative approaches, (in)visibility and (un)recognition, and agency.

Chapter 5 outlines the research's methodology and discusses ontological and epistemological positionality. I provide the study's design, discuss the construction of data, explain the data analysis, the selection of the narratives, and the analysis of the narrative interviews. I further discuss the study's ethical considerations, as well as methodological and ethical reflections, covering the construction of young women in marginalised locations and the construction of myself as a researcher.

Chapter 6 provides a summary of the study findings. Chapter 7 first discusses the methods whereby preconception of the study, participation in the research design, ownership of the stories, conducting interviews with a group in marginalised locations, and the trustworthiness of the findings are debated in depth. Secondary is the discussion of the findings in the light of human rights: the good and the bad experiences from out-of-home care, marginalisation and (in)visibility, and hopes and dreams for a better future. Chapter 8 offers concluding remarks, presenting the implications for social work practice and possible avenues for future research.

2 Background: Context of Human Rights and Out-of-Home Care in Norway

This chapter offers a contextual background to this study. I will first summarise human rights in relation to the best interests of the child and out-of-home care, especially in CWIs' practice. After that, I will outline the Norwegian new Child Welfare Act in connection to the best interests of the child principle and social work in institutional care.

2.1 Background

2.1.1 Human Rights in Relation to the Best Interest of the Child

The European Human Rights Convention and the UNCRC are incorporated into the Norwegian justice system, and in case of conflict, they overrule other acts (NRDCF, 2021). The human rights of children and young people are central to Norwegian legislation. These acts ensure that children and young people have the constitutional right to freedom of movement and prohibition of inhuman and degrading treatment and deprivation of liberty (NRDCF, 2021). The principle best interests of the child are central in the UNCRC, the Norwegian Children Act, and the Constitution. Following this principle, children's best interests should always be considered, no matter where they live. This means that children and young people in institutional care have a constitutional right to decent care that takes their human rights and best interests seriously.

2.1.2 United Nations Convention on the Rights of the Child

Childhood is widely debated in research around the globe. The debate around what the concept of "child" and what a "good" or "decent" childhood means is polarised. The essence of the "child" and "childhood" in various cultural, historical, educational and political locations and contexts can differ significantly. For example, in Nordic

countries, a child is defined, as with the UNCRC, as any person under 18 years old (UNICEF, 1989). Numerical age, however, does not consider different maturity stages within childhood or variations in the length of childhood in various geographical, cultural and historical locations (Abebe, 2019). Further, that UNCRC can be seen as a political and a "moral" project that "defines, promotes, and seeks to enforce generally – though often contested – shared notions of the good and the bad, the right and the wrong concerning certain conceptions of children" (Cook, 2017, p. 5). The UNCRC has drawn criticism from several researchers. Sarmento et al. (2018) in particular have questioned the convention's role, as it ignores the realities of many children outside of normative understandings of the child and childhood. They claimed that "both the sociology of childhood and childhood public policies have a lot to gain by considering the existence of broader experiences of childhood, such as those of 'children at the margins'" (p. 136). Further, Sarmento et al. (2018) questioned whether childhoods in marginalised locations also remain outside theories of childhood. Harding (2015) stated that those who bear the consequences of policies should be heard when making them.

The UNCRC's novel aim is to raise the conditions of every child globally and highlight their fundamental human rights. In 1989, it quickly became the most ratified convention worldwide, with 196 countries signing it, including Norway. Its 54 articles should have drastically impacted children's well-being, regardless of location, and made governments responsible for implementing and following up on children's rights (Unites Nations Office on Drugs and Crime [UNODC], 2019). The health and primary education of children and young people have improved globally, but over 30 years later, there are still issues that have not been resolved, and new problems have arisen which have not been addressed in conventions (UNICEF, 2019; UNODC, 2019). Poverty, violence, wars, migration, marginalisation and exploitation still limit too many children's and young people's rights to a decent childhood and

younghood. In addition, global warming, cyberbullying, and the COVID-19 pandemic are some new challenges affecting children's and young people's lives negatively (Kacunko, 2021; UNODC, 2019).

In Norway, the rights of children and young people in marginalised locations in society have not always been upheld. Even though all children and young people should have the right to decent physical and psychological health without experiencing violence, neglect or exploitation, this is not always the case. Over the last decade, children's and young people's psychological well-being have decreased; over 20% of young people have reported having experienced different types of violence in their upbringing, and 5% of all young people in Norway have suffered physical violence to a serious degree (Aase et al., 2022; Bang et al., 2022; Hafstad & Augusti, 2019). Additionally, around 5% of all children and young people have experienced physical and/or psychological neglect, and 20% of girls and 7% of boys have been sexually exploited while growing up (Helsebiblioteket, 2020). In addition, there has been a 50% increase in the last four years in children and young people living in low-income families in Norway (Aase et al., 2022).

The children and young people in Norwegian out-of-home care are at the margins of society. They are among the results of the poor incorporation of the UNCRC of those in vulnerable positions—those who have been physically and/or psychologically neglected, are victims of psychological and/or physical violence, are living in poverty, have been sexually exploited, and/or have poor psychological well-being. Children's and young people's human rights obviously have not been taken seriously enough in institutional care on many occasions. This has led to strong criticism of Norwegian CWS in recent years, leading in turn to Child Welfare reform and renewal of the 30-year-old Child Welfare Act (NRDCF, 2021).

2.1.3 The new Child Welfare Act and the Best Interest of the Child

The new Child Welfare Act was part of the wave of child welfare reform after recent cases in the European Court of Human Rights (ECHR), which in seven out of 39 cases has ruled against Norway for violations of the right to family life (Norwegian National Human Rights Institution, 2021). In the new Child Welfare Act, the weight is on the UNCRC to ensure that children's and young people's human rights are central (NRDCF, 2021). The new law strengthens the principles of best interests of the child, residents' participatory rights, and their opinions should always weigh heavily when considering their care and best interests. The new Child Welfare Act strengthens the quality of care, whereby institutional employees should have a minimal bachelor-level education in social work, child welfare or learning disability nursing, and higher-level employees should have at least a master's degree in child welfare or social studies (NRDCF, 2021). The quality of care principle sets requirements for proper staffing and preventative actions towards coercive measures and establishes regulations for solitary placement of children and young people in institutional care (Barne- og familiedepartementet, 2021; NRDCF, 2021). Residents' integrity should always be secured, and the European Human Rights Convention protects them against inhuman or degrading treatment (NRDCF, 2021).

2.2 Out-of-Home Care for Young People in Norway

Both state-run and private CWIs in Norway for young people under 18 can be divided into three main types: care institutions, treatment institutions and emergency institutions. Treatment institutions are divided into three categories: those for young people with low behaviour problems, those with severe behavioural issues and those with substance abuse problems (NRDCF, 2021). When young people cannot live with their families, they are mostly placed in foster care, especially young children, and most people in CWIs are over 13 years old (Bufdir, 2022).

Sometimes, when foster care placement has not worked out or young people have challenges that cannot be met in other types of placement, institutional care is considered the best alternative (NRDCF, 2021). Out-of-home care placement can be voluntary or forced, planned or emergency (Jacobsen et al., 2020). Most out-of-home placements are planned and voluntary (Jacobsen et al., 2020). However, forced care placements are more common in CWI than in other type of out-of-home placement (Bufdir, 2022). Voluntary placement (§ 4-4 seventh paragraph of the Child Welfare Act) is used when other care measures have proven inadequate to help a child or a young person living in a biological or foster home (Norwegian Child and Family Department, 2016). In contrast to forced placement (§ 4-12 of the Child Welfare Act), voluntary placement can only occur with parental consent, and CWI thus exercises the care on behalf of the parents and not on behalf of the CWS (Norwegian Child and Family Department, 2016). Institutional care placement should be temporary and coordinated with the parents, who have the legal right to end the voluntary placement and move the child or young person back to their biological home at any time (Norwegian Child and Family Department, 2016). However, according to § 4-8 first paragraph of the Child Welfare Act, the county board can decide that the child must not be moved for up to three months if there is no reasonable reason for the move or if the move will harm the child.

In forced placement (§ 4-12), the care responsibility and custody go to Child Welfare, and parents cannot move their child back home or have rights over matters that concern the care, and their visiting rights are regulated (Norwegian Child and Family Department, 2016). To move custody to Child Welfare, it has to be proven that it is in the child's best interests; other less coercive measures have proven inadequate when parents cannot meet the needs of their child (Norwegian Child and Family Department, 2016). On some occasions, emergency care placement is needed because children or young people are in immediate need of care measures, being in vulnerable or dangerous situations in

their homes or because of their severe behaviour and/ or substance abuse issues (Jacobsen et al., 2020).

2.3   Social Work in Out-of-Home Care

The International Federation of Social Workers (2014) defines social work as "a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people." Central principles in social work are "social justice, human rights, collective responsibility and respect for diversities" (International Federation of Social Workers, 2014). How social work is understood varies across practices, historical and geographical locations, cultures and socioeconomic classes (Banks, 2021).

Child Welfare work is based on the central principles of the child's best interests, the biological principle, and the mildest possible intervention (S. B. Eide, 2019). Ethical challenges are significant when working with children and young people in vulnerable situations (S. B. Eide, 2019).

Social work practice in institutional care is based on values and ethics, where the virtue ethics and ethics of care are central. Virtue ethics is one of the major approaches in normative ethics that concerns the moral character traits a person ought to have to be virtuous (Hursthouse & Pettigrove, 2018) or a moral agent in social work. It is focused on the question of what a good social worker is and which moral character traits such a person has according to the community of social work practitioners (Banks, 2021). In conflicting situations, a social worker could ask oneself what a virtuous social worker would do and act towards the best possible outcome. As there are many possible virtues that a social worker ought to have, it can be argued that the core of social work is to promote "social welfare or wellbeing" (Banks, 2021, p. 80). Honesty, reliability, and impartiality are core values of professional integrity in social work (Banks, 2021). However, concentrating on practitioners' character traits, the focus is on the individuals' responsibility to be virtuous social workers rather than seeing that

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institutional conditions are often significant factors in social work (Banks, 2021). A good social work practice in out-of-home care implies that care should be ethical, where children's and young people's best interests, integrity, human rights and right to be heard are secured.

The ethics of care highlights the relational aspect of care, in which emotional responsiveness is central (Banks, 2021). The focus of care is "social relations and the social practices and about values that sustain them" (Held, 2006, p. 20). The difference between care ethics and virtue ethics is that the latter is a principle-based approach and concerns the universal character traits of a moral agent. In contrast, the former is more concerned with responsibilities deriving directly from relationships, not abstract rules and principles (Collins, 2015, pp. 4–5). In addition, the ethics of care asserts that morality is "certain ongoing patterns of interactions with others and certain general attitudes and dispositions" and that well-thought-out decisions should be empathy-based (Collins, 2015, p. 5).

In some Norwegian CWIs, coercion has become a routine whereby force is used as an integrated practice without assessment, specifically of individual residents' specific care situations or needs (Norwegian Parliamentary Ombudsman, 2019). Using coercive measures and restrictions incorporated into out-of-home care practice is ethically and legally questionable because it violates the resident's rights, as each restriction must be based on an individual assessment in each specific case (Norwegian Parliamentary Ombudsman, 2019). The basic principle in out-of-home care is that coercion and force are not permitted unless they safeguard children or young people from being exploited or harming themselves or others (Cf. Child Welfare Act Section 5-9). The force used in acute situations is typically physical restraint or isolation from other young people (Nøkleby et al., 2020). Other coercive measures are limiting mobile phones or other communication modes, drug testing, limiting freedom of movement or assigning an employee to follow the resident (Nøkleby et al., 2020). Using coercive measures is ethically problematic because the human and constitutional rights of the residents

in Norwegian CWIs for young people guarantee the right to freedom of movement and protection from inhuman and degrading treatment and deprivation of liberty (NRDCF, 2021). This implies that coercive measures should only be used when all other measures have proven inadequate, which needs to be well documented and discussed with the resident. The new law highlights the necessity of preventing coercive measures (NRDCF, 2021). Other studies have shown that service users' participation and involvement in planning their own care, along with the competence of employees to use other less forceful measures, prevents coercive processes (Nøkleby et al., 2020). Ethical reflection is needed, especially in acute care situations where residents harm themselves or others around them. The relational aspect of care ethics is central, as the social work practitioner is responsible for nurturing residents and preventing situations that can harm them or other people around them. This implies that practitioners have strong relationships with residents based on mutual respect for other people's integrity and human rights.

Studies show that some young people in CWIs have faced emotional neglect, excessive coercive measures and lack of protection from harming themselves (Lillevik et al., 2020). Out-of-home care should rest on the premise that adult employees give decent care and young people have the right to participate in their own care (Lillevik et al., 2020). Decent care implies that adults set healthy boundaries and offer tools to build up life after out-of-home care (Lillevik et al., 2020; NRDCF, 2021). However, recent reports of Norwegian out-of-home care indicate the employees need to have better relationship-building competence or critical reflection in social work (Lillevik et al., 2020). Social work in out-of-home care should be about closeness with residents where social workers are responsible for building relationships to help residents feel safe, recognised and cared for by empathetic social workers (Lillevik et al., 2020). How social workers view residents is essential. In her study, Reime (2017) showed that employees at CWIs divided residents into irresponsible and competent young people. When the employees saw the residents as irresponsible, they justified coercive practices based on their

vulnerability and substance abuse (Reime, 2017). In contrast, competent young people were constructed as autonomous and competent actors with rights (Reime, 2017). The latter view is based on current trends in childhood and younghood studies, especially in Nordic countries, as opposed to the view of children and young people as vulnerable and at risk (Sommerfeldt, 2020). In out-of-home care, the social work practice balances these two views, where the practitioners understand the challenges and risks that young people face due to their problematic childhood and/or younghood and acknowledge them as competent agents with rights of their own.

3 Literature Review

The research aimed to discover how young women with a history of out-of-home care perceive their marginalised locations and narrate their experiences before, during and/or after care. This section focuses on current research on young people in out-of-home care (child welfare institutes, foster care, psychiatric care, housing collectives for UMRs) in both international and Norwegian contexts.

3.1 International Studies of Young People in Out-of-Home Care

Young people in German CWIs have an increased risk of being sexually assaulted, where the perpetrator is more likely to be of the same age and known by the victim (Allroggen et al., 2017). Studies show that young people in out-of-home care have poorer educational development and school dropout rates than those in in-home care (Evans, Brown, et al., 2017; Garcia-Molsosa et al., 2021; Mannay et al., 2017). However, the assumptions that young people with a background in out-of-home care will not do well in education, and this stigmatisation might result in poorer educational outcomes (Garcia-Molsosa et al., 2021; Mannay et al., 2017). In addition, the age upon entry into care had a significant affect whereby those placed in out-of-home care before adolescence dropped out of school more rarely and had better academic success (Garcia-Molsosa et al., 2021), indicating that out-of-home care can positively affect educational outcomes. Also, previous research shows that young people placed in out-of-home care are at greater suicide risk than the general population of young people. Still, the significance of these results is unclear because the comparison groups varied throughout the studies, and some studies showed that the difference was small or non-existent (Evans, White, et al., 2017). However, those in U.S. institutional care for young people are five to seven times more likely to commit suicide than those with other types of placements, and most of

the suicides are young men (Ruch et al., 2023). Similarly, young people in care have more self-harm issues than those without placement (Wadman et al., 2017). In addition, the top reasons for self-harm were being depressed and sad, being incapable of telling others about one's feelings, sleep deprivation and isolating oneself from others (Wadman et al., 2017). However, for better outcomes for young people in care, emotional support from the employees is central, along with their strong bonds with residents (Santos et al., 2023; Steels & Simpson, 2017). Institutional care can positively and negatively affect residents' "emotional, behavioural and social development, as well as their mental health and academic progress" (Steels & Simpson, 2017, p. 1704). Care should be individually tailored to secure a positive effect on residents' development (Steels & Simpson, 2017). Similarly, social workers' plans for residents' individual psychosocial development positively impact the resilience of young people in care (van Breda, 2017). Also, even though young people in care are often described as "damaged" (Jansen, 2010), good institutional care with supportive employees who focus on the residents' future possibilities, can be restorative and build their resilience, which can make the residents more robust after care and thus more successful in life (Lou et al., 2018; Ungar, 2018; van Breda, 2017). Young care leavers can face limited life opportunities and isolation after institutional care, needing support from family members, peers and social services to successfully transition to young adulthood after care (Refaeli, 2017). Young care leavers can have difficulties trusting other people and gaining friendships not only because of their experiences of neglect and violence in their upbringing, but also because they carry a stigma of a history in out-of-home care (Refaeli, 2017). Young people with a history of out-of-home care also have agency that they exercise by disobeying rules, taking responsibility for their lives and resisting negative and stigmatising labels, such as being a young person in out-of-home care (Mannay et al., 2017).

One population often placed in out-of-home care is UMRs. This can give additional challenges both for their placement and care. For example, refugee children suffer common emotional problems such as depression, separation anxiety, social phobia, and anxiety (Ventevogel & de Jong, 2020). In addition to these, unaccompanied minors often also have post-traumatic stress disorders (PTSD) (El Baba & Colucci, 2018; Kien et al., 2019). Knowledge of the challenges unaccompanied children face is essential, as this helps better tailor services to them. However, these types of study arguably portray unaccompanied minors as sick, vulnerable and passive victims, forgetting that their issues result from broader political, economic and social factors (Chase et al., 2020). Even given the (primarily quantitative) studies of the challenges that unaccompanied minors face, it is crucial to highlight that most of them do not suffer from anxiety, depression or PTSD (El Baba & Colucci, 2018; Hodes, 2019; Kien et al., 2019). Also, labelling such minors as "unaccompanied" or "lonely" reinforces stereotypes and can create distance from and resistance to society and welfare services (Herz & Lalander, 2017).

3.1.1 International Studies of Girls and Young Women in Out-of-Home Care

Internationally, girls and young women in out-of-home care are reported to have experienced traumatic events and neglect in their upbringings, which can lead to psychological challenges in adulthood (Fischer et al., 2016). Young women in out-of-home placements are also more likely to become mothers as teenagers or in early adulthood (before age 23) than their peers in the general population (Font et al., 2019; Prévost-Lemire et al., 2021). This is linked to their poor access to reproductive guidance and services (Albertson et al., 2018; Finigan-Carr et al., 2018; Harmon-Darrow et al., 2020), experienced trauma — especially sexual exploitation — and maltreatment in their upbringings, risky sexual

behaviour, and placement instability (Prévost-Lemire et al., 2021). Possible reasons for early motherhood might be the young women's need for closeness, attachment and stability in their lives (Prévost-Lemire et al., 2021). Motherhood at an early age is linked to disruptions in education and the economy, which leads to poverty and poorer outcomes for the development of young mothers' children (Hickey et al., 2019). Therefore, the employees at out-of-home care must be aware of the challenges and risks these girls and young women face to offer them the best possible care (Fischer et al., 2016).

However, it is also essential to acknowledge that this population is resilient and agent in their lives and have hopes and dreams. Van Breda and Hlungwani's (2019) study of young women care leavers in South Africa found that resilience manifests similarly with young men care leavers. For both, a successful transition from care to adulthood relies heavily on "interpersonal social processes, centred on the agency of the care-leavers" (van Breda & Hlungwani, 2019, p. 618). These interpersonal processes are "building strong ties [that] generate experiences of attachment and belonging; mobilising weak ties that generate access to information and resources; and observing and engaging the social environment in ways that capitalise on opportunities and minimise risks" (van Breda & Hlungwani, 2019, p. 618).

While young care leavers' resilience is expressed similarly, women differ from men with a focus on parenthood, taking responsibility, living in faith and cultivating gratitude in their lives (Hlungwani & van Breda, 2020). Itzhaki-Braun and Sulimani-Aidan (2022) found in their study of Ultraorthodox young women care-leavers that fulfilment of basic needs, such as "competence, relatedness, and autonomy" contributed to their life satisfaction (p. 6). In addition, optimism paired with the presence of significant others in these young women's lives greatly impacted their satisfaction. On the other hand, economically disadvantages contributed negatively to young women care-leavers' satisfaction.

Furthermore, young women ageing out of out-of-home care in Canada seemed to have similar future aspirations and hopes as their peers, and fears about life after care were based on their negative childhood experiences (Dumont et al., 2022). Future hopes focused on education, work, children, a home, a stable life, and good relationships (Dumont et al., 2022). The young women feared being bad mothers, homeless and involved in prostitution, continuing drug abuse, living a criminal life, and ending up in prison or dead (Dumont et al., 2022). To avoid adverse outcomes, it is essential to have a plan to achieve a positive future and be able to imagine possible selves (Dumont et al., 2022).

Closed facilities in the Netherlands out-of-home care for (adolescent) girls and young women who have been commercially sexually exploited were described as prisons and contributed to their residents' stigmatisation (Aussems et al., 2020). They felt unfairly punished when their freedom to move outside the closed facilities was limited, and their right to privacy was breached while their exploiters were roaming free (Aussems et al., 2020). In addition, if they obeyed the rules, they got more freedom and could move out of the facilities faster, contributing to the feeling of imprisonment (Aussems et al., 2020). The girls also narrated a lack of trust between them and employees and boredom without proper educational opportunities at the closed facilities (Aussems et al., 2020). Furthermore, they criticised the singular categorisation of being mere victims of sexual exploitation, as some girls felt they had different challenges, and some even denied being exploited sexually by men.

3.2 *National Studies of Young People in Out-of-Home Care*

At the time of the interviews in 2018, 55,623 children and young people received measures from the CWS in Norway (Statistics Norway, 2019c), of which 13,878 were placement measures (Statistics Norway, 2019b) where 995 were children and young people in CWIs and 36 in care

centres or housing collectives for unaccompanied minor refugees (Statistics Norway, 2019d). The latest statistics from 2022 show that 47,034 children and young people received measures from CWS, where 12,989 were placement measures (Statistics Norway, 2023b) and 866 were placements in CWIs (Statistics Norway, 2023c). These numbers show reduction of measures and the number of children in CWIs. However, the number of UMRs in care centres has increased significantly from 36 to 116 (Statistics Norway, 2023c).

Most young people placed in CWIs have been in contact with CWS several years before placement, where the average length is seven years (Hernæs, 2020). They have become clients in CWS often because of neglect, maltreatment, parental problems with drugs or alcohol or psychiatric illness (Greger, 2017). There were slightly fewer girls and young women in Norwegian CWIs in 2022 than boys and young men (Statistics Norway, 2023a). Most boys and young men are placed in treatment institutions because of serious behavioural problems (Bufdir, 2022). In addition, diversity in gender identity and sexuality is poorly recognised and understood in Norwegian CWS (Svendsen & Paulsen, 2021). In addition, young 2SLGBTQ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, or questioning) people face discrimination, silencing and failure to acknowledge their gender identity (Svendsen & Paulsen, 2021). This can negatively affect their identity construction and feelings of self-worth, and young 2SLGBTQ are thus at increased risk for anxiety, depression and suicide attempts (Norum & Øvrum, 2018).

Young people in CWIs have often faced emotional and physical deprivation in their upbringing, which can lead to psychological challenges that continue to affect their adult lives (Jozefiak et al., 2016). Studies in Norway indicate that young people in CWIs often perform worse at school, have more frequent substance abuse problems, have a higher incidence of behavioural difficulties and psychological disorders and are often inactive in education or working life as adults compared to their peers (Backe-Hansen et al., 2014; Bufdir, 2014; Helsetilsynet,

2012). It is therefore evident that young people in CWIs have more health-related problems than their peers (Hernæs, 2020). In addition, they experience several broken relationships with adults in their lives (Greger, 2017). Because of these challenges, young people in CWIs are in more marginalised positions than those who have only received other measurements from CWS (Greger, 2017). In other words, they are high-risk groups of young people (Greger, 2017); however, it is important to note that research on young people in out-of-home care is often problem-focused, neglecting this population's resilience and agency.

Similarly, studies of UMRs and unaccompanied minor asylum seekers are often focused on their psychological and physical well-being. Unaccompanied minors in out-of-home care in Norway have experienced trauma and are often boys and young men between 15 and 18 years old and come from Afghanistan, Eritrea or Somalia (K. Eide et al., 2017; Statistics Norway, 2021). Young people in Norwegian out-of-home care for unaccompanied minor refugees often suffer psychosocial problems and psychosomatic symptoms such as stomach aches, headaches and muscle pain (Førde, 2017). Throughout their flight, they are at heightened risk of becoming victims of human trafficking, where they are sold into prostitution, slavery, organ donation and illegal adoption (Førde, 2017). This can lead to psychological issues such as PTSD, depression and anxiety (Jensen et al., 2019) that will often be long-term, although depression decreases significantly over time (Jensen et al., 2019).

Many refugee children and young people disappear without a trace, although no one is looking for them (UNICEF, 2016). In Norway, 432 unaccompanied minors have disappeared from asylum reception, care centres and housing collectives since 2015, but few of them have been registered missing (Aarbakke, 2022; Helledal, 2022). These missing minors have likely ended up back with the people who helped them during flight, who often are human traffickers or others who exploit children and young people in vulnerable situations (Helledal, 2022;

UNICEF, 2016). Paulsen et al.'s (2020) study highlighted the importance of recognising UMRs' needs while in out-of-home care and after ageing out of care. According to the study, there is limited emotional and legal support when UMRs emerge into adulthood. Paulsen et al. (2020) addressed that UMRs have "limited knowledge of their own rights and possibilities in a new country" (p. 31).

Even though these studies highlight important factors of the struggles of unaccompanied minors in Norway, it is essential to note that these minors are resilient and agents in their lives. Johansen and Studsrød (2019) found that their participants actively sought help and support and were engaged in helping and supporting others. Valenta and Garvik (2019) highlighted that UMRs who have been granted asylum experience a high degree of target relevance and goal congruence, in addition to the challenges ahead appearing more manageable. For them, a residence permit gives meaning to their migration project and gives UMRs an expectation of improvement of their situation (Valenta & Garvik, 2019).

3.2.1   Girls and Young Women in Out-of-Home Care

Longitudinal studies in Norway have shown that some girls and young women in CWIs suffer from depression and anxiety due to early maltreatment (Greger et al., 2015; Jozefiak et al., 2016; Oerbeck et al., 2021). The use of medication for these psychological issues and sleep deprivation was higher among girls than boys in CWIs (Oerbeck et al., 2020). In addition, girls and young women in CWI care often have a poorer quality of life and suffer lower self-esteem than their peers (Jozefiak & Kayed, 2015). However, emotional support from employees positively affects the residents' quality of life and self-esteem (Singstad et al., 2021). Girls also report more sexual abuse and family violence in their upbringings than boys (Greger et al., 2015). Unaccompanied minor refugee girls and young women have higher levels of PTSD, depression and anxiety than boys and young men (Jensen et al., 2019). Previous research has seldom focused on gender (Svendsen & Paulsen, 2021) and

girls' and young women's experiences in Norwegian out-of-home care. Most studies of young people in out-of-home care have included girls and young women (e.g. Hernæs, 2020). However, there ae no explicitly identified differences between boys/young men and girls/young women, nor focused mainly on the latter gender.

Based on the studies, it is evident that young people in out-of-home care are in many ways in marginalised positions in Norwegian society, and that this marginalisation started in the early stages of their lives. These studies can also contribute to deepening the marginalisation of young people in out-of-home care, as these research results will be weaved into dominant stories about them. These stories circulate a narrative of damaged young people and young women in Norwegian out-of-home care. It is also notable that most of the studies about young people in out-of-home care are quantitative and focus on challenges that young people face (see e.g. Backe-Hansen et al., 2014; Greger et al., 2015; Jozefiak et al., 2016; Oerbeck et al., 2020), rather than how they navigate through these challenges and construct intersecting negative and positive identities.

4 Theoretical Framework

My theoretical journey began with feminist standpoint theory, which guided me to explore marginalised locations in Norwegian society. At the beginning of my PhD, I adopted Paulo Freire's (2000) social pedagogical perspective, where the oppressed learn about their marginalised locations and critically question systems of oppression. I discerned that feminist standpoint theory and social pedagogy have similar goals to empower people in marginalised positions through learning about their oppression and acknowledging them as knowing subjects. This guided me to focus on how and what children and young people learn about their marginalised social positions. When I conducted a literature review prior to this empirical study, I started to focus on feminist intersectional theory, which is better suited to exploring the causes of marginalisation and its impact on the identity construction of young people. While analysing data for my narrative study, I realised how narratives shape our understandings of the world and help us locate ourselves in time and space. This made me understand that we are surrounded by grand, dominant narratives of different groups of people, stories we often take for granted without questioning them. Small everyday stories of events and experiences from the perspectives of groups in marginalised positions are silenced and invisible, even though they carry specific knowledge of what it is to be a member of these groups. The movement away from feminist standpoint theory and social pedagogy towards feminist intersectional and narrative theory has evolved throughout this PhD project.

Therefore, in this chapter I focus on theories that have become central to this research project in the following order: Social Constructionism, which is the study's main theory, Feminist Intersectionality, Narrative Approaches, (Un)recognition and (In)visibility, and Agency.

4.1   Social Constructionism

The theory of social constructionism states that social and cultural factors rather than natural factors cause or control certain phenomena and concepts and that these could have been different (Mallon, 2019). Following this reasoning, I believe we name and give meaning to objects, concepts and phenomena. This does not mean that certain things do not exist without our meaning-making and name-giving, or that "reality is exclusively a construction" (Pfadenhauer, 2018, p. 2). Instead, while certain events happen and certain objects exist, their construction begins when we discover objects and become aware of phenomena in our lives or the world. Similarly, while we explain what has happened to others, we construct them while talking about them from our point of view.

The meaning-making and construction of objects and phenomena are never-ending processes (Pfadenhauer, 2018), and our lives and events in them are not free from construction; we interpret them (Cohler, 1982). Similarly, identities are constructed and managed, while the self experiences and lives are narrated (Svahn, 2017), and through this process, the self is recreated (Wortham, 2000). Therefore, the narrative identities of the participants in this study are "multiple, fragmentary, unfinished and always changing" (Smith & Sparkes, 2008, p. 24).

Social constructionism is embedded in social work with the need for more flexible ways of seeing the world than from scientific empiricist[4] and objectivist[5] standpoints (Martinez-Brawley, 2020). Human beings can understand the world through various perspectives (Carpenter & Brownlee, 2017) and can experience and understand the same incident differently (Martinez-Brawley, 2020). For example, the concept of the child and what a decent childhood or younghood are varies historically

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[4] Although there are different paradigms in empiricism, an empiricist claims that knowledge is derived from scientific experience and experimentation, where quantitative data offers solid facts as a base of knowledge (Martinez-Brawley, 2020).
[5] Objectivism assumes that there exist facts that can be discovered (Martinez-Brawley, 2020) and that human beings' behaviour is determined (Fisher, 1991).

and culturally. Social constructionists acknowledge that biochemical processes, global economic circumstances and brute physical forces influence the character of human perceptions and knowledge (Pfohl, 2008). However, they argue that historical and cultural factors also significantly shape our understanding of the world around us (Pfohl, 2008). For example, the reality is that many young women with backgrounds in out-of-home care have had challenging childhoods and younghoods, have long-term psychological challenges, and are in marginalised social locations. However, the interpretation of this reality and its ethical and political implications depend on the constructs used and the narratives employed to make sense of them (Pfohl, 2008). We can interpret reality differently where the possibilities are multiple, depending on our perceptions. These young women could be seen as victims of past circumstances, active agents who take charge of their lives, psychologically ill, competent, and so on. How their realities are perceived matters, as perception impacts how young women with out-of-home care backgrounds are seen and treated in society.

4.1.1   Challenges in Social Constructionism

Before examining the challenges of social constructionism, I want to make a distinction between relativism and social constructionism. The slippery slope of relativism describes the problem that occurs if everything is relative, then nothing stands as real, but it depends on the interpretation (a car is not a car, a child is not a child, and so on). Social constructionism is distinct from relativism, as it acknowledges that "social constructions are relational and complexly systemic" rather than claiming that everything is relative (Pfohl, 2008, p. 646). Many challenges have been posed to social constructionism, but I only consider those concerning this study. The first is multiple interpretations of reality, and the second is the challenge of constructing identity categories.

One of the challenges that social constructionism poses is the premise that circumstances can be interpreted in various ways (Pfohl, 2008). It becomes, therefore, a battle in which interpretation matters. Returning to the young women with a background in out-of-home care and interpretations of their lives and themselves, and consequences of these interpretations, as discussed in Chapter 3, young people and women in out-of-home care were portrayed differently in previous research. Those primarily quantitative traditions have listed various challenges to this group of people (see e.g. Backe-Hansen et al., 2014; Greger et al., 2015; Jozefiak et al., 2016; Oerbeck et al., 2020), whereas some primarily qualitative studies have also found positive outcomes for young people in care (see e.g. Mannay et al., 2017; Reime, 2018; Ungar, 2018). It is important to know the challenges, but it is also important to hear the voices that tell different stories, that there is good in out-of-home care, and that young care leavers can do well in life. The danger with contesting perceptions is not that there are multiple understandings, but that one perception becomes a dominant, more trusted version of reality.

The other challenge is that if identity categories are socially constructed, it will be difficult to define oppressed groups (Kitzinger, 2001). This means that if we deny that categories are natural and claim that they are socially constructed, this means that groups cannot be defined by shared essences (Roth et al., 2023; Rothbart & Taylor, 1992) such as being a young woman with a background in out-of-home care. According to social constructionism, we cannot take anything for granted; how the categories are defined changes over time and are context-dependent (Kitzinger, 2004), and if the category of young women in out-of-home care is not a unified subject, then there is no group of women who are oppressed and could be emancipated. However, the essentialist argument against social constructionism and categories of the oppressed can be seen in another light as well. As the argument highlights that categories are socially constructed, it shows how we construct and deconstruct identities and identity categories as well (Peggs, 2009). Human beings

reconstruct their identities, such as being young women with backgrounds in out-of-home care, depending on to whom they tell their stories and in what context. The self is performed and negotiated in the act of storytelling (Giddens, 2013), so it is an assumed "membership" in an oppressed group. As the participants in this research identify themselves as having experienced marginalised positions as girls and young women in their narratives, the backdrop is the oppression that they have faced. This means that rather than belonging to fixed identity categories, young women reconstruct their identities and belong to multiple categories simultaneously, which can intersect with each other and generate their privilege or oppression.

4.1.2   Feminist Intersectionality

Feminist intersectionality theory emerged in the USA as a critique of white middle-class women's dominance in the women's movement and black men's dominance in anti-racist organisations (Hill Collins, 1993, 1998). Black feminists claimed that their discrimination is not based only on gender or only on race but intersections of these two (Crenshaw, 1994). Intersectional theorists remind us that inside the category of women are other intersecting categories, where in addition to gender and race (Crenshaw, 1991) socioeconomic class, age and ability (Roy & Walsh, 2020), age, gender, race and sexual orientation (Algarin et al., 2019) also affect whether one is privileged or oppressed in different situations. Intersectionality is an analytical framework for understanding how a person's different identity categories affect discrimination and privilege, highlighting that people have different experiences of being a woman, a man, gay, a child, black, white, et cetera. Socioeconomic class, ethnicity, geographical location, sexuality, religion, disability, weight and physical appearance also affect their experience. Thus, the intersectional approach combines the multiple standpoint perspective with the importance of social location without privileging any single

category of oppression (gender, race or class) over another (Rayaprol, 2016, p. 374).

In this thesis, feminist intersectionality will highlight children's and young people's unique positioning in societies and among children and young people generally. To be a minor implies that they are cared for by parents or caregivers, who also make decisions for them. This means that their age reduces the possibility of their impacting these decisions. When children mature, they make more of the decisions concerning them, and young people are thus more privileged than younger children. Age intersects with socioeconomic class, where children from low-income families do not have the same advantages as middle- and high-income families' children (Epland & Normann, 2020). Similarly, ethnicity intersects with age and socioeconomic status, where children with immigrant backgrounds are positioned in societies differently because they are more often from a lower socioeconomic class and face poverty more often than majority group children do (Epland & Normann, 2020; Thorsen, 2019). Minority group children can also face structural racism, where they can experience discrimination because of their ethnicity at kindergarten, schools and other institutional contexts (Hagen, 2021; Lund, 2021; Osler & Lindquist, 2018).

Following the feminist intersectionality's *non-additive principle* (Christensen & Jensen, 2012), I have explored in this research young women's narratives about being positioned simultaneously in multiple social categories (Phoenix, 2011) such as young women, low socioeconomic status, young people with a background in out-of-home care and/or as UMRs. These categories are related to each other as overall forms of social distinctness or systems of oppression (Lanser, 2015) and cannot be understood in isolation. In addition, this approach rejects the subordination of one type of oppression to another (Chun et al., 2013). Feminist intersectional theory has traditionally focused on how race, gender and socioeconomic class intersect (Crenshaw, 1991; hooks, 2015). However, it has developed to see identities as plural and

diverse, highlighting how they intersect with each other (Chun et al., 2013). It has also been argued that many other unidentified categories have been neglected by intersectional theorists but which also impact privilege and marginalisation (Christensen & Jensen, 2012). Young women in this research shaped their identities while "navigating institutions and systems of oppression" and thus came to "understand, negotiate, accept, and embrace their intersecting identities" (Bartone, 2017, p. 318). Their marginalisation occurred when they were at the margin of societies and lacked equal opportunities for full participation because of their intersecting social categories (Lennox, 2015). Marginalisation must be seen as a long process where one moves towards the margins of society and social exclusion, which often starts in the early stages of life and is not exclusively a young people's problem (Hammer & Hyggen, 2013).

4.1.2.1 Feminist Intersectionality and Narratives

According to McCall (2005), narrative research is by nature intersectional because it focuses on individuals in a single group and defines and names the fine intersections in their narratives and social categories. Narrative research is often conducted with "new groups" in society to gain more information about them (McCall, 2005). It further acknowledges categorisation as a process and what these processes are, making visible the fine intersections within social categories that participants, people and institutions construct. Narrative studies engage in the discussion of big, dominant stories told about minority groups and how these narratives are part of the categorisation process, sometimes even contributing to their marginalisation. Narrative approaches further emphasise the singularity of an individual's story, and narrative intersectionality can facilitate a robust perception of how inequality and injustice "interrelate multidimensionally to produce social disadvantage" (Blackie et al., 2019, p. 59).

4.1.2.2   The Challenges of Intersectionality

Feminist intersectionality is a complex approach where the "crossroads" metaphor (two distinct entities meet at one point and thereafter continue on separate ways) and multiple identity categories have specific problems. For example, Carbin and Tornhill (2004) stated that the analysis does not grasp mutually constitutive social categories, and Hornscheidt (2009) warned that the focus on social identity categories diminishes categorisation as a process. The focus should be instead, according to Choo and Ferree (2010), on the dynamic forces of this categorisation: "racialization more than races, economic exploitation rather than classes, gendering and gender performance rather than genders" (p. 134). These critiques raise the methodological question of how to analyse these mutually constitutive processes (Christensen & Jensen, 2012). McCall's (2005) solution to these problems within intersectional analysis is that the analysis should always be project-dependent, where the research questions guide the chosen way to conduct the analysis. She offers three possible ways to conduct intersectional analysis: (i) anti-categorial (deconstruction of analytical categories, mainly positivistic research, which aims to show that these categories are fictions); (ii) intercategorial (finding intersections in existing categories—e.g., race and gender); and (iii) intracategorial ([re]constructing master categories).

Because this study is a narrative research of young women with a background in out-of-home care, I have adopted the latter analysis. I have named, defined and elaborated new social identity categories that intersect as outlined in 6.1. In my intersectional analysis, I focused on the complexity of relationships among young women in out-of-home care, acknowledging the differences and different crossings among the identity categories.

4.1.3 Narrative Approaches

Narrative voices have become central to social work research, focusing on service users' and social workers' stories in social work practice where human interaction in relationships is central (Riessman & Quinney, 2005). "Narrative turn" highlights how narratives have entered every discipline and profession, becoming cross-disciplinary and reaching beyond scholarship (Riessman & Quinney, 2005). The difference between phenomenology and narrative approaches is that "narrative[s] extend beyond lived experience and worlds 'behind' the author", allowing "multiple voices and identities [to] come into play" (Riessman & Quinney, 2005, pp. 392–393).

Narrative approaches are multiple; the definition of what narrative implies is highly contested, depending on whether the researcher is a realist, postmodernist or social constructionist (Riessman & Quinney, 2005). "Narrative is everywhere, but not everything is narrative", states Riessman (2008, p. 4), meaning that narrative approaches have limits, at least in research, where the core meaning holds that stories should be "contingent sequences" where events and ideas are connected cohesively (Riessman, 2008, p. 5). Furthermore, Denzin (1989) stated that "a narrative is a story that tells a sequence of events that are significant for the narrator and his or her audience" and "a narrative relates events in a temporal, causal sequence" (p. 37). In human sciences, narrative can refer to overlapping texts at several levels: stories told by research participants that are themselves interpretive, interpretive accounts developed by an investigator based on interviews and fieldwork observations (a story about stories), and even the narrative a reader constructs after engaging with the participant's and investigator's narratives (Riessman, 2008, p. 6).

In this thesis, I adopt Riessman's and Denzin's definitions of narrative, whose premises lie in the interpretative nature of constructed storytelling where I as a researcher contribute to the construction of narratives and

the narrative selves with the participants in this research. Narratives are also part of the temporal meaning-making process of events and intersecting identities, enabling the positioning of the participants in society and privileging their narrative voices (Verma, 2020).

Narratives are not only personal stories told by individuals about their experiences and events in their lives. Different "groups, communities, nations, governments and organisations" also construct narratives of themselves (Riessman, 2008, p. 7). Research contributes to storytelling, where some narratives become dominant tales of groups and communities. These big stories contest with small personal stories.

4.1.3.1 "Big", "Small" and Dominant Stories

In narrative research, the distinction between "big" and "small" stories revolves around the meaningfulness of grand life narratives and small personal stories of everyday life. While big stories aim to analyse identity, often taking a cognitive perspective in life (or autobiographical) narrative, the small story analysis focuses on the "narratives-in-interaction" in different types of stories that can be produced and performed in multiple ways (Bamberg, 2006, p. 146). As a narrative and social constructionist researcher, it is impossible to think that I could construct whole life narratives from the beginning of the participants' lives until the end of the interview situation. Life narrative research where one does not leave anything out would have been time-consuming and, from my point of view, impossible. The stories the young women told in interview situations were, after all, their constructions and interpretations of the events in their lives that they chose to share with me. I wanted to hear their versions of the events they thought essential to narrate. Small personal stories show how identities (and past events) are renegotiated and reconstructed through interaction (Freeman, 2006). They are not about a whole life but rather sequences of past life events, which "can be made sense of differently at different points in time and in different communicative situations" (Bamberg, 2006, p. 64).

Following this, the narratives that the young women told in interview situations were time, space, and person situated, and in other contexts with another listener the stories would have been told differently and perhaps had different focuses on other events. Small stories are heard in everyday small talk and found in diaries, letters, conversations, blogs, field notes and autobiographies (Marlow et al., 2022). In this research, I have focused on the topical life stories the participants told in interview situations. Topical life stories can focus on single life episodes or specific aspects of a life story (Bertaux, 1981; Pérez Prieto, 2006). The focus on small topical life stories – rather than individual storytelling as a source of knowledge about the narrator – is on the storytelling act as a context-dependent activity. Furthermore, storytelling is "a *bodily* communicative event and activity that involves other embodied persons and the social and cultural situation" (Hydén, 2013, p. 235).

My research focused on the small personal stories of young women with backgrounds in out-of-home care. While doing a literature review before the interviews, I noticed certain stories circulate in research and newspaper articles about this group of people. These dominant narratives told a story of "damaged," "victims," and "troublemakers" in Norwegian out-of-home care (see Barneombudet, 2020; Jansen, 2010). Dominant narratives are often collective representations of how the world is and should be. They are "metanarratives" that aim to communicate the structures and rules of certain phenomena (Burr, 2003). Dominant narratives have been taken for granted and represent the majority's values (Mishler, 1995), making it difficult to hear smaller personal stories that differ from those dominant narratives.

Bamberg (2004) defines "dominant" or "master" narratives as either being about how the narrator positions oneself in one's story or as grand metanarratives of oneself or a group that they cannot escape. These are the culturally known and accepted tales that give frames of the existence of the narrators or the groups to which they belong (Bamberg, 2004). Sometimes, the narrators accept these dominant narratives and tell them

themselves, contributing to their circulation. This was evident in my research as well, where the stories were (among other things) about neglect, psychological and physical abuse, including sexual exploitation, and self-harming, including cutting, restricted eating and drug abuse. These grand narratives often contribute to the groups' marginalisation, making it challenging to tell counternarratives and make them heard. Counternarratives are stories contradictory to the dominant narratives, where the narrator resists the grand plot and seeks escape from restrictive storytelling (Bamberg, 2004). The task is not easy, as the narrator needs to find other frames where the counterstory can fit, but there are restrictions based on sociocultural norms that limit each storyteller and story (Bamberg, 2004). Bamberg (2004) states that it is impossible to simply point out that the narrator's subjective experience is different, as the dominant narrative is about normalising and naturalising events and experiences. It is also interwoven with narrators' own actions and the routines to which they are subjected. This becomes clear in some of the participants' narratives about the people around them and the facilities they lived in: when they were perceived as damaged, they internalised this, repeated the story and acted out as such. Luckily, there are other possible frames to apply to the counternarratives of young women in out-of-home care, which are about being an agent in their own lives and survivor of neglect, abuse and restrictive policies. These frames are vital in research, as many studies are often problem-focused rather than emancipatory and empowering. The narrative approach offers space for perceiving different possibilities and opens room for counterstories (Bamberg, 2004).

4.1.4   (Un)recognition and (In)visibility

Recognition refers to the act whereby people are recognised by others as certain types of individuals where sociopolitical contexts, cultural norms, values, beliefs and stereotypes affect how individuals are recognised (Avraamidou, 2020). Recognition in this thesis is understood

to be connected to social visibility and invisibility as forms of (un)recognition. To be visible means to be recognised as a worthy human being by others in society and thus have social esteem (Honneth, 2015). In other words, one enjoys social esteem when the other members of a society or a group of people recognise one's self-worth (Salice, 2020). People define themselves not only by their communities but also by those to which they do not belong (Wenger, 1998). Invisibility is a multifaceted experience that intersects with visibility. One can be invisible in society because of a disadvantaged social location, which can occur because of one's gender, ethnicity, age, ability, socioeconomic class and/or being placed outside of one's birth family, for example. Invisibility can also be a learned condition where being invisible as a child in families, communities and institutional contexts such as schools, GP, psychiatric care, CWS and CWI has become an accepted part of being. When invisibility is internalised in this way, one becomes an outsider and cannot or will not take part in society because one has not become a fully accepted member of it (Honneth, 2012). As an outsider, one does not enjoy epistemic agency, where the status of a knower is reserved for those in socially advantaged positions (Fricker, 2017; McKinnon, 2016). These advantaged locations are reserved for those who belong to a higher socioeconomic class, are an ethnic majority, belong to the dominating gender (Pohlhaus, 2017), are straight and able-bodied (Peña-Guzmán & Reynolds, 2019) and are adults (Carel & Györffy, 2014). Children and young people in marginalised positions are indeed unrecognised and thus invisible in many circumstances. The invisibility of these groups is also noted in research, where their voices and knowledge are treated as trivial and untrustworthy (Carel & Györffy, 2014). They have become suspicious agents to be studied from a safe distance, where knowledge is created by those in advantaged social locations but not by groups in marginalised positions themselves.

4.1.5   Agency

Agency can be divided generally into the terms *agent* and *action*, where an agent is the one who performs the act of agency (Schlosser, 2019). An agent can be autonomous and have the power to resist prevailing norms and values in society (Bevir, 1999). Furthermore, Foucault claims that agents can perform agency and stand against regimes of oppression (Bevir, 1999). Power can be resisted and questioned and used in a society, community or a group where the members have the capacity to act and perform agency (Bevir, 1999). Moreover, acknowledging someone as an agent means recognising that one can resist (Bevir, 1999).

The feminist account of agency highlights the relational aspects in which interpersonal relationships are essential to developing autonomous individuals (Schlosser, 2019). Furthermore, feminists discard conventional moral agency, where the agent needs to be "independent, impartial, in control, uncoerced, self-determined, self-interested, ideally rational, and typically an atomistic unit with a range of choices and [have] the ability to seek a variety of alternatives" (Isaacs, 2002, pp. 131–132). This type of agency, according to feminism, is not available for girls and women in patriarchal society for two reasons. First, their opportunities are more limited than those of boys and men; thus, girls' and women's variety of action is compromised (Isaacs, 2002). Second, the "feminine socialisation" of girls and women shapes them to be "dependent and not in control of significant parts of their lives" (Isaacs, 2002, p. 132). Therefore, feminist agency requires that girls and women be active participants against their subordination (Isaacs, 2002).

This leads to a paradox in which subordinated women and girls who have internalised their oppression as a natural way of being and living would not be aware of their oppressed situations and thus would not fight their subordination. The question about agency gets even trickier when we add girls and young women in marginalised locations to the discussion. This is because children and young people are not fully developed as moral

agents, and their agency lies in relational circumstances where adults (and other young people or children) give or do not give them an opportunity to practice agency. By practising agency, I mean to act against one's own (or others') subordination. Conventional moral (responsible) agency, which highlights the (free) agent's responsibility to act, is thus not always available for girls and young women in marginalised positions. This is because if they are systematically suppressed, their ability to act and choose freely must be compromised (Meyers, 2002). The conventional responsible (moral) agency fails to address the complexity of the lives of groups in oppressed locations and fails further to recognise their relational agency. It must be recognised that girls and young women in disadvantaged locations in societies can practice some agency, even in hostile environments (Meyers, 2002).

The agency girls and young women in marginalised locations and hostile environments can practice is individual, shared and collective. Individual agency occurs when an agent acts on behalf of themselves, shared when two or more people act together and collective when agents act together towards a common goal (Schlosser, 2019), as in a social movement or an organisation. Examples of such agency are:

1.   Refusing to act upon the normative perceptions of themselves as "victims" and/or "damaged";
2.   Breaking the silence and drawing attention to their oppressed circumstances;
3.   Controlling their visibility by choosing what to tell, how much to tell and whom to tell about their lives;
4.   Help other young people who have experienced similar oppression by offering support and educating professionals.

Even though these offer alternative ways to understand the agency that girls and young women in marginalised positions can practice, internalised oppression harms their self-conception and thus reduces their sense of agency. Furthermore, if the standard view of girls and

young women in marginalised locations and with a history of out-of-home care is that they are victims and damaged and thus "mad," "bad" or "sad" (M. Brown & Brown, 2011; Jansen, 2010; Macleod, 2006) leaves very few alternatives for building a self-image. Socialisation reduces the sense of agency, where one is less likely to see oneself as a competent actor and in charge of one's life. Others' perceptions can contribute to one's self-understanding; when one is not recognised as a competent agent, one becomes incompetent and thus lacks agency (Bartky, 1990; Liebow, 2016).

In feminist philosophy, interest focuses not only on "the complex effects of gender norms and oppressive social conditions on agency" (Stoljar, 2018, p. 11), but also on the embodied nature of the autonomy of an agent (Meyers, 2002). Girls' and women's bodies are seen as an occasion to manifest internalised oppression, where bodies are disciplined by dieting, exercising, restricting movements and postures, make-up and skin-care routines and so on (see Bartky, 1990). The types of disciplinary actions towards the body are noted in the form of self-harm among many girls and young women (Selbach & Marin, 2021). The most common form of self-harm is eating disorders, along with substance abuse and self-injuring by cutting (The National Health Service, 2023). Even though these can be taken as manifesting a lack of embodied autonomy, they can also demonstrate autonomy over one own body. Moreover, harming one's body can be done to regulate emotions and reduce dissociation, thus taking control of one's body (Colle et al., 2020). Therefore, self-injuring increases one's sense of agency, as it is a coping mechanism for unwanted feelings and memories (Colle et al., 2020).

I understand agency to be a pre-existing capacity in all human beings, but there must be space and opportunity for its practice.

5   Methodology

This research explored how young women with a background in out-of-home care in Norway narrate their marginalisation and challenging experiences. This chapter will first discuss my ontological and epistemological positionality, following the research design and data construction. Furthermore, the chapter presents data analysis, discusses research ethics and contains my methodological and ethical reflections throughout the study.

5.1   Ontological and Epistemological Positionality

Ontologically, I position myself as one who assumes that there exists a world or reality that is constructed through interactions with human beings and other living creatures. As this thesis is based on research with human beings, I focus on the interactions between them and their constructed social reality. Social reality is connected to the nature of categories, which can be concerned either with objects (a table, a house and so on) or about ideas and concepts (Haslanger & Ásta, 2018). This thesis focuses on ideas and concepts in social reality and on narratives that create meaningful connections among concepts, events and experiences. Social reality is constructed through storytelling, and narratives help us to make sense of this reality (Meretoja, 2014).

The traditional ontologies (for example, those of Quine, Kripke, Lewis and Aristotle) claim that concepts and ideas are fixed and defined by "discrete individuals, individuated by their intrinsic or essential (non-relational) properties" (Hintikka & Hintikka, 1983, p. 146). Feminist ontologies, on the other hand, are based on *relational* properties of ideas such as gender, race, ethnicity and (in)ability (Hubbard, 1983). These highlight that science and concepts are made and defined "by people who live at a specific time in a specific place and whose thought patterns reflects the truths that are accepted by the wider society" (Hubbard,

1983, p. 45). Thus, the relational properties of what a child, childhood, young people, and younghood are have changed and keep changing throughout time, geographically and between cultures.

Narrative ontology is primarily based on the relativist tradition, where nothing exists outside language and events (Roscoe & Madoc, 2009). From this view, the focus is on how "individuals identify, order and come to put meaning onto events and how the individual shapes themselves through the stories they create about themselves, others and the world around them" (Roscoe & Madoc, 2009, p. 5). However, narratives do not only matter in linguistics, as stories have aspects of people's identities and give contextualised backgrounds of their lives (Roscoe & Madoc, 2009). Through narratives, people interpret their and other people's identities (Bruner, 1986). In this social constructionist perspective, people speak themselves "into existence within the stories" available to them (Roscoe & Madoc, 2009, p. 5). Narratives not only list what happens but also create meaningful links between experiences and events (Meretoja, 2014). Meretoja (2014) stated further that narratives are not the same as experiences, but rather "phenomena constituted by interpretative activity" (p. 90). In other words, in stories, the human experience is narrated, whereas the philosophical question is about ontological assumptions of human existence and what can be counted as real (Meretoja, 2014). Reality can be fragmentary with everything in constant flux, which means that the ontological assumption that there is "a meaningful order in the world" and the epistemological assumption by which this order is known (Meretoja, 2014, p. 94) is rejected in the social constructionist narrative approach. Instead, "living and telling about our lives are interwoven with one another in a complex movement of reciprocal determination" (Meretoja, 2014, p. 96). This implies that narrative interpretation of an event or experience is not "a process of falsifying something true and real" (Meretoja, 2014, p. 97) but rather "a continuing interpretation and reinterpretation" of an event or experience (Bruner, 2004, p. 692). Bruner (2004) stated that the problem with the

social constructionist narrative approach is that the narratives do not "happen" in the "real world" but are a set of processes for "life making," that leads that they are constructions of events, experiences and (autobiographical) identities (Bruner, 2004, pp. 691–692). When I asked the participants to tell their stories, I did not expect them to tell a "through-the-clear-crystal recital of something univocally" (Bruner, 2004, p. 692) but their constructed version of their life events and themselves. From my point of view, narratives cannot be repeated in a linear order or an objective account of oneself. Narratives are constructions of reality, told and retold by people from their point of view about events, experiences, the storyteller and people around the narrator. In this way, narratives are epistemological tools that help explain what and how we know about events, ourselves, others, and the world around us. The narrative approach aims not to find truth in stories that people tell but rather to explore why certain stories are told, how they are told and to whom they are told in specific situations. One may ask if there are criteria for a good narrative. Some narratives are shallow and some are deep, and shallowness implies a lack of interpretation of the events, the experiences and the narrators' "selves". The more we narrate ourselves, the more we become the narrated selves or the construction of ourselves, and we also become "variants of the culture's canonical forms" of available dominant stories of possible lives in a given cultural setting (Bruner, 2004, p. 694).

I believe that our epistemological standpoints, from which we view the world and gain and create knowledge, are grounded in our social standings, gender, ethnicity, race, and geographical and historical locations. We are born in certain prevailing realities in which the socioeconomic class of our parents, their abilities to look after us, our gender, and geographical and historical locations are premediating factors of how well we will do in our lives and in what way we come to understand the world.

5.2   Research Design

The research objectives of the study were to explore (i) the experiences of young women living in out-of-home care, (ii) how the participants narrate their lives prior, during and after out-of-home care, and (iii) the hopes and dreams for young women with a history of out-of-home care in Norway. The overall research design of this thesis is qualitative, whereby different research questions were addressed with research data and methods of analysis, which are presented in Table 4. The following chapter presents the research design.

5.3   Constructing Data

This thesis is based on a narrative analysis of eight interviews with five young women in marginalised positions and backgrounds in out-of-home care in Norway. The following subchapters present the construction of data, recruitment, presentation of the participants, the interviews and analysis. The narrative analyses follow the study's theoretical framework and adopt the analytical tools used in the articles on which this thesis is based. This includes a feminist listening guide, context analysis and narrative thematic analysis. I explain the selection of stories, followed by the ethical approach of the study. At the end of the chapter, I reflect on the methodological and ethical implications of the research process.

5.3.1   Co-construction of Data

Empirical data was co-constructed with the participants between June 2018 and October 2019. Data for this study include eight narrative interviews; three participants were interviewed twice, and two were interviewed once. The time between interviews was approximately one year. The interviews took place at a CWI at a housing collective for UMR young women, in a private room in a restaurant, via telephone and Skype.

5.3.1.1   Recruitment

Recruitment started in August 2017, and my initial goal was to enlist at least eight girls or young women who were residents at the CWI in Norway to participate in my research project. I widened the scope to apply to girls and young women (at least 11 years old) who live or have lived in residential settings in Norway. It was also learned that multiple recruitment methods were needed, including the following:

(i)   advertisement on a Facebook group for employees at the care centres/ housing collectives for UMRs;

(ii)   flyers and recruitment letters emailed to every contact person in the private and state-run Norwegian CWI and to the organisation for children and young people who have been in contact with CWS in Norway, and given to the agreed participants for distribution;

(iii)   informational meetings at one municipal child welfare office and two institutions; and

(iv)   snowball method, whereby I have encouraged the participants to recruit others with similar backgrounds.

I interviewed one young woman who was still a resident at the time of the first interview, two who had already moved out of CWI, and two UMRs who were living at a housing collective. Altogether, I have interviewed five young women who are or have been in out-of-home care; three of them have been interviewed twice and two of them once.

5.3.1.2   The participants

The participants were between 17 and 26 years old when the first interviews took place at 2018, and had diverse reasons to become residents in Norwegian out-of-home care. Two participants were from an African country, one had immigrant parents, and two were ethnic

Norwegians. Table 2 below briefly describes the participants, the type of out-of-home care, placement age, and the length of care.

Table 2 Description of participants

Participant (age)	Type of out-of-home care	Placement age/reason	Length of care
Ida (26)	Foster care Child Welfare Service (CWS) group care institution	12/Parental neglect	5 years
Eva (21)	Psychiatric care for young people CWS group emergency institution Group treatment institutions for behavioural/psychological problems	13/N/A	5 years
Mia (17)	CWS solitary emergency institution CWS solitary treatment institution for behavioural/psychological problems CWS solitary treatment institution for substance abuse problems	15/Parental abuse	3 years
Ade (18)	Housing Collective for Unaccompanied Minor Refugees (UMRs)	16/Arrived without guardian	2 years
Esi (18)	Housing Collective for UMRs	16/Arrived without guardian	2 years

5.3.1.3 Narrative Interviews

Before the interviews, I constructed an interview plan and practised with my colleagues. Because I had decided that the first interview should be a free narrative where the participants could freely talk about themselves

and their lives, I started the interviews with a statement of encouragement: "I want you to tell me your life story. You can start wherever you want to and tell me all the events that you find important to tell. I will first just listen and take some notes for later questions." The participants first talked uninterrupted while I took notes for the second phase, in which I asked questions to deepen understanding of their narratives. Without the researcher's intervention, all interviewees were free to answer how they felt most comfortable narrating their experiences (King & Horrocks, 2010) about life before, during and after out-of-home care. Questions asked to fill the narrative gaps were, for example, "What happened before/after?" "What did you/that person do?" "How did it happen?" or "Can you tell me more about this?" After all narratives were transcribed, the transcribed interviews were sent to the participants. This phase was part of the story-crafting, where all participants had the opportunity to change the text as much as they wanted. However, only three participants read their narratives, and none wanted to make any changes. All participants were also invited to the second round of interviews, for which I constructed questions based on their first narratives to obtain richer data. These questions included:

You spoke in the first interview about X. Can you tell me more about it/ your relationship with X?

You stated X at the first interview. Can you tell me more about why you said X/how this affected you/your relationship with X and what were/are your feelings considering X?

However, the two UMRs did not answer the invitations or attend the second interviews. Three interviews were conducted in a restaurant's private room, one in CWIs, two in a housing collective for UMRs, one via Skype and one via telephone. Interviews lasted 22-75 minutes (average 40 minutes) and were audio recorded. Each meeting lasted longer, as I did not start recording before everyone was ready. There was also a short briefing after each interview, which I noted in my field notes.

At the beginning of each interview, participants were informed about their right to withdraw from the research, and written informed consent was obtained. After each interview, I also asked if there was anything else they wanted to tell me or talk about. The questions often revolved around my research topic, how many I had interviewed, and how many I would interview. I also asked about their interview experiences, and they all assured me that they enjoyed telling their stories and felt safe answering the questions.

Overall, the interviews went well, and I obtained rich data. However, some of the stories were full of painful and traumatic events, and since a narrative interview is about tuning yourself in to the interview situation, I was affected by these stories.

5.4   Data Analysis

After each interview, I wrote field notes about the feelings the interviews had evoked and the relationship with the interviewee. I also noted the interview location and some notes about the participant for my analysis. For example, one of the participants brought a baby with her to the interview, which changed the dynamic and made her more reflective about her role as a mother. Another participant made hardly any eye contact in the first interview, but she was doing better in the second, and the connection with her was also good. These reflections helped me analyse the interviews because it was easier to put myself into the interview situations when I could read the notes.

Transcribing and analysing the interviews was demanding because of the violence, neglect and self-harm in the narratives. It was challenging to listen to painful descriptions of profoundly wounding events. I wrote a full verbatim transcription of each narrative, including pauses, sighs, crying, and reasons for interruption (a waitress or out-of-home care employee came in). I omitted locations and other identifiable information from the transcripts. All interviews were transcribed in

Norwegian, and I stayed with the original language throughout the analysis. I translated only those citations from the interview texts used in the articles into English. It is perhaps notable that even though I am fluent in Norwegian and English, neither of these are my first language. This might have affected the analysis and the interpretations in English. I have, however, asked native Norwegians when in doubt on points of translation.

To me, it was clear from the beginning of the project that the stories that the participants shared with me were constructions of events, themselves and others that were further co-constructed in interview situations. The research aimed not to find "truth" in these narratives but rather to focus on this construction process, of which I as the researcher was also a part. Who is telling the particular story, where and to whom the narrative is told affects how and what is narrated. Narratives are "distanced from the events they describe [and] they have multiple meanings and are never told the same way" (Klausen, 2016, p. 77). This implies that narratives are ambiguous and always in flux (Josselson, 2011b). Dominant narratives of service users as told in research and media also affect how and what they tell about themselves, their lives and social services. While I heard narratives of agency, resilience and resistance, I also heard stories that echoed dominant narratives, including self-harming, drug abuse, neglect, violence, and/or being a damaged, psychologically ill girl or young woman.

Following the social constructionist paradigm, I was also a part of constructing the research, which was evident in several points in the project. While I was interested in researching childhoods and younghoods in marginalised locations from the perspectives of young women in Norwegian out-of-home care, I contributed to the construction of the participants. Also, since I was interested in how they understood and narrated their marginalised locations, I constructed them as marginalised. Even though the first round of interviews was based on free narratives, all participants knew that I was interested in what it is to

live in an institutionalised context, and how they understand good childhood and younghood. Interestingly, Eva and Mia were focused on living in CWI and told stories mainly about this, especially what was bad about their care. Ida, on the other hand, focused on what it meant to have a good childhood and what was good in CWI—how it helped her build herself up after years of neglect and uncertainty. Esi and Ade talked mainly about their flight and focused little on their childhood or what it was like to live in a housing collective for unaccompanied minors. Their different stories impacted the narratives, their selection of the articles and the analytical process.

5.4.1 Selection of Narratives

As stated above, I have impacted the construction of the narratives. Storytelling is a relational activity, and knowledge is created through dialogue with the participants (Sørly, 2017). Following the social constructionist paradigm, stories in this research were generated in particular interview settings between participants and me. Participants' stories were about constructions of selected events and people in their past lives, and even though the first round of interviews was based on free narratives, the second round was based on questions generated in the first round of interviews. In this way, I selected those parts of the first-round interviews that I thought were important to answer the research questions. I further constructed the narratives and transcribed and analysed the interview texts. The analysis concerns my experiences of the interview situations and of the participants and my view of the narratives that the participants constructed along with me. The narratives and my interpretations are products of meaning-making of the world (Burr & Dick, 2017), its events and the people involved.

In the first article, I chose to analyse all eight narratives, with a clear focus on how the young women constructed their intersecting positive and negative identities. In the second article, I selected only the parts of the narratives that focused on rejection, along with my field notes on

occasions where rejection had happened, and in this way the untold story of Anna was included. Anna's story, based on my field notes, was from the first round of interviews, whereas the two other stories and other field notes were from the second round. This was why Esi's or Ade's stories were not included, not only because they did not respond to the invitations to participate in the second round of interviews, but also because their stories were heavily connected to fleeing. I also found rejection in their stories, but this was not very central and lacked depth in their stories, so I decided not to include their narratives. For the third article I read all the narratives, but focused on participation, the best interests of the child and human rights in CWIs for young people. Esi's and Ade's narratives were not included, as they did not focus particularly on the facilities where they lived and because they lived in a housing collective for UMRs and not in CWI. It is also important to highlight that every narrative has many stories or "plots;" the researcher's task is to connect these plots or fit different plots inside other plots (Czarniawska, 2021). Therefore, I needed to choose which stories to include in my research articles, what the chosen narratives would be about, and what stories I would retell to the audience from already constituted events (White, 1973). The narratives that I chose to emphasise in my articles were those that well fit my research questions.

5.4.2 Analysis of the Narrative Interviews

In this study, I used several analytical methods, which all helped to reveal the essence of the multiple narratives. The analysis started at the moment of the first interview with Eva, where the events unfolded and experiences were narrated. I took notes about the interviews, their locations and the participants. While transcribing the interviews, I wrote down thoughts and feelings that the narratives evoked in me and the emotional encounters within the stories. After I had read all the transcribed narratives, I chose themes that could go with the articles. The

stories had gaps and silences, so I had to find a method well suited to analysing them, which was the feminist listening guide method.

5.4.2.1 Feminist Listening Guide

All interviews were analysed using the feminist listening guide method, which takes into account "the role of the researcher and respect[s] the voices and experiences" of the participants in the study (Woodcock, 2016, p. 1). The first article is based on this analytical method, which comprises four listening stages in which the researcher listens for different "voices" (Mauther, 2017). During the first round, the researcher listens to the "plot:"

> to get a sense of what is happening, to follow the unfolding of events, to listen to the drama (the who, what, when, where, and why of the narrative). […] We attend to recurring words and images, central metaphors, emotional resonances, contradictions or inconsistencies in style, revisions and absences in the story. (L. M. Brown & Gilligan, 1992, p. 27)

Also, during the first listening, the story's silences and/or gaps were identified and analysed (Woodcock, 2016). My analysis particularly focused on these gaps and silences, as these often tell a great deal about the participants' relationships with others and what cannot be narrated. Gaps and silences in narratives provide valuable information and need to be analysed with the same intention as the spoken words. During the second listening stage, the researcher focused on the narrator's "self" in the form of "I" poems and their relation with others ("us" and "they") in the story. Brown and Gilligan (1992) located the narrator in the story by listening to how the participant shifted between first, second and third person. My study focused on the narratives' relationships and the narrator's identity. When using "I" or "you," the narrator revealed much about herself, her relations with others, and events in her life. For example, when the participant talked about herself, "I" was used, but a shift to "you" indicated that she was distancing herself from the event.

Woodcock (2016) highlighted the importance of paying attention to the use of "you" in a narrative, as participants might "knowingly or unknowingly [be] separating themselves from a particular statement by using the pronoun 'you' rather than owning the statement, and using the pronoun 'I' to claim the statement" (p. 5). This was evident in some of the narratives. For example, Mia stated: "You always get the institution feeling, the knives are locked inside [a cupboard], there's an office, yes, things are locked away, that they suddenly decide that you should be followed [outside] or that you can't go out" (Mia, first interview). Here, it seems like this is happening to someone else rather than directly to Mia, and she might distance herself from the institutional self, knowingly or unknowingly. In the second interview, Mia did not use "you" to describe herself or something that happened to her, but this could be because the interview was focused on her post-institutional self and the fact that she was doing so much better than she did while in CWIs. Ida, on the other hand, seldom used "you" in her first narrative but shifted from "I" and "me" to "you" when she described why she started cutting herself:

> I saw that you get attention if you [cut yourself] … I didn't have actually any reason to do it. Like, it was kind of so, that I, yes, I just had to try it, right? You get influenced a lot by the others, and then you just try it to do it yourself. (Ida, second interview)

Here, it is evident that Ida distanced herself from the version of herself who was influenced by others. It seems that Ida makes clear that this was not how she usually behaved, but under the influence of others, she wanted to see if cutting herself worked and if Ida would get attention from employees at the CWI.

The third and fourth listening stages are dedicated to finding overlapping themes or contrapuntal points in narratives, as Brown and Gilligan (1992) defined them. During these listenings, I revisited the research questions and explored how themes interacted or were in tension with

one another (see Woodcock, 2016). These themes were created in the first listening, and during the contrapuntal third and fourth listenings, the voices and how they related to each other were examined further (see Woodcock, 2016). From each narrative, I extracted two main themes that "melodiously react with one another" or were "in tension with each other" (Woodcock, 2016, p. 6). This allowed me to discern how the participants participate in their lives (see Woodcock, 2016). After analysing all narratives were individually, I extracted three main themes from the cross-analysis of all narratives: construction of negative identities, construction of positive identities and management of intersecting identities. The first article was built around these findings.

There were still themes that were not analysed, one about rejection at different levels. To analyse these themes, narrative context analysis was chosen.

5.4.2.2   Narrative Context Analysis

Narrative analysis has moved from studying narratives as texts to analysing "narrative-in-context" (Georgakopoulou, 2007, p. 146). The third article is based on the narrative context analysis of the eight interviews and my field and analysis notes. The context-dependent analysis focused on how context enters these stories in complex choreography and moves on several levels. The different contexts occur in the spaces between the narrator and the listener, between the telling and the setting, between the reader and the text and between the history and the culture (Riessman, 2008). This highlights that the stories in this research are created in the interview moment and exist in a vital and vibrant setting (Klausen et al., 2013). As there are no limits to relevant contexts, I and the other two authors had to decide what should be excluded or included in the context analysis. We focused on the external contexts and described how the dominant narratives of young women in CWIs relate to their stories. We analysed the stories according to Zilber et al.'s (2008) three levels of context:

(i)   the dominant narratives that underlie and give sense to a particular story (macro level);

(ii)   the collective social field in which one's life and story evolve (meso level); and

(iii)   the immediate relations in which the narrative is produced (micro level).

Among many themes in the narratives, one was chosen to be the topic of the last article, mainly because the new Child Welfare Act entered into force at the beginning of 2023. This theme was children's best interests, participation, and human rights in Norwegian CWIs for young people. We used reflexive narrative and thematic analysis to examine possible, probable and preferable futures from the selected narratives.

5.4.2.3   Reflexive Narrative Thematic Analysis

Thematic analysis is a theoretically flexible method (Braun & Clarke, 2019) that suits a wide range of narrative texts (Riessman, 2008). It is an open and exploratory approach in which the analysis starts with theme development (Braun & Clarke, 2019). I used reflexive thematic analysis to consider the participants' stories in this research through a narrative approach, focusing on future social work perspectives. Following Riessman (2008), I analysed the participant interviews with an experience-oriented frame and isolated and arranged the narratives of relevant events into themes. The themes were interpreted as patterns of shared meaning united by future social work, which was a central organising concept. Furthermore, the narratives related what was bad or good in care, preferable care, and participation and lack of participation in CWIs. Participation or lack of participation in CWIs are central themes in future CWS. In reflexive narrative thematic analysis, the researchers' impact on knowledge production is central. Making decisions in the analysing process transparent for readers is required in reflexive thematic analysis, making the researcher's theoretical knowledge visible. The creative labour of coding is part of developing the themes (Braun &

Clarke, 2019). Reflexive thematic analysis is not about following correct procedures but rather the researchers' collaborative engagement with their data and the analytical process. I have illustrated this reflexive analytical process in Table 3 below.

Table 3 Reflexive Thematic Analysis

	Bad in care	**Good in care**	**Preferable future**
Participation	Lack of participation: Not been listened to No discussions with the staff Led to run away	Participation: Being listened to Being trusted Supporting independence	Participation
Facilities	Living alone at a Child Welfare Institution (CWI) Being placed in the wrong type of institution Several placements within a short time Feeling like an institution and not like home	Own space/room Tidy Making it feel like home	To have a normal everyday life To feel like home
Staff	Afraid of the residents Making the residents feel not to be wanted Making the CWI feel like the staffs' workplace and not like home	Caring and loving Good relationship/ bond Room for discussion Boundaries and rules	To not have too many around Discussions with the residents Love and care Honesty

	Bad in care	**Good in care**	**Preferable future**
	Failure to stop drug abuse Focus on diagnoses Doing only the minimum Not spending time with the residents Contributing to residents' institutionalisation	Appraising for good behaviour Appraising for school success Motivating to do well at school and in life Noticing the growth/ effort Doing fun things Making up the lost childhood/ being able to be a child Helping with daily tasks Normalising negative feelings Spending time with residents Treating residents like ordinary young people	Safe adults Setting boundaries Who feels like a family Understanding
Coercive care/ treatment	Lack of competence to act differently Police assistance Psychiatric ward Lack of aftercare	Lack of coercive treatment	No coercive treatment

	Bad in care	**Good in care**	**Preferable future**
Coercive care resulted in	Mistrust towards staff Worsening psychological well-being Fear towards staff Run away Loss of hope Difficulties in talking with staff Triggering trauma		
Other	*Problematic categorisation:* Bad child Useless Too sick to live with other young people Too sick to have a foster family Psychologically ill		To have a family after CWI to rely on

5.5 Research Ethics

The current study was conducted between 2018 and 2019 in Norway following the Norwegian National Research Ethics Committees' guidance (Norwegian National Research Ethics Committees, 2016). The project was approved by the Norwegian Centre of Research Data (2018-58745/3/LH), the Institutional Review Board of the University of

Stavanger (17/01726-11 [29 August 2017]), and each research site and municipality. Written consent was collected from each participant, and they were informed of their right to withdraw their consent at any point during the study. Throughout the study, close attention was paid to ethics of care as the participants told stories about harmful environments. The participants had the opportunity to take breaks or leave if they wished. After each interview, the participants were asked about their experiences while being interviewed, and they had the opportunity to talk and receive further follow-up if needed.

In all research, the possible harms a study can cause its participants must be carefully weighed. The ethical guidelines of institutions (universities, research boards and committees, for example) remind researchers that they have moral obligations to the participants (Ryen, 2021). However, these guidelines are general and cannot cover all possible ethical dilemmas that a researcher may encounter in the field, as these dilemmas are situated and specific to the study (Ryen, 2021). Codes and consent, confidentiality and trust are the core of the generic guidelines for which each researcher must account in their study (Ryen, 2021). I will outline the problems with these guidelines and reflect on my study with young women with backgrounds in out-of-home care.

Informed consent refers to the written (or oral) agreement between the participants and the researcher whereby the participants are informed of the nature of the study and their right to withdraw at any point without explanation or penalty. It is also necessary to explain to the participants how their interviews are stored and to remove any sensitive data whereby the participants can be identified. With written consent, the participants give the right to use the interviews in the study. The tricky part is that neither the participants nor the researcher knows prior to or during the interviews how they will be used and how the data will be analysed, making it difficult for participants to know what they are actually consenting to (Ryen, 2021). The researcher interprets and analyses the narratives, which raises the question of ownership and control of the

analysis (Ryen, 2021). I aimed to give concrete study information to my participants, but they all understood the study differently, as explained before.

After the first round of narratives, I sent the transcribed narratives to the participants so they could change the text if they wished. This increased the transparency of the study and hopefully helped the participants feel that they owned the narratives. I also stated that the narratives would be analysed and that parts of them would be selected for the published articles. Only one participant asked not to include the place where she had been recruited in the articles, as she did not want to be recognised. Another issue concerns the "others" the participants talked about while narrating life events. These "others" did not consent to the study but became important parts of the narratives (Ryen, 2021). The dilemma is that we should always consider the harm the research can do to these others and their right to anonymity and privacy (Ryen, 2021). When reading through the transcriptions, I decided that information that could reveal who the participants and these others were, the number of siblings and the type of sibling relations should not be part of the published interviews. I also removed all identifiable data from the transcripts. It is, however, notable that some information about the parents of the young women presents their mothers and/or fathers in negative ways. For example, Ida's parents seem neglectful and with substance abuse problems; Mia's father seem violent and both of her parents as uncaring; and Eva's mother seem as unloving and emotionally abusive. I decided to include these descriptions in the selected narratives, as it was important to tell the background stories as far as how and why these young women ended up in CWI. These were the words of the participants that they used to describe their parents, and none of them removed this information from the transcripts, which weighed more than protecting their parents from unfavourable presentation.

Confidentiality is closely linked with consent and coding, where the researcher aims to protect the participants' identities by removing

identifiable data from the transcripts. The participants in this research were first coded and then given pseudonyms, and all place-sensitive information was also removed from the interviews to protect their identities. While it is important to protect participants from possible harm that research can cause, there is also a possibility of losing ownership of the interviews and data, where the participants do not get credit for their stories, but the researcher does (Ryen, 2021). I have tried to stay as close to the interview texts as possible, and I believe that when the participants read their stories and had the opportunity to modify them, it increased their ownership of their stories. However, even with these precautions, participants can still be identified by family members, social workers and other close people from published quotes (Ryen, 2021). Furthermore, participants themselves can dislike how they are portrayed in research, raising another issue (Ellis, 1986). This might have been the case with Mia, who in her first narrative was portrayed as a young woman with drug abuse and other self-harming issues. This could have been why Mia focused in her second narrative on how well she was doing and that she had been sober for several months. I think the opportunity to re-narrate oneself in the second round allowed the participants to impact how they were portrayed in the research. Thus, this was the focus of the second article. This increased the participants' ownership of their stories and allowed them to re-narrate themselves and their identities.

<u>Trust</u> between the participants and the researcher is necessary for good research practice. This implies that the researcher does no harm and publishes no sensitive data that could endanger the participants (Ryen, 2021), and that the study questions are formulated so that they do not re-traumatise or press them to tell more than they are willing to tell. This implies that the researcher is tuned in and reads the room and the participant for possible signs of distress, gives space not to answer the questions and guides the discussion to more neutral waters. I faced such murky waters with Eva when I asked her to tell me more about her relationship with her mother. Her body language changed, and she

clearly stated that she did not want to revisit the topic. I then guided the discussion to more neutral topics and talked about her future dreams and hopes instead. To understand why she decided to stay outside at nights at the age of 12 and not sleep in her mother's house would have been interesting, but it was more important to protect the trust between Eva and me by letting her decide what to tell about the relationship. It is challenging to build trust with participants who have experienced neglect from the adults around them. Without this trust, there is no flow in the narratives or, as it happened in Anna's case, no interview at all.

As a social constructionist study, its trustworthiness lies in premises other than evaluating the reliability of the participants and the "truth" of their narratives (Ryen, 2021). According to this paradigm, social reality is a "complex, multidimensional and contextual phenomenon" (Ryen, 2021, p. 42). This implies that researchers study how members of certain groups generate knowledge that is treated as "wordling" – something that is real (Gubrium & Holstein, 1997, p. 42). Furthermore, such narratives are "contextually produced, designed for particular audiences, serve purposes [and are] locally produced and embedded in wider cultural contexts" (Ryen, 2021, p. 42). This means that social constructionist moral responsibility in research is grounded in each project's research practice and epistemology (Ryen, 2021). Furthermore, the way I the researcher define social reality, how the research questions are framed, how data analysis is done and how the findings are written are also ethical considerations (Edwards & Mauthner, 2012).

My study participants can be defined as vulnerable. The vulnerability of the participants is based on the fact that they were young minors (12–16 years old) when placed in out-of-home care, and they all had experienced traumatic events and/or neglect in prior placement. Some of them had harmed themselves with cutting, restricting eating and/or substance abuse, and had psychological issues, which also contributed to their vulnerability. Interviewing vulnerable people who have experienced trauma can cause emotional distress if they are revisiting and re-telling

these memories (Witham et al., 2015). It was therefore essential to pay extra attention to the participants' well-being during the interviews. Before the interviews, I informed them of their right not to answer questions they did not want to, and it was up to them how much they wanted to share with me. The narrative interview method with prompting questions to elicit free storytelling allowed the participants to decide what to include and what to exclude. Even though the second round was based on the questions I created from the first-round interviews, the participants were free not to answer them if they did not want to, as stated previously. However, I resist using the term "vulnerable" for my participants, which I will clarify later in 7.1.4.

The participants each received a voucher for their local cinemas as compensation. The amount was symbolic, 150NOK, where the UMRs knew they would get compensation before the interview, but the rest of the participants found out after the last interview. Compensation was offered to the UMRs before the interviews to encourage their participation. Whether this was why they decided to participate in the first round but did not answer the invitation to the second round is unclear, but possible. Using compensation, where the value of the reward varies, is not an unknown phenomenon in research. Participant compensation can affect recruitment; the higher the compensation, the more risks the recruited are willing to take, especially if they can leave out important information about themselves, avoiding the risk of not being included in the study (Bentley & Thacker, 2004). This implies that the lower the compensation, the lower the willingness to participate. I decided not to offer more than a symbolic reward for their participation, as this did not bind the participants to the study. Instead, it was simply a small compensation for their efforts and showed my gratitude towards them.

5.5.1 Narrative Ethics

Narrative ethics offers a framework for understanding one's own and others' experiences and interactions between human beings and culture (Hovland, 2011). The field is broad, but the general acceptance in narrative ethics is that stories capture what is essential and significant in people's lives, and they can thus impact human values and actions (Hovland, 2011), further highlighting connections and similarities in human experience, narrative language, identity and life history (Hovland, 2011). In other words, stories matter and have an ethical nature: they are told from a particular perspective, listened to and reconstructed, and further produced in social work and research practice. Furthermore, narrative ethics "explores the intersections between the domain of stories and storytelling and that of moral values. Narrative ethics regards moral values as an integral part of stories and storytelling […]" (Larson, 2022, p. 25). This is because all narratives involve the question of "How should one think, judge, and act—as author, narrator, character, or audience—for the greater good?" (Phelan, 2013, para. 1). This implies that not only the storytellers—participants and researcher—or the characters of these narratives, but those who read this thesis also have an ethical investment in interpreting these stories. Also, some stories are told, listened to, read, and re-told and have higher value than others. On the other hand, other stories are never articulated, read, repeated, or held as having high value. This way, the moral weight lies not only with the storyteller but also with the listener and the one who further repeats the narrative.

5.6 Methodological and Ethical Reflections Through the Research Process

Miller and Bell (2012) highlighted that ethical considerations are an ongoing part of research. In designing and conducting this research, there were both expected and unexpected challenges, which I reflected on throughout the project. Some of the ethical and practical challenges were

recruiting the participants through gatekeepers, being rejected in the field, interview situations and questions, transcribing and analysing the narratives (reflections in 5.3), inclusion of the participants' narratives in the research articles (see 5.4.1) and the presentation of the participants and the "others" in the papers (see 5.4.1). I will focus on the challenges of recruitment, rejection and construction of the participants in the next section.

5.6.1 Construction of Young Women in Marginalised Locations and Reflections of Recruitment

When I designed the study, I wanted to recruit a group or groups in marginalised positions. During the literature review, I identified two groups on the outer borders of society: young people placed in out-of-home care, especially in CWS institutions, and ethnic minorities, especially unaccompanied minor refugees. The literature review outlines why these groups are defined as occupying marginalised positions both internationally and in Norway. Previous studies constructed these groups as marginalised, and I participated in their further construction in my research. The issue is that the researcher might contribute to the group's marginalisation, excluding them further from society (Bailey, 2016), which I was aware of. I wanted to study young women with backgrounds in out-of-home care because of our limited knowledge, especially the gendered aspect, which is often missing in studies. The recruitment criteria were that the participants needed to be at least 11 years old, live or have lived in CWIs or housing collectives in Norway and identify as girls or young women. Ethnic minorities were encouraged to participate in the study. While determining that the participants met these criteria, I constructed them as young women in marginalised positions (based on previous studies), young women who had backgrounds in CWI or housing collectives, psychiatric care, or were UMRs and/or ethnic minorities. The interviews did not discuss whether the participants in this study identified their positions as marginalised. However, some of their

narratives explicitly mentioned poverty, exclusion from society, other young people and their families, maltreatment, psychological challenges and feelings of worthlessness and otherness, which can contribute to marginalisation. As stated previously, defining and labelling people as occupying marginalised positions can contribute to and deepen their marginalisation. Therefore, I aimed to show in my study that these young women are much more than from marginalised locations, often balancing different identity categories where negative identities intersect with positive ones, resist labelling in their narratives and are able to re-narrate themselves and their lives.

When I decided to research girls and young women with backgrounds in CWIs or housing collectives, I had little knowledge of how difficult it would be to recruit them. As stated previously, I used several recruitment methods, and the process took over a year-and-a -half. During this period, I had ten possible participants, and I lost five of them. This means that the "mortality" of the participants was 50 per cent.

In February 2018, three CWIs and one housing collective for UMRs were willing to open their doors and let me interview their residents. However, one of the residents from one of the CWIs escaped, and another withdrew without explanation. The gatekeeper from one CWI unit was hesitant and sceptical from the beginning, and she finally informed me that the residents were too unstable and traumatised to participate. After arriving at the CWI unit, one of the residents started to feel unsure about participating in my study and withdrew without a reason; I will reflect on this more later in this chapter. Another gatekeeper from the housing collective for UMRs contacted me and informed me that their two residents felt overwhelmed and wanted to drop out of the study. At this point, I had taken a year-and-a-half to plan, reroute the project and recruit. I could not lose any more participants, so I offered them vouchers (150NOK) to the local cinema, and they agreed to share their stories with me. Even though this helped me keep the two participants, they did not answer my invitation to another round of interviews or read their

interview texts, and I lost contact with them altogether. Also, the reward did not gain me more participants. The ethical problems with rewarding participation are outlined previously in 5.5, Research Ethics.

The gatekeepers also decided who was recruited and who was psychologically too unstable to participate in the study. The movement from the planning of whom to research to how to gain access is crucial and needs ethical evaluation of the recruitment strategy (Miller & Bell, 2012). Whereas the issue of voluntary participation is a necessity in every research, using gatekeepers in recruitment can blur this voluntarism and also limit participation from those whom the gatekeepers think are unsuitable for the project or are too vulnerable to participate. The gatekeepers have a controlling role in the recruitment process but can also have power over a specific group of people, making it difficult for them to resist participation (Miller & Bell, 2012). It is also essential to evaluate whether the gatekeepers who denied access to their CWI units were protecting the residents due to assumed vulnerability or the CWI unit in general, including the employees. Accounting for these two distinct reasons for denied access leads to more profound reflection on whom the participants in this research represent and whose stories were not included in this study. To be defined as too vulnerable to participate in a study of young women with a background in out-of-home care in Norway minimises the voices of those from whom we need the most knowledge to be able to assess their best interests and human rights in out-of-home care. The gatekeepers might also have been worried about how the CWI unit and its employees will be represented in the study, touching on the issue of representing the "others" in the participants' narratives. Denied access by the gatekeepers is also resistant to consenting to participate in the study as the "others."

Resistance to participation and the issue of how far the researcher should stretch to obtain participants must also be evaluated. This became an issue while I was in the field when one young woman hesitated to participate in the study. I moved to another house from this CWI unit to

give her more space to think over what she wanted to do. At one point, the employee came to say that the resident did not want to participate that day. When I asked if she wanted to participate the following day, she withdrew from the study. I was disappointed and wondered if something about me made her withdraw, so I sent an email the following day to one of the employees and asked whether I was the issue. I was assured that it was the young woman's psychological vulnerability and not me as a person that affected the situation. I offered that the resident could write to me if she wanted, but I never received anything from her. I had several thoughts about this resistance and how the CWI unit did not want me to stay longer than it took to hold the interviews. Their need to protect the residents from possible extra stress caused by the study was understandable, but this also limited my opportunities to build relationships and gain trust with this young woman and other residents.

5.6.2 Constructing the Researcher

I previously stated my and the thesis's ontological and epistemological standpoints (see 5.1). This chapter will outline how I have been constructed and developed as a researcher throughout the project. The journey has been far from smooth, but I have learned to navigate, make changes and handle disappointment and rejection. Initially, the plan was to travel to India and conduct research with girls and young women in children's homes. Obtaining approval for my research proposal from the university's ethical board took three rounds. There were many reasons why I chose to conduct the research in Norway instead. One main reason was that the idea of a white Nordic woman researching girls and young women in marginalised locations in India started to feel colonialist, outdated and ethically questionable. This led me to ask myself why I wanted to do this research and who would benefit from it. In the early phase of the project, I wrote a chapter to an anthology with my previous supervisor about different theoretical understandings of the child, childhood and the best interest of the child, where a comparison of the

global South and global North perspectives was dominant. I chose not to include this chapter in this thesis, as the research moved away from comparing different theoretical understandings and focused on young women with backgrounds in out-of-home care.

I have already written about the difficult recruitment process and my reflections on that process. I wrote an article about rejection with my supervisors, where we stated that rejection is an act of resistance towards the dominant storytelling of young women in CWIs for young people (Marlow et al., 2022). What remained unwritten was how I felt when the participants told stories about sexual abuse, physical and emotional violence and neglect, and self-harm, including cutting, restrictive eating, drug abuse and attempted suicide. I had physical reactions to these stories, and it was hard not to show emotions. I told them how sorry I was that they had gone through these experiences, and I even reached out and touched Mia when she was crying and ashamed that she was injecting drugs and had overdosed several times. Mia said as well that she was disappointed and felt that no one cared if she was alive or dead. I wanted to say I cared and assure her everything would be okay, knowing I could not promise that. I just sat there and let her tell her story. Afterwards, I wondered if I should do more and what I could do to help Mia and other interviewees. After the interviews, I told them they could contact me, wondering if that was the right thing to do.

I had physical reactions and flashbacks after each interview. I could not sleep, and I was exhausted. It took me a while before I could start the transcribing process, and while transcribing, I had to stop before each section where I knew the descriptions of violence started. I listened to each narrative several times, but it did not get easier. While analysing the interviews, I had to read each narrative several times, and each time I saw images of the events and was overwhelmed by the pain of the young women. What puzzled me was that no one had told me about the physical aspect of research or the emotional labour over the narratives. I wish I could say that I learned how to avoid this, but I guess the bad and good

thing about qualitative research with young people who have experienced trauma and painful events is that you do not get used to it.

I used the feelings evoked in interview situations, which I wrote down in my field notes, while transcribing and analysing the narratives in the analysis. Qualitative researchers use their bodies and feelings, which are essential tools in interviews and analysis. It is well known in qualitative research that data is not "an objective or transparent account of reality" but a constructed version (Ellingson, 2017, p. 128). Data is never neutral (Ellingson, 2017), as objectivity is impossible to achieve. If we remove the emotions and bodies with physical feelings and aim for a neutral and objective research account, we lose an essential aspect of research and analysis. Research is an embodied activity where the participants and researchers do not construct the data with available building blocks but rather with active listening to the words, bodies and emotions and interpreting events together (Ellingson, 2017). Furthermore, the data is in a constant state of flux: after the data is co-constructed with the participants, it changes when analysed by the researcher (Ellingson, 2017). Emotions and physical reactions tell us what is essential and what opportunities there may be to dig deeper. The body is an important tool for making sense of "the mess of human experience" (Jordi, 2011, p. 182). However, it is a painful process, as we cannot ignore what our emotions and bodies tell us. This is embodied knowledge, which is not simply knowledge of the body, "[…] but knowledge dwelling in the body and enacted through the body" (Craig et al., 2018, p. 329).

I learned about embodiment in research and the importance of listening to my emotions and body. I also learned that as a research student, taking care of oneself and being open about one's own struggles is essential. I received support from my colleagues and supervisors, but there were dark moments and doubts such as being rejected in the field, losing half of my participants before the interviews, and losing contact with the two UMR women after the first round of interviews. I also wish I could have done more to help my participants. I feel privileged to be the one with

whom they shared their stories and that they were part of constructing me as a researcher, interviewer, listener, interpreter, analyser and storyteller.

6 Summary of the Findings

This chapter overviews the three research articles that comprise this study. Each article contributes to the literature of young women with backgrounds in out-of-home care, young service users in CWS, and childhoods and younghoods in marginalised locations. Article 1 explores how young women with a history in out-of-home care manage their personal stories and intersecting identities. Article 2 describes how young women with experiences in CWIs tell stories of being children at risk who have become young adults managing everyday life. Article 3 explores residents' participation in CWIs as underlined in the new Norwegian Child Welfare Act in the possible, plausible and preferable futures.

Table 4 provides an overview of the three articles, the journals that published or accepted them, and their research questions, methods, and data. After that, the main findings are summarised in each article where the findings originated. Discussion of the findings will be presented in 7.2.

Table 4 Overview of the Articles, Journal, Status, Research Questions, Methods and Data

Title	Journal	Status	Research question	Data and methods
"No one saw us, and no one did anything": Young women with a history in out-of-home care narrate management of (in)visibility and intersecting identities	*Nordic Journal of Social Work Research*	Published, co-authored with Hulda Mjøll Gunnarsdottir and Ingunn Studsrød	How do young women with a history in out-of-home care manage their personal stories and intersecting identities	8 narrative interviews of 5 participants, feminist listening guide
Personal Stories of Young Women in Residential Care: Health-Promoting Strategies and Wellbeing	*International Journal of Environmental Research and Public Health*	Published, co-authored with Rita Sørly and Heli Kaatrakoski	How do young women with experiences in residential care tell stories of being children at risk who have become young adults managing everyday life	6 narrative interviews of 3 participants and field notes, narrative context analysis
Service User Participation in Child Welfare Institutions: Possible, Plausible and Preferable Future	*Nordic Journal of Wellbeing and Sustainable Welfare Development*	Accepted for publication, co-authored with Rita Sørly and Heli Kaatrakoski	How to increase participation among young women in Norwegian CWIs in the future	3 narrative interviews of 3 participants, narrative reflexive thematic analysis

6.1 Article 1: "No One Saw Us, and No One Did Anything": Young Women with a History in Out-of-Home Care Narrate Management of (In)visibility and Intersecting Identities

This article is based on eight narrative interviews of young women with backgrounds in out-of-home care in Norway. It explores how young women with a history in out-of-home care manage their personal stories and identities. A feminist listening guide was used to analyse the gaps and silences in the participants' narratives because these highlighted difficult topics and what the participants could not or did not want to narrate. We further applied a feminist intersectional perspective and explored the complexity of these young women's identities. Our analysis identified the management of intersecting identities, (in)visibility and agency in participants' stories. Based on the analysis, we recommended an intersectional perspective in social work practice. This paper highlighted the importance of listening to the voices of young women in marginalised positions. This can help better understand how they manage their personal stories, intersecting identities and disadvantaged social locations before, during and after out-of-home care. The analysis identified three main themes from the narratives: (i) construction of negative identities, (ii) construction of positive identities and (iii) management of intersecting identities.

Negative identities that the participants constructed were, for example, a person being institutionalised, abnormal, dangerous, unwanted, a burden, a drug addict, psychologically ill, a self-harmer, unworthy, unlovable and a bad girl or young woman. These negative identities intersected with the following positive identities: having stamina, being good and smart, being survivors of violence, encountering neglect and repressive policies and being agents in their own lives.

The article contributes to feminist intersectional theory's development of identity categories within traditional identity categories (socioeconomic class, gender and race). It brings new insight into what it is to be a young woman with a background in Norwegian out-of-home care.

6.2 Article 2: Personal Stories of Young Women in Residential Care: Health-Promoting Strategies and Well-being

This article is based on two participants' narratives and my field notes and focuses on the resistance to negative descriptions of young women in CWIs and how the participants resist these "big stories" circulating in social work practice and research. Furthermore, the article illuminates how young women with backgrounds in CWIs narrate their experiences of being children at risk and becoming women managing everyday life. We used contextual analysis at the macro, meso and micro levels, focusing on how personal stories can influence interdisciplinary social work services. The findings of this article show resistance to dominant narratives on different levels in the chosen stories.

For example, while telling a dominant story of childhood deprivation, Ida resisted showing movement away from being a child at risk and becoming a mother who takes care of her daughter when bringing her with her to the interview. This resistance happened at the macro level, where dominant narratives give sense to particular stories. This highlights the need to analyse interview situations and how the participants present themselves, as stories are not just spoken words but also physical actions—what we do while telling a story. Mia's story was interpreted at the meso level, where the narrative relates to her sociohistorical context. In Mia's narrative, she resisted coercive treatment and her previous narrative of herself as an injecting drug addict and mentally unstable, which resonated with the dominant narratives of

young women in out-of-home care (Nordahl & Sørlie, 2021). At the micro level, Anna's resistance to storytelling can be interpreted as using power to resist storytelling and a silent resistance to reproducing dominant narratives. Perhaps Anna refused to tell the dominant narrative of the "damaged" young woman in CWI, and in this way resisted storytelling. We interpreted that untold stories also have a function in interdisciplinary social work practice that shows the need to respect and give space to service users and understand what silence means. Silence can also protect service users and express health-promoting strategies in terms of taking care of themselves.

Resistance can create space to reconstruct and re-narrate reality and help understand the meaning and power of storytelling and silence. Participants' resistance can be a tool to rebalance power between social work practitioners and service users. Based on this analysis, we suggested that interdisciplinary collaborative social work should emphasise service users' personal stories to a higher degree and increase user participation in CWIs.

6.3 Article 3: Service User Participation in Child Welfare Institutions: Possible, Plausible and Preferable Future

The article explored residents' participation at CWIs as outlined in the new Norwegian Child Welfare Act. In addition, the article focused on the human rights of young people who are under the care of child welfare. The new CWS law and reform came into force on the 1st of January, 2023, aiming to update the 30-year-old Child Welfare Act for the needs of today's Norwegian society and contributing to bettering child welfare work (NRDCF, 2021). The new law follows the recommendations of the Child Welfare Act Committee, in which human rights are central and the weight is on the UNCRC (NRDCF, 2021).

The new law strengthens young people's human rights, participation and right to be heard, sets standards for the quality of care, underlines preventative actions towards coercive measures and sets regulations for placing young people in solitary institutional care (NRDCF, 2021). The quality-of-care sets competence requirements for employees at CWS and in CWIs, where the leaders should have master's degrees in child welfare or social studies, and other employees should have at least bachelor's degrees in child welfare, social work or learning disability nursing (NRDCF, 2021). In addition, the new law sets requirements for proper staffing in CWIs (NRDCF, 2021).

The article focused on the future of CWIs for young people in Norway. It highlighted that future-oriented research on CWS can provide vital clues to how such services can practise what is in the child's best interests and give attention to more user-oriented practice. Narrative thematic analysis was used in this article to analyse the stories of three participants with different backgrounds and experiences in Norwegian CWIs. The article discusses how the new Child Welfare Act can affect service users' participation and increase their human rights in CWIs for young people in the possible, probable and preferable futures. The article's relevance to the international field is its focus on the human rights of children and young people and how well the child's best interests are maintained in CWIs.

The narrative thematic analysis of three young women's narratives revealed both participation and lack of participation in CWIs and that their human rights or best interests were not supported on several occasions. In particular, their rights against long solitary placement, inhuman and degrading treatment and deprivation of liberty were insufficient in some participants' care, where coercive measures and solitary and psychiatric ward placements were used excessively.

The possible future or what *may* happen looks bright when the residents' human rights and right to participation in their care are taken seriously

and the employees' competence is assured. However, if the new law is ignored or there is no follow-up assessment showing that the new law has been taken seriously, nothing will change for the better unless the employees are caring and encouraging towards the residents. This means that the quality of care would vary across CWI units, where it is up to the employees how they would look after residents.

In the negative plausible future or what *could* happen based on what we know today, nothing would change, or the change would be minimal. This is possible, as the best interests of the child principle has been incorporated into the Norwegian Constitution since 2014, implying that human rights are every child's constitutional right. Previous studies have shown that the best interests of the child and residents' human rights have not played a central role on several occasions when tailoring care for young people, nor have they been followed up by child welfare after placement (Norwegian Office of the Auditor General [NOAG], 2020). However, the plausible future could look bright if the residents' human rights were taken seriously, their best interests were assessed, and the quality of care improved if employees' competence were increased through education. In the plausible positive future in Norwegian CWIs, the residents would be looked after by caring and encouraging staff who would prepare the young people for life after care.

A preferable future is a vision or wish that residents and/or social work practitioners have for the best future they can imagine. The participants' preferable CWIs would have competent practitioners with less coercive measures, residents' participation in their care would increase, and their human rights and best interests would be considered. Included in this vision would be CWI facilities that feel like home with caring adults who provide care that gives positive experiences and tools to improve lives after care. In addition, participants wished to be placed in group CWI instead of solitary placement. All participants also preferred early intervention and placement into good foster families.

7   Discussion

In this chapter, I will first discuss the methods used in this study, followed by discussion of the findings.

7.1   Discussion of Methods

I have previously outlined some considerations of the methods used in this study and the construction processes. In this chapter, I will discuss the issues in the study's methodology in the following order: preconceptions of the study, ownership of the narratives and conducting interviews with a group in marginalised positions. Finally, the study's trustworthiness will be considered.

7.1.1   Preconceptions of the Study

As this study has a social constructionist approach and narrative methodology, the preconception was that new knowledge about childhoods and younghoods in marginalised positions would be constructed by me and the participants in interview settings. Furthermore, when using narrative methodology, I adopted the view that narratives can help us see different layers of meaning that can contradict each other and can help us better understand individual and social change (Squire et al., 2013). Based on the literature review, I assumed prior to the study that there exists a group of people who have had childhoods and younghoods in marginalised positions, and they have therefore ended up in out-of-home care (e.g. Greger, 2017; Hernæs, 2020; Jozefiak et al., 2016). This was evident in the participants' stories of physical and psychological violence and poverty in their upbringing and invisibility at kindergartens, schools and CWS. When I decided to interview girls and young women with backgrounds in out-of-home care, I thought that this group of people had something to say about this gendered aspect. I did not assume that they are in even more marginalised positions than

boys and young men with such backgrounds, but that in research gender is often overlooked (Svendsen & Paulsen, 2021). However, the participants in this study did not directly talk about what it was to be a girl or a young woman, although this was implicit in their narratives when they talked about looking after their siblings or their children, sexual violence, hygiene while in flight, and when they compared their experiences of the care to the care that boys and young men in out-of-home care received. I also wanted to hear about positive experiences in out-of-home care and the participants' hopes and dreams. Two of the participants told negative care experiences where coercive care measures were used but not heard or seen. One of the participants had negative experiences in foster care but mainly positive experiences in CWI. The two unaccompanied minors had little to say about their housing collective, and the focus of their stories was on escaping their situations. This study aimed to gain insight into how young women with a history of out-of-home care perceive their marginalised locations and narrate their experiences before, during and/or after out-of-home care. All of the participants' narratives were about marginalisation, and they all narrated experiences prior to care. However, the two unaccompanied minors did not talk about life after the housing collective, since they did not participate in the second round of interviews. All participants had hopes and dreams connected to fulfilling their education, having a family and working with helping children and young people in CWS. I think these themes show layers in the participants' stories and identities, sometimes contradicting each other.

7.1.2   *Participatory in the Research Design*

"Participant" and "participatory" respectively describe the role and activity that one plays or performs in narrative (and other) research (Birch & Miller, 2012). These concepts reflect how the researcher "approaches, understands and maintains the research relationship" with participants in a given study (Birch & Miller, 2012, p. 94). Ideally, the

research participants participate actively in the study when creative methods allow this participation. Initially, I chose narrative interviews with the story-crafting method. The first one is described in the methods chapter 5.3.1.3. In story-crafting, the participants first tell their stories, and the researcher writes them down; after that, the stories are read back aloud to them, and the participants then craft the story as many times as they want to, and this product is analysed with them (Riihelä, 1991). I had also planned workshops to conduct this analysis. To go through the several sessions that story-crafting would have required, the participants, the CWI and the housing collective would have to be willing to commit to the project, which did not happen. Participants wanted to give interviews, not craft or analyse the stories. The research fields did not want me to spend more time than necessary to conduct the interviews in their units. Story-crafting shrank to the fact that the young women had the opportunity to read their interviews and change them as much as they wanted. As stated in 5.3.1.3, only three read their narratives, and none made any changes. Achieving full participation in research projects demands not only that both researcher and participants share an interest in and knowledge of the participatory research (Birch & Miller, 2012) but also that the research sites support this. This leads to another question of whether it is possible to research "others" who are not "us", and if so, how to engage these "others" in participatory research (Fawcett & Hearn, 2004). Perhaps this methodological, epistemological and emancipatory (Fawcett & Hearn, 2004) question gives a better understanding of why the participatory design in this research did not fully materialise. I was not part of "them," as I have never lived in out-of-home care or run away from home, and I am a white, academically educated, middle-aged Finnish woman, and in some perspectives, belong to the middle class. Otherness links with participation, as in one perspective those with no direct experience of the research area should not research those with experience and cannot equally participate in the research with the participants (Fawcett & Hearn, 2004). On the other hand, participation can be defined differently, where the researcher plans the research

agenda, and the participants in the research have the power to impact how the participation is done and to choose to some extent what methods will be used (Fawcett & Hearn, 2004). From the latter perspective, the young women in this research had an impact in that story-crafting was not used in the complete sense and how much they wanted to participate. Nevertheless, they did not participate in interpreting the interviews, leading to the next issue: Who owns their stories?

7.1.3   Ownership of the Stories

Narrative research is an interpretative practice where participants interpret past events, themselves and people around them, and the researcher interprets the narrated stories when analysing them (Josselson, 2011a). The stories are constructions of the participants' memories and themselves. I touched on the issue of narrating others in 5.5, and here the focus is on ownership of the stories told by the participants. Every interpreter interprets the narrative based on their meaning-making point of view, which means that the story acquires layers of interpretation from the storyteller, the researcher and, in the end, from the reader (Josselson, 2011a). The story evolves from the actual event to the point that it is read, re-analysed, and re-told. This implies that the analysed narrative differs from the original the participant has told, which can be quite different from her understanding of the story (Josselson, 2011a). Does she still own her story, or is this story still about her or an interpretation of her narrative self and the story? The young women in this study shared their constructed experiences of past events, and their interest lies in their understanding of these events (Josselson, 2011a). My and other researchers' interest lies in the participants' expertise in these events and what knowledge I can communicate to social work research to improve some aspect of social work practice. The primary interest of narrative research is evaluating events as "this represents how the narrator constructs meanings" (Josselson, 2011a, p. 40). The narrative itself offers cues to how the

narrator constructs these meanings and how she thinks the narrative should be read. However, readers add different meanings and have different meaning-making processes (Josselson, 2011b). How I interpreted and re-told the stories in the context of analysis might differ significantly from the meaning-making processes of the participants.

7.1.4   Conducting Interviews with a Group in Marginalised Locations

Several questions arise when studying groups in marginalised locations such as young women with backgrounds in out-of-home care. In this thesis, I have discussed the participants' marginalised positions and how labelling them as marginalised can deepen their marginalisation in 5.6.1. In this section, I will discuss their vulnerability, giving them a "voice", and achieving improvement in social work practice and policies.

Vulnerability can be defined in several ways. On the one hand, it is understood to be a concept or an idea that paternalises and oppresses individuals and is used to expand social control to stigmatise and exclude people (K. Brown, 2011). On the other hand, vulnerability has transformative qualities and is central to human beings' lives, functioning as a theoretical basis for justice and freedom (K. Brown, 2011). The concept of vulnerability is similar to marginalisation because when labelling someone as vulnerable or marginalised, the labelled individual becomes less powerful (Klausen, 2016).

One question is what we really achieve with our study to improve practices and policies concerning research and whether they are better off after the research (Bhopal & Deuchar, 2016). It is difficult to assess the impact of this research on the participants' lives or possible impact on social work practice. However, I will return to this in 8.1.

Another issue concerns giving a "voice" to the participants and whether we improve social justice and inclusion through the research (Bhopal &

Deuchar, 2016). From my point of view, the participants have always had a voice; they have reached out and talked about violence, neglect and repressive policies to surrounding adults who failed to help them or did not listen to or believe them. Many issues that they faced when growing up were visible, but the adults around them failed to see them. I did not give them a voice, but I listened to them and wrote down their stories in the hope that it would contribute to other girls and young women in similar situations being seen and heard and that they would obtain justice. I cannot change what has happened to the participants or mitigate the injustice, but taking their stories seriously and including them in research is my attempt to give them social justice.

There is also a question about the participants' vulnerability and the right to research them. The young women in this research told stories about events where they were in vulnerable positions, but does this necessarily mean they are vulnerable? None of them defined themselves as vulnerable, and deciding to participate in the study was voluntary. All the participants wanted to tell their stories, and it was important for them to participate in a research project. It is always necessary to weigh possible harm to study participants, whether the participation contributes to their vulnerability, and the benefits of the study – the positive impact of being able to tell their own story.

I have made a conscious decision not to label my participants as vulnerable because, as Klausen (2016) stated, we have to be careful when labelling people as such because this contributes to making them less powerful. When denied access to them or if they stay longer to observe at CWIs, gatekeepers labelled the residents as vulnerable. They wanted to protect them from any possible harm that the interviews and observations might cause to the residents. On the other hand, the gatekeepers limited the possibility of building trust and the residents' participation in the research. In this way, assumed vulnerability was used both to protect and control the residents. Similarly, research ethics revolves around the issues of researching vulnerable groups, but what

about groups labelled as vulnerable? Do they see themselves as too vulnerable to be researched? Kogstad et al. (2014) state that there is no evidence that people in mental health services want to be protected from possible harm from research. This implies that whether a particular group is too vulnerable to be researched should be left to them to decide. Participants in this study were more than capable of self-insight and controlling what they wanted to disclose in interview situations.

7.1.5   *Trustworthiness of the Findings of the Study*

I am not defending the study's objectivity or the participants' narratives' trustworthiness in this section. As stated throughout the methodology chapter, this study has a social constructionist and narrative research design. The participants' narratives reflect the constructions of their lives and the significant people in these stories. Whether these stories are true descriptions of the events might be difficult to prove, especially for those two who did not read their narratives or come to the second round of interviews. This is because the participants verified and repeated the events from the first narratives in the second round. However, according to Loh (2013), the trustworthiness of the narratives can be assessed in that those containing trustworthy elements are those narratives with rich details of events and rich descriptions of the "others." This follows that "the truth is in the details" (Loh, 2013, p. 9). Stahl and King (2020) stated that qualitative research has different rules than quantitative research, as it "does not seek replicability" (p. 26). This is because in qualitative research, the findings are often different at different times, in different places and with different researchers (Stahl & King, 2020). This is especially true in social constructionist research because reality is constructed between the researcher and the researched in particular research settings. Trustworthiness is treated differently in social constructionist narrative research.

According to Lincoln and Guba (1985), there are four criteria for trustworthiness: credibility,   transferability,   dependability,   and

confirmability. Confirmability, which means "getting as close to objective reality" as qualitative researchers can (Stahl & King, 2020, p. 28), will be left out of this discussion because this is social constructionist research, which does not claim objectivity. Instead, I focus on the first three in the following section.

Credibility can be obtained differently, involving participants to verify the researcher's interpretations of the data (Stahl & King, 2020). In this research, the participants had the opportunity to read and comment on their transcribed interviews and answer deeper questions in the second round based on their first narratives, which increased the credibility of the findings. Also, my two supervisors have checked my interpretations of the data and helped me choose narratives for the research articles, contributing to the study's credibility (Stahl & King, 2020). Loh (2013) offers another layer to assess credibility in narrative studies: verisimilitude. This aims to show whether the study results are believable and the reader can place oneself in the events of the narratives and experience similarity with the narrator and understand "the decisions made and the emotions felt by the participants in the study" (Loh, 2013, p. 10). The narratives and their excerpts in the research articles are descriptive and give the reader a believable picture of the events and the participants' feelings, contributing to the credibility of the findings. In addition, the data includes my field and analysis notes, providing layers to the narratives and implying that the data is thickly descriptive of the constructed events told in interview situations (Stahl & King, 2020).

Transferability is linked with thick description, where the qualitative study seeks to "expand understanding by transferring findings from contexts to another" (Stahl & King, 2020, p. 27). This is done by comparing the study results with those of other studies conducted in similar contexts. This comparison is done by comparing the results with previous research in similar fields or with similar theoretical frames. I have done this in Chapters 2 and 3. In addition, each research article compares the study results with previous research.

Dependability is achieved when another researcher confirms the trustworthiness of the findings and interpretations (Stahl & King, 2020). The research papers have all been peer-reviewed by journals, but I have also discussed them with my colleagues, two supervisors and co-authors. In addition, I have been open to the biases that my interpretation of the narratives may have and my involvement in defining what is included and what is left out of the research papers. This is discussed in detail in 5.4 and 5.4.1 and contributes to the dependability of study findings.

Utility is the ultimate test of narrative studies (Riessman, 2008). It assesses the study's relevance and usefulness to the research community (Loh, 2013) and asks if this research can become a basis for other studies (Riessman, 2008). This can be tested similarly with dependability, where the articles are co-worked with co-authors and supervisors and peer-reviewed by journals (Loh, 2013). I believe the study results are useful for people researching young people in out-of-home care, as they help to understand the situations that this group of people are in and the problems they face (Eisner, 2017). The results go beyond the existing information on young women in out-of-home care and provide knowledge of how they see themselves, the people around them and the out-of-home care facilities (Eisner, 2017). The findings highlight the participants' experiences before, during and after out-of-home care as girls and young women in marginalised positions (Eisner, 2017). The results deepen and broaden our existing knowledge of young women in out-of-home care and help us understand how and why they are in marginalised positions and invisible both in society and research (Eisner, 2017). The findings also inform how CWS and out-of-home care can help to prevent marginalisation and invisibility, which will be discussed in Chapter 7.2.3.

7.2 Discussion of the Findings

The three research articles contribute to understanding how young women with backgrounds in out-of-home care narrate their

marginalisation and challenging experiences. The articles also have three combined contributions:

1.   The participants had both good and bad experiences in out-of-home care;
2.   They narrated marginalisation, (in)visibility and violation of their human rights prior, during and/or after out-of-home care;
3.   Their preferable future concerned personal hopes and dreams and how they prefer CWIs.

In the following, I will discuss the implications of these contributions. First, the experiences of young women in out-of-home care are seen in the light of human rights. Second, the narrations of lives before, during and after out-of-home care are discussed in relation to marginalisation, (in)visibility and human rights. I end the chapter by discussing the participants' hopes and dreams for a preferable future.

7.2.1   *Good and Bad Experiences from Out-of-Home Care and Human Rights*

The findings indicate that care practice varied across out-of-home care facilities. The employees contributed to or limited young women's opportunities to improve their lives, showing the agency's relational aspect (Marlow et al., 2023). In relational agency, the agency is interdependent on "others" and is always on a continuum, negotiated between adults, communities and the child or young person (Abebe, 2019).

In good care, the participants experienced being seen, heard, and cared for by loving and caring staff. In addition, the employees in care set boundaries, made up lost childhood, trusted the residents and praised and supported them. Stability in the care situation and having their own rooms contributed to the residents' well-being. In good care, young women experienced participation in their care, and employees were

competent. For positive identity construction, it was vital to be seen as competent and in a positive light.

On the other hand, bad care situations where the young women were seen as psychologically ill and/or incompetent to participate in decisions concerning their care contributed to negative identity construction. In bad care, the competence of the employees was low, especially in terms of coercive measures and provide little or no after-care when encroachments of personal integrity occurred. In addition, trust between residents and employees was low, especially after coercive measures, when police were called to resolve conflicts and when there were excessive placements in the psychiatric ward. The participants felt they were not seen, heard, or cared for in these placements. Wrong type and/or solitary placements contributed to institutionalisation, isolation from other young people and the rest of society, and running away.

Both articles 1 and 3 show how out-of-home care experiences affected participants' self-perceptions and their opportunities to thrive in life after care. According to the new Child Welfare Act, CWIs should offer development opportunities, improve quality of life and give participants the tools they need to establish the life they want after care (NRDCF, 2021). In addition, the residents' best interests should be continuously assessed, and their human rights should always be taken seriously (NRDCF, 2021). As shown previously, a good practice offers development possibilities, improves the residents' quality of life and provides tools for success after life in out-of-home care. However, it is questionable whether bad practices, as stated above, impact positively on residents' development, better their lives or prepare residents for life after care.

International and Norwegian studies of young people in out-of-home care state that they have poorer educational development and higher school drop-out rates than those in in-home care (Backe-Hansen et al., 2014; Bufdir, 2022; Evans, Brown, et al., 2017; Garcia-Molsosa et al.,

2021; Mannay et al., 2017). However, if residents had been placed in out-of-home care before adolescence, they had better educational development and lower dropout rates than those placed during adolescence (Garcia-Molsosa et al., 2021). This shows that early intervention can have a positive effect, although in my study, those young women who narrated bad practices in out-of-home care had dropped out of school prior to care and continued this while in care. After care, they returned to education. Those who narrated good care practice were motivated, stayed in school, and got good grades and a professional education. Other studies also show the importance of emotional support in out-of-home care to achieving better outcomes afterwards (Santos et al., 2023; Singstad et al., 2021; Steels & Simpson, 2017). Care tailored individually and focussed on future possibilities can be restorative and build resilience, making the residents more robust after care and subsequently more successful in life (Lou et al., 2018; Ungar, 2018; van Breda, 2017). The results of this study support the previous research findings.

The study showed how the participants constructed negative and positive intersecting identities while in out-of-home care based on how the employees saw them and how they saw themselves. These identities were further constructed and intersected with other categories in interview situations. This challenges the problematic categorisation in social work practice, which affects how young women with a background in out-of-home care are seen, dimming their multiple and positive intersecting identities—that they are not either/or, but both/and. How other people view and address young women impacts how they see themselves and their feelings of belonging (Heng & White, 2018). Young women with backgrounds in out-of-home care are more than damaged and vulnerable victims, which future social work practice and research must acknowledge. In the participants' narratives, they were also survivors and agents who could take charge of their lives, move on and improve their life circumstances. This is too often missing in

dominant narratives of young women in out-of-home care, which circulate stories of damaged young women in both social work practice and research. These grand narratives are based primarily on quantitative studies that aim to discover young women residents' challenges. These studies are important, but they miss the personal stories of young women with a background in out-of-home care, and how they have overcome obstacles.

7.2.2 Marginalisation, (In)visibility and Human Rights of Young Women with a Background in Out-of-Home Care

Participants narrated marginalisation, (in)visibility and violation of their human rights before, during and/or after out-of-home care. Marginalisation in the participants' context is linked to their status as young women with backgrounds in out-of-home care, low socioeconomic class, having parents who did not support the participants emotionally and/or economically while children and/or young women, and some participants' school absence in middle school. Marginalisation started in the early stages of their lives and continued while in out-of-home care. Invisibility emerged when adults around them failed to recognise them as children at risk and their emotional and physical needs, their humanity and human rights. As stated earlier in Chapters 2.1.1–2.1.3, in Norway, the human rights of children and young people are their constitutional right to freedom of movement and against inhuman and degrading treatment and deprivation of liberty (NRDCF, 2021). In addition, the child's best interest principle is central to the Norwegian Children Act and the Constitution and should always be weighed in cases that consider them, no matter where they live. In the following, I will discuss young women's marginalisation, (in)visibility, and human rights before, during and after out-of-home care. Articles 1, 2 and 3 show how participants were in marginalised positions and (in)visible and how their human rights were violated before, during, and/or after out-of-home care.

Prior to out-of-home care, participants narrated disadvantaged social and/or geographical locations; neglect; emotional and physical violence; being a child at risk; (in)visibility; self-harming; suicide attempts; and feelings of being unwanted, unloved or unworthy. In Norway, every child is constitutionally entitled to protection from discrimination, and their inherent human worth must be safeguarded (Ministry of Children, 2019). Furthermore, public sector employees and other professionals bound to confidentiality have a reporting obligation to CWS when they become aware of harmful and dangerous situations for children. The participants narrated visible conditions such as drug addict parents, deprivation of food and proper clothing, bruises and cuts, and visible self-harm injuries. These findings suggest that neither professionals nor public sector employees fulfilled their responsibility to assist participants while living with their parents. The Children Act serves to safeguard children by prohibiting any violence against them (Ministry of Children and Equity, 2016). It also upholds their right to a childhood devoid of coercion and social pressure, particularly regarding harmful practices (Ministry of Children and Equity, 2016). Recent studies in Norway have revealed concerning trends regarding the psychological well-being of children and young adults, with a noticeable decrease over the past ten years (Bang et al., 2022). In addition, 20% of all young people have reported experiencing some form of violence during their upbringing. Even more alarming is the fact that 5% of all young individuals in Norway have suffered severe physical violence (Aase et al., 2022; Hafstad & Augusti, 2019). According to Helsebiblioteket (2020), approximately 5% of children and young people have suffered from physical and/or psychological neglect. Moreover, Aase et al. (2022) reported a 50% surge in the number of children and young people living in low-income households in Norway in the last four years. The data presented here can be compared to research on young people in out-of-home care, who are typically from low-income backgrounds and have experienced neglect, maltreatment, parental substance abuse or mental health issues (Greger, 2017). As it takes approximately seven years from

first contact with CWS to placement measures (Hernæs, 2020), the children and young people live in conditions that are not suitable, which violates their constitutional rights to upbringing without any form of violence.

The study participants narrated the stark contrast between their lives in various out-of-home care settings. While some facility employees recognised them as capable young women with challenging experiences, others left them feeling isolated, resulting in a notable increase in self-harm and a decline in mental health (Marlow et al., n.d., 2022, 2023). These places lacked the atmosphere of home and instead felt like impersonal institutions. Coercive treatment, getting locked inside, solitary placement, multiple replacements in a short time, and failure to help stop drug abuse increased the feelings of being wrongly treated and misunderstood by employees.

In line with the above, Aussems et al. (2020) found that closed facilities for adolescent girls and young women were regarded as prisons, leading to stigmatisation and a breakdown of trust between residents and staff. Upon examination of the NOAG (2020), it was discovered that Norwegian out-of-home care has failed to prioritise the well-being of children or young people on multiple occasions because of insufficient assessments of residents' needs before placement in the care system, inadequate follow-up by CWS and a lack of quality care provision (NOAG, 2020). Furthermore, the Norwegian Children's Ombudsman has found that young people placed in CWIs often experience negative development, such as negative identity formation, deteriorating mental health, increased self-harm, substance abuse and violent behaviour (Barneombudet, 2020). These negative developments can lead to multiple re-placements and even a solitary placement, which is a sign of failure for those responsible for helping and protecting the young person (Barneombudet, 2020). It is important to note that solitary placements are not justified by the need to protect society from a child, but must

instead be justified by the child's best interests as outlined in the Child Welfare Act (NRDCF, 2021).

The new Child Welfare Act protects children and young people in out-of-home care from inhuman treatment and encroachments on personal integrity. These children and young people have the constitutional right to receive care that prioritises their human rights and best interests. Proper staffing, preventative measures against coercive actions, and regulations for solitary placement are crucial to ensuring the highest level of care for children and young people in residential facilities (Barne- og familiedepartementet, 2021; NRDCF, 2021). The Equality and Human Rights Commission is fully committed to protecting residents' integrity and safeguarding them against any form of inhuman or degrading treatment (NRDCF, 2021).

Residents' participatory rights should be safeguarded and taken seriously to secure just and humane out-of-home care. After all, they have the right to be heard in cases that consider them. Participation in planning care can help to prevent solitary placements, several re-placements, coercive measures and even self-harm. However, this implies that the residents are seen as capable young people whose opinions matter. Proper participation happens when a young person has been actively included in the decision-making process and has a real impact on their own care.

After leaving out-of-home care, participants narrated life being better afterwards and how they have grown away from children at risk to becoming responsible young women. This process entailed becoming a mother who looked after her child, stopping substance abuse, returning to school, and entering a profession. In addition, they resisted dominant narratives of being vulnerable victims of parental neglect and violence. They sharply distinguished between the first and second narratives of the self, taking charge of their personal stories by deciding what and who to tell and in what context. Life after care was also a worry for those with a limited support network. Young women care leavers are often

economically disadvantaged, negatively affecting their satisfaction with life after care (Itzhaki-Braun & Sulimani-Aidan, 2022) and marginalisation.

The dominant international narrative surrounding young people in care is that they may struggle to trust others and form friendships due to past experiences of neglect and violence, as well as the stigma attached to having a history of out-of-home care (Refaeli, 2017). Furthermore, they are often inactive in education or working life as adults compared to their peers (Backe-Hansen et al., 2014; Bufdir, 2014; Helsetilsynet, 2012). In addition, young women who are care leavers may have concerns about their ability to be good mothers, may struggle with drug abuse, may become involved in criminal activity and/or may experience homelessness or engage in prostitution (Dumont et al., 2022). These dominant narratives give essential information about the struggles that young people and young women with a background in care face. However, they also contribute to marginalisation while circulating these damage narratives.

On a positive note, it has been noted in other studies that young people have agency and are capable of taking responsibility for their lives, even in the face of negative stereotypes and labels of having a background in out-of-home care (Hlungwani & van Breda, 2020; Mannay et al., 2017; Reime, 2018). The narratives in my study showed how significant it is for young women care leavers to plan their future and envision possible selves, which is similar to Dumont et al.'s (2022) findings. My study also showed that young women managed their lives and challenging experiences while facing obstacles. In addition, after leaving care, they constructed multiple positive intersecting identities, as stated above. They became more than their emotional and physical scars. Therefore, it is essential to let young women with backgrounds in out-of-home care tell the narratives they want to tell and to listen to how they want their lives and identities to be portrayed. They are, after all, young women with hopes and dreams, and they have ideas about how future out-of-

home care could offer better, more sustainable care that considers their human rights and best interests. The goal of sustainable care is to meet both the current and future needs of service users, with a focus on social sustainability (Missimer et al., 2017). This involves personalised services that connect individuals to their communities and environment (Rouse, 2010) and take participatory and human rights seriously. However, it is essential to note that social sustainability requires support, commitment, and resources from organisations (Levy et al., 2022) such as CWS and social work practitioners.

7.2.3   Hopes and Dreams for a Better Future

The young women in this research narrated hopes and dreams connected to education, work, family and health. They also narrated what they wished for from future out-of-home care, though these were between the lines and were connected to practices that they found good and bad. In preferable future social work practice, residents' human rights and best interests should be taken into account and would have a real impact on how care should be individually tailored. A vision of creating the best possible future is what a preferable future entails. Social work practitioners, researchers, and service users imagine the future through projections and scenario, and future-oriented social work determines how our notion of the future reflects the present (Marlow et al., n.d.). Articles 2 and 3 show predictions for a preferable future in the participants' private lives and out-of-home care.

In a preferable future, the participants would like to live closer to their siblings, have loving families around them, finish their educations, have meaningful jobs, and help others with similar backgrounds. Similar findings have been done by Dumont et al. (2022). The participants' hopes and wishes for the future were not extraordinary. However, for those who have had challenging experiences throughout their childhoods and younghoods, a balanced life surrounded by loved ones with a steady income is not something they can take for granted.

In a preferable future, participants would prefer residents to participate more in their care and be part of planning and deciding on the methods used (Marlow et al., n.d.). In the new Child Welfare Act, participation is highlighted, indicating that in the future care in CWI, the residents would be part of planning their care and decision processes (Marlow et al., n.d., 2022). Furthermore, in the preferable future, the facilities would be more home-like, they would have normal cutlery, and residents would be able to make their rooms more their own (Marlow et al., n.d., 2022, 2023). How the facilities should be is not regulated in the new or the old Child Welfare Act. In preferable future CWI, there would not be too many employees, the staff would discuss treatment with the residents, the employees would be safe, loving, caring and honest, and they would set boundaries and be understanding (Marlow et al., n.d., 2022). In addition, in the preferable future CWIs, there would be no coercive measures, and if there is a need to use them, the reasoning should be explained, and sufficient aftercare should take place when it has been used. As stated earlier, coercive measures in some CWIs have been excessive, and prevention measures and aftercare have been minimal (Barneombudet, 2020). This implies that other measures should be used in preferable CWIs, and encroachments on residents' integrity should be avoided.

Perhaps in the preferable future, CWIs would have user panels where residents could be heard and seen and have a real opportunity to impact how the services would be tailored. After all, marginalisation should not deepen while in care, and residents should be recognised as agents in their own lives. Young women are in many ways in marginalised positions in Norwegian society and care facilities. Marginalisation happens, but the real challenge is how to best support young women with challenging backgrounds in the centre of Norwegian society and out-of-home care. Participants in this study have learned that they are invisible to people around them and that their opinions, wishes and hopes do not matter. Care practices that use coercive measures, solitary placements and isolation are not preparing residents for life after care. Because too

many residents have negative developments while in care, we need to move away from practices that contribute to worsening the young people's psychological and physical well-being, invisibility and marginalisation. We need to move towards practices that emancipate residents. Participatory rights in care are residents' human rights. Future research needs to follow up on the new Child Welfare Act's impact on out-of-home care, and social work practitioners must take residents' human rights and best interests seriously. Otherwise, development towards more sustainable out-of-home care might not happen.   As stated earlier, more sustainable out-of-home care is individually tailored (Rouse, 2010) and meets residents' needs now and in the future (Missimer et al., 2017).

The young women in this study possess valuable insights into the social problems they face before, during and after out-of-home care. They are competent in informing us about these issues, including marginalisation and poverty, and have ideas on minimising them. For example, the participants narrated the importance of early intervention when a child or a young person is neglected, abused physically and psychologically, is self-harming and is in geographically or socially marginalised locations. In addition, their stories illuminated how important it is to have adults around who support and help improve their lives and have out-of-home care that gives tools to success in life after care. Since social problems cannot be solved solely on a micro level, collaborative measures are required to address the structural issues that young women with backgrounds in out-of-home care experience. These structural issues are challenges in CWS, out-of-home care, and Norwegian society that contribute to young women's marginalisation. We need more innovative solutions for these problems. Social innovation in care and CWS can develop services and models of governance, empowerment and capacity-building (The Young Foundation, 2012). Being open to new methods and ideas and willing to take risks is essential for social innovation (The Young Foundation, 2012) and innovative social work

practice. This involves trying out new ideas and learning from service users.

8 Concluding Remarks

8.1 Implications for Social Work Practice and Future Research

The first practical implication of the study reveals that the intersectional perspective in social work practice can help in understanding the complexity of the identities of young women in marginalised locations and out-of-home care. To achieve this, social workers must pay close attention to the small stories of everyday life and how they fit into the dominant narratives that reproduce and recirculate big stories of young women in out-of-home care. These stories can contribute to further marginalisation, as they often depict them as "troublemakers," "victims," and "damaged."

The second practical implication of the research to social work practice is that social workers can benefit from focusing on how young women with a history in out-of-home care tell (or refuse to tell) stories about being children at risk who have become young adults managing everyday life, as this will help social work practitioners better understand how service users resist negative dominant stories.

The third practical implication of social work practice is acknowledging the importance of human and participatory rights of young people in out-of-home care. In addition, future-oriented research on Norwegian and other countries' CWS can provide us with essential clues to how social work services can support the best interests of the child and the young person. A narrative analysis focusing on the possible, plausible and preferable futures in CWIs can offer visions of how to develop more sustainable and user-oriented services.

The overall aim of improvement to social work practice that this research wanted to achieve was to make young women with experiences from out-of-home care visible. It might be that the participants did not gain more

than a voucher to the local cinema, but telling their story to someone interested in listening may have been healing and empowering. The impact on social work practice might be small or non-existent, but at least the service users had the opportunity to talk about the services they received. Furthermore, their narratives of being a young woman who has had childhood and youth in marginalised positions, lived in out-of-home care and become a young woman who has agency are now out there in the form of research articles. These stories can empower social work practitioners, who can thereby learn what it is to be a service user on the receiving end of social work. Narratives of service users can help to improve social work practice and inform how the movement from marginalising practice towards more sustainable practice can be achieved by considering young women's participatory and human rights and best interests.

8.2   Closing Remarks

This study aimed to gain insight into how young women with a background in out-of-home care in Norway perceive their marginalised locations and narrate their experiences before, during and after care. The research explored how the participants perceived their childhoods and younghoods. Additionally, the study focused on how agency and possible oppression were present in their lives.

The research adopted a social constructionist approach and narrative design, focused on the participants' narratives they performed and constructed in the interview settings with me as a researcher. This study's relevance to social work research is the challenge to negative stereotypes of young women in out-of-home care as "victims" or "damaged," using the experiences of five young women from marginalised locations. Understanding childhood and younghood from the perspectives of children and young people in marginalised locations can improve conditions for those in out-of-home care, refugee minors, and children who receive help from child welfare. In addition, this study can shed light

on how CWS and out-of-home care can help prevent marginalisation and invisibility by focusing on the human rights of children and young people.

The narratives of this study showed how participants occupied marginalised locations in the early stages of their lives and how this continued throughout their stay in out-of-home care and early adulthood. The young women's stories also highlighted how they resisted stereotypical categorisation, as well as how they navigated between intersecting identity categories, depending on with whom they were sharing their narratives, and showing the need to give them room to re-narrate their own stories. The participants told stories of wounding events, neglect, violence and (in)visibility, but also how they constructed both positive and negative identities while encountering challenges in their lives. They narrated survivor, agency, growth, and what mattered in their lives. Their stories showed how important it is to be seen, heard, and loved by adults around them. They weighed the necessity of being able to participate in their care and how this can contribute to better care situations and relationships with employees and prevent coercive measures.

Innovative social work practice should focus on new methods whereby service users would be more involved in all levels of improving social work. On a micro level, young people could focus on improving their care. On the meso level, they would show how in group homes, care would be focused on preventative measures instead of coercion and how to prepare the residents for life after care. On a macro level, they would have more impact on policymaking that involves out-of-home care, where the prevention of marginalisation and negative development would be the focus. Service users would thus have real participation and impact on policymaking, and out-of-home care would move towards more sustainable care services, which would prevent residents' marginalisation and negative development and give tools for success in life after care.

9 References

Aadnesen, B. N. (2015). Forståelse av barnets beste i et flerkulturelt samfunn. In E. Kipperberg (Ed.), *Når verden banker på: Nye utfordringer for profesjonsutøvelse* (pp. 235–250). Fagbokforlag.

Aarbakke, M. M. (2022). *432 barn og ungdommer har forsvunnet fra norske asylmottak. Politiet leter sjelden etter asylsøkerne*. NRK. https://www.nrk.no/vestland/432-barn-og-ungdommer-har-forsvunnet-fra-norske-asylmottak.-politiet-leter-sjelden-etter-asylsokerne-1.16184402

Aase, H., Wang, M. V., Holt, T., & Helland, M. S. (2022). *Barn og unges oppvekst og levekår*. Folkehelseinstituttet. https://www.fhi.no/nettpub/hin/samfunn/barn-oppvekst/

Abebe, T. (2019). Reconceptualising Children's Agency as Continuum and Interdependence. *Social Sciences (Basel)*, *8*(3), 81-. https://doi.org/10.3390/socsci8030081

Abrams, L. S. (2010). Sampling 'Hard to Reach' Populations in Qualitative Research: The Case of Incarcerated Youth. *Qualitative Social Work : QSW : Research and Practice*, *9*(4), 536–550. https://doi.org/10.1177/1473325010367821

Albertson, K., Crouch, J. M., Udell, W., Schimmel-Bristow, A., Serrano, J., & Ahrens, K. R. (2018). Caregiver perceived barriers to preventing unintended pregnancies and sexually transmitted infections among youth in foster care. *Children and Youth Services Review*, *94*, 82–87. https://doi.org/10.1016/j.childyouth.2018.09.034

Algarin, A. B., Zhou, Z., Cook, C. L., Cook, R. L., & Ibañez, G. E. (2019). Age, Sex, Race, Ethnicity, Sexual Orientation: Intersectionality of Marginalized-Group Identities and Enacted HIV-Related Stigma Among People Living with HIV in Florida. *AIDS and Behavior*, *23*(11), 2992–3001. https://doi.org/10.1007/s10461-019-02629-y

Allroggen, M., Rau, T., Ohlert, J., & Fegert, J. M. (2017). Lifetime prevalence and incidence of sexual victimization of adolescents in institutional care. *Child Abuse & Neglect*, *66*, 23–30. https://doi.org/10.1016/j.chiabu.2017.02.015

References

Ariès, P. (1962). *Centuries of childhood*. Cape.

Aussems, K., Muntinga, M., Addink, A., & Dedding, C. (2020). "Call us by our name": Quality of care and wellbeing from the perspective of girls in residential care facilities who are commercially and sexually exploited by "loverboys". *Children and Youth Services Review*, *116*, 105213. https://doi.org/10.1016/j.childyouth.2020.105213

Avraamidou, L. (2020). Science identity as a landscape of becoming: Rethinking recognition and emotions through an intersectionality lens. *Cultural Studies of Science Education*, *15*(2), 323–345. https://doi.org/10.1007/s11422-019-09954-7

Backe-Hansen, E., Madsen, C., Kristofersen, L. B., & Hvinden, B. (2014). *Barnevern i Norge 1990-2010: En longitudinell studie* (NOVA Rapport NOVA Rapport 9/14; NOVA Rapport, p. NOVA Rapport 9/14). Velferdsforskningsinstituttet NOVA. https://doi.org/10.7577/nova/rapporter/2014/9

Bailey, A. G. (2016). Extremism, Community and Stigma: Researching the Far-Right and Radical Islam in Their Context. In K. Bhopal & R. Deuchar (Eds.), *Researching marginalized groups* (Vol. 14, pp. 22–35). Routledge.

Bamberg, M. (2004). Considering counter narratives. In M. Bamberg & M. Andrews (Eds.), *Considering Counter-Narratives: Narrating, resisting, making sense* (pp. 351–371). John Benjamins Publishing Company. http://ebookcentral.proquest.com/lib/uisbib/detail.action?docID=622354

Bamberg, M. (2006). Biographic-Narrative Research, Quo Vadis? A Critical Review of 'Big Stories' from the Perspective of 'Small Stories'. In K. Milnes (Ed.), *Narrative, memory and knowledge: Representations, aesthetics and contexts* (pp. 63–79). University of Huddersfield.

Bang, L., Hartz, I., Furu, K., Odsbu, I., Handal, M., Suren, P., & Torgersen, L. (2022). *Psykiske plager og lidelser hos barn og unge*. Folkehelseinstituttet. https://www.fhi.no/nettpub/hin/psykisk-helse/psykisk-helse-hos-barn-og-unge/

Banks, S. (2021). *Ethics and values in social work* (5th ed.). Palgrave Macmillan.

Barne- og familiedepartementet. (2021). *Endringer i lover og forskrifter fra 1. Januar 2022* [Nyhet]. Regjeringen.no; regjeringen.no. https://www.regjeringen.no/no/aktuelt/endringer-i-lover-og-forskrifter-fra-1.-januar-2022-fra-barne-og-familiedepartementet/id2892979/

Barneombudet. (2020). *«De tror vi er shitkids»; Rapport om barn som bor på barnevernsinstitusjon* [Barneombudet Rapport 2020]. https://www.barneombudet.no/vart-arbeid/publikasjoner/de-tror-vi-er-shitkids

Bartky, S. L. (1990). *Femininity and domination: Studies in the phenomenology of oppression*. Routledge.

Bartone, M. D. (2017). 'Nothing has stopped me. I keep going:' Black gay narratives. *Journal of LGBT Youth*, *14*(3), 317–329. https://doi.org/10.1080/19361653.2017.1324342

Bentley, J. P., & Thacker, P. G. (2004). The influence of risk and monetary payment on the research participation decision making process. *Journal of Medical Ethics*, *30*(3), 293–298. https://doi.org/10.1136/jme.2002.001594

Bertaux, D. (1981). Introduction, Biography and Society: The Life History Approach in the Social Sciences. In D. Bertaux (Ed.), *Biography and Society: The Life History Approach in the Social Sciences* (pp. 5–15). SAGE Publications.

Bevir, M. (1999). Foucault and Critique: Deploying Agency against Autonomy. *Political Theory*, *27*(1), 65–84. https://doi.org/10.1177/0090591799027001004

Bhopal, K., & Deuchar, R. (2016). Introduction: Researching Marginalised Groups: Complexities and Dilemmas. In K. Bhopal & R. Deuchar (Eds.), *Researching marginalized groups* (Vol. 14, pp. 1–6). Routledge.

Birch, M., & Miller, T. (2012). Encouraging participation: Ethics and responsibilties. In T. Miller, M. Birch, M. L. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research* (2nd ed., pp. 94–107). SAGE.

Blackie, M., Wear, D., & Zarconi, J. (2019). Narrative Intersectionality in Caring for Marginalized or Disadvantaged Patients: Thinking Beyond Categories in Medical Education and Care. *Academic Medicine*, *94*(1), 59–63. https://doi.org/10.1097/ACM.0000000000002425

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Brown, K. (2011). 'Vulnerability': Handle with Care. *Ethics and Social Welfare*, *5*(3), 313–321. https://doi.org/10.1080/17496535.2011.597165

Brown, L. M., & Gilligan, C. (1992). *Meeting at the crossroads: Women's psychology and girls' development* (pp. viii, 258). Harvard University Press.

Brown, M., & Brown, M. (2011). The Sad, the Mad and the Bad: Co-Existing Discourses of Girlhood. *Child & Youth Care Forum*, *40*(2), 107–120. https://doi.org/10.1007/s10566-010-9115-5

Bruner, J. S. (2004). Life as Narrative. *Social Research*, *71*(3), 691–710. https://doi.org/10.1353/sor.2004.0045

Bufdir. (2014). *Skolerapport: Hvordan bedre skoleresultatene og utdanningssituasjonen for barn og unge i barnevernet*. Barne-, ungdoms- og familiedirektoratet. http://www.bufetat.no/Documents/Bufetat.no/Bufdir/Skolerapport_web_august.pdf

Bufdir. (2022). *Children and young people in institutions*. bufdir.no | Barne-, ungdoms- og familiedirektoratet. https://bufdir.no/Statistikk_og_analyse/Barnevern/Barn_og_unge_med_tiltak_fra_barnevernet/barn_i_institusjon/

Burr, V. (2003). *Social constructionism* (2nd ed.). Routledge.

Burr, V., & Dick, P. (2017). Social Constructionism. In B. Gough (Ed.), *The Palgrave Handbook of Critical Social Psychology* (pp. 56–80). Palgrave Macmillan UK. https://doi.org/10.1057/978-1-137-51018-1

Carbin, M., & Tornhill, S. (2004). Intersektionalitet: Ett oanvändbart begrepp? *Kvinnovetenskaplig tidskrift*, *25*(3), 111–114. https://doi.org/10.55870/tgv.v25i3.4081

Carel, H., & Györffy, G. (2014). Seen but not heard: Children and epistemic injustice. *The Lancet*, *384*(9950), 1256–1257. https://doi.org/10.1016/S0140-6736(14)61759-1

Carpenter, D. E., & Brownlee, K. (2017). Constructivism: A conceptual framework for social work treatment. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (Sixth edition., pp. 96–116). Oxford University Press.

Chase, E., Otto, L., Belloni, M., Lems, A., & Wernesjö, U. (2020). Methodological innovations, reflections and dilemmas: The hidden sides of research with migrant young people classified as unaccompanied minors. *Journal of Ethnic and Migration Studies*, *46*(2), 457–473. https://doi.org/10.1080/1369183X.2019.1584705

Choo, H. Y., & Ferree, M. M. (2010). Practicing Intersectionality in Sociological Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities. *Sociological Theory*, *28*(2), 129–149. https://doi.org/10.1111/j.1467-9558.2010.01370.x

Christensen, A.-D., & Jensen, S. Q. (2012). Doing Intersectional Analysis: Methodological Implications for Qualitative Research. *NORA - Nordic Journal of Feminist and Gender Research*, *20*(2), 109–125. https://doi.org/10.1080/08038740.2012.673505

Chun, J. J., Lipsitz, G., & Shin, Y. (2013). Intersectionality as a Social Movement Strategy: Asian Immigrant Women Advocates. *Signs: Journal of Women in Culture and Society*, *38*(4), 917–940. https://doi.org/10.1086/669575

Cohler, B. J. (1982). Personal narrative and life course. In P. B. Baltes (Ed.), *Life-span development and behavior* (4th ed., Vol. 1, pp. 205–241). Academic Press.

Colle, L., Hilviu, D., Rossi, R., Garbarini, F., & Fossataro, C. (2020). Self-Harming and Sense of Agency in Patients With Borderline Personality Disorder. *Frontiers in Psychiatry*, *11*, 449–449. https://doi.org/10.3389/fpsyt.2020.00449

Collins, S. (2015). *The core of care ethics*. Palgrave Macmillan. https://doi.org/10.1057/9781137011459

Cook, D. T. (2017). Childhood as a moral project. *Childhood (Copenhagen, Denmark)*, *24*(1), 3–6. https://doi.org/10.1177/0010836716688752

Craig, C. J., You, J., Zou, Y., Verma, R., Stokes, D., Evans, P., & Curtis, G. (2018). The embodied nature of narrative knowledge: A cross-study analysis of embodied knowledge in teaching, learning, and life. *Teaching and Teacher Education*, *71*, 329–340. https://doi.org/10.1016/j.tate.2018.01.014

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Crenshaw, K. (1994). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics. *University of Chicago Legal Forum, 1989*(1), Article 8. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Criado-Perez, C. (2019). *Invisible women: Exposing data bias in a world designed for men*. Chatto & Windus.

Czarniawska, B. (2021). Narrative Approaches to Social Science. In D. Silverman (Ed.), *Qualitative research* (5th ed., pp. 395–409). SAGE Publications.

Denzin, N. K. (1989). *Interpretive interactionism* (Vol. 16). Sage Publications.

Dumont, A., Lanctôt, N., & Paquette, G. (2022). "I had a shitty past; I want a great future.": Hopes and fears of vulnerable adolescent girls aging out of care. *Children and Youth Services Review*, *134*, 106374. https://doi.org/10.1016/j.childyouth.2022.106374

Edwards, R., & Mauthner, M. L. (2012). Ethics and feminist research: Theory and practice. In T. Miller, M. Birch, M. L. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research* (2nd ed., pp. 14–28). SAGE.

Eide, K., Kjelaas, I., & Larsgaard, A. K. (2017). Hjem eller institusjon?: Om tvetydigheten i omsorgsarbeid med enslige mindreårige flyktninger bosatt i kommunene. *Tidsskrift for velferdsforskning*, *20*(4), 317–331. https://doi.org/10.18261/issn.2464-3076-2017-04-05

Eide, S. B. (2019). Etikk i barnevernet. In I. Studsrød, V. Paulsen, I. Kvaran, & K. Mevik (Eds.), *Barnevernspedagog: En grunnbok* (pp. 66–78). Universitetsforlaget.

Eisner, E. W. (2017). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice: pbk*. Teachers College Press.

El Baba, R., & Colucci, E. (2018). Post-traumatic stress disorders, depression, and anxiety in unaccompanied refugee minors exposed to war-related trauma: A systematic review. *International Journal of Culture and Mental Health*, *11*(2), 194–207. https://doi.org/10.1080/17542863.2017.1355929

Ellingson, L. L. (2017). *Embodiment in qualitative research*. Routledge.

Ellis, C. (1986). *Fisher folk: Two communities on Chesapeake Bay*. University Press of Kentucky.

Epland, J., & Normann, T. M. (2020). *Nesten 111 000 barn vokser opp med vedvarende lave husholdningsinntekter*. ssb.no. https://www.ssb.no/inntekt-og-forbruk/artikler-og-publikasjoner/nesten-111-000-barn-vokser-opp-med-vedvarende-lave-husholdningsinntekter

Evans, R., Brown, R., Rees, G., & Smith, P. (2017). Systematic review of educational interventions for looked-after children and young people: Recommendations for intervention development and evaluation. *British Educational Research Journal*, *43*(1), 68–94. https://doi.org/10.1002/berj.3252

Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H., & Scourfield, J. (2017). Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. *Children and Youth Services Review*, *82*, 122–129. https://doi.org/10.1016/j.childyouth.2017.09.020

Fawcett, B., & Hearn, J. (2004). Researching others: Epistemology, experience, standpoints and participation. *International Journal of Social Research Methodology*, *7*(3), 201–218. https://doi.org/10.1080/13645570210163989

Finigan-Carr, N., Steward, R., & Watson, C. (2018). Foster Youth
      Need Sex Ed, Too!: Addressing the Sexual Risk Behaviors of
      System-Involved Youth. *American Journal of Sexuality
      Education*, *13*(3), 310–323.
      https://doi.org/10.1080/15546128.2018.1456385

Fischer, S., Dölitzsch, C., Schmeck, K., Fegert, J. M., & Schmid, M.
      (2016). Interpersonal trauma and associated psychopathology in
      girls and boys living in residential care. *Children and Youth
      Services Review*, *67*, 203–211.
      https://doi.org/10.1016/j.childyouth.2016.06.013

Fisher, D. D. V. (1991). *An introduction to constructivism for social
      workers*. Praeger.

Font, S. A., Cancian, M., & Berger, L. M. (2019). Prevalence and Risk
      Factors for Early Motherhood Among Low-Income, Maltreated,
      and Foster Youth. *Demography*, *56*(1), 261–284.
      https://doi.org/10.1007/s13524-018-0744-x

Førde, S. (2017). Det tar en landsby å oppdra et barn—
      Oppvekstmiljøets betydning for enslige mindreårige
      flyktningers navigering mot opplevelsen av psykisk helse og
      resiliens. *Tidsskrift for Psykisk Helsearbeid*, *14*(2), 145–155.
      https://doi.org/10.18261/issn.1504-3010-2017-02-06

Freeman, M. (2006). Life on holiday?: In defense of big stories.
      Narrative Inquiry, *16*(1), 131–138.
      https://doi.org/10.1075/ni.16.1.17fre

Freire, P. (2000). *Pedagogy of the oppressed* (30th anniversary ed.).
      Continuum.

Fricker, M. (2017). Evolving Concepts of Epistemic Injustice. In I. J.
      Kidd, J. Medina, & G. P. Jr (Eds.), *The routledge handbook of
      epistemic injustice* (pp. 53–60). Routledge.

Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2021). What are
      the factors influencing the school functioning of children in
      residential care: A systematic review. *Children and Youth
      Services Review*, *120*, 105740.
      https://doi.org/10.1016/j.childyouth.2020.105740

Georgakopoulou, A. (2007). Thinking big with small stories in
      narrative and identity analysis. In M. Bamberg (Ed.), *Narrative
      – State of the Art* (pp. 145–154). John Benjamins Publishing
      Company.

Giddens, A. (2013). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Wiley.

Greger, H. K. (2017). *Youth at risk: Childhood adversity, psychopathology, and quality of life among adolescents in residential youth care* [Doctoral dissertation, Norges teknisk-naturvitenskapelige universitet]. NTNU Open. http://hdl.handle.net/11250/2447634

Greger, H. K., Myhre, A. K., Lydersen, S., & Jozefiak, T. (2015). Previous maltreatment and present mental health in a high-risk adolescent population. *Child Abuse & Neglect*, *45*, 122–134. https://doi.org/10.1016/j.chiabu.2015.05.003

Gubrium, J. F., & Holstein, J. A. (1997). *The new language of qualitative method*. Oxford University Press.

Hafstad, G. S., & Augusti, E.-M. (2019). *Ungdoms erfaringer med vold og overgrep i oppveksten: En nasjonal undersøkelse av ungdom i alderen 12 til 16 år* (Research 4/2019). Nasjonalt kunnskapssenter om vold og traumatisk stress A/S. https://www.nkvts.no/content/uploads/2019/10/Rapport_4_19_UEVO.pdf

Hagen, F. S. (2021). Det kan skje igjen: Om to ideer som har lagt premisser for antirasistisk arbeid i skolen. In *Hvordan forstå fordommer?* (pp. 35–60). Universitetsforlaget. https://doi.org/10.18261/9788215041261-2021-02

Hammer, T., & Hyggen, C. (2013). Ung voksen—Risiko for marginalisering. In C. Hyggen & T. Hammer (Eds.), *Ung voksen og utenfor: Mestring og marginalitet på vei til voksenliv* (pp. 13–27). Gyldendal akademisk.

Harding, S. (2015). *Objectivity and diversity: Another logic of scientific research*. The University of Chicago Press.

Harmon-Darrow, C., Burruss, K., & Finigan-Carr, N. (2020). "We are kind of their parents": Child welfare workers' perspective on sexuality education for foster youth. *Children and Youth Services Review*, *108*, 104565. https://doi.org/10.1016/j.childyouth.2019.104565

Haslanger, S. & Ásta. (2018). Feminist Metaphysics. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2018). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/fall2018/entries/feminism-metaphysics/

Haugli, T. (2012). Hensynet til barnets beste i Høstmælingen. In K. Sandberg, E. S. Kjørholt, & N. Høstmælingen (Eds.), *Barnekonvensjonen: Barns rettigheter i Norge* (2. utg.). Universitetsforlaget.

Held, V. (2006). *The ethics of care: Personal, political, and global*. University Press.

Helledal, E. J. (2022). *Agathe (16) skulle ta bussen lille nyttårsaften. Så forsvant hun.* NRK. https://www.nrk.no/vestland/xl/den-usynlige-1.16172449

Helsebiblioteket. (2020). *Pediatriveiledere fra Norsk barnelegeforening*. Helsebiblioteket.no. https://www.helsebiblioteket.no/pediatriveiledere?key=267884&menuitemkeylev1=5962&menuitemkeylev2=5975

Helsetilsynet. (2012). *Mytar og anekdotar eller realitetar?: Barn med tiltak frå barnevernet og tenester frå psykisk helsevern for barn og unge: Ei kunnskapsoppsummering* (Vol. 5/2012). Helsetilsynet. https://www.nb.no/search?q=oaiid:"oai:nb.bibsys.no:991236192114702202"&mediatype=bøker

Heng, L., & White, J. (2018). Employing Intersectionality and the Concept of Difference to Investigate Belonging and Inclusion. In Annie Guerin (Educator) (Ed.), *Belonging: Rethinking inclusive practices to support well-being and identity: Vol. volume 36* (pp. 95–106). Brill Sense.

Hennum, N. (2014). Developing Child-Centered Social Policies: When Professionalism Takes Over. *Social Sciences*, *3*(3), 441–459. https://doi.org/10.3390/socsci3030441

Hennum, N. (2015). Makten i barnet. *Tidsskriftet Norges Barnevern*, *92*(2), 125–138. https://doi.org/10.18261/ISSN1891-1838-2015-02-05

Hernæs, Ø. M. (2020). Hvem bor i barnevernsinstitusjon? *Stat & styring*, *30*(4), 48–51. https://doi.org/10.18261/ISSN0809-750X-2020-04-14

References

Herz, M., & Lalander, P. (2017). Being alone or becoming lonely? The complexity of portraying 'unaccompanied children' as being alone in Sweden. *Journal of Youth Studies*, *20*(8), 1062–1076. https://doi.org/10.1080/13676261.2017.1306037

Hickey, G., McGilloway, S., Leckey, Y., Furlong, M., Leavy, S., Stokes, A., O'Connor, S., Bywater, T., & Donnelly, M. (2019). Mothers' well-being, parenting attitudes, and home environment: Cumulative risk and parity in early motherhood. *Child Care, Health & Development*, *45*(4), 523–530. https://doi.org/10.1111/cch.12677

Hill Collins, P. (1993). Toward a New Vision: Race, Class, and Gender as Categories of Analysis and Connection. *Race, Sex & Class*, *1*(1), 25–45. http://www.jstor.org/stable/41680038

Hill Collins, P. (1998). It's All In the Family: Intersections of Gender, Race, and Nation. *Hypatia*, *13*(3), 62–82. https://doi.org/10.1111/j.1527-2001.1998.tb01370.x

Hintikka, M. B., & Hintikka, J. (1983). How Can Language Be Sexist? In S. Harding & M. B. Hintikka (Eds.), *Discovering Reality. Feminist Perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science* (Vol. 161, pp. 139–149). Springer, Kluwer Academic Publishers, Springer Netherlands. https://doi.org/10.1007/0-306-48017-4

Hlungwani, J., & van Breda, A. D. (2020). Female care leavers' journey to young adulthood from residential care in South Africa: Gender-specific psychosocial processes of resilience. *Child & Family Social Work*, *25*(4), 915–923. https://doi.org/10.1111/cfs.12776

Hodes, M. (2019). New developments in the mental health of refugee children and adolescents. *Evidence-Based Mental Health*, *22*(2), 72–76. https://doi.org/10.1136/ebmental-2018-300065

Honneth, A. (2012). *The I in we: Studies in the theory of recognition.* Polity.

Honneth, A. (2015). *The Struggle for Recognition: The Moral Grammar of Social Conflicts*. Polity.

hooks, bell. (2015). *Feminist theory: From margin to center*. Routledge.

Hornscheidt, A. (2009). Intersectional Challenges to Gender Studies: Gender Studies as a Challenge to Intersectionality. In M. Gustavson, K. Harrison, C. Åsberg, & B. Pernrud (Eds.), *Gender Delight: Science, Knowledge, Culture and Writing … for Nina Lykke* (pp. 33–46). Linköping University.

Hovland, B. I. (2011). *Narrativ etikk og profesjonelt hjelpearbeid*. Gyldendal akademisk. https://urn.nb.no/URN:NBN:no-nb_digibok_2015042808068

Hubbard, R. (1983). Have Only Men Evolved? In S. Harding & M. B. Hintikka (Eds.), *Discovering Reality. Feminist Perspectives on Epistemology, Metaphysics, Methodology, and Philosophy of Science* (Vol. 161, pp. 45–70). Springer, Kluwer Academic Publishers, Springer Netherlands. https://doi.org/10.1007/0-306-48017-4

Hursthouse, R., & Pettigrove, G. (2018). Virtue Ethics. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2018). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/win2018/entries/ethics-virtue/

Hydén, L.-C. (2013). Towards an embodied theory of narrative and storytelling. In M. Hyvärinen, M. Hatavara, & L.-C. Hydén (Eds.), *The travelling concepts of narrative* (Vol.18, pp. 227–244). John Benjamins PubCo.

Integrerings- og mangfoldsdirektoratet. (2021, September 7). *Bosetting av enslige mindreårige flyktninger*. IMDi. https://www.imdi.no/planlegging-og-bosetting/slik-bosettes-flyktninger/enslige-mindrearige-flyktninger/

International Federation of Social Workers. (2014). *Global Definition of Social Work – International Federation of Social Workers*. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

Isaacs, T. (2002). Feminism and agency. In S. Brennan (Ed.), *Feminist moral philosophy* (Vol. 28, pp. 129–156). Calgary Press.

Itzhaki-Braun, Y., & Sulimani-Aidan, Y. (2022). Determination of life satisfaction among young women care leavers from the Ultraorthodox Jewish community. *Children and Youth Services Review*, *136*, 106428. https://doi.org/10.1016/j.childyouth.2022.106428

Jacobsen, J. P. S., Johansen, T. B., Blaasvær, N., Ames, H. M. R., & Berg, R. (2020). *Akuttplassering i barnevernsinstitusjoner: En systematisk kartleggingsoversikt*. Folkehelseinstituttet, Område for helsetjenester. https://hdl.handle.net/11250/2977328

Jansen, A. (2010). Victim or troublemaker? Young people in residential care. *Journal of Youth Studies*, *13*(4), 423–437. https://doi.org/10.1080/13676261003801770

Jensen, T. K., Skar, A.-M. S., Andersson, E. S., & Birkeland, M. S. (2019). Long-term mental health in unaccompanied refugee minors: Pre- and post-flight predictors. *European Child & Adolescent Psychiatry*, *28*(12), 1671–1682. https://doi.org/10.1007/s00787-019-01340-6

Johansen, K., & Studsrød, I. (2019). "Help goes around in a circle": Young unaccompanied refugee' engagement in interpersonal relationships and its significance for resilience. *International Journal of Migration, Health and Social Care, 15*(4), 249–261. https://doi.org/10.1108/IJMHSC-03-2019-0035

Jordi, R. (2011). Reframing the concept of reflection: Consciousness, experiential learning, and reflective learning practices. *Adult Education Quarterly*, *61*(2), 181–197. https://doi.org/10.1177/0741713610380439

Josselson, R. (2011a). 'Bet you think this song is about you': Whose Narrative Is It in Narrative Research? *Narrative Works: Issues, Investigations & Interventions*, *1*(1), 33–51. https://journals.lib.unb.ca/index.php/NW/article/view/18472

Josselson, R. (2011b). Narrative research: Constructing, deconstructing, and reconstructing story. In F. J. Wertz, K. Charmaz, L. M. McMullen, R. Josselson, R. Anderson, & E. McSpadden (Eds.), *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research and intuitive inquiry* (pp. 224–242). Guilford Press.

Jozefiak, T., & Kayed, N. S. (2015). Self- and proxy reports of quality of life among adolescents living in residential youth care compared to adolescents in the general population and mental health services. *Health and Quality of Life Outcomes*, *13*(1), 104–104. https://doi.org/10.1186/s12955-015-0280-y

Jozefiak, T., Kayed, N. S., Rimehaug, T., Wormdal, A. K., Brubakk, A. M., & Wichstrøm, L. (2016). Prevalence and comorbidity of mental disorders among adolescents living in residential youth care. *European Child & Adolescent Psychiatry*, *25*(1), 33–47. https://doi.org/10.1007/s00787-015-0700-x

Kacunko, I. (2021, December 28). *Children's rights: Challenges and achievements in 2021*. Humanium. https://www.humanium.org/en/childrens-rights-challenges-and-achievements-in-2021/

Kien, C., Sommer, I., Faustmann, A., Gibson, L., Schneider, M., Krczal, E., Jank, R., Klerings, I., Szelag, M., Kerschner, B., Brattström, P., & Gartlehner, G. (2019). Prevalence of mental disorders in young refugees and asylum seekers in European Countries: A systematic review. *European Child & Adolescent Psychiatry*, *28*(10), 1295–1310. https://doi.org/10.1007/s00787-018-1215-z

King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. SAGE.

Kirkeberg, M. I., Lunde, H., & Sky, V. (2022). *Enslige mindreårige flyktninger 1996-2020: Demografi, utdanning, arbeid, inntekt og barnevern* (SSB 2022/20). Statistisk Sentralbyrå. https://www.ssb.no/befolkning/innvandrere/artikler/enslige-mindrearige-flyktninger-1996-2020/_/attachment/inline/c3f7693b-eaac-4c61-9aa7-9003961c41e6:9704f27f4c2d6405e261279894e8712bc98d9432/RAPP2022-20.pdf

Kitzinger, C. (2001). Social Constructivism. In L. Code (Ed.), *Encyclopedia of Feminist Theories* (pp. 451–452). Routledge. https://doi.org/10.4324/9780203195598

Kitzinger, C. (2004). Extracts from The Social Construction of Lesbianism. *Feminism & Psychology*, *14*(4), 491–501. https://doi.org/10.1177/0959353504046863

Klausen, R. K. (2016). *Relational insight and user involvement in the context of Norwegian mental health care: A narrative analysis of services users' stories* [Doctoral Dissertation] UiT The Arctic University of Norway.

Klausen, R. K., Haugsgjerd, S., & Lorem, G. F. (2013). "The Lady in the Coffin" – Delusions and Hearing Voices: A Narrative Performance of Insight. *Qualitative Inquiry*, *19*(6), 431–440. https://doi.org/10.1177/1077800413482096

Kogstad, R., Ekeland, T.-J., & Hummelvoll, J. K. (2014). The Knowledge Concealed in Users' Narratives, Valuing Clients' Experiences as Coherent Knowledge in Their Own Right. *Advances in Psychiatry*, *2014*, 1–7. https://doi.org/10.1155/2014/786138

Lanser, S. S. (2015). Toward (a Queerer and) More (Feminist) Narratology. In R. R. Warhol & S. S. Lanser (Eds.), *Narrative theory unbound: Queer and feminist interventions* (pp. 23–42). The Ohio State University Press.

Larson, S. A. (2022). Why Stories Matter: An Introduction to Narrative Approaches to Public Health Ethics. In S. A. Larson, L. W. Ortmann, & D. H. Barrett (Eds.), *Narrative Ethics in Public Health: The Value of Stories* (Vol. 7, pp. 23–31). Springer Nature. https://doi.org/10.1007/978-3-030-92080-7

Lennox, A. (2015). Feminist Theory and Social Justice. In A. Van Gundy (Ed.), *Feminist theory, crime, and social justice* (pp. 1–23). Routledge.

Levy, S., Cabiati, E., Dow, J., Dowson, E., Swankie, K., & Martin, G. (2022). Reflections on inspiring conversations in social work education: The voices of Scottish experts by experience and Italian students. In K. Driessens & V. Lyssens-Danneboom (Eds.), *Involving service users in social work education, research and policy: A comparative european analysis* (pp. 97–108). Policy Press.

Liebow, N. (2016). Internalized Oppression and Its Varied Moral Harms: Self-Perceptions of Reduced Agency and Criminality. *Hypatia*, *31*(4), 713–729. http://www.jstor.org/stable/44076533

Lillevik, O. G., Landmark, B., & Stokvold, Ø. (2020). *Miljøterapi i barnevernsinstitusjoner: Juridiske, teoretiske og praktiske perspektiver*. Fagbokforlaget.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *Qualitative Report*, *18*(33), 1-15. https://doi.org/10.46743/2160-3715/2013.1477

Lou, Y., Taylor, E. P., & Di Folco, S. (2018). Resilience and resilience factors in children in residential care: A systematic review. *Children and Youth Services Review*, *89*, 83–92. https://doi.org/10.1016/j.childyouth.2018.04.010

Lund, H. H. (2021). «De er jo alle barn»? Mangfoldskonstruksjoner i barnehagen. In *Hvordan forstå fordommer?* (pp. 148–176). Universitetsforlaget. https://doi.org/10.18261/9788215041261-2021-07

Macleod, G. (2006). Bad, mad or sad: Constructions of young people in trouble and implications for interventions1. *Emotional and Behavioural Difficulties*, *11*(3), 155–167. https://doi.org/10.1080/13632750600833791

Mallon, R. (2019). Naturalistic Approaches to Social Construction. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Spring 2019). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/spr2019/entries/social-construction-naturalistic/

Mannay, D., Evans, R., Staples, E., Hallett, S., Roberts, L., Rees, A., & Andrews, D. (2017). The consequences of being labelled 'looked-after': Exploring the educational experiences of looked-after children and young people in Wales. *British Educational Research Journal*, *43*(4), 683–699. https://doi.org/10.1002/berj.3283

Marlow, M. A. (2015). *The Epistemological Standpoint and Motherhood in Norwegian Society* [Master thesis], University of Stavanger.

Marlow, M. A., Gunnarsdottir, H. M., & Studsrød, I. (2023). "No one saw us, and no one did anything" – young women with a history in out-of-home care narrate management of (in)visibility and intersecting identities. *Nordic Social Work Research*. Advance online publication. https://doi.org/10.1080/2156857X.2023.2255870

Marlow, M. A., Sørly, R., & Kaatrakoski, H. K. (in press). *Service user participation in youth residential care: Possible, plausible and preferable future*. Nordic Journal of Wellbeing and Sustainable Welfare Development.

Marlow, M. A., Sørly, R., & Kaatrakoski, H. K. (2022). Personal Stories of Young Women in Residential Care: Health-Promoting Strategies and Wellbeing. *International Journal of Environmental Research and Public Health*, *19*(24), Article 24. https://doi.org/10.3390/ijerph192416386

Martinez-Brawley, E. E. (2020). Changing Perspectives and Changing Goals. Constructivism in Social Work Re-Visited. *The British Journal of Social Work*, *50*(1), 264–281. https://doi.org/10.1093/bjsw/bcz112

Mauther, N. S. (2017). The Listening Guide Feminist Method of Narrative Analysis: Towards a Posthumanist Performative (Re)configuration. In J. Woodiwiss, K. Smith, & K. Lockwood (Eds.), *Feminist Narrative Research—Opportunities and Challenges* (pp. 65–91). Palgrave Macmillan, London. https://link.springer.com/chapter/10.1057/978-1-137-48568-7_4

McCall, L. (2005). The Complexity of Intersectionality. *Signs: Journal of Women in Culture and Society*, *30*(3), 1771–1800. https://doi.org/10.1086/426800

McKinnon, R. (2016). Epistemic Injustice. *Philosophy Compass*, *11*(8), 437–446. https://doi.org/10.1111/phc3.12336

Meretoja, H. (2014). Narrative and Human Existence: Ontology, Epistemology, and Ethics. *New Literary History*, *45*(1), 89–109. https://doi.org/10.1353/nlh.2014.0001

Meyers, D. T. (2002). *Gender in the mirror: Confounding imagery*. Oxford University Press.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2019). *Qualitative data analysis: A methods sourcebook* (4th ed.). SAGE.

Miller, T., & Bell, L. (2012). Consenting to what? Issues of access, gate-keeping and 'informed' consent. In T. Miller, M. Birch, M. L. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research* (2nd ed., pp. 61–75). SAGE.

Ministry of Children and Equity. (2016). *The Rights of the Child in Norway* (Periodic Report 5th and 6th; pp. 1–90). Norwegian Ministry of Children and Equality. https://www.regjeringen.no/contentassets/0ada3bee46b54f4987 07f51bbc7d4b2c/barnekonvensjonen-engelsk-versjon-uu.pdf

Ministry of Children. (2019, February 6). *Norway and the UN Convention on the Rights of the Child* [Redaksjonellartikkel]. Government.No; regjeringen.no. https://www.regjeringen.no/en/topics/families-and-children/child-welfare/child-welfare-cases-across-national-borders/norway-and-the-un-convention-on-the-rights-of-the-child/id2480148/

Mishler, E. G. (1995). Models of Narrative Analysis: A Typology. *Journal of Narrative and Life History*, *5*(2), 87–123. https://doi.org/10.1075/jnlh.5.2.01mod

Missimer, M., Robèrt, K. H., & Broman, G. (2017). A strategic approach to social sustainability – Part 1: Exploring the social system. *Journal of Cleaner Production*, *140*(Part 1), 32–41. https://doi.org/10.1016/j.jclepro.2016.03.170

The Norwegian Office of the Auditor General. (2020). *Riksrevisjonens undersøking av om statlege barnevernsmyndigheiter sikrar det beste for barn i barnevernsinstitusjonar*. The Norwegian Office of the Auditor General. https://www.riksrevisjonen.no/rapporter-mappe/no-2019-2020/undersoking-av-om-statlege-barnevernsmyndigheiter-sikrar-det-beste-for-barn-i-barnevernsinstitusjonar/

Nøkleby, H., Muller, A. E., & Giske, L. (2020). *Bruk av tvang og grensesetting i barnevernsinstitusjoner og fosterhjem: En systematisk kartleggingsoversikt*. Folkehelseinstituttet, Område for helsetjenester. https://hdl.handle.net/11250/2721157

Nordahl, K. B., & Sørlie, M.-A. (2021). Ny kunnskap om barn i kontakt med barnevernet og psykisk helsevern for barn og unge. *Tidsskriftet Norges Barnevern*, *2*, 90–103. https://doi.org/10.18261/ISSN1891-1838-2021-02-02

Norum, H. L., & Øvrum, M. (2018). Rosa kompetanse i barnevernet. *Fontene*. https://fontene.no/fagartikler/rosa-kompetanse-i-barnevernet-6.47.540676.b69e265979

Norwegian Child and Family Department. (2016). *Retningslinjer om hjelpetiltak, jf. Barnevernloven § 4-4 [Guidelines on care measures, cf. Child Protection Act § 4-4]* [Rundskriv]. Regjeringen.no; regjeringen.no. https://www.regjeringen.no/no/dokumenter/retningslinjer-om-hjelpetiltak-jf.-barnevernloven--4-4/id2482116/

Norwegian Health Institution. (2021, April 14). *Pubertet*. NHI.no.
https://nhi.no/sykdommer/barn/vekst-og-utvikling/pubertet/

Norwegian National Human Rights Institution. (2021). *Why Does the ECtHR Find Human Rights Violations in Cases Concerning the Norwegian Child Welfare Services*.
https://www.nhri.no/en/2021/status-report-why-does-the-ecthr-find-human-rights-violations-in-cases-concerning-the-norwegian-child-welfare-services/

Norwegian Parliamentary Ombudsman. (2019). *The Parliamentary Ombudsman's Annual Report for 2018 as National Preventive Mechanism against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (Annual Report 4:1; p. 86). Parliamentary Ombudsman.
https://www.sivilombudet.no/wp-content/uploads/2019/04/Annual-report-2018.pdf

Norwegian Royal Department of Children and Family. (2021). *Prop. 133 L (2020–2021)*. Regejeringen.
https://www.regjeringen.no/no/dokumenter/prop.-133-l-20202021/id2842271/

Oerbeck, B., Overgaard, K. R., Hjellvik, V., Bramness, J. G., Hansen, B. H., & Lien, L. (2020). The Use of Sleep Medication in Youth Residential Care. *Journal of Child and Adolescent Psychopharmacology*, *30*(5), 335–341.
https://doi.org/10.1089/cap.2019.0172

Oerbeck, B., Overgaard, K. R., Hjellvik, V., Lien, L., & Bramness, J. G. (2021). The Use of Antidepressants, Antipsychotics, and Stimulants in Youth Residential Care. *Journal of Child and Adolescent Psychopharmacology*, *31*(5), 350–357.
https://doi.org/10.1089/cap.2020.0123

Osler, A., & Lindquist, H. (2018). Rase og etnisitet, to begreper vi må snakke mer om. *Norsk Pedagogisk Tidsskrift*, *102*(1), 26–37.
https://doi.org/10.18261/issn.1504-2987-2018-01-04

Paulsen, V., Riise, A., & Berg, B. (2020). Enslige mindreåriges vei inn i voksenlivet—Behov for anerkjennende praksis. *Fontene forskning*, *13*(2), 31–43.

Peggs, K. (2009). The Social Constructionist Challenge to Primacy Identity and the Emancipation of Oppressed Groups: Human Primacy Identity Politics and the Human/'Animal' Dualism. *Sociological Research Online*, *14*(1), 53–62. https://doi.org/10.5153/sro.1833

Peña-Guzmán, D. M., & Reynolds, J. M. (2019). The Harm of Ableism: Medical Error and Epistemic Injustice. *Kennedy Institute of Ethics Journal*, *29*(3), 205–242. https://doi.org/10.1353/ken.2019.0023

Pérez Prieto, H. (2006). *Historien om räven och andra berättelser: Om klasskamrater och skolan på en liten ort - ur ett skol- och livsberättelse perspektiv* (Karlstad University Studies 2006:52). Karlstads universitet Estetisk-filosofiska fakulteten. http://urn.kb.se/resolve?urn=urn:nbn:se:kau:diva-723

Pfadenhauer, M. (Ed.). (2018). Introduction: The reality of social constructivism Introductory remarks. In *Social Constructivism as Paradigm?* (pp. 1–18). Routledge.

Pfohl, S. (2008). The reality of social constructionist. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 645–668). Guilford Press.

Phelan, J. (2013). Narrative Ethics. In P. Hühn, J. C. Meister, J. Pier, & W. Schmid (Eds.), *The living handbook of narratology* (pp. 1–37). University Press. http://www.lhn.unihamburg.de/article/narrative-ethics

Phoenix, A. (2011). Psychosocial Intersections: Contextualising the Accounts of Adults Who Grew up in Visibly Ethnically Different Households. In M. T. H. Vivar, H. Lutz, & L. Supik (Eds.), *Framing Intersectionality: Debates on a Multi-Faceted Concept in Gender Studies* (pp. 137–152). Routledge. https://doi.org/10.4324/9781315582924

Pohlhaus, G. (2017). Varieties of Epistemic Injustice . In I. J. Kidd, J. Medina & G. Pohlhaus, Jr. (Eds.), *The Routledge Handbook of Epistemic Injustice* (pp. 13-26). Routledge. https://doi-org.ezproxy.uis.no/10.4324/9781315212043

References

Prévost-Lemire, M., Paquette, G., & Lanctôt, N. (2021). Trauma symptoms as factors associated with early motherhood among young women who had contact with child protective services. *Children and Youth Services Review*, *126*, 106037. https://doi.org/10.1016/j.childyouth.2021.106037

Rayaprol, A. (2016). Feminist research: Redefining methodology in the social sciences. *Contributions to Indian Sociology*, *50*(3), 368–388. https://doi.org/10.1177/0069966716657460

Refaeli, T. (2017). Narratives of care leavers: What promotes resilience in transitions to independent lives? *Children and Youth Services Review*, *79*, 1–9. https://doi.org/10.1016/j.childyouth.2017.05.023

Reime, M. A. (2017). Mellom uansvarlig og kompetent—Forståelser av barnet og rettighetspraksiser blant ansatte i barnevernsinstitusjoner. *Tidsskriftet Norges Barnevern*, *94*(1), 22–39. https://doi.org/10.18261/issn.1891-1838-2017-01-03

Reime, M. A. (2018). Between diverging discourses of the child: Juveniles' self-construction in coercive residential care. *Child Care in Practice: Northern Ireland Journal of Multi-Disciplinary Child Care Practice*, *24*(3), 273–287. https://doi.org/10.1080/13575279.2017.1319797

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Riessman, C. K., & Quinney, L. (2005). Narrative in Social Work: A Critical Review. *Qualitative Social Work: Research and Practice*, *4*(4), 391–412. https://doi.org/10.1177/1473325005058643

Riihelä, M. (1991). *Aikakortit. Tie lasten ajatteluun*. Valtion painatuskeskus.

Roscoe, K. D., & Madoc, I. (2009). Critical social work practice a narrative approach. *International Journal of Narrative Practice*, *1*(1), 9–18.

Roth, W. D., van Stee, E. G., & Regla-Vargas, A. (2023). Conceptualizations of Race: Essentialism and Constructivism. *Annual Review of Sociology*, *49*(1), 39–58. https://doi.org/10.1146/annurev-soc-031021-034017

Rothbart, M., & Taylor, M. (1992). Category labels and social reality: Do we view social categories as natural kinds? In Gün R Semin & Klaus Fiedler (Eds.), *Language, interaction and social cognition* (pp. 11–36). Sage.

Rouse, J. (2010, October). *Sustainable social care programme What is sustainable development?* Social Care Institute for Excellence. https://www.scie.org.uk/adults/sustainablesocialcare/what.asp

Roy, A. W., & Walsh, K. (2020). The Intersectionality of Socioeconomic Status (SES) and Social Class on the Therapeutic Alliance with Older Adult Clients. *Smith College Studies in Social Work*, *90*(1–2), 96–114. https://doi.org/10.1080/00377317.2020.1706417

Ruch, D. A., Munir, A., Steelesmith, D. L., Bridge, J. A., & Fontanella, C. A. (2023). Characteristics and precipitating circumstances of suicide among youth involved with the U.S. child welfare system. *Children and Youth Services Review*, *144*, 106749. https://doi.org/10.1016/j.childyouth.2022.106749

Ryen, A. (2021). Research Ethics: Between Care and Control. In D. Silverman (Ed.), *Qualitative research* (pp. 35–49). SAGE Publications.

Salice, A. (2020). Self-Esteem, Social Esteem, and Pride. *Emotion Review*, *12*(3), 193–205. https://doi.org/10.1177/1754073920930788

Santos, L., Ramos Miguel, R., do Rosário Pinheiro, M., & Rijo, D. (2023). Fostering emotional and mental health in residential youth care facilities: A systematic review of programs targeted to care workers. *Children and Youth Services Review*, *147*, 106839. https://doi.org/10.1016/j.childyouth.2023.106839

Sarmento, M. J., de Cássia Marchi, R., & de Pina Trevisan, G. (2018). Beyond the Modern 'Norm' of Childhood: Children at the Margins as a Challenge for the Sociology of Childhood. In C. Baraldi & T. Cockburn (Eds.), *Theorising Childhood: Citizenship, Rights and Participation* (pp. 135–157). Springer International Publishing, Cham. https://doi.org/10.1007/978-3-319-72673-1

Schlosser, M. (2019). Agency. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2019, p. 29). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/win2019/entries/agency/

Selbach, L., & Marin, A. H. (2021). Self-harming adolescents: How do they perceive and explain this behavior? *Psico Usf*, *26*(4), 719–732. https://doi.org/10.1590/1413-82712021260410

Singstad, M. T., Wallander, J. L., Greger, H. K., Lydersen, S., & Kayed, N. S. (2021). Perceived social support and quality of life among adolescents in residential youth care: A cross-sectional study. *Health and Quality of Life Outcomes*, *19*(1), 29–29. https://doi.org/10.1186/s12955-021-01676-1

Smith, B., & Sparkes, A. C. (2008). Contrasting perspectives on narrating selves and identities: An invitation to dialogue. *Qualitative Research*, *8*(1), 5–35. https://doi.org/10.1177/1468794107085221

Sommerfeldt, M. B. (2020). Sosialt arbeid med ungdom på barneverninstitusjoner: En analyse av ansattes refleksjoner. *Fontene forskning: et tidsskrift fra Fellesorganisasjonen (FO)*, *13*(2), 44–57.

Sørly, R. (2017). Narrativ etikk og refleksivitet. In R. Sørly & B. H. Blix (Eds.), *Fortelling og forskning: Narrativ teori og metode i tverrfaglig perspektiv* (pp. 33–46). Orkana akademisk.

Squire, C., Andrews, M., & Tamboukou, M. (2013). Introduction: What is narrative research? In M. Andrews, C. Squire, & M. Tamboukou (Eds.), *Doing narrative research* (2nd Ed., pp. 1–26). Sage.

Stahl, N. A., & King, J. R. (2020). Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research. *Journal of Developmental Education*, *44*(1), 26–28. https://www.proquest.com/scholarly-journals/expanding-approaches-research-understanding-using/docview/2467348904/se-2

Statistics Norway. (2019a). *11362: Children in child welfare institutions as of 31 December 2018, by gender, ownership, type of institution, statistical variable, year and region.* SSB. https://www.ssb.no/statbank/table/11362/tableViewLayout1/

Statistics Norway. (2019b). *13939: Children and young people with measures during 2018 and as of 31 December, by age, measure category, statistical variable, year and region*. SSB. https://www.ssb.no/system/

Statistics Norway. (2019c). *Table—Children and young people with child protection measures by help and care measures, age and gender*. SSB. https://www.ssb.no/391507/barn-og-unge-med-barnevernstiltak-etter-hjelpe-og-omsorgstiltak-alder-og-kjonn

Statistics Norway. (2019d). *Table—Main figures for child welfare institutions: Children and young people in institutions at the end of 2018*. SSB. https://www.ssb.no/402968/hovedtall-for-barnevernsinstitusjoner

Statistics Norway. (2021). *Store inntektsforskjeller blant enslige mindreårige flyktninger*. SSB. https://www.ssb.no/befolkning/artikler-og-publikasjoner/store-inntektsforskjeller-blant-enslige-mindrearige-flyktninger

Statistics Norway. (2023a). *11362: Children in child welfare institutions as of 31 December 2022, by gender, ownership, type of institution, statistical variable, year and region.* SSB. https://www.ssb.no/system/

Statistics Norway. (2023b). *Child Welfare: Children and young people with child protection measures 2022*. SSB. https://www.ssb.no/sosiale-forhold-og-kriminalitet/barne-og-familievern/statistikk/barnevern

Statistics Norway. (2023c). *Main figures for child welfare institutions 2022*. SSB. https://www.ssb.no/sosiale-forhold-og-kriminalitet/barne-og-familievern/statistikk/barnevernsinstitusjoner

Steels, S., & Simpson, H. (2017). Perceptions of Children in Residential Care Homes: A Critical Review of the Literature. *The British Journal of Social Work*, *47*(6), 1704–1722. https://doi.org/10.1093/bjsw/bcx107

Stein, M., & Dumaret, A. C. (2011). The mental health of young people aging out of care and entering adulthood: Exploring the evidence from England and France. *Children and Youth Services Review*, *33*(12), 2504–2511. https://doi.org/10.1016/j.childyouth.2011.08.029

Stoljar, N. (2018). Feminist Perspectives on Autonomy. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2018). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/win2018/entries/feminism-autonomy/

Svahn, J. (2017). 'Jag har bara ADHD å så': Identitetskonstruktion och normalisering i resursskoleelevers berättelser. In R. Sørly & B. H. Blix (Eds.), *Fortelling og forskning: Narrativ teori og metode i tverrfaglig perspektiv* (pp. 125–139). Orkana akademisk.

Svendsen, S., & Paulsen, V. (2021). Skeive ungdommers møter med barnevernet. *Tidsskriftet Norges Barnevern*, *98*(4), 274–289. https://doi.org/10.18261/issn.1891-1838-2021-04-04

The National Health Service. (2023, May 3). *Self-harm*. NHS Inform. https://www.nhsinform.scot/illnesses-and-conditions/mental-health/self-harm

The Norwegian National Research Ethics Committees. (2016). *Guidelines for Research Ethics in the Social Sciences, Humanities, Law and Theology*. The ministry of Education and Research.

The Young Foundation. (2012). *Social Innovation Overview: A deliverable of the project: "The theoretical, empirical and policy foundations for building social innovation in Europe"* (TEPSIE). European Commission – 7th Framework Programme, Brussels, European Commission, DG Research.

Thorsen, L. R. (2019, June 4). *Innvandrere med lav inntekt dårligere stilt enn andre med lav inntekt*. SSB. https://www.ssb.no/sosiale-forhold-og-kriminalitet/artikler-og-publikasjoner/innvandrere-med-lav-inntekt-darligere-stilt-enn-andre-med-lav-inntekt

Ungar, M. (2018). The differential impact of social services on young people's resilience. *Child Abuse & Neglect*, *78*, 4–12. https://doi.org/10.1016/j.chiabu.2017.09.024

United Nations High Commissioner for Refugees. (n.d.). *Unaccompanied Children*. UNHCR Hong Kong. https://www.unhcr.org/hk/en/unaccompanied-children

UNICEF. (1989). *The Convention of the rights of the child*. http://www.UNICEF.org.uk/UNICEFs-Work/Our-mission/UN-Convention/

UNICEF. (2016). *Unaccompanied refugee and migrant children in Europe 'falling between the cracks'*. UN News. https://news.un.org/en/story/2016/05/528602-unaccompanied-refugee-and-migrant-children-europe-falling-between-cracks-UNICEF

UNICEF. (2019). *30 years of child rights: Historic gains and undeniable achievements, but little progress for the world's poorest children*. UNICEF. https://www.UNICEF.org/press-releases/30-years-child-rights-historic-gains-and-undeniable-achievements-little-progress

Unites Nations Office on Drugs and Crime. (2019). *30 years on, the Convention on the Rights of the Child remains relevant and needed*. UNODC. https://www.unodc.org/dohadeclaration/en/news/2019/11/30-years-on--the-convention-on-the-rights-of-the-child-remains-relevant-and-needed.html

Utlendingsdirektoratet. (n.d.). *Unaccompanied minor asylum seekers*. UDI. https://www.udi.no/en/word-definitions/unaccompanied-minor-asylum-seekers/

Valenta, M., & Garvik, M. (2019). Enslige mindreårige asylsøkere: Opplevelser og mestring av midlertidighet. *Tidsskrift for velferdsforskning*, *22*(2), 126–145. https://doi.org/10.18261/issn.2464-3076-2019-02-03

van Breda, A. D. (2017). A comparison of youth resilience across seven South African sites. *Child & Family Social Work*, *22*(1), 226–235. https://doi.org/10.1111/cfs.12222

van Breda, A. D., & Hlungwani, J. (2019). Journey towards independent living: Resilience processes of women leaving residential care in South Africa. *Journal of Youth Studies*, *22*(5), 604–622. https://doi.org/10.1080/13676261.2018.1523541

Ventevogel, P., & de Jong, J. T. V. M. (2020). Depression and Anxiety in Refugee Children. In S. J. Song & P. Ventevogel (Eds.), *Child, Adolescent and Family Refugee Mental Health: A Global Perspective* (pp. 165–178). Springer International Publishing. https://doi.org/10.1007/978-3-030-45278-0_10

References

Verma, A. (2020). Intersectionality, positioning and narrative: Exploring the utility of audio diaries in healthcare students' workplace learning. *International Social Science Journal*, *70*(237–238), 205–219. https://doi.org/10.1111/issj.12244

Wadman, R., Clarke, D., Sayal, K., Armstrong, M., Harroe, C., Majumder, P., Vostanis, P., & Townsend, E. (2017). A sequence analysis of patterns in self-harm in young people with and without experience of being looked after in care. *British Journal of Clinical Psychology*, *56*(4), 388–407. https://doi.org/10.1111/bjc.12145

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. University Press.

White, H. V. (1973). *Metahistory: The historical imagination in nineteenth-century Europe*. Johns Hopkins University Press.

Witham, G., Beddow, A., & Haigh, C. (2015). Reflections on access: Too vulnerable to research? *Journal of Research in Nursing*, *20*(1), 28–37. https://doi.org/10.1177/1744987113499338

Woodcock, C. (2016). The Listening Guide: A How-To Approach on Ways to Promote Educational Democracy. *International Journal of Qualitative Methods*, *15*(1), 160940691667759. https://doi.org/10.1177/1609406916677594

Wortham, S. (2000). Interactional Positioning and Narrative Self-construction. *Narrative Inquiry*, *10*(1), 157–184. https://doi.org/10.1075/ni.10.1.11wor

Zilber, T. B., Tuval-Mashiach, R., & Lieblich, A. (2008). The Embedded Narrative: Navigating Through Multiple Contexts. *Qualitative Inquiry*, *14*(6), 1047–1069. https://doi.org/10.1177/1077800408321616

PART II: The Articles

Article 1

Marlow, M. A., Gunnarsdottir, H. M., & Studsrød, I. (2023). "No one saw us, and no one did anything" – young women with a history in out-of-home care narrate management of (in)visibility and intersecting identities. *Nordic Social Work Research*. Advance online publication. https://doi.org/10.1080/2156857X.2023.2255870

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"No one saw us, and no one did anything" – young women with a history in out-of-home care narrate management of (in)visibility and intersecting identities

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ABSTRACT

Dominating narratives about young women in out-of-home care typically depict them as 'troublemakers', 'victims' or 'damaged'. Such narratives undermine the importance of understanding how these young women manage difficult life circumstances and intersecting identities. This paper explores *how young women with a history in out-of-home care manage their personal stories and identities*. By applying an intersectional perspective, we explore the complexity of these young women's identities. This study draws data from eight narrative interviews with five young women with challenging personal stories. A feminist listening guide was adopted for the analysis. Our analysis identified the management of intersecting identities, (in)visibility and agency in participants' stories. Based on the analysis, we recommend an intersectional perspective in social work practice.

Introduction

This study explores narratives of young women with experiences in out-of-home care (housing collectives for unaccompanied minor refugees (UMR), foster care, residential care and youth psychiatric care). Women around the world experience discrimination regarding civil, cultural, economic, political and social rights (United Nations 2014). Gender accompanied by young age has been documented to contribute to marginalisation, as girls and young women (aged 10–29) have increased risk of intimate partner violence and sexual-based violence compared to boys and young men (UN Women 2020). Youth studies have an emerging focus on marginalisation, highlighting that young people at the margins of societies are in disadvantaged social positions (Pihl 2015) or disadvantaged geographical locations (Sarmento, de Cássia Marchi, and de Pina Trevisan 2018). Disadvantaged geographical locations include rural communities (Skattebol and Redmond 2019), low-income neighbourhoods (Galster, Santiago, and Stack 2016), countries exposed to wars and severe poverty and with limited developmental opportunities for young people (Heidbrink 2014). Furthermore, the European Union's children's rights strategy has identified that minors who cannot live with their parents, and are thereby looked after by the state, are disadvantaged and particularly exposed to poverty, exclusion and discrimination (European Commission 2006). Young people located at the outer borders of societies, such as out-of-home care, have limited access to resources, are excluded from majority groups and are often impoverished materially, have psychological issues (Mäkinen, Robinson, and Slotte 2020) and/or have ethnic minority backgrounds (Lems, Oester, and Strasser 2019). Children and young people who are placed outside of

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their homes have frequently been subjected to childhood adversity, such as neglect and abuse, and often face psychological challenges (Greger et al. 2015; Jozefiak et al. 2016). Neglect refers to emotional and physical deprivation (Puetz et al. 2020). In out-of-home care, girls are more frequently exposed to chronic depression (Jozefiak et al. 2016), and after care, they face greater emotional struggles and receive less support than boys in similar situations (Berejena Mhongera and Lombard 2017).

This study explores how five marginalised young women (aged 17–26) with different ethnic backgrounds and diverse social locations in Norway manage their identities and challenging personal stories. Research on exposure to marginalization from young women's perspectives can benefit from a focus on their narrative voices. Deep insight into their perspectives can provide valuable knowledge about how intersectionality and challenging personal stories can be managed. This highlights the necessity of exploring how young women manage their disadvantaged social locations prior to, during and after out-of-home care. Hence, our research question is: *How do young women with a history in out-of-home care manage their personal stories and identities?*

Previous research

According to previous research, young women who live in out-of-home care are more at risk of developing long-term substance abuse problems and depression, although they respond better to treatment than men (Dahlberg et al. 2022). Girls and young women in Norwegian residential care are often diagnosed with and treated for anxiety due to their challenging childhood and youthhood (Oerbeck et al. 2021). They also appear to have a poorer quality of life and suffer more from low self-esteem than their peers (Jozefiak and Kayed 2015).

Stories told about disadvantaged children and young people affect how they view themselves and construct their identities and how society addresses their issues (e.g. Eckersley 2011). Research on young people's well-being claims that the focus of studies should 'shift from problems to solutions, from negative to positive attributes, outcomes and conditions' and emphasise young people's agency (Eckersley 2011, 628). Studies about girls and young women in out-of-home care indicate that, although they have been exposed to vulnerable and challenging life situations, they are still capable of building relationships and positive elements in their lives. For example, although some young women struggle to survive and have negative outcomes in their lives after out-of-home care, others have positive survival stories and construct positive identities (Refaeli 2017). Furthermore, Kohli and Kaukko (2018) found that unaccompanied minor asylum-seeking girls were stuck in residential care while awaiting asylum decisions but managed their lives and developed friendships with other residents and adults. These girls used coping strategies, such as hopeful mindsets, keeping cultural traditions alive, building trust between the residents and adults around them and having future plans.

The emphasis on young people's agency is central to understanding how they form positive identities and manage possible stigma (e.g. Davidson and Whittaker 2017). Davidson and Whittaker (2017) highlighted the stigma of being a young person with a history in residential care; however, they emphasised the importance of one's own efforts in making a better future while managing the stigma. Managing stigma has been found to lead to resistance and positive identity construction, with negative identity categories intersecting with positive ones (Elster 2020). Such intersecting negative and positive identity categories for young people with a history in residential care include losing family; being a victim of abuse, neglect or rejection; being a bad child; having been loved; being one who is moving on; being a survivor; being resilient; and being an agent in one's own life (Schofield, Larsson, and Ward 2017).

Intersecting identities are constructed when young people narrate themselves and their pasts in interactions with others and when they tackle difficult experiences and stigmas (Schofield, Larsson, and Ward 2017). Young people in residential care can construct positive identities of being placed outside their homes and, in that way, manage their

intersecting negative identities (Jansen 2010). This is supported by Singstad et al. (2021), who found that emotional support from employees at residential care can have a positive impact on the quality of life and self-esteem among girls in their care. Similarly, Powers et al. (2018) highlighted the importance of self-determination, a form of casual agency (Wehmeyer 1995), in the positive development of young people's lives. Self-determination and self-regulation, accompanied by autonomy as management strategies, have a significant impact on how young people with a history in residential care manage obstacles in their lives (e.g. Powers et al. 2018).

Although studies on young women's perceptions and negotiations of their challenging backgrounds are emerging, knowledge about how young women with a history in residential care manage their challenging backgrounds and form their identities is scarce. However, there are a few exceptions (e.g. Jansen 2010; Refaeli 2017), and while a 'gendered data gap' exists (Criado-Perez 2019, p. XI), this reveals limitations in knowledge about marginalised childhoods and youthhoods of girls and young women, especially of those in out-of-home care, and on their identity construction. This further highlights how misrecognised and thus socially invisible young women at the margins are in both research and societies.

The following section outlines the paper's conceptual framing. Thereafter, the research methods and data are elaborated. Finally, after presenting the findings, we discuss them considering previous research and the conceptual framing.

Conceptual framework

Narrative approach

In this article, narrative is understood as an epistemological tool through which stories help locate people's experiences in time and space (Bruner 1986). An interactional and performative narrative perspective is adopted to address the embodied nature of storytelling, in which stories are told by and to embodied persons in social and cultural situations (Svahn 2017). We extend this to include the idea that the participants construct and manage their identities while narrating themselves, their experiences and lives (Svahn 2017), and through storytelling, the self is recreated (Wortham 2000). Consequently, the participants' narrative identities are 'multiple, fragmentary, unfinished and always changing' (Smith and Sparkes 2008, 24). This study focuses on small personal stories told by our participants. Small personal stories in research are sequences from life stories told in interview situations (Marlow, Sørly, and Kaatrakoski 2022). Life stories can focus on single episodes in a life or on certain aspects of a life narrative, and these are often described as 'topical life stories' (Bertaux 1981; Pérez Prieto 2006).

Intersectionality, agency and (in)visibility

Following the *non-additive principle* (Christensen and Jensen 2012) as an intersectional approach, we explore young women's narratives about being simultaneously positioned in multiple social identity categories (Phoenix 2011). These categories include young women, low socioeconomic status, having a history in out-of-home care and/or as an unaccompanied mirror refugee (UMR). These different identity categories are related to each other as overall forms of social distinctness or systems of oppression (Lanser 2010) and cannot be understood in isolation. Feminist intersectional theory has traditionally focused on how race, gender and socioeconomic class intersect (Crenshaw 1991; Hooks 2015). It has also been argued that many other unidentified identity categories have been neglected by intersectional theorists and may also impact privilege and marginalisation (Christensen and Jensen 2012). Marginalisation occurs when girls and young women are at the margins of societies and lack equal opportunities for full participation because of their intersecting

social identity categories (Lennox 2015). To analyse the intersections of marginalisation or privilege, we also need to consider the possibility of human agency (Lanser 2010).

Human agency can be understood in several ways, and some even deny the possibility of such agency, especially for marginalised people (e.g. Bevir 1999). Our account of agency is a hybrid of two approaches, both highlighted by relational aspects. The first is feminist agency, where marginalised young women can practise individual, shared and collective agency (Schlosser 2019), even in hostile environments (Meyers 2002). This can emerge when these young women need to take charge of their lives in harmful living conditions, help others in similar situations and become a part of organisations that aim to change oppressive structures in institutions, such as in child welfare services (CWS). The second approach follows Abebe's (2019) account, where agency is interdependent with space, time, families, communities and other people around the child or young person. Therefore, as agency cannot exist in a vacuum, there must be the possibility for marginalised young women to practise agency inside and outside of out-of-home care and construct identities of being agents in their own lives. A lack of possibility of being agents in their own lives and having their own needs recognised can contribute to invisibility in CWS, which is known as the 'invisible child' phenomenon (Ferguson 2017). The term 'invisible child' refers to social workers' incapability of facilitating a child-centred approach and therefore, failing to establish relationships that allow them to recognise children in need and immediate danger (Ferguson 2017).

Methods

Recruitment

Our data are derived from eight narrative interviews with five young women aged 17–26 with backgrounds in out-of-home care. Participants were invited to two rounds of interviews, but only three came to the second round. Those who did not participate in the second interview did not give any explanations for their decision. One participant was recruited through private and state-run Norwegian residential care facilities, where residents are under 18 years old and under the care of the state. Two participants were initiated after advertisements on social media. One participant was recruited through an organisation for young people with experiences with CWS. This participant helped recruit another young woman. Recruitment was dependent on several gatekeepers in CWS or out-of-home units, and in some cases, the gatekeepers refrained from granting access, as this group of young women is seen as particularly psychologically vulnerable. This had a great impact on access to participants and limited the data collection.

Table 1. Description of participants.

Participant (age)	Type of out-of-home care	Placement age	Length of care
Ida (26)	Foster care	12	5 years
	Child Welfare Service (CWS) group care institution		
Eva (21)	Youth psychiatric care	13	5 years
	CWS group emergency institution		
	Group treatment institutions for behavioural/psychological problems		
Mia (17)	CWS solitary emergency institution	15	3 years
	CWS solitary treatment institution for behavioural/psychological problems		
	CWS solitary treatment institution for substance abuse problems		
Ade (18)	Housing Collective for Unaccompanied Minor Refugees (UMRs)	16	2 years
Esi (18)	Housing Collective for UMRs	16	2 years

Three of the interviewees were from Norway, with one having immigrant parents and two from an African country who entered Norway as UMRs. Table 1 specifies the type of out-of-home care, age of placement and time spent at the facilities.

The interviews

The interviews were conducted in Norwegian between 2018 and 2019 and lasted between 22 and 78 minutes. Three participants were interviewed twice, and the time between these interviews was approximately one year. The first round of narrative interviews started with encouragement for free storytelling. The participants first talked uninterrupted while the first author took notes for the second phase, in which questions were asked to deepen the understanding of their narratives. The transcribed interviews were sent to the participants, who had the opportunity to change the text; however, none of them made any changes. For the second interviews, the first author constructed questions based on the first narratives.

Several measures were implemented to ensure ethical conduct, following guidelines by the Norwegian National Research Ethics Committees (2022). This included approval from the National Centre for Research Data informing participants about their right to withdraw their consent at any point in the study, ensuring written informed consent and paying close attention to the ethics of care, as the participants told stories about harmful environments. They had the opportunity to take breaks or leave if they wished to do so. After each interview, the participants were asked about their experiences while being interviewed and had the opportunity to talk and get further follow-up if needed.

Listening guide analysis method

The interviews were analysed using the feminist listening guide method, which centralises the participants' voices and experiences (Woodcock 2016). One of the benefits of this method is that it allows for analysing the gaps and silences in narratives, as these often tell plenty about the participants' relationships with others and what cannot be narrated (Brown and Gilligan 1992; Woodcock 2016). The narratives in this research had gaps, and sometimes silences highlighted difficult experiences, absences in memory or the lack of words to describe something. The analysis was conducted in four listening stages, which are illustrated in Figure 1

During the first listening, the 'plot' was listened to, and the objective was to gain an understanding of what was happening and how the events unfolded in the narratives (Brown and Gilligan 1992). The focus was also on the frequency of the words, the main metaphors, the 'emotional resonances' and the contradictions in the storytelling (Brown and Gilligan 1992, 27), and the silences and/or gaps in the story were identified and analysed (Woodcock 2016). During the second listening, the focus was on the narrator's 'self' in the form of 'I' poems and the relation with others ('us' and 'they') in the story. During the third and fourth listening sessions, the research questions were revisited to explore the ways in which themes interact or are in tension with one another (Brown and Gilligan 1992; Woodcock 2016). The
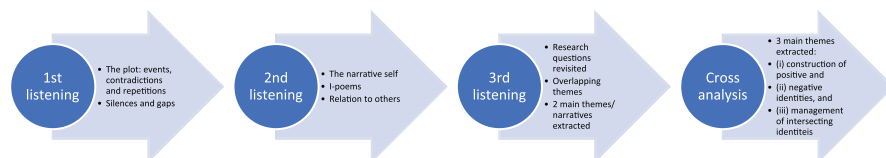

Figure 1. Analysis process and listening guide.

themes created in the first listening included identity construction and wounding experiences, agency and/or (in)visibility. These were further clustered into three main themes: (i) construction of negative identities, (ii) construction of positive identities and (iii) management of intersecting identities.

Findings

The data were analysed by reading all of the participants' stories. The transcripts were further explored for identity construction through storytelling. All participants told rich stories of marginalisation prior to, during and/or after out-of-home care and of identity construction while facing obstacles in their lives, which made their narratives relevant to this study. The first part of the findings focuses on the participants' negative identity construction, and the second part focuses on their positive identity construction through storytelling. The last part focuses on how intersecting negative and positive identities are managed.

Construction of negative identities

This section involves narratives of negative identities that the participants formed while experiencing challenges in their lives as girls and young women prior to and during out-of-home care. The participants' negative identities included a person being institutionalised, abnormal, dangerous, unwanted, a burden, an injecting drug addict, psychologically ill, a self-harmer, unworthy, unlovable and a bad girl or young woman. Such visible negative identities intersected with each other and with perceptions of being invisible and being a victim of emotional and physical deprivation, as well as with repressive policies. These negative identities are represented under the following themes: (i) neglected and invisible young women and (ii) marginalised and invisible young women.

Neglected and invisible young women
First in focus is Ida's (aged 26) pre-out-of-home care story. Ida has three younger siblings, and all of them lived with their drug-addict parents until Ida walked into the CWS office at the age of 12 and talked about the neglect that they faced every day. All of them were placed in foster care, although Ida was separated from her siblings. After several failed foster care placements, Ida moved into a child welfare institute (CWI) at age 15. In the study interview, Ida described the level of neglect and invisibility to the surrounding adults that she experienced as a girl:

> I'd a lot of teachers [...] who maybe should have seen me more than they did then, who, guaranteed, knew about the situation, and saw how things were. Didn't bring food to school [...] came in dangling and holey clothes, and too small clothes as well. So now, I feel, when I look back on things, I'm disappointed that we weren't moved out [from home] before and that no one saw us, and no one did anything.

Ida's narrative places her childhood experience of physical neglect in the context of social invisibility, where the adults around her and her siblings failed to recognise their condition as marginalised children of drug-addict parents. Ida's story shows the negative identity construction of an 'invisible child' and a victim of neglect and humiliation. This type of invisibility can make children feel unworthy and affect how they see themselves. However, Ida's expressed disappointment shows that she knew that the adults' denial of recognition and participation in the neglect was wrong, and Ida did not think that this was something that she or her siblings deserved. Therefore, Ida also constructed an identity of being mistreated.

Neglect in out-of-home care and invisibility were described by Mia (aged 17), who, at the time of the first interview, was in solitary residential care placement. Prior to residential care, Mia's father had been violent towards her throughout her childhood. Her psychological well-being deteriorated, and she started self-harming in secondary school. After attempting suicide, Mia ended up in psychiatric care at the age of 15, and afterwards, she was placed in the CWI. She narrated the following experiences of invisibility and neglect:

> It started that I just smoked something sometimes, and I ended up being an injecting junkie [Mia cries]. I got to the point where I was kind of sitting in the bathroom at home and injecting myself . . . but they just stayed on the other side of the door and talked with me. They knew what was happening inside the bathroom, but they never came in until they heard that I was really drowsy, and then they knew that I'd taken something. [Mia cries, a long pause] [. . .] I was kind of a bit disappointed that they did nothing with it because they saw . . . [. . .] It felt like no one cared if I was alive or [not].

Mia constructed several intersecting identities in her narrative, such as injecting drug addict, victim of neglect, unworthy of being helped and damaged girl. The shame she felt for being an injecting drug addict was visible, but she also expressed hope of receiving help to stop misusing drugs. Mia's disappointment in the residential care's employees can also be seen as frustration towards her own struggle to stop using drugs.

Being damaged came up in several other places in Mia's narrative, for example, when she explained how she was too sick to be placed with other girls in residential care due to her psychological instability. She missed being around other young women, and solitary placement contributed to her worsening psychological well-being and to feeling separated from the outside world and other young people. Mia's drug misuse escalated, and in the end, she was placed in a CWS solitary treatment institution for substance abuse problems, where her feelings of being isolated from the rest of the world deepened. This kind of otherness and feelings of being damaged was also described in other participants' narratives and led to feelings of invisibility and worthlessness, showing the intersection of invisibility and marginalisation.

Marginalised and invisible young women

Invisibility and marginalisation were narrated by Eva (aged 21). In her story about pre-out-of-home care, Eva constructed the identity of an unlovable child: 'No, I didn't feel it [that my mother loved me]. She didn't even want me to live with her'. This heavy burden led Eva to start self-harming through restricted eating and cutting and to sleep outside at the age of 12. After attempting suicide at age 13, she was placed in a psychiatric ward, where she stayed for approximately two years. She was left there because CWS thought that she was too sick to be placed in residential or foster care, and the staff at the psychiatric ward sought to get her out. This strengthened her feelings of being unwanted and unloved. At age 15, Eva was moved into a CWI. She narrated the following about her stay in one facility specialising in taking care of girls with self-harming issues:

> I've become kind of institutionalised. I've been taken out of the world where normal people are. Things were so different. Like, we couldn't have normal cutleries, and everything needed to be locked in, and it was kind of like a prison. [. . .] They thought that we were dangerous and sick . . . and then we became kind of like that. It has had consequences for how I think about myself.

Eva's narrative is located in institutional settings. One detail she mentions is the lack of access to normal cutlery, which substantially contributes to othering. Being institutionalised constructed her and her fellow residents' identities in a negative way as dangerous and sick. This also may have been caused by several things, such as the physical frames of the institutions, the attitudes of the employees and the recurring negative interactions. The unloving conditions in Eva's childhood, the years spent in the psychiatric ward and the attitudes of the residential care employees made Eva internalise the negative labels of being damaged, unlovable and institutionalised. The feelings of otherness lingered and contributed to her marginalisation as a young woman with a history in residential and psychiatric

care. Being someone who nobody wanted – not her mother, not the employees at the psychiatric ward or CWS – left marks on Eva and a stigma that has been difficult to shake, even in adulthood.

Experiences of being othered were also narrated by Ade (aged 18), who ended up in out-of-home care for UMRs at the age of 16 after a long flight from an African country to escape infinite military service and an uncertain future. She described her experiences of marginalisation, unworthiness and how her humanity was made invisible through objectification in her home country and during flight:

> [Human smugglers] didn't give us anything to eat or drink. They also beat us, and they spoke ugly words to us. We couldn't sleep. We were small, too. I just cried. I wanted to die . . . It was very difficult. [. . .] If you stay in [country of origin] and you are 16, after you finish school, you've to go to military service. I was imprisoned for two months, as [officers] thought that I would flee. After that, I thought, why stay if I don't have the right to study or to be free.

Ade's narrative locates the harsh experiences and identity construction of being a victim of othering and psychological and physical violence in the context of a society that practises repressive policies towards young people. She described her experiences during her flight from her home country, including the human smugglers' abuse of young refugees, and she constructed her identity while telling the story. Her story was filled with emotional and physical deprivation, which led her to wish for death instead of continuing the harsh journey. Feelings of worthlessness intersected with otherness, as Ade and the other young refugees were treated inhumanly.

Esi (aged 18) narrated similar experiences during her flight from the same African country as Ade. Marginalisation in their narratives can be seen in relation to repressive policies, their ages and their disadvantaged geographical locations. Visibility for them in their country of origin led to marginalisation, as it targeted them as subjects of forced military service at the age of 16, which they both wanted to escape. As they chose to flee, they became invisible to the authorities, which offered them a disguise but, at the same time, marginalised them at the hands of human smugglers. Marginalisation in Ade's and Esi's narratives was linked to a situation of despair and disempowerment, which was also found in other participants' narratives.

The negative identities of all participants were linked to marginalisation due to challenges within their families, or being in out-of-home care or in flight, placing them in disadvantaged social locations. The multiple social categories in which the participants were positioned intersect and relate to each other as overall forms of systematic oppression and locate the participants in the margins of societies or disadvantaged geographical locations.

Construction of positive identities

While managing and resisting challenges, invisibility and marginalisation, the participants also constructed positive identities. These identities included having stamina; being good, smart and survivors of violence; encountering neglect and repressive policies; and being agents in their own lives. The construction of positive identities was divided into two themes: (i) young women enacting agency and resistance and (ii) young women managing intersecting identities.

Young women enacting agency and resistance

Ida described how she took charge of her own life when in residential care. She managed to thrive at school, continued to study after high school and is now working as a learning disability nurse, against the advice of her social worker:

> I've always wanted to be a learning disability nurse, but my social worker said that, with everything I've experienced, it would be tough, and advised against health professional education. [. . .] But in the end, I didn't care what the social worker said and started to study to be a learning disability nurse. [. . .] It took four years [. . .] and I never went back to that social worker again [Ida laughs].

Later, Ida described herself:

> I think it is great that I've managed so well against the odds because things could have gone pretty bad, right? [...] I've always been good and nice, and I got to hear it as well [from the institution's employees].

Ida's narrative locates positive identity categories (e.g. one who resists the identity of being too vulnerable to study health professional education, one who has done well in life and one who was a good girl) into life during and after out-of-home care. Her personal story also shows how positive identity construction is dependent on how marginalised young women with a history of out-of-home care are perceived by the social workers. While Eva was categorised negatively by the out-of-home care employees and adopted those negative identities, Ida was categorised positively and thus adopted positive identity categories.

Participants further narrated that they had taken charge of their own lives and made changes to better their situations. For example, in the second interview, Mia said that she had been seven months sober. As young women who have managed their own lives and acknowledged the possibility of changing their future for the better, they have shown resistance and agency. The participants' positive identity formations also intersected with their constructions as victims of violence and neglect, as they did not feel they deserved these negative experiences in their childhoods and youthhoods.

Negative experiences have led the participants to the self-realisation of what has happened to them and have formed their identities in multiple ways. They have also managed to see strength in themselves, as Ade described in the following narration:

> At first, we travelled from [country of origin through several African countries] and afterwards to Italia, then to Germany, and then I came here [Norway]. It wasn't easy. It was very difficult. [...] I don't know how to explain how I managed to come here. I just believed that I could do it. It meant everything to me. [...] I just thought that Norway was the best, and that's why I came here.

Ade located her narrative in the context of fleeing and pre-out-of-home care. This sequence shows Ade's determination to change her life for the better and resist repressive policies in her home country by fleeing. In addition, during the interview, Ade constructed several positive identities, such as a survivor of her country's repressive policies, a survivor of violence and an agent in her life. This shows that agency can be enacted in restricted conditions and emerge when facing challenges in life to help marginalised young women resist repressive policies.

The analysis also revealed that the participants have multiple intersecting identities, such as those of victim and survivor of violence and repressive policies, sick and healthy, good and bad girl, or young woman. The participants acknowledged their restricted agency as children, yet they appeared to take agency in their narratives. The participants' stories about challenging experiences, marginalisation and invisibility intersected with narratives of agency, survival and visibility. All participants narrated the survival of harsh realities and visibility in their lives. Visibility intersected in the stories of how they were being cared for, loved and acknowledged by significant others.

Young women managing intersecting identities

Agency was illuminated when participants managed their identities while they limited or modified the narrations of their lives, depending on the circumstances and to whom they were telling their story. Keeping the past invisible can have a protective aspect, which Eva narrated well:

> I feel that people are kind of 'oi!' right away [if I tell them that I've lived in out-of-home care], and I've scars on top of that. I just want people to not know that much about it [...]. Like, it's not me, so . . . if it's someone who I get to know, I will say it if it falls out naturally, but not so that I, like, lay it all out or like, now, I'll tell about it . . . if it kind of comes out naturally, so I either say it or not.

Here, the weight is on Eva's willingness to tell, or not to tell, other people about her past in out-of-home care, but also on how Eva is much more than her past and her scars. She points out that her former life in out-of-home care does not define her as a person by stating, 'it's not me'. This can be

interpreted as Eva not accepting an identity solely as a former girl in child welfare or as a psychiatric patient. She is conscious of how, when and with whom she shares this information. She manages her personal story and identities and thus constructs her identity as an agent in her life. This shows the importance of challenging problematic categorisations in social work practice with marginalised young women and highlights their multiple intersecting identities.

Eva made another attempt to limit past visibility and manage identities when deepening questions were asked based on the first narrative:

Interviewer: Can you tell more about what happened at home and with your mother?

Eva: Not really because it is a bit like I can't bear to talk about it . . . everything is kind of left behind . . . So, I get so stressed out if I take it up again. If that's ok?

Interviewer: Yes, of course.

This can be interpreted as an example of acting out agency. Eva drew a line at what she wanted to reveal in her interview about her relationship with her mother. She appeared to do this to protect herself, both in terms of not evoking difficult emotional states and of letting difficult experiences rest. This might reflect a lack of trust in the interviewer or Eva's desire to move on from this part of her past and no longer let it define her identity. While managing her challenging personal story, Eva constructed how she and her mother would be seen by controlling her identity and the visibility of her past. The experience of emotional neglect intersected here with agency, and while managing what to tell, Eva constructed herself as one who has left the past behind, thus becoming one who has survived and moved on. This creates a gap in Eva's narrative, and the silence around the untold is interesting. Gaps and silences in narratives are not unusual, and from our point of view, they are as important as the spoken words. Gaps can indicate that the participant cannot describe the event, cannot remember or does not want to talk about something (Loots, Coppens, and Sermijn 2013). Wounding events can also go beyond description or be humiliating experiences that the teller would rather forget, and they can even retraumatise the teller (Bohmer and Shuman 2019). Similar management of identities was also found in other participants' narratives, highlighting the necessity of providing room for renarration of one's own personal story in social work practice. It is important to understand the power and meaning of silence and gaps in narratives, as this can indicate that the relationship between the service users and the social work practitioners is not strong enough or that the service users are not ready to share their story.

Discussion

This study has explored how young women with a history of out-of-home care manage their personal stories and identities. The participants narrated constructions of multiple intersecting positive and negative identities while facing neglect, physical and psychological violence and repressive policies. The analysis further shows how the women manage their intersecting identities, challenging experiences and marginalised locations through the act of storytelling. The women's struggles to manage identities of negligence and (in)visibility can be understood as a dynamic process between agency, resistance and construction of intersecting identities. Other studies have shown that managing stigma and constructing positive identities are connected to agency, self-determination, self-regulation and resistance (Davidson and Whittaker 2017; Jansen 2010; Powers et al. 2018).

Nonetheless, the participants identified themselves as (un)recognised by the adults around them. Feelings of (in)visibility lingered and affected their identity construction. The participants constructed and managed their identities while narrating their experiences and lives (Svahn 2017), and through the act of storytelling, their selves were recreated (Wortham 2000). It is important to

remember that the participants' narrative identities are always 'multiple, fragmentary' and in flux (Smith and Sparkes 2008, 24).

Young people who are 'seen' in CWS are not necessarily recognised, nor do they necessarily get the help that they need (Ferguson 2017). Hence, we found that invisibility intersected with neglect and marginalisation, and agency intersected with resistance and management of identities and (in)visibility. This finding is similar to previous research on girls and young women in out-of-home care (Kohli and Kaukko 2018; Refaeli 2017). This was also evident in the young women's narratives of negative identities. The way other people view and address marginalised girls and young women has a significant impact on how they see themselves and their feelings of belonging (Heng and White 2018), and this contributes to their identity construction and can deepen their marginalisation. Furthermore, negative narratives can contribute to the experiences of being unwanted and invisible or unheld (Ferguson 2017).

Additionally, our participants' narratives indicated agency in attempts to manage their lives, even in hostile environments (Meyers 2002), while previous research has shown the risks of developing problems, such as substance abuse and psychological issues (Dahlberg et al. 2022; Jozefiak and Kayed 2015; Oerbeck et al. 2021). Management and agency emerge, for example, when contacting CWS, running away, fleeing and resisting negative and stigmatising identity categories and storytelling. Following Abebe's theories (Abebe 2019), the narratives revealed acts of agency through the young women's descriptions of adults inside and outside of out-of-home care units. Their stories helped them define whether their helpers had contributed to or limited their opportunities to improve their lives. A relational understanding of agency emphasises how it is interdependent on 'others' and is always a continuum that needs to be negotiated between adults, communities and the child or young person (Abebe 2019). Agency can only be possible if there is room to exercise it (Abebe 2019). This highlights the need to focus on young women's agency in out-of-home care and to leave room for them to practise it.

Limitations of the study

One limitation of this study is the small number of participants. Despite concerted efforts to recruit more young women with experience in out-of-home care, it proved challenging to access and gain trust from this group. Additionally, some interviews were brief due to the sensitive nature of the topics discussed and the prioritisation of participant well-being. Nonetheless, the narratives presented in this study offer a valuable and distinctive perspective on the experiences of young women with a background in out-of-home care in Norway, as shared by the participants.

Conclusion

To conclude, the participants' narratives are understood as compasses for navigating their challenging personal stories. Through agency, constructing intersecting identities and managing (in) visibility, the young women emphasised strength and empowerment by presenting their stories as a starting point to gain knowledge for social workers in practice. Social workers need knowledge regarding intersectionality among minors in out-of-home care and the complexity related to both individualistic and collective dimensions. Social workers must respect marginalised girls' and young women's needs to be visible or invisible in certain situations and must understand the protective and complex nature of invisibility. We must provide space and opportunity for these girls and young women to practise their agency, as this cannot happen in a vacuum. Agency is interdependent with the people around these young women and must be seen as something dependent on the relational circumstances and social context (Abebe 2019).

The practical implications of this study reveal that the intersectional perspective in social work practice can help in understanding the complexity of the identities of marginalised young women in out-of-home care. To achieve this, social workers need to pay close attention to the small stories of everyday life and how they fit into the dominating narratives that reproduce and recirculate big stories. Further research needs to focus on these stories and resist stereotypical categorisation of marginalised girls and young women as 'troublemakers', 'victims' and 'damaged'.

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References

Abebe, T. 2019. "Reconceptualising Children's Agency as Continuum and Interdependence." *Social Sciences (Basel)* 8 (3): 81. https://doi.org/10.3390/socsci8030081.

Berejena Mhongera, P., and A. Lombard. 2017. "Who is There for Me? Evaluating the Social Support Received by Adolescent Girls Transitioning from Institutional Care in Zimbabwe." *Practice (Birmingham, England)* 29 (1): 19–35. https://doi.org/10.1080/09503153.2016.1185515.

Bertaux, D. 1981. "Introduction, Biography and Society: The Life History Approach in the Social Sciences." In *Biography and Society: The Life History Approach in the Social Sciences*, edited by D. Bertaux, 5–15, Beverly Hills, California: SAGE Publications.

Bevir, M. 1999. "Foucault and Critique: Deploying Agency Against Autonomy." *Political Theory* 27 (1): 65–84. https://doi.org/10.1177/0090591799027001004.

Bohmer, C., and A. Shuman. 2019. "Political Asylum Narratives and the Construction of Suspicious Subjects." In *Technologies of Suspicion and the Ethics of Obligation in Political Asylum*, edited by. B. M. Haas and A. Shuman, 245–264. Ohio University Press. https://doi.org/10.2307/j.ctv224v04m.14.

Brown, L. M., and C. Gilligan. 1992. *Meeting at the Crossroads: Women's Psychology and girls' Development*. Harvard University Press.

Bruner, J. S. 1986. *Actual Minds, Possible Worlds*. Harvard University Press.

Christensen, A.-D., and S. Q. Jensen. 2012. "Doing Intersectional Analysis: Methodological Implications for Qualitative Research." *NORA - Nordic Journal of Feminist and Gender Research* 20 (2): 109–125. https://doi.org/10.1080/08038740.2012.673505.

Crenshaw, K. 1991. "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color." *Stanford Law Review* 43 (6): 1241–1299. https://doi.org/10.2307/1229039.

Criado-Perez, C. 2019. *Invisible Women: Exposing Data Bias in a World Designed for Men*. London: Chatto & Windus.

Dahlberg, M., K. M. M. Boson, M. Anderberg, and P. Wennberg. 2022. "Long-Term Outcomes for Young People with Substance Use Problems in Outpatient Treatment: Gender-Specific Patterns." *Frontiers in Psychiatry* 13 (Article 888197). https://doi.org/10.3389/fpsyt.2022.888197.

Davidson, E., and L. Whittaker. 2017. "The Marginalisation of Care: Young Care leavers' Experiences of Professional Relationships." In *Youth Marginality in Britain: Contemporary Studies of Austerity*, edited by S. Blackman and R. Rogers, 1st ed., 191–206. Policy Press. https://doi.org/10.46692/9781447330530.013.

Eckersley, R. 2011. "A New Narrative of Young People's Health and Well-Being." *Journal of Youth Studies* 14 (5): 627–638. https://doi.org/10.1080/13676261.2011.565043.

Elster, J. 2020. "Youth Voices in Post-English Riots Tottenham: The Role of Reflexivity in Negotiating Negative Representations." *The Sociological Review (Keele)* 68 (6): 1386–1402. https://doi.org/10.1177/0038026120915706.

European Commission. (2006). *Towards an EU Strategy on the Rights of Child* (p. 10) [Communication]. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52006DC0367&from=EN.

Ferguson, H. 2017. "How Children Become Invisible in Child Protection Work: Findings from Research into Day-To-Day Social Work Practice." *The British Journal of Social Work* 47 (4): 1007–1023. https://doi.org/10.1093/bjsw/bcw065.

Galster, G., A. M. Santiago, and L. Stack. 2016. "Elementary School Difficulties of Low-Income Latino and African American Youth: The Role of Geographic Context." *Journal of Urban Affairs* 38 (4): 477–502. https://doi.org/10.1111/juaf.12266.

Greger, H. K., A. K. Myhre, S. Lydersen, and T. Jozefiak. 2015. "Previous Maltreatment and Present Mental Health in a High-Risk Adolescent Population." *Child Abuse & Neglect* 45:122–134. https://doi.org/10.1016/j.chiabu.2015.05.003.

Heidbrink, L. 2014. *Migrant Youth, Transnational Families, and the State: Care and Contested Interests*. University of Pennsylvania Press. https://doi.org/10.9783/9780812209679.

Heng, L., and J. White. 2018. "Employing Intersectionality and the Concept of Difference to Investigate Belonging and Inclusion." In *Belonging: Rethinking Inclusive Practices to Support Well-Being and Identity*, edited by A. Guerin, 95–106. Vol. 36. Leiden, Boston: Brill Sense.

Hooks, B. 2015. *Feminist Theory: From Margin to Center*. Routledge. https://doi.org/10.4324/9781315743172.

Jansen, A. 2010. "Victim or Troublemaker? Young People in Residential Care." *Journal of Youth Studies* 13 (4): 423–437. https://doi.org/10.1080/13676261003801770.

Jozefiak, T., and N. S. Kayed. 2015. "Self- and Proxy Reports of Quality of Life Among Adolescents Living in Residential Youth Care Compared to Adolescents in the General Population and Mental Health Services." *Health and Quality of Life Outcomes* 13 (1): 104–104. https://doi.org/10.1186/s12955-015-0280-y.

Jozefiak, T., N. S. Kayed, T. Rimehaug, A. K. Wormdal, A. M. Brubakk, and L. Wichstrøm. 2016. "Prevalence and Comorbidity of Mental Disorders Among Adolescents Living in Residential Youth Care." *European Child & Adolescent Psychiatry* 25 (1): 33–47. https://doi.org/10.1007/s00787-015-0700-x.

Kohli, R. K. S., and M. Kaukko. 2018. "The Management of Time and Waiting by Unaccompanied Asylum-Seeking Girls in Finland." *Journal of Refugee Studies* 31 (4): 488–506. https://doi.org/10.1093/jrs/fex040.

Lanser, S. S. 2010. "Are We There Yet? The Intersectional Future of Feminist Narratology." *Wai Guo Wen Xue Yan Jiu* 32 (4): 32–41.

Lems, A., K. Oester, and S. Strasser. 2019. "Children of the Crisis: Ethnographic Perspectives on Unaccompanied Refugee Youth in and En Route to Europe." *Journal of Ethnic and Migration Studies* 46 (2): 1–21. https://doi.org/10.1080/1369183x.2019.1584697.

Lennox, A. 2015. "Feminist Theory and Social Justice." In *Feminist Theory, Crime, and Social Justice*, edited by A. Van Gundy, 1–23, Oxfordshire, England, New York: Routledge.

Loots, G., K. Coppens, and J. Sermijn. 2013. "Practising a Rhizomatic Perspective in Narrative Research." In M. Andrews, C. Squire, and M. Tamboukou edited by, *Doing Narrative Research* 108–125. 2nd. Sage. https://doi.org/10.4135/9781526402271.n6.

Mäkinen, V., J. Robinson, and P. Slotte. 2020. "Rights and Justice Towards the Margins." In *Rights at the Margins: Historical, Legal and Philosophical Perspectives*, edited by V. Mäkinen, J. Robinson, P. Slotte, and H. Haara, 1–27. Vol. 316. Leiden, Boston: Brill.

Marlow, M. A., R. Sørly, and H. K. Kaatrakoski. 2022. "Personal Stories of Young Women in Residential Care: Health-Promoting Strategies and Wellbeing." *International Journal of Environmental Research and Public Health* 19 (24): 16386. https://doi.org/10.3390/ijerph192416386.

Meyers, D. T. 2002. *Gender in the Mirror: Confounding Imagery*. Oxford University Press. https://doi.org/10.1093/0195140419.001.0001.

Norwegian National Research Ethics Committees. (2022). *Guidelines for Research Ethics in the Social Sciences and the Humanities*. https://www.forskningsetikk.no/en/guidelines/social-sciences-humanities-law-and-theology/guidelines-for-research-ethics-in-the-social-sciences-humanities-law-and-theology/.

Oerbeck, B., K. R. Overgaard, V. Hjellvik, L. Lien, and J. G. Bramness. 2021. "The Use of Antidepressants, Antipsychotics, and Stimulants in Youth Residential Care." *Journal of Child and Adolescent Psychopharmacology* 31 (5): 350–357. https://doi.org/10.1089/cap.2020.0123.

Pérez Prieto, H. 2006. *Historien om räven och andra berättelser: Om klasskamrater och skolan på en liten ort - ur ett skol- och livsberättelse perspektiv* (Research 2006:52). http://urn.kb.se/resolve?urn=urn:nbn:se:kau:diva-723.

Phoenix, A. 2011. "Psychosocial Intersections: Contextualising the Accounts of Adults Who Grew Up in Visibly Ethnically Different Households." In *Framing Intersectionality: Debates on a Multi-Faceted Concept in Gender Studies*, edited by M. T. H. Vivar, H. Lutz, and L. Supik, 137–152. Routledge. https://doi.org/10.4324/9781315582924.

Pihl, J. 2015. "Epistemological and Methodological Challenges in Research Concerning Youth at the Margins." In *Youth ´at the margins´: Critical Perspectives and Experiences of Engaging Youth in Research Worldwide*, edited by. S. Bastien and H. B. Holmarsdottir, 41–63. Sense Publishers. https://doi.org/10.1007/978-94-6300-052-9_3.

Powers, L. E., A. Fullerton, J. Schmidt, S. Geenen, M. Oberweiser-Kennedy, J. Dohn, M. Nelson, R. Iavanditti, and J. Blakeslee. 2018. "Perspectives of Youth in Foster Care on Essential Ingredients for Promoting Self-Determination and Successful Transition to Adult Life: My Life Model." *Children and Youth Services Review* 86:277–286. https://doi.org/10.1016/j.childyouth.2018.02.007.

Puetz, V. B., E. Viding, M. I. Gerin, J.-B. Pingault, A. Sethi, A. R. Knodt, S. R. Radtke, B. D. Brigidi, A. R. Hariri, and E. McCrory. 2020. "Investigating Patterns of Neural Response Associated with Childhood Abuse V. Childhood Neglect – Corrigendum." *Psychological Medicine* 50 (8): 1408–1408. https://doi.org/10.1017/S0033291719001752.

Refaeli, T. 2017. "Narratives of Care Leavers: What Promotes Resilience in Transitions to Independent Lives?" *Children and Youth Services Review* 79:1–9. https://doi.org/10.1016/j.childyouth.2017.05.023.

Sarmento, M. J., R. de Cássia Marchi, and G. de Pina Trevisan. 2018. "Beyond the Modern "Norm" of Childhood: Children at the Margins as a Challenge for the Sociology of Childhood." In *Theorising Childhood: Citizenship, Rights and Participation*, edited by. C. Baraldi and T. Cockburn, 135–157. Springer International Publishing. https://doi.org/10.1007/978-3-319-72673-1_7.

Schlosser, M. 2019. "Agency". *The Stanford Encyclopedia of Philosophy*. In E. N. Zalta edited byVol. Winter volume 29 :Metaphysics Research Lab, Stanford University https://plato.stanford.edu/archives/win2019/entries/agency/.

Schofield, G., B. Larsson, and E. Ward. 2017. "Risk, Resilience and Identity Construction in the Life Narratives of Young People Leaving Residential Care: Risk, Resilience, Identity and Residential Care." *Child & Family Social Work* 22 (2): 782–791. https://doi.org/10.1111/cfs.12295.

Singstad, M. T., J. L. Wallander, H. K. Greger, S. Lydersen, and N. S. Kayed. 2021. "Perceived Social Support and Quality of Life Among Adolescents in Residential Youth Care: A Cross-Sectional Study." *Health and Quality of Life Outcomes* 19 (1): 29–29. https://doi.org/10.1186/s12955-021-01676-1.

Skattebol, J., and G. Redmond. 2019. "Troubled Kids? Locational Disadvantage, Opportunity Structures and Social Exclusion." *Children's Geographies* 17 (1): 76–89. https://doi.org/10.1080/14733285.2018.1487031.

Smith, B., and A. C. Sparkes. 2008. "Contrasting Perspectives on Narrating Selves and Identities: An Invitation to Dialogue." *Qualitative Research* 8 (1): 5–35. https://doi.org/10.1177/1468794107085221.

Svahn, J. 2017. "Jag har bara ADHD å så": Identitetskonstruktion och normalisering i resursskoleelevers berättelser." In *Fortelling og forskning: Narrativ teori og metode i tverrfaglig perspektiv*, edited by R. Sørly and B. H. Blix, 125–139, Stamsund: Orkana akademisk.

United Nations. (2014, November 1). *Women's Rights are Human Rights*. https://www.ohchr.org/en/publications/special-issue-publications/womens-rights-are-human-rights.

UN Women. (2020). *Facts and Figures: Ending Violence Against Women*. https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures.

Wehmeyer, M. L. 1995. "A Career Education Approach: Self-Determination for Youth with Mild Cognitive Disabilities." *Intervention in School and Clinic* 30 (3): 157–163. https://doi.org/10.1177/105345129503000305.

Woodcock, C. 2016. "The Listening Guide: A How-To Approach on Ways to Promote Educational Democracy." *International Journal of Qualitative Methods* 15 (1): 160940691667759. Article 160940691667759. https://doi.org/10.1177/1609406916677594.

Wortham, S. 2000. "Interactional Positioning and Narrative Self-Construction." *Narrative Inquiry* 10 (1): 157–184. https://doi.org/10.1075/ni.10.1.11wor.

Article 2

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Article

Personal Stories of Young Women in Residential Care: Health-Promoting Strategies and Wellbeing

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Abstract: Interdisciplinary social work practice produces and circulates narratives of young women in residential care. The dominant narratives often present negative descriptions of this group, and less attention has been paid to their resistance to these "big stories". This study's aim is to illuminate this resistance of young women in residential care and to explore how they narrate their experiences of being children at risk who have become women managing everyday life. This study utilises a narrative approach and includes three selected personal stories: two from the participants and one from the first author's reflections on resistance. Through contextual analysis at the macro, meso and micro levels, we focus on how personal stories can influence interdisciplinary social work services. We found resistance to dominant narratives on the different levels in the chosen stories. Resistance can create space to reconstruct and renarrate reality together and help understand the meaning and power of storytelling and silence. Participants' resistance can be a tool to rebalance the power between social work practitioners and service users. Based on this analysis, we suggest that interdisciplinary collaborative social work should emphasise service users' personal stories to a higher degree and, in this way, increase user participation in residential care.

Keywords: narratives; residential care; social work; wellbeing; young women

1. Introduction

In 2021, 50,520 children and young people received measures from Child Welfare Services in Norway [1]. Among these, 13,508 were subject to placement measures [1], and 971 were placed in child welfare institutions in 2021 [2]. In 2021, 458 girls and young women were living in child welfare institutions, making them the minority in Norwegian residential care [2]. Several studies have shown that young people in residential care are, in many ways, in marginalised positions in Norwegian society, and this marginalisation starts in the early stages of their lives [3–6]. Girls and young women in residential care are often diagnosed and treated for depression and anxiety [7], which highlights the necessity of knowing more about their experiences as children at risk prior to and during care and how they manage everyday life as young adults after residential care.

This study's context involves young women in residential care in Norway. The research initially aimed to shed light on how girls and young women in marginalised positions perceive their pre-residential stories as children at risk and their experiences during and after care. However, the study evolved to include some of the dominant narratives in interdisciplinary social work practice. The dominant stories overlook agency (agency is bound to the resistance of the prevailing norms and values in a given society [8], but it is also something that cannot exist without the opportunity to exercise it [9]) and resistance to challenging experiences and life stories [10]. Resistance here refers to acting against or opposing these dominant narratives [11]. If we reproduce and circulate dominant narratives in social work research and practice, we tend to pay less attention to personal stories. However, what if these stories were told from service users' perspectives?

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This paper explores different context levels in relation to two young women's personal narratives and the first author's field notes. We connect the participants' narratives to the macro, meso and micro levels of context [12]. By using context analysis, we demonstrate that narrating and renarrating are essential parts of empowerment in interdisciplinary social work practice. We explore the stories that our participants reveal about their everyday lives and experiences. Narratives have an impact on both storytellers and listeners, and stories are epistemological tools, as narratives help locate human experiences in time and space [13]. By focusing on narrating as an empowering activity, we hope to inspire social work practitioners to take part in supporting young people to enact agency in health-promoting strategies and wellbeing. We suggest storytelling and story listening as important pillars for interdisciplinary collaborative practice that includes a higher degree of user participation.

The article analyses dominant narratives in interdisciplinary social work and the personal stories expressed (i) by the participating young women, (ii) by the involved researcher and (iii) in the encounters between the participants and the researcher. The narrative approach refers to a unique embodied narrative act of storytelling that is performed (or not) between the interviewer and the participant in social and cultural situations [14,15].

1.1. Narrative Approach: Dominant Narratives and Small Stories

We are the stories we tell about ourselves [16]. A complex relationship exists between culture and identity, and identification is an ongoing process that continues throughout life [17]. This study is concerned with narratives that draw from cultural beliefs and practices to further a specific project of self-identifying within available dominant narratives. In line with Fivush [16], we agree that people, through narratives that they take part in or are exposed to, are enrichened through explanatory and evaluative frameworks that weave people, places and events together and create stories that define who we are in time and place and in relation to others. Through multiple acts of storytelling, narratives become accepted or contested as evaluative versions of the past. Stories take on moral perspectives, explaining not only what happened and what it means but also what it should mean [16,18].

Dominant narratives are collective representations of how the world is and should be. They are said to be totalising, hegemonic and controlling stories [19] and represent the majority's values, frequently silencing and taking for granted the voice of others or of those outside the majority [20]. Dominant narratives create social boundaries between people and help categorise people as "others" or "different" from oneself. One of the dangers of dominant narratives is that they stop us from hearing smaller personal stories that are different but still matter.

Small stories are conversations, diaries, letters, blogs, field notes, autobiographies and everyday small talk. The most common of these in research are parts of interviews or sequences of life stories. Life stories can focus on single episodes in a life or certain aspects of a life story—what Bertaux [21] and Pèrez Prieto [22] defined as "topical life stories". A discussion between big stories and small stories in narrative research has long continued [17], and researchers have defined big stories as related to interviews and biographies and small stories as based on social interactions in different formal and informal contexts [17]. While research on big stories has focused on individual storytelling as a source of knowledge about the storyteller, research on small stories has focused more on the storytelling act as a situated and context-dependent activity.

Through storytelling, service users and social work practitioners can explore the meanings of the experiences "in certain contexts, in certain times, and with certain others" [23] (p. 209). Service users are invited to tell stories of what has happened to them, and social work practitioners analyse meaning from their narratives together with service users [23]. Social work is, by nature, a narrative practice and profession [23,24].

When selecting the data material for this paper, we included one story from the first author's field notes, along with the participants' personal stories. These stories were chosen during the analysis because they highlight resistance to dominant narratives in social work.

1.2. A Dominant Story of Young Women in Residential Care

Young people in residential care are marginalised in societies, as they are under the care of the state, not of their parents, and are particularly exposed to poverty, exclusion and discrimination [3]. Young people in the care of the state have often been subjected to emotional and physical deprivation, which can lead to psychological challenges [4–6]. Experiences of deprivation can have a longitudinal impact on young people's lives, which may continue to affect their adult lives [4,25].

Norwegian studies on young people in residential care have indicated that they have poorer quality of life, more mental disorders, worse performance at school, a higher incidence of behavioural difficulties and more frequent substance abuse problems compared to their peers [26,27]. In addition, compared to other young people in Norway, they are often more inactive in education or working life as adults [28]. International studies have shown that residents often have mental illnesses, intellectual or learning difficulties, challenging behaviours [29–31], substance misuse and/or self-harming issues [32]. The dominant narratives of young people in residential care are about individuals' psychological struggles. This can deepen their marginalisation, as the way other people view and address young people has a significant impact on how they see themselves and their feelings of belonging [33]. Gender also has an impact on how the residents are narrated. Jozefiak et al. [34] and Oerbeck et al. [7] stated in their research that girls showed a significantly higher probability of depression and anxiety disorders than boys and that boys had a significantly higher probability of being diagnosed with a severe behavioural disorder. Greger et al. [35] added that girls in residential care reported more maltreatment in their upbringing and that young people in residential care are likelier to have mental disorders than other children in Child Protection Services. A longitudinal study from 1981–1998 included 25 girls and young women (12–16 years old) who had multiple problems, such as being without a permanent place to live and having a history of criminality, drug abuse and significant difficulties adapting to school and home [36]. The dominant stories based on these studies circulate narratives of young people who have several psychological, substance abuse and behavioural problems [30–36]. Less attention has been paid to young women's resistance to these "big stories" and how they narrate experiences of being children at risk who have become young adults managing everyday life. This article aims to fill this research gap, as the personal stories told by our participants carry specific knowledge of young women's health-promoting strategies and wellbeing, expressed as resistance to dominant narratives. Therefore, our research question is how young women with experiences in residential care tell stories of being children at risk who have become young adults managing everyday life.

The structure of the paper is as follows. The introduction includes the narrative approach and a brief overview of a dominant narrative of young women in residential care. In the next section, the materials and methods are presented, followed by the results and discussion. In the end, we offer a conclusion highlighting implications for interdisciplinary social work practice.

2. Materials and Methods

2.1. Institutional Review Board Statement

The current study was conducted between 2018 and 2019 in Norway and was approved by the Norwegian Centre of Research Data (2018-58745/3/LH) and each research site and municipality. Written consent was collected from each participant, and they were informed of their right to withdraw their consent at any point during the study. Throughout the study, close attention was paid to the ethics of care, as the participants told stories about harmful environments. The participants had the opportunity to take breaks or leave if they wished to do so. After each interview, the participants were asked about their experiences

while being interviewed, and they had the opportunity to talk and receive further follow-up if needed.

2.2. Recruitment

Recruitment was conducted through private and state-run Norwegian residential care facilities. The study was advertised on social media. The snowball method was used to recruit participants. As young people in residential care are hard to reach, recruitment was facilitated through several gatekeepers [37]. Gaining access to possible participants was challenging, although this is not unusual for studies among hard-to-reach populations [37,38]. This might have affected the potential participants' willingness to join and their attitudes towards the study. Four participants withdrew from the study before or after the first round of interviews.

2.3. Participants

The five participants in this study had diverse ethnic backgrounds and varied reasons why they became residents of residential care in Norway. The young women in this study were between 12 and 16 years old when they were placed in residential care and between 17 and 26 at the time of the interviews. The two interviewees presented in this paper had been involved in psychiatric care wards prior to, during and/or after their stays at the institutions.

2.4. The Interviews

The narrative interview method was chosen to elicit free storytelling [39]. The five participants in this research told personal stories of their experiences prior, during and after their placements in residential care. These stories were told in interactions with the first author [40]. The participants first talked uninterrupted while the first author took notes for the second phase, in which questions were asked to deepen the understanding of the participants' narratives. The transcribed interviews were sent to the participants, and they were provided with the opportunity to make changes. Only three participants read their narratives, and none made any adjustments. All participants were invited to take part in the second round of interviews. For the second interviews, the first author constructed interview questions based on the first narratives to obtain richer data. The interviews were conducted in Norwegian and audio-recorded. Altogether, the study included eight interviews.

2.5. Narrative Context Analysis

Narrative performative analysis contains different approaches, with context analysis being one of the more well-known methods in social science research [41,42]. Context enters these stories in complex choreography and moves on several levels. The different contexts exist in the spaces between the narrator and the listener, between the telling and the setting, between the reader and the text and between the history and the culture [41]. Considering interviews allows for emphasising that stories are created in the moment and exist in a vital and vibrant setting [43]. There are no limits to relevant contexts, and researchers must decide what should be excluded or included in the context analysis of stories. By focusing on external contexts, we describe how dominant narratives relate to personal stories. Zilber et al. [44] introduced the following three levels of context: the dominant narratives that underlie and give sense to a particular story (macro level), the collective social field in which one's life and story evolve (meso level) and the immediate relations in which the narrative is produced (micro level). In the following analysis, we present the stories and then employ these spheres to describe the different approaches to dominant narratives in social work.

3. Results: Analysing the Stories

We started the analysis process by reading all the participants' stories and the first author's field notes. We sought relevant perspectives connected to health-promoting

strategies and wellbeing within each story. We focused on the content of the narratives and found that two of the stories and one field note thematised resistance to dominant narratives in social work. The first story is an excerpt from Ida's narrative, followed by the first author's notes. Ida's narrative is interpreted on a macro level. The second story is an extract from the interview with Mia, which is also followed by the first author's notes. This narrative is interpreted at the meso level. The last story is the first author's notes related to an interview that was planned but never took place. The untold story is interpreted on a micro level. To understand resistance as contextual health-promoting strategies and expressions of wellbeing, we need to look at how these young women (i) navigated between the dominant story of being neglected by the parents and showing oneself as a present mother, (ii) resisted a previous dominant story as a young woman with substance abuse and psychological problems in residential care and (iii) balanced between telling one's story and resisting storytelling.

3.1. Ida's Story: "We Came Home and There Was No Food"

This section involves Ida's narrative and the first author's field notes. Ida was 26 years old at the time of the interview. She has three younger siblings, and when they were children, they lived with their drug-addict parents until one day, Ida, at the age of 12, walked to the child protection office and talked about the conditions in which they were living. They were all placed with foster families. At the age of 15, Ida was placed in residential care after several failed foster care placements. Ida described her rejection from her parents as follows in her free narrative that was elicited with an encouragement to tell a story:

> Researcher: I want that you tell me your story. You can start wherever you want and decide what you want to tell and what are the most central events in your life. I will just listen and make some notes for later on. [. . .]

> Ida: There were a lot of things in my childhood that I didn't want to experience that were twisted to experience . . . when we came home and there was no food . . . we got no food before it was a payday . . . when it was a payday, we had lots of food for some days, and then, it was like it was all used to pay for drugs, and there was never more again. (Ida, 1st interview)

After the interviews, the first author made notes describing her impressions of Ida's story:

> Ida told her narrative without interruption for over an hour and had her small daughter with her. The description above was repeated during the second interview, which strengthened the feeling that this was an emotional encounter that she remembers well after many years. Ida's narrative was full of painful memories that painted vivid pictures of child abuse and neglect. I was awed by Ida's strength and determination, that she had done so well in her life.

At the macro level, dominant narratives give sense to particular stories. Ida's narrative and the first author's field notes are closely related to how a dominant narrative of the emotional and physical deprivation of young women in residential care can develop in interdisciplinary social work practice. It is important to acknowledge that this is a story from a pre-residential time in Ida's life as a child at risk. This is a narrative from the past and not an ongoing story for Ida anymore. She has moved away from the position of being a child at risk to becoming a young woman taking care of her daughter. By bringing her daughter into the interview situation, Ida shows herself as something different from her parents' neglect, and she resists the dominant narrative she experienced in her childhood. In Ida's story, it is as important to listen to what she says as it is to see what she does during the interview. Stories include actions, what we do while we are telling the story. By resisting the dominant narrative of parental neglect, showing herself as a present mother, Ida is expressing health-promoting strategies and wellbeing in the current situation. As

social work practitioners, we need to relate and understand the movements away from the dominant story of rejection and neglect towards an empowering, personal story of strength.

3.2. Mia's Story: "I've Been Seven Months' Sober"

The following section presents an excerpt of Mia's story. She was 17 years old at the time of the first interview and was living by herself at an institution, as she was seen as "psychologically too unstable" to live with other young people or with a foster family. While living at the institution, Mia had developed a substance addiction, and she described how she felt that no one cared about her. About a year later, Mia narrated quite a different personal story:

Researcher: How did it feel to read your interview text [from the last interview session]?

Mia: It was OK to read [my interview], but it was weird to read about my life then, because my life is quite different now.

Researcher: Yes? A lot has happened since the interview?

Mia: Quite a lot has happened in a year. [. . .] So now, I have moved out of the institution.

Researcher: So you live alone now?

Mia: No, I live with two friends . . . It didn't work that well [at the institution]. I was locked inside, followed [by the staff when outside], and they used a lot of physical coercion. So, I was moved from an institution where [the staff] didn't do anything to one where they used a lot of coercion.

Researcher: Yes, ok. But they just let you to move out?

Mia: In the last months, I was placed in the institution based on a voluntary agreement, so I just withdrew my consent [Mia laughs]. [. . .]

Researcher: So how it is to live outside the residential care?

Mia: It is so much better now. I have been seven months' sober. Life is good. [. . .]

Researcher: What do you wish from the future?

Mia: My plan for the future is to study to become a lawyer and work with child law in Child Protection Services or work at an institution.

Researcher: Where do you see yourself in 10 years?

Mia: In 10 years, I wish to go to university and live closer to my little sister.

After the interview, the first author wrote field notes about the differences between the first-round and second-round interviews:

Mia kept returning to the positive changes in her life, which shows that she is ready to move on and leave the past behind. It is remarkable how she has managed to stop using drugs, as she was so deep in addiction the last time. It seems to be that she makes a sharp distinction between the first narrative of herself and the new narration of Mia. The focus during this last interview was on her change from being an injecting drug addict to a thriving young woman who has been sober for seven months, returned to high school and has future plans, hopes and dreams.

This excerpt from Mia's story is interpreted at the meso level, where the story relates to Mia's sociohistorical context. Mia's story of her empowering process is connected to her resistance to coercive treatment. She also connects her story to having started her education in high school and her dream of becoming a lawyer. Her story shows not only how individual stories are framed and shaped by dominant narratives but also how they relate to their surrounding environment. The struggle for renarrating oneself and demarginalising one's own story and position shows how Mia has developed health-promoting strategies and expresses wellbeing.

Mia resisted her first narrative about herself as an injecting drug addict and mentally unstable, which resonates with the dominant narratives in research on young people in residential care [28]. Mia's second-round narrative shows how the narrative self is always in flux and the interviewer can only grasp a glimpse of the multiple selves at the time of the interview. Another important issue is how we, as social work practitioners, interpret the stories told. Do we emphasise the drug addiction and resistance of the acute institution or underline the movement towards Mia's empowerment process through renarrating her own story? Mia's renarration of herself as one who has resisted the offered treatment and the institutional care and managed to be sober for seven months took place in the interview setting where the first author had prepared questions based on Mia's first narrative. The new reality and identity were constructed, and Mia's previous story and identity were resisted in a space between the narrator and the listener. The first author changed the focus of the interview from Mia's drug addiction to her agency, and thus resisted the dominant narrative of "damaged" young women in residential care. In this way, space was created for a possible new narration of Mia. This space exists between the history of the dominant narrations of young women in residential care and the culture of storytelling among them: the possibility of renarrating and constructing new identities and realities. This space can be created within the meso level—the sociohistorical context of interdisciplinary social work practice.

3.3. First Author's Story: "Anna No Longer Wants to Participate"

Among the first author's field notes were observations about an interview that never took place. The first author took notes in the field while waiting for the participants and after the interviews. One of the participants, Anna, withdrew from the study, while the first author was at the residential facilities.

I had travelled over three hours on buses and ferries and a car. I was exhausted but eager to hear Anna's story. [On the way to the residential care unit] I was told that Anna's [participation] could be uncertain. At the house, there were two employees: a man and a woman. Apparently, there is a policy to lock all the doors, as it is an institution, I was told. Even if I wanted to use the toilet, I needed to ask an employee to open it. I wondered what the reason behind this procedure was, as only Anna was living there. The woman employee explained that Anna was going to have an appointment at a psychiatric policlinic, and she is often very exhausted afterwards. Perhaps because of the appointment, Anna was hesitating to participate in the study. I said that I understood that, and if she only wanted to see me or ask some questions without participation, that was fine. [. . .] Anna no longer wanted to participate.

The micro level reflects the immediate production of a narrative. This excerpt is an inner dialogue from the first author's field notes. It represents the researcher's immediate reflections at the micro level of Anna's untold story. This is interpreted as a resistance of the first author's presence in Anna's home, of storytelling and of the research project as a whole. The first author is discussing the act of resistance in a dialogue with herself, and the field notes tell a story of disappointment, exhaustion and rejection. It is not unusual in interdisciplinary social work practice to be rejected by the service user and to feel disappointment. Yet, coping with and tolerating the rejection is necessary. Service users refusing to tell their stories while in social service can be interpreted as a use of power to resist storytelling and a silent resistance to reproducing dominant narratives. A space for the renarration of their own stories needs to be created between the service user and the social work practitioner. What does Anna tell us with her silence, and what does her resistance mean? This yields an understanding of the context of the situation in which the story is constructed. Anna lives in residential care and is described in the first author's field note as psychologically vulnerable. Anna wanted to participate until the day of the interview but suddenly withdrew from the research. Perhaps she refused to tell the dominant narrative of the "damaged" young women in residential care, and in this way, resisted storytelling. The first author interprets that the distance between Anna and her was

growing larger. Similarly, in social work, the respect and recognition of silent resistance, a language of untold stories, is vital. Untold stories also have a function in interdisciplinary social work practice that shows the need to respect and give space to service users and understand what silence means. Silence can also protect service users and be an expression of health-promoting strategies in terms of taking care of themselves.

4. Discussion: Personal Stories as Health-Promoting Strategies and Wellbeing

In this paper, we studied how young women with experiences in residential care tell stories about their progression from being children at risk to becoming young adults managing everyday life. Resistance to dominant narratives was interpreted from their personal stories. Our study revealed resistance as a narrative tool to (i) rebalance the power between social work practitioners and service users, (ii) create space to reconstruct and renarrate reality together and (iii) help understand the meaning and power of storytelling and silence.

Some of these findings were identified in the following studies: a study examining the distance in social work created when practitioners silenced the service users' views and/or degraded their experiences [45], causing everyday resistance to emerge; an examination of how homeless service users talked back or refused to talk when feeling that their views or experiences were not respected [46]; a study of service users who identified as 2SLGBTQ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, or questioning) with experiences of psychosis resisted unjust treatment with "anger/non-compliance/disagreement" (p. 189) and with forms of quiet resistance [47]; and an examination of young women in residential care in India who resisted pathologising the dominant narratives of their lives [48].

However, little research has been conducted on how narrative social work practice can increase user involvement among young women in residential care. Additionally, less attention has been paid to how they narrate experiences about their progression from being children at risk to becoming young women managing everyday life, highlighting the changes in their personal stories. We believe that the personal stories told by our participants carry specific knowledge of young women's health-promoting strategies and wellbeing, expressed as resistance to dominant narratives. We found resistance to dominant narratives at the different levels in the chosen stories. These were expressed at the following levels:

Macro level—resisting the dominant narrative of parental neglect;
Meso level—resisting the dominant narrative of young women in residential care;
Micro level—resistance as a way of protecting oneself.
These levels are illuminated in the following sections.

4.1. Macro Level: Resisting Dominant Narratives

Service users' resistance to dominant narratives must be acknowledged in social work practice [11,48]. Practitioners need to consider the change within personal stories from being a child at risk to becoming young people managing everyday life [48]. The dilemma here is that if practitioners reproduce the dominant narratives, they can contribute to service users' marginalisation, but if they are resistant to reproducing the dominant stories, practitioners are in a position to decide which stories are told and which are left aside. If the painful narratives of the participants' lives are ignored, does this mean that these stories are not as important as the narratives of resistance, agency or empowerment? There are always some stories that are not (re)presented or (re)produced. Who has the right to decide what is important to tell?

4.2. Meso Level: Resisting Previous Narratives

The meso-level personal stories in this study revealed the importance of giving service users space to move from the previous negative life narration towards the positive. By emphasising the positive changes in their lives and personal stories, they help provide opportunities for service users to adjust the course of their lives and reconstruct their

identities. In interdisciplinary social work practice, it is necessary to create space for positive development and have healthy expectations in abnormal conditions [49]. As practitioners, we need to resist reproducing dominant narratives and predefinitions of young women in residential care [48] and instead take part in an ongoing dialogue of narration and renarration. Thus, we ask who has the right to label service users who are already in marginalised positions in society? Should the focus instead be on service users' participation and involvement in their own care and individualised treatment?

4.3. Micro Level: Resisting the Research and Silence

In line with Godsil and Goodale [50], we agree that the stories that we tell ourselves can strongly shape our behaviour. The hopeful possibility is that by reshaping our narratives, we can change our behaviour and ultimately our outcomes [50]. The untold story shows how important it is to respect and give space to service users and to understand the power of silence [51], thus creating room for possible future storytelling practice in interdisciplinary social work practice. Silence can indicate a lack of mutual language and trust between service users and practitioners [47], which limits the possibilities of creating new narratives and a new reality together in interdisciplinary social work practice. Silence and refusal to take part in storytelling are also context-bounded and related to not reproducing the dominant narratives of service users [52]. This can challenge the power relations between service users and practitioners [52,53]. Narrative practice can help find a mutual language and build trust between practitioners and service users and can be a starting point for creating a new reality together. The untold story reflects a well-known dilemma in interdisciplinary social work practice [52], but perhaps the silence itself is not the problem, but rather how silence and resistance are treated and understood in social work.

4.4. Understanding Resistance

In the first author's field notes, she sought to understand why and how she was rejected. Perhaps rejection was the participant's way of using silence as power. Any strategies of secrecy and nonconscious silences are shaped by the individual's biography, social relations, hopes, anxieties and aspirations [54]. From the point of view of interdisciplinary social work practice, we interpret resistance here as a way to equalise the power relations between service users and practitioners. To tell a personal story, service users need to have respect from and a mutual language with the practitioners. There also needs to be a safe space to create a new reality and to coconstruct new stories.

4.5. Limitations of the Study

The present study has several limitations. First, as in all qualitative studies, the results cannot be generalised due to the small number of participants in the research. Instead, this study provides insight into personal experiences from these young women's points of view in Norwegian residential care. Second, the study focused only on young women's experiences and did not present young men's or social workers' perspectives on Norwegian residential care.

5. Conclusions

The findings presented in this article have the following practical implications to social work practice. Practitioners can benefit from focusing on how young women with history in residential care tell, or refuse to tell, stories about being children at risk who have become young adults managing everyday life, as this will help social work practitioners better understand how service users resist negative dominant stories of them. Furthermore, narrative social work practice acknowledges that while service users tell or not tell stories, they also act to promote strategies of wellbeing. Wellbeing is closely connected to social justice and human rights. In line with Baldwin [54], we accept narratives as parts of social work practice, human rights and social justice. It is not enough to work with narratives of service users for social change, but as practitioners, we need to become part of these stories

on equal terms. Social work practitioners must take service users' participatory and human rights and their best interests seriously. This is especially necessary in the residential care of children and young people, as participation in their own care is highlighted in the new Norwegian Child Welfare Act [55]. Future research must investigate the possibilities of narrative social work practice and how it can increase user participation in the residential care of young people.

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References

1. Statistics Norway. Child Welfare. 2022. Available online: https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/barne-og-familievern/statistikk/barnevern (accessed on 7 September 2022).
2. Bufdir. Children and Young People in Institutions. Available online: https://bufdir.no/Statistikk_og_analyse/Barnevern/Barn_og_unge_med_tiltak_fra_barnevernet/barn_i_institusjon/ (accessed on 9 September 2022).
3. Council of Europe. Strategy for the Rights of the Child (2022–2027). Available online: https://rm.coe.int/council-of-europe-strategy-for-the-rights-of-the-child-2022-2027-child/1680a5ef27 (accessed on 31 October 2022).
4. Eltink, E.M.A.; ten Hoeve, J.; de Jongh, T.; van der Helm, G.H.P.; Wissink, I.B.; Stams, G. Stability and change of adolescents' aggressive behavior in residential youth care. *Child Youth Care Forum* **2018**, *47*, 199–217. [CrossRef]
5. Jozefiak, T.; Kayed, N.S.; Ranøyen, I.; Greger, H.K.; Wallander, J.L.; Wichstrøm, L. Quality of life among adolescents living in residential youth care: Do domain-specific self-esteem and psychopathology contribute? *Qual. Life Res.* **2017**, *26*, 2619–2631. [CrossRef] [PubMed]
6. Magruder, K.M.; McLaughlin, K.A.; Elmore Borbon, D.L. Trauma is a public health issue. *Eur. J. Psychotraumatol.* **2017**, *8*, 1375338–1375339. [CrossRef]
7. Oerbeck, B.; Overgaard, K.R.; Hjellvik, V.; Lien, L.; Bramness, J.G. The use of antidepressants, antipsychotics, and stimulants in youth residential care. *J. Child Adolesc. Psychopharmacol.* **2021**, *30*, 350–357. [CrossRef] [PubMed]
8. Basnyat, I. Self-reflexivity for social change: The researcher, I, and the researched, female street-based commercial sex workers, gendered contexts. In *Communicating for Social Change: Meaning, Power, and Resistance*; Dutta, M.J., Zapata, D.B., Eds.; Springer: Singapore, 2019; pp. 13–31. Available online: https://doi.org/10.1007/978-981-13-2005-7_2 (accessed on 4 November 2022).
9. Abebe, T. Reconceptualising children's agency as continuum and interdependence. *Soc. Sci.* **2019**, *8*, 81. [CrossRef]
10. Marlow, M.A.; Gunnarsdottir, H.M.; Studsrød, I. "No one saw us, and no one did anything": Marginalised young women narrating management of (in)visibility and intersecting identities. 2022; *Unpublished manuscript, typescript.*
11. Weinberg, M.; Banks, S. Practising ethically in unethical times: Everyday resistance in social work. *Ethics Soc. Welf.* **2019**, *13*, 361–376. [CrossRef]
12. Serpa, S.; Ferreira, C.M. Micro, meso and macro levels of social analysis. *Int. J. Soc. Sci.* **2019**, *7*, 120–124. [CrossRef]
13. Brown, P. Narrative: An ontology, epistemology and methodology for pro-environmental psychology research. *Energy Res. Soc. Sci.* **2017**, *31*, 215–222. [CrossRef]
14. Ellingson, L.L. *Embodiment in Qualitative Research*; Routledge: New York, NY, USA; London, UK, 2017.

15. Svahn, J. "Jag har bara ADHD å så": Identitetskonstruktion och normalisering i resursskoleelevers berättelser. In *Fortelling og forskning: Narrativ Teori og Metode i Tverrfaglig Perspektiv*; Sørly, R., Blix, B.H., Eds.; Orkana akademisk: Stamsund, Norway, 2017; pp. 125–139.
16. Fivush, R. Speaking silence: The social construction of silence in autobiographical and cultural narratives. *Memory* **2010**, *18*, 88–98. [CrossRef]
17. Blix, B.H.; Hamran, T.; Normann, H.K. Struggles of being and becoming: A dialogical narrative analysis of the life stories of Sami elderly. *J. Aging Stud.* **2013**, *27*, 264–275. [CrossRef]
18. Sørly, R.; Mathisen, V.; Kvernmo, S. "We belong to nature": Communicating mental health in an indigenous context. *Qual. Soc. Work* **2021**, *20*, 1280–1296. [CrossRef]
19. Linde, C. *Working the Past: Narrative and Institutional Memory*; University Press: Oxford, UK, 2009.
20. Mishler, E.G. Models of narrative analysis: A typology. *J. Narrat. Life Hist.* **1995**, *5*, 87–123. [CrossRef]
21. Bertaux, D. Introduction, biography and society: The life history approach in the social sciences. In *Biography and Society: The Life History Approach in the Social Sciences*; Bertaux, D., Ed.; SAGE: Beverly Hills, CA, USA, 1981; pp. 5–15.
22. Pérez Prieto, H. Historien om Räven och Andra Berättelser: Om Klasskamrater och Skolan på en Liten ort—Ur ett skol-och Livsberättelse Perspektiv. *Karlstad Univ. Stud.* **2006**, 14. Available online: http://urn.kb.se/resolve?urn=urn:nbn:se:kau:diva-723 (accessed on 4 February 2022).
23. Shaw, J. Thinking with stories: A renewed call for narrative inquiry as a social work epistemology and methodology. *Can. Soc. Work Rev.* **2017**, *34*, 207–227. [CrossRef]
24. Baldwin, C. *Narrative Social Work: Theory and Application*, 1st ed.; Policy Press: Bristol, UK, 2013; Volume 45175.
25. Greger, H.K.; Myhre, A.K.; Klöckner, C.A.; Jozefiak, T. Childhood maltreatment, psychopathology and well-being: The mediator role of global self-esteem, attachment difficulties and substance use. *Child Abus. Negl.* **2017**, *70*, 122–133. [CrossRef] [PubMed]
26. Singstad, M.T.; Wallander, J.L.; Greger, H.K.; Lydersen, S.; Kayed, N.S. Perceived social support and quality of life among adolescents in residential youth care: A cross-sectional study. *Health Qual. Life Outcomes* **2021**, *19*, 29. [CrossRef] [PubMed]
27. Backe-Hansen, E.; Løvgren, M.; Neumann, C.E.B.; Storø, J. *God Omsorg i Barnevernsinstitusjoner*; OsloMet, NOVA: Oslo, Norway, 2017. Available online: https://hdl.handle.net/20.500.12199/3471 (accessed on 31 October 2022).
28. Nordahl, K.B.; Sørlie, M.A. Ny kunnskap om barn i kontakt med barnevernet og psykisk helsevern for barn og unge. *Tidsskr. Nor. Barnevern* **2021**, *98*, 90–103. [CrossRef]
29. Bath, H. Residential care in Australia, Part I: Service trends, the young people in care, and needs-based responses. *Child Aust.* **2008**, *33*, 6–17. [CrossRef]
30. Swerts, C.; De Maeyer, J.; Lombardi, M.; Waterschoot, I.; Vanderplasschen, W.; Claes, C. "You shouldn't look at us strangely": An exploratory study on personal perspectives on quality of life of adolescents with emotional and behavioral disorders in residential youth care. *Appl. Res. Qual. Life* **2019**, *14*, 867–889. [CrossRef]
31. Clemens, V.; Bürgin, D.; Eckert, A.; Kind, N.; Dölitzsch, C.; Fegert, J.M.; Schmid, M. Hypothalamic-pituitary-adrenal axis activation in a high-risk sample of children, adolescents and young adults in residential youth care—Associations with adverse childhood experiences and mental health problems. *Psychiatry Res.* **2020**, *284*, 112778. [CrossRef]
32. McPherson, L.; Gatwiri, K.; Tucci, J.; Mitchell, J.; Macnamara, N. A paradigm shift in responding to children who have experienced trauma: The Australian treatment and care for kids program. *Child. Youth Serv. Rev.* **2018**, *94*, 525–534. [CrossRef]
33. Heng, L.; White, J. Employing intersectionality and the concept of difference to investigate belonging and inclusion. In *Belonging: Rethinking Inclusive Practices to Support Well-Being and Identity*; Guerin, A., Ed.; Studies in Inclusive Education; Brill Sense: Leiden, The Netherlands; Boston, MA, USA, 2018; Volume 36, pp. 95–106.
34. Jozefiak, T.; Kayed, N.S.; Rimehaug, T.; Wormdal, A.K.; Brubakk, A.M.; Wichstrøm, L. Prevalence and comorbidity of mental disorders among adolescents living in residential youth care. *Eur. Child Adolesc. Psychiatry* **2016**, *25*, 33–47. [CrossRef]
35. Greger, H.K.; Myhre, A.K.; Lydersen, S.; Jozefiak, T. Previous maltreatment and present mental health in a high-risk adolescent population. *Child Abus. Negl.* **2015**, *45*, 122–134. [CrossRef]
36. Helgeland, I.M. *Unge Med Atferdsvansker Blir Voksne: Hvordan Kommer de inn i et Positivt Spor?* Unipub: Oslo, Norway, 2007.
37. Abrams, L.S. Sampling "hard to reach" populations in qualitative research: The case of incarcerated youth. *Qual. Soc. Work* **2010**, *9*, 536–550. [CrossRef]
38. Ellard-Gray, A.; Jeffrey, N.K.; Choubak, M.; Crann, S.E. Finding the hidden participant: Solutions for recruiting hidden, hard-to-reach, and vulnerable populations. *Int. J. Qual. Methods* **2015**, *14*, 1609406915621420. [CrossRef]
39. Thornhill, H.; Clare, L.; May, R. Escape, enlightenment and endurance: Narratives of recovery from psychosis. *Anthr. Med.* **2004**, *11*, 181–199. [CrossRef] [PubMed]
40. Røkkum, N.H.A.; Kojan, B.H. Exploring normative complexity: (How) does the life history interview work in child welfare research? *Qual. Soc. Work* **2020**, *19*, 1165–1182. [CrossRef]
41. Riessman, C.K. *Narrative Methods for the Human Sciences*; SAGE: Los Angeles, CA, USA, 2008; p. 251.
42. Bengtsson, T.T.; Andersen, D. Narrative analysis: Thematic, structural and performative. In *Qualitative Analysis: Eight Approaches for the Social Sciences*; Järvinen, M., Mik-Meyer, N., Eds.; SAGE: Los Angeles, CA, USA, 2020; pp. 265–282.
43. Klausen, R.K.; Haugsgjerd, S.; Lorem, G.F. "The lady in the coffin"—Delusions and hearing voices: A narrative performance of insight. *Qual. Inq.* **2013**, *19*, 431–440. [CrossRef]

44. Zilber, T.B.; Tuval-Mashiach, R.; Lieblich, A. The embedded narrative: Navigating through multiple contexts. *Qual. Inq.* **2008**, *14*, 1047–1069. [CrossRef]
45. Lee, E. Fact construction and categorization in assessment: Cultivating epistemic justice and resistance in social work assessment. *Soc. Serv. Rev.* **2022**, *96*, 534–571. [CrossRef]
46. Mik-Meyer, N.; Haugaard, M. Performance of agency in real-life encounters: Turning unequal power and structural constraint into collaboration. *Symb. Interact.* **2021**, *44*, 504–532. [CrossRef]
47. de Bie, A.; Daley, A.; Ross, L.E.; Kidd, S.A. Resisting unmet expectations as service user ethics: Implications for social work. *J. Prog. Hum. Serv.* **2021**, *32*, 177–196. [CrossRef]
48. Sen, M. Working with young people in residential care in India: Uncovering stories of resistance. *Int. J. Narrat. Community Work* **2019**, *1*, 40–51.
49. Cameron-Mathiassen, J.; Leiper, J.; Simpson, J.; McDermott, E. What was care like for me? A systematic review of the experiences of young people living in residential care. *Child. Youth Serv. Rev.* **2022**, *138*, 106524. [CrossRef]
50. Godsil, R.D.; Goodale, B. Telling our own story: The role of narrative in racial healing. *Am. Values Inst.* **2013**, *24*, 2016. Available online: https://perception.org/publications/telling-our-own-story/ (accessed on 4 November 2022).
51. Khalid, A. The negotiations of Pakistani mothers' agency with structure: Towards a research practice of hearing "silences" as a strategy. *Gend. Educ.* **2022**, *34*, 659–673. [CrossRef]
52. Brown, B.S. Stories from the Inside: An Exploration into Prisoner Identity, Narrative, and the Violence of Silence. Master's Thesis, George Mason University, Fairfax, VA, USA, 2020. Available online: http://mars.gmu.edu/handle/1920/11811 (accessed on 4 November 2022).
53. Revell, L. Narratives of neglect in social work with children and families: The relationship between voice and narrative. *Child Abus. Rev.* **2022**, *31*, e2780. [CrossRef]
54. Samuels, A. Strategies of silence in an age of transparency: Navigating HIV and visibility in Aceh, Indonesia. *Hist. Anthropol.* **2021**, *32*, 498–515. [CrossRef]
55. NRDCF. Prop. 133 L (2020–2021). Regjeringen. 2021. Available online: https://www.regjeringen.no/no/dokumenter/prop.-133-l-20202021/id2842271/ (accessed on 5 July 2022).

Article 3

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Service User Participation in Child Welfare Institutions: Possible, Plausible and Preferable Future

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Abstract

This article explores participation as underlined in the new Norwegian Child Welfare Act on child welfare institutions (CWI). Future-oriented research on Child Welfare Services can provide important clues on how to practise what is in the young person's best interest. The narrative thematic analysis is based on the stories of three young women aged 17–26 with different backgrounds and experiences from Norwegian CWIs. An analysis focusing on a possible, plausible and preferable future in CWIs offers a vision of how to develop more sustainable care. The narratives revealed challenges and possibilities connected to participation. By adopting a future-focused perspective in social work, we can explore the impact of the past on current practices and envision future possibilities based on present knowledge.

Keywords: child welfare institutions, future research, human rights, narrative, social work

Introduction

Norwegian Child Welfare Services (CWS) have faced heavy criticism. From 2015 to January 2023, Norwegian CWS was found deficient in decision-making, balancing, justifications and family reunification in 27 cases ruled against by the European Court of Human Rights (Skivenes, 2023). Following this, the new CWS law and reform came into force on 1 January 2023, aiming to uplift the 30-year-old Child Welfare Act for the needs of today's Norwegian

society and contributing to bettering child welfare work (Norwegian Royal Department of Children and Family [NRDCF], 2021). The new law follows the recommendations of the Child Welfare Act Committee, in which human rights are central, and the weight is on the United Nations Convention on the Rights of the Child [UNCRC] (NRDCF, 2021). The new law strengthens children's and young people's human rights, participation and right to be heard. It sets standards for the quality of care, underlines preventative actions towards coercive measures and sets regulations for placing children or young people alone in solitary Child Welfare Institutions (CWI) (NRDCF, 2021). The quality-of-care sets competence requirements for employees at CWS and in CWIs, where the leaders should have master's degrees in child welfare or social studies, and other employees should have at least bachelor's degrees in child welfare, social work or learning disability nursing (NRDCF, 2021). The new law sets requirements for proper staffing in CWI (Child and Family Department, 2021).

Possible, plausible and preferable future in CWIs

The concept of the future is emerging as an urgent topic within CWIs. Visions of future environmental catastrophes and social inequality have manifested in many domains of public life (Oomen et al., 2022), and people are concerned with desirable futures they can act towards (Bai et al., 2016). Many disciplines, including history (Andersson, 2018), anthropology (Bryant & Knight, 2019), and sociology (Adam & Groves, 2011), have been working with future-orientated research. In our study context, social work in CWIs can be understood as a mirror reflection of the welfare states' values, priorities and technologies of society in interaction with the social work profession in CWIs at any given time. Social theoretical knowledge development on the status of the future is essential and meaningful for service users, practitioners and researchers within the social work field. Researchers have presented different ways of thinking about the future (Hancock & Bezold, 1994; Risør et al., 2020):

(1) *the possible future* or what may happen. This includes "wild cards" or things that surprise us. As human beings, we need to be flexible enough to deal with unexpected events when they occur;

(2) *the plausible future*, or what could happen, given what we know today. This might include more young people participating in their care to move towards more sustainable CWIs, meeting service users' current and future needs. This involves personalised services that connect individuals to their communities (Rouse, 2010) while respecting participation and

human rights. This approach enables us to compare a range of plausible future options and choose among them (Hancock & Bezold, 1994);

(3) *the preferable future*. This represents what we want the future to be like, which often starts with visions about creating a future that is the best we can imagine. Social work practitioners and researchers have certain forecasts, projections, and scenarios by which they create imagined futures. This also includes the service users in CWIs.

A future-oriented social work wants to interpret how our future visions reflect notions of the present. Otherwise performances can get lost in everyday practice and might not be available for analysis. The future is always influential in the present (Oomen et al., 2022). Using the framework of future social work with a practice-oriented approach in our analysis of the participants' narratives can help predict and tackle future obstacles.

Context of the study

Families receiving help from Norwegian CWS often have complex problems, and many children and young people are in vulnerable situations with poor health (Helgeland, 2008). Children and young people in state care have often experienced emotional and physical deprivation, leading to possible psychological challenges (Eltink- et al., 2018; Jozefiak et al., 2017). Girls in CWIs show a significantly higher probability of depression and anxiety disorders (Jozefiak et al., 2016; Oerbeck et al., 2021) and report more maltreatment in their upbringing than boys (Greger et al., 2015). Young women in CWIs have a poorer quality of life and suffer more from low self-esteem than their peers (Jozefiak & Kayed, 2015), and some narrate insufficient care situations and living conditions (Marlow et al., 2022, 2023).

In Norway, institutionalised care for young people under 18 is divided into care, treatment, and emergency institutions. Treatment institutions are further divided based on the severity of behavioural problems, including substance abuse (NRDCF, 2021). Foster care is preferred for young people who cannot live with their parents, but institutional care is an alternative for those with challenges that cannot be met in other types of placements (NRDCF, 2021).

The Norwegian Child Welfare Act is based on the constitution, which ensures the human rights of children and young people. This includes the right to freedom of movement and protection against inhumane treatment and deprivation of liberty, the right to be heard, and to have their best interest assessed (NRDCF, 2021). The Norwegian state has a duty to protect and care for children and young people, ensure that their best interests are met, and secure their right to family and private life (NRDCF, 2021). The UNCRC and the European Human Rights Convention (EHRC) are incorporated into the Norwegian justice system so that, in

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conflict with other laws, they overrule those other acts (NRDCF, 2021). EHRC's third article protects children from inhuman treatment, which follows that CWIs should ensure a safe environment under the new CWS law (NRDCF, 2021). Institutional care should further provide developing opportunities, improve the quality of life and contribute to positive changes in residents' lives (NRDCF, 2021). CWI should prepare residents for life after care. They should be heard and seen[1], taken care of and have stability and predictability, and the care should be individually tailored (NRDCF, 2021).

The quality of Norwegian CWIs should be measured against how well the residents' best interests and human rights have been considered when tailoring the facilities and care for the specific residential groups. The Norwegian Office of the Auditor General's [NOAG] (2020) inspection shows that the best interests of the residents have not been met on several occasions in CWIs. In these cases, mapping the residents' needs when choosing CWI and CWS follow-up was inadequate, and the quality of care was not secured.

Young people in CWIs may experience negative development such as negative identity construction, worsened psychological state, increased self-harming, substance abuse and violent behaviour. This can subject young people to several relocations and solitary placements (NCO, 2020). According to the Child Welfare Act, solitary placements cannot be justified for safeguarding society but only for the resident's best interests (NRDCF, 2021). This creates tension between a safe community and the child's or young person's best interests. Solitary care placement can be necessary to secure the person's proper care and safety, but there must be a time frame for such placement, as prolonged isolation can burden the resident and make them feel unsafe (NRDCF, 2021). Some CWIs have used coercive measures excessively, with few preventative measures and aftercare (NCO, 2020). Competence among employees, particularly in privately run institutional care, is also low (NOAG, 2020). Norwegian CWS and CWIs have been shown to have low service user participation and disregarded the right to be heard (Paulsen, 2022; Sæbjørnsen & Willumsen, 2017). Lack of participation may objectify young people, resulting in coercive measures against their will, particularly if deemed difficult or have behavioural issues (Westby, 2019, p. 176).

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[1] Been heard and seen here refers to residents' rights to take part of planning their care and be recognised in institutional care.

Although studies of how young people in Norwegian CWS and CWIs perceive their care, facilities, and participation are emerging (e.g. Paulsen, 2022), only a few studies are highlighting the perceptions of young women (e.g. Fylkesnes et al., 2018; Sæbjørnsen & Willumsen, 2017). Therefore, this paper aims to contribute to the growing research on participation in care for young women with backgrounds in Norwegian CWIs. This article explores possibilities of participation as underlined in the new Norwegian Child Welfare Act on CWIs. The research question is how to increase participation among young women in Norwegian CWIs in the future.

This paper outlines the study's methods, followed by the theoretical framework and results. After the narratives and analysis, we discuss the paper's results considering the possible, plausible and preferable future in CWIs. We end the article with reflections on the future and human rights in CWIs.

Methods

Narrative approach

This study utilised a narrative approach where individuals create stories enriched with explanatory and evaluative frameworks that weave people, places, and events together (Fivush, 2010; Sørly et al., 2021). Our narratives can shape our future by guiding our expectations and actions. Stories can connect the present and the future and produce representations of the future that influence others' actions in the present (Tutton, 2017). As the future may not count as an "already existing unit" because it is an orientation point from where we act, through storytelling, we can make it a point from which we make our choices.

Discourses about the future are generative – they guide expectations, provide structure and legitimation, attract interest and promote new narratives and practices. Imagined future stories direct action, and according to van Lente (1993), expectations are not only representations of something that does not yet exist, but they also do something – they advise, show direction and create obligations. Storytelling is a relational activity involving knowledge creation through dialogue with the participants (Sørly, 2017). The narratives and interpretations are products of meaning-making of the world (Burr & Dick, 2017), events and the people within. The trustworthiness of the narratives lies in the details, implying that rich narratives have rich details of events and rich descriptions of the "others" in them (Loh, 2013).

Recruitment

Participants were recruited through social media, CWIs and service user organisations. Five participants, aged 17-26, identified as young women with backgrounds in institutional care, responded to the interview invitation. This selection was based on the limited literature where girls' and young women's perspectives were centralised in research on young people in institutional care (Marlow et al., 2023). Minority ethnic groups were encouraged to participate because first- and second-generation immigrants receive most CWS help measures (Bufdir, 2022). One of the three participants whose stories are included in this article had immigrant parents, and the two others were ethnic Norwegians.

Interviews

The study's data are based on eight interviews with five young women with backgrounds in institutional care. This article focuses on the narratives of three participants who told specific stories of living in CWIs. As researchers, we have a central role in knowledge production, and we are aware of the power of selecting some narratives and leaving some of them out of the research papers. We have chosen the narratives in this manuscript based on their relevance to participation and human rights in CWIs.

The interviews started with encouragement to elicit free storytelling. The participants talked uninterrupted while the first author took notes for the second phase, in which questions were asked to deepen the understanding of their narratives. The interviews were conducted in Norwegian and audio recorded.

Ethical measures were taken following the Norwegian National Research Ethics Committees (2016), including obtaining approval from the National Centre for Research Data, obtaining written informed consent, and prioritising the ethics of care. Participants were informed of their right to withdraw their consent at any time and were given the option to take breaks or leave if desired. After each interview, participants were asked about their experiences and given further follow-up if necessary.

Thematic analysis

The thematic analysis represents a theoretically flexible method (Braun & Clarke, 2019), which also suits a wide range of narrative texts (Riessman, 2008). It is an open, exploratory, flexible and iterative approach in which the analysis starts with theme development (Braun & Clarke, 2019). Considering the personal stories of the young women within a narrative approach led us, the researchers, to a thematic analysis in which attention was focused on the

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future of Norwegian CWIs. Inspired by Riessman (2008), we analysed excerpts from the participant interviews in an experience-oriented frame. We worked with the different interviews by isolating and ordering relevant episodes into themes. Interpreting the themes as patterns of shared meaning united by a central organising concept, namely, future social work, we found the narratives to be about participation and lack of participation. Being able to participate or not to participate is an essential theme about future CWIs. Theoretical knowledge and transparency are prerequisites for thematic analysis, as they make decisions visible to readers throughout the analytic process. The development of the themes is the analytical output from the creative labour of coding (Braun & Clarke, 2019). Thematic analysis is not about following correct procedures but rather the researchers' engagement with their data and the analytic process.

Narratives and Analysis

The analysis began by reading all five study participants' narratives to find stories of participation in CWIs. The following section first presents excerpts from three young women's narratives, which were chosen for this paper because they illuminated participation and lack of participation in CWIs. We found three main themes about participation in CWIs in our analysis: (1) participation and facilities, (2) participation and employees and (3) participation and care. The following section will present the participants' narratives and introduce the analysis after each narrative.

"There wasn't any hope"

Eva was 21 years old at the time of the first interview and has Norwegian parents. After the parents' divorce, Eva and her siblings lived with their mother, and Eva described her relationship with her mother as complicated and unloving. At the age of 12, Eva found it too difficult to live with her mother. CWS thought this was a teenage-related problem. When Eva was 13, her self-harming escalated, and she attempted suicide and was placed in a psychiatric ward for approximately two years. Eva was moved to a CWI when she was 15. At the first placement, she experienced participation in her care, whereas during her second placement, participation was lacking:

> [At the first institution], I thought that [the staff] trusted us [the residents]. You [the residents] made a deal with them, and it was kind of that I didn't want to break the trust that they had in me. I'd to move from there because it was kind of an acute and temporary placement to another institution with two other girls who should've similar psychological issues. It went right to hell, to be honest, because those who worked there were much more like following the book, so they were just handling my

[psychological] issues, but it was not like how I felt. I felt that those who worked at the [first] institute were much more real [compared to the second institute], as they trusted us, and we did the wrong things, but we were just humans. So, they [at the second institute] thought that I was so sick, like [they were] kind of almost like psychologists in that institute where I should live. So, it was kind of my home, so it was very wrong. They used a lot of coercive measures, so it was very much that they were scared and called a lot of police and stuff. But I'd the same feelings and thoughts at the first institute, but they never called the police – not once. They [at the second institute] should've been much more competent to handle [young people with eating disorders and other self-harming issues] than normal institutions, but they were not. [At the second institute, they used coercive measures,] for example, if I was going to injure myself, or if I was very anxious or, just if I was just angry and stuff. So, instead of talking with me, they just put me on the ground for nothing. Afterwards, they said nothing. I just wished to have someone who loved me […] so, if I could have chosen, I would rather have wanted a good foster family to feel like a part of a family. […] And when they used coercive measures, I was like, "Holy shit, they really don't understand anything." I felt that there was not much of a point with anything because the adults didn't understand anything, and then there wasn't any hope.

In her narrative, Eva weaves people at the CWI, facilities, and events together and creates a picture of how participation in one's care can happen, how it can be lacking in social work practice, and the cost of this. In her first placement, participation was evident. In her second placement, Eva felt that she was not understood or listened to but was viewed as mentally ill and treated coercively without aftercare.

Participation and facilities

Eva's lack of participation in the second CWI contributed to placement in the wrong type of institution, where she felt that the care was not tailored to Eva and the employees did not understand her needs. Eva was not heard when the placement decision was made, nor was her best interest considered. Eva stated that the placement that was tailored for young women with psychological and self-harming issues was not what she needed, as the place felt more like a hospital than a home. In other parts of Eva's narrative, she thought it was important that the CWI was made homelike but that the facility felt more like an institution.

Participation and employees

Lack of participation in CWI affected Eva's relationship with the employees. Eva did not feel heard or seen, which violated her constitutional and human rights. Eva felt that the employees were afraid of the residents, which led to the use of coercive measures, police assistance and excessive placements in a psychiatric ward. Eva mentioned how the employees were too focused on the diagnoses and treated the residents as patients. This indicates that the employees lacked knowledge of how to face residents who self-harm or were psychologically

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unwell. The new Child Welfare Act sets requirements for the competence of the employees at CWI facilities, where regular staff should have a minimum bachelor's level education, and leaders need a minimum of a master's in social work or child welfare. This can have a positive effect on future social work practice if the education focuses on the human, children's, and young people's constitutional rights of the residents regarding participation and being heard and seen. Lack of participation and being seen and heard made Eva feel that she was not wanted and that the second facility was more like the employees' workplace and less like a home.

Low participation in CWI was also linked to negative perceptions of the residents in Eva's narrative. She described problematic categorisation that affected her self-perception: too sick to have a foster family and psychologically ill. In contrast, when the user involvement and the employees' competence were high at the first CWI, Eva was perceived as a normal young woman and being more than her diagnoses. She narrated positive relationships and strong bonds with the employees. The employees were described as caring, loving, and good listeners with open discussions. They normalised negative feelings and spent time with the residents.

Participation and care
When the user involvement was low in the CWI, Eva narrated the use of coercive measures, a lack of aftercare following coercive measures, and many placements in the psychiatric ward. This indicates the need to better understand young people's integrity and the residents' human and constitutional rights in CWIs. Eva's narrative is supported by previous studies, which have found that some units use coercive measures excessively, aftercare has been non-existent, and not much has been done to prevent coercive treatment (NCO, 2020; NOAG, 2020).

When user involvement and employees' competence were high in CWI, Eva narrated a lack of or much fewer coercive measures, competence in using other measures instead, and fewer days at the psychiatric ward.

"The only thing that they did was call the police"
Mia was 17 years old at the time of the first interview and has parents with immigrant backgrounds. Mia's father was physically and psychologically abusive towards her throughout her childhood. At secondary school, Mia's psychological well-being deteriorated, and her self-harming escalated. After attempting suicide, Mia was placed in psychiatric care, where she was moved to CWI at the age of 15. While in CWI, Mia developed a substance

abuse problem. In her placements, she experienced both participation and lack of participation:

> I didn't know anything about child welfare or institutions, but the institution where I was placed at first felt like they feared me. There were quite a lot of coercive measures, and they were quite quick to call the police. It happened a couple of times in a week. It didn't work out. I couldn't trust the adults. It felt like they didn't want me there, so they used to call for help with the smallest things to get me to the psychiatric ward. But then I was moved to another institution. I lived there alone, too, but I was met with a much better way and felt much better. The adults took me seriously; they were good, and coercive measures were not used. They never called the police, but it was an acute institution. And I got moved to the institution where I'm now. I live there alone as well. It is quite OK, but there have been periods when a bit of coercive measures have been used, and police have been involved. So, I'd enough at one point and started to run away. So, I was on the run in lots of places and was always forced back. But they never sat down with me to discuss why I ran away and what could've been done differently. The only thing that they did was call the police and bring me with force back to the institution. But it was quite weird to live all the time alone, as there were so many adults around all the time, no other young people. […] I've been living alone since I was placed in an institution. Child welfare thought that it was best that I live alone, as I can be quite bad in some periods, so there are often police in the house, ambulance, and doctors, so I go in and out of the psychiatric ward. So, they concluded that it would be too much for other young people to experience.

Mia's narrative tells how, at her second placement, she was met with respect and listened to, which indicates participation in her care. At the first and third placements, she met employees who did not listen to her and used coercive measures, which indicates low participation and that her best interests were not taken seriously. Mia had been living in solitary placement in CWIs, which she found stressful and caused her to run away.

Participation and facilities

Mia's lack of participation in CWI contributed to her being placed in the wrong type of institutional care. The new law states that solitary placement should be used only if it benefits the young person (NRDCF, 2021). Solitary placements are often the result of a failure to tailor the care so that the resident can live with other young people (NRDCF, 2021). Mia described how she was living alone throughout her placement, as CWS decided that it was too demanding for other young people to live with Mia, who was often psychologically unwell. The solitary placement was not for her benefit but to safeguard the other young people from her psychological instability. Mia's constitutional and human rights protect her against prohibition and ensure that her best interests are always considered and that she is heard in care situations (NRDCF, 2021). Mia stated that the employees never asked why she ran away

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or what could be done otherwise to help her cope with the CWI. This indicates that Mia preferred to live with other young people and that if she had had the opportunity to participate in tailoring the care, it would have prevented her from running away. The new law states that solitary placement should only be temporary with a set time frame because a long stay in solitary causes distress and degrades feelings of security (NRDCF, 2021).

Both Mia and Eva narrated how they were placed at some point in the wrong type of institution, where they felt that the care was not tailored for them and the employees did not understand their needs. Mia further described that she was moved several times over a short period, which caused mistrust towards the system. Neither Mia nor Eva were heard when the placement decision was made, nor were their best interests considered. This can be due to a lack of suitable places for young women with psychological challenges. Eva and Mia described the facilities as more like institutions than homes.

Participation and employees

Similarly to Eva's narrative, Mia's relationships with the employees were affected by the lack of participation at the first and the third placement, as she did not experience being heard or seen. Mia felt that the employees feared her, leading to coercive measures, police assistance and excessive placements in a psychiatric ward. Lack of participation and being seen and heard made Mia feel that she was not wanted and that the facilities were more like the employees' workplace and less like a home. Mia also narrated negative categorisation by the employees and CWS, such as being too sick to live with others, too sick to have a foster family and psychologically ill. In contrast, Mia felt that she was met with respect and listened to at the second placement, which indicates participation in her care and good relationships with the employees.

Participation and care

Mia narrated the use of coercive measures, lack of aftercare following the coercive measures, the use of police assistance and many placements in the psychiatric ward, suggesting low participation in Mia's care. This echoes Eva's narrative. When considering the use of coercive measures, social work practitioners need to weigh the benefits against the resident's right against inhuman and degrading treatment and deprivation of liberty. They need to ask whether the coercive treatment is in line with protecting the resident if all other less coercive measures have proven inadequate, and which other measures could be used instead. At Mia's second placement, coercive care or police assistance was not used, indicating high user involvement in own care and competence to use other less coercive measures.

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"I got so much praise from the staff"

Ida was 26 years old at the time of the first interview and has Norwegian parents who had substance abuse issues. Ida described the living conditions as insecure. Ida and her siblings were placed in foster care after Ida, at the age of 12, reported the neglectful home situation to CWS. After several failed foster care placements, Ida was placed in CWI at the age of 15. She was well looked after, and Ida experienced participation:

> I enjoyed myself at the institute. I got my room, which I'd wished for, and I remember many nice adults working there. There were, of course, some terrible adults as well, but I could choose mine, whom I could trust and to whom I could talk more. In the beginning, I was pretty affected by the other residents and did silly things, like running away and smoking some hash. It was unnecessary. But there was this lady who worked [at the institute], and one time, we were driving to someplace, and she noticed that I'd smoked hash, and she just stopped the car and looked me in the eyes and said, "Ida, now you have to stop fooling around." And she shouted, "Now, it is enough. Otherwise, you are going to ruin your life!" I'd so much respect towards her, and she was just wonderful, and I listened to what she said. I remember when I got my first six,[2] and I got so much praise from the institute staff, which made me even more motivated, and it ended, so when I got out of high school, I had only fives and sixes because I got so motivated. And I got into studying to be a learning disability nurse, where the average to get in was 5.3. It was wild that I got in, right? But it was because all the employees at the institution praised me so much. That they were so proud of me motivated me […] we also did a lot of nice stuff that people do in childhood [...] They showed that they trusted you and showed love and care, right? I loved these ladies who worked there; they were so important. They saw me. I had a lot of good experiences from there because, for me, it was best to have stability.

Ida draws a picture of herself in CWI with caring adults around her. Her narrative concerns participation in her care, where her human rights and best interests are considered.

Participation and facilities

Ida described participation in CWI facilities as having her own room and making the facilities feel like home. In contrast, Mia and Eva narrated that the CWI facilities felt like an institution rather than home. Participation in CWI facilities is vital and directly impacts the residents' well-being. How the facilities should be is not regulated in the old or new Child Welfare Act.

Participation and employees

When user involvement and the employees' competence were high at the CWI, the residents were perceived as capable young women, being more than their trauma, and the focus was on the change and their capability for it. Similar to Eva's narrative about the first placement, Ida described positive relationships with caring, attentive employees who fostered strong bonds

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[2] Best grade in Norwegian school system.

through open discussion and set boundaries and rules. In Ida's narrative, the employees praised school success, motivated the residents to do well in life and noticed growth and effort. They did fun things with the residents, allowed them to be children again, helped with daily tasks, and treated them like normal young women.

Participation and care

In her placement, Ida did not experience coercive care, suggesting that the employees were competent to use other measures and that the care was based on encouragement and focusing on positive behaviour and change. The residents were seen, and their needs were individually assessed, indicating that the care was tailored to each resident. Participants' narratives suggest that care in CWIs can be improved with the staff's elevated competence. This leads to fewer coercive measures, fewer other encroachments on residents' personal integrity and more resident participation. This means that residents' participation, the competence of the staff and collaboration between the residents and the staff are vital to improving the care in CWIs.

Discussion

The analysis revealed three themes in the narratives: participation and facilities, participation and employees, and participation and care. The analysis suggests that participation in CWIs involves residents' possibilities to contribute to how the facilities are, plan their care, and establish reciprocal relationships with the employees. We will discuss the findings in relation to possible, plausible and preferable futures in CWIs. Participation in possible, plausible and preferable futures in CWIs is closely connected to how residents' constitutional and human rights are considered in care. Figure 1 shows how participation and future perspectives are intertwined.
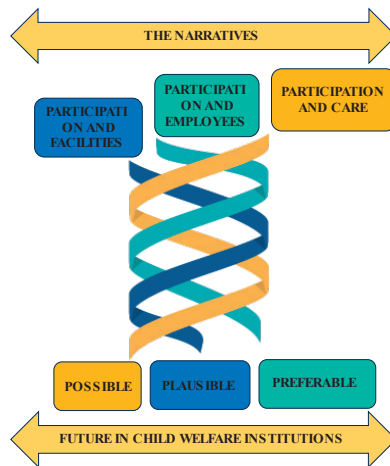
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Figure 1. Tripple Helix framework of the analysis inspired by Cai & Etzkowitz (2021)

We can explore the impact of the past on current practices and envision future possibilities based on present knowledge by adopting a future-focused perspective in social work. The Norwegian welfare state's values, priorities and technologies are reflected in CWI practices and provide information on the possible, plausible and preferable future in social work practice.

Possible future

The new Child Welfare Act clearly states that service users' human rights, participation, right to be heard, and best interests are measured and must be prioritised in social work practice in CWIs. It sets regulations for solitary care placements and quality of care and underlines preventative actions towards coercive measures (NRDCF, 2021).

Regarding the new Child Welfare Act, the possible future, or what *may* happen in Norwegian CWIs, could be both positive and negative, according to the participants' narratives. Based on the narratives, the possible future would look dark if the new Child Welfare Act were not regarded seriously. The employees would not be competent to choose less coercive measures, residents' participation would be minimal or non-existent, and the gap between the staff and residents would remain significant. The new Child Welfare Act would not be well thought out, solitary placement would not be considered harmful, coercive measures would be used excessively, and residents would not participate in their care. In contrast, the possible future could be bright if the employees are encouraging and caring, even if the new Child Welfare

Act is not taken into active use. When measures are taken seriously, the employees' competence is secured. If the new law were ignored or no follow-up assessments were showing that the new law has been regarded seriously, nothing would change for the better unless the employees would be caring and encouraging towards the residents. This means that the quality of care would vary between the CWI units, where it is up to the employees how they would look after the residents.

Plausible future

The constitutional rights of young people in Norwegian CWIs secure their right to freedom of movement and against prohibition and inhuman and degrading treatment (NRDCF, 2021). The question is whether these rights have been considered with gravity in today's CWIs, especially in the units where coercive treatment has been excessive and preventative measures and aftercare have been non-existent. The new Child Welfare Act can positively affect residents' human rights if the employees learn how to prevent coercive measures and take time to discuss the methods used in CWIs with the residents. This would increase the resident's participation in their care and perhaps prevent coercive measures and negative development while in care.

Regarding the new law, the plausible future involves assessing what *could* happen, given what we know today about CWIs. Based on the participants' narratives, the plausible future could look bright if the residents' human rights would be considered with gravity, their best interests were assessed and the quality of care would improve if employees' competence were increased through education. In the plausible positive future in CWIs, the residents would be looked after by caring and encouraging staff who would prepare the young people for life after care. This implies that the new law would help increase the competence of the staff, which would increase the residents' participation in their care and reduce the use of coercive measures and solitary placements.

Based on what we know today, nothing would change in the negative plausible future, or the change would be minimal. This is possible, as the best interest of the child principle has been incorporated into the Norwegian Constitution since 2014, implying that human rights are every child's and young person's constitutional rights. Studies show that residents' best interests and human rights have been overlooked in tailoring care for young people, and CWS have failed to follow up on these aspects after placement (NOAG, 2020). Previous research shows low resident participation and neglected right to be heard in Norwegian CWIs. (Paulsen, 2022). This has often resulted in a lack of quality care, particularly in privately run

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care facilities, where employees have demonstrated low competence in providing proper care to residents (NOAG, 2020). The result has been that coercive measures have been used excessively, and some young people have had negative development while in care, which has resulted in several placements over a short period and ended in solitary placements (NCO, 2020). This negative plausible future implies that the new Child Welfare Act has little or no effect on the future of CWIs. In this negative future view, the employees' competence would not be elevated, the staffing at CWI units would remain low, care measures would not consider residents' rights to participate in their care, and their integrity would not be secured.

Preferable future

Following the new Child Welfare Act, Norwegian CWIs should provide a safe environment, develop opportunities, improve the quality of life, and contribute to positive changes in residents' lives (NRDCF, 2021). CWIs should prepare residents for life after care and provide tools to establish the life they want (NRDCF, 2021). This highlights the need to improve the facilities and focus on the future after CWIs.

Concerning the new law, the preferable future represents a positive vision. The narratives indicated that a preferable future in CWIs is one where the staff would be competent in using less coercive measures, residents' participation in their care would increase, and residents' human rights and best interests would be considered. The CWIs would feel like homes with caring adults; the residents would experience good care and be equipped with the tools to improve their lives afterwards. There would be no solitary placements, but instead CWIs with other young people, where staff would consider the residents' human rights and best interests when tailoring individual care for its residents.

Future and Human Rights in CWI

The new Norwegian Child Welfare Act emphasises the participatory and human rights of young people in care and ensures that their best interest is assessed. This study shows that some participants lacked participation in CWIs and that their human rights or best interests were not met on several occasions. Residents' rights against long solitary placement were insufficient in some participants' care, and coercive measures and psychiatric ward placements were used excessively. Other studies have also shown similar findings (e.g. NOAG, 2020; Paulsen, 2022). We have discussed how the new law can affect service users' participation and human rights in CWIs in the possible, plausible and preferable future. Future-oriented research on CWS can guide social work services to prioritise the young

person's best interest and offer visions of developing more sustainable and user-oriented services.

The new law guides towards more sustainable CWIs, where the facilities and care are tailored to specific groups of young people and employees have the competence to care for them, implying that the residents can actively participate in planning their care. The new law offers a theoretical perspective on strengthening young people's rights to participate while living in CWI and contribute positively to their preferable future. The empirical perspective from the young women's narratives reveals possible participation challenges in future social work practice. These challenges tell us how user involvement is practised and how social work practitioners might understand and apply human rights and consider residents' best interests in care. Human rights are an ongoing process. They need to be practised in everyday social work, which raises awareness that residents' rights and best interests are measured and considered. Social work practitioners are responsible for impacting the practical exercise of the law, and researchers must follow it up with future research.

References

Adam, B., & Groves, C. (2011). Futures tended: Care and future-oriented responsibility. *Bulletin of Science, Technology & Society*, *31*(1), 17–27. https://doi.org/10.1177/0270467610391237

Andersson, J. (2018). *The future of the world: Futurology, futurists, and the struggle for the post-Cold War imagination*. University Press.

Bai, X., van der Leeuw, S., O'Brien, K., Berkhout, F., Biermann, F., Brondizio, E. S., Cudennec, C., Dearing, J., Duraiappah, A., Glaser, M., Revkin, A., Steffen, W., & Syvitski, J. (2016). Plausible and desirable futures in the Anthropocene: A new research agenda. *Global Environmental Change*, *39*, 351–362. https://doi.org/10.1016/j.gloenvcha.2015.09.017

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Bryant, R., & Knight, D. M. (2019). *The Anthropology of the Future*. University Press. https://doi.org/10.1017/9781108378277

Cai, Y., & Etzkowitz, H. (2021). Theorizing the Triple Helix model: Past, present, and future. *Triple Helix (Heidelberg)*, *7, 2020*(2–3), 189–226. https://doi.org/10.1163/21971927-bja10003

Child and Family Department. (2021). *Endringer i lover og forskrifter fra 1. Januar 2022* [News]. Regjeringen.no. https://www.regjeringen.no/no/aktuelt/endringer-i-lover-og-forskrifter-fra-1.-januar-2022-fra-barne-og-familiedepartementet/id2892979/

Fivush, R. (2010). Speaking silence: The social construction of silence in autobiographical and cultural narratives. *Memory (Hove)*, *18*(2), 88–98. https://doi.org/10.1080/09658210903029404

Hancock, T., & Bezold, C. (1994). Possible futures, preferable futures. *The Healthcare Forum Journal*, *37*(2), 23–29.

Bufdir. (2022). *Barnevernstiltak til barn med innvandrerbakgrunn*. Bufdir.
    https://www.bufdir.no/statistikk-og-analyse/barnevern/barnevernstiltak-til-barn-med-
    innvandrerbakgrunn

Burr, V., & Dick, P. (2017). Social Constructionism. In B. Gough (Ed.), *The Palgrave
    Handbook of Critical Social Psychology* (s. 56–80). Palgrave Macmillan UK.
    https://doi.org/10.1057/978-1-137-51018-1

Eltink-, E. M. A., ten Hoeve, J., de Jongh, T., van der Helm, G. H. P., Wissink, I. B., &
    Stams, G. (2018). Stability and Change of Adolescents' Aggressive Behavior in
    Residential Youth Care. *Child & Youth Care Forum*, *47*(2), 199–217.
    https://doi.org/10.1007/s10566-017-9425-y

Fylkesnes, M. K., Taylor, J., & Iversen, A. C. (2018). Precarious participation: Exploring
    ethnic minority youth's narratives about out-of-home placement in Norway. *Children
    and Youth Services Review*, *88*, 341–347.
    https://doi.org/10.1016/j.childyouth.2018.03.030

Greger, H. K., Myhre, A. K., Lydersen, S., & Jozefiak, T. (2015). Previous maltreatment and
    present mental health in a high-risk adolescent population. *Child Abuse & Neglect*, *45*,
    122–134. https://doi.org/10.1016/j.chiabu.2015.05.003

Helgeland, I. M. (2008). Det handler ikke bare om penger: Barnevernsbarn og fattigdom. I I.
    Harsløf & S. Seim (Red.), *Fattigdommens dynamikk: Perspektiver på marginalisering
    i det norske samfunnet*. Universitetsforl. https://urn.nb.no/URN:NBN:no-
    nb_digibok_2013083006004

Jozefiak, T., & Kayed, N. S. (2015). Self- and proxy reports of quality of life among
    adolescents living in residential youth care compared to adolescents in the general
    population and mental health services. *Health and Quality of Life Outcomes*, *13*(1),
    104–104. https://doi.org/10.1186/s12955-015-0280-y

Jozefiak, T., Kayed, N. S., Ranøyen, I., Greger, H. K., Wallander, J. L., & Wichstrøm, L.
    (2017). Quality of life among adolescents living in residential youth care: Do domain-
    specific self-esteem and psychopathology contribute? *Quality of Life Research*,
    26(10), 2619–2631. https://doi.org/10.1007/s11136-017-1603-8

Jozefiak, T., Kayed, N. S., Rimehaug, T., Wormdal, A. K., Brubakk, A. M., & Wichstrøm, L.
    (2016). Prevalence and comorbidity of mental disorders among adolescents living in
    residential youth. *European Child & Adolescent Psychiatry*, *25*(1), 33–47.
    https://doi.org/10.1007/s00787-015-0700-x

Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A
    perspective. *Qualitative Report*, *18*(33), 1-5. https://doi.org/10.46743/2160-
    3715/2013.1477

Marlow, M. A., Gunnarsdottir, H. M., & Studsrød, I. (2023). "No one saw us, and no one did
    anything" – young women with a history in out-of-home care narrate management of
    (in)visibility and intersecting identities. *Nordic Social Work Research*, *0*(0), 1–14.
    https://doi.org/10.1080/2156857X.2023.2255870

Marlow, M. A., Sørly, R., & Kaatrakoski, H. K. (2022). Personal Stories of Young Women in
    Residential Care: Health-Promoting Strategies and Wellbeing. *International Journal
    of Environmental Research and Public Health*, *19*(24), Artikkel 24.
    https://doi.org/10.3390/ijerph192416386

Norwegian National Research Ethics Committees. (2016). *Guidelines for Research Ethics in
    the Social Sciences, Humanities Law and Theology*. Forskningsetikk.
    https://www.forskningsetikk.no/ressurser/publikasjoner/guidelines-social-sciences-
    humanities-law-and-theology/

Norwegian Office of the Auditor General. (2020). *Riksrevisjonens undersøking av om statlege
    barnevernsmyndigheiter sikrar det beste for barn i barnevernsinstitusjonar.*

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https://www.riksrevisjonen.no/rapporter-mappe/no-2019-2020/undersoking-av-om-statlege-barnevernsmyndigheiter-sikrar-det-beste-for-barn-i-barnevernsinstitusjonar/

Norwegian Royal Department of Children and Family. (2021). *Prop. 133 L (2020–2021)*. Regejeringen. https://www.regjeringen.no/no/dokumenter/prop.-133-l-20202021/id2842271/

Oerbeck, B., Overgaard, K. R., Hjellvik, V., Lien, L., & Bramness, J. G. (2021). The Use of Antidepressants, Antipsychotics, and Stimulants in Youth Residential Care. *Journal of Child and Adolescent Psychopharmacology*, *31*(5), 350–357. https://doi.org/10.1089/cap.2020.0123

Oomen, J., Hoffman, J., & Hajer, M. A. (2022). Techniques of futuring: On how imagined futures become socially performative. *European Journal of Social Theory*, *25*(2), 252–270. https://doi.org/10.1177/1368431020988826

Paulsen, V. (2022). *Barn og unges medvirkning i barnevernet* (1. utgave.). Gyldendal.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Risør, T., Waltorp, K., & Jensen, U. J. (2020). Fremtider. *Tidsskrift for Forskning i Sygdom Og Samfund*, *17*(33). https://doi.org/10.7146/tfss.v17i33.123585

Rouse, J. (2010, October). *Sustainable social care programme: What is sustainable development?* Social Care Institute for Excellence. https://www.scie.org.uk/adults/sustainablesocialcare/what.asp

Skivenes, M. (2023, April 4). *Wrong direction for the Norwegian child protection?* https://discretion.uib.no/concerns-about-changes-in-norwegian-child-protection/

Sæbjørnsen, S. E. N., & Willumsen, E. (2017). Service user participation in interprofessional teams in child welfare in Norway: Vulnerable adolescents' perceptions. *Child & Family Social Work*, *22*(S2), 43–53. https://doi.org/10.1111/cfs.12242

Sørly, R. (2017). Narrativ etikk og refleksivitet. In R. Sørly & B. H. Blix (Eds.), *Fortelling og forskning: Narrativ teori og metode i tverrfaglig perspektiv* (s. 33–46). Orkana akademisk.

Sørly, R., Mathisen, V., & Nyygaard, V. (2021). Mental health research in an Arctic Indigenous context: The presence of silent dominant narratives. In R. Sørly, T. Ghaye, & B. Kårtveit (Eds.), *Stories of change and sustainability in the Arctic Regions: The interdependence of local and global* (72-87). Taylor and Francis. https://doi.org/10.4324/9781003118633

Tutton, R. (2017). Wicked futures: Meaning, matter and the sociology of the future. *The Sociological Review (Keele)*, *65*(3), 478–492. https://doi.org/10.1177/0038026117694274

van Lente, H. (1993). *Promising technology. The dynamics of expectations in technological developments*. Eburon.

Westby, L. C. L. (2019). Makt og tvang: Skjult maktutøvelse i barnevernsinstitusjon. In I. Studsrød, V. Paulsen, I. Kvaran, & K. Mevik (Eds.), *Barnevernspedagog: En grunnbok* (pp. 171–182). Universitetsforlaget.

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Appendices

Appendix 1 – NSD approval: Data and privacy protection

NSD

Mira Aurora Marlow
Kjell Arholms hus
4036 STAVANGER

Vår dato: 05.03.2018	Vår ref: 58745 / 3 / LH	Deres dato:	Deres ref:

Tilrådning fra NSD Personvernombudet for forskning § 7-27

Personvernombudet for forskning viser til meldeskjema mottatt 26.01.2018 for prosjektet:

58745	*Epistemologiske ståsteder og multiple forståelser av god nok jenteskap*
Behandlingsansvarlig	*Universitetet i Stavanger, ved institusjonens øverste leder*
Daglig ansvarlig	*Mira Aurora Marlow*

Vurdering
Etter gjennomgang av opplysningene i meldeskjemaet og øvrig dokumentasjon finner vi at prosjektet er unntatt konsesjonsplikt og at personopplysningene som blir samlet inn i dette prosjektet er regulert av § 7-27 i personopplysningsforskriften. På den neste siden er vår vurdering av prosjektopplegget slik det er meldt til oss. Du kan nå gå i gang med å behandle personopplysninger.

Vilkår for vår anbefaling
Vår anbefaling forutsetter at du gjennomfører prosjektet i tråd med:
• opplysningene gitt i meldeskjemaet og øvrig dokumentasjon
• vår prosjektvurdering, se side 2
• eventuell korrespondanse med oss

Meld fra hvis du gjør vesentlige endringer i prosjektet
Dersom prosjektet endrer seg, kan det være nødvendig å sende inn endringsmelding. På våre nettsider finner du svar på hvilke endringer du må melde, samt endringsskjema.

Opplysninger om prosjektet blir lagt ut på våre nettsider og i Meldingsarkivet
Vi har lagt ut opplysninger om prosjektet på nettsidene våre. Alle våre institusjoner har også tilgang til egne prosjekter i Meldingsarkivet.

Vi tar kontakt om status for behandling av personopplysninger ved prosjektslutt
Ved prosjektslutt 01.12.2020 vil vi ta kontakt for å avklare status for behandlingen av personopplysninger.

Se våre nettsider eller ta kontakt dersom du har spørsmål. Vi ønsker lykke til med prosjektet!

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Vennlig hilsen

Marianne Høgetveit Myhren

Lise Aasen Haveraaen

Kontaktperson: Lise Aasen Haveraaen tlf: 55 58 21 19 / Lise.Haveraaen@nsd.no
Vedlegg: Prosjektvurdering

Personvernombudet for forskning

Prosjektvurdering - Kommentar

FORMÅL
Formålet med studien er å utvikle det teoretiske grunnlaget i sosialpedagogikk og utvide nåværende forståelse av «god nok» barndom i Norge. Den sentrale problemstillingen i prosjektet er: hvordan oppfatter marginaliserte jenter «god nok» barndom.

UTVALG OG REKRUTTERING
Utvalget består av enslige mindreårige flyktninger og barn som bor eller har bodd i barnehjem/institusjon, i alderen 11-17. Det innhentes samtykke fra foreldre til barn som er under 16 år.

Utvalget rekrutteres gjennom ansatte på barnehjemmet. Informasjonsbrev blir sendt ut til alle potensielle informanter/foreldre, deretter vil forsker stille på et informasjonsmøte der hun informerer ytterligere om prosjektet. Potensielle informanter tar selv kontakt med forsker dersom de er interessert.

Vi legger til grunn at prosjektet er avklart med ledelsen på institusjonen, og at taushetsplikten ikke er til hinder for at rekruttering foregår på denne måten.

Dersom det blir aktuelt å rekruttere deltakere fra asylmottak, eller gjennomføre intervjuer på mottaket, minner vi om at du på forhånd må søke UDI om dette: https://www.udi.no/statistikk-og-analyse/informasjon-til-forskere-og-studenter1/informasjon-til-forskere-og-studenter/

INFORMASJON OG SAMTYKKE
Du har opplyst i meldeskjema at utvalget vil motta skriftlig og muntlig informasjon om prosjektet, og samtykke skriftlig til å delta. Vår vurdering er at informasjonsskrivet til utvalget stort sett er godt utformet, men det må legges til dato for anonymisering (01.12.2020). I tillegg bør det legges til at det ikke vi ha innvirkning på deres forhold til barnevernet/institusjonen eller andre dersom de ikke ønsker å delta, eller senere velger å trekke seg.

Vi ber deg om å sende det reviderte informasjonsskrivet til personvernombudet@nsd.no Husk å oppgi prosjektnummer. Prosjektet kan deretter starte.

SAMTYKKE UNDER 18 ÅR
Hovedregelen når det registreres sensitive opplysninger til forskningsformål om ungdom under 18 år, er at det må innhentes samtykke fra foreldrene. I dette prosjektet vurderer personvernombudet det imidlertid slik at ungdommer over 16 år kan samtykke til deltakelse på selvstendig grunnlag. Dette ut fra en helhetsvurdering av opplysningenes art og omfang.

BARN I FORSKNING
Deler av utvalget består av barn under 16 år, og personer med foreldreansvar samtykker til deltakelse på vegne

av barna. Likevel bør barna få informasjon om prosjektet som er tilpasset deres ordforråd. Det er også viktig at barna får informasjon om at de kan velge å ikke delta i prosjektet hvis de ønsker det, selv om personene med foreldreansvar har samtykket.

DATAINNSAMLING

Data vil bli samlet inn gjennom gruppe- og personlig intervju og deltakende observasjon i workshop. Workshop består av storycrafting, der barna vil fortelle historier og lage illustrasjoner. Det vil bli gjort lydopptak av intervjuene og videoopptak av workshop dersom alle samtykker. Vi legger til grunn at kun barn/foresatte som har samtykket til bilde- og/eller videoopptak vil registreres på denne måten.

SENSITIVE PERSONOPPLYSNINGER

Når det skal behandles personopplysninger om barnevernsbarn, anses dette som sensitive personopplysninger om helseforhold, jf. personopplysningsloven § 2 nr. 8c.

SÅRBAR GRUPPE

Enslige mindreårige flyktninger anses som en sårbar gruppe. Den som foretar datainnsamling bør ha kompetanse til å gjøre dette på en slik måte at belastningen på deltakerne blir minst mulig. Man bør være forberedt på å håndtere eventuelle problemer som kan oppstå, både underveis og etter datainnsamling. Det er nyttig å ha erfaring med gruppen eller feltet det forskes på, eller være tilknyttet en forskningsgruppe med slik kompetanse.

Vi viser forøvrig til NESH sin retningslinjer for forskning på sårbare grupper:
https://www.etikkom.no/FBIB/Temaer/Forskning-pa-bestemte-grupper/Sarbare-grupper/

SENSITIVE OPPLYSNINGER

Basert på tematikken i prosjektet vurderer vi at det behandles sensitive opplysninger om helseforhold. Vi tar derfor høyde for at slike opplysninger kan registreres.

INFORMASJONSSIKKERHET

Personvernombudet forutsetter at du behandler alle data i tråd med Universitetet i Stavanger sine retningslinjer for datahåndtering og informasjonssikkerhet. Vi legger til grunn at bruk av mobil lagringsenhet er i samsvar med institusjonens retningslinjer.

PROSJEKTSLUTT OG ANONYMISERING

Prosjektslutt er oppgitt til 01.12.2020. Det fremgår av meldeskjema/informasjonsskriv at du vil anonymisere datamaterialet ved prosjektslutt. Anonymisering innebærer vanligvis å:
- slette direkte identifiserbare opplysninger som navn, fødselsnummer, koblingsnøkkel
- slette eller omskrive/gruppere indirekte identifiserbare opplysninger som bosted/arbeidssted, alder, kjønn
- slette lydopptak
- slette eller sladde bilde- og videoopptak

For en utdypende beskrivelse av anonymisering av personopplysninger, se Datatilsynets veileder:
https://www.datatilsynet.no/globalassets/global/regelverk-skjema/veiledere/anonymisering-veileder-041115.pdf

Appendix 2 – Letter of invitation and consent to participate

Invitasjon om deltakelse i forskningsprosjektet

Forståelser av god barndom

Bakgrunn og formål
Formålet med studien min er å utvikle det teoretiske grunnlaget i sosialpedagogikk og utvide nåværende forståelse av god barndom i Norge. Det sentrale spørsmålet i mitt PhD prosjektet ved Universitetet i Stavanger er: hvordan oppfatter jenter som bor på institusjoner god barndom.

Du har unik mulighet til å delta til studien min. Jeg inviterer alle jenter og unge kvinner som er minst 11 år og bor eller har bodd på institusjonen. De som har minoritetsbakgrunn (er ikke etniske norske) er prioritert og oppfordres til å delta i denne studien.

Hva innebærer deltakelse i denne studien?
Studien omfatter en story crafting sesjon og et individuell intervju. Hver sesjon tar cirka en time. Det innhentes ingen bakgrunnsinformasjon fra deltakere, og det er viktig å understreke at informantene bestemmer selv hvor mye og hva de vil fortelle til meg. Det kan bli aktuelt med filmopptak, i tillegg til lydopptak som kun brukes til analyseprosessen og til min egen opplæring.

For informanter under 16 år vil samtykke innhentes fra foresatte.

Hva skjer med informasjonen om deg?
Alle personopplysninger og personopptak (filmopptak eller lydopptak) vil bli behandlet konfidensielt. Bare jeg som forsker vil ha tilgang til lagret data som blir oppbevart i låst enheten. Personopplysninger og opptak lagres separat for å ivareta konfidensialitet, materiale blir anonymisert.

Alle informanter vil anonymiseres, og derfor ikke kunne gjenkjennes i publisert materiale.

Prosjektet skal etter planen avsluttes 01.12.2020. Personopplysninger anonymiseres, og opptak blir slettet etter 01.12.2020.

Frivillig deltakelse
Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Det skal ikke ha innvirkning på din forhold til barnevernet/institusjonen eller andre dersom du ikke ønsker å delta, eller senere velger å trekke deg. Dersom du trekker deg, vil alle opplysninger om deg bli anonymisert i umiddelbart.

Dersom du ønsker å delta eller har spørsmål til studien, ta kontakt med forskere Mira Marlow, tel. 518 25 57, mobil: 456 93 283, epost: mira.a.marlow@uis.no.

Studien er meldt til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS.

Takk at du har brukt tid til å lese invitasjonen og vurderer å delta i prosjektet mitt! Din forståelsen av god barndom er viktig å dokumenteres å få videre forståelse av god barndom i Norge.

Samtykke til deltakelse i studien

<u>**Informant som er 16 år eller eldre:**</u>

Jeg har mottatt informasjon om studien, og er villig til å delta.

(Signert av prosjektdeltaker, dato)

<u>**Foresatte til informant som er under 16 år:**</u>

Jeg har mottatt informasjon om studien, og er villig til at barnet/ ungdommen som jeg er foresatt for kan delta dersom hun selv er villig til å delta.

(Signert av foresatte, dato)