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Realizing Child Participation in Complex Collaborative Systems: The Case of Health, Learning and Safety Teams

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ABSTRACT

Child participation is a statutory right in Sweden and central to child welfare practice, yet its realizations in multisectoral settings remain challenging. This study examines how professionals working in Health, Learning and Safety (HLS) teams in Västerbotten, Sweden, perceive and seek to facilitate children's participation. Semi-structured focus group interviews were conducted with 44 professionals from nine teams, representing health care, schools, and social services. Data were analysed inductively using conventional content analysis. Findings show that while professionals described HLS as fundamentally child centred, children were rarely present in the meetings. Children's perspectives were predominantly mediated through adults' interpretations rather than expressed through children's direct presence in meetings. Professionals highlighted tensions between safeguarding responsibilities and facilitating participation, alongside uncertainty about children's capacities and limited routines for involvement and influence. The absence of shared definitions and formalized procedures contributed to variation across teams, and collaboration itself frequently took precedence over children's participation. The study concludes that children's participation in HLS is best understood as a negotiated and conditional practice shaped by organizational complexity and professional attitudes, rather than a straightforward right. Realizing children's legal right to participation requires structural support, shared frameworks and dedicated space for ongoing professional reflection.

1 | Introduction

In response to rising mental health problems among children, including depression, anxiety and attention deficit hyperactivity disorder (ADHD), and increasingly common school absenteeism (Skolverket 2024; Socialstyrelsen 2024, 2025), growing attention has been directed towards how welfare services can provide early and coordinated support for children and families with complex or overlapping needs. In Sweden, responsibilities for children's welfare are distributed across several sectors and administrative levels. Municipalities are responsible for schools and social services, while regions are responsible for health care (Janlöv et al. 2023). This decentralized structure has contributed to increasing emphasis on multisectoral collaboration as a strategy for coordinating assessments, interventions and support efforts across organizational boundaries (Sveriges riksdag 2017).

Sweden's child welfare policy and practice are largely built on the assumption that early, coordinated interventions can promote children's well-being and development, particularly for those in vulnerable life situations (Axelsson and Axelsson 2006; Regeringskansliet 2020, 2021; Socialstyrelsen and Skolverket 2023). National strategies have encouraged the development of joint efforts across complementary sectors to improve support for children and families (Strategi För Samverkan 2007). One such initiative in northern Sweden is the *Health, Learning and Safety (HLS) model* (Region

Västerbotten 2022), which brings together professionals from primary health care, schools, and social services into joint teams. Although multisectoral collaboration is often described as important for achieving coordinated and holistic support, previous research has highlighted that collaboration across organizational and professional boundaries may create challenges related to coordination and differing professional perspectives (Horwath and Morrison 2007; Huxham and Vangen 1996). Within such cross-sectoral interventions, a persistent challenge is to ensure that children are not merely passive recipients of support, but active participants in decisions affecting their lives.

Recognizing both the potential and fragility of children's participation, Sweden incorporated the United Nations Convention on the Rights of the Child (UNCRC) into national law in 2020, thereby strengthening the legal status of children's rights in Swedish welfare contexts (Regeringskansliet 2023). UNCRC's Article 12 stipulates that all children must be given the opportunity to participate in decisions affecting their lives (United Nations 2019). Although child participation is increasingly acknowledged as a fundamental right, it is not self-evident how to translate this into practice. Shier (2001) conceptualizes participation as five progressive levels: (1) children being listened to; (2) children are supported in expressing their views; (3) children's views are taken into account; (4) children are involved in decision-making processes; and (5) children share power and responsibility for decision-making. This framework is relevant as a point of departure for the present study because it distinguishes between being listened to, being supported to express views, and having those views considered in decision-making. In this model, Shier suggests that compliance with UNCRC's Article 12 requires at least level three, when children's views genuinely inform decisions. Similarly, Lundy (2007) argues that meaningful participation depends not only on children's opportunity to express views but also on organizational conditions that allow those views to be heard and given influence. This raises questions concerning how participation should be understood and facilitated in complex professional settings. Participation may take different forms and cannot necessarily be reduced to children's physical presence in professional meetings. It may also involve preparatory conversations, relational work, non-verbal expressions and opportunities for children's perspectives to influence decisions through different forms of communication and representation. Numerous studies have linked child participation to improved outcomes at end-user level: interventions that better align with the child's needs (Barnes 2012), greater engagement, and commitment (Woolfson et al. 2010), improved self-esteem (Vis et al. 2011) and increased sense of mastery and control (Leeson 2007). Organizations also benefit from more responsive and inclusive services where children's perspectives are taken into account (Chawla 2001).

Despite these known benefits and legal mandate, practical and structural barriers to implementation across welfare sectors persist (Leviner 2018). Hindering factors are for example, limited time and resources, uncertainty about children's capacities and different professional logics. Participation is often contingent on adults' ability and willingness to facilitate it (Vis et al. 2012; Vis and Fossum 2015; Križ and Skivenes 2017). Research shows that the concept itself is frequently invoked without theoretical or contextual precision (Tingstad 2019; Vis and Thomas 2009) and that the different understandings of participation among welfare actors risk resulting in unequal implementation, especially in multisectoral settings (Jones 2025).

Recent research has pointed out further reasons for the gap between the legal rights of the child and the actual translation of this into practice. One study found that subconscious beliefs and tensions among professionals concerning ideas of protection often override the development of explicit practices that involve children (van Bijleveld et al. 2020). Another study of user participation, in integrated welfare services, argued that participation should be seen as a relational practice shaped through long-term collaboration, trust, and knowledge sharing (Jones 2025). Participation has likewise been framed as a relational and dialogue process in which children are entitled not only to be heard, but to influence how participation is arranged (Littlechild 2000; Pert et al. 2017; Pölkki et al. 2012; van Bijleveld et al. 2014). Although current knowledge is primarily derived from studies conducted within single-sector services, they converge on one point: meaningful participation hinges on how the concept is understood, enacted and negotiated in its specific organizational setting. This insight raises the question whether such relational dynamics become even more complex when services need to be coordinated across sectoral boundaries.

The multisectoral HLS model consists of HLS teams with representatives from health care, schools, and social services, who collaborate to provide early and accessible support to children aged 0–16 years and their families, ensuring coordination at a preventative level when needed. Regular meetings are held to discuss children's needs and determine suitable interventions, either anonymously or openly with the parents' consent. When considered appropriate, the teams meet with the family to jointly determine appropriate interventions (Region Västerbotten 2022, n.d.).

While collaborative models like HLS are increasingly implemented across Sweden, HLS in its current form remains specific to the County of Västerbotten in northern Sweden. It represents a comparatively recent form of interprofessional collaboration and its ability to secure children's rights has not yet been systematically studied. Empirical research on how a child rights perspective is integrated within such structures remains limited. HLS teams therefore provide a valuable setting for investigating these issues.

This study aims to explore how professionals within HLS-teams understand and seek to facilitate children's participation in the multisectoral context, with a focus on contributing with insights into the underlying rationales, discourses and forms of argumentation that inform professional practices.

2 | Methods

2.1 | Study Design

To study how 'child participation' is perceived and realized in the context of HLS, semi-structured focus group interviews were conducted with a total of 44 professionals from nine HLS teams. The study adopts an inductive approach, meaning that

the aim was addressed inductively, in a data-driven manner, and that data were analysed with conventional content analysis (Hsieh and Shannon 2005).

2.2 | Study Context

The study was conducted in Västerbotten County, one of Sweden's 21 counties. In Sweden, health care and social services are decentralized and tax funded. Västerbotten covers 15 municipalities, all of which share the same statutory responsibilities for schools and social services, while differing greatly in size and population. The county is geographically vast, combining sparsely populated rural municipalities, long travel distances and the larger urban centre of Umeå. These contrasts create highly diverse local conditions for collaboration.

The HLS model was originally initiated from the Swedish Association of Local Authorities and Regions (SALARs). The model was first piloted in Umeå 2012 and has since been gradually implemented in all 15 municipalities in Västerbotten. Currently there are 62 HLS teams that cover all municipalities in Västerbotten. In 2024, a total of 825 children were referred to HLS teams in the county (Forsgren et al. 2025). Although the model is built on a shared structure, its implementation involves local adaptations within the diverse conditions of Västerbotten's municipalities, which may influence how child participation is interpreted and practiced.

2.3 | Participants

An invitation was sent to all HLS teams in Västerbotten, encouraging them to participate in the focus group interviews. All teams that expressed interest in participating took part in the study. In total, nine teams from across the county, representing both small and large municipalities, took part. The number of participants per team ranged from three to seven, with most teams consisting of five participants. Regarding target age groups, three teams focused on children aged 0–5 years, two on children aged 6 years and older and four on children of all ages.

The sample varied by children's age groups served, geographic location and municipality size, providing a broad basis for the study. Participants were professionals from health care, schools, and social services. In total, 44 individuals took part (39 women and 5 men). Participant characteristics are summarized in Table 1.

TABLE 1 | Study participants from Health, Learning and Safety (HLS) teams in Västerbotten.

Organization	Total participants	Professional roles
Health care	13	Psychologist, Counsellor, Child Health Nurse, District Nurse
School	20	Principal, Head of Student Health, Special Education Teacher, Counsellor, School Nurse, Preschool Teacher, Speech Therapist
Social services	11	Social Worker, Parent Counsellor

2.4 | Data Collection

The semi-structured focus group interviews were part of a broader research project on children's participation in the HLS model. This part of the project was preceded by a survey of current practices for promoting child participation, to which all professionals working within HLS were invited.

Videoconferencing is often used among HLS teams because services are frequently not co-located and travel distances within the county can be considerable. To facilitate participation and preserve the team context, each team participated as one group via a Microsoft Teams videoconference, led by the first author. In two interviews, all participants were physically co-located. In the remaining interviews, some participants sat together in a small group while others joined remotely, or all participants connected individually from their own computers.

Each focus group interview was conducted in Swedish and using a semi-structured, slide-based interview guide derived from the prior survey of current practices (part of the broader project). The first author presented findings and invited discussion on themes related to child participation and prerequisites for implementation and evaluation. Interviews lasted approximately 90 min (range = 69–94 min). This article reports analyses related to the theme of professionals' perceptions and current practices regarding child participation.

2.5 | Data Analysis

The interviews were recorded and transcribed verbatim. For each segment relevant to the study theme, we noted the speaker, their organization, the age group of children served by the team and the corresponding interview-guide question.

We used an inductive, conventional content analysis approach as described by Hsieh and Shannon (2005), further elaborated by Elo and Kyngäs (2008) and Graneheim et al. (2017). Initially, the first author read the transcripts repeatedly to become familiar with the material and develop an overall understanding. Next, meaning units relevant to the study aim were identified and manually coded, keeping codes close to the data to preserve the professionals' phrasing about children's participation. The codes were then compared and clustered into tentative categories through iterative reading, moving back and forth between coded segments and emerging groupings. Subsequently, we examined these categories in relation to the research questions and prior literature on children's participation in welfare services, using analytic prompts such as 'Which aspects of participation

are emphasized?' and 'How are barriers and enablers characterized?' This process yielded three overarching themes and 10 subthemes.

Throughout the analysis, the first author had the main responsibility for coding and categorization, while preliminary findings were presented to the entire research team. For the subsequent steps, all authors discussed uncertainties in coding, overlaps between categories, and alternative interpretations until a consensus was reached regarding the themes and their conceptualization (Bryman 2018). This collaborative approach was important for enhancing credibility and dependability of the analysis.

Finally, the results section presents quotations translated from Swedish into English to illustrate how the interpretations were grounded in the data. The translations aimed at natural, idiomatic English to preserve both meaning and readability rather than word-for-word equivalence.

2.6 | Methodological Considerations

In qualitative research, issues of validity and reliability are often addressed through the concept of *trustworthiness* (Rolfe 2006). According to Graneheim and Lundman (2004), trustworthiness can be understood through the three dimensions of *credibility*, *dependability* and *transferability*, below related to our study. Although the study provides in-depth insights, certain limitations should be noted. First, the complexity of the concept of child participation presents a challenge. Its meaning became clearer during the analysis. Some insights, such as the idea that the highest form of participation may not lie in direct presence but in the ability to influence decisions, emerged more distinctly through the interpretive process.

The results presented in this study are based on focus group interviews. While this approach provides rich contextually grounded material, it also entails limitations in relation to trustworthiness. Responses may be shaped by social desirability bias; participants may present themselves or their organizations in a favourable light, particularly when discussing sensitive topics such as child participation (Fisher and Katz 2000). Furthermore, the group setting may have reduced willingness to express critical or divergent views, especially in collaborative environments where consensus and collegial support are typically emphasized.

Regarding the credibility of findings (Polit and Beck 2004), a potential risk of measurement bias may be at hand, as the interview guide's ability to capture relevant aspects of child participation cannot be fully assured. To strengthen credibility, the analysis was conducted collaboratively, with ongoing discussions within the research team regarding coding, categorization and thematic interpretation.

The stability and consistency of the research process were supported by documenting methodological decisions throughout the study and by describing the different stages of the analysis as transparently as possible.

Although the data reflects a range of perspectives and provides valuable insights into professionals' experiences, the empirical base remains limited. For this reason, transferability should be considered with some caution.

2.7 | Ethical Considerations

The protection of rights and integrity of the study participants has been central throughout the project. The overarching research project obtained ethical approval from the Swedish Ethical Review Authority. Furthermore, the collection and handling of data have been done in accordance with ethical principles and Swedish legislation. All participation was based on informed consent, where the information about the project and how the collected data will be managed, used, and stored was provided verbally and in writing before the interviews.

Generative-artificial intelligence (AI) tools (GPT style) were used for translation and minor language clarification of author-written text. All final wording, source selection, and interpretations were made by the authors. No references or results were generated by AI; all cited sources were retrieved and read independently. The authors take full responsibility for the content.

TABLE 2 | Summary of the themes and sub-themes structuring the results section, based on the inductive content analysis of professionals' accounts of children's participation in Health, Learning and Safety (HLS) practice.

Children's participation in HLS[a] practice	Organizational conditions	Perceptions and attitudes among HLS[a] professionals
Direct participation	HLS[a]—A complex setting with focus on collaboration	Unclear conceptualization
Indirect participation	Complex questions and needs	Implications in professional practice
Participation and influence	Lack of structures and routines for child participation	Protection and responsibility
		Child attributes and capacity

[a]Health, Learning and Safety teams.

3 | Results

The results are structured around three main themes and 10 sub-themes that emerged from the inductive content analysis. The main themes and sub-themes are summarized in Table 2 and will be further outlined in the following sections, guided by that structure.

3.1 | Children's Participation in HLS Practice

3.1.1 | Direct Participation

Direct participation, defined as the child taking part in meetings where decisions about their support are discussed, was relatively rare in the participating teams' practice. It was also frequently described as involving practical and ethical dilemmas, particularly concerning the complexity of the meeting format, the number of adults present and the child's emotional safety.

> I think the type of conversation we're talking about, where you present possible support measures or describe the overall situation, can be difficult to take in, even for the parent. Absorbing that information and asking follow-up questions is already challenging. So having your young child there at the same time, while also needing to respond to the child's needs, is really a challenge for the parent.

At the same time, we observed instances where children's direct participation was not only feasible but also clearly beneficial. These instances often involved older children or adolescents, whom professionals judged developmentally ready to engage more actively. In such cases, professionals reported that the child's presence enriched the conversation, clarified needs and grounded proposed interventions in the child's lived reality:

> I've found that things tend to become more concrete. When a child is involved in making decisions, things are usually very clear. They want to be able to handle the situation ... It doesn't get vague, if I can put it that way. The suggestions for support and interventions become more tangible when the student is involved. That's my impression.

3.1.2 | Indirect Participation

Children's participation in HLS was described in the interviews as twofold. On the one hand, children were viewed as central to the work, competent and important actors whose perspectives were considered necessary for the interventions to be meaningful. On the other hand, children were also viewed as vulnerable, or as making structured meetings harder to manage. In respondents' accounts, this duality shaped much of the practical work around participation in HLS.

> Right now, it feels like it would be completely inappropriate to involve the child.

> I think we've been fairly good at involving children, at least as they get older. The slightly older ones are sometimes included, while the very youngest usually aren't.

Participants reported that the predominant form of children's participation in HLS was indirect. Professionals described several strategies to bring the child's perspective into team meetings through observations, pre-meeting conversations with the child and information from parents or preschool/school staff.

> But then again, if I meet students at school, for example, I can have a separate conversation where I ask things like: What issues do you want to raise? How do you experience this? What would you like to see changed at school? And of course, I bring that with me.

Several participants emphasized that relying on parents as spokespersons was insufficient. The child's perspective was filtered through adult interpretations and often lost clarity.

> If the assumption is that "the guardians are present, so the child's voice has been heard," then I think that's making it a bit too easy for yourself.

3.1.3 | Participation and Influence

The interviews revealed uncertainty and variation in how professionals understood the relationship between participation, presence and influence. The concepts were sometimes used interchangeably, despite referring to different aspects of children's involvement in decision-making processes. In practice, representation of the child's perspective was often prioritized over the child's physical presence at meetings.

> I also agree, and I think someone put it really well earlier, that what really matters is keeping the child's perspective at the center of what we do. What will be good for the child in this situation? Rather than thinking that participation always must mean being physically present in the room.

Participants described participation as a process in which the child was not necessarily in the room but still remained an active party in decision-making. For example,

> Participation also means knowing that the meeting is taking place. Knowing who will be there. Having had the chance to say what I want to be brought up. And then receiving feedback on what was said, along with suggestions like, 'this is what we've come up with.' [...]

> So in a way, they still own the meeting, even if they're not physically present.

At the same time, few respondents describe children as having actual influence over how problems were defined or how decisions were made in practice. Participation was often described as involving limited opportunities for children to influence decisions, and the professionals express a desire for more active, but also more feasible, forms of involvement.

> I think that, to be blunt, if you actually asked the children that question, most of them would probably say they don't feel very involved.

3.2 | Organizational Conditions

3.2.1 | HLS—A Complex Setting With Focus on Collaboration

The respondents described HLS as a distinct and complex setting where several professions came together around a specific child. The meetings were portrayed as complex, time-limited, and adult-dominated, with many questions and diverse needs to be addressed. HLS meetings were often focused on creating an overall picture and coordination to avoid duplication of work and communication problems. The respondents emphasized that the strength of HLS lay in its collaborative approach, enabling professionals from different sectors to maintain a collective focus on the child's best interests, which is a central aim of the model. This shared structure provided a setting in which the child's perspective could be considered more explicitly, depending on how collaboration was enacted.

> It feels like that kind of meeting isn't really suited for the child. The kind of information shared is hard to make meaningful in that situation. But of course, the child still needs to be involved, just in other ways, perhaps, through the support provided.

> One of our strengths is that we come from such different professional backgrounds. As we discussed earlier, we're very good at continually returning to the child's perspective.

Respondents also emphasized that the HLS meetings constituted only a small part of the broader support process. A recurrent assumption was that, even when children did not attend the meetings, their perspectives could still be integrated at other stages or within their respective home organizations.

> This really highlights a key difference. In school, we talk with children. It's incredibly important. But it's this aspect, the fact that there are so many people in the room, that needs to be taken into account. That's what highlights the difference with HLS, compared to how we usually work.

3.2.2 | Complex Questions and Needs

Respondents described collaboration as involving negotiations over problem definitions, assessments of the child's needs and capacities, and the selection and coordination of support and interventions. It was not always clear whose needs a given meeting was intended to address: the child's, the parents' or the organizations'. Within these negotiations, there was a risk that dialogue about children's right to participation was completely overlooked.

> And I think that when you meet with a family, several different needs may emerge. There may be needs on the part of the parents, for example, and there may be needs on the part of the child. Sometimes they align, but they may also differ. I think the needs can look a bit different.

3.2.3 | Lack of Structures and Routines for Child Participation

One of the most fundamental findings was the absence of formalized structures and shared routines for ensuring children's participation in HLS. Respondents stated that while the intention to involve children was often present, practice lacked standardized procedures or binding guidelines.

> It's about whether you can find a way to formalize it, so that it doesn't depend on individuals who happen to think that way and take the initiative.

In the absence of a common framework, participation tended to be handled on a case-by-case basis, guided more by local practice or personal conviction than by overarching policy. This lack of formalization contributed to significant variation across teams. Even within the same organization, respondents described differing approaches depending on the context, the composition of the team or the opinion of individual colleagues:

> I'm quite new to the forum, but I haven't encountered any clear guidelines on this. So I interpret it as being handled on a case-by-case basis.

> But I also think it varies depending on which team you're in. In another team I'm part of, for example, this doesn't come as naturally.

Furthermore, the lack of communication and coordination between teams appeared to exacerbate these discrepancies:

> We don't really know how the others think, what they do, or what they've done.

Professionals often reported that routines and structures for child participation in schools, social services and health care settings were more developed than in HLS. In schools and social services, it was more common for children to be directly involved in conversations, meetings and decision-making

processes. There were often established relationships with children, which made it possible to work more continuously with their perspectives.

> In the school system, whenever a support measure is provided, it has to be documented. An action plan must be created, and that plan must involve both the guardians and the student. Partly because it's absolutely essential, you can't decide on a support measure for a child without their involvement. If the child isn't on board, then the intervention simply won't happen.

> In social services, it's been very clear for many years that talking to children is essential.

3.3 | Perceptions and Attitudes Among HLS Professionals

Participation emerged as something HLS professionals view as central, but also complex to define, understand, and address. Professionals frequently encountered considerable challenges in facilitating meaningful involvement, particularly among younger children.

3.3.1 | Unclear Conceptualization

The concept of participation was described as elusive and unclear, with no collective understanding or shared definition of what child participation meant or entailed. Respondents noted that the concept and meaning of child participation should be discussed more often.

> Yes, that's what really stuck with me, the whole thing about concepts. And when it comes to participation. I think we probably need to talk more about that. Like, what does children's participation actually mean? It needs to be clarified.

The lack of a shared definition and understanding of children's participation led to significant variation in how child participation was approached in practice. Similarly, teams had varying approaches without discussing the meaning of the concept, routines or working methods.

> Because you might sit there thinking that, for me, children's participation means that we've spoken with the child. Whereas someone else might think participation means that the child is present at every meeting. So what does it mean, really?

3.3.2 | Implications in Professional Practice

Respondents emphasized that child participation was important, both ethically and methodologically, and described a strong norm towards developing and improving work on children's participation. At the same time, they noted uncertainties about how to do so in practice.

> Of course, children's participation is extremely important and central. You can't really get anywhere unless you know what the child wants, thinks, or feels. The child is the central figure. What's more difficult is figuring out how to achieve that without it turning into something that's not good for the child.

However, participation was not portrayed as unequivocally positive. Participation requires adaptation and may challenge established professional control over how discussions, problem definitions and decision-making processes are conducted within HLS meetings.

> And I believe that if the child had been present at all our meetings, we would have limited the kinds of questions we asked. I don't think we would have gained the same understanding.

Respondents emphasized that participation means more than just listening to the child; it requires conversation, trust and time. It also demands a willingness to attend to the child's perspective, even when it is not directly expressed. Participation was described as requiring active relational work, time and continuous professional efforts. There was a general sense that improvement is possible and that HLS practice can be further developed.

> Well, maybe we need to have it as the default, or something like that, because we need to know how to do it. That would mean working in a new way. And that's hard. [everyone laughs] But maybe you have to push yourself a little by making it the default.

> I often come across this when we talk with people working in preschools as well. Have we talked to the child? Well, they might say we did, but maybe not directly. So I think there's still work to be done to have real conversations and listen.

3.3.3 | Protection and Responsibility

Respondents also highlighted that, in their desire to do the right thing, there was a risk that too much responsibility was placed on the children. They stated that it is adults' duty to shield children from information or processes that may be difficult to handle.

> But I also think that in our eagerness to involve children, we might sometimes let go of some of our adult responsibility. That we include the child just so we can feel like we've done our part.

Respondents expressed that a tension could arise between children's right to participation and adults' responsibility to safeguard the child's best interests. A consistent pattern in the material was that adults act as gatekeepers of children's participation, determining if, when and how children are included.

> The guardians are in conflict. Should the child be present in that situation? That's not even on the table. I would say no. The child shouldn't have to be exposed to more than what they're already picking up.

3.3.4 | Child Capacity and Context

Respondents described different ideas about what enables children's participation. A common perception was that children needed to have the 'right' qualities: sufficient age, maturity, language ability, sense of security and interest to participate. One recurring theme was the difficulty children had in understanding abstract or future-oriented decisions. As one practitioner noted:

> It can be quite challenging to work with children in the younger age groups. Their responses tend to focus on the here and now. You might ask, "What's your favorite food?" and they'll say, "Spaghetti and meat sauce, because that's what I had today." Their thinking is very present-oriented, which makes it hard for them to engage in the kind of reflective conversation we usually associate with HLS meetings

According to respondents, emotional dynamics could complicate the situation further. In emotionally charged contexts, particularly when progress was lacking or when complex family issues were involved, practitioners had to carefully navigate how to include the child without causing distress. One professional expressed this concern:

> In situations where progress is stalled, emotions can become heightened. Naturally, children should not be shielded from all emotional experiences, but managing these emotions can be challenging. The aim is to maintain an appropriate emotional tone, one that remains child-friendly and does not risk overwhelm the child.

This need for emotional regulation contributed to what respondents described as a balancing act, weighing the value of the child's involvement against the potential burden it could place on them.

> When significant concerns are present, often related to the child's social circumstances, it can become particularly challenging for the child to participate. This underscores the need for a continuous balancing act in determining what form of involvement is genuinely in the child's best interest.

These examples suggested that children's participation is not only a question of rights, but also of capacity, timing and context. Respondents emphasized the need to exercise discretion in deciding how and when to involve the child, ensuring that participation remains both meaningful and developmentally appropriate.

> Absolutely, it feels completely natural to involve older children more actively. For me, it would feel very wrong to bypass a teenager in the process, that's simply not an option.

> Some things, like referrals to speech therapists, for example, are meant for the younger children, but they don't really understand what that means. It's a bit beyond them. They understand what's here and now, what's around them. A referral to a speech therapist... that's so abstract. What even is that? I think that in decisions like these, it's especially difficult for them to have an opinion, because they don't really know what it is. That's how I see it.

4 | Discussion

This study explored how children's right to participation was understood and applied within the collaborative HLS model. Findings indicate that most respondents expressed a strong commitment to children's rights and described HLS as fundamentally child centred. Yet children were rarely physically present during meetings, and their perspectives were most often communicated through adults' interpretations of needs, wishes and capacities. In the professionals' home organizations, routines for children's participation were described as more embedded. In HLS, however, professionals had to navigate a complex interprofessional landscape, where organizational coordination and collegial consensus often took precedence over more explicit efforts to ensure children's influence.

A central finding was that decision-making within HLS was often shaped through negotiations between professionals. These negotiations concerned not only what support the child or family needed but also how problems were defined, which organizational responsibilities were activated and how collaboration itself could be maintained. Within this complex interprofessional context, children's participation was not always treated as a clearly established part of the process. Instead, professionals described having to balance children's participation against considerations such as feasibility, emotional safety, meeting dynamics and organizational coordination. Participation in HLS therefore emerged less as a straightforward right and more as something continuously negotiated within the collaborative setting. In practice, this meant that children's participation often became dependent on local interpretations, professional discretion and judgements about what was considered possible, appropriate, and manageable.

Direct participation was often portrayed as both valuable and problematic within the HLS context. Professionals described how children's physical presence could make discussions more

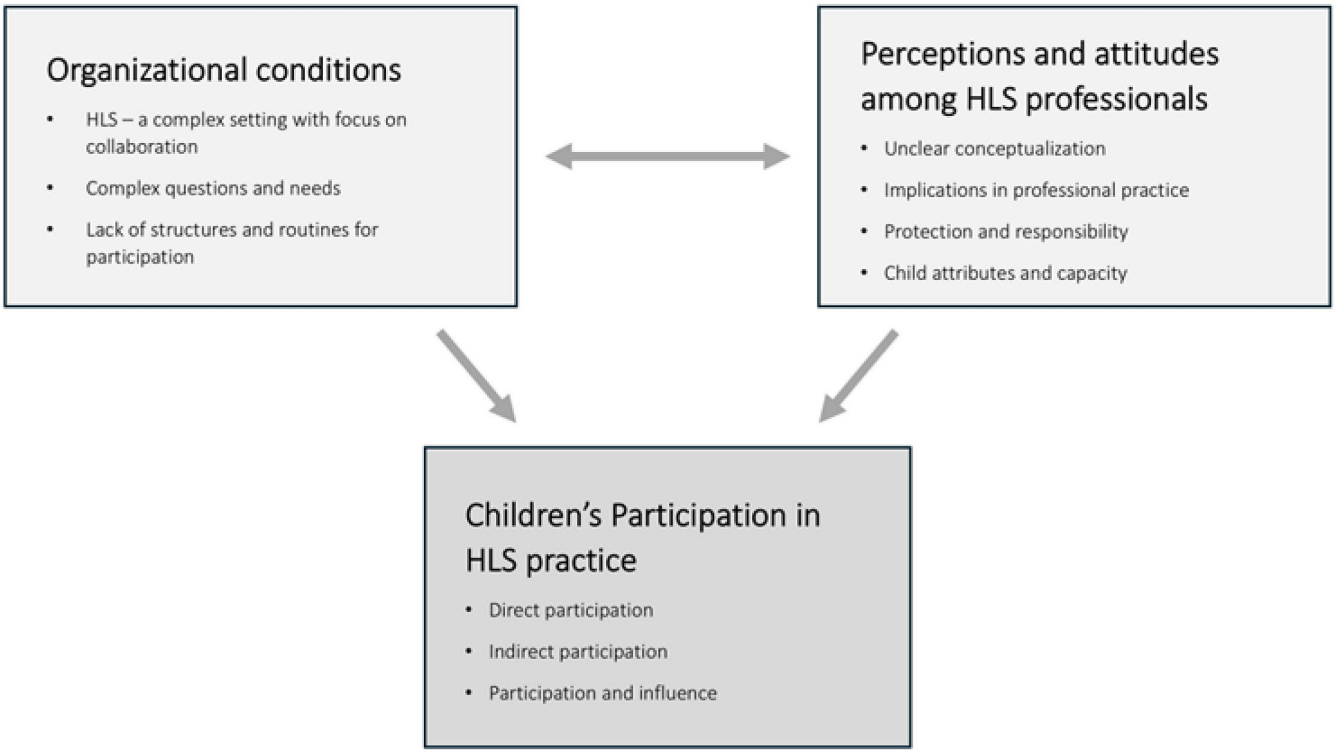

FIGURE 1 | Conceptual model of how organizational conditions and professionals' perceptions and attitudes interact and shape children's participation in Health, Learning and Safety (HLS) practice.

concrete and grounded in the child's lived situation. Children's participation was also perceived as potentially clarifying needs and strengthening the relevance of proposed interventions. At the same time, respondents expressed concerns about involving children in adult-dominated, information-heavy and emotionally complex meetings, professional discussions, limiting what adults felt able to discuss openly or placing children in situations that adults considered emotionally difficult or inappropriate. The findings therefore suggest that while direct participation may create important opportunities for children's involvement, physical presence alone does not necessarily guarantee actual influence.

The results also show that participation in HLS cannot be understood only as attendance at a meeting. Several respondents emphasized the importance of preparatory conversations, ongoing dialogue, and feedback processes as a way of supporting children's participation even when the child was not physically present. This points out a process-oriented understanding of participation, where the central issue is how children's perspectives are brought into, sustained and followed up throughout collaborative decision-making.

Taken together, these findings suggest that meaningful participation depends less on the form of participation and more on whether children's perspectives shape how problems, needs, and interventions are understood throughout the collaborative process. When children's perspectives were primarily mediated through adults, participation became highly dependent on how professionals captured, interpreted, communicated and acted upon the child's views. Without formal procedures, shared definitions, sufficient time and structured follow-up, children's perspectives risked becoming filtered through adult interpretations and discretionary judgements. This reflects concerns raised by Lundy (2007), who argues that meaningful participation depends not only on opportunities to express views but also on organizational conditions that enable those views to be heard and acted upon in practice.

Figure 1 attempts to summarize and illustrate how organizational conditions (HLS complexity, lack of routines) and professional perceptions (unclear conceptualization and protection norms) may jointly shape opportunities for children's participation in practice.

These findings align with previous research showing that children's participation is shaped through professional practices, organizational conditions and adult facilitation. Prior studies suggest that children's active involvement largely depends on adults' willingness and capacity to facilitate participation (Vis and Fossum 2015) and that professional practice is often shaped by the tension between protecting children and involving them (van Bijleveld et al. 2020). Previous research also emphasizes that participation requires recognizing the child as a subject with knowledge and understanding of their own situation (Knezevic 2021). The present findings also support the process-oriented and relational view of participation proposed by Skauge and Storhaug (2025), where children may need ongoing professional support to develop and articulate their thoughts over time, rather than being expected to present a fully formed view in a single conversation. In HLS, participation was similarly described as something that needed to be prepared, supported, revisited and communicated across different stages of the collaborative process.

Previous research has shown that collaborative structures often involve substantial efforts to maintain coordination and collaboration across organizational boundaries (Horwath and Morrison 2007; Huxham and Vangen 1996). The findings from this study suggest that, within HLS, these collaborative demands may sometimes take priority over more explicit processes for ensuring children's participation and influence. Such tendencies may also reflect broader group dynamics in interprofessional settings, where time pressure and the need for consensus can reduce space for disagreement, uncertainty, and more challenging participatory processes (Janis 1972; Tuckman 1965).

5 | Conclusions

In addition to confirming challenges documented in previous research, this study offers new insights into how collaborative multisectoral models such as HLS shape and constrain child participation. Based on the findings it can be concluded that the focus on interprofessional coordination, the absence of shared definitions and lack of formal procedures can crowd out the child's voice. In this study, participation was seldom opposed in principle, but it was not actively or evenly promoted. Participation therefore risks being treated as an abstract principle rather than a guide for decisions.

At the same time, the findings suggest that meaningful participation in multisectoral collaboration should not be reduced to whether children are physically present during professional meetings. Rather, participation appears to depend on whether children are given opportunities to express their perspectives, receive information and feedback and influence how problems, needs and interventions are understood throughout the collaborative process. In practice, this may involve preparatory conversations, ongoing dialogue and feedback processes that support children's influence even when the child is not physically present during meetings. However, when such processes are not supported by shared structures and routines, there is a risk that participation becomes dependent on individual professionals' engagement and discretionary judgements. Practitioners in HLS also draw on different traditions from their home organizations, which may contribute to variation between teams and municipalities when shared frameworks are lacking.

A broader and shared understanding of participation as a process extending beyond the HLS meeting is consistent with respondents' accounts and would better support meaningful participation and children's influence in practice.

Based on these findings we suggest the following practical steps: (1) clear expectations and shared frameworks (common definitions, guidance, and procedures for children's influence); and (2) dedicated spaces for collective reflection where professionals align interpretations and co-create case specific approaches for child participation. As Figure 1 suggests, both organizational conditions and professional understandings shape how children's participation is realized in practice; addressing one without the other is unlikely to enhance the equal realization of children's legal right to participation in the multisectoral context.

Future work could identify which organizational and system factors most strongly shape teams' ability to adopt, adapt and sustain participatory practices in HLS and similar models.

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Ethics Statement

The overarching research project obtained ethics approval from the Swedish Ethical Review Authority (No. 2023-01426-01). Furthermore, the collection and handling of data have been done in accordance with ethical principles and Swedish legislation.

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Since this is a qualitative study based on focus group interviews, no research data are publicly available due to ethical and legal restrictions.

References

Axelsson, R., and S. B. Axelsson. 2006. "Integration and Collaboration in Public Health—A Conceptual Framework." *International Journal of Health Planning and Management* 21, no. 1: 75–88. https://doi.org/10.1002/hpm.826.

Barnes, V. 2012. "Social Work and Advocacy With Young People: Rights and Care in Practice." *British Journal of Social Work* 42, no. 7: 1275–1292. https://doi.org/10.1093/bjsw/bcr142.

Bryman, A. 2018. *Samhällsvetenskapliga Metoder*. 3rd ed. Liber.

Chawla, L. 2001. *Evaluating Children's Participation: Seeking Areas of Consensus* (PLA Notes No. 42; pp. 9–13). IIED. https://www.colorado.edu/cedar/sites/default/files/attached-files/Chawla,%20L.%20(2001).%20Evaluating%20children%E2%80%99s%20participation-%20Seeking%20areas%20of%20consensus.%20Participatory%20Learning%20and%20Action%20(PLA),%2042,%209-13..pdf.

Elo, S., and H. Kyngäs. 2008. "The Qualitative Content Analysis Process." *Journal of Advanced Nursing* 62, no. 1: 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x.

Fisher, R. J., and J. E. Katz. 2000. "Social-Desirability Bias and the Validity of Self-Reported Values." *Psychology & Marketing* 17, no. 2: 105–120. https://doi.org/10.1002/(SICI)1520-6793(200002)17:2%3C105::AID-MAR3%3E3.0.CO;2-9.

Forsgren, N., U. Granskog, and J. Nyström. 2025. *Alla Vinner på Samverkan: Hälsa, Lärande, Trygghet i Västerbotten – Årsuppföljning 2024*. Region Västerbotten. https://www.regionvasterbotten.se/VLL/Filer/Ha%CC%88lsa%20La%CC%88rande%20Trygghet%20i%20Va%CC%88sterbotten%20A%CC%8Arsuppfo%CC%88ljning%202024_Tillga%CC%88nglighetsanpassad.pdf.

Graneheim, U. H., B.-M. Lindgren, and B. Lundman. 2017. "Methodological Challenges in Qualitative Content Analysis: A Discussion Paper." *Nurse Education Today* 56: 29–34. https://doi.org/10.1016/j.nedt.2017.06.002.

Graneheim, U. H., and B. Lundman. 2004. "Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness." *Nurse Education Today* 24, no. 2: 105–112. https://doi.org/10.1016/j.nedt.2003.10.001.

Horwath, J., and T. Morrison. 2007. "Collaboration, Integration and Change in Children's Services: Critical Issues and Key Ingredients." *Child Abuse & Neglect* 31, no. 1: 55–69. https://doi.org/10.1016/j.chiabu.2006.01.007.

Hsieh, H.-F., and S. E. Shannon. 2005. "Three Approaches to Qualitative Content Analysis." *Qualitative Health Research* 15, no. 9: 1277–1288. https://doi.org/10.1177/1049732305276687.

Huxham, C., and S. Vangen. 1996. "Working Together: Key Themes in the Management of Relationships Between Public and Non-Profit Organizations." *International Journal of Public Sector Management* 9, no. 7: 5–17. https://doi.org/10.1108/09513559610153863.

Janis, I. L. 1972. *Victims of Groupthink: A Psychological Study of Foreign-Policy Decisions and Fiascoes*. Houghton Mifflin.

Janlöv, N., S. Blume, A. H. Glenngård, K. Hanspers, A. Anell, and S. Merkur. 2023. *Sweden: Health System Review*. WHO Regional Office for Europe.

Jones, A. 2025. *Shaping Trust: Facilitating User Participation in Coordinated Planning for Individuals With Comorbidity*. Dalarna University. https://www.diva-portal.org/smash/get/diva2:1942598/FULLTEXT01.pdf.

Knezevic, Z. 2021. "Speaking Bodies – Silenced Voices: Child Protection and the Knowledge Culture of 'Evidencing.'." *Global Studies of Childhood* 11, no. 3: 252–264. https://doi.org/10.1177/2043610620951977.

Križ, K., and M. Skivenes. 2017. "Child Welfare Workers' Perceptions of Children's Participation: A Comparative Study of England, Norway and the USA (California)." *Child & Family Social Work* 22, no. S2: 11–22. https://doi.org/10.1111/cfs.12224.

Leeson, C. 2007. "My Life in Care: Experiences of Non-Participation in Decision-Making Processes." *Child & Family Social Work* 12, no. 3: 268–277. https://doi.org/10.1111/j.1365-2206.2007.00499.x.

Leviner, P. 2018. "Barnkonventionen Som Svensk Lag – en Diskussion om Utmaningar och Möjligheter för Att Förverkliga Barns Rättigheter." *Förvaltningsrättslig Tidskrift* 2018, no. 2: 287–311.

Littlechild, B. 2000. "Children's Rights to Be Heard in Child Protection Processes? Law, Policy and Practice in England and Wales." *Child Abuse Review* 9, no. 6: 403–415. https://doi.org/10.1002/1099-0852(200011/12)9:6%3C403::AID-CAR659%3E3.0.CO;2-9.

Lundy, L. 2007. "'Voice' Is Not Enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child." *British Educational Research Journal* 33, no. 6: 927–942. https://doi.org/10.1080/01411920701657033.

Pert, H., C. Diaz, and N. Thomas. 2017. "Children's Participation in LAC Reviews: A Study in One English Local Authority." *Child & Family Social Work* 22, no. S2: 1–10. https://doi.org/10.1111/cfs.12194.

Polit, D. F., and C. T. Beck. 2004. *Nursing Research: Principles and Methods*. 7th ed. Lippincott Williams & Wilkins.

Pölkki, P., R. Vornanen, M. Pursiainen, and M. Riikonen. 2012. "Children's Participation in Child-Protection Processes as Experienced by Foster Children and Social Workers." *Child Care in Practice* 18, no. 2: 107–125. https://doi.org/10.1080/13575279.2011.646954.

Regeringskansliet. 2020. *Ändring av Uppdraget Att Genomföra Ett Utvecklingsarbete för Tidiga och Samordnade Insatser för Barn och Unga Samt Förlängd tid för Uppdraget (U2020/00363/S)*. Regeringskansliet. https://www.regeringen.se/regeringsuppdrag/2020/02/andring-av-uppdraget-att-genomfora-ett-utvecklingsarbete-for-tidiga-och-samordnade-insatser-for-barn-och-unga-samt-forlangd-tid-for-uppdraget/.

Regeringskansliet. 2021. *Börja Med Barnen! En Sammanhållen God Och Nära Vård för Barn Och Unga (SOU 2021:34)*. Regeringskansliet. https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2021/05/sou-202134/.

Regeringskansliet. 2023, November 1. *Barnkonventionen Som Svensk Lag* Regeringen och Regeringskansliet. https://www.regeringen.se/regeringens-politik/barnkonventionen-som-svensk-lag2/.

Region Västerbotten. n.d. "HLT - Hälsa, Lärande Och Trygghet." Retrieved February 7, 2025, from https://www.regionvasterbotten.se/folkhalsa/psykisk-halsa/hlt-halsa-larande-och-trygghet.

Region Västerbotten. 2022. *Broschyr om HLT*. Region Västerbotten. Retrieved February 18, 2025, from https://www.regionvasterbotten.se/VLL/Filer/Broschyr%20om%20HLT.pdf.

Rolfe, G. 2006. "Validity, Trustworthiness and Rigour: Quality and the Idea of Qualitative Research." *Journal of Advanced Nursing* 53, no. 3: 304–310. https://doi.org/10.1111/j.1365-2648.2006.03727.x.

Shier, H. 2001. "Pathways to Participation: Openings, Opportunities and Obligations." *Children & Society* 15, no. 2: 107–117. https://doi.org/10.1002/chi.617.

Skauge, B., and A. S. Storhaug. 2025. "How Do Child Welfare Workers Understand and Practice Child Participation?" *Child & Family Social Work* 30, no. 3: 308–317. https://doi.org/10.1111/cfs.13167.

Skolverket. 2024. "Nationell Kartläggning av Elevfrånvaron 2023." Skolverket. https://www.skolverket.se/download/18.184772191932dc7e73123/1731679792268/pdf13169.pdf.

Socialstyrelsen. 2024. Förekomst av Psykisk Ohälsa Bland Barn och Unga Vuxna – Aspekter av Socioekonomiska Utmaningar Och Förutsättningar (Nos. 2024–5–9083). Socialstyrelsen. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2024-5-9083.pdf.

Socialstyrelsen. 2025. *Psykisk Hälsa Hos Barn Och Unga*. Socialstyrelsen. https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/psykisk-ohalsa/psykisk-halsa-hos-barn-och-unga/.

Socialstyrelsen, and Skolverket. 2023. *TSI-Boken – Stöd i Arbetet Med Tidiga Och Samordnade Insatser för Barn Och Unga* (Nos. 2023–10–8779. Socialstyrelsen. https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2023-10-8779.pdf.

Strategi för Samverkan. 2007. *Kring Barn och Unga Som far Illa Eller Riskerar Att Fara Illa*. Myndigheten för skolutveckling: Rikspolisstyrelsen: Socialstyrelsen.

Sveriges Riksdag. 2017. *Samordnad Individuell Plan (SIP): En Utvärdering*. Sveriges riksdag. https://data.riksdagen.se/fil/31481311-EDE6-4F1B-ACBF-065D5C97058A.

Tingstad, V. 2019. "Hvordan Forstår vi Barn og Barndom?" *Nordisk Tidsskrift for Pedagogikk og Kritikk* 5, no. 0: 96. https://doi.org/10.23865/ntpk.v5.1512.

Tuckman, B. W. 1965. "Developmental Sequence in Small Groups." *Psychological Bulletin* 63, no. 6: 384–399. https://doi.org/10.1037/h0022100.

United Nations. 2019. "The Convention on the Rights of the Child." UN. 10.18356/f65bafb2-en.

van Bijleveld, G. G., J. F. G. Bunders-Aelen, and C. W. M. Dedding. 2020. "Exploring the Essence of Enabling Child Participation Within Child Protection Services." *Child & Family Social Work* 25, no. 2: 286–293. https://doi.org/10.1111/cfs.12684.

van Bijleveld, G. G., C. W. M. Dedding, and J. F. G. Bunders-Aelen. 2014. "Seeing Eye to Eye or Not? Young People's and Child Protection Workers' Perspectives on Children's Participation Within the Dutch

Child Protection and Welfare Services." *Children and Youth Services Review* 47: 253–259. https://doi.org/10.1016/j.childyouth.2014.09.018.

Vis, S. A., and S. Fossum. 2015. "Organizational Factors and Child Participation in Decision-Making: Differences Between Two Child Welfare Organizations." *Child & Family Social Work* 20, no. 3: 277–287. https://doi.org/10.1111/cfs.12076.

Vis, S. A., A. Holtan, and N. Thomas. 2012. "Obstacles for Child Participation in Care and Protection Cases—Why Norwegian Social Workers Find It Difficult." *Child Abuse Review* 21, no. 1: 7–23. https://doi.org/10.1002/car.1155.

Vis, S. A., A. Strandbu, A. Holtan, and N. Thomas. 2011. "Participation and Health – A Research Review of Child Participation in Planning and Decision-Making: Child Participation in Planning and Decision-Making." *Child & Family Social Work* 16, no. 3: 325–335. https://doi.org/10.1111/j.1365-2206.2010.00743.x.

Vis, S. A., and N. Thomas. 2009. "Beyond Talking – Children's Participation in Norwegian Care and Protection Cases: Ikke Bare Snakk – Barns Deltakelse i Norske Barnevernssaker." *European Journal of Social Work* 12, no. 2: 155–168. https://doi.org/10.1080/13691450802567465.

Woolfson, R. C., E. Heffernan, M. Paul, and M. Brown. 2010. "Young People's Views of the Child Protection System in Scotland." *British Journal of Social Work* 40, no. 7: 2069–2085. https://doi.org/10.1093/bjsw/bcp120.