

**CHILDREN'S PARTICIPATION IN DECISION-MAKING AT CHILD CARE
INSTITUTIONS IN BAHIR DAR AND GONDAR TOWN OF AMAHARA REGION**

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SCHOOL OF SOCIAL WORK

APRIL, 2014

ADDIS ABABA, ETHIOPIA

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A THESIS SUBMITTED TO SCHOOL OF SOCIAL WORK OF INDIRA GANDHI NATIONAL OPEN UNIVESITY IN PARTIAL FULFILLMENT OF REQUIRMENTS FOR THE DEGREE OF MASTERS OF SOCIAL WORK (MSW)

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ENROLLMENT NO. 099125395

APRIL, 2014

ADDIS ABABA, ETHIOPIA

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Acronyms and Abbreviations

ANRS: Amhara National Regional State

ACRWC: the African Charter on the Rights and Welfare of the Child

BoWCYA: Women, Children and Youth Affair

FGD: Focus Group Discussion

FHI: Family Health International

MoWCYA: Ministry Of Women, Children and Youth

MSW: Master of Social Work

NGOs: Non-governmental Organizations

OVC: Orphan and Vulnerable children

SPSS: Statistical Package for Social Sciences

UN: United Nation

UNCRC: United Nation Convention of the Rights of the Child

UNICEF: United Nations Children's Fund

UK: United Kingdom

Acknowledgement

Through this piece of work, I would like to give special thanks and appreciate to Mr. Semalegne Kendie for his unwavering support rendered to me in all ways and a number of people and institutions have been helpful in the success of this study – too many perhaps to mention, critical though are Mr. Kindu Fissaha and Mr Assabie Mehiret, Mr.Zelalem Tesfaye who have also offered me their technical advices and reading materials

Special thanks also go to my family and friends who encouraged me to complete the study in time.

But my acknowledgment would be incomplete without mentioning all the support rendered to me by child care institution officials and social workers. I am therefore indebted to the respondents and interviewees participated in this study—thanks for your time.

In spite of this, they all are by no means accountable for the inaccuracies the paper might reflect, for which I assume full responsibility.

ABSTRACT

Practice of child participation in decision-making in the child institutions is not totally addressed in any research works in Ethiopia, though it is one of the pillar of the rights of children and also it is beyond an issue right as enshrined on Article 12 of United nation Convention on the Rights of the Child (UNCRC), and Article 7 of the African Charter on the Rights and Welfare of the Child (ACRWC), promoting and respecting children’s participation in decisions making process is not by itself an end results but it is a means to such ultimate results that is full-fledged development. It is therefore this study explores the practice of child participation in decision-making in four child care institutions found in North West Ethiopia.

Through probability sampling technique of lottery method is used to select four child care institutions out of seven child care institutions and from 300 children a total of 120 children are selected proportionally, whose age is from 13 to 18 years in a proportional manner in each child care institutions and 20 practitioners or social workers included in the study. Measures of both independent and dependent variables are gathered through self-administered questionnaire, unstructured interview and FGD whereby triangulation of data is applied. Both univariate (single variable) for frequency counts and bivariate (two variables) cross tabulations analysis because interested in patterns and relationships between one or two variables and also the chi-square test of significance was applied to determine the extent to which the findings could be generalized.

Chapter one: Introduction

1.1 Back ground of the study

The most agreeable saying in every country is that children are the future leaders who take over roles and responsibilities. So the strength of the country depends on its children if they are well developed and matured. But the intent of this idea has some problems connected to denying of children's present status of being active citizens that their voices need to be heard and also can contribute to their community not only limited to the upcoming futures. It is so that the researcher strongly believes children's participation in decision-making process is one of the key areas that every country should work hard to ensure to realize this participation in every decision that affects their lives. The intent of this opinion is supported both by UN Convention of the Rights of the Child (UNCRC), and the African Charter on the Rights and Welfare of the Child (ACRWC), and both of these conventions are ratified by Ethiopia and became part and parcel of the country's legal system and also included in the 1994 Federal Democratic Republic of Ethiopia DRE constitution.

In its most basic sense, child participation can be described as child partaking in and influencing decision-making process and activities that affect their lives. Participation can mean many different things indifferent circumstances and contexts. Children can participate in multiple geographical settings, from the personal to the global, and also in institutional settings, from the household and school. However, while all settings are likely to have some relevance to children, they do not all have an equal bearing. Consequently, participation is embedded in the major institutions and processes of children's everyday reality are more likely to have a deeper impact and be more sustainable in the long run and these days participation is not only a democratic tenet but also a modern way of taking care of children, and it is also a development issue, in that development is 'a process of expanding the real freedoms that people enjoy' (Sen, 1999). And it is therefore decision-making is a day-to-day activity for children happening at home, residential cares, work places and indeed in the governance of states.

Placing children out of parental or kinship care in the residential care is considered as a last resort as these children are vulnerable to various abuses, exploitation and dysfunctional development that lasting to life-long effects and impacts (West, 2003). Participation is therefore very essential not only limited to fulfillment of rights of children but also important for holistic development. This issue is well reflected in West that children's participation is a vital component of the United Nations Convention on the Rights of the Child, which itself, in turn, is

of crucial importance as a framework for children separated from their families, who are generally living in circumstances where they are more vulnerable to exploitation and abuse (ibid).

At country and region level 5 million and 1.5 OVC exist, respectively. Many of them are end up with child care institutions alternative care which is considered as a last resort. Participation rights of these children is not as strong as expected, even it is ignored in some child care institutions as indicated in unpublished reports and monitoring feed backs and observations carried out by the Bureau of Women, Children and Youth Affair(BoWCYA).

This paper looks at participation issues for children in child care institutions that are in residential cares found in the Amhara region of North West Ethiopia and reference will be made to other countries in order to allow for international comparisons. The study sought to solicit views regarding children's participation in decision-making from the point of view of institutionalized children as practitioners.

1.2Statement of the problem

Though every country (except USA and Somalia) has ratified the UNCRC and made it part of its legal system, it is still a critical challenge for nations, NGOs, communities to engage children in decision making process. If children get chances to involve in the decision making process, it should not for the sake of tokenism. This is the common problem in all culture as indicated by B Percy-Smith and Thomas (2010) that adults do consistently underestimate children's capacities. This failure takes different forms in different cultural contexts. In many developing societies, children are acknowledged as having the capacity to take on high levels of social and economic responsibility. However, their rights to negotiate those contributions or to exercise autonomous choices are likely to be more restricted.

Morgan (2005) also points particularly to participatory initiatives where organizations consult with children, but then provide little feedback or action in response to the children's views, a concern also shared by Davis and Hill (2006, p. 9) who assert that young people's involvement is often 'tokenistic, unrepresentative in membership, adult-led in process and ineffective in acting upon what children want'. Furthermore Zakus and Lysack (1998, p. 7) have observed that

participation has 'proven not only difficult to define, but to practically initiate and sustain', while Davis et.al (2006, p. 16) and also argue 'there is little evidence to suggest that any organization has been able to enable children and young people to contribute to policy development at national regional and local levels and enable to them contribute in a cross/inter service way to the development of targeted and universal services'.

Also the problem particular to child care institution reflected in the work of Crotti (2003) which mentioned participation is not as such an easy task to ensure active participation of children in decisions made affecting their daily life in residential cares where there has often been a failure of children's rights to be realized (for example, to social inclusion, to education and etc) and broader issues and problems of the institutionalization of children. Lifelong problems have been found to derive from institutionalization that is, early life where children learn to cope only or best in a regime or social environment that regiments their life. In such institutions, 'these children are submitted to collective routines and are unable to make use of sufficient spaces to allow the unique personality of each individual to be expressed, developed and tapped to the full. Similarly Wright (1999) expressed problems of participation in relation to as right and development that children in institutions have not only required better recognition of children's rights, and especially instigation of child protection mechanisms, but also development of children's participation.

In 2010 and 2013 Amhara Bureau of Women, Children and Youth Affairs (BoWCYA) carried two assessments using the minimum standard for child care institutions developed by Ministry of Women, Children and Youth Affairs (MoWCYA) which did not assess participation of children in decision process but fortunately the researcher was one of the members of the assessment team, as result he has often the opportunity to observe participation of children in decision making was weak.

Much literature works related to practice of child participation in child care institutions is limited to some specific issues like physical development, cognitive development, psychological development, mental health, and behavior disorder. Issue of child participation in decision making process in child care institutions is ignored or less valued. Here some of the major research works on the areas of child care are discussed. Bowlby (1951) and Goldfarb (1943)

described the negative impact that residential care can have on children and established the importance for young children of attachment to a parent. It will then look at the studies by Tizard and Rees (1975), which first characterized the behavior disorder known as Reactive Attachment Disorder, which is a common effect of residential care. The ground-breaking Bucharest Early Intervention Project (2005 and 2007), which has found evidence of both the negative effect of institutionalization on the physical workings of the brain and cognitive development, particularly among children under the age of three.

In 2009, members of staff at Duke University in the United States conducted a study entitled ‘A Comparison of the Wellbeing of Orphans and Abandoned Children Ages 6-12 in Institutional and Community-Based Care Settings in Five Less Wealthy Nations’ (Whetten 2009). The study took place in six locations across five countries and randomly sampled 1,357 children living in institutions and 658 children who were either abandoned by both parents and double orphans living in the community, but not receiving external support from any organization. The study compared cognitive functioning, emotion, behavior, physical health and growth.

Having seen all these major research works, the researcher is arguing that the above research works have not yet touched the issue of child participation in decision making process in child care institutions all and same true at country and region level as well.

1.3 Objectives of the study

1.3.1 General objective of the study

The general objective of the study is to assess the practices of children participation in decision – making process in residential cares in Bhair Dar and Gondar towns, Ethiopia.

1.3.2 The specific objectives of the study

The following specific objectives will be addressed by the study.

1. To examine children's minimum age of participation in the decision making process made by residential cares.
2. To identify factors that hinder children's involvement in making decisions that affect lives.
3. To examine the extent of children's participation in decision-making process made by child care institutions.
4. To identify the advantages of children's participation in decision-making process made by child care institutions.
5. To examine the ways how best children can participate in decision making process.
6. To explore best interest determination of children in the child care institutions.

1.4 Research questions

This study focuses on the following research questions:

1. What is the minimum age of children to participate in the decisions made in the child care institutions?
2. What are factors that limit children's participation in decision making process?
3. To what extent children's participation in decision-making affect their lives in the child care institutions?
4. Why children's participation in decision making made by residential care is so important?
5. In what modes children are involving in decision-making made in the child care institutions?
6. Who determine the best interest of the child in the child care institutions?

1.5 Significance of the study

The significance of study contributes to the current practice children participation in decision making process as often overlooked but equally important of the three rights of the child – participation as well as contribute to recommendations to child welfare services provided in these two towns by child care institutions or child care residential by identifying factors that hinder children's participation in decision making and showing resolving mechanisms for hindrance observed.

1.6 Delimitation of the study area

The delimitation of the study area is four child care institutional or child residential cares that were found in Bahir Dar town and Gondar city of administration. Two of them are found in Bahir Dar town that are SOS village and Ethiopian Orthodox church (EOC), and the other two in Gondar that is Bridge of Hope and Yenege Tesfa.

1.7 Operational definition

A child-is used in this paper to refer to age 13 to 18 years, inclusive.

Decision Making- the definition of decision-making in this paper to mean a course of action, a process (cognitive) where parties identify and select a course of action from among alternatives adapted from Fred Moonga's Master Thesis (2007)

Child care institutions-Rosas & McCall, (2009) defined institutionalization refers to an establishment founded by a governmental, nongovernmental, or faith-based organization to give care for unaccompanied and according to Browne (2004, 2005a) a large institution is characterized by having 25 or more children living together in one building. A small institution or children's home refers to a building housing 11 to 24 children. A child care institution may also be referred to as an orphanage, children's home, or residential care, and can be used interchangeable in this paper.

Participation is participation is a process where someone influences decisions about their lives and this leads to change (Treseder, 1997)

1.8 Conceptual framework of the study

Factors related to children like social skills, competency, and capacity of children, gender, age, grade levels, and also factors related to child care institution capacity that is staff capacity,

awareness levels and organizational value/policy of children's participation in decision making process seriously determine involvement of children in decision making process, this in turn affect realization of respecting rights of children, whether protected from abuse and exploitation or not ,whether boost of self-confidence and self-esteem, and holistic development or not, and all again determine the fulfillment of a mature full-fledged citizen or individual.

Chapter Two: Related Literature Review

2.1 Child

The definition of children is drawn from various legal frameworks that Ethiopia has either ratified or enacted namely: the UNCRC which was signed on February 5th 1990 and ratified on 8th August 1990 (United Nations, 1990), the African Charter on the Rights and Welfare of the Child (ACRWC), ratified on 14th December 2000 (African Union, 2000). Children are defined in the CRC (Article 1), ACRWC (Article 2) and the national laws as any person below the age of eighteen years. The UNCRC further extended this definition to incorporate country specific needs to include a reservation that accommodates national laws with a lower age requirement than 18 years. This means countries with age requirements below 18 years, or any other disjoint in the meaning of "child", can harmonize the UNCRC with country specific law to have an acceptable standard definition. Therefore, any mention of children in this paper will be referring to persons below 18 years of age.

2.2 Child Care institutions

It is important for the context of this study to define what is meant when using the term "institutionalization," as well as to identify common elements of institutional care. Rosas & McCall, (2009) defined institutionalization refers to an establishment founded by a governmental, nongovernmental, or faith-based organization to give care for unaccompanied children. A child care institution may also be referred to as an orphanage, children's home, or residential care. Common aspects of institutionalization, as defined by academicians, policy makers, and international organizations, include care by paid personnel living with non-related children, children clustered by age group, and a high child-to-caregiver ratio.

FHI (June 2010) in its study paper also mentioned typical characteristics that the most common characteristics of institutional life is the lack of stable, long-term relationships between a child and a caregiver. Institutions may range in size from a small group to hundreds of children, and other study define, “standard” institutional care was defined as more than 20 staff members caring for a large group of children, and typically a child-to-caregiver ratio of 10:1.

And the recent definition of what constitutes a small or large institution for the residential care of children has been proposed Browne (2004, 2005a). A large institution is characterized by having 25 or more children living together in one building. A small institution or children’s home refers to a building housing 11 to 24 children. Alternatively ‘family-like’ homes accommodate 10 children or less, usually separated with 2 to 3 in each bedroom. These parameters have been adopted in the Council of Europe’s recommendations on childcare, 2005 (Gudbrandsson, 2004).

2.3 Situations of children in child care institutions

Many research works on situations of children living in the residential cares found in less developed and more developed nations of the world has been carried out. The majority of findings conclude that institutionalization prevents the healthy development of children, and that these effects can last long into adulthood. This review will evaluate studies that look at the impact of residential care on the social, emotional and cognitive development of children. It will also assess how residential care affects the health of children and the likelihood of children being victims of abuse. While initial studies focused on residential care in developed countries of the West, there is a growing body of research on institutional care in developing nations.

Given the volume of international studies, this review will focus on the most influential. It will begin by looking at the work of Bowlby (1951) and Goldfarb (1943) whose early studies described the negative impact that residential care can have on children and established the importance for young children of attachment to a parent. It will then look at the studies by Tizard & Rees (1975) which first characterized the behavior disorder known as Reactive Attachment Disorder, which is a common effect of residential care. Next, it will look at the long-term effects of residential care on emotional health and social skills by looking at the studies of Rutter & Quinton (1984).

In another three large-scale studies, this looked at the impact of residential care centers in a diverse range of countries across the world. These studies took the debate out of Western Europe and into the wider world. In 1991, Save the Children conducted a global research study in more than 20 developing countries on issues concerning the care of separated children, both in residential care and in community alternatives (Tolfree, 1991). This influential study described in detail the negative effects of residential care on children in developing countries and advocated for a move towards preventing family separation. Family Matters, published by Every Child in 2005, was a further comprehensive study of institutional childcare in Central and Eastern Europe and the former Soviet Union (Carter, 2005). Drawing on examples and studies from a large number of countries, this study reinforced the view that residential care has a negative impact on the health and development of children. In 2009, members of staff at Duke University in the United States conducted a study entitled A Comparison of the Wellbeing of Orphans and Abandoned Children Ages 6-12 in Institutional and Community-Based Care Settings in Five Less Wealthy Nations (Whetten et al., 2009). The study took place in six locations across five countries and randomly sampled 1,357 children living in institutions and 658 children who were either abandoned by both parents and double orphans living in the community, but not receiving external support from any organization. The study compared cognitive functioning, emotion, behavior, physical health and growth.

Published research on situation of children in residential cares is almost none in Ethiopia and as the region as well except the 2010 FHI survey on ‘improving Care Options for Children in Ethiopia through Understanding institutional child care and factors driving ‘Institutionalization’ that included a total of 87 child care institutions located in seven main regions of the country. The results showed in related to this study were: quality care is compromised in many child care institutions due to limited financial resources, lack of supervision, and minimal awareness of child development issues, children residing in institutions are subject to discrimination from

community members, experience psychosocial problems, and are frequently subjected to exploitation and to physical, sexual, and psychological abuse while in institutional care, current procedures within institutions inhibit interaction between children and their families and therefore increase the likelihood of extended institutionalization and limit possible reunification,

and children who have left institutional care frequently feel they do not possess the necessary skills to cope with life outside the institution.

2.4 Decision-making process

Decision making is not a one quick action or activity for children or anybody who are engaging in it rather it is a-step by step process. In this regard, Carol Wills, (2005) has put down the steps as (1) define the problem-this must be clearly understood so that the proposed solution will work ;(2) brainstorm possible solutions-everyone involved adds their ideas. All ideas are respected;(3)consider the consequences of each possible solution;(4)select a solution which seems best and put it into action;(5)evaluate your decision to see how well the solution you chose has ‘solved’ the problem;(6)if the first choice did not result in the outcome you had hoped, if possible, select a second solution

These steps are used and adapted as one of the questionnaire to collect data on the level of participation along with other models of participation

2.5 Maturity of children and decision-making

There are various arguments and debates on what constitutes capacity that will enhance the participation of children in decision making processes, the degree children should be given voice, and at what level participation should begin. Generally there is agreement that children can and do form views at an early age. Authors like Alderson (2008), despite their agreement that children’s right to expression is the most important right, but they still doubt their capacities to initiate and control their participation on their own without adults’ assistance.

Like the huge disagreement and controversy on Article 12 itself, debates concerning children’s capacity to meaningfully participate are also complex and controversial, with much disagreement centering on the appropriate age and context wherein the right to participation begins.

Empirically, we use measures developed by developmental and social psychologists to capture decision-making about domains in children’s lives, such as how late a child can stay out or how the child spends his or her money. For very young children, these topics are either irrelevant or

controlled by parents, but a child's say increases with age. Prior research establishes that children's involvement in decisions (either deciding with parents or deciding on their own) increases over ages 9 to 13 (Yee and Flanagan 1985), while decision autonomy (deciding without parental input) increases over ages 12 to 17 (Dornbusch, Carlsmith et al. 1985).

This transfer of authority corresponds with the development of skills associated with sound decision-making. The formal reasoning skills needed to generate and weigh alternatives develop rapidly from age 8 or 9 to age 15 or 16 (Keating 1990). On the other hand, Barry Percy-Smith and Nigel Thomas (2010, P 12) argued that article 12 applies to every child 'capable of forming his or her own views'. Children from the very youngest ages are able to form views, even where they are not able to communicate them verbally. There should be no lower age limit on the right to participate, and it should not be limited to the expression of views in 'adult' language, and as result they suggested the need for extreme caution in drawing conclusions on age-related competencies, arguing instead that a wide range of other actors influence how children function. And also Hunleth (2011) and Lansdown (2010) highlight the lack of clarity in capability to forming views. Others, like Lundy (2007) argue that Article 12 of the UNCRC for instance is limited to only those children capable of forming their own views.

The differences in interpretation and lack of clarity on the Article 12 makes it ambiguous and subjected to individual biasness, circumstances and contextual. With this ambiguity, Angela Owens (2009) has highlighted areas where children make decisions as (1)the experience or activities they would like to do;(2)the materials and resources they would like to use and how they would like to use and how they would like to use them;(3)where they would like to play for example, in a particular area or indoors or outdoors;(4)what they want to play or whether they want to play alone;(5)the adults with whom they feel most comfortable and secure, and (5)engage in decision making about broader issues daily programs and routine, and some rules, limits and behaviors.

However these areas of children's participation identified, still the power determines the best interest is in the hand of adults as indicated in many research. This is reflected on UN (2003) report on youth participation, it was suggested that most often than not, adults assume and make decisions based on what the best interests of the children are perceived to be. This means that

they identify the needs of children, their priorities, and then design, implement and even evaluate projects, programs/decisions on behalf of children. The notion or concept referred to as Victorian Concept of absolute parental authority (UN,2003) has the danger of not representing the best interest of children or their perspectives in policy decision/development programs across all levels.

Other findings from other parts of the world, for example Ireland indicated that adult professionals across all local Boards had made wrong/inappropriate or sometimes harmful decisions originally intended for the best interest of children or welfare promotion (United Nations, 2003).

2.6. Rights of participation

Article 12 of the UNCRC grants a child who is capable of forming a view the right to express that view freely in all matters affecting him or her; and these views should be given due weight in accordance with the age and maturity of the child. Other rights in the UNCRC – for example, the right to access information, freedom of association and expression and respect for the child’s evolving capacity – actively support the implementation of Article 12. The UN Committee on the Rights of the Child’s 2009 General Comment on the child’s right to be heard considers the meaning of participation:

A widespread practice has emerged in recent years, which has been broadly conceptualized as “participation”, although this term itself does not appear in the text of article 12. This term has evolved and is now widely used to describe ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes.

Whilst ‘participation’ is the most common term used for the process of listening to and engaging with children, the exact definition remains contested. There is no one fixed meaning or definition which has universal agreement. Participation Works has adapted to Treseder’s definition of participation, which is used in this review:

Participation is a process where someone influences decisions about their lives and this leads to change.

We are interested in not just whether children can freely express themselves, but also if this has influence on a decision and brings about change. The exact change which is brought about will vary on the context but may relate to both process (how children are treated) and outcome (the end result of a decision). It may be a change in law or policy, how a service is delivered or in the values, attitudes and behaviors of adults or children.

The rights of children's participation is well articulated in the UNCRC that participation rights of the CRC encompass a wide range of different interpretations and definitions, being one of the main central points of attention within this Convention. As is addressed in Article 12 UNCRC:

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

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 12, in fact, is the embodiment of a child's right to participation and "makes it clear that participation is a substantive right of all children." (World Youth Report, 2003, p. 271). Overall, then, as Percy-Smith and Thomas (2010, P. 13). This Article elaborates the child's right to be involved and taken seriously in decision making, and it requires governments to assure the realization of this right to every child. Four levels of involvement can be identified in the decision-making process: to be informed; to express an informed view; to have that view taken into account; to be the main or joint decision maker.

2.7 Advantageous of children's participation in decision making

Arguably the notion of children's participation in decision making is complex, takes diverse forms and is dependent on a context-specific circumstances related to socio-cultural roles, expectations, levels of responsibilities, participation, relationships and political settings within which children find themselves (Smith, 2002). Smith and Thomas (2010) tried to demonstrate this by comparing the circumstances of two distinct situations in which children find themselves and based on this they came up with their analyses of what children's participation needs should be. In the comparison, Smith and Thomas used two different scenarios, contrasting children from the "developed" or "western" world to that of those from the "developing" world. In the first scenario they argued that for children from the developed world, who generally have better social protection and welfare services, their participation needs or requirements might be centered on issues of realizing a sense of citizenship and inclusion through active involvement in local decision making. In scenario two the focus is on children from developing or poor countries, with the suggestion made that their participation might be centered on issues surrounding survival or meeting the basic needs of self, family or community.

It is now clear that children's participation encompasses many things. At the same time agreements and consensus exist on the importance of children's participation, especially in decision making. As discussed below, children's participation is not only beneficial to individual children but to their families, communities, societal institutions, nation and the world at large.

For the children

Smith and Thomas (2010) argued that children's participation can inform the refinement of social theories, an example of which is found in the shift in thinking from seeing children as objects of 'socialization' to social actors with their own rights and responsibilities. Generally children's participation in decision making can lead to better discussions and outcomes, strengthening commitment and understanding of human rights values/standards especially good governance, and the development of skills and knowledge for self-protection against abuse and exploitation. At the same time, children's participation in decision making can lead to building self-confidence, self-esteem, useful knowledge and life skills such as assertiveness, public speaking skills, presentation, and negotiation and conflict resolution capabilities, and also boost self-confidence according to Hart and Plan (2004).

Similarly a study of 200 students about their views on children's participation in decision making in the UK had this to say: "94 percent (%) of the children interviewed feel they can improve things, 97 percent (%) feel proud of their achievements" (Hart and Plan, 2004, pg. 19). This supports Lansdowne's` (2010) argument that children's participation creates opportunities for ownership and self- determination.

And according to Delfabbro, Barber, and Bentham (2002), ensuring that decisions are made in line with children's wishes results in children being more cooperative in placement and obtaining more preferable placement options. More importantly, children are likely to benefit psychologically if their views are taken into account. For example, their self-esteem is likely to be enhanced as they are given more control over their own lives. The children and young people in the study by Mason and Gibson (2004) also reported that having some power to be heard in their interactions with others is imperative to getting their needs met.

Regarding the advantages of participation, Rajani (2000) indicated that the more opportunities a young person has for meaningful participation, the more experienced and competent he or she becomes and this allows more effective participation, which in turn enhances development, and he further added that there is a considerable body of evidence demonstrating that young people who are afforded opportunities for meaningful participation within their families and communities are more likely to achieve healthy development.

For Family

Promoting and respecting children's participation in decision-making processes not only benefits the children but their families as well. Studies have shown that children's participation in decision making results in facilitating greater parenting because children under this circumstance tend to exhibit virtuous characteristics such as self-discipline, and show positive behavior or mature attitudes in their homes, as well as taking up personal duties and responsibilities. Among the children interviewed in the UK, the research has it that about 98 per cent of children respondents say that with their participation in decision making, they feel more independent, trusted and responsible (Hart & Plan, 2004) .

For community

Children's participation also brings about community development and change. According to Lansdowne (2010), when children are allowed to participate, especially in projects, programs and associations, they help bring service effectiveness, which can be a real force for change. This eventually results in positive changes or improvements within communities, which eventually helps promote inclusive citizenship. Perhaps, this is why Hart and Plan (2004) argued that children-led projects can be models for a well-functioning social body and can help encourage the development of positive social values.

For institutional and social development

Studies also show that children's participation in decision making can help bring about better functioning of institutions. For instance if schools actively involve children in making school rules and regulation, they will be training them to understand institutions and systems of governance and democratic processes such as human rights values and standards, at the same time as instilling tolerance and acceptance (James, 2007; Lansdown, 2001). Such processes help facilitate social development resulting in communicative ability, sensitivity; empathy, mutual respect, good humor, and close collaboration Hart & Plan, 2004; Schiller and Einardotirr, 2009).

2.8 Challenges to children's participation in decision making

Even though children's participation in decision making has immense benefits, there are many hurdles or hindrances for realization of genuine child participation. As Claire Mason, in collaboration with Mkombozi highlights major hindrance factors for promoting child participation, as primary obstacle identified is social attitudes or "cultural resistance" as to many people, the idea that a child has a right to speak up about their circumstances and be listened to conjures interpretations of disobedience, disrespect and fear of disorder and as a consequence is either ignored or deemed inappropriate. Until such attitudes change, a child's right to participate is likely to be suppressed, secondly, as mentioned in the similar above mentioned authors child participation is also inhibited where there is a lack of dedicated funding for child participation initiatives and a lack of political will to priorities, support and follow through on child participation. And also includes that child participation mechanisms can also be hindrance if they are ill-designed or tokenistic.

Another factor that worth mentioning here that affect the engagement of children in the decision process is the relationship exists between child and adult. In this regard, White (2002:1097) describes in detail different model son the kinds of relationships that exist between adults and children, which to a large extent influence the kinds of actions we do take on issues relating to children. The first view is where a child is seen as a savage, pre-school toddler and requires strict discipline. Johnson et al (1998:viii) compliments this by saying that “adults tend to look at children as ignorant to be taught, irresponsible to be disciplined, immature to be brought up and a nuisance to be seen and not to be heard”. Adults in this situation are seen to have all the power that is supposed to be used to bring up children.

The second scenario is where a child is seen as a very innocent being, in need of protection from the harsh society. Much as this seems to be gentler and looks to bearing to children, the power is still vested in adults and does not give a child a leeway to exercise his or her rights. Adults still see themselves as having all the absolute power and control over children and do not have any regard on the effect this has on the children. The third relationship is where adults realize the need to develop a child’s natural faculties according to different stages of child’s development.

This gives adults an opportunity to appreciate that children have the potential that simply needs to be harnessed to ensure effective growth and development. Adults do appreciate the fact that children are at different stages of growth which does affect the way they can articulate issues. This is important because it eventually helps to avoid unnecessary frustrations on the part of both adults and children themselves. Sometimes adults, especially parents, feel threatened when upon hearing about children’s participation and children’s rights and regard these as mechanisms to undermine parental authority (Schurink 1998: P 4). Such parents will usually brush off the idea about letting children participate in the development process especially in decision making. The environment through which children grow has contributed in preventing them from participating effectively (Beers 2002:14). In many cultures and families children are supposed to be respectful and simply ought to take instructions from adults. Even in schools, children are told to listen and only speak when asked. Children are hardly given a chance for their voice to be heard. It is high time that children are given the chance to participate in decision making as echoed by Pais (2000:91) that “children are not simply the passive recipients of care or of adult decisions”.

Gender inequalities help to reinforce the lack of participation especially by the girl child who is normally expected to be even more respectful than the male child (Hart 1992:39). It is also common in many households that girls are more involved in household chores than boys and this puts them at a disadvantaged position unlike their male counterparts.

The economic status of the families where children are coming from has an effect on the level of their participation. Families with adequate economic resources tend to value independence more than those with low income who value obedience from their children (Hart 1992: 38).

Dr Ciara D (2010:P12) in summary Report on progress made up children's participation indecision-making identified key barriers to involving children are in decision-making: the low number of organizations who were proactively measuring the impact of children's participation on their organization, organizational barriers concerned the need for better promotion of the benefits of engaging children in decision making.

And related to this, the need for better senior management commitment to children's participation, lack of staff capacity, most senior managers were strategically committed to involving children in decision-making, their lack of understanding about staff capacity, funding and other resources needed to fully support children in participation had the potential to limit children's involvement including age accounts of children by adults.

In the review of 2010 Burke's review showed that there is little evidence on the personal characteristics of children and young people who have opportunities to participate or whether their ability to influence matters affecting them differs according to their personal characteristics. The evidence that is available does suggest that younger children have less involvement in decision-making than teenagers and that, generally speaking, disabled children are less involved than their non-disabled peers. There is a lack of data on experiences by ethnicity.

Ethiopia is no exception the country is faced with challenges to promotion of children's participation in decision making. Some of these challenges are culture resistance or "culture of silence" that is culture of silence is a cultural belief that silences the voices of children, predicated on the notion that children are not meant to be heard in decision making. It is

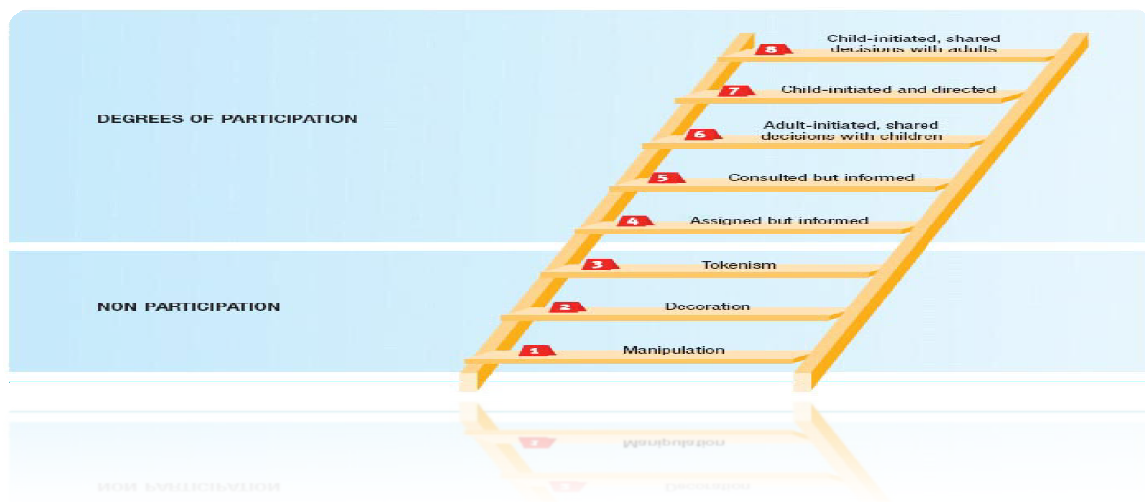
supported with UN (2003) reports that some parts of the world paternalistic structure especially as it relates to respecting rights and interests, parents' priorities supersede that of children.

2.9 Models of child participation

In many research works, different approaches of models of participation models are identified. And all these models explained the extent and how effective participation is carried out and serve as parameters or indicators to measure genuine participation of children in decision making-process.

In this regard, well known participation typology is Hart's (1992: Figure 1) ladder of participation based on Arnstein's work and suggests an 8 step ladder to understand the balance between children and adults in decision making:

Figure 1: Hart, R. (1997) Ladder of participation



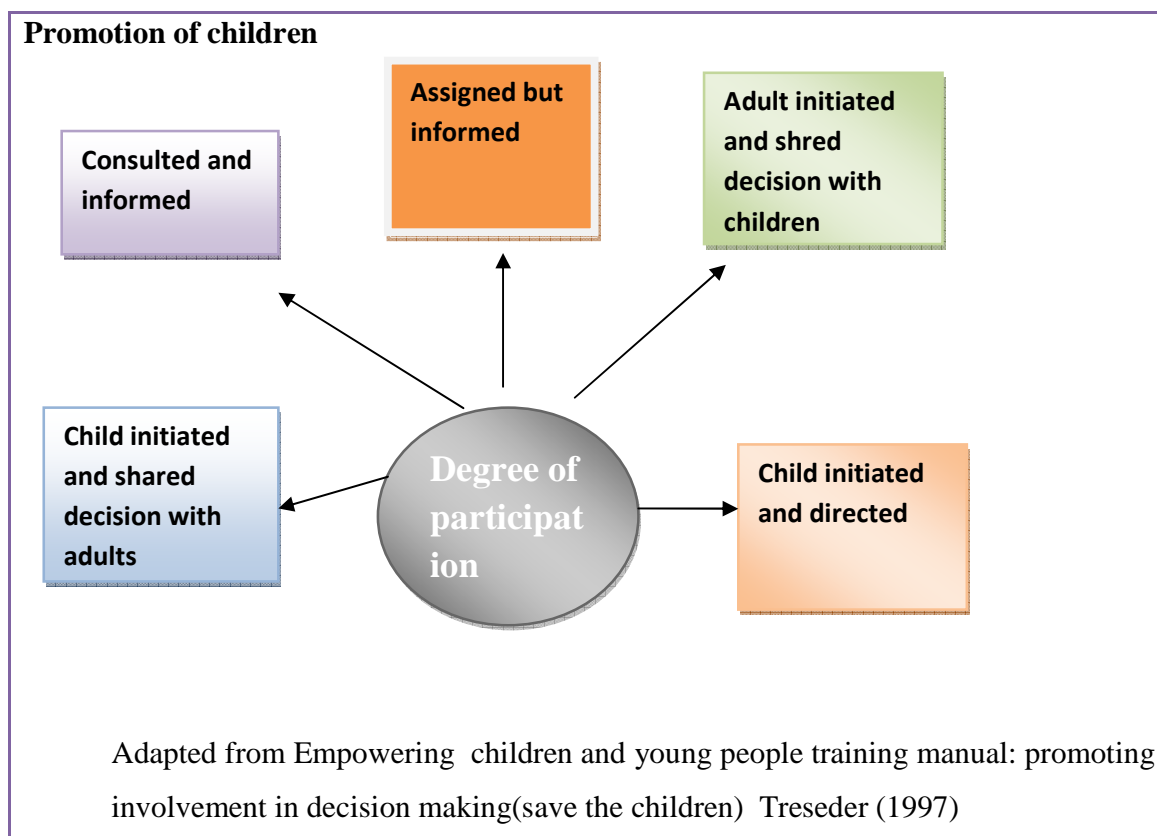
As shown in above Hart's figure, bottom ladder that 1 to 3 shows non-participatory and but the upper ladder starting ladder 4 shows degrees of participation. Besides the ladder tells us participation is liner and hierarchical at which critics faced. In response a less hierarchical model is developed by Treseder (1997) reconstitutes the upper rungs into a circle.

Figure 2: Treseder's Circle (1997)

Another very simple model developed by Lansdown (2001) creates a new, simpler typology, based on her review of international activities. She differentiates between three types, with ascending power for children: (1) 'Consultative processes', which involve adults obtaining information from children;(2) 'Participative initiatives', which enable children to be involved in the development of policies and services; and(3) 'Self-advocacy projects', which aim to enable children to identify their own goals and initiatives.

Another important and relevant model of participation to this study is Shier's (2009:109) 'pathways to participation' models that provides certain attention to organizational resources and commitment and also give "additional tool for practitioners, helping them to explore different aspects of the participation process. It has five degrees of participation, and these are: Level 1 Children Shared power & Responsible to decisions, Level 2 Children are involved in decision process; Level 3 Children's views are taken into account; Level 4 children are supported in expressing their views and Level 5 Children are listened, and at there are three stages of commitment at each that includes ,openings (e.g. a worker is ready to operate at that level),opportunities (e.g. a worker has the resources to operate at this level) and obligations (e.g. it is agreed that the worker should be at this level).

This model considers organization or institutional context and the internally at workers levels through which it shows workers readiness to children's participation by avoiding misconceptions, involving in creating of opportunities to children to participate in decision making process and also carry obligation in realizing the participation of children. This is true at each levels of participation.



2.10 Children’s Participation in Ethiopia

In Ethiopia, participation of children in decisions made by the adults and by institutions is a new phenomenon and as result children is highly dependent on the intervention of adult for a voice of children heard. Because in the culture children occupy a silent space considering them

incompetent and passive to involve in the decision making process. One study carried out by Save the Children Sweden (2004) from North Wollo it was clear that parents decide major issues such as engagement, marriage, education, and medication without the involvement of children, and children discuss on domestic services that they should render to their parents. Children try to involve but not decide.

And there are many sayings in Amharic language discourage children's participation in decisions making process, the followings are illustrated in study of Save the Children Sweden et al. (2001): "Wolaj Yazezewn Liji Aikolifewm" meaning "What a parent decides and orders, a child never contradicts"; "Ke Liji Fiit Ainagerum Waza" meaning "does not talk in front of a child through it may be a joke or "you do not need to talk confidential or serious matters in the presence of a child"; "Ye Liji Ayemerow Abatu Naw" meaning "the mind of a child is in the head of his/her father" or "the father is the model of his child"; "Liji Yabokaw Le Erat Aibekam" meaning "what a child plans is not achievable"

And this study- Save the Children Sweden (2001) also shows there are differences of participation across gender and ages of children that sons after age of 15 years can share ideas with parents although only to some degree but girls may express their views after they get married.

Now days many efforts are being carried out to break the status quo of children's silence in engagement of decisions and so as to increase the involvement of children in decision making on issues affecting their lives. One of the major steps the country stepped on is the ratification of both United Nation Convention on the Rights of the Child (UNCRC) and African Charter on the Rights and Welfare of the Child (ACRWC). These conventions have become a part of the legal system of the country and well known articulating of all children's rights and binding power.

Besides the rights of children are well articulated and strengthened by the Constitution of the Federal Democratic Republic of Ethiopia under Article (36) and guidelines and standards particularly for Child care institutions are developed though it needs to incorporate child participation in a more pronounced manner.

Improvements are not limited to policy levels but practical initiatives such as child parliament form federal to districts (lower administrative) levels of, children's forum, school clubs and OVC associations formed so that channels are created to get involved children in decisions affecting their lives. Besides children are taking the lead in advocating on their rights on special days of like African Child Day and etc and also using media.

In conclusion, children including institutionalized children are part of the bigger community surrounding them so that the challenge faced to other children out of the institution in regard to participation in decision making, similarly face these particular children living in the institutions.

2.11 Critical Review

The above perspectives presented in the literature review on child participation in decision-making process may not exhaustive, but it is a fundamental base to examine or to make analysis the practices of children's participation in decision-making in child care institutions that affects their daily activities and life-long development. As one go through the review of the literature at country level, boldly it is to say, the issue of child participation of children in decision making in child care institutions has not been yet touched though child care institutions or residential care in the country and the region, where the study is carried out, are flourishing and treatment and care of children by institutions are critically questioned; and as above indicated on the literature review, much of the study has focused impacts of residential on children's cognitive and physical and psychosocial development, but practice of children's participation in decision making in the residential care is not again well examined exhaustively even at international levels.

Chapter Three: Research Methodology

3.1 Methodology of the study

A mixed method approach was used to carry out this study. Method of data triangulation was also employed as Flick (2009) suggested triangulation should produce knowledge on different

levels which meant that they go beyond the knowledge made possible by one approach and thus contributed to promoting quality in research.

During the data collection process, the researcher combined structured interview, the focus group discussion (FGD) with non-observation method. The researcher noted that FGD provided an in-depth knowledge about the respondents themselves while observation method allowed the researcher to obtain knowledge about the behaviors of the respondents and also the general environment to child participation in child care institutions which both FGD and observation supported the information that was acquired from self-administered questions. In regarding to observation Flick (2009: pp222) stated that observation enables the researcher to find out how something factually worked out or occurred to which he suggested that comparisons should be made with the presentations in interviews. Hence, this comparison should comprise a mixture of how something was said and how certain things were done, which needed to be untangled, he argued. Thus, for this study triangulation involved the use of structured interview, FGD and observation to gathering information to assess the practices of children participation in decision – making process in child care institutions which was the primary objective of the study.

3.2 Research Design

The study used both quantitative and qualitative methods to collect primary data. The reason for combing these methods was to get in-depth understanding of the responses from the quantitative method with the qualitative interviews as well as triangulation of responses and also helped to compensate for the inadequacies and benefit from the advantages of both of them; and according to Bryman (1992), ‘... they each have distinctive characteristics that made the possibility of combining them especially attractive’. So that it was possible to gather reliable and valid data from participants and at last it was possible to analyze data collected. It was supposed to start with qualitative and end with quantitative data collection methods which would helped to gain some conceptions and possible responses for the quantitative questionnaire.

3.3 Population and Sampling procedures

3.3.1 Population of the study

The population of the study was children residing in seven child care institutions located in Bahir Dar-4 child care institutions and the other 3 were from Gondar Town in North West Ethiopia. In this study, with probability sampling approach of lottery method a total of 4 child care institutions-two from Bahir Dar and the other two from Gondar towns were selected from seven child care institutions.

The ages of participants in the study was from 13 to 18 years old; because of the fact that, this age group is at least expected to reach at Grade 6th as of Ethiopia's education standard; consequently they were able to appropriately fill self- administering questionnaire and abled actively to take part in the FGD so that it was possible to gather valid and reliable data on practice of child participation in decision-making process. Besides, about 20 practitioners social workers working currently with the children in the residential cares or child care institutions were also part of the study.

3.3.2 Sampling Techniques and procedures

Firstly child care institutions operating in the towns of Bahir Dar and Gondar were purposely selected and then through probability sampling technique of lottery method four child care institutions were selected out of the seven child care institutions found in both cities. The selected institutions are: SOS village and Ethiopian Orthodox Church from Bahir Dar town, and Bridge of Hope and Yenege Tesfa from Gondar town were included in the sample. There were a total of 300 children in these selected institutions-120 children from SOS village, and 20 children from Ethiopian Orthodox Church (EOC), 102 children from Bridge of Hope and 64 children from Yenege Tesfa. Therefore, the sample size (n) for the study was determined using the formula discussed in the following paragraph:

A statistical formula $n = \frac{z^2(pqN)}{e^2(N-1) + (z^2pq)}$ was used to determine the size of the sample (n) when the total population (N) is known (that is, 300) (Kothari., 2004), where z is equal to 1.96 as we assumed to be 95 percent confident; e is the sampling error which is equal to 0.05; p is the

chance of being successful in participation in decision-making which was supposed to be 50 percent and q is the chance of not to be successful which equals to $(1-p)$ or 50 percent, too, where N is the total number of children residing in the four child care institutions mentioned above. Hence, based on the above formula the sample size of the research was 169 children residing in the four child care institutions.

Since the minimum sample size required for a very large population which was less than 10,000, so the sample size from the above formula was used with some adjustment by using the sample size determination formula:

$$nf = \left(\frac{ni}{1 + \frac{ni}{N}} \right) \quad \text{Where } nf = \text{final sample size, } ni = \text{initial sample size, and } N = \text{total population}$$

$$nf = \left(\frac{169}{1 + \frac{169}{300}} \right) \quad nf = \underline{108} \text{ to calculate the required adjusted sample size ((Getu and Tegbar, 2006).}$$

Therefore, the sample size was 108. In this study the estimate of the proportion to be studied is assumed to be 50 percent and confidence level 95 percent within 5 percent degree of accuracy was used.

Table 1: Sample child care institutions and children

Child care institutions in the sample	Total number of children			Number of children in the sample		
	M	F	T	M	F	T
SOS children's village(SOS)	70	44	114	36	14	60
Ethiopian Orthodox church(EOC)	20	10	30	7	4	11
Bridge of Hope	73	29	102	25	11	36
Yenege Tesfa	40	24	64	14	9	23
Total	203	97	300	82	38	120

For the qualitative data, the researcher purposively selected informants that he thought they might give better information about the topic. Accordingly in depth-interview and Focus Group Discussion (FGD) participants were selected based on their gender, work position and work experiences to avoid biased information about practice of child participation in decision-making

that affects children's lives. As result, 24 children living in the institutions and 4 social workers and care-givers were to be participated in the FGD and structured interview respectively. First the questionnaire and guiding questions for the FGD and semi-interview were developed, and then translated into Amharic for easiness to respondents.

3.4. Criteria for Selection

3.4.1 Inclusion Criteria

Children aged from 13-18 years who were residing in the institutions for the last five years were included in this study for questionnaire. Besides, 24 of them was included in the FGD. For the car-givers and social workers their actual work experience with children institutions was the criterion for them to be included in the study.

3.4.2. Exclusion Criteria

Children whose age less than 13 and more than 18 years, and social workers and care-givers who were not currently working with children in the institutions were not included in the study.

3.5 Data collection instruments and procedures

Both qualitative and quantitative methods were used to collect primary data. In the quantitative method, self-administered structured questionnaire was applied. In the case of qualitative method, unstructured interviews and focus group discussions was used to collect data from practitioners in addition to questionnaire.

3.5.1 Questionnaire

The questionnaires weredeveloped on the basis of the research questions and it was self-administered and had both open-ended and closed questions with pre-coded responses. Totally about 5 pages questionnaire paper, which consists of 25 up to 30 were adapted from Mr Fred Moonga of 2007 Master Thesis

3.5.2 Unstructured interview

Unstructured interviews conducted with all practitioners, allowing in-depth investigation of the issues and complement the questionnaire. Children, however, were not interviewed one-on-one because it was felt that they might feel uncomfortable with outside researchers or felt pressured to talk. All semi-structured interviews were conducted by the same researcher and the interviews were recorded and translation was checked at a later date to gather information regarding the minimum age of children participation in decision making process, the factors that affect children participation in decision making, the extent of children participation, and advantages of children participation. Totally about nine up to ten questions were adapted from Mr Fred Moonga of Master Thesis (2007).

3.5.3 FGD

Focus group discussions involved conversations and drawings (ladder of participation). A special effort was made to ensure that focus groups with children and young people were child-friendly. Focus group discussions were thought to be a less invasive method of working with children in residential care because they would be with their peers, and could choose more easily whether or not to speak. So that to complement the data obtained through questionnaire, 4 FGDs were carried out in the four residential cares meaning 1 FGD consist of at least 6 to 8 children in each residential care based on conveniences sampling technique. The FGD took 1hour discussion in line with guiding questions.

3.5.4 Non-participant observation

The researcher used non-participant observation method as one of the tool to gather data and so that attentively observed and noted the general communication and interaction of children with their care-givers, and social workers, and also sought to carry out mere observation on children's confidence to express their view before their care-givers and in the presence of social workers and residential officials. This also provided an opportunity to triangulate the obtained data through, self-administered questionnaire, unstructured interview and FGD methods of data collection applied in the study.

3.6 validity and Reliability

The face validity and content validity was checked by 4 MSW students, and my advisor, whereas the reliability of the questionnaire was checked by Chrobak Alpha reliability coefficient (1957) and the reliability coefficient of the questionnaire is 0.87 and the reliability also checked by test retest method by taking 12 children and 7 practitioners working with children in local NGOs in Bahir Dar.

3.7 Variables

Table 2: variables in the model and their measurement

Variables	Measurements
Participation of decision making-Dependent variable	Actual involvement of children in every decision that affect their lives
Independent variables related to children	
Sex	Sex of the children(M=1;F=1)
Age	Age of the children(0,1,2,3,4...n)
Grade levels	Grade levels of the children(0,1,2...n)
Competency	Competency of children(competent=1; incompetent=0)
Related to institutions	Existence of policy or regulation of the institution(Yes=1;No=0)
Existence of policy and regulation	

This study measures participation of children in decision making process that affects their lives in the child care institutions was a dependent variable would be influenced with predictable independent variables. These variables would be seen in two ways, the first ones are related to child factors like age of children, gender of the children, level of scholastic or life skill competency, grade levels of children, closeness or attachment of children to the social workers or

care-givers; and the second ones were related to child care institutions like the institutions such as existence of policy/rules and regulation.

3.7.1 Thematic areas

Thematic analysis of this study was inductive meaning the researcher imposed his own ideas rather the participants freely express their views on the following thematic areas: factors that hinder children's participation in decision-making, how children involve in decision-making at child care institutions that affect their lives, modes of participation, extent to which children can participate in decision-making, advantage and disadvantages of involving children in decision-making and minimum age of children's participation in the decision making in child care institutions. Under these thematic areas there were relevant sub thematic areas which would be presented in the discussion and analysis part of the study.

3.8 Modes (for quantitative)

The method of the data analysis of the study was for quantitative data was descriptive statistics mean, percentage, and used chi-square to evaluate the relationship between dependent and independent variables, and also applied independent sample T-test to compare the response of children and practitioners on participation of children in decision making by using SPSS version 16.0. And finally, the qualitative data was analyzed by using content category approach.

3.9 Analysis plan

The analysis was divided thematically according to the five research questions namely: factors that hinder or facilitate children's participation in decision-making, how involving children in decision-making at child care institutions affect decisions their lives, extent to which children could participate in decision-making, advantages and disadvantages children's participation in decision making and the minimum age of involving children in decision-making. Both qualitative and quantitative data were presented side-by-side in the themes.

3.9.1 Analysis of qualitative data

Data that will be gathered through questionnaire, key informant and focus group discussion was coded and analyzed thematically in qualitative terms. Thus, the basic analysis tool would be percentage.

3.9.2 Analysis of quantitative data

Quantitatively the study examined general characteristics of the respondents in descriptive statistics and examined factors affect participation of children in decision making including age maturity , also observed levels of child participation and benefits of child participation in the decision making process. A code sheet was prepared for all the gathered data before move to interpretation or transferring into computer for SPSS application as required for some variables, and then critically examined the processed data in the form of frequency distribution and analysis was carried out in line with the objectives and research questions.

3.10 Ethical considerations

As Ali and Kelly argue, a central issue in ethics is the relationship between the individual and the social world (Finnis, 1983). They further argued that, in research, we needed to consider how the imposition of the research on individuals (with their consent or otherwise) could be balanced with the benefit of making the world a better place to live in. Indeed a number of ethical considerations were taken into account throughout this study. There were two ethical issues to be considered in this study :(1) issues related with previous exposures of respondents to researches and, (2) ethical issues emanate from process of study at hand including the respondents' (children's) fear of telling story of their participation in decisions made by the institutions up on their lives in front of the authority of the child care institutions. Regarding to the first issue; I presumed that the respondents from the child care institutions of the study involved in many similar sort of studies or engaged with field practices of university students as they are found with adjacent to some major universities of the country. Therefore, it was suspected that respondents lose interest to be attentive, less cooperative and serious to this study if participants are exposed to ethical abuses in the previous research; in related to the second issue, build trusting approaches and process of the researcher and also the researcher's language usage in the data collection instruments and reporting were major ethical issues to be considered.

Having considered above mentioned presumed ethical consideration, the researcher took possible measures to avoid potential difficulties. Consequently, the researcher was to try developing rapport or build trust with respondents before the real data collection was to happen, and in this regard the researcher was lucky is that he had previous contact with the institutions (in another assessment) where the respondents were selected, and also a sort of pilot testing took place so that it was possible to clearly explain the purpose of the study to the respondents.

Besides, the pilot test gave chances to the respondents to review languages used in the questionnaire and for the unstructured interview guiding questions. And also consent was sought from all participants after informing them of the purpose and time scale of the research. Participants were informed that: they had the right not to participate and the right to discontinue at any time. And all participants signed papers. Consent for children to take part in the research was sought from both residential care directors and from children themselves. It was made clear that they could choose not to participate, but if they later changed their mind, they could join in the activity at any time. It was also made clear to each group that if an individual decided not to be involved in an activity, no one would force them to join in. In order to avoid fear of the children, all FGD and unstructured interview was carried out with the absence of the child care institutions officials or authorities and also is to tell them that all information would be confidential that would not be shared to other people including staffs in the residential cares and clear up to them in that the questionnaire avoiding personal identifications of respondents.

In the whole of the research process, I maximized my efforts to strictly following the ethical codes of the social work profession; and respecting the academic ethical and moral obligations of social science researchers.

3.11 Limitation of the study

The study faced lack of giving an attention for interview timely and then the researcher resolved limitations problems by giving adequate information about and clear up the objectives of the research for institutional officials so the interview achieved and gathered the necessary data.

And also many children and social workers didn't openly express their internal feelings at the time of interview and FGD. They simply hide their feelings when the researcher raised questions

related to practice of their participation in the decision making process in the child care institutions. Thus, this paper may lack some genuine responses or data only related to social workers but problems related to children resolved as the FGDs were discussed alone without the presence of the social workers which assisted free discussion.

Chapter 4: Analysis and presentation of results

4.1 Introduction

This chapter deals with response rate, the characteristics of the respondents and the analysis. The analysis has been divided thematically according to the six research questions namely: what minimum age of child participation in decision making in child care institutions; factors that hinder children's participation in decision-making, how involving children in decision-making at child care institutions and extent to which children can participate in decision-making. And the analysis of the data obtained from different sources supported with discussion on important issues. Hence, in the second section, the major findings of this study have been discussed and analyzed with qualitative and quantitative data side-by-side in the themes. Conclusions are therefore derived from and presented in this section. Hence I begin with a presentation of the demographic characteristics of the sample.

4.2 Results

4.2.1 Response Rate

For this research, 120 questionnaires were distributed for children aged from 13 to 18 years and 20 questionnaires to 20 social workers or practitioners and all of them returned. The response rates were 100 percent. Four focus group discussions were conducted and four social workers are interviewed.

4.2.2 Demographic Characteristics of Respondents

In the study 140 respondents both children in the child care institutions and social workers or practitioners in the child care institutions were included. Hence the background characteristics of sample respondents such as sex, age, educational status, and occupation are described in the following table.

Table-3 Percent distribution of Respondents by Sex, age, educational status, and occupation

Demographic Variables		Children		Social Workers/Practitioners	
		Frequency	Percent	Frequency	Percent
Sex of respondents	Male	82	68.3	6	30
	Male	38	31.7	14	70
	Total	120	100	20	100
Age of respondents	13-18	120	100	0	0
	18-24	0	0	5	25
	25-40	0	0	9	45
	41-65	0	0	6	30
	Total	120	100	20	100
Educational Level of respondents	5-8	67	55.8	0	0
	9-10	27	22.5	0	0
	11-12	26	21.5	0	0
	High school graduate	0	0	8	40
	Diploma	0	0	7	35
	First Degree	0	0	5	25
	Total	120	100	20	100
Occupation of respondents	Student	120	100	0	0
	Social workers/Practitioners	0	0	14	70
	Care –givers or house mother	0	0	6	30
	Total	120	120	20	100
Religion of the respondents	Christian	120		16	80
	Muslim	0		4	20
	Total	120		20	10

Demographic Variables		Children		Social Workers/Practitioners	
		Frequency	Percent	Frequency	Percent
Type of work the respondents performing in the child care institutions.	Health related			1	5
	Child care			16	80
	School social work			2	10
	Youth work			1	5
	Total			20	100

Source: Field survey carried in four child care institutions in Bahir Dar and Gondar in Januar1-20, 2014.

As shown in 2 the frequency distribution of sex was 68.3% and 31.7% for children were male and female respectively; and 30% and 70% of social workers were female and male. As the results showed the majority or 70% of the sample for practitioners were females. This however does not represent a biased sample, rather females in the child care institutions are giving much child care services like as care-givers, social workers and house mothers ; in regarding the age of the respondents all of the children's age that is 100% is between ages of 13 to 18, and it was so happened as the study intentionally select such age groups; but the social workers or practitioners varied that is 25% of the respondents were between ages of 18-24; 45% of them were 25-45% and the other 30% of the respondents were from ages 46-65.

In regarding of educational levels of the respondents, it is believed that education is a key point in judging the awareness of an individual if he/she understands the environment where he /her lives and the overall situation and the respondents indicated in the table 55.8% of children education status was from grade 5-8; 22.5% was from grade9-10 and 21% was grade 11-12; and 40% of the practitioners were high school graduate;35 of them were Diploma and the 25% of them were First Degree. All of the children that were100% were student and 70% of the practitioners and as indicated in the interview, the other 30% were also actually doing social work activities though they respondents, school, youth and health related issues of children.

Religion is greatly shapes attitudes, thoughts, values, behavior and life-styles of people, hence this demographic variable considered in the study and as shown in the above table all of the

children that is 100% and 80% of the practitioners were Christians and 20% of the practitioners were Muslims. At last types of work the respondents particularly perform in the child care institutions included as part of demographic data, and as result majority of 80% of the practitioners were working in child care related care; 10% in school social work; and 5% of them were working both health and youth related activities in the child care institutions.

4.2.3 Theme 1: Factors that hinder children's participation in decision-making

Age is more or less encompassed in evolving capacities, that is, 'the recognition of the individuality of child development, which necessarily has to correspond to the age of the child' (Hodgkin & Petren, 2000, in Bak & Kabasinskaite, 2006). In relation of age participation, Hart (1992) pointed out that from the earliest ages children try to understand how they can participate meaningfully in society.

And age is one of the factors hindering children's participation in decision-making; and as indicated below in table 3 the starting age of children's participation in child care institutions was found variation among children and social workers as regard the appropriate age. As the results indicate, the majority or 48.3% of the children said the appropriate age is 6-12 years, and this is against of 38.3% of children who said it should be 13 – 18 years. But in the case of practitioners, 50 % of them said the appropriate age for starting participation in decisions is 50% which is against of the social workers who said 40% should be 13 – 18 years. 5.8% of the children and 5% social workers similarly said it should be 0 – 5 years and 1 child said above 18 years.

In the focus group discussion, a dominant idea found among children was that children's participation in decisions in the child care institutions should be started before 13 years they said it is good to have experiences ahead of this age to contribute better decisions the following years which was different from the position of practitioners, as found in the interview they said children between 13 to 18 years would pass better decisions compared to earlier ages. According to Dr Davey (2010) children generally accepted the inherent power difference in the adult-child relationship when it came to making decisions, and also understood children were more likely to negotiate this power difference as they grew older.

I am very much worried speaking in front of many children or in the class even could not ask my teachers questions for clarification and at this point I believe it is a result of not participating at early ages... 16 year old girl adolescent Group 1

Additionally, the children reflected that their power of negotiation with adults and their participation in decision making process increase with their ages increase or become older and older.

Table 4: Appropriate age of children participate in decision-making

Demographic Variables		Children		Social Workers/Practitioners	
		Frequency	Percent	Frequency	Percent
Age of respondents	0-5	7	5.8	1	5
	6-12	58	48.3	10	40
	13-18	46	38.3	8	50
	Above 18	1	8	0	0
	At all ages	8	6.7	1	5
	Total	120	100	20	100

As seen in the above table majority of the respondents both children and social workers (in sum) said the majority of the appropriate age is from 6-12 years.

Below table 4 and 5 shows how the existence of a policy hinder or facilitate children's participation in decision-making in the child care institutions. It is obvious most humanitarian organization designed different strategies to create conducive environment for children's participation in their programs. Orphanages or child care institution are part of this entity. The majority of children and practitioners survey respondents 'agreed' or 'strongly agreed' that the importance and presence of child participation regulation is important to promote child participation in the child care institutions. This issue was also raised in focus groups where discussions with

Children whose age 13 to18 years that they reflected presence of the regulation or policies would give clear direction to orphanage workers and children as well to exercise their right of participation.

Table 5:Importance of childpolicies or regulations presence in the institutions

	Children		Social Workers	
	Frequency	Percent	Frequency	Percent
Strongly agree	63	52.1	18	90
Agree	38	31.4	2	10
Disagree	14	11.6	0	0
Strongly disagree	3	2.5	0	0
No opinion	2	1.7	0	0
Total	120	100	20	100

Table 6: Do you involve children in making decisions about their lives/welfare at your work place * is there any policy in your organization that aim to promote

		Value	Asymp . Std. Error ^a	Approx . T ^b	Approx. Sig.
Nominal by Nominal	Phi	.682			.819
	Cramer's V	.756			.619
Interval by Interval	Pearson's R	.782	.055	.474	.641 ^c
Ordinal by Ordinal	Spearman Correlation	.761	.055	.474	.641 ^c
N of Valid Cases		20			

a. Not assuming the null hypothesis.

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.
- c. Based on normal approximation.

In above presentation that is table 5 shows strong positive association between the existence of a policy in the organization and the actual practice of involving children in decision-making at (.682)but also a significant relationship at (.819) $p < 0.05$ between the two even when the sample size is held constant.

In table 6, opinion or knowledge was explored and the research showed that children, adults and society all gain considerably from children’s involvement in decision-making. The table (6) below shows major reasons that found to be determinant of children’s participation in the decision making process made in the institutions. Consequently, 53.3% children said for reasons for participation in decisions was because it gave them sense of self-worth and self-esteem while they heard and considered their voices seriously by adults; 23.3% of them also said it improves service delivery in the child care institutions but the majority (45%) practitioners said the major reason was due to rights of children to participate and 20% of them said the major reasons were psychosocial development and all of the reasons indicated in table 6. And children participated in the focus groups that children said that having only those who were ‘clever’, ‘popular’ and ‘well behaved’ elected for participation in some decisions made by the officials of in the institutions.

Table 7: Major reasons for involving children in decision-making

Reasons	Children		Social Workers/Practitioners	
	Frequency	Percent	Frequency	Percent
Right of children to participate	7	5.8	9	45.0
Sense of self-worth	64	53.3	2	10.0
Improving service delivery	28	23.3	1	5.0
For psychosocial development	20	16.7	4	20.0
In all of the reasons	1	.8	4	20.0

Reasons	Children		Social Workers/Practitioners	
	Frequency	Percent	Frequency	Percent
Total	120	100	20	100

Besides in one FGD carried out in Gondar town administration, 16 year-old girl reflected that “for me, she said, participation is highly related to issues of self esteem and self worth, for instance, when I took issues to the officials of the institutions and accepted it and attempted for implementation, I really took it a sign of getting valued and respected, that is all”

Additionally when they were asked in relation to their rights it was realized that children have very minimal knowledge of about their rights of participation in decision making process.

As results below indicated in the below table 7, the majority both children and social workers (55.8% and 80% respectively) said sex/ gender is not a determinant factor for impeding or facilitating children’s participation in the decision making process that affect children’s lives even though generally participation of children in all institutions is so weak. Actually, 44.2% of children and 20% of practitioners said yes and their argument was the deep rooted cultural values of the country that discouraging children’s participation in decisions making process considering them as incompetent and immature which is severe to girls particularly.

Table 8: In your view do you think there should be different times for starting to participate in decision-making between male and female children?

Reasons	Children		Social Workers/Practitioners	
	Frequency	Percent	Frequency	Percent
Yes	53	44.2	4	20
No	67	55.8	16	80
Total	120	100.0	20	100

Table 9: Factors hindering child participation in decisions currently

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
Not competent	48	40.0	0	0
Too young	19	15.8	0	0
They are not ready	15	12.5	0	0
Not understanding the issue	13	10.8	5	5
Making regrettable decisions	12	10.0	0	0
Influences of tradition or culture	13	10.8	4	20
No opinion	0	0	15	75
Total	120	100	20	100

The general satisfaction level of the children in involving in decisions making process in the institution is low. Results above in s table 8 indicated that this was not true for the majority or 75% of practitioners or the social workers had no opinion as they argued they involved children in decisions matters affecting their lives in the institutions and 20% of them they said the traditional values influenced involvement of children in decisions as the workers are part of the bigger community. At the side of children, the majority or 40% them said they were not participated in the decisions made because officials considered them incompetent and 15.8% are too young to participate.

4.2.4 Theme3: How involving children at home/work place affect the decisions made

As Dr Davey (2000) indicated that at an organizational level, children were most likely to be engaged in decision making through consultations, being members of decision-making bodies and committees such as children councils. In regarding this study, 35.8% of children revealed asking children's need before decision made by adults; 30% of them through representatives and 19.2% through consultation; in the case of practitioners the majority or 40% of them is through consultation and 25% is asking children's need. In the FGD made with children suggested included having a comments box and making better use of the discussion forums a particular issue, and setting up children councils and more regular and well-advertised meetings.

Table 10: How best children can be involved in decision-making - Children’s views

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
Through consultation	23	19.2	8	40
Asking children's need	43	35.8	5	25
Through representatives	36	30.0	3	15
Through individual child	18	15.0	4	20
Total	120	100.0	20	100

Singer (2001) considers participation rights beneficial to the affective developmental prospect of children (cited in Hemrica and Heyting, 2004:455). While the majority (52.4%) of children said there was no disadvantage in involving them, and a substantial number (21.8%) said it would lead loss of adult’s control of children, the majority (90%) of social worker/ practitioners said the decision took long process whenever the children participated in the decision process.

Table11: Disadvantages of involving young people in decision-making

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
Lose respect for adult	24	19.4	1	5
Lose adults' control of children	27	21.8	0	0
Takes long process	4	3.2	18	90
It does not have any disadvantages	65	52.4	1	5
Total	120	100	20	100

Furthermore, results found in the FGD with children and interview with the social works strengthened the above results found through questionnaire; and children reflected the advantages of involving children in decision making process outsmart the disadvantages.

However, the practitioners argued that even if it is worth to involve children in decision process in principle, it is obvious it would take longer time to have big say in each decision made.

What adults understand is that children are active to contribute to community-17 year old boy in Bahir Dar

Hart (1992) argued that there is a strong tendency on the part of adults to underestimate the competence of children while at the same time using them in events to influence some cause; the effect is patronizing. As table 11 below shows, the majority of children (67.6%) strongly agreed the notion that ‘young people are incompetent in matters affecting their lives but majority practitioners (50%) disagreed. This being the case shows children’s perception and understanding towards the general adults in relation to decision-making process.

However, the reality is children are innovative and creative participants in society. They are therefore competent – not incompetent and lay foundation of participative democracy and the realization of their human rights.

Table 12: Children are perceived to be incompetent in matters affecting their lives by adults

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
Strongly agree	80	66.7	4	20
Agree	37	30.8	4	20
Disagree	0	0	10	50
Strongly disagree	3	2.5	2	10
Total	120	100.0	20	100

4.2.5 Theme 3: Extent to which children can participate in decision-making

Hart (1992:5) the degree to which children should have a voice in anything is a subject of strongly divergent opinion and Cockburn (2005:112) argues that children become involved in what opinions are to be considered but it is adults that make the final decision of what is in a child’s best interest. This indicated the degree of children’s participation and there are many contemplating argument around the issue.

The findings of the results shown in below table (12), the majority (62.1% of the children's participation was at most bottom child participation ladder that was at the state of informed the decision made by adults. In relation to this, some children participated in the FGD they felt they were participating in the process. This clearly indicating that misunderstood the idea of child participation, and in the case of the practitioners, many (35%) of them said children participated in making the final decisions, another 25% said children presenting different alternatives of decisions and also another 20% said children participating in identifying problems for decisions by the orphanage officials.

I strongly argued why such gaps observed in the practice of child participation in decision making between children and practitioners because the fact that the practitioners or social workers were part of the bureaucratic process of the institutions and besides the researcher was working at the bureau which formally his work related to supervision of the orphanages in the region might bring unintended fear from the orphanages of being assessed or evaluated as result.

Table13: Levels of decision making at which children should be involved

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
	21	16.9	4	20
Presenting different alternatives of decisions	12	9.7	5	25
Making final decisions	2	1.6	7	35
Informed decisions to children by orphanage workers/officials	77	62.1	1	5
1 and 2	2	1.6	3	15
1 and 3	2	1.6	0	0
All	3	2.4	0	0
1,2 and 3	1	.8	0	0
Total	120	100.0	20	100

Further it is safe to say though children had some experiences of participating in the decision process held in the institutions, I can say it was not more than tokenism and manipulative as some children reflected in the FGD they engaged in developing and presenting drama and songs which is really a sort of decoration.

In reality children should be involved in all decisions which seem to have an obvious impact on their lives. The results found below in table 12 shows majority or 45.8% children said education was the major area of participation and next to it was an s leisure/recreation and play activity which is 15% of children said. The results exhibited by the practitioners found children would involve in all areas presented in the below table. In the interview conducted with the practitioners , the researcher attempted to explore how about this happened as the majority of children were not satisfied participation practice as well as absence of participation policy in all institutions that promote child participation. However they argued they were involving in all issues informally.

Table14: Major areas of children’s participation in the institutions

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
Education areas	55	45.8	0	0
In preference of clothes	3	2.5	0	0
Food menu preparation	5	4.2	0	0
In Leisure choices	18	15	0	0
In preparation in village rules and regulation	5	4.2	0	0
In leaving the institutions	2	1.7	0	0
In all issues			20	100
None	7	5.8	0	0
No opinion	25	20.8	0	0
Total	120	100.0	20	20

The best interest of the child is the crux in all child wellbeing and protection activities or program carried out; and it is a controversy among major stakeholders namely the parent, the child, the state and the community. Who determines the best interest of the child and what is best interest and etc; and there is no a single consensus. Thomas (2000:63) argues that the notion of 'best interests' has inherent problems, which may be described as the problem of indeterminacy and the problem of culture. By the former, he argues that we cannot know incontrovertibly what is in the best interests, nor always agree on what values are important. In the later, he argues that standards of best interests only exist in a cultural framework, and one cultures' version may simply not be accepted by another and that children have an interest in being an accepted part of their inherited culture which may have to be balanced against their other interests.

Most (50.8%) of the children in the sample indicated that it is supposed to be the orphanages workers /officialstogether with government, 25.8% said it should be orphanages workers /officials and governmentto determine 'the best interest of child'. The practitioners said it should be both the child and Orphanages workers /officials while 15% said both the child and government determine best interest.

Table 15: Who did determine the best interest of the child?

Response	Children		Social worker/Practitioners	
	Frequency	Percentage	Frequency	Percentage
The child	4	3.2	0	0
Orphanages workers /officials	63	50.8	2	10
Orphanages workers /officials and government	32	25.8	5	25
Government	2	1.6	0	0
Both the child and Orphanages workers /officials	9	7.3	10	50
Both the child and government	10	8.1	3	15
No opinion	10	8.1	0	0
Total	120	100.0	20	100

4.2.5 Conclusion

The results shows that participation of children residing in the above child care institutions located in Bahir Dar and Gondar, Northern-West Ethiopia in their issues affecting their lives is unsatisfactory and poor; and the major mentioned that adults or the institution workers perceived incompetent to participate in decisions and feared losing of their control over children. This is totally unacceptable by the social workers or the practitioners working in the child care institution or orphanages because they were under the orphanages bureaucratic influences. At this instance, the researcher takes a position that the general participation of children in decisions that affect their lives are discouraging and so weak which requires much effort to improve it.

Child participation is a process where children gain experiences and become mature and confident rather than a onetime event and children therefore do not only need protection and provision, they can and need participation as well especially in determining what is in their best interest and needs be given due attention that children are not passive recipient of information instead they are active citizens.

Chapter 5 Discussion implication and suggestions for future research

5.1 Discussion

This study sought to get perspectives from children living in orphanages and social work practitioners in Bahir Dar, Gondar of North West of Ethiopia regards children's participation in decision-making. The study was motivated by article twelve (12) of the UNCRC, a general popularity of 'participation' in decision/policy making, as a democratic principle and the author's general interest in child welfare and social policy. The research revolved around six major questions thus: what are children's minimum age of participation in the decision making process made by residential cares, what factors that hinder children's involvement in making decisions that affect lives, to what extent of children's participation in decision-making process made by child care institutions, what are the advantages of children's participation in decision-making process made by child care institutions, how best children can participate in decision making process and what best interest determination of children in the child care institutions.

A total of one hundred twenty (120) and twenty (20) self-administered questionnaires were filled-in by adolescent children and social work practitioners respectively. Additionally, five (five) social workers were interviewed as four FGD were conducted. Both literature review and review of discourses formed secondary data.

The majority of the sample for both children and social work practitioners were males. This was more to the population composition rather than sampling bias. However, there was almost a proportional distribution of sex among the children both in the population and sample males and females. There are several factors that came out from the research as regarding hindering children's participation in decision-making. Among these were age, maturity, type of decision, culture, and legislation and of course the international treaty – UNCRC.

However, age seems to be the most prominent of all. The appropriate age for starting is between 6 to 12 years which is relevant to many literature. The responsibility – rights nexus is rarely mentioned but an aspect if critically thought out that work both for and against children's participation. Similarly, by assuming that children have rights, it is indirectly giving them responsibilities. The low participation of children in decision-making in child care institutions is nothing but a reflection of community's attitude and perception towards for children.

As the results show, there is a close relationship between areas where children are thought to be involved in decision-making and extent or levels of participation. And as both literature and empirical information has shown, involving children in decision-making does not only make decisions relevant to their needs but also important for the emotional development of the children. It also gives the platform, context to practitioners and officials as regards the welfare of children and guards against taken for granted misconceptions of childhood.

The perennial controversy, vagueness regarding 'the best interest of the child,' the responsibility rights dichotomy remain as ever unresolved. This being the case, child involvement remains contextual.

While age has been cited several times as a factor in hindering children's involvement in decision-making, sex has not. However, there seems to be more gender equality in childhood than in adulthood in the child care institutions.

5.2 Implication

Followings are some of the recommendations forwarded to the concerned bodies based on the findings presented in this paper.

- The child care institutions has to cognized child participation is a process whereby their competence and self-confidence would grow with increasing their ages and at last they become mature and competent adults. In order to achieve this end result, the institutions should create conducive and harmonious environment for children's participation in decision making process by developing a sort of policy and regulation and providing orientation for all workers and children on how policy implemented.
- On the findings above show children had no any knowledge about their rights of participation, hence the institutions have to carry out periodic training for children and their workers so that knowledge of children and workers will increase which is prerequisite for ensuring children's participations.
- As results showed above the practice of child participation in child care institutions, the institutions set up workable mechanisms how children best participate in decisions making process such as through setting up child councils or committee from all age groups of children as majority of children said children should start participation between ages 6 to 12 years.
- Issue of child participation isnot theonly task of the child care institutions rather it should be the concern of the government and the community at large. Consequently, the government particularly the regional government would develop monitoring tools and system for carrying regular supervision of childparticipation practice in child care institutions and also conduct systematic awareness raising campaign on child right and child participation for the whole community as the workers of the institutions are part of the bigger community.

5.4 Suggestions for future research

In suggesting future research on this subject, further research will focus on comparative study between children in orphanages and in the community. Another aspect for future studies would be to seek the views of children who reside in the orphanages thorough out the region which would enable the researcher to reach valid conclusion on practice of child practice in decision making process in the child care institutions.

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Appendix I

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/My name is Behailu Mekonnen and I am a student at Indera Ghandi Open University, Department of Social Work. I am conducting a research on **Children's participation in decision making in child care institutions in Bhair Dar and Gondar Town Administration**, as part of fulfillment for the Maters program in Social work. The information I would like to collect from you is purely for academic purposes and will therefore not be used for any other purpose. You're therefore kindly requested to participate in this research by answering all the questions as sincerely and fully as possible. Your confidentiality is assured.

During analysis, some data may be changed so that no respondent will be recognized. After finishing the project, the data will be destroyed. Participation in the project is voluntary and therefore you have the right to decline answering any questions. /

•. ••••(Background information)

1. •••(Age)-----

2. ••(Sex)

1. •••(Male)

2. ••(Female)

3. •••• •••(Grade and education level)-----

4. ••(current occupation)

1. ••• (Student)

2. •• • • •••(other specify)-----

5. •••••/Religion/

- 1. /Christians/
- 2. /Muslim/
- 3. /Other specify/
- 4. /None/

•. (Factors that hinder young people's participation in decision making)

6. ("Children should be involved in decision-making on matters affecting their lives")

- 1. /Strongly agree/
- 2. /Agree/
- 3. /Disagree/
- 4. /Strongly disagree/
- 5. /No opinion/

7. /.....? ("Do you participate in making decisions about your life/welfare (e.g, meal schedule, care, treatment, education, leisure) at child care institutions?")

- 1. .. /Yes/
- 2. /No/

8. 7 /.....? (If yes, how often do you participate in decision making?)

- 1. /Often/
- 2. /on every issue/
- 3. /in some issues/
- 4. /Not often/
- 5. /Not at all/
- 6. /No opinion/

9. 7 /.....? (If no, why don't you involve them?)

- 1. /Not competent/
- 2. /Too young/
- 3. /They are not ready/
- 4.
- 5. /Would not understand issues at hand/
- 6. /Would make regrettable decisions/
- 6. /Other specify/.....

10. /? would you remember any time that you were involved in making a decision (s) about your life? /

- 1. .. /Yes/
- 2. /No /

11. /? What do you think is the appropriate age for a child to start participating in making decisions about issues that affect his or her life?/

- 1. 0-5 ... /years/
- 2. 6-12 ... /years/
- 3. 13-18 ... /years/
- 4. Above 18 ... / years/
- 5. /All children/
- 6. ... /No opinion/
- 7. /Other (specify)/-----

12. /? /Why do you think children should participate in decisions about their welfare? /

- 1. / It is their right for children/
- 2. /.....
/It would give them a greater sense of self-worth to children/
- 3.
/It would improve service delivery/
- 4.
(Contributes to psychosocial development of children)
- 5. ... / No opinion/
- 6. /Other (Specify)/-----

13. /? In your opinion how best do you think you can be involved in decision-making? /

- 1.
/Through consultation on issues that affect me/
- 2. /Asking me what my needs are/

- 3. /Through representatives/
- 4.
/Through individual children/
- 5. /Other (specify)/-----

14.
?In your view do you think there should be different times for starting to participate in decision-making between male and female children/

- 1. ../Yes/
- 2. /No /

16.... 15 /... ..? /If yes, which category should start early?/

- 1. ../ Male/
- 2. .. / Female/
- 3. / Both/
- 4. /No opinion/

17.... 16 /... ..?/ is your reason to question (22)

- 1. /Males mature faster than females/
- 2. /Females mature faster than males/
- 3. /There should be no difference/
- 4. /Other (specify)/-----

**..... /
Impact of involving children in decisions making/**

18.....
.....?/What do you think are some of the disadvantages in involving young people in decision-making?/

- 1.
..... /They would lose respect for adults/
- 2.
/Adults would lose control of outcomes/
- 3.

- 3.(Making a decision)
- 4.
- /Not involved on the above but informed decision made by
- institution officials/social workers/
- 5. /No opinion/
- 6. /other /specify/-----

22. ?

/In your view, who should determine the 'child's best interest'? /

- 1. .../.../The child/
- 2. /Caregivers and social workers/
- 3. /Government/state/
- 4. .../... ..
- 5. /the institutions and government/
- 6. (the government and the institutions)
- 7. ...
- 8.
- 9. /other /specify/-----

23. /Do you have any additional comments? /-----

-----●●●●●/Thank you/!!!

Appendix II

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/My name is Behailu Mekonnen and I am a student at Indera Ghandi Open University, Department of Social Work. I am conducting a research on **Children's participation in decision making in child care institutions in Bhair Dar and Gondar Town Administration**, as part of fulfillment for the Maters program in Social work. The information I would like to collect from you is purely for academic purposes and will therefore not be used for any other purpose. You're therefore kindly requested to participate in this research by answering all the questions as sincerely and fully as possible. Your confidentiality is assured.

During analysis, some data may be changed so that no respondent will be recognized. After finishing the project, the data will be destroyed. Participation in the project is voluntary and therefore you have the right to decline answering any questions. /

••••(Background information)

5. ••(Age)-----

6. ••(Sex)

3. •••(Male)

4. ••(Female)

7. ••/Marital status/

1. / never married/

2./Married/

3. /Divorced/

4. /Widowed/

8./.... /Number of children/

1 2 /No

5.... /Other specify/-----

5..... (Grade and education level)-----

- 1. /High School /
- 2. /Diploma/
- 3. /University degree/
- 4. / Masters degree/
- 5. /Doctorate/
- 6. (other specify)-----

6.../ Professional background/

- 1. /Economist/
- 2. /Social worker/
- 3. ...-... /Psychologist/
- 4. ...-... /Sociologist/
- 5. /Political scientist/
- 6. ...-... /Demographer/
- 7. (other specify)-----

7. ..(current occupation)

- 3. /Social worker/
- 4. (other specify)-----

8...../Religion/

- 1. /Christians/
- 2. /Muslim/
- 3. ... /None/
- 4. /Other specify/-----

9..... ?/What is the main type of work that you do? /

- 1. /Health related/
- 2. /Child care/
- 3. / School social work/
- 4. /Mental health/
- 5. /Youth work/
- 6. /Administrative/

7. (other specify)-----

•. (Factors that hinder young people's participation in decision making)

10..... ("Children should be involved in decision-making on matters affecting their lives")

- 6. /Strongly agree/
- 7. /Agree/
- 8. /Disagree/
- 9. /Strongly disagree/
- 10. /No opinion/

11..... ("Do you involve children in making decisions about their life/welfare (e.g, meal schedule, care planning, medical treatment, education, leisure/play) at child care institutions?")

- 3. .. /Yes/
- 4. /No/

12. 11 (If yes, how often do you participate them in decision making?)

- 7. /Often/
- 8. /on every issue/
- 9. /in some issues/
- 10. /Not often/
- 11. /Not at all/
- 12. /No opinion/

13. 11 (If no, why don't you involve them?)

- 7. /Not competent/
- 8. /Too young/
- 9. /They are not ready/
- 10. /Would not understand issues at hand/
- 11. /Would make regrettable decisions/

12. /Other specify/.....

14.? /Is there any policy (ies) in your organisation that aim to promote children and young peoples' participation in decision making?/

1. .. /Yes/

...../.....-----

2. ... /No/

15. 14 /.....? /If No, do you think there should be such policy (ies)?/

3. .. /Yes/

4. /No/

5.

16.? /How important do you think it is to have such policies?/

1. ... /Very important/

2. /Important/

3. /Less important/

4. /Not important/

5. ... /No opinion/

17. /.....? /would you remember any time that you were involved children in making a decision (s) about your life? /

6. .. /Yes/

7. /No /

18. /.....? / What do you think is the appropriate age for a child to start participating in making decisions about issues that affect his or her life?/

8. 0-5 ... /years/

9. 6-12 ... /years/

10. 13-18 ... /years/

11. Above 18 ... / years/

12. /All children/

13. /No opinion/

14. /Other (specify)/-----

19. /Why do you think children should participate in decisions about their welfare? /

7. / It is their right for children/

8. /It would give them a greater sense of self-worth to children/

9. /It would improve service delivery/

10. (Contributes to psychosocial development of children)

11. / No opinion/

.. /Other (Specify)/-----

20. /? In your opinion how best do you think you can be involved in decision-making? /

6. /Through consultation on issues that affect me/

7. /Asking me what my needs are/

8. /Through representatives/

9. /As an individual/

10. /Other (specify)/-----

21. ?In your view do you think there should be different times for starting to participate in decision-making between male and female children/

6. .. /Yes/

7. /No /

22. ... 21 /? /If yes, which category should start early?/

5. ... / Male/

6. .. / Female/

7. / Both/

8. ... /No opinion/

23. 22/... ..?/ is your reason to question (22)

5. /Males mature faster than females/

6. /Females mature faster than males/

7. /Traditions/ cultre give priority to males/

8. /There should be no difference/

9. .. ./Other (specify)/-----

•. /
Impact of involving children in decisions making/

24.
..... /...?/What do you think are some of the disadvantages in involving young people in decision-making?/

5.
..... /...../

/They would lose respect for adults/

6.
..... /Adults would lose control of outcomes/

7.
..... /It would be a long process/

8. .. ./Other (specify)/-----

25.
..... / "Children are perceived to be incompetent in matters affecting their lives" /

1. ... (Strongly agree)

2. (Agree)

3. (Disagree)

4. ... (Strongly disagree)

5. ... (No opinion)

•. /
Extent to which children can participate in decision making/

26.? In which of these areas do you think children should be consulted? /

- 11. /Education /
- 12. / Meal schedule/
- 13.
/Preferences of clothes and shoes/
- 14. /Leisure provision/
- 15. ... / All the above /
- 16. ... /None of the above/
- 17. ... /No opinion/
- 18. /Other/specify/.....

27.
...../..?

/ At which of the following levels of decision making do you think children should be involved? /

- 7.
(By Identifying problems and present to children)
- 8.
(By presenting different alternatives)
- 9. ... (Making a decision)
- 10.
/Not involved on the above but informed decision made by institution officials/social workers/
- 11. ... /No opinion/
- 12. /other /specify/-----

28.?/In your view, who should determine the 'child's best interest'? /

- 10. ... /The child/
- 11. /Caregivers and social workers/
- 12. /Government/state/
- 13. ...
- 14. /the institutions and government/
- 15. ...
- 16. ...
- 17. /other /specify/.....

29. /Do you have any additional comments? /-----

-----●●●●●/Thank you/!!!

Appendix III
FGD guide for children

1. Do you believe that young people should be involved in decision making on matters affecting their lives? -----

2. How do you think young people can be involved in decision-making? -----

3. Which areas of your life do you think you should be consulted about?-----

4. In your view, who should determine the ‘child’s best interest’? -----

5. In your view do you think there should be different ages for starting to participate in decision making between male and female children?-----

6. What factors do you think prevent or facilitate children’s participation in decision making?

7. At which age do you think children should start participating in decision making in issues that affect their lives?

8. What do you think are some of the advantages of involving children in decision making?

9. What do you think are some of the disadvantages in involving them?

Appendix IV
Interview guide for social workers

1. Do you believe that young people should be involved in decision making on matters affecting their lives?
.....
2. How do you think children can be involved in decision making?

-
3. Which areas of children's lives do you think they should be consulted about?
.....
4. In your view, who should determine the 'child's best interest'?
.....
5. In your view do you think there should be different ages for starting to participate in decision making between male and female children?
.....
6. What factors do you think prevent or facilitate children's participation in decision making?
.....
7. At which age do you think children should start participating in decision making on issues that affect their lives?
.....
8. What are some of the advantages of involving children in decision making?
.....
9. What are some of the disadvantages in involving them?
.....
.....
.....