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Effekt av brukermedvirkning i institusjoner for barn og unge

Systematisk litteratursøk med sortering

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Hovedbudskap

Kunnskapssenteret for helsetjenesten ved Seksjon for velferdstjenester fikk i oppdrag av Barne-, ungdoms- og familiedirektoratet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Oppdraget var å identifisere publikasjoner om effekt av brukermedvirkning i institusjoner for barn og unge.

Metode

Søk etter litteratur ble utført i februar 2016. En bibliotekar søkte i 11 samfunnsvitenskapelige og medisinske databaser fra år 2000 til februar 2016. To forskere gikk uavhengig av hverandre gjennom identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene.

Resultater

Litteratursøket ga 3459 unike referanser.

Kun 1 relevant studie ble inkludert. Denne studien var en randomisert kontrollert studie som evaluerte en rådgivningsmetode for barn og unge, kalt «Counseling in dialogue». Metoden tok sikte på å øke kvaliteten på rådgivning samt barn og unges deltakelse i beslutninger (brukermedvirkning). Det er uklart om barna var i institusjon.

Vi fant også 19 andre publikasjoner som muligens kan være relevante selv om de ikke møtte inklusjonskriteriene.

Det fins begrenset internasjonal dokumentasjon om effekten av brukermedvirkning i institusjoner for barn og unge. I dette systematiske litteratursøket med sortering har vi ikke lest publikasjonene i fulltekst og dermed ikke vurdert studienes kvalitet. Vi har kun sortert referansene etter type basert på sammendragene.

Tittel:

Effekt av brukermedvirkning i institusjoner for barn og unge

Publikasjonstype:

Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget etter forespørsel fra Barne-, ungdoms- og familiedirektoratet

Når ble litteratursøket utført?

Søk etter studier ble avsluttet februar 2016

Key messages

The Norwegian Knowledge Centre was commissioned by the Norwegian Directorate for Children, Youth and Family Affairs to conduct a systematic literature search with a subsequent categorization of relevant research. The commission was to identify research on the effectiveness of user involvement in institutions for children and youth.

Methods

In February 2016, a search specialist carried out the literature search in 11 social and medical scientific databases from 2000 to February 2016. Two researchers independently screened all identified references to assess inclusion according to predefined criteria.

Results

The literature search resulted in 3459 unique references.

Only 1 relevant study was included. This study was a randomized controlled trial which evaluated a counselling method for children and youth, called “Counselling in dialogue”. The method aimed to increase the quality of counselling and shared decision making by children and youth. It is unclear whether the children were in institutions.

We also identified 19 other publications that could be relevant, although they failed to meet the inclusion criteria.

There is limited international documentation about the effectiveness of user involvement for children and youth in institutions. In this systematic literature search we have not read the publications in full and hence not critically evaluated the studies. We have only sorted the references by type, based on the abstracts.

Title:
Effects of user involvement in institutions for children and youth

Type of publication:
Systematic reference list
A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts

Doesn't answer everything:
- No critical evaluation of study quality
- No analysis or synthesis of the studies
- No recommendations

Publisher:
National Institute of Public Health

Updated:
Last search for studies:
February 2016

Forord

Seksjon for velferdstjenester ved Kunnskapssenteret fikk i september 2015 i oppdrag av Barne-, ungdoms- og familiedirektoratet å identifisere forskning om effekt av brukermedvirkning i institusjoner for barn og unge. Dette oppdraget skulle være et systematisk litteratursøk med sortering. Vi har derfor gjort systematiske litteratursøk, lest sammendrag i tråd med definerte inklusjonskriterier og sortert inkluderte studier etter type. Vi har ikke lest artiklene i sin helhet, vurdert studienes kvalitet eller sammenstilt resultatene, slik vi ville gjort det i en systematisk oversikt.

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Innledning

Problemstilling

Hva er effekt av brukermedvirkning i institusjoner for barn og unge?

Bakgrunn

Barnas rett til å uttrykke sin mening og bli hørt er en av de fire grunnprinsippene i barnekonvensjonen. Brukermedvirkning er også et yrkesetisk prinsipp i sosialt arbeid. God kvalitet på arbeidet i institusjoner forutsetter at barna har innflytelse, og at deres erfaringer og synspunkter påvirker innholdet i hverdagen.

Barnekonvensjonen, barneloven og barnevernloven

FNs barnekonvensjon ble vedtatt av FNs generalforsamling 20. november 1989 og trådte i kraft i Norge i 1991 (1). I 2003 ble den inkorporert i norsk lov gjennom menneskerettighetslovens § 2, nr. 4 (1). Hensynet til barnets beste er ett av hovedprinsippene barnekonvensjonen hviler på (2). Det betyr at Regjeringen og Stortinget skal jobbe for barns rettigheter i Norge. Barnekonvensjonen skal ivareta barns behov for medvirkning, beskyttelse og rett til hjelp i rett tid. Videre lyder Barnekonvensjonens artikkel 12 at det er barnets rett å uttrykke sin mening og å bli hørt. Barn skal dermed gis anledning til å delta og øve innflytelse i saker som gjelder dem selv. Dette er nedfelt i Barneloven § 31 (3). Det er i senere tid også foretatt endringer både i barnevernloven og barneloven slik at aldersgrensene ble senket fra 12 til 7 år når barn skulle høres i saker som angikk dem. Imidlertid uttalte en arbeidsgruppe i Barne-, ungdoms- og familiedirektoratet (4) at målsettingen bør være at barn under 12 år ikke plasseres i institusjon. Barna bør heller tilbys annet tiltak enn institusjon.

Brukermedvirkning

Brukermedvirkning er en lovfestet rettighet, og er dermed ikke noe tjenesteapparatet kan velge å forholde seg til eller ikke, uttrykker Helsedirektoratet (5). Brukere har rett til å medvirke, og tjenesten har plikt til å involvere brukeren. Brukermedvirkning skal føre til bedre demokratiske tjenester med utgangspunkt i brukernes ønsker og behov. Når det gjelder barns og unges medvirkning i barnevernet er definisjon av medvirkning

følgende: «Med medvirkning forstås at barnet skal få tilstrekkelig og tilpasset informasjon og gis mulighet til fritt å gi uttrykk for sine synspunkter. Barnet skal bli lyttet til og barnets synspunkter skal tillegges vekt i samsvar med barnets alder og modenhet. Barn kan medvirke i egen sak ved å uttrykke sin forståelse, valg av preferanser gjennom verbal- og ikke verbal kommunikasjon. Medvirkningen skal ivareta barnets etniske, religiøse, kulturelle og språklige bakgrunn, herunder samiske barns språk og kultur» (6).

Individuell og kollektiv brukermedvirkning og brukermedvirkning på systemnivå

Brukermedvirkning kan være både individuell og kollektiv. Ifølge Slettebø og medarbeidere (7) handler individuell brukermedvirkning om hvordan den enkelte bruker kan ha innflytelse i egen sak, mens formålet med kollektiv medvirkning er å forandre tjenestetilbudet med virkning for alle i samme situasjon. Kollektiv medvirkning kan foregå lokalt, men også overfor sentrale myndigheter for å påvirke lover og retningslinjer. Kollektiv brukermedvirkning er også beskrevet i forskriftene for internkontroll, jfr. § 4 e der det står at virksomheten skal «gjøre bruk av erfaringer fra tjenestemottakere og pårørende til forbedring av virksomheten» (8).

Brukermedvirkning på systemnivå innebærer at brukerne inngår i et likeverdig samarbeid med tjenesteapparatet og er aktivt deltagende i planleggings- og beslutningsprosesser, fra start til mål (9). Relevante tiltak for å fremme kritisk refleksjon hos de profesjonelle kan være faglig veiledning og kompetanseutvikling (10). Veiledningen kan også rette seg mot fagpersonenes holdninger, teori- og erfaringsbaserte begrunnelser for handlingsvalg, samt de faktiske valg de gjør i praksis (11). Sigstad Høybråten (11) uttrykker videre at en reell brukermedvirkning på systemnivå krever endring av strukturelle rammebetingelser og ledelsespraksis; et demokratisk arbeidsmiljø, som blant annet avhenger av ledelsens evne til delegering av myndighet nedover i organisasjonen.

Metoder som ivaretar brukermedvirkning er bl.a. individuell plan som er brukerens egen plan. Planen skal gjenspeile brukers behov, ønsker og mål. I følge Barnevernlovens § 3-2a har barnevernet plikt til å utarbeide individuell plan for bl.a. langvarige og koordinerte tiltak eller tjenester (12). Det er grunn til å anta at medvirkning bidrar til bedre livssituasjon for barn og unge. God kvalitet på arbeidet i institusjoner forutsetter at barna har innflytelse, og at deres erfaringer og synspunkter påvirker innholdet i hverdagen.

Begreper og definisjoner på institusjoner

I det følgende redegjør vi for begreper og definisjoner benyttet i vår rapport. Begrep og definisjoner er gjengitt fra Barneombudets fagrapport 2015 (13).

Døgninstitusjoner: Betegnelsen døgninstitusjoner brukes når barn i psykisk helsevern er innlagt på institusjon på døgnbasis.

Felles døgninstitusjoner: Barnevern og psykisk helsevern gir forskjellige tilbud basert på ulike behov som gjenspeiles i det norske systemet og i regelverket. Imidlertid er det slik at barn ofte har behov for hjelp fra begge tjenestene (14). En forskningsrapport viser til at 3 av 4 barn og ungdommer på barnevernsinstitusjon har psykiske lidelser (15). I dag finnes det kun én felles døgninstitusjon i Norge og den er ved Levanger sykehus.

Barnevernsinstitusjoner: Felles betegnelse for institusjonene i barnevernet. Institusjonene kan være private, offentlige eller ideelle. Det finnes ulike typer barnevernsinstitusjoner, bl.a. akutt- og utredningsinstitusjoner, omsorgsinstitusjoner og ungdomsinstitusjoner.

Psykisk helseverninstitusjoner: Psykisk helseverninstitusjoner er samlebetegnelsen når en omtaler institusjoner i psykisk helsevern. I praksis dreier dette seg som oftest om avdelinger ved sykehusene, men det kan også være en egen institusjon.

Barn og unge i institusjoner

På institusjonsområdet i Norge kan barn og unge plasseres i døgninstitusjon, rusbehandling, bo- og arbeidskollektiv, institusjonsbehandling innenfor psykisk helsevern og hybel/bosted med oppfølging (16). Plassering i barnevernsinstitusjoner (tidligere kalt barne- og ungdomshjem) for barn og unge kan være kortvarig eller av lengre tid. Institusjonene kan være statlige, kommunale eller private.

En sammenlikning av de nordiske land når det gjelder fosterhjem og institusjonsplassering av barn i alle aldre, viser svært ulik praksis. For barn under seks år er plasseringspraksisen i Sverige og Danmark svært lik. Over 80 % er plassert i fosterhjem. Norge skiller seg imidlertid ut ved at de nesten ikke har institusjonsplasseringer for denne aldersgruppen. I aldersgruppen 6-12 år skiller Danmark seg ut ved at 1/3 av plasserte barn er på institusjon mot under 10 % av barna i Norge og Sverige (17). Ifølge Lov om barnevernstjenester (Barnevernsloven) i Norge (2) skal institusjoner drives slik at barna selv kan bestemme i personlige saker og om samvær så lenge det er forenelig med barnets alder og modenhet.

Barn og unge i barnevernsinstitusjoner

I følge informasjon fra Statistisk sentralbyrå (SSB) om barnevernsinstitusjoner i 2014, vises det til 6 % færre oppholdsdager enn året før (18)¹. Totalt var det 437 908 oppholdsdøgn i løpet av året 2014 i barnevernsinstitusjon. I 2014 var 1227 barn og unge i barnevernsinstitusjon, hvorav 60 % var gutter. Videre er det flest gutter i institusjoner

¹ Populasjonen i barnevernsstatistikken er barn og unge inntil 23 år (jf. barnevernloven § 1-3)

som eies av private (65 %). Barn under 13 år utgjorde 13 % av barn og unge i institusjon i 2014. Totalt 53 100 barn og unge fikk hjelpe- og omsorgstiltak fra barnevernet i løpet av 2014. Det har skjedd en økning i antall barn under omsorg av barnevernet i 2014. Det har også skjedd en økning i antall enslige mindreårige asylsøkere til Norge. De fleste enslige mindreårige asylsøkere er mellom 15 og 18 år og gutter (18).

Psykisk helsevern

I 2014 ble ca. 55 000 barn og unge behandlet i psykisk helsevern hvorav 53 % var gutter (19). 95 % av behandlingstilbudet er poliklinisk omsorg. I 2014 var det 5 % av befolkningen under 18 år som mottok behandling. Det var bare 29 % som hadde registrert status for individuell plan (19).

Med utgangspunkt i oppdraget skulle vi identifisere og sortere forskning om effekt av brukermedvirkning i institusjoner for barn og unge.

Styrker og svakheter ved litteratursøk med sortering

Ved litteratursøk med sortering gjennomfører vi systematiske litteratursøk i elektroniske databaser for en gitt problemstilling.

Ved en full systematisk forskningsoversikt ville vi ha innhentet artiklene i fulltekst for å vurdere om de tilfredstilte inklusjonskriteriene. Vi ville deretter ha vurdert kvaliteten på de inkluderte studiene i henhold til våre sjekklister for metodisk kvalitet. Til slutt ville vi ha sammenstilt og diskutert resultatene. Ved litteratursøk med sortering innhenter vi ikke publikasjoner i fulltekst. Det gjør at vi kan komme til å inkludere publikasjoner som ville vist seg ikke å være relevante hvis vi hadde lest gjennom artiklene i fulltekst. Resultatene fra søket blir grundig gjennomgått for å ekskludere ikke-relevante publikasjoner. Dette gjør vi basert på tittel og eventuelt sammendrag. Ved litteratursøk med sortering gjennomfører vi ingen kvalitetsvurdering av studienes metodiske kvalitet og heller ingen sammenstilling av resultatene. Vi har sorterer de inkluderte publikasjonene etter innhold slik det fremkommer av sammendrag.

Metode

Inklusjonskriterier

Populasjon: Barn (0-23) som er plassert i institusjon for omsorg og eller behandling.

Med institusjon menes:

- Barnevernsinstitusjoner (tidligere kalt barne- og ungdomshjem). Barn og unge kan plasseres kortvarig eller for noe lenger tid. Institusjonene er statlige, kommunale eller private (20).
- Psykiske helseverninstitusjoner.
- Sykehus.
- Døgninstitusjoner.
Døgninstitusjoner er som regel en institusjon/gruppehjem der barn og/eller ungdom bor og er passet på av voksne (som ikke er i slekt med beboerne). Institusjoner kan tas i bruk av flere årsaker, fra å yte omsorg til barn uten foreldre til å behandle ungdom med rusproblemer. Det finnes mange ulike begrep knyttet til barnevernsinstitusjoner, som har ulike betydninger avhengig av hvilket land de brukes i (21).
- Behandlingshjem ('residential treatment home'): Behandlingshjem er et begrep som dekker flere typer døgninstitusjoner der beboerne har behov for en eller annen form for behandling. Alle behandlingshjem for barn og ungdom har til felles at behandlingsregimet krever at barn og ungdom (vanligvis 8-10 år) bor utenfor familiehjem og i en ikke-familielignende setting (det vil si ikke fosterhjem) (22).
- Gruppehjem: Et gruppehjem kan strengt tatt defineres som et tett, lite samfunnsbasert bokollektiv som er eid av enten myndighetene eller av private aktører, og der barn og ungdom blir tatt vare på av ansatte. De kan variere avhengig av turnusordning, størrelse, og plasseringshjemmel. De kan også eksistere som en enhet i en større institusjon eller som en helt uavhengig enhet (23).

Tiltak: Brukermedvirkning.

Brukermedvirkning er et begrep som er satt sammen av bruker og medvirkning. Brukermedvirkning kan beskrives med ulike grader av medvirkning. Helsedirektoratet (5) definerer brukermedvirkning innenfor feltene psykisk helse og rus som følger: «En bruker er en person som benytter seg av relevante tjenester i en eller annen form. I Plan for brukermedvirkning defineres bruker som en person som har behov for eller nyttiggjør seg tjenester innen det psykisk helsefeltet eller i rusfeltet». Brukermedvirkning kan inndeles i følgende:

- Individuell brukermedvirkning: Innflytelse av tjenestetilbudet på individnivå. Medvirke i valg, utforming og anvendelse av tilbud. Bl.a. bruk av individuell plan. Individuell plan er brukerens egen plan og skal utarbeides sammen med bruker. Planen gjenspeiler brukerens behov, ønsker og mål.
- Kollektiv brukermedvirkning: Forandring av tjenestetilbudet med virkning for alle i samme situasjon.
- Brukermedvirkning på systemnivå: På systemnivå vil brukermedvirkning innebære at brukerne inngår i et likeverdig samarbeid med tjenesteapparatet og er aktivt deltagende i planleggings- og beslutningsprosesser, fra start til mål.

Brukermedvirkning – enten det er individ-, kollektiv- eller systemnivå – innebærer at bruker er med på å utforme tilbudet sammen med fagfolk.

Sammenligning: Ingen brukermedvirkning, annet tiltak.

Utfall: Livskvalitet, fysisk og mental helse, mestring, helseatferd (f.eks. antisosial atferd).

Studiedesign: Oversikter over oversikter, systematiske oversikter, randomiserte kontrollerte studier (RCT), klynge-randomiserte kontrollerte studier, ikke randomiserte kontrollerte studier, kontrollerte før-og-etter studier, kohort-studier med kontrollgruppe og avbrutte tidsserieanalyser.

Vi inkluderte alle empiriske studier og systematiske oversikter publisert fra år 2000 som har sett på effekt av brukermedvirkning blant barn. Med studie mener vi en vitenskapelig undersøkelse med empiriske data som beskriver metode som *studiedesign*, *datainnsamlingsmetode* og *analysemetode*. Ett eller flere av disse elementene må fortrinnsvis indikeres i publikasjonens sammendrag/abstrakt for at studien skal inkluderes i dette systematiske søket.

Språk: Vi inkluderte alle språk så lenge det fantes et engelsk eller skandinavisk abstrakt/sammendrag.

År: 2000-2016.

Eksklusjonskriterier:

- Voksne over 23 år
- Barn og unge med bare somatisk sykdom, f.eks. kreft
- Studier publisert før 2000
- Ikke-empiriske studier

Litteratursøking

Søkestrategien ble utarbeidet av forskningsbibliotekar Lien Nguyen. Vi søkte systematisk etter litteratur i følgende databaser: MEDLINE (Ovid), EMBASE (Ovid), PsycINFO (Ovid), CINAHL (EBSCO), The Campbell Library, Cochrane Library, Epistemonikos, Web of Science Core Collection (SCI-EXPANDED & SSCI), SweMed+, ProQuest (Sociological Abstracts & Social Services Abstracts).

Søket besto av emneord og tekstord som barn/unge, brukermedvirkning og institusjoner. Det ble avgrenset til år 2000 og nyere. Søket ble avsluttet i februar 2016. Den fullstendige søkestrategien er vist i Vedlegg 1.

Artikkelutvelging

To forskere (NK og JM/RB) gjorde uavhengig av hverandre vurderinger av titler og sammendrag mot inklusjons- og eksklusjonskriteriene. Ved uenighet om inklusjon konfererte vi med en tredje person for å avgjøre spørsmålet.

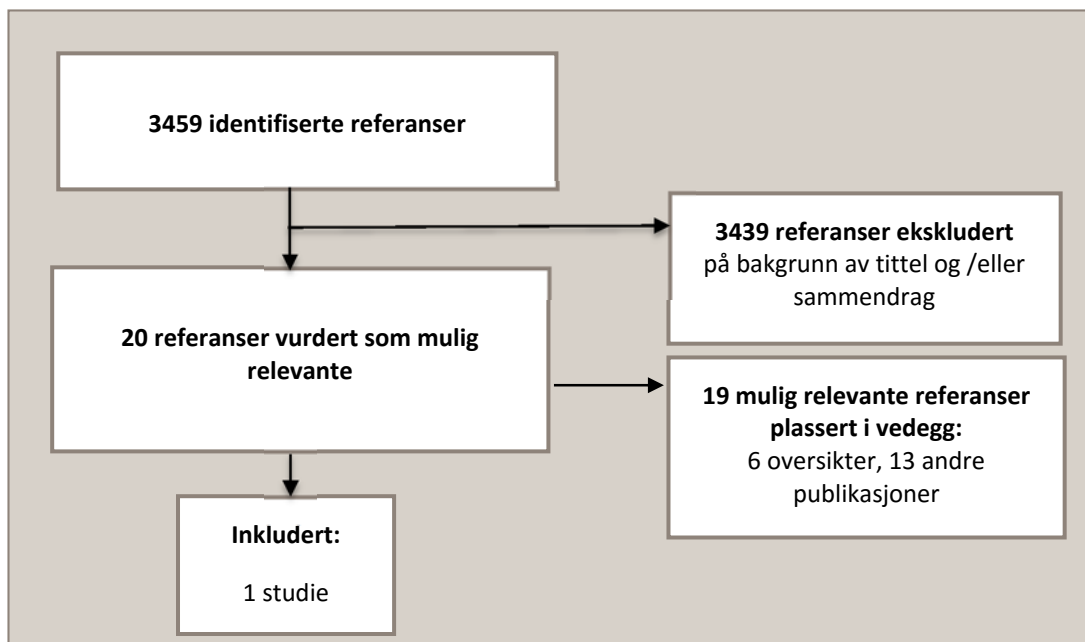
Utvelging av litteratur ble kun gjort basert på tittel og sammendrag i henhold til inklusjonskriteriene. Vi bestilte ikke fulltekst av artiklene.

Kun basert på sammendragene var det i noen tilfeller vanskelig å avgjøre hvorvidt en publikasjon var relevant. Etter diskusjon valgte vi derfor å legge noen mulig relevante publikasjoner i et vedlegg.

Resultater

Resultat av søk

Søket resulterte i 3459 referanser totalt etter dublettsjekk. Vi vurderte 20 av de identifiserte referansene til å være mulig relevant i henhold til inklusjonskriteriene. Hovedårsaken til eksklusjon var at publikasjonene ikke omhandlet brukermedvirkning for barn og unge og ikke var kontrollerte studier. Utvelgelsesprosessen er illustrert i Figur 1.



Figur 1. Flytskjema over identifisert litteratur

Av de 20 mulig relevante publikasjonene fant vi én studie som vi inkluderte, selv om vi var usikker på hvorvidt barn og unge i denne studien var i institusjon.

I tillegg var det 19 andre publikasjoner som kunne være relevante for oppdragsgiver. Disse publikasjonene møtte ikke de formelle inklusjonskriteriene og vi la disse i et vedlegg (Vedlegg 2). Publikasjonene omhandlet ulike former for medvirkning i andre populasjoner enn barn og unge, var ikke kontrollerte studier og var ikke tilknyttet institusjon.

Resultat av sorteringen

Inkluderte studier

Vi fant 20 publikasjoner, hovedsakelig tidsskriftsartikler, som var mulig relevante for problemstillingen. Av disse var det én studie som så ut til å møte inklusjonskriteriene. Det var en randomisert kontrollert studie som evaluerte en rådgivningsmetode for barn og unge, kalt «Counseling in dialogue». Rådgivningsmetoden tok sikte på å øke både kvaliteten på rådgivning og barn og unges deltakelse i beslutninger (brukermedvirkning). Det er uklart om barna var i institusjon. Referansen og abstraktet til denne studien finnes i vedlegg 2 (tabell 1).

Andre mulig relevante studier

Av de 20 mulig relevante publikasjonene ekskluderte vi 19, men disse publikasjonene er likevel av mulig interesse for oppdragsgiver og er derfor lagt i vedlegg. I vedlegg 2 er de 19 publikasjonene sortert slik:

- a) 6 oversikter om brukermedvirkning, hvorav 2 norske (tabell 2)
- b) 5 studier om brukermedvirkning i institusjoner/sentre for mental helse, hvorav 2 norske (tabell 3)
- c) 6 studier om brukermedvirkning i barnevern, hvorav 3 norske (tabell 4)
- d) 2 andre studier (tabell 5).

Sorteringen i de ulike kategoriene er kun basert på tilgjengelig informasjon fra sammendragene. I noen tilfeller var det vanskelig å skille mellom *ulike former for brukermedvirkning*, fordi begrepsbruken varierer noe.

I vedlegg 2 presenterer vi den ene inkluderte studien i tabell 1. I tabell 2-5 presenterer vi de andre mulig relevante publikasjonene, i henhold til sorteringen beskrevet over (a-d). I første kolonne i tabellene oppgir vi forfattere, publikasjonsår, tittel på publikasjonen og publikasjonssted. I andre kolonne gjengir vi sammendrag av artiklene slik det fremkommer i de elektroniske databasene eller i selve dokumentet. I tredje kolonne har vi satt inn et emnestikkord for hver publikasjon for å kunne gi en rask oversikt (eksempelvis type brukermedvirkning). I tillegg oppgir vi type publikasjon. Innenfor kategorien 'oversikt' (tabell 2) er referansene sortert etter navn på type oversikt. For øvrig er referansene sortert etter tema (tabell 3, 4 og 5).

I dette systematiske litteratursøket med sortering har vi ikke lest publikasjonene i fulltekst, og vi har dermed ikke vurdert studiens metodiske kvalitet eller sammenstilt resultatene. Kvalitetsvurdering og sammenstilling inngår når vi utfører en full systematisk oversikt.

Referanser

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Vedlegg

Vedlegg 1 - Søkestrategi

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Dato: 25.02.2016

Treff: 782

#	Searches	Results
1	Adolescent/	1702639
2	Child/	1451221
3	Child, Abandoned/	467
4	Child, Orphaned/	509
5	Child, Preschool/	787221
6	Child, Unwanted/	287
7	Minors/	2314
8	Homeless Youth/	1040
9	Young Adult/	474519
10	or/1-9	2774069
11	exp Child Welfare/	28509
12	Child Protective Services/	23
13	Custodial Care/	180
14	exp Social Work/	16061
15	Foster Home Care/	3143
16	Group Homes/	871
17	Halfway Houses/	1038
18	Orphanages/	364
19	Hospitals, Psychiatric/	23651
20	Institutionalization/	4912
21	Inpatients/	14974
22	Mental Health Services/	27168
23	Child Health Services/	18235
24	Rehabilitation Centers/	7277
25	Residential Facilities/	4814
26	Residential Treatment/	2780
27	Substance Abuse Treatment Centers/	4709
28	or/11-27	145550
29	10 and 28	59942

30	Child, Institutionalized/	1755
31	Adolescent, Institutionalized/	113
32	or/29-31	61294
33	Decision Making/	74024
34	Consumer Participation/	14731
35	Patient Participation/	19519
36	Patient Rights/	6186
37	((decision* adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?)).tw.	92910
38	or/33-37	173635
39	32 and 38	1763
40	((child adj (custody or protect* or welfare)) or social work* or out of home or (foster adj (home? or car*))).tw.	17728
41	(orphanage? or halfway house? or group home? or ((boy? or girl? or community) adj home?)).tw.	1735
42	((mental adj (institution? or health or hospital?)) or (residential* adj3 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional*).tw.	110439
43	(psychiatric hospital* or rehabilitation cent* or treatment cent*).tw.	19366
44	or/40-43	144335
45	((adolescent* or child or children or boy? or girl? or juvenile? or kid? or minor? or preschool or pubescent? or teen? or teenager? or under-age* or under-age* or youngster? or youth or (young adj (adult? or m?n or wom?n or people or person?))) adj3 ((decision adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?) or view* or voice* or choice* or perspective* or opinion*).tw.	8191
46	44 and 45	475
47	39 or 46	2191
48	Randomized Controlled Trial/	407647
49	Non-randomized controlled trials as topic/	43
50	Controlled Clinical Trial/	90142
51	Multicenter Study/	194463
52	Pragmatic Clinical Trial/	248
53	exp Epidemiologic Studies/	1836395
54	Observational Study/	18160
55	Observational Study as Topic/	1198
56	Cluster Analysis/	47805
57	(randomis* or randomiz* or randomly or trial or intervention? or effect? or impact? or multicenter or multi center or multicentre or multi centre or controlled or (before adj5 after) or (pre adj5 post) or ((pretest or pre test) and (posttest or post test)) or quasiexperiment* or quasi experiment* or evaluat* or time series or time point? or repeated measur* or cohort* or observation stud* or observational* or ((control* or compar*) adj (group* or area* or site*)) or nonexperimental or non-experimental or cluster* or panel stud* or parallel design or comparative stud* or correlational stud*).tw.	7834664
58	Meta-Analysis/	61830
59	Meta-Analysis as Topic/	14501

60	((systematic* adj2 (review* or overview*)) or overview of overview* or meta-analy* or metaanaly*).tw.	141403
61	Review.pt. and (pubmed or medline).tw.	72507
62	or/48-61	8738632
63	47 and 62	968
64	exp Animals/	19871292
65	Humans/	15680471
66	64 not (64 and 65)	4190821
67	(news or editorial or comment).pt.	1084244
68	63 not (66 or 67)	961
69	limit 68 to yr="2000-Current"	786
70	remove duplicates from 69	782

Database: [Ovid] PsycINFO 1806 to February Week 2 2016

Dato: 25.02.2016

Treff: 1037

#	Searches	Results
1	("100" or "160" or "180" or "200" or "320").ag.	936019
2	Child Welfare/	6776
3	Child Custody/	2684
4	Protective Services/	2316
5	Social Casework/	14988
6	Foster Care/	4602
7	Group Homes/	1033
8	Halfway Houses/	289
9	Orphanages/	305
10	Psychiatric Hospitals/	7348
11	Institutionalization/	3433
12	Psychiatric Hospitalization/	6470
13	Mental Health Services/	29254
14	Mental Health Programs/	4319
15	Rehabilitation Centers/	564
16	Residential Care Institutions/	9251
17	Treatment Facilities/	1452
18	Therapeutic Camps/	256
19	or/6-18	64165
20	1 and 19	17820
21	Decision Making/	57638
22	*Empowerment/	4330
23	Client Participation/	1549
24	Client Rights/	1543
25	((decision* adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?)).ti,ab.	73632
26	or/21-25	99474
27	20 and 26	479

28	((child adj (custody or protect* or welfare)) or social work* or out of home or (foster adj (home? or car*)) or orphanage? or halfway house? or group home? or ((boy? or girl? or community) adj home?) or (mental adj (institution? or health or hospital?)) or (residential* adj3 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional* or psychiatric hospital* or rehabilitation cent* or treatment cent*).ti,ab.	211774
29	((adolescent* or child or children or boy? or girl? or juvenile? or kid? or minor? or preschool or pubescent? or teen? or teenager? or under-age* or under-age* or youngster? or youth or (young adj (adult? or m?n or wom?n or people or person?))) adj3 ((decision adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?) or view* or voice* or choice* or perspective* or opinion*).ti,ab.	13867
30	28 and 29	1552
31	27 or 30	1994
32	(empirical study or prospective study or quantitative study or "treatment outcome/clinical trial").md.	1968406
33	Experimental Design/	10104
34	Between Groups Design/	106
35	Quantitative Methods/	2713
36	Quasi Experimental Methods/	139
37	(randomis* or randomiz* or randomly or controlled or evaluat* or time series or time point? or quasi experiment* or quasiexperiment* or (before adj5 after) or (pre adj5 post) or ((pretest or pre test) and (posttest or post test)) or multicenter study or multicentre study or multi center study or multi centre study or repeated measur*).ti,ab.	612192
38	(trial or effect? or impact? or intervention?).ti.	377844
39	or/32-38	2283354
40	Observation Methods/	4908
41	Cohort Analysis/	1171
42	Longitudinal Studies/	15236
43	Experiment Controls/	844
44	Pretesting/	231
45	Posttesting/	133
46	Time Series/	1614
47	Repeated Measures/	619
48	Cluster Analysis/	3168
49	(cohort* or observation stud* or observational* or ((control* or compar*) adj (group* or area* or site*)) or associated factor* or nonexperimental or non-experimental or cluster* or panel stud* or parallel design or comparative stud* or correlational stud*).ti,ab.	203633
50	or/40-49	223640
51	Meta Analysis/	3785
52	Systematic Review.md.	13327
53	Meta Analysis.md.	14209
54	((systematic* adj2 (review* or overview*)) or overview of overview* or meta-analy* or metaanaly*).ti,ab.	36044
55	(review and (pubmed or medline)).ti,ab.	10021
56	or/51-55	43956

57	or/39,50,56	2337620
58	31 and 57	1310
59	limit 58 to yr="2000-Current"	1039
60	remove duplicates from 59	1037

Database: [Ovid] Embase 1974 to 2016 February 24

Dato: 25.02.2016

Treff: 384

#	Searches	Results
1	Adolescent/	1332802
2	exp Child/	2283484
3	Child, Orphaned/	405
4	Child, Unwanted/	16375
5	Child, Abandoned/	16375
6	Homeless Youth/	8825
7	Minors/	275
8	Young Adult/	121720
9	or/1-8	3024756
10	Child Welfare/	16375
11	Child Custody/	62
12	Social Work/	21542
13	Foster Care/	3893
14	Custodial Care/	119
15	Residential Home/	6076
16	Halfway House/	1050
17	Orphanage/	726
18	Mental Hospital/	28161
19	Institutionalization/	7479
20	*Hospital Patient/	15468
21	*Mental Health Service/	26286
22	*Mental Health Care/	8708
23	Residential Care/	10117
24	Health Care Facility/	58339
25	Rehabilitation Center/	10823
26	*Child Health Care/	19060
27	or/13-26	185863
28	9 and 27	38863
29	*Child, Institutionalized/	2884
30	*Adolescent, Institutionalized/	38584
31	or/28-30	78750
32	*Decision Making/	45747
33	*Patient Participation/	7191
34	*Patient Right/	4078
35	*Empowerment/	616

36	((decision* adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?)).tw.	121337
37	or/32-36	161869
38	31 and 37	1239
39	((child adj (custody or protect* or welfare)) or social work* or out of home or (foster adj (home? or car*))).tw.	23691
40	(orphanage? or halfway house? or group home? or ((boy? or girl? or community) adj home?)).tw.	1310
41	((mental adj (institution? or health or hospital?)) or (residential* adj3 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional*).tw.	141414
42	(psychiatric hospital* or rehabilitation? or treatment center or treatment centres).tw.	180802
43	or/39-42	335898
44	((adolescent* or child or children or boy? or girl? or juvenile? or kid? or minor? or preschool or pubescent? or teen? or teenager? or under-age* or under-age* or youngster? or youth or (young adj (adult? or m?n or wom?n or people or person?))) adj3 ((decision adj1 mak*) or decision-mak* or ((user* or consumer* or client*) adj involvement?) or view* or voice* or choice* or perspective* or opinion*)).tw.	10250
45	43 and 44	730
46	38 or 45	1946
47	Randomized Controlled Trial/	395697
48	Controlled Clinical Trial/	392092
49	Quasi Experimental Study/	2779
50	Pretest Posttest Control Group Design/	249
51	Time Series Analysis/	16566
52	Experimental Design/	12071
53	Multicenter Study/	132656
54	Pretest Posttest Design/	964
55	(randomis* or randomiz* or randomly or trial or intervention? or effect? or impact? or multicenter or multi center or multicentre or multi centre or controlled or (before adj5 after) or (pre adj5 post) or ((pretest or pre test) and (posttest or post test)) or quasiexperiment* or quasi experiment* or evaluat* or time series or time point? or repeated measur*).tw.	9335856
56	Observational Study/	85266
57	Cohort Analysis/	231794
58	Cluster Analysis/	41992
59	Longitudinal Studies/	65899
60	Comparative Study/	700152
61	Controlled Study/	4845216
62	Control Group/	86828
63	Correlational Study/	17892
64	Parallel Design/	4836
65	Quantitative Study/	8083
66	Panel Study/	479
67	Exploratory Research/	4144
68	Pretest Posttest Control Group Design/	249

69	Pretest Posttest Design/	964
70	((cohort* or observation stud* or observational* or ((control* or compar*) adj (group* or area* or site*)) or nonexperimental or non-experimental or cluster* or panel stud* or parallel design or comparative stud* or correlational stud*).tw.	1497474
71	Meta Analysis/	104599
72	Systematic Review/	101996
73	((systematic* adj2 (review* or overview*)) or overview of overview* or meta-analy* or metaanaly*).tw.	182335
74	(review and (pubmed or medline)).tw.	89451
75	or/47-74	12421494
76	46 and 75	965
77	exp animals/ or exp invertebrate/ or animal experiment/ or animal model/ or animal tissue/ or animal cell/ or nonhuman/	22641899
78	human/ or normal human/ or human cell/	16853325
79	77 not (77 and 78)	5835335
80	(news or editorial or comment).pt.	500856
81	76 not (79 or 80)	964
82	limit 81 to exclude medline journals	105
83	(abstract or conference or conference paper or conference proceeding or conference proceeding article or conference proceeding conference paper or conference proceeding editorial or conference proceeding note).pt.	2895376
84	81 and 83	324
85	82 or 84	398
86	limit 85 to embase	394
87	limit 86 to yr="2000-Current"	387
88	remove duplicates from 87	384

Database: Cochrane Library

Dato: 25.02.2016

Treff: 47

ID	Search	Hits
#1	[mh ^Adolescent]	85116
#2	[mh Child]	173
#3	[mh ^"Child, Orphaned"]	17
#4	[mh ^"Child, Unwanted"]	0
#5	[mh ^"Child, Abandoned"]	3
#6	[mh ^"Homeless Youth"]	26
#7	[mh ^Minors]	8
#8	[mh ^"Young Adult"]	199
#9	{or #1-#8}	85294
#10	[mh ^"Child Welfare"]	352
#11	[mh ^"Child Custody"]	13
#12	[mh ^"Child Protective Services"]	0
#13	[mh ^"Custodial Care"]	1
#14	[mh ^"Foster Home Care"]	102
#15	[mh ^"Social Work"]	193

#16	[mh ^"Social Work, Psychiatric"]	37
#17	[mh ^"Group Homes"]	46
#18	[mh ^"Halfway Houses"]	18
#19	[mh ^Orphanages]	7
#20	[mh ^"Hospitals, Psychiatric"]	250
#21	[mh ^Institutionalization]	189
#22	[mh ^Inpatients]	838
#23	[mh ^"Mental Health Services"]	661
#24	[mh ^"Rehabilitation Centers"]	279
#25	[mh ^"Residential Facilities"]	165
#26	[mh ^"Residential Treatment"]	144
#27	[mh ^"Substance Abuse Treatment Centers"]	362
#28	{or #10-#27}	3401
#29	#9 and #28	530
#30	[mh ^"Child, Institutionalized"]	48
#31	[mh ^"Adolescent, Institutionalized"]	1
#32	{or #29-#31}	576
#33	[mh ^"Decision Making"]	1958
#34	[mh ^"Consumer Participation"]	243
#35	[mh ^"Patient Participation"]	1010
#36	[mh ^"Patient Compliance"]	8640
#37	[mh ^"Patient Rights"]	7
#38	(participation* or decision next/1 mak* or decision-mak* or shared next/1 decision* or (informed near/1 treatment*)):ti,ab,kw	15297
#39	{or #33-#38}	23466
#40	#32 and #39	41
#41	((child next/1 (custody or protect* or welfare)) or social next/1 work* or "out of home" or (foster next/1 (home* or car*))) :ti,ab,kw	1347
#42	(orphanage* or halfway next/1 house* or group next/1 home* or ((boy* or girl* or community) next/1 home*)):ti,ab,kw	176
#43	((mental next/1 (institution? or health or hospital?)) or (residential* near/2 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional*):ti,ab,kw	9506
#44	(psychiatric next/1 hospital* or rehabilitation* or treatment next/1 cent*):ti,ab,kw	17694
#45	{or #41-#44}	27538
#46	((adolescent* or child or children or boy* or girl* or juvenile* or kid or kids or minor or minors or preschool or pubescent* or teen* or underage* or under-age* or youngster* or youth or (young next/1 (adult* or m?n or wom?n or people or person*))) near/2 (decision next/1 mak* or decision-mak* or shared next/1 decision* or view* or voice* or perspective* or opinion*)):ti,ab,kw	329
#47	#45 and #46	19
#48	#40 or #47 Publication Year from 2000 to 2016, in Cochrane Reviews (Reviews and Protocols), Other Reviews, Trials and Technology Assessments	47

Database: EBSCO CINAHL

Dato: 25.02.2016

Treff: 1309

1	(MH "Adolescence+") OR (MH "Child+") OR (MH "Minors (Legal)")	450,422
2	MH Child Welfare	9,563
3	Mh Child Custody	8,523
4	MH Child Health Services	5,107
5	MH Foster Home Care	2,915
6	MH Social Work	10,970
7	MH Social Work, Psychiatric	634
8	MH Social Workers	7,015
9	MH Halfway Houses	101
10	(MH "Orphans and Orphanages")	709
11	MH Hospitals, Psychiatric	42
12	MH Institutionalization	1,488
13	MH Inpatients	59,472
14	MH Mental Health Services	19,158
15	MH Child Health Services	5,107
16	MH Residential Care	4,217
17	MH Residential Facilities	2,877
18	S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17	115,702
19	S1 AND S18	26,244
20	MH Decision Making	21,799
21	MH Consumer Participation	10,822
22	MH Patient Compliance	16,624
23	MH Patient Rights	4,961
24	TI ((participation# or "decision mak*" or "decision-mak*" or "shared decision*" or (informed N1 treatment*))) OR AB ((participation# or "decision mak*" or "decision-mak*" or "shared decision*" or (informed N1 treatment*)))	53,138
25	S20 OR S21 OR S22 OR S23 OR S24	96,869
26	S18 AND S25	5,784
27	TI (((child W0 (custody or protect* or welfare)) or "social service*" or "social worker*" or "out of home" or (foster W0 (home# or car*)))) OR AB (((child W0 (custody or protect* or welfare)) or "social service*" or "social worker*" or "out of home" or (foster W0 (home# or car*))))	13,803
28	TI ((orphanage# or "halfway house*" or "group home*" or ((boy# or girl# or community) W0 home#))) OR AB ((orphanage# or "halfway house*" or "group home*" or ((boy# or girl# or community) W0 home#)))	614
29	TI (((mental W0 (institution# or health or hospital#)) or (residential* N2 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional*)) OR AB (((mental W0 (institution# or health or hospital#)) or (residential* N2 (care or institution* or facilit* or treatment* or therap* or program*)) or institutional*))	51,439
30	TI (("psychiatric hospital*" or rehabilitation# or "treatment cent*")) OR AB (("psychiatric hospital*" or rehabilitation# or "treatment cent*"))	52,069
31	S27 OR S28 OR S29 OR S30	113,683
32	TI (((adolescent* or child or children or boy# or girl# or juvenile# or kid# or minor# or preschool or pubescent# or teen# or teenager# or underage* or under-age* or youngster# or youth or (young W0 (adult# or m?n or wom?n or people or person#))) N2 (engagement# or empowerment# or involvement# or participation# or "decision mak*" or "decision-mak*" or "shared decision*" or choice# or view# or voice# or perspective# or (informed N1 treatment*) or right#))) OR AB (((adolescent* or child or children or boy# or girl# or juvenile# or kid# or minor# or preschool or pubescent# or teen# or teenager# or underage* or under-age* or youngster# or youth or (young W0 (adult# or m?n or wom?n or people or person#))) N2 (engagement# or empowerment# or involvement# or participation# or "decision mak*" or "decision-mak*" or "shared decision*" or choice# or view# or voice# or perspective# or (informed N1 treatment*) or right#)))	6,598

33 S31 AND S32 846
34 S26 OR S33 6,512
35 (PT randomized controlled trial) OR (PT clinical trial) OR (PT research)
987,23
36 (MH randomized controlled trials) OR (MH clinical trials) OR (MH intervention
trials) OR (MH nonrandomized trials) OR (MH experimental studies) OR (MH pretest-
posttest design+) OR (MH quasi-experimental studies+) OR (MH multicenter studies
160,098
37 TI ((randomis* or randomiz* or randomly or trial or intervention# or effect# or
impact# or multicenter or "multi center" or multicentre or "multi centre" or controlled
or (before N4 after) or (pre N4 post) or ((pretest or "pre test") and (posttest or "post
test")) or quasiexperiment* or "quasi experiment*" or evaluat* or "time series" or "time
point#" or "repeated measur*")) OR AB ((randomis* or randomiz* or randomly or
trial or intervention# or effect# or impact# or multicenter or "multi center" or multi-
centre or "multi centre" or controlled or (before N4 after) or (pre N4 post) or ((pretest
or "pre test") and (posttest or "post test")) or quasiexperiment* or "quasi experiment*"
or evaluat* or "time series" or "time point#" or "repeated measur*"))
702,443
38 S35 OR S36 OR S37 1,253,471
39 PT systematic review 39,012
40 MH systematic review 24,960
41 (MH systematic review) OR (MH meta analysis) 36,060
42 TI (((systematic N1 (review* or overview*)) or overview of overview* or "meta-
analy*" or metaanaly*) OR AB (((systematic N1 (review* or overview*)) or overview
of overview* or "meta-analy*" or metaanaly*) 59,451
43 S39 OR S40 OR S41 OR S42 82,659
44 (MH Observational Methods) OR (MH Nonexperimental Studies) OR (MH Prospec-
tive Studies) OR (MH Controlled Before-After Studies) OR (MH Cluster Analysis) OR
(MH Quantitative Studies) (MH Comparative Studies) OR (MH Control Group) OR (MH
Correlational Studies) OR (MH Exploratory Research) OR (MH Cross Sectional Studies)
OR (MH Panel Studies) 295,607
45 TI ((cohort* or "observation stud*" or "observational* or ((control* or compar*)
W0 (group* or area* or site*)) or nonexperimental or "non-experimental" OR "panel
stud*" OR cluster* OR "comparative stud*" OR "evaluation stud*" OR "longitudinal" OR
experiment*)) OR AB ((cohort* or "observation stud*" or "observational* or ((control*
or compar*) W0 (group* or area* or site*)) or nonexperimental or "non-experimental"
OR "panel stud*" OR cluster* OR "comparative stud*" OR "evaluation stud*" OR "longi-
tudinal" OR experiment*)) 19,112
46 S44 OR S45 314,717
47 S38 OR S43 OR S46 1,289,266
48 S34 AND S47 4,210
49 PT (editorial OR "letter to the editor" OR newspaper OR commentary) 345,819
50 S48 NOT S49 4,164
Limiters - Exclude MEDLINE records; Published Date: 20000101-20161231
1,384

**Database: Web of Science Core Collection: Citation Indexes (SCI-EXPANDED --
1975-present; SSCI --1975-present**

Dato: 25.02.2016

Treff: 661

5 661

#3 AND #4 Indexes=SCI-EXPANDED, SSCI Timespan=2000-2016

27 Vedlegg

4 10,486,342

TS=("randomised" or "randomized" or "randomly" or "trial" or "multicenter" or "multi center" or "multi centre" or "multicentre" or intervention\$1 or "controlled" or ((control* or compar*) NEAR/0 (group* or area* or site*)) or "before and after" or "pre and post" or (("pretest" or "pre test") and ("posttest" or "post test")) or quasiexperiment* or "quasi experiment*" or pseudoexperiment* or "pseudo experiment*" or evaluat* or effect\$1 or impact\$1 or "time series" or "time point*" or "repeated measure*" or cohort* or observational* or "panel stud*" or cluster* or "comparative stud*" or "correlational stud*" or "evaluation stud*" or "longitudinal" or experiment* or "non-experimental" or "nonexperimental" or (systematic* NEAR/1 (review* or overview or search*)) or metaanaly* or "meta-analy*" or "overview of overview*")

3 1,064

#1 AND #2

2 143,997

TS=("child custody" or "child protect*" or "child welfare" or "social work*" "out of home" or "foster home*" or "foster car*" or orphanage\$ or "halfway house*" or "group home*" or ((boy\$ or girl\$ or community) NEAR/0 home\$) or "mental institution*" or "mental health" or "mental hospital*" or (residential* NEAR/2 ("care" or institution* or facilit* or treatment* or therap* or program*)) or institutional* or "psychiatric hospital*" or "rehabilitation cent*" or "treatment cent*")

1 10,135

TS=((adolescent* or "child" or "children" or boy\$ or girl\$ or juvenile\$ or kid\$ or minor\$ or "preschool" or pubescent\$ or teen\$ or teenager\$ or underage* or under-age* or youngster\$ or "youth" or ("young" NEAR/0 (adult\$ or m\$n or wom\$n or "people" or person\$))) NEAR/2 ("decision mak*" or "decision-mak*" or "shared decision*" or view\$ or voice\$ or perspective\$ or opinion\$))

Database: ProQuest (Social Services Abstracts & Sociological Abstracts)

Dato: 25.02.2016

Treff: 317

Søkesett 1:

((SU.EXACT("Children") OR SU.EXACT("Adult Children") OR SU.EXACT("Preschool Children") OR SU.EXACT("Foster Children") OR SU.EXACT("Adopted Children")) AND (SU.EXACT("Child Welfare Services") OR SU.EXACT("Child Custody") OR SU.EXACT("Foster Care") OR SU.EXACT("Clinical Social Work") OR SU.EXACT("Social Work Cases") OR SU.EXACT("Social Work") OR SU.EXACT("Mental Hospitals") OR SU.EXACT("Hospitalization") OR SU.EXACT("Mental Health Services") OR SU.EXACT("Residential Institutions") OR SU.EXACT("Institutionalization (Persons)") OR SU.EXACT("Residential Institutions") OR SU.EXACT("Juvenile Correctional Institutions"))) AND (SU.EXACT("Decision Making" OR "Participative Decision Making" OR "Patients Rights") OR TI,AB,SU(participation* OR "decision mak*" OR "decision-mak*" OR ((user* OR consumer* OR client*) PRE/0 involvement*)))) AND (SU.EXACT("cohort analysis" OR "longitudinal studies" OR "epidemiology" OR "time series analysis" OR experiments OR "comparative analysis") OR DType("Systematic review") OR TI,AB,SU(randomised OR randomized OR randomly OR trial OR multicenter OR "multi center" OR "multi centre" OR multicentre OR intervention* OR controlled OR ((control* OR compar*) NEXT/0 (group* OR area* OR site*)) OR "before and after" OR "pre and post" OR ((pretest OR "pre test") AND (posttest OR "post test"))) OR quasiexperiment* OR "quasi experiment*" OR pseudoexperiment* OR "pseudo experiment*" OR evaluat* OR effect* OR impact* OR "time series" OR "time point*" OR "repeated measure*" OR cohort* OR observational* OR "panel stud*" OR cluster* OR "comparative stud*" OR "evaluation stud*" OR longitudinal OR experiment* OR "parallel design" OR nonexperimental OR

"non-experimental" OR (systematic* NEAR/1 (review* OR overview OR search*)) OR metaanaly* OR "meta-analy*" OR "overview of overview*")

Søkesett 2:

(TI,AB,SU((adolescent* OR child OR children OR boy[*1] OR girl[*1] OR juvenile* OR kid[*1] OR minor[*1] OR preschool OR pubescent* OR teen[*1] OR teenager[*1] OR underage* OR "under-age*" OR youngster* OR youth OR "young adult*" OR "young m?n" OR "young wom?n" OR "young people" OR "young person*")) NEAR/2 ("decision mak*" OR "decision-mak*" OR "mak* decision*" OR "user involvement*" OR "consumer involvement" OR "client involvemnet" OR view* OR voice* OR perspective* OR opinion*)) AND TI,AB,SU("child welfare" OR "child custody" OR "child protective services" OR "out of home" OR "foster home*" OR "foster car*" OR orphanage[*1] OR "halfway house*" OR "group home*" OR ((boy OR girl OR community) PRE/0 home) OR "mental institution*" OR "mental health" OR "mental hospital*" OR (residential* NEXT/2 (care OR institution* OR facilit* OR treatment* OR therap* OR program*)) OR institutional* OR "psychiatric hospital*" OR "rehabilitation cent*" OR "treatment cent*")) AND (SU.EXACT("cohort analysis" OR "longitudinal studies" OR "epidemiology" OR "time series analysis" OR experiments OR "comparative analysis") OR DType("Systematic review") OR TI,AB,SU(randomised OR randomized OR randomly OR trial OR multicenter OR "multi center" OR "multi centre" OR multicentre OR intervention* OR controlled OR ((control* OR compar*) NEXT/0 (group* OR area* OR site*)) OR "before and after" OR "pre and post" OR ((pretest OR "pre test") AND (posttest OR "post test")) OR quasiexperiment* OR "quasi experiment*" OR pseudoexperiment* OR "pseudo experiment*" OR evaluat* OR effect* OR impact* OR "time series" OR "time point*" OR "repeated measure*" OR cohort* OR observational* OR "panel stud*" OR cluster* OR "comparative stud*" OR "evaluation stud*" OR longitudinal OR experiment* OR "parallel design" OR nonexperimental OR "non-experimental" OR (systematic* NEAR/1 (review* OR overview OR search*)) OR metaanaly* OR "meta-analy*" OR "overview of overview*"))

Database: Epistemonikos

Dato: 25.02.2016

Treff: 60

(((((title:((child OR children OR adolescent OR "young people" OR "young adult" OR minor OR teenager OR underage OR youth)) OR abstract:((child OR children OR adolescent OR "young people" OR "young adult" OR minor OR teenager OR underage OR youth))) AND (title:("decision making" OR "user involvement" OR "make decision" OR "making decision") OR abstract:("decision making" OR "user involvement" OR "make decision" OR "making decision")) AND (title:("child welfare" OR "child custody" OR "child protective services" OR "social work" OR "out of home" OR "foster home*" OR "foster care" OR orphanage OR "halfway house" OR "group home" OR "mental institution*" OR "mental health" OR "mental hospital*" OR "residential care" OR "residential facilities" OR "residential treatment" OR institution OR "psychiatric hospital" OR "rehabilitation center" OR "treatment center) OR abstract:("child welfare" OR "child custody" OR "child protective services" OR "social work" OR "out of home" OR "foster home*" OR "foster care" OR orphanage OR "halfway house" OR "group home" OR "mental institution*" OR "mental health" OR "mental hospital*" OR "residential care" OR "residential facilities" OR "residential treatment" OR institution OR "psychiatric hospital" OR "rehabilitation center" OR "treatment center")))))

Vedlegg 2 - Liste over relevante referanser

Tabell 1. Inkludert studie som omhandler effekt av rådgivningsmetode for barn og unge (n=1)

Referanse	Sammendrag	Kommentar
Westermann GM, Verheij F, Winkens B, Verhulst FC, Van Oort FV. Structured shared decision-making using dialogue and visualization: A randomized controlled trial. Patient Education and Counseling 2013;90(1):74-81.	Objective: The aim of this study is to evaluate a method, "Counseling in Dialogue" (CD), developed to increase the quality of counseling in youth mental health. Decisional conflict was used as indicator of the quality of counseling and shared decision-making. Methods: 94 children aged 2-12 years were randomized into a CD group and a care as usual (CU) group. In a before-and-after design decisional conflict was measured using the decisional conflict scale (DCS) for parents (N = 133) and the Provider Decision Process Assessment Instrument for therapists (PDPAI, N = 20). 81 children had follow-up data. Results: Compared with parents of the CU group, parents of the CD group reported significantly less decisional conflict after counseling (difference mothers: - 0.38 (95%CI - 0.56; - 0.19), $p < .001$; fathers: - 0.22 (95%CI - 0.44; - 0.01), $p = .045$). 98% of the mothers and 96% of the fathers in the CD group accepted the recommended treatment, compared to 71% (fathers) and 77% (mothers) in the CU group, $p < 0.05$. Decisional conflict of the therapists was low in both groups after counseling (difference: - 0.03 (95%CI - 0.19; 0.14), $p = .741$). Conclusion: The counseling procedure significantly lowered decisional conflict of the parents and promoted the acceptance of the recommended treatment.	Kontrollert studie Beslutningstaking ved bruk av dialog og rådgivningsmetoden Tidsskriftsartikkel

Tabell 2. Liste over mulige relevante oversikter om brukermedvirkning (n=6)

Referanse	Sammendrag	Kommentar
Feenstra B, Boland L, Lawson ML, Harrison D, Kryworuchko J, Leblanc M, et al. Interventions to support children's engagement in health-related decisions: a systematic review. BMC pediatrics 2014;14:109.	BACKGROUND: Children often need support in health decision-making. The objective of this study was to review characteristics and effectiveness of interventions that support health decision-making of children. METHODS: A systematic review. Electronic databases (PubMed, the Cochrane Library, Web of Science, Scopus, ProQuest Dissertations and Theses, CINAHL, PsycINFO, MEDLINE, and EMBASE) were searched from inception until March 2012. Two independent reviewers screened eligibility: a) intervention studies; b) involved supporting children (≤ 18 years) considering health-related decision(s); and c) measured decision quality or decision-making process outcomes. Data extraction and quality appraisal were conducted by one author and verified by another using a standardized data extraction form. Quality appraisal was based on the Cochrane Risk of Bias tool. RESULTS: Of 4313 citations, 5 studies were eligible. Interventions focused on supporting decisions about risk behaviors (n = 3), psycho-educational services (n = 1), and end of life (n = 1). Two of 5 studies had statistically significant findings: i) compared to attention placebo, decision coaching alone increased values congruence between child and parent, and child satisfaction with decision-making process (lower risk of bias); ii) compared to no intervention, a workshop with weekly assignments increased overall decision-making quality (higher risk of bias). CONCLUSIONS: Few studies have focused on interventions to support children's participation in decisions about their health. More research is needed to determine effective methods for supporting children's health decision-making.	Systematisk oversikt Tiltak for å støtte barns engasjement i helserelevante beslutninger Tidsskrifts-artikkel
Coad JE, Shaw KL. Is children's choice in health care rhetoric or reality? A scoping review. Journal of Advanced Nursing 2008;64(4):318-327.	AIM: This paper is a report of a scoping review examining children and young people's health services with respect to choice in order to inform future development of choice initiatives. BACKGROUND: The importance of including children and young people in the choice agenda reflects the increasing acknowledgement that, individually and collectively, they are important consumers of health care in their own right. Data sources. A scoping review of all major health and medical research databases was undertaken using current guidelines to identify original relevant research papers and grey literature sources from 1990 to 2006. REVIEW METHODS: Reference Manager software was used to collate, summarize, categorize, store and retrieve the search results. Papers meeting the inclusion criteria were read in full and descriptively summarized using a data extraction sheet. Each paper was repeatedly selected using a snowballing approach until saturation was reached. Results. Children and young people want more say in the planning and development of appropriate hospital and community health services. However, little evaluative research was found about whether these choices are acted upon and lead to more responsive services. CONCLUSION: Choice for children and young people is viewed as a positive development in health care and many innovative examples of their involvement in decision-making were found. These illustrated that, given the opportunity, children and young people are willing and able to make decisions about their healthcare services. However, there is a long way to go before the rhetoric of the choice agenda is realized.	Scoping oversikt Barns valg i helsevesenet, er det retorikk eller realitet? Tidsskrifts-artikkel

Referanse	Sammendrag	Kommentar
<p>Vis SA, Strandbu A, Holtan A, Thomas N. Participation and health - a research review of child participation in planning and decision-making. <i>Child & Family Social Work</i> 2011;16(3):325-335.</p>	<p>Effective child participation in child protection proceedings has proved difficult to achieve in Norway. Although participation is in principle accepted as a human right and something of benefit to children, when children's health is at stake there is a tendency to view participation in decision-making processes by children as potentially disruptive to their well-being. The purpose of this study is to review the research evidence for effects, positive or negative, of participation on health outcomes for children in care. A scoping review of major health and social work research databases was undertaken. Searches in five databases yielded 1830 studies of which 21 were finally included in this review. Studies were included if a relationship between health and participation was evident from the data presented, even if this was not the main objective in the study at hand. We conclude that when participation is successful, it may have beneficial side effects. Chief among these are that participation may improve children's safety, increase the success of care arrangements and increase feelings of well-being for children involved. Evidence for long-term effects of successful or failed participation attempts on subsequent health outcomes is however largely absent.</p>	<p>Litteraturoversikt Barns medvirkning i planlegging og beslutningstaking Tidsskriftsartikkel</p>
<p>Petersen K, Hounsgaard L, Nielsen CV. User participation and involvement in mental health rehabilitation: a literature review including commentary by Roger Minett and Deborah Harrison. <i>International Journal of Therapy & Rehabilitation</i> 2008;15(7):306-314.</p>	<p>Aim: This review aimed to identify and evaluate research on user participation and involvement in mental health rehabilitation; how it is viewed from the users and the professionals perspectives, how it affects the processes and outcome of rehabilitation, and which theories and research methods are used. Method: Empirical research papers from 1997-2007 were reviewed. A systematic search of international electronic databases was performed, using the Matrix Method. Findings: Thirteen papers based on quantitative and qualitative methods were included. Differing perspectives on user involvement, barriers and factors furthering rehabilitation were key themes highlighted. User participation and involvement has a positive effect on development of social skills, on outcome of rehabilitation and assists the prevention of helplessness. Conclusions: Although sparse, existing research suggests that user participation and involvement has a positive effect on the process and outcome of rehabilitation in mental health. Exploration of this area would benefit from greater clarity of theoretical concepts around user participation, and further research should explore barriers to user involvement.</p>	<p>Litteraturoversikt Brukermedvirkning og involvering i mental helse rehabilitering Tidsskriftsartikkel</p>
<p>Skorpen A, Anderssen N, Øye C, Bjelland AK. User participation in Norwegian research involving inpatient psychiatric patients. An overview of research literature. <i>Nordic Journal of</i></p>	<p>The current Norwegian national plan for mental health and other public documents emphasizes the need to include patient experiences and patient participation in treatment and organising psychiatric care. However; it is not clear whether this should apply to psychiatric research involving psychiatric inpatients, and Norwegian research that rely on the experiences of psychiatric inpatients seems scattered. There is a need to summarize this field, and the aim of the present analysis was to review Norwegian research based on psychiatric inpatients' experiences since 1970. A main finding is that during the 1970s the field was dominated by social scientists with fewer such studies in the 1980s while nursing scientists dominated the field since 2000. The relative absence of psychiatric inpatient's voices in psychiatric research may reflect a bio-medical approach to mental illnesses. A critical or relativist paradigm will on the other</p>	<p>Litteraturoversikt Brukermedvirkning i norsk forskning som</p>

Referanse	Sammendrag	Kommentar
Nursing Research & Clinical Studies / Vård i Norden 2008;28(4):19-23.	side nurture such research. Important aspects of the lives of psychiatric inpatients concern being locked up, experiencing organizational changes, and stigmatization as a psychiatric patient. Knowledge of these aspects may be gained only by asking patients themselves.	involverer psykiatriske pasienter Tidsskriftsartikkel
Gallagher M, Smith M, Hardy M, Wilkinson H. Children and Families' Involvement in Social Work Decision Making. Children & Society 2012;26(1):74-85.	This review summarises the research literature on children's and parents' involvement in social work decision making, which is regarded, in policy terms, as increasingly important. In practice, however, it tends to be messy, difficult and compromised. Different individuals or groups may have different understandings of participation and related concepts, while differences of age and disability also mediate effective user engagement. The literature highlights common themes in effective participatory practice with both children and their parents. Central to this are the establishment of relationships of trust and respect, clear communication and information and appropriate support to participate. Adapted from the source document.	Litteraturoversikt Barns og foreldres involvering i beslutningstaking i sosialt arbeid Tidsskriftsartikkel

Tabell 3. Liste over mulige relevante studier om brukermedvirkning i institusjoner/sentre for mental helse (n=5)

Referanse	Sammendrag	Kommentar
Holum LC. "Individual plan" in a user-oriented and empowering perspective: A qualitative study of "individual plans" in Norwegian mental health services. <i>Nordic Psychology</i> 2012;64(1):44-57.	The aim of this study is to describe what was emphasized as important in their Individual Plan-process by ten patients who were satisfied with their Individual Plan (IP), and also to explore how the process of development and use of the IP possibly can promote strengthened user participation. IP is both a process and a written master plan built on the user's own goals, needs and resources. It assumes an appointed service provider is coordinating the services involved and is intended to ensure increased user involvement and better coordination when extended services are needed. The study is based on two semi-structured interviews of patients, two years apart, and one interview of their coordinators. The analyses were based on Systematic Text Condensation. The findings comprise what the interviewees considered important in the process of development and use of an IP; how the goals were formulated and reached, to take active part in the IP process, to build up enough competence and knowledge to cope with daily life, as well as experiencing good relations with respect and mutuality, especially with the coordinator. These topics are not considered to be specific to IP but can be understood as more general aspects of adequate treatment and care. In any case, a well-functioning IP process seems to be able to improve user participation and empowerment.	Kvalitativ studie Bruk av individuelle planer i norsk psykisk helsevern Tidsskrifts-artikkel
Storm M, Hausken K, Knudsen K. Inpatient service providers' perspectives on service user involvement in Norwegian community mental health centres. <i>International Journal of Social Psychiatry</i> 2011;57(6):551-563.	Background: For two decades, mental health services in Norway have focused on service user involvement. Despite this, there is little knowledge about how inpatient mental health services have promoted user involvement. Aim: To examine service providers' reports of service user involvement at the individual and departmental levels in Norwegian community mental health centres (CMHCs). Methods: One hundred and eighty six (186) inpatient service providers in five CMHCs filled out a questionnaire. Results: Confirmatory factor analysis showed that service provider perceptions and awareness of service user involvement can be measured by three subscales: organizational user involvement; patient collaboration; and assisted patient involvement. Little user involvement was reported at the departmental level. Providers more often reported user involvement at the individual level. Providers in two of the CMHCs reported a somewhat higher degree of departmental-level user involvement. There were no significant differences across gender, age, leader position, profession and job tenure, though evening/night shift workers reported a lesser degree of user involvement. Conclusion: The results suggest that user involvement at the departmental level needs to be addressed in future efforts to promote user involvement in CMHCs.	Tverrsnittstudie Perspektiv på brukermedvirkning i norske distriktpspsykiatriske sentre Tidsskrifts-artikkel
Storm M, Knudsen K, Davidson L, Hausken K, Johannessen JO. "Service user involvement in practice":	Background: Modern mental health strategies emphasize the necessity of user participation, but only a few studies examine how user involvement can be promoted effectively. Aim: To study the possible effect of an intervention program designed to (1) increase attention to user involvement and (2) increase user involvement at the inpatient departmental level. Methods: The study has a quasi-experimental design, involving inpatient departments in five Norwegian Community Mental Health Centers (CMHCs). Two CMHCs received	Evalueringsstudie

Referanse	Sammendrag	Kommentar
<p>The evaluation of an intervention program for service providers and inpatients in Norwegian Community Mental Health Centers. <i>Psychosis: Psychological, Social and Integrative Approaches</i> 2011;3(1):29-40.</p>	<p>the intervention, and were compared with three CMHCs that did not. The impact of the intervention was assessed with the Service User Involvement in Mental Health Scale (SUIM), a selection of items from the Consumer Participation Questionnaire (CPQ) and the Psychiatric Inpatient Experience Questionnaire (PIPEQ). One hundred and twenty-three service providers, 51 in the intervention group and 72 in the comparison group, and 47 inpatients took part in the study. Results: Providers in the intervention group reported higher mean scores at follow-up for the variables of organizational user involvement, patient collaboration, and carer involvement than the comparison group. The intervention program was not associated with inpatients reporting more satisfaction with care. Conclusion: An intervention program can be useful in increasing attention to service user involvement in inpatient mental health services.</p>	<p>"Brukermedvirkning i praksis": Evaluering av et program for tjenesteytere og pasienter i norske distriktpspsykiatriske sentre</p> <p>Tidsskriftsartikkel</p>
<p>Richter J, Halliday S, Gromer L, Dybdahl R. User and career involvement in child and adolescent mental health services: A Norwegian staff perspective. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> 2009;36(4):265-277.</p>	<p>It has been suggested that user involvement in health care leads to improved services. The aim of the study was to explore attitudes towards user involvement of staff employed in Norwegian Child and Adolescent Mental Health Services (CAMHS). Most of the investigated mental health service staff expressed the opinion that users should be involved in the planning of their own treatment and generally have a positive attitude towards user involvement. Skepticism was related to some aspects of involvement and does not contradict their generally positive attitude towards user involvement.</p>	<p>Primærstudie</p> <p>Et norsk personalt perspektiv på bruker og omsorgsengasjement i barns og unges psykiske helsetjenester</p> <p>Tidsskriftsartikkel</p>
<p>Storm M, Hausken K, Mikkelson A. User involvement in in-patient mental health</p>	<p>Aims: This study presents development, empirical testing and validation of an instrument measuring service user involvement in inpatient mental health from the mental health professionals' perspective. Background: Service user involvement is high on the agenda in European mental health policies. In Norway, focus is on enhanced service user involvement at both the individual and organisational</p>	<p>Primærstudie</p>

Referanse	Sammendrag	Kommentar
<p>services: Operationalisation, empirical testing, and validation. <i>Journal of Clinical Nursing</i> 2010;19(13-14):1897-1907.</p>	<p>levels of in-patient mental health services. Mental health professionals are in an important position to ensure opportunities for real user involvement in in-patient mental health care. However, there is a need for more empirical knowledge on how mental health professionals attend to service user involvement. Design: Survey. Methods: A self-report questionnaire was designed and administered to 121 mental health professionals, with 98 responses, working in a community-based mental health centre in western Norway. Factor analysis procedures together with reliability testing were performed. Results: A 30-items instrument was developed. The instrument contains four components/subscales: (1) Democratic patient involvement (mean score 3.74, Cronbach's alpha 0.81), (2) Carer involvement (mean score 3.67, Cronbach's alpha 0.82), (3) Assisted patient involvement (mean score 4.05, Cronbach's alpha 0.78) and (4) Management support (mean score 4.10, Cronbach's alpha 0.75). These subscales were found to be essential to service user involvement in the context of in-patient mental health care. The total mean score for the instrument was 3.88, Cronbach's alpha 0.88. Conclusion: Empirical testing of the instrument demonstrates that the measurement of mental health professionals' perception of service user involvement has a reasonable level of construct validity and reliability. Relevance to clinical practice: We have developed a measurement instrument with items reflecting essential characteristics to user involvement in in-patient mental health services. We believe that answering this questionnaire on the subject user involvement can act as one step towards enhancing awareness of this issue and to assess user-oriented practices in treatment and services.</p>	<p>Brukermedvirkning i døgninstitusjoner for psykisk helsevern: Operasjonalisering, empirisk testing og validering av et instrument</p> <p>Tidsskriftsartikkel</p>

Tabell 4. Liste over mulige relevante studier fra barnevern og beslutningsprosesser (n=6)

Referanse	Sammendrag	Kommentar
Vis SA, Thomas N. Beyond talking - children's participation in Norwegian care and protection cases. European Journal of Social Work 2009;12(2):155-168.	The attempt to give children an effective voice in social work processes which can have substantial impact on their lives takes different forms in countries with varying professional cultures and legal frameworks. This paper reports on a study of children's participation in decision-making in care and protection services in Norway, which was carried out in conjunction with a project to support social work teams in enabling children to participate, using materials borrowed from England and Wales. The results showed that (a) taking an active part in decision-making did not correlate perfectly with (b) having an influence on the outcome. Cases were therefore classified as 'participation' or 'non-participation' using a combination of both the above criteria. Statistical analysis of the factors influencing children's participation enabled the proposition of a model which appeared to explain much of the variance. The results point to the inadequacy of equating social work conversation with children with effective participation in decision-making.	Deskriptiv studie Barns deltakelse i norske omsorg og beskyttelse tilfeller Tidsskriftsartikkel
Munro E. Empowering looked-after children. Child & Family Social Work 2001;6(2):129-137.	Children's rights include the right to participation in decisions made about them. For looked-after children, this right is enshrined in the Children Act (England & Wales) 1989. This article reports the results of a study of children's views about their experience of being looked after and the degree of power that they felt they had to influence decision making. Their main areas of criticism were frequent changes of social worker, lack of an effective voice at reviews, lack of confidentiality and, linked to this, lack of a confidante. The findings are discussed in relation to recent policy changes. Specifically, the Looked After Children documentation and the Quality Protects initiative, by setting out uniform objectives and performance criteria, seem to restrict the freedom of local authority management and of social workers to respond to individual children's preferences, or to give weight to what the children themselves consider to be in their best interest	Deskriptiv studie Bemyndigelse av barn i omsorg Tidsskriftsartikkel
Augsberger A. Youth participation in child welfare decision making: A focused ethnography. Dissertation Abstracts International Section A: Humanities	This dissertation examines youth participation in child welfare decision-making in the context of permanency planning family team conferences. It explores the factors that influence youth attendance and participation in decision-making opportunities. It also examines the strategies conference facilitators use to engage youth in decision-making in permanency planning family team conferences. The study employed a focused ethnography design, characterized by relatively short-term field visits, intensive data collection and intensive data analysis. Data collection included observations of permanency planning family team conferences, followed by in-depth interviews with young people and conference facilitators. Grounded theory conventions for data analysis, including initial coding, focused	Deskriptiv studie Unge deltakelse i barnevern

Referanse	Sammendrag	Kommentar
and Social Sciences 2014;74(9-A(E)):No Pagination Specified.	coding, theoretical coding, and analytic memos, were used. Data analysis focused on gaining a deeper understanding of how youth are incorporated into decision-making procedures, including a comparison of youth and conference facilitators' perceptions and experiences. It also explored the specific strategies facilitators used to engage youth in decision-making at the family team conference. The study findings demonstrate that youth attendance and participation in child welfare decision-making opportunities are influenced by the degree of relationship between youth and agency staff. Youth in the study valued workers who provided them with a combination of instrumental and emotional support. Factors that facilitated the development of a positive relationship with agency staff included, case continuity, non-judgmental listening, establishing trust, and transcending roles. Regarding facilitator engagement strategies, findings revealed two different facilitation styles: adult centric and youth centric. Adult centric facilitation placed adults at the center of decision making by failing to engage youth, silencing the youth voice, adopting the adult narrative, and going through the motions. Youth centric facilitation placed youth at the center of decision making by establishing trust, encouraging youth to speak, adapting the youth narrative, and demonstrating genuine care and concern. The facilitation styles are demonstrated through case illustrations and examples. The study's policy and practice implications, limitations and areas of further research are presented.	vernets beslutningsprosesser Doktorgrads-avhandling
Vis SA, Holtan A, Thomas N. Obstacles for child participation in care and protection cases-Why Norwegian social workers find it difficult. Child Abuse Review 2012;21(1):7-23.	Although some attempts are being made to increase children's participation in Norwegian child protection cases, much needs to be done in order to comply with the participation principle in the United Nations Convention on the Rights of the Child. This paper reports on a study of factors that are likely to predict if social workers will attempt to give children an effective voice in decision making processes. 53 child protection case managers and 33 social work students participated in a questionnaire survey in which they were asked to agree or disagree with 20 statements about child participation. Statistical factor analysis was used in order to identify underlying factors in the dataset. The results suggest three main reasons for children not being allowed to participate: communication difficulties (communication factor); because child participation was not deemed necessary (participation advocacy factor); or that participation was considered inappropriate because it might be harmful (protectionism factor). This research suggests that, if we are to improve participation within the child protection system, formal regulations and guidelines need to be accompanied by a greater attention to development of social work skills in working with children through participatory processes.	Tverrsnittstudie Hindringer for barn i å delta i omsorg og beskyttelses saker. Hvorfor norske sosialarbeidere synes det er vanskelig Tidsskrifts-artikkel
Vis SA, Fossum S. Organizational factors and child	Children in residential care tend to be less content with the quality of care arrangements and participation opportunities compared to children in foster care. This study explored possible differences in social workers' views about child participation and service quality.	Deskriptiv studie

Referanse	Sammendrag	Kommentar
<p>participation in decision-making: Differences between two child welfare organizations. <i>Child & Family Social Work</i> 2015;20(3):277-287.</p>	<p>Hierarchical regression analyses were used to test if any differences may be explained by collaboration between professionals' and social workers' work engagement. We found that social workers from residential care services seem more prudent in letting children participate in case planning compared to social workers planning for foster care. Social workers' judgements of service quality were also highly affected by their organizational affiliation, but personal factors such as work engagement may also play a part. The differences we found regarding social workers' attitudes towards participation and their rating of service quality are associated with organizational culture. Understanding how organizations shape social workers' decisions to include or exclude children in care planning may help gain a more comprehensive understanding of what is needed to take the participation agenda forward.</p>	<p>Organisatoriske faktorer og barnets deltakelse i beslutningsprosesser: Forskjeller mellom to barnevernsorganisasjoner</p> <p>Tidsskriftsartikkel</p>
<p>Helgeland IM. Participation and Protection of Youngsters with Serious Behavior Problems in Norwegian Child Welfare Services. <i>Sociological Studies of Children and Youth</i> 2011;14:257-285.</p>	<p>Purpose -- Young people exhibiting serious behavior problems represent an enormous challenge for municipal child welfare services in Norway. In working with these youngsters, it is vital to create opportunities for them to participate in the decisions affecting their lives. The study aims to explore the dilemmas involving issues of participation on the one side and protection on the other: it is one where the child welfare worker is being required, on the one hand, to provide youths with an opportunity to participate in decisions affecting them while at the same time being required to protect those youths in their care from harming themselves in various ways. These two concerns of participation and protection are spelled out specifically in Article 12 of the UN Convention on the Rights of Children of which Norway is a signatory. Methodology -- This study draws from a qualitative reanalysis of interview data from a 15-year longitudinal study of 85 child welfare clients in Norway. They were followed up at three points in time: first when they became clients (age 14/15), next when they were young adults (age 20), and finally when they were 30 years old. All of these 85 informants had initially come to the attention of child protection authorities owing to the severity of their behavior problems. Findings -- The chapter describes how these young people experienced both participation and protection of the child welfare services at the time they were provided and later on when they had become adults. One important finding of the study is that, as adults, their opinions had changed and they then believed that the protection usually in the form of guardianship earlier provided to them as youngsters had been beneficial to them.</p>	<p>Kvalitativ studie</p> <p>Undersøker dilemma om deltagelse og beskyttelse av unge med alvorlige atferdsproblem i norsk barnevern</p> <p>Tidsskriftsartikkel</p>

Tabell 5. Liste over andre mulige relevante studier om brukermedvirkning (n=2)

Referanse	Sammendrag	Kommentar
<p>Coad J, Flay J, Aspinall M, Bilverstone B, Coxhead E, Hones B. Evaluating the impact of involving young people in developing children's services in an acute hospital trust. <i>Journal of Clinical Nursing</i> 2008;17(23):3115-3122.</p>	<p>Aims and objectives: The aim of this paper is to reflect on how an acute hospital trust involved a youth council comprising 17 young people aged 11-18 years to improve children's service delivery in one NHS trust in the UK. Background: Over the last decade, there has been an increased emphasis on the active involvement and participation of children and young people in the decision-making processes that affect them. However, one challenge in involving users in acute hospital trusts is how their views are used to develop services. For this reason, University Hospitals Coventry and Warwickshire NHS Trust, UK (University Hospitals Coventry and Warwickshire NHS Trust have given permission to have their name cited in the publication of this article) recognising the emerging national patient and public involvement agenda, planned and developed a youth council for the Trust in 2006. Process: The process of setting up the youth council is outlined. An evaluation workshop took place with 15 members of the youth council and their views are incorporated around three specific areas: Evidence that their involvement has improved trust services; Barriers to young people's voices being heard in service delivery; What could promote young people's involvement in healthcare services. Conclusion/Relevance to clinical practice: This paper describes the setting up of a youth council but also discusses the potential barriers and how to overcome them to promote young people's involvement in hospital trust service planning and development. Whilst the focus of the council was young people, the principles are of use to a wide range of clinical professionals faced with similar challenges.</p>	<p>Deskriptiv studie Beskrivelse av å involvere unge i utvikling av barns tjenester i et engelsk sykehus Tidsskrifts-artikkel</p>
<p>Vaknin O, Zisk-Rony RY. Including children in medical decisions and treatments: perceptions and practices of healthcare providers. <i>Child: Care, Health & Development</i> 2011;37(4):533-539.</p>	<p>Background: With growing awareness of the need to involve children in their own health-related decisions, attention has primarily focused on the concept of assent, or a minor's participation in a research trial or experimental treatment. This study attempts to broaden that focus by examining the perceptions and practices of healthcare providers with respect to the role of children in more routine healthcare decisions and treatments. Methods: In total, 103 nurses and 40 physicians who work in a hospital in Israel completed self-administered perceptions and practices questionnaires. Results: Many participants agreed that children should be included in decision making. Factors that respondents felt would influence their approach to a particular child included child behaviour (80%), child communication (66%), experience of child, parent and healthcare provider (90%) and type of medical intervention (60%). Responses differed between physicians and nurses. In response to the question 'How often do you suggest the following methods to achieve child participation in treatment?' most respondents reported that they provide an explanation (98%) and recruit the parents (90%). The use of play was reported by only 63% of the professionals. Conclusion: This study demonstrated that many healthcare providers recognize the need to include children in routine health-related practices and outlined factors healthcare providers use in deciding when to include children in medical decisions. Involving children in even the minute aspects of everyday decisions and treatments can allow children to feel part of the process, improve their co-operation, increase their sense of control and affect future healthcare encounters.</p>	<p>Tverrsnittsstudie Helsepersonells oppfatninger og praksis av inkludering av barn i medisinske beslutninger og behandling Tidsskrifts-</p>

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