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Ask the children: youth views about parenting, parental freedom, and child safety. A survey study of youth in Finland, Ireland, Norway, and USA

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ABSTRACT

This exploratory study examines youth (ages 15–17) attitudes about child protection. The study includes data from youth in four countries (Finland, Ireland, Norway, and the U.S.) ($n = 2,010$) to offer an international comparative perspective. The study also compares youth attitudes to adult attitudes in Norway and the U.S. Findings suggest that youth generally favour restricting parenting practices when an infant is experiencing risk and that views about unrestricted parenting are especially negative when risk to an infant rises. Youth had mixed views about whether it was appropriate to separate an infant from a parent and their views were more favourable under conditions of increased risk. In general, findings from the youth were similar to findings from adults. The study has implications for the design of child protective policies based on the views of the social actors ultimately affected by state-protective actions.

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Introduction

Childhood is experienced differently both within and between countries. Depending on country resources, politics, culture, levels of conflict and other factors, some children, and youth may experience relative or absolute scarcity or adversity. Regardless of country context, it is widely believed that children do best when they live, at minimum, with family members who endeavour to keep them safe and cared for. Some children, however, are less fortunate in this regard than others. According to the 2020 Children's Worlds Report, the percentage of 10-year-olds who "totally agree" that they "feel safe at home" ranges from about 90% in Poland to about 50% in Indonesia.¹ Similarly, almost nine in ten children in Estonia indicate that "there are people in my family who care about me," whereas only about five in ten children in Hong Kong share similar views² (Rees et al., 2020, p. 39).

These widely dissimilar experiences are curious in the light of the almost-universally ratified U.N. Convention on the Rights of the Child (CRC), which provides children with a protective frame of state principles along with civil, social, and political rights within states on par with the rights of adults (CRC articles 13, 14, 15, 17, and 12). The CRC enumerates the protective role of the state with regard to children's health (Article 24), education (Article 28), labour (Article 32), war and armed conflict (Article 38), and other matters. In addition, Article 19 denotes states' obligations to protect children

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from harms associated with abuse, neglect, or exploitation, and herewith for states to have a child protection system. However, how states define the broad terms of abuse or neglect varies greatly across the globe, as do state definitions of childhood (Berrick, Gilbert, et al., 2023; Gilbert et al., 2011). State practices in ensuring children's protection also vary (Berrick, Gilbert, et al., 2023). Some states offer greater or lesser degrees of family support to prevent harm to children; some states engage in practices to more or less constrain parenting choices.

Child protection is complicated work. Essentially, the enterprise has the potential to put parental freedom against child safety, two principles that are highly regarded in many country contexts (Berrick et al., 2018). Differences in state practices with regard to child protection are likely due to a range of factors including public attitudes about family, children's needs and rights, and the features of state-sponsored child protective policies. Limited research exists examining public perceptions about state responses to children at risk; fewer still focus on international comparative perspectives (Berrick, Gilbert, et al., 2023; Skivenes & Benbenishty, 2022, 2023; Skivenes & Thoburn, 2017). Generally, children or youth are not routinely included in surveys about public attitudes on welfare state policies, although they are often the subject of state-sponsored practices. To our knowledge, there are only a handful of studies showcasing how children or youth regard the child protection system (see Helland, *in review* . for an overview), and other public institutions (Hooghe & Wilkenfeld, 2008; Torney-Purta et al., 2004).

Kumlin and Haugsgjerd (2017) posit that public opinion is a key driver that shapes political behaviour and policy evolution, yet a pivotal aspect of research into public sentiment regarding welfare states suggests a reverse relationship. Drawing on policy feedback theory, public attitudes are shaped by the policies and structures of welfare institutions themselves, influencing how people perceive the welfare system's role and effectiveness (see also Roosma & Van Oorschot, 2020; Svallfors, 1996, 2012; Valarino, 2018). Ostensibly, if children have not yet been subject to the expression of public policy through their limited life experience, their attitudes about public responses to family life would be less subject to policy feedback theory. That is, their views would reflect their personal values, untethered to the policy frame in which they live. As such, youth attitudes about public policy might differ from adults'.

Children and youth may or may not be aware of the nature or scope of public child protection, though they have notions about fairness, harm, and support. This exploratory study of youth ages 15–17 in four countries (Finland, Ireland, Norway, and the U.S.) (n = 2,010) therefore begins to address a gap in the literature by examining youth views about children at risk of harm and an appropriate state response. Although there is much to be learned from youth perspectives on the welfare state in many countries, we selected these four countries because these countries have a long history of highly developed welfare states as well as child protection systems, though they differ in approach (as discussed below). We explore youth views on risk to a child and if increased risk suggests stronger interventions in a family. The study design replicates an experimental survey design used on representative adult samples in Norway and California, USA (Berrick, Skivenes, et al., 2023a), and thus we can compare youth and adults in two of the countries. The study is, to our knowledge, the first to offer findings about similarities and differences between adults' and youths' opinions regarding child protection matters. In addition, the study contributes to the scarce literature on youth perspectives about child protection, and the literature on the role of institutional context in shaping public attitudes. The study has implications for the design of child protective responses to young children, based on the views of the social actors ultimately affected by state-protective actions.

The paper is structured in five sections. In the following, theory and background are presented, followed by methods, findings, and discussion sections. The paper ends with concluding remarks.

Background and existing literature

Children's rights to expression are most clearly set out in Article 13 of the CRC regarding Freedom of Expression:

- (1) *The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.*
- (2) *The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:*
 - (a) *For respect of the rights or reputations of others; or*
 - (b) *For the protection of national security or of public order (order public), or of public health or morals.*

Although the CRC does not suggest that children and youth should necessarily have voting rights, it is a clear obligation for states to actively seek their views and treat them seriously (Lundy et al., 2019). As recently as 2012, youth participation in political processes was largely non-existent in most countries (Wall, 2012), though in recent years in some countries, the voting age has been reduced to age 16 (7 countries¹) or age 17 (3 countries²) (World Population Review, 2024). In some cases, children and youth are now included in a limited fashion as advisors to state decision-making. Engaging children and youth as advisors shifts the concept of children “as” citizens – what Wood describes as “being citizens” – towards youth “doing citizenship” (2022), a broader term that encapsulates children’s engagement in different forms of policy action.

“Doing citizenship” appears to be emerging in some international, national, and local contexts. For example, some international bodies have included youth in an advisory capacity. The European Network of Ombudspersons for Children (ENOC) in 2022 engaged youth in discussions about climate justice. Similarly, some UNICEF-affiliated organizations have youth advisory boards that offer important perspectives on shaping policy priorities (see, for example, Thailand: <https://www.unicef.org/thailand/ypab#>). At the national level, New Zealand’s “Agenda for Children” was developed in consultation with youth representatives (Brown & McCormack, 2005). Youth are included as respondents in some of Israel’s parliamentary proceedings relating to children’s issues (Ben-Arieh & Boyer, 2005). Kazakhstan developed a National Adolescents and Youth Forum to offer youth voice in political agenda-setting (Karkara & Khudaibergenov, 2009). Many countries have also developed children’s parliaments or youth councils designed to advise national or jurisdictional governments on matters pertaining to children (Percy-Smith & Thomas, 2010).

In the area of child protection policy, some states have established youth boards or councils that are made up of youth with lived experience of the child protection system. For example, Australia’s, CREATE foundation (<https://create.org.au/>) offers youth with lived experience the opportunity to organize and forward policy proposals for reform. Other countries have similar organizations at the local, regional, or national levels. For example, Norway’s Experts by Experience group the Change Factory (<https://forandringsfabrikken.no/en/>), EPIC Youth Councils in Ireland (<https://www.epiconline.ie/>), or the U.S. FosterClub (<https://www.fosterclub.com/>) support youth voice in contributing to policy reform.

Outside of policy circles, researchers have endeavoured to access youth views and experiences about a variety of issues. Two larger efforts stand out. One is within the educational field, the IEA Civic Education Study,³ in which 94,000 8th and 9th graders (13.5 years on average) from 25 countries were asked about their knowledge regarding various school topics, but also about their views on civic issues and citizenship. The study has undergone three rounds (2009, 2016, 2022), with analyses available from the first two. Another is the International Survey of Children’s Well-Being (ISCWeB),⁴ in which subjective well-being was examined on a range of topics (e.g., school, home, and money) from approximately 28,000 children. The survey covers 24 countries, and children as young as eight years old participate; a total of four rounds of data have been conducted (2014; 2015; 2016–19; 2020–2022). Germane to child protection and family life, the 2020 Children’s Worlds Report assessed children’s views about a range of topics, including children’s perceptions of their safety at home, and whether they feel cared for by family members (Rees et al., 2020). But studies concerning child or youth attitudes about government-supported services are sparse. With regard to child protection,

some high-income countries include youth views about the services they receive (McTavish et al., 2022; Norway Youngdata; Helland, in prep.); some studies also explore children's perspectives on being included in child protection-related activities (Križ, 2020; Törrönen et al., 2023), but views about the child protection system from the general youth population have not, to our knowledge, been conducted. Nevertheless, some have argued that children are social actors whose perspectives should be taken into account by researchers (Hutchby & Moran-Ellis, 1997; Kilkelly & Liefwaard, 2019) and who should be acknowledged as experts on their lives. In particular, researchers are called upon to study children's experiences within their own country or cultural context, given the widely divergent childhood experiences shaped by place and time (Backett-Milburn & Harden, 2004; Pincock et al., 2024).

Finland, Ireland, Norway, and the USA

At the national level and focusing on the four countries featured in this paper, the voting age is 18. In terms of youth inclusion in the policy process, there are differences across states. Ireland has developed a strategic plan to engage children and youth in policy planning; youth perspectives are now taken into account in some policy contexts (see Department of Children, Equality, Disability, Integration and Youth, 2024). Although the U.S. federal government does not have an official youth advisory council, many state and federal agencies have organized youth boards to inform decision-making. In Norway, there is no national youth parliament, but there are legally mandated youth councils (Local Government Act in 2019) at the local and regional levels with specific tasks related to youth participation in decision-making processes, and there are national youth panels for issues relevant to youth. Finland has developed a national youth parliament to offer youth a voice in various policy issues (Eduskunta, 2024) and Ireland has Dáil na nÓg a national youth parliament held every 2 years.

In addition to the policy context of taking youth voice into some consideration, the four countries also share highly institutionalized welfare states with provisions aimed at safeguarding children from abuse and neglect. This protective network includes a cadre of professionals spanning the legal domain, healthcare, law enforcement, education, social services, and child protection agencies (Schmid & Benbenishty, 2011). In this paper, we consider the child protection system as the institutional context (see Helland et al., 2023; Skivenes, 2021; Skivenes & Benbenishty, 2022, 2023).

State child protection systems in the four countries studied variously engage with families to protect children from actual harm and/or risk of harm, or to improve children's overall well-being. Because children are nested in families, child protective responses typically focus on parents and the acts of omission or commission that result in children's harm, risk of harm, or compromised well-being. Child protection actors generally attempt to adjust parenting behaviours through voluntary means; sometimes, the state places involuntary restrictions on parents in order to address children's care. Under severe circumstances, children may be separated from parents and placed in out-of-home care.

But the child protection systems in the four countries differ in scope, policy, and practice. Finland and Norway are typically referred to as "family systems" in their orientation (Gilbert et al., 2011). Relative to some other countries, they have a low threshold for child protection involvement, offering services to families struggling with a range of issues, many of which precede child maltreatment and might instead concern children's overall well-being. In this regard, these countries are prevention-oriented, supporting families' overall health and wellness. Families who are involved in child protection are typically offered services over a long duration, and both countries prioritize voluntary services wherever possible. Although many services are voluntary and prevention-focused, a relatively large proportion of children are separated to out-of-home care. The most recent data available (2023) suggest that the incidence of out-of-home care in Norway is 10.3 per 1,000 children. Although point-in-time data are unavailable for Finland, estimates suggest that 16.5 children per 1,000 experienced out-of-home care at some point in that same year (Berrick et al., 2023). In addition

to being “family systems” oriented, more recent work by Berrick, Gilbert and Skivenes (2023) suggests that Norway’s and Finland’s systems are also designed to fundamentally protect children’s rights in addition to children’s safety and well-being. These more recent policy developments suggest an ideological shift from children as objects of protection to children as subjects with social and civil rights (see Skivenes, 2011).

In contrast, the U.S. and Ireland generally are referred to as “child protection” systems (Gilbert et al., 2011), principally focused on narrowly protecting children from child maltreatment-related harm. Relative to Finland and Norway, these countries have a high threshold for government involvement in the family, offering services following a community signal suggesting a child’s harm. The incidence of out-of-home care is relatively lower. In 2023, about 5.1 per 1,000 children in Ireland and 5.9 per 1,000 children in the U.S. were in out-of-home care (Berrick, Gilbert, et al., 2023). In terms of children’s rights, Ireland has signed the UNCRC, though it has not incorporated the CRC into national law to the extent that Norway has. And the U.S. is the only country in the world that has not ratified the UN CRC, though various state policies are designed to protect a range of children’s rights. The diversity of these country contexts offers a ripe opportunity for examining youth views about appropriate state efforts to protect children.

In general, the views of children and youth are important to consider because children are a unique social group whose perspectives and needs may differ from adults. Little is known about the views of youth from the general population regarding the fundamental ideas associated with child protection. Should the state engage with families to protect children? Under what conditions? In what manner? The organizations and social structures that shape their lives are largely formed by adults, but the interactions with these structures are generally experienced by children. And in terms of family life, while children may have some needs and desires that correspond with parents’, children’s views may sometimes diverge as well (James & Prout, 1990). In particular, it is possible that children’s perspectives on issues of risk and state protection may differ from adults’ (Kelley et al., 1997) in part because children’s exposure to the state is much more limited. As such, this study includes children ages 15–17 and their views about whether agents of the state should engage with young children at increasing levels of family risk, and if so, the nature of the state response. We ask: Should the state restrict parents as a means of securing a child’s safety? Should the state restrict parents as the risk to a child increases? Should the state separate children from parents under conditions of risk? And are there differences in youth responses across country contexts that reflect that country’s policy frame?

Data material and methods

To examine our research questions, we replicated an experimental vignette with three risk scenarios, followed by questions to assess youth attitudes about parental freedom and state interventions.

Sample

The study sample includes 2,010 youth ages 15–17 in four countries collected in June and July 2023: Finland, ($n = 500$), Ireland ($n = 510$), Norway ($n = 500$), and the U.S. ($n = 500$). Two data collection firms, Sentio and YouGov, were employed. Sentio maintains a panel of U.S., Finnish, and Norwegian youth ages 15, 16, and 17 as potential web-based survey respondents. The respondents are representative of the youth population in terms of age and gender. The panel is regularly employed by Sentio to answer questions relating to a wide range of topics including brand measurement, attitudes, and behaviours. Surveys are distributed on a quarterly basis and are referred to as “omnibus surveys.”

Youth were contacted by Sentio and invited to participate in this survey. Respondents were notified that the research was being conducted by faculty at [BLINDED FOR REVIEW] (IRB approval #2022-07-15505) and were directed to a link describing the nature and purpose of the study,

including its voluntary nature. Youth were asked for their assent. Respondents were not compensated, but as panel participants, they earned “points” for participation valued at approximately €0.40.

Sentio does not maintain a sample of youth in Ireland. As such, we employed YouGov to conduct data collection in that country. YouGov maintains a representative sample of adults in Ireland. Similar to Sentio, YouGov engages these panel respondents in various web-based surveys, also distributed on a quarterly basis as “omnibus surveys.” Adults in the panel who previously indicated that they have an adolescent child aged 15–17 in their household were contacted by YouGov and invited to ask their adolescent child to participate in the survey. Respondents were directed to a link that described the nature and purpose of the study and were asked for consent. Thereafter, they were provided a link to distribute to the adolescent youth in their home. Youth were asked for their assent to participate. Similar to Sentio, respondents were not compensated, but their parents earned “points” for participation.

More girls than boys ultimately responded to the survey (58% v 42%), and more youth ages 16 and 17 participated (see Appendix, [Table A1](#)). Additional characteristics about the youth were not included. Some youth may have had out-of-home care experiences connected to their country’s child protection system, though the study did not inquire about these experiences. National prevalence studies of children’s out-of-home care experiences are sparse. Of the four countries studied, we are only aware of one study examining the childhood prevalence of out-of-home care for U.S. children. In that study, approximately 6% of all U.S. children were estimated to have been in foster care at some point during childhood (Wildeman & Emanuel, Wildeman et al., 2014). Because of differences in out-of-home placement rates across the four countries studied, we cannot estimate the likely percentage of this sample that may have experienced out-of-home care.

Following data collection, anonymous data from each firm were provided to the researchers. To uphold transparency in research and to provide detailed information to those interested, we have an Appendix. We provide a description of the sample, by country and risk severity in the Appendix, [Table A2](#). We also provide an overview of mean values, standard deviation, and n for each treatment and response, in total and per country in the Appendix, [Table A3](#).

Instrument

Vignettes have been used by various researchers as a means of examining international comparative social policies. Although differences in culture, language, and other factors can complicate the research, vignettes can standardize the context to which research participants can respond (Barter & Renold, 1999, 2000; Finch, 1987; Soydan, 1996; see also Skivenes & Tefre, 2012; Oltedal & Nygren, 2023).

The survey vignette was identical to a survey used by three of the authors in a previous study of adult respondents in Norway and California, U.S.A. (Berrick, Skivenes, et al., 2023a), though the name of the parent noted in the vignette was changed from “Julie” in the previous study, to “Julia” for this study to make the name relevant to the four-country context. As the needs of newborns are similar across the countries and most young people are aware of the nature of newborns on a general level, the case was thought to communicate well with young informants in different country contexts. The relevance of the vignette as well as its translations into Finnish and Norwegian were tested with a small sample of young people. The survey was developed in American English and then translated and back-translated into Norwegian and Finnish. The instrument was assessed for face validity by researchers, child welfare practitioners and youth in all four countries. As in the previous study, we portray an infant child at some risk at birth due to serious parental drug use:

A social worker visits Julia in the hospital when Julia gives birth to a baby boy. Julia is addicted to drugs and the newborn is suffering from drug withdrawal symptoms. The social worker is very concerned about the baby’s safety, assesses Julia’s ability to take care of the baby, and recommends drug treatment for Julia. Julia says she is sorry that she may have hurt her baby, she realizes she has a serious problem, and she is willing to enroll in treatment.

Independent variable

The underscored sentence in the vignette is manipulated to characterize the severity of risk conceptualized as parental cooperation, insight, and responsibility. X1 is low risk (as above) because it represents high levels of cooperation, high insight, and high levels of responsibility. Medium risk (X2), is represented by medium levels of parental cooperation, medium insight into the problem, and medium levels of responsibility: "Julia says she is not sure she may have hurt her baby, she thinks she may have a small problem, and she doesn't need treatment." The high-risk context (X3) suggests low levels of parental cooperation, low insight into the problem, and low levels of responsibility: "Julia says she did not hurt her baby, she does not think she has a problem, and she refuses to enroll in treatment."

Respondents were randomly assigned a vignette with either X1 (n = 680), X2 (n = 667), or X3 (n = 663).

Dependent variable

Youth attitudes about the state's role with regard to the parent were assessed with three statements measuring increasing levels of restriction; respondents could provide their views in a 4-point Likert scale from Strongly Disagree (1) to Strongly Agree (4) for each statement:

"Julia should be free to bring her baby home regardless of the social worker's assessment."

Labelled **Unrestricted parenting**.

"The baby should stay with Julia in a supervised setting." Labelled **Restricted parenting**.

"The baby should be placed in foster care." Labelled **Suspended parenting**.

Background variables relating to respondent gender, age, and country were included.

Analysis

An omnibus ANOVA test is used to examine whether there is a statistically significant treatment effect, and post-hoc Bonferroni-corrected multiple comparison tests are used to test for significant differences between mean values. We report significant differences at $p < .01$ (*). Next, we estimated two logistic regression models (a main effect model and an interaction model) for each of the three outcomes (unrestricted parenting, restricted parenting, and suspended parenting). The main effect model regressed the outcome on country and risk severity, controlling for age and gender. The interaction model added an interaction between country and risk severity to the main effect model. Risk severity was modelled as a continuous variable. Where indicated, postestimation testing was used to examine significant differences between two countries. We conducted these same tests, testing for institutional context combining data for Finland and Norway, and combining data for Ireland and the U.S.

We combined data from a representative sample of adults from Norway and from California (described previously in Berrick, Skivenes, et al., 2023a) and youth data from these same countries to determine if there were differences in attitudes between youth and adult respondents using omnibus ANOVA and post-hoc Bonferroni-corrected multiple comparison tests.

Hypotheses

Four hypotheses, based on previous studies of adult populations, undergird this work:

H1a: Youth will not favour unrestricted parenting, and (H1b): youth will favour restricted parenting as a means of securing child safety.

H2: Youth will disfavour suspended parenting.

H3a: As risk to the infant rises, youth will show decreasing support for unrestricted parenting, and (H3b): increasing support for restricted parenting and (H3c) increasing support for suspended parenting.

H4: Youth from Ireland and the US (i.e., child maltreatment protection states) will be more likely to favour unrestricted parenting compared to youth from Finland and Norway (i.e., child rights protection states),

Findings

Descriptive results, combining “strongly disagree” and “disagree” responses and combining “strongly agree” and “agree” responses, show that 20–26% of youth respondents “agreed” with **unrestricted parenting** (depending on risk), and between 82% and 84% of respondents “agreed” with **restricted parenting** (depending on risk). About 32–43% of youth respondents agreed with **suspended parenting** (depending on risk) (see Table 1). There are clear differences between countries on most dimensions.

Norwegian youth were generally more supportive of unrestricted parenting than youth from the other country samples (see Table 2). Finnish youth respondents held more favourable attitudes towards suspended parenting than youth respondents from other countries, and significantly more so than youth respondents from Norway, but only at medium risk severity ($p < .01$).

Focusing on the independent variable of risk, youth attitudes about **unrestricted parenting** varied by risk to the child; as risk rises, youth show greater disapproval of unrestricted parenting ($p < .01$) (see Table 3). Youth had significantly more favourable views about unrestricted parenting in the context of low risk compared to high risk. Youth attitudes regarding **restricted parenting**, however, did not vary by risk, whereas youth attitudes about **suspended parenting** trended positively with increased risk to the child ($p < .01$). Youth offered significantly more favourable views about suspended parenting under conditions of high risk, compared to the low risk condition.

Country differences

Examining survey results between each of the country samples, we find that the odds of supporting **unrestricted parenting** were more than twice as high among U.S. youth compared to Irish youth respondents. Moreover, the odds of agreeing with unrestricted parenting were more than three times

Table 1. Per cent agreement on views of parenting restrictions by severity of risk among youth, overall and by country ($n = 2,010$). Merged 1–2 = disagree, and 3–4 = agree. Showing only agree.

	Overall % agree	USA % agree	Ireland % agree	Finland % agree	Norway % agree
Unrestricted Parenting					
Low Risk	26.2	20.9	13.7	33.3	37.8
Medium Risk	21.1	19.9	12.3	23.8	28.6
High Risk	19.9	21.7	11.1	24.6	22.5
Restricted Parenting					
Low Risk	83.5	86.1	83.3	79.7	84.3
Medium Risk	84.4	82.1	83.6	85.5	86.3
High Risk	82.2	82.8	78.4	81.7	86.3
Suspended Parenting					
Low Risk	32.5	32.1	31.6	33.3	33.1
Medium Risk	40.5	41.0	36.8	51.2	32.7
High Risk	43.1	39.5	42.1	49.1	41.3

Note: * χ^2 test significant at $p < 0.01$ indicating that observed agreement was significantly different than would be expected were there no treatment effect of risk level severity.

Table 2. Mean values and treatment effects on views of parenting restrictions by country among youth, overall and by risk level (n = 2,010). 1 = strongly disagree, 4 = strongly agree (omnibus ANOVA and post-hoc Bonferroni-corrected multiple comparison tests).

	Overall mean	USA mean	Ireland mean	Finland mean	Norway mean
Unrestricted Parenting					
Overall*	1.98	1.96 ^{N, F, I}	1.67 ^{U, N, F}	2.14 ^{U, I}	2.15 ^{U, I}
Low Risk*	2.06	1.99 ^N	1.77 ^{N, F}	2.20 ^I	2.31 ^{U, I}
Medium Risk*	1.95	1.92 ^I	1.64 ^{U, N, F}	2.10 ^I	2.13 ^I
High Risk*	1.92	1.95 ^I	1.62 ^{U, N, F}	2.12 ^I	2.01 ^I
Restricted Parenting					
Overall	2.99	3.01	2.95	2.96	3.04
Low Risk	3.02	3.06	3.04	2.94	3.03
Medium Risk	3.01	3.00	2.95	3.01	3.08
High Risk	2.94	2.96	2.88	2.92	3.01
Suspended Parenting					
Overall	2.33	2.33	2.32	2.42	2.27
Low Risk	2.25	2.24	2.26	2.26	2.23
Medium Risk*	2.35	2.42	2.31	2.47 ^N	2.18 ^F
High Risk	2.41	2.34	2.39	2.50	2.41

* omnibus ANOVA significant at $p < 0.01$

^U multiple comparison test with USA significant at $p < 0.01$

^I multiple comparison test with Ireland significant at $p < 0.01$

^F multiple comparison test with Finland significant at $p < 0.01$

^N multiple comparison test with Norway significant at $p < 0.01$

Table 3. Mean values and treatment effects on views of parenting restrictions by severity of risk among youth (n = 2,010). 1 = strongly disagree, 4 = strongly agree (omnibus ANOVA and post-hoc Bonferroni-corrected multiple comparison tests).

	Overall mean
Unrestricted Parenting	*
Low Risk	2.06 ^h
Medium Risk	1.95
High Risk	1.92 ^I
Restricted Parenting	
Low Risk	3.02
Medium Risk	3.01
High Risk	2.94
Suspended Parenting	*
Low Risk	2.25 ^h
Medium Risk	2.35
High Risk	2.41 ^I

*omnibus ANOVA significant at $p < 0.01$ (indicating at least one significant difference among observed means)

^I multiple comparison test with low-risk level significant at $p < 0.01$

^h multiple comparison test with high-risk level significant at $p < 0.01$

greater among Finnish youth and Norwegian youth compared to Irish youth. As risk to the infant rises, the odds of agreeing with unrestricted parenting decreased by about 20%, controlling for country, age, and gender. Overall, the odds of supporting unrestricted parenting were about 50% lower among female youth respondents than among male youth respondents. (See Table A4 for a depiction of bivariate analyses across risk levels and Table 4 for a logistic regression on findings regarding unrestricted parenting.)

Table 4. Logistic regression of unrestricted parenting on risk level and country (n = 2,010).

	Main Effect		Interaction	
	OR	99% CI	OR	99% CI
Country (Ref = Ireland)				
US	2.22*	(1.39, 3.53)	1.94	(0.97, 3.89)
Finland	3.08*	(1.97, 4.82)	3.27*	(1.65, 6.47)
Norway	3.36*	(2.17, 5.20)	4.24*	(2.19, 8.19)
Risk Level	0.82*	(0.69, 0.98)	0.87	(0.57, 1.34)
Country * Risk Level				
US			1.16	(0.67, 2.01)
Finland			0.94	(0.55, 1.61)
Norway			0.78	(0.46, 1.32)
Age (Ref = 15)	0.87	(0.71, 1.06)	0.86	(0.71, 1.05)
Gender (Ref = Male)	0.53*	(0.40, 0.70)	0.53*	(0.40, 0.70)
Intercept	0.25*	(0.16, 0.39)	0.24*	(0.14, 0.43)

*significant at $p < 0.01$

There were no significant differences by country, age, or gender in youth views about **restricted parenting**, regardless of risk to the child.

Youth attitudes about **suspended parenting** were responsive to risk but did not vary significantly by country in findings from the main effect model. The odds of favouring suspended parenting increased by 25% for every increase in risk level, regardless of country. One-way ANOVA tests indicated that Finnish youth were significantly more supportive of suspended parenting than Norwegian youth. A postestimation nonlinear hypothesis test was implemented to determine whether this difference was also significant in the main effect logistic regression model. The test shows that the Finnish coefficient (1.38) is significantly larger than the Norwegian coefficient (.95) ($\chi^2(1) = 8.42, p < 0.01$) indicating stronger support for suspended parenting among Finnish youth compared to Norwegian youth (see [Table 5](#)).

Institutional context of child protection systems

Combining data from Ireland and the US (child maltreatment protective systems) and combining data from Finland and Norway (child rights protective systems), we find that youth from Ireland and the US were less supportive of **unrestricted** parenting. Based on logistic regression analyses, findings suggest that youth respondents from the Nordic countries were over two times as likely to favour **unrestricted** parenting. As risk level increased, the odds of supporting unrestricted parenting decreased by about 20%. Again, female youth were about half as likely as male youth to support unrestricted parenting (see [Table 6](#)). No significant differences were observed for restricted or suspended parenting.

Table 5. Logistic regression of suspended parenting on risk level and country (n = 2,010).

	Main Effect		Interaction	
	OR	99% CI	OR	99% CI
Country (Ref = Ireland)				
US	1.02	(0.72, 1.44)	1.08	(0.63, 1.86)
Finland	1.38	(0.99, 1.94)	1.27	(0.73, 2.21)
Norway	0.95	(0.67, 1.33)	1.00	(0.58, 1.73)
Risk Level	1.25*	(1.08, 1.44)	1.26	(0.94, 1.69)
Country * Risk Level				
US			0.94	(0.62, 1.42)
Finland			1.08	(0.72, 1.63)
Norway			0.95	(0.62, 1.44)
Age (Ref = 15)	0.98	(0.83, 1.15)	0.98	(0.83, 1.16)
Gender (Ref = Male)	1.12	(0.88, 1.43)	1.12	(0.87, 1.42)
Intercept	0.45*	(0.32, 0.63)	0.44*	(0.29, 0.69)

*significant at $p < 0.01$

Table 6. Logistic regression of unrestricted parenting on risk level and child protection system type (n = 2,010).

	Main Effect		Interaction	
	OR	99% CI	OR	99% CI
Child Rights Protective System	2.09*	(1.57, 2.78)	2.59*	(1.67, 4.01)
Risk Level	0.82*	(0.69, 0.97)	0.94	(0.72, 1.22)
Child Rights Protective System * Risk Level			0.79	(0.56, 1.12)
Age (Ref = 15)	0.92	(0.76, 1.11)	0.92	(0.76, 1.11)
Gender (Ref = Male)	0.56*	(0.42, 0.74)	0.56*	(0.42, 0.75)
Intercept	0.36*	(0.25, 0.51)	0.31*	(0.21, 0.48)

*significant at $p < 0.01$

Comparing youth with adults

Findings from the Norwegian and the U.S. youth in this study were combined with data collected on a sample of Norwegian and California, U.S., adults. In general, the findings across samples trended in the same direction, though there were some differences by degree. For example, both youth and adults generally disfavoured **unrestricted parenting** under all conditions of risk with support for unrestricted parenting declining in association with increasing risk. Overall, youth were somewhat more likely than adults to support unrestricted parenting (see [Table 7](#)).

Respondents in both groups also generally favoured **restricted parenting** under all conditions of risk. Adults were somewhat less likely than youth to favour restricted parenting.

There was similarly mixed support for **suspended parenting** between both groups with support for suspended parenting rising with risk to the child; adults were somewhat more likely than youth to support suspended parenting.

Discussion

The design of child protection systems across the globe generally focuses on protecting children from various aspects of harm. The architects of these system designs – policymakers – are adults who are or can be responsive to the views of their public constituents, typically adults.⁵ Adult opinion may be solicited to determine the boundaries of risk and harm, to determine the appropriate state

Table 7. Per cent agreement and treatment effects on views of parenting restrictions by severity of risk overall and by cohort (n = 3,148). 0 = disagree, 1 = agree. (chi2 test).

	Youth % agree	Adult % agree
Unrestricted Parenting		
Overall		*
Low Risk	29.0	19.3
Medium Risk	24.4	15.3
High Risk	22.1	12.5
Restricted Parenting		
Overall		*
Low Risk	85.2	81.3
Medium Risk	84.3	79.4
High Risk	84.5	74.7
Suspended Parenting		
Overall		*
Low Risk	32.6	34.5
Medium Risk	36.7	42.7
High Risk	40.4	47.9

*chi2 test significant at $p < 0.01$ (indicating at least one significant difference among observed means).

response to children's harm, and adults, of course, carry out the tasks associated with child protection across the globe. The purpose of this exploratory study was to solicit youth views about a relatively typical child protection scenario to gauge their views about the degree to which parents should be offered unlimited freedom in caring for their children, whether their behaviours or circumstances should be constrained, or whether parents should be separated from their children under some conditions of risk. The vignette to which the youth respondents were exposed was serious and the implications of their responses weighty. We presume that the large majority of youth respondents do not have children themselves, and therefore we expect that their answers reflect the views of those who could be the child-subject of a child protection system response.

The analysis suggests that overall, our hypotheses were confirmed; however, there are important nuances to consider. Findings suggest that youth from Finland, Ireland, Norway, and the U.S. do not generally favour **unrestricted** parenting, and their views about unrestricted parenting are especially negative when an infant appears to be at risk (Hypothesis H1a and H3c are confirmed). Parents should not be given unlimited freedom to parent their child as they wish. Given their views about unrestricted parenting, it is perhaps unsurprising that youth offer fairly significant support for **restricted** parenting under conditions of child risk (Hypothesis H1b is confirmed), though views about restricted parenting did not vary by risk level (Hypothesis H3a is not confirmed). We note that the vignette provided to respondents may have been interpreted as serious, even in the low-risk scenario as in each case, the baby was born showing signs of withdrawal from the mother's substance use. These scenarios, familiar to child protection professionals, are probably less commonly observed or known among youth.

Youth generally disagreed with **suspended** parenting, though their views were not held strongly (Hypothesis H2 is confirmed). Youth were also responsive to risk conditions and were more likely to favour suspended parenting as risk to the child increased (Hypothesis H3b is confirmed). Irish youth were most likely to disagree with unrestricted parenting, and data from Ireland and the U.S. combined (countries with a higher threshold for a child protection response than Finland and Norway) indicated these respondents as strongly disfavoured unrestricted parenting compared to respondents from the Nordic countries (Hypothesis H4 is not confirmed). Female youth were less likely than male youth to favour unrestricted parenting.

The trends seen in the youth data were generally similar to the trends observed in previously collected data with adults in Norway and California (USA). Youth, however, were somewhat more likely than adults to favour unrestricted parenting.

We note that responses were not uniform. Although the large majority of respondents favoured restricted parenting (82–84%), and a small minority favoured unrestricted parenting (20–26%), these views were not universal, suggesting that concepts such as parenting, risk, and constraint are contested issues, even among youth. Although there are strong differences between the views of female versus male youth (with female youth holding more favourable views of restricted parenting), the limitations of our available data do not allow for a more nuanced examination of the distribution of responses across youth respondents. Attitudes regarding favouring separation of an infant and parent were more mixed (33–43%), highlighting this controversial issue and its significance as a profound state response to family difficulties.

Although it is unlikely these youth participants were closely familiar with issues relevant to child protection, they nonetheless responded to the increasing degree of risk posed in the experimental vignette, indicating greater discomfort with unrestricted parenting under conditions of increasing risk to the child. These trends in the data mirror the design of child protection systems across many country contexts as most state policies authorize restrictions of parental freedom under limited circumstances (Berrick, Gilbert, et al., 2023). Their responses also speak to the challenging and nuanced work of child protection practitioners who seek to accurately assess children's degree of risk and safety, typically under conditions of constrained access to information, limited resources, and time.

We also note that youth perspectives varied by country, although not in the direction we anticipated. Given the relatively high incidence of out-of-home care in Finland and Norway

(compared to Ireland and the U.S.), we anticipated that Finnish and Norwegian youth would be more likely to favour suspended parenting and/or restrictions on parenting. In fact, youth respondents from Norway and Finland were more likely to favour unrestricted parenting compared to respondents from the U.S. or Ireland.

Limitations

Findings from this study provide new insight into the views of youth on issues of child protection across four country contexts. There are limitations to our approach. We were unable to apply the same sample recruitment strategy across the four countries. Our methods in Ireland reflected limitations placed on data collection firms for conducting research with minors under age 18. Because we had to rely on parents to forward the survey to youth, we cannot say with confidence that all Irish surveys were completed by youth. The sample size in each of the four countries is somewhat limited and we have limited information about respondents beyond their country and gender. More information on the cultural and socioeconomic diversity of respondents would be instructive. We also do not have information about respondents' potential lived experience within their country's child protection system or out-of-home care. We note, however, that this was designed as a population-based study to discern general youth attitudes regarding child protection involvement in family life. Child protection policy is not typically developed solely by or necessarily with input from affected populations and therefore these general views should be considered instructive. Future studies that parse out youth with lived experience would be an important next step.

We also do not have information about the degree to which respondents are generally familiar with the needs of babies. We have few 15-year-olds and fewer males in the sample, and the randomization for the experimental vignette did not result in similar distributions of respondents within each group. We note, however, that the regression analyses controlled for these variables, so the exposure–outcome relationships are not confounded by age or gender, and the regression analyses generally confirmed findings from the ANOVA analyses (which did not control for age or gender).

The survey itself is limited and cannot convey the complexity of typical cases in the field of child protection. We do not include many variables that might be relevant in an assessment of an infant's risk or harm (e.g., chronicity of parental drug use, prior contact with child protection, other parenting behaviours, etc.). The focus of the survey indicates an infant at risk; had our respondents been asked about conditions more relevant to a youth of a similar age, their views might have been different. We also have a design in which response alternatives are not mutually exclusive; see Appendix [Table A5](#), showing that some respondents both disagreed and agreed to several of the options.

Conclusion

Are youth responsive to their policy context as policy feedback theory would suggest? Or is the felt experience of a policy frame necessary to shape public attitudes? Youth in this exploratory study held generally similar views about child protection as adults from a previous study (including Norway and CA, USA), though their exposure to the policy context of their country was less than that of adults who had simply lived longer and spent a greater proportion of their lives in the public sphere, outside the privacy of the home. This study does not send a strong signal about the direction of policy feedback, but it clearly suggests that state efforts to protect children are generally regarded positively, at least in principle, by both youth and adults.

Perhaps equally important are the findings' implications for policy design that is inclusive of the voice of those subject to policy. It may suggest a next step in including children and youth in the participatory process of citizenship – the “doing citizenship” that extends beyond merely “being” a citizen (Wood, 2022). The inclusion of youth voice in considering if, when, or how the state should be involved in family life recognizes the agency and expertise of youth, both as potential recipients of welfare provisions as well as understanding the needs and views of those

who are potentially affected by such services. Policymakers who take youth voice into consideration will likely make better informed and more compassionate choices about public policy opportunities. Although the views of the youth participating in this study were not markedly different from the views of adults, policymakers might be well advised to consider the unique perspectives of different family member stakeholders when they vary on family-based issues. Particularly, in the area of child protection policy, youth voice may be especially important. Policies relating to child protection typically involve consequential services or actions that profoundly affect children. Offering youth an opportunity to share their insights is respectful of youth citizens and may one day become a standard for responsive policymaking (Toros, 2021).

The overall trends from the analysis speak to some of the fundamental expectations of children, and these mirror the basic tenets of the U.N. Convention on the Rights of the Child. Notably, although the U.S. has not signed the Convention, findings from U.S. youth did not appreciably differ. Various state laws supporting children's rights, and the growing trend to include youth – particularly those with lived experience – as respondents in public policy discourse may suggest that youth perspectives on safety and well-being may be relatively common across some country contexts.

Youth, who are the subject of many social policies, have important insights about what they need and want from service providers. Engaging youth to determine their views about government support and intervention in family life may be a fruitful enterprise both for researchers and policymakers.

Notes

1. Argentina, Austria, Cuba, Brazil, Ecuador, Malta, and Nicaragua.
2. Greece, Indonesia, North Korea.
3. IEA Civic Education Study: <https://www.iea.nl/studies/iea/iccs>. Including Finland (2009,2016), Ireland (2009) and Norway (2009, 2016,2022)
4. <https://iscweb.org/>. Including Finland (2016–2019, 2020–2022), Norway (2013–2015, 2016–2019), and U.S.A. (2011–2012).
5. We note that policymakers in many states are increasingly interested in soliciting the perspectives of child protection service users, including adults and youth.

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Appendix

Appendix for research paper "Ask the children: Youth views about parenting, parental freedom, and child safety". A survey study of youth in Finland, Ireland, Norway and USA.

Table A1. Youth age and gender, total and per country. N and percent.

Variable		Total		USA		Ireland		Finland		Norway	
		Number	%	Number	%	Number	%	Number	%	Number	%
Gender	Male	835	42	170	34	262	51	192	38	211	42
	Female	1175	58	330	66	248	49	308	62	289	58
Age	15	401	20	31	6	198	39	67	13	105	21
	16	805	40	249	50	146	29	207	41	203	41
	17	804	40	220	44	166	33	226	45	192	38

Table A2. Youth demographics by risk level (n=2,010). N and percent.

Treatments	Variable		USA		Ireland		Finland		Norway	
			Number	%	Number	%	Number	%	Number	%
Lower risk (X1)	Gender	Male	65	35	84	50	65	42	72	42
		Female	122	65	84	50	88	58	100	58
Medium risk (X2)		Male	43	28	84	49	68	40	67	40
		Female	113	72	87	51	104	60	101	60
Higher risk (X3)		Male	62	39	94	55	59	34	72	45
		Female	95	61	77	45	116	66	88	55
Lower risk (X1)	Age	15	11	6	64	38	22	14	42	24
		16	97	52	53	32	54	35	61	35
		17	79	42	51	30	77	50	69	40
Medium risk (X2)		15	13	8	64	37	17	10	28	17
		16	74	47	44	26	84	49	74	44
		17	69	44	63	37	71	41	66	39
Higher risk (X3)		15	7	4	70	41	28	16	35	22
		16	78	50	49	29	69	39	68	43
		17	72	46	52	30	78	45	57	36

Table A3. Mean values, standard deviation, and n for each treatment and response, in total and per country (n=2,010).

		Overall	USA	Ireland	Finland	Norway
		Unrestricted Parenting				
Overall	mean	1.98	1.96	1.67	2.14	2.15
	sd	0.77	0.77	0.73	0.72	0.77
	n	2010	500	510	500	500
Lower Risk (X1)	mean	2.06	1.99	1.77	2.20	2.31
	sd	0.79	0.77	0.76	0.75	0.78
	n	680	187	168	153	172
Medium Risk (X2)	mean	1.95	1.92	1.64	2.10	2.13
	sd	0.76	0.74	0.73	0.71	0.77
	n	667	156	171	172	168
Higher Risk (X3)	mean	1.92	1.95	1.62	2.12	2.01
	sd	0.76	0.80	0.71	0.70	0.72
	n	663	157	171	175	160
		Restricted Parenting				
Overall	mean	2.99	3.01	2.95	2.96	3.04
	sd	0.67	0.64	0.73	0.64	0.68
	n	2010	500	510	500	500
Lower Risk (X1)	mean	3.02	3.06	3.04	2.94	3.03
	sd	0.69	0.60	0.77	0.71	0.70
	n	680	187	168	153	172
Medium Risk (X2)	mean	3.01	3.00	2.95	3.01	3.08
	sd	0.65	0.64	0.68	0.59	0.69
	n	667	156	171	172	168
Higher Risk (X3)	mean	2.94	2.96	2.88	2.92	3.01
	sd	0.67	0.67	0.73	0.61	0.66
	n	663	157	171	175	160
		Suspended Parenting				
Overall	mean	2.33	2.33	2.32	2.42	2.27
	sd	0.78	0.76	0.87	0.74	0.73
	n	2010	500	510	500	500
Lower Risk (X1)	mean	2.25	2.24	2.26	2.26	2.23
	sd	0.78	0.72	0.90	0.78	0.74
	n	680	187	168	153	172
Medium Risk (X2)	mean	2.35	2.42	2.31	2.47	2.18
	sd	0.76	0.75	0.86	0.72	0.70
	n	667	156	171	172	168
Higher Risk (X3)	mean	2.41	2.34	2.39	2.50	2.41
	sd	0.78	0.81	0.85	0.71	0.75
	n	663	157	171	175	160

Table A4. Mean values and treatment effects on views of parenting restrictions by severity of risk among youth, overall and by country (n=2,010). 1=strongly disagree, 4=strongly agree. (omnibus ANOVA and post-hoc Bonferroni-corrected multiple comparison tests).

	Overall mean	USA mean	Ireland mean	Finland mean	Norway mean
Unrestricted Parenting	*				*
Low Risk	2.06 ^h	1.99	1.77	2.20	2.31 ^h
Medium Risk	1.95	1.92	1.64	2.10	2.13
High Risk	1.92 ^l	1.95	1.62	2.12	2.01 ^l
Restricted Parenting					
Low Risk	3.02	3.06	3.04	2.94	3.03
Medium Risk	3.01	3.00	2.95	3.01	3.08
High Risk	2.94	2.96	2.88	2.92	3.01
Suspended Parenting	*			*	
Low Risk	2.25 ^h	2.24	2.26	2.26 ^h	2.23
Medium Risk	2.35	2.42	2.31	2.47	2.18
High Risk	2.41 ^l	2.34	2.39	2.50 ^l	2.41

*omnibus ANOVA significant at p<0.01

^lmultiple comparison test with low-risk level significant at p<0.01

^mmultiple comparison test with med-risk level significant at p<0.01

^hmultiple comparison test with high-risk level significant at p<0.01

Table A5. Overview of respondents responses on the three dependet variables. Cross tables. Merged disagree and agree values. Percent.

Unrestricted	Restricted		Total
	Disagree	Agree	
Disagree	13	65	78
Agree	4	19	22
Total	17	83	100
		Suspended	
Unrestricted	Disagree	Agree	Total
Disagree	44	34	78
Agree	18	5	22
Total	61	39	100
		Suspended	
Restricted	Disagree	Agree	Total
Disagree	6	11	17
Agree	56	28	83
Total	61	39	100