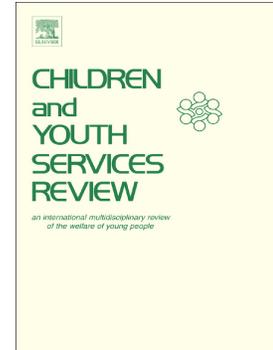# Accepted Manuscript

Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care

Tim Moore, Morag McArthur, Jodi Death, Clare Tilbury, Steven Roche

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Sticking with us through it all: the importance of trustworthy relationships for children and young people in residential care

Author names and affiliations.

Dr Tim Moore

Senior Research Fellow

Institute of Child Protection Studies

Australian Catholic University

Professor Morag McArthur

School of Social Work

Australian Catholic University

Dr Jodi Death

School of Justice

Queensland University of Technology

Professor Clare Tilbury

School of Human Services and Social Work

Griffith University

Mr Steven Roche

Research Assistant

Institute of Child Protection Studies

Australian Catholic University

Corresponding author.

Dr Tim Moore

Senior Research Fellow

Institute of Child Protection Studies

Australian Catholic University

Present/permanent address.

215 Spring Street

Melbourne, VICTORIA 3000

Tim.moore@acu.edu.au

Abstract

Children and young people in residential care experience a raft of negative impacts. Drawing on the findings of a study conducted for the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, this paper stresses the importance of relationships in both keeping children and young people safe and responding to their safety needs. Trusted staff were those: that cared for young people and demonstrated this care in their relationships; who were accessible and available; who understand and prevent interpersonal safety risks including, but not limited to, child sexual abuse; who support young people to make decisions and to decide how they are to be supported; and who recognise the challenges young people face when raising their concerns. A lack of stability, constant turnover of staff, a lack of confidence in workers' capacity to respond to young people's needs and significant administrative and organisational responsibilities were identified as key barriers to worker-young person relationships.

Key words

- Safety in residential care
- Client worker relationships in residential care
- Children and young people's views about safety.

Trustworthy relationships for children and young people in residential care:

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Authors

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Abstract

Both historical and contemporary residential care for children have been found to present

risks to their safety and security. Views about the characteristics of workers that helped them

to feel safe in the placement were obtained from 27 children and young people who were

placed in residential care in Australia. Competent and trustworthy staff were considered

essential. These workers were characterised as caring, proactive, tenacious in building

relationships, and available. Importantly, they listened and ensured young people had a voice.

The study affirms the central role of the worker-client alliance in ensuring residential care is a

positive and safe experience for children and young people, and identifies structural factors

that children and young people believe are barriers to them feeling safe.

Keywords: safety in residential care, client worker relationships in residential care, children

and young people's views

In 2012, the Australian Government announced a Royal Commission into Institutional Responses to Child Sexual Abuse. Since its inception, the Royal Commission has uncovered evidence of significant harm experienced by children and young people in out-of-home care, and within residential care specifically. The Royal Commission's Lead Counsel, Gail Furness QC, stated in her opening remarks at a public hearing:

> *As at 31 December 2016, over 2,200 people attending a private session have reported suffering child sexual abuse in out-of-home care. That is about 40 per cent of all those attending a private session (Royal Commission, 2017, p2).*

The Royal Commission's findings reflect those made by previous inquiries that found that children and young people in out-of-home care, generally, and residential care, specifically, are at significant risk of abuse (Human Rights and Equal Opportunity Commission, 1997; Senate Community Affairs Reference Committee, 2004). Further, studies of adult care leavers show that abuse and deprivation of children in out-of-home care has significant adverse effects and leads to persistent unmet needs throughout the lifespan (Fernandez et al., 2016).

While much of the Royal Commission's focus has been on historical experiences of abuse, such experiences are still occurring for many children and young people in residential care. Studies have shown consistently that children and young people remain at risk of experiencing a range of adverse events while in residential care, that have consequences into adulthood (Euser, Alink, Tharner, van Ijzendoorn & Bakermans-Kranenburg, 2013; Knorth, Harder, Zandberg & Kendrick, 2008). Among the specific challenges facing children and young people in residential care are exposure to peer abuse and violence and sexual exploitation by outsiders (Barter, 2003; Biehal, Cusworth, Wade & Clarke, 2014). Unfortunately, the residential care experience of too many children and young people is

characterised by violence, threats of physical, emotional and sexual harm, inappropriate staff conduct, and a general lack of psychosocial and emotional safety (Attar-Schwartz, 2011; Attar-Schwartz & Khoury-Kassabri, 2015; Collin-Vézina, Coleman, Milne, Sell &. Daigneault. 2011; McLean 2015, Finkelhor, Hamby, Turner & Walsh,. 2016, Freundlich, Avery & Padgett, 2007; Sekol, 2013). Even though the prevalence and the negative outcomes of sexual abuse in residential care have been demonstrated, Timmerman and Schreuder (2014) reported that there was no literature on how workers and institutions could best respond to signals of sexual abuse in residential care. They concluded that professionals were failing to adequately identify and respond to problems of sexual abuse or to stand up for young people when they were at risk.

Contemporary residential care in Australia

Residential care is considered a placement option of last resort for Australian children and young people in out-of-home care who have been removed from their family homes due to abuse, neglect, or parent's inability to provide care. In June 2016, 2,322 or-5% of children and young people living out of home care were in residential care (AIHW, 2017). Children generally live in small groups (less than ten young people) and are cared for by paid, rostered staff. Often these children have complex and significant support needs, including mental ill health, intellectual or learning difficulties, and difficult behaviours (Bath, 2008a). Many have experienced sexual or physical abuse and early childhood trauma which can present itself in self-harming, internalizing and externalizing behavior (van der Kolk, et al., 2005; Bath, 2008a). Although there has been a move to adopt therapeutic models of residential care in Australia, these are still in their infancy and many therapeutic care units do not fit the internationally definition of therapeutic residential care (Bath, 2008b; Whittaker, del Valle & Holmes, 2015).

The importance of positive, trusting and trustworthy relationships

The fundamental importance of positive worker-youth relationships has been stressed within the general residential care literature as a marker of quality (Coady, 2014: Moore, Moretti & Holland,1997; Timmerman, Schreuder & Kievitsbosch, 2017). Zegers, et al (2006, p58), for example, argue that "Alliance with a trusted staff person is at first a secure base to deal with residential experience and then later becomes a model for future relationships". Studies that have directly engaged with children and young people in residential care to obtain their views about a variety of topics consistently emphasize the central role that attachment and the worker-client relationship plays in practice (Augsberger & Swenson, 2015; Coady, 2014; Gallagher & Green, 2012; Harder, Knorth & Kalverboer, 2013; McLeod 2010; Skoog, Khoo & Nygren, 2015; Soldevila, Peregrino Oriol, & Filella ,2013; Ward, Skuse & Munro, 2005). Children and young people across multiple studies place considerable importance on the value of consistent, reliable, strong, and lasting relationships with trusted workers, and the therapeutic value of such relationships in promoting security and well-being is recognised (Duppong Lambert, Gross, Thompson & Farmer, 2017; Schofield, Larsson & Ward, 2016).

Studies that have considered the worker-youth relationship emphasise the need to understand the nature of these relationships from the perspective of young people, asserting that as key beneficiaries of the relationship who either engage in or resist forming connections with staff, young people's views are vital:

> *Exploring youths' perception of these relationships provides an opportunity to tease apart the active components of the relationship through the eyes of the youth… [S]eeking out their unique perspectives can help them participate as partners in identifying what is adequate or optimal worker involvement in these relationships, and can help to shape the system's understanding of what is needed from individuals who assume the worker role* (Augsberger & Swenson 2015, p236).

The literature stresses young people's desire for relationships with adults who champion their cause and make them feel they care about them as individuals (Augsberger & Swenson, 2015; Gallagher & Green, 2012; Soldevila et al., 2013;). Such relationships facilitate positive supports but also have a symbolic value: they foster a sense within young people that they have worth, that they are connected, and are not alone (Augsberger & Swenson, 2015; Gallagher & Green, 2012). Good workers have been described by young people as those who are empathetic, warm, good listeners, who are interested, committed, reliable and willing to take action (Mainey, Ellis & Lewis, 2009). Ausberger and Swenson (2015, p238) found that when young people trusted workers they were more likely to talk about their concerns and develop an alliance to find solutions to the challenges they encountered:

> *"Workers they trusted were viewed as worthy of the youth's opening up,*
> *sharing information, and engaging in collaborative decision making,*
> *whereas those they did not trust were viewed as being intrusive."*

The relationship between adults and young people in residential care has been of interest to researchers and practitioners for some time. Within the literature on therapeutic residential care, the alliance between therapists and young people is considered central to the "positive treatment outcomes through an unconscious intrapersonal process of change' (Manso, et al., 2008, p 215) and the best predictor of positive outcomes (Kopta, Lueger, Saunders & Howard, 1999). Effective therapeutic alliances allow workers to demonstrate empathy, validate young people's positive behaviours, confront problematic attitudes and behaviours and, together, achieve therapeutic goals (Zegers et al, 2006). In residential care, alliance with a trusted adults is considered the first step to forming a secure base and dealing with the stressful environment where young people live (Zegers, et al, 2006). What appears to be missing from this literature is the practices that residential care workers can adopt to promote safety and prevent abuse and harm (Duppong, 2017).

Although the literature related to the protective role of workers in residential care is scarce, studies point to the importance of young people developing trustworthy relationships with both front-line and other professionals in residential care. Front-line workers have ongoing contact with children and young people, while professional staff (such as therapists) are more likely to pick up signs of sexual abuse and are often better equipped to provide effective responses (Degner, Henriksen & Oscarsson, 2010; Timmerman et al., 2017). However, this literature suggests that there are a number of practical, professional, and organizational barriers to these protective relationships being formed. Degner et al. (2010), for example, point to how the operations of residential units can be counterproductive to the development of supportive relationships for young people. Some examples include a lack of continuity of staff due to frequent staff turnover, low personal involvement by staff, and administrative processes that can interfere with daily interactions between young person and worker. Timmerman and Schreuder (2014 & 2017) noted that as the risks of child sexual abuse within residential care are increasingly reported, workers and residential care organizations are becoming risk averse, instigating policies to restrict relationships between young people and staff. Such responses may, inadvertently, do more to protect staff from accusations of harm than protect young people from abuse. Horwarth's (2000) study of professionals working in residential care found that staff were more focused on the risks of allegations against them rather than the child: they adhered to policies and procedures because of their perceived vulnerability with respect to interactions with children, even if they felt this may not be in the best interests of the young person. Horwath (2000) concluded that the care dimension of working in residential settings was in danger of disappearing because of staff feeling "vulnerable and are fearful of the way their behaviour may be interpreted" (p. 188).

Based on the known risk factors in residential care, in combination with evidence presented in private sessions, in 2015-16 the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission, 2015) commissioned a research study to consider how children and young people in residential care conceptualised and experienced safety in residential care, and to identify what they believed residential care currently does, and should do, to protect them and respond when they feel unsafe or are harmed. The Royal Commission sought to develop a picture of the contemporary residential care system and the areas of policy and practice in need of improvement.

Method

This qualitative study was participatory: children and young people helped determine the nature and scope of the study, participated in interviews, and provided guidance about the main themes that emerged from analysis. It built on a larger study on children's safety [Authors, 2015] conducted in 2015 with children and young people who were involved with a broader set of institutions (including schools, holiday camps, and early childhood services).The present study aimed to give children and young people in residential care an opportunity to have their say about interpersonal safety, including their relationships with workers and other adults. The interviews identified participants' views on what they needed to keep them safe, how to prevent harm, and effective responses when they experienced abuse. While the study explored a range of questions about safety in residential care, this paper focuses specifically on what children and young people identified as the characteristics they felt staff needed to have to keep them safe, as well as what they think gets in the way for staff to fully play a protective role.

Sampling procedures

Children and young people were recruited through residential care services in three Australian jurisdictions. Identifying eligible participants relied on cooperation with partner

residential care providers. Children and young people were excluded from the study if they were aged under 10 years, had been in residential care for less than three months, or were currently involved in a court proceeding related to sexual abuse or sexual assault charges (as a perpetrator or victim). In order to prevent potential further trauma, children and young people who had recently experienced a traumatic life event were counseled about the nature of the study and were, in a number of cases, discouraged from participating. We worked closely with partners on recruitment. Partner residential care providers provided information to children and young people who were eligible, sought their consent, and supported their participation by organizing a time and place for the interview to be conducted. As children and young people in the sample were under the guardianship of the state, statutory child protection authorities endorsed the project and arranged consent for each individual to participate in the study.

Ethics approval

The study was approved by [authors' institution] Human Research Ethics Committees [application number] and ratified by our university partners' universities. Approval was also obtained from each of the child protection authorities and some non-government providers that had their own research approval processes. A detailed consent process was developed to ensure that each participant was aware that their participation was voluntary, that there were limits to confidentiality and that researchers would need to respond if participants disclosed abuse or other threats to their safety, and that they had some control over what and how they discussed issues (see Authors, 2015, for more detail). Only the gender and age group of participants are reported in findings to protect confidentiality. Because of the nature of the topic as sensitive, a range of safeguards were put in place to ensure children and young people's emotional safety, and to provide participants with opportunities to end interviews and get support if needed. A day or two after the interview we made follow-up calls to

participants to make sure that they did not experience distress and to offer to assist them to obtain help if there were any concerns.

Data collection

Interviews were conducted face to face either one-on-one or in pairs. A semi-structured interview guide was developed to explore the key questions: "What does it mean to be safe? What does it mean to be safe in residential care? What things compromise young people in residential care's interpersonal safety? What do workers and services do and what could they do better to keep young people safe in residential care?" In considering the last question, participants were asked to identify the attributes of workers who were most trusted and most effective in protecting them from harm. Interviews were audio taped with consent and generally took between 45 and 90 minutes to complete. The interviews were semi-structured and were designed with input from a group of young people who had lived in care. They were structured in a way to allow children and young people:

- Some choice and control over what things were discussed and how they were discussed;

- To reflect not on their own experiences of safety but rather the experience of other young people in residential care (using hypothetical situations);

- To identify the concerns that they believed were present in residential care (rather than being provided with a pre-conceived set of concerns); and

- To propose recommendations for the Royal Commission and to highlight the key things that they believed researchers should highlight in research reports.

Although interviews were similar in nature and structure, they varied based on children and young people's needs and wishes.

Participants

Twenty-seven children and young people participated in the study, including 18 males and 9 females. Table 1 sets out the age and gender of participants.

Table 1: Age and gender of participants

	Male	Female	Total
10–12 years old	7	3	10
13–16 years old	7	2	9
17–20 years old	4	4	8
Total	18	9	27

In exploring their backgrounds and experiences in care, it appeared there were two distinct groups who had common experiences. The first group, mostly younger, had lived in care for between three and 18 months. Most had either moved from their biological families into care or they had had brief stays in foster care or other residential care placements. Many of these children and young people had experienced abuse, neglect or harm prior to their time in residential care although they reported they had not encountered similar experiences after being placed. Even though they said that they had been exposed to violence, bullying and physical threats by peers, they reported feeling safer and more secure in their current placement. They spent less time discussing the ways that workers might protect them from harm. The second group was generally made up of older participants who had been in out-of-home care for more substantial periods of time. They characterised residential care as being unstable and chaotic, marked by multiple placement moves, and reported significant threats and experiences of physical, emotional or sexual abuse. Within the latter group there were some who reported feeling more stable in their current placement than they had in the past. There were others who were anxious about their imminent movement out of care (when

reaching 18 years of age), which would lead to the severing of relationships with workers, peers, and programs with whom they had meaningful connections.

Data analysis

As the project aimed to understand how children and young people conceptualized safety within residential care, both inductive and deductive approaches to data analysis were taken. This allowed us to look beyond existing theories of safety to consider what was of most importance to children and young people themselves. Interviews were transcribed and analyzed with the aid of NVIVO. Initial themes developed from coding and categorizing similar responses were examined with reference to the existing literature to deductively explore how the accounts were similar and different (Boyatzis, 1998). Acknowledging the subjectivity of the analysis process, researchers made journal entries alongside transcriptions and spent some time discussing their analysis with other members of the research team to check their interpretations. Findings were also "member-checked" with a group of young people in care who provided guidance in relation to our analysis and suggested priorities and implications of the findings (Tracy, 2010). The quotes selected to illustrate themes were drawn from statements (often made by older participants) that were common when talking about the need to be protected from abuse or other risks. As noted, younger participants were less likely than older participants to identify interpersonal safety concerns (other than bullying) as being prevalent for children and young people in residential care. As such, in some areas, there are more quotes attributed to older than younger participants.

Findings

Characteristics of staff who keep young people safe

Children and young people were asked to describe the characteristics of a worker they trusted and would go to if they felt unsafe. They identified important personal characteristics they thought staff needed to have to keep them safe, as well as what they considered might

get in the way of staff fully playing a protective role. Having adequate numbers of trustworthy and competent workers who were present and available for children and young people was a shared view amongst participants.

> *They stuck with me through it all… I never felt alone.' (Young woman, aged 17-20)*

Although most participants had experienced competent and trustworthy workers, most voiced their reservations about adults who chose to work in residential care for reasons such as: it might be seen as easy work, it was paid well, or because workers may not have the skills to be employed in other professions. Although acknowledging that not all staff were under-skilled, there was a common view that many workers did not exhibit skills that inspired the confidence of children and young people.

Having trustworthy adults around led most participants to say they felt safer and protected from harm, and consequently more likely to seek help when they were hurt by another young person or adult. This was particularly important for younger participants who appeared to be less confident in their own capacity to protect themselves from harm. In addition, trustworthy adults with skills also helped them manage their own negative and destructive behaviours.

> *Q: So, if you had one key message for the Royal Commission on how to make kids safer, what would it be?'*
>
> *A: Really building relationships with the kids works, because then they feel safer to come with you with pretty much any problem. They're not going to come to you with problems, even if it's something as simple as being bullied, they're not going to come talk to you if they think you don't like them or that you don't listen. So, if you don't spend time with the clients you work with they're not going to feel safe to actually come and talk to you. I think*

that's why [my residential care provider] made sure our workers always

spent time with us. Even if it was something as simple as taking us to a park,

they made sure that workers would spend time with us, because ... [my

residential care provider] did know that building relationships was

important in keeping kids safe, because you can't keep kids safe if they won't

talk to you (Young woman, aged 17–20).

Trusted staff care. When asked, each child or young person could identify at least one worker with whom they had developed a trustworthy relationship. They valued these adults, believing that they helped them and kept them safe. Participants most often talked about how trusted workers demonstrated the characteristics of care, support, and encouragement. Describing how scary and daunting their first experience of residential care was, participants reflected that moving to a new house and living with new peers without much preparation pointed to how important having a worker to care for them was. A worker who could demonstrate they cared about the child or young person and assisted them in the transition into the residential care unit built a foundation on which young people could begin to feel safe and secure.

While the majority of participants thought that most workers appeared to be caring, it was the ones who were able to demonstrate their care in practice that were especially valued. Caring workers looked out for children and young people, they were available when support was needed, and they checked to see how the child or young person was faring. Participants felt that workers who care and show they care could be differentiated from other workers.

[We want workers:] Ones that actually show they care, not just say they

care. ... They just sit with us, talk to us, you know what I mean, just socialize

(Young woman, aged 13-16).

> *Someone that's not just there for a job, they're there because they actually*
>
> *care (Boy, aged 12 years or under).*

Trusted adults protect children and young people from harm. Participants of all ages said that they confronted a number of risks while living in residential care. All participants felt that violence and bullying by their peers was pervasive while older participants identified sexual harassment, coercion and being 'forced into doing things that they felt was unsafe' as a considerable concern [Authors, 2017]. Trusted adults were those that actively protected children and young people from harm and stepped in when it became clear that a resident was being harmed.

> *F: Some workers are great but some are crap*
>
> *Q: What makes a great youth worker and what makes a crap youth*
>
> *worker?*
>
> *F: A great youth worker would be someone that listens and -*
>
> *M: Someone that actually does stuff, as opposed to someone who just*
>
> *says 'oh yep'.*
>
> *F: Yeah. And they'll actually take the time*
>
> *M: Someone who actually acts on what's going on…. If something's*
>
> *going down they step in, protect you*

Trusted staff "hang in". Older participants explained that trusting workers was sometimes difficult because of their own history of abuse or experience of adults letting them down. This lack of trust led young people to put up barriers between themselves and workers. Young people reported that good workers understood that building trust took time and they 'hung in' with young people over time.

> *… you've got to build those relationships up. It doesn't matter how much a*
>
> *young person pushes a worker away that worker will keep trying to break*

through. They will get through eventually. It takes time you can't build a

friendship overnight (Young man, aged 17-20).

Trusted staff appreciate the risks children and young people face in residential care and take their safety seriously. A number of participants felt that workers and services were either oblivious about what was going on for children in care regarding risks from peers, staff, or predatory adults outside of residential care, or they were aware of the risks but thought they could prevent harm - even though they often were not effective in intervening to keep young people safe. In response to the risks and the uncertainty as to whether something or someone was safe or not, participants described how they wanted workers to be alert to the risks, watch over young people, and to respond and intervene effectively when issues of safety arose for and between young people. Both younger and older participants suggested that staff needed to be aware of changes in children's behaviour as an indicator that something had happened or there was a risk something might happen. One young man described what he felt was needed in a worker to demonstrate how they understood the safety risks:

> *say, for example, if they did see something different in one of the kids in resi, I guess a youth worker's role is to act on it and, like I said, keep – not asking them every single day, but keeping an eye on them, making sure that they're [OK] … like if they act different – say, for example, if I completely avoided [another young person's] room. That's obviously going to be a major sign that something's happened for me to completely avoid a room. Or say, for example, me completely avoiding [another resident]. (Young man, aged 17– 20).*

Being effective in responding to different situations required workers to be able to assess the different risks and respond appropriately. For example, this young woman identified how different situations required different action from workers.

> *To take action and what kind of action needs to be taken in what kind of scenario. Because obviously different scenarios need different actions. Obviously if it's a sexual abuse scenario, you're going to be wanting to be more kind, more heartfelt words kind of thing. Whereas if it's three guys fighting, then it's like obviously they're going to have to step in and be hey, come on, you don't need to do this kind of thing. We can talk about it. So they need to know what actions they need to take in different scenarios* (Young woman, aged 17–20).

Trusted staff are available and accessible and act to protect children and young people from harm. Participants valued workers who spent the time to get to know residents by "hanging out" in relaxed settings: playing games, watching television or doing other shared activities. They wanted to feel as if the worker liked spending time with them and for them to be warm and friendly (rather than being young people's friends). Young people reported that at the same time they wanted workers to behave professionally which they acknowledged required boundaries. An example given was that they did not like workers who disclosed to young people things about their own personal lives and sexual relationships..

Being available to young people when they needed them was also highlighted as an important part of keeping them safe. A young woman describes what she means:

> *They didn't just sit in the office and look through the glass window they actually came out and talked to us. Sat down and watched movies or would get us out of the house… But a good youth worker would be someone that would be willing to take their time to talk to you if you really need them. Or*

they're willing to listen to you. They're willing to do things with you. Like

things as in like going out and stuff like that. A bad youth worker would be

someone that just tells them to basically piss off <laughter> (Young woman,

aged 17-20).

One of the younger girls said workers who looked out for young people and protected them

was the way she decided whether the worker was good and safe. She and others gave

examples of workers intervening when young people were bullied and agreed that vital

worker characteristics was the ability to negotiate, compromise, and help solve problems.

One of the older young people gave the example of a good worker:

[After hearing about a problem I was facing] she goes "we need you to do this" and

if we didn't want to do it that way, she would be very good at taking what we were

saying and finding a good middle ground (Young man, aged 17-20).

Trusted staff provide children and young people an opportunity to have their

say. Workers who supported and enabled children and young people to have a say about

safety issues was identified as vital. Many of the participants (including those who were

younger and had spent less time in care) felt that they had a lot to contribute to how to

prevent sexual abuse and other safety concerns evident in residential care. Young people, in

particular, argued that having an opportunity to have a say in the unit was important to their

safety.

I think workers should rely more on young people. We know what is going

on, we know what it's like, we know what works and we know what is going

to work ... If young people know that workers have learned what to do from

us kids I reckon they'd be more like ... to go along with it. It makes sense –

but I don't think they'd even think about asking us (Young man, 17–20).

Although they reported having limited opportunities to raise these concerns or to provide their perspective on how safety and other issues could be handled, they nonetheless felt that hearing their views was important. They argued that processes and responses that were informed by young people themselves might build more confidence in adults' responses to safety problems leading to young people asking for help.

What gets in the way of trustworthy relationships

There were a number of barriers to the development of trustworthy relationships identified. Some of these barriers were to do with the nature of the young person's experiences and lack of stability of their care experience and the people, including of workers in their lives. This section describes what participants said gets in the way of them developing trustworthy relationships.

Lack of stability. Many of the children and young people in this sample had had multiple placement breakdowns and characterized their experience of residential care as being unstable and chaotic. Therefore it is not surprising that a major criticism of residential care voiced by participants was the lack of stability it provided to them. Although children did not raise it as a major concern, older participants particularly were aware that residential care was seen by some in the system as only a temporary arrangement before either going to foster or leaving care; young people and workers moved in and out of the residential care unit; and the mix of young people in a unit was often problematic. This chaos, lack of stability and the feeling of a temporary placement was a barrier to children and young people developing relationships with workers. Some felt that if residential care was going to be a longer term proposition then they needed to be allowed to make the unit their home, and only then was it possible to develop more trusting relationships with staff.

Related to the lack of stability and continuity of life for some young people was the high turnover of staff, which also impacted adversely on building a trusting relationship. Children and young people emphasized the seemingly self-evident necessity of worker continuity:

"*But it's hard because it's shift work in most residential units so that worker that you trust and feel safe around will only be there for a few hours and then go home. Then you may not trust the next one so then you're stuck feeling unsafe for the next few hours*." (Young man, 17–20).

Hesitation of young people to forge relationships. Most children in the sample reported that they had access to workers who were available for them when they needed to talk about problems or raise their concerns. These children were mostly in stable settings and had not experienced multiple moves. On the other hand, although they could see that developing relationships with trustworthy adults was important, older participants reported that this was often hard to do. This difficulty was due to the limited access some people had to relationships with worthy adults. Some of these young people reported that they were reluctant to take a chance with workers either because they might be rejected or they felt there was an inevitability of staff leaving or being moved. Because of the instability of residential care life others felt it was difficult to really get to know workers because workers moved on as well leaving little time to build a meaningful relationship.

Lack of faith that workers would or could effectively respond. This reluctance or lack of opportunity to connect with workers in a trusting relationship meant that some children and young people, when feeling unsafe or harmed, were ambivalent about confiding in workers. There was a lack of faith in workers' response to concerns which led to participants not trusting that workers would assist them. In contrast to helpful or supportive responses participants felt that workers sometimes downplayed their concerns and worries. Others reported workers saying that they couldn't act on the concern because they had not

witnessed the incident or implied that it was the young person's fault that they had been harmed or assaulted. Many of the participants were left with the view that some workers saw conflict and violence as inevitable in residential care and that they, the workers felt it was pointless to try and prevent it.

> *I feel like they try to deal with the big issues as well as avoiding it at the*
> *same time. I think they don't think that they can fix things so they just give up*
> *on it (Young man, aged 17–20).*
>
> *They say they [take us seriously], but I don't think they really do (Girl, aged*
> *10–12).*

A number of the older participants described how when they had raised concerns with workers, the workers informed them that they would take their concern to a manager or to someone else to act on. However, they reported that this rarely occurred, and when this happened, young people felt betrayed. They conceded that someone may have investigated their concern but that no one had ever come back to them to tell them what had been done.

> *Well, you fill out a piece of paper and you don't know where it goes, you've*
> *got no record of the complaint being received so it just could have been*
> *received and put to the shredder (Young man, aged 17–20)*

Children, in particular, were anxious about not having an adult on whom they could rely. Voicing significant frustration in each of these situations, older participants observed that they would either have to deal with the issue themselves or seek out someone outside of the unit for support. They often could not identify who this might be.

Competing priorities. A frequent complaint of both younger and older participants that acted as a barrier to developing relationships was the unavailability of staff when children and young people needed them. This was as a result of peers competing with workers' time and to what many young people argued was workers' large administrative responsibilities. Young people were critical that workers had to complete so much paperwork in the office, rather than being available in the shared living areas of the unit. This unavailability of workers was experienced by some young people as being too busy, not really caring, or being lazy.

> *And there's not much they could do about the paperwork, especially when*
>
> *they have to do incident reports and fill in the logs of what people have done*
>
> *for the day. But, at [one service], they would always try and make sure,*
>
> *unless it was a serious incident or handover, they would make sure someone*
>
> *did walk round frequently and workers would actually spend time with us*
>
> *(Young woman, aged 17–20).*

With peers competing for workers' time and attention, the administrative burden and the perceived lack of interest some young people reported giving up on relationships. This had implications for their safety as they reported being resigned to having to protect themselves rather than seeking assistance from an adult. The lack of trusting relationships led to a number of young people reporting they had no adults either in residential care, or outside, who they would seek help from if they were being harmed, others felt that they had no-one to advocate for them if something happened in care or within the broader system.

> *Q:* *'So who stands up for kids in resi care? Anyone?'*
>
> *A:* *'No one.' (Young woman, aged 13–16)*

Discussion

Participants in this study affirmed the central role the worker-client relationship plays in practice, even in residential settings that are limited in therapeutic input. Children and young people across multiple studies place importance on the need for consistent, reliable, strong, and lasting relationships with trusted workers and recognise the therapeutic value of doing so (Augsberger & Swenson 2015; Coady 2014; Gallagher & Green, 2012; Gallant 2003; Harder et al. 2013; McLeod, 2010; Soldevila, et al., 2013; Schofield, Larsson et al. 2016; Skoog, Khoo et al. 2015; Ward, et al. 2005). Extending these findings to safety, children and young people in this study reinforced the essential role that relationships with workers play in preventing harm and helping them to feel safe in residential care. This highlights the critical role trusted relationships with residential care workers can play in preventing, protecting them from, and responding to, harm. They were able to describe in detail what they regarded as the characteristics of a trusted worker that would keep them safe. However, they also identified the interpersonal, organizational, and structural barriers that kept them from developing strong protective relationships. Despite these barriers, most participants were able to describe at least one adult who they valued highly and where they had a positive relationship. The characteristics of these trusting relationships included workers who showed they cared; were tenacious and persisted when things were tough, recognized the risks for young people in residential care and were available – they made time to hang out with young people in a relaxed way.

The role of residential care worker as actively protective in daily interactions is an important finding of this project that has not been emphasised in other studies. Participants felt that workers, instead of downplaying the risks inherent in residential care, needed to be more aware of them, be physically present, and able to respond effectively with in-the-moment safety issues. Being alert and monitoring young people's behaviour; asking young

people about their feelings of safety; and assisting them to identify and develop helpful ways to deal with issues were regarded by participants as important. Finally, workers needed to support young people to develop and use self-protection skills, and to stand up for young people with other adults or more powerful children and young people. However, these desired characteristics were rarely experienced. Workers did not always have a strong physical presence in the unit and there was a lack of faith in workers' capacity to recognize and respond appropriately to the risks. Using rules as a way of discounting young people's concerns and workers' making judgements rather than understanding safety concerns affected the more positive efforts of good workers to provide safe spaces.

Organisational and structural factors were seen to impede the capacity of children, young people to develop safe, trustworthy and reliable relationships with workers. A significant challenge to relationships is the focus on risk to workers, and the administrative load emanating from a focus on targets, standards, and regulation (Coady, 2014). Concerns about boundary violations has also reduced workers' willingness and capacity to spend time with children and young people (Gallant, 2003). Participants in the study were aware of the irony of how workers spending less time away from kids in care was thought to reduce the likelihood of them experiencing abuse.

Residential care in Australia and in other places is staffed with a largely casual (paid by the hour) workforce (Bath 2015; Gallant 2003; McLeod 2010). With staff turnover, the use of temporary agency staff, and the continual movement of young people from one unit to another, opportunities to develop trusting relationships are constrained. Children and young people reported an unwillingness to connect with adults due to prior negative experiences with adults in general, and workers in particular. To overcome young people's adult-wariness requires time, patience, tenacity, and assistance (Seita, 2000). While participants did not conceptualise safe relationships in terms of attachment, the findings support prior studies

(Moore, Moretti et al. 1997), in that a lack of attachment can explain the importance children and young people place on relationships with workers, as well as some of the violence that occurs in residential units where attachments are not encouraged or formed.

Limitations. This was a qualitative study with a purposive sampling strategy and no claims are made about the representativeness of the participants. To obtain a range of views, we sampled in residential care facilities in three Australian states, delivered by different non-government agencies. Young people with a history of recent traumatic experiences were discouraged from participating in the study to prevent an additional traumatic experience. This sampling limitation reduced the number of potential participants and may have excluded some important voices that could add to the results. However, this was considered necessary to protect the well-being of potential participants. A larger sample size would also have permitted exploration of different perceptions of safety between boys and girls, and this is an important area for future research.

Conclusion and recommendations

Twenty seven Australian children and young people participated in an in-depth interview which aimed to explore their views and experiences of safety in residential care. Participants stressed the vital role that residential care workers can play in preventing, protecting them from and responding to harm. They also highlighted the structural, organizational and interpersonal barriers that kept this from occurring. The findings from this study highlights the need for residential care systems to place appropriate protective worker-child relationships at the centre of their practice and to work in partnership with children and young people to develop better ways of assisting them and protecting them from harm. One strategy to reduce the likelihood of abuse reoccurring, is to ensure that every child in residential care has a trusted and trustworthy adult to whom they can turn when they are unsafe. Improved training for workers about how to promote safety and security through

building effective relationships is indicated. A second strategy is the empowerment of children and young people by providing multiple openings and opportunities to shape the ways that adults and institutions identify and respond to their needs while facilitating their help-seeking. Finally, where young people do report abuse it is important that a clear and effective feedback mechanism is established to affirm that their reports are addressed and taken seriously.

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Declaration of interest

The authors have no conflicts to declare.

Highlights

- Children and young people are vulnerable to experiencing child sexual abuse in residential out of home care and need staff to proactively protect them from harm
- Participants stressed the importance of every young person having an available, trusted and powerful adult to turn to when they are worried about their safety and to respond when they are at-risk of abuse
- A number of structural and organisational barriers keep young people from being protected and forging protective alliances with adults, including high staff-turnover, instability of placements and a lack of clarity of roles
- Young people need to be provided opening and opportunities to shape the ways that adults and institutions identify and respond to their abuse, including mechanisms for feedback.