

---

## Article

### Factors in establishing positive youth–staff relations in social pedagogy-based Norwegian treatment collectives: A study of young people’s impressions and experiences

Arvid Lone<sup>1,\*</sup>, Erik Paulsen<sup>1,\*</sup>

<sup>1</sup> Department of Social Studies, Faculty of Social Sciences, University of Stavanger, Norway

\* Correspondence: arvid.lone@uis.no (A.L.); erik.paulsen@uis.no (E.P.); Tel.: +47-5183-4199 (A.L.); +47-5183-4276 (E.P.)

**How to Cite:** Lone, A., & Paulsen, E. (2018). Factors in establishing positive youth–staff relations in social pedagogy-based Norwegian treatment collectives: A study of young people’s impressions and experiences. *International Journal of Social Pedagogy*, 7(1): 2.  
DOI: <https://doi.org/10.14324/111.444.ijsp.2018.v7.1.002>.

Acceptance date: 20 April 2018; Publication date: 23 July 2018

---

#### Peer review:

This article has been peer reviewed through the journal’s standard double blind peer-review, where both the reviewers and authors are anonymised during review.

#### Copyright:

© 2018, Arvid Lone and Erik Paulsen. This is an open access article distributed under the terms of the Creative Commons Attribution License (CC BY) 4.0 <https://creativecommons.org/licenses/by/4.0/>, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited • DOI: <https://doi.org/10.14324/111.444.ijsp.2018.v7.1.002>.

#### Open access:

*International Journal of Social Pedagogy* is a peer-reviewed open access journal.

#### Abstract

The objective of this study was to gain insight into the process that occurs when young people establish positive emotional relations with staff in ‘treatment collectives’ in Norway. Eighteen young people living in two social pedagogy-based treatment collectives were interviewed regarding their relationships with the treatment staff. Because positive relationships have been shown to be of great importance for the outcomes of treatment, this study’s main objective was to obtain insight into what the young people found important when establishing such relationships with staff members. Our findings suggest that certain of the collective’s structural factors and staff’s personal factors contributed to the establishment of positive youth–staff relations. The main structural factor is that the core staff are resident with the young people, and the resulting continuity and trust this engenders. The main personal staff factors are attention, persistence and genuine personal affection shown for the young people in their care.

**Keywords:** user perspective; residential care; treatment collectives; establishing positive relations; therapeutic alliances

## 1. Introduction

Research indicates that residential care has the potential to reduce problem behaviour (Whittaker et al. 2015), but finds that this is difficult to achieve (Andreassen 2003; Courtney et al. 2009).

In recent decades, there has been growing concern about the quality and effectiveness of residential care homes for young people. Treatments offered in residential care settings have shown few positive results, and negative developments have often been reported. Seeking to explain these poor results, many researchers have cited the effects of negative peer culture, which may have a greater influence on youth placed in institutions than the efforts of the staff (Andreassen 2003).

However, the results are inconclusive. Some research on negative peer influences indicates that delinquent and antisocial youth tend to affiliate with and influence one another (Dishion et al. 2004), and these findings have been used to oppose the use of residential care and group treatment for antisocial youth (Dishion et al. 1999). On the other hand, research has found a decrease in conduct disorder behaviour among antisocial youth placed in a treatment-focused residential care setting (Huefner et al. 2009), and argues that negative peer influences can be overcome by other factors.

Although such 'other factors' may refer to a wide variety of contexts such as the physical environment, methodological approaches or employee skills, research indicates that the most important factor is the relationship established between employees and young people (Kreuger 1991; Safran and Muran 2000).

However, young people with emotional and behavioral problems who are placed in treatment institutions involuntarily almost always resist both the placement itself and the treatment offered by the staff, and instead try to integrate themselves with the group that they feel represents a culture most like their own, which is often other youth already there who represent a negative peer culture.

In practice, this presents a major challenge to the staff in a residential setting, and it takes the form of a 'cultural struggle' between negative peer culture and positive staff culture.

Therefore, it is crucial that professional staff understand the process that young people undergo, from the point when the decision to institutionalize them is made to when they are established as individuals, group members and a part of the positive culture in the institution. Such knowledge would be very important to practitioners seeking to develop better practices for troubled youth.

In a previous study (Lone and Paulsen 2017), we found that most of the youth we studied came to residential care treatment against their will. Most young people we interviewed described the admission phase as a period of fear and great uncertainty, during which they were worried about their new life situation, including who their new peers were and how these peers would treat them. Moreover, they reported that the primary task for the first period of treatment was to make a connection and establish a relationship with someone. In this situation, the young people seemed to prefer to establish relations with their peers.

In this study, we focus on what young people describe as important factors in the process of establishing positive relations with one or more of the staff members working in the collectives.

### 1.1. Context for research – the Norwegian collectives

Whittaker (2004) has shown that group care settings do not follow clearly specified models, so we will here give a short description of these Norwegian collectives as the context for this research. The collectives mainly work with young drug addicts, and were established in reaction to the medical-psychiatric approach that was adopted for this group in the 1960s. Their main characteristics are that young people live together with the staff and share everyday activities such as meals, school, work, leisure and holidays. The staff stay at the collectives for periods of up to six weeks, interspersed with periods of up to two weeks off. In their off-weeks some staff leave the collective to visit with family or friends or goes on holiday, while others stay at collectives and participate in all the activities except formal meetings. The collective is the staff members' formal place of residency as well as their place of work. Some staff members have their families living with them at the collective.

The first treatment collectives were established in 1970, while most were created in the 1980s. (For more detail, see Lone (2010) and Lone (2012)). All the collectives were located in rural environments. They were relatively small, with 8–15 young people and a similar number of staff, all living and working

together. The initial inspiration for the model were, in part, political analyses that called for greater awareness, organization and struggle on behalf of young drug addicts, and in part discouraging results from psychiatric treatment. The key word was ‘alternative’, and part of this was a rejection of professional therapists, so craftsmen and farmers were employed. Over time, they have become an established part of residential care to combat drug abuse, and have developed a clear social pedagogic profile. Lone has described the establishment (2010) and the basic philosophy (2012) of these collectives.

This type of institution has shown encouraging results; they have low drop-out rates, most young people finish the treatment programme, and more than two-thirds lead lives after treatment that are not controlled by drugs (Fauske 2010; Lone 2003; Ravndal).

### *1.2. Earlier research and theory*

It is well known that young people referred for treatment are likely to have had negative experiences associated with adults (Liddle and Schwartz 2002; Zegers et al. 2006). Because they may have a long history of interventions by different institutions and professionals who in their view have given up on them, their expectations of adults may be based on rejection and indifference. This may also affect their motivation for establishing positive relations with staff. On the other hand, building a trusting relationship with an adult becomes a corrective relational learning experience (Manso et al. 2008).

One of the most important tasks for staff and counsellors is to build a trusting relationship with their young charges. A trusting relationship can be conceived as a ‘therapeutic alliance’ between a young person and a helping professional. This working relationship is often defined as a positive emotional bond, a mutual agreement on therapeutic tasks and goals, and perceived openness and truthfulness (Doucette and Bickman 2001).

Good alliances between staff and adolescents are considered the key to all psychological treatment and must also be considered a key component of residential treatment. Many years of research have shown that alliances are closely connected to successful treatment (Florsheim et al. 2000; Ribeiro 2009). The most important factor in the evaluation of an alliance is the young person’s assessment of it (Horvath and Bedi 2002).

Explaining therapeutic relations in residential treatment in terms of alliance concepts may be difficult. Because such concepts were developed for individual psychotherapy, there may be problems transferring them to a situation with additional participants. In residential treatment, the system contains more adolescents and more staff, as well as subgroups that form alliances at the same time. On the other hand, it must also be considered that the potential power of alliances between staff and adolescents in residential care is greater because they spend more time together than traditional therapists. This potential may be even stronger in the treatment collectives where the staff members live together with the young people. In addition to time, relationships in the collectives can grow through sharing daily activities and through a broader knowledge of the people involved by seeing them in different situations and roles.

Relationships in therapy and in residential care settings change and develop over time. Sometimes important relationships are established and become important parts of the adolescent’s life and development; at other times, adolescents struggle to establish trusting relationships with staff members where they can share problems, receive support and count on these adults in their lives.

### *1.3. Aims*

The aim of this study was to investigate the factors that are perceived by young people as important for the formation and development of positive youth–staff relations in residential care.

## **2. Methods**

### *2.1. Design*

We used a qualitative design to examine young people’s first-hand experiences, feelings, judgements and perceptions regarding relations between their peers and staff members, and the social support and the culture they experienced in two treatment institutions for drug addicts in Norway. This study

design provides a comprehensive view of everyday events in their natural context, and knowledge of the components of these events can represent the whole situation. We used a semi-structured interview format that allowed the interviewer to obtain the necessary data while giving the participants ‘the freedom to respond in their own words, provide as much detail as they wish, and offer illustrations and explanations’ (Polit and Beck 2008, p. 394). Using this approach, we encouraged participants to share their experiences and describe the meanings or values they attached to them (Patton 2002). With the questions, we sought to place the respondents in the role of experts in their own lives, and the questions were arranged from simple specific questions at the beginning to more complex evaluative questions at the end.

## *2.2. Recruitment and sample*

Study participants who met the inclusion criteria were young people in – or who had previously lived in – one of two treatment institutions for drug addicts in Norway who were willing to describe their experiences and perceptions. They were excluded if they had come to the collective during the previous two months.

From among the group who were interested in participating, we obtained a diverse sample of both sexes, covering a wide range of ages and time spent in the programme. This type of sampling is recommended for qualitative studies, because it allows participants with varying characteristics to be represented in the sample (Patton 2002).

We conducted 18 individual interviews with the participants. The number of males and females were approximately equal, with ages ranging from 16 to 30 years old. The length of stay in the collective varied from a few months to several years. Some were still in treatment, some in the process of leaving the collective, most had left during the last two years, while one had left nearly 10 years previously.

## *2.3. Ethical considerations*

We obtained approval for this project from the Data Protection Official for Research (NSD). The participants’ voluntary participation was secured by the study’s inclusion criteria as well as by the staff members’ judgements regarding each respondent’s condition, ability to participate in the study and competence to provide informed consent. Staff members approached potential respondents and explained the study to them, after which the young people reviewed the information sheet, and those who agreed to participate signed the consent form. Potential respondents were given time to make their decision and the opportunity to ask for advice if they needed it. All respondents under 18 years of age were told that they could have a staff member present during the interview, but all of them declined. They were also given the opportunity to speak to a named staff member after the interview, but none of them did so. Some volunteered to participate after hearing of others who had been interviewed.

## *2.4. Data collection procedures*

The interviews were conducted between June 2011 and May 2016, and we interviewed each respondent once. The interviews lasted 45–90 minutes, and were conducted in rooms that afforded confidentiality at the collective. The researchers had no prior knowledge of or any relation to the participants.

We used a semi-structured interview guide that we evaluated and – if appropriate – upgraded after each interview. In all, four guides were used. The guides became more focused, but no more specific each time we reviewed them. The findings reported in this study are from interviews using the three most recent guides.

The interviews were audiotaped and supplemented by the interviewer’s notes, which included data about the participant’s nonverbal behaviors during the interview, the main topics of discussion and the interviewer’s preliminary analysis. The field notes were written on the day of the interview, after it had concluded. The interviewer also wrote reflective notes that included his impressions, feelings and progress regarding the interview.

## 2.5. Data analysis

The interviews were transcribed verbatim, and the researcher's relevant field notes, including nonverbal data, were integrated. The method for descriptive analysis was based on the recommendations of Colaizzi (1978), and we used NVIVO software to organize the analysis of the interview data.

Each transcript was read in full to obtain a general sense of the participants' responses. Then significant statements related to the study questions were identified in every transcript, and the meaning of each statement was coded. Next, we created a list of these meanings, which was consolidated into themes that were compared and combined in cases of overlap. The themes were validated within and across the interviews. Each transcript was independently coded and thematically analyzed. Finally, we discussed the results to create a comprehensive description of the phenomena of interest.

## 2.6. Quality and integrity

Five criteria have been identified that enhance the trustworthiness of qualitative studies (Guba and Yvonne 1994): credibility, dependability, conformability, transferability and authenticity. To ensure credibility and authenticity, we used audiotapes, verbatim transcriptions, field notes and reflective notes during the interview process. These notes included the researcher's assumptions, actions and feelings during the data collection and analysis processes, thereby increasing the conformability and transferability of the study findings by documenting the interviewer's thoughts and behaviour during the interviews. In addition, to increase the credibility and dependability of the data, the interviewers verified that their interpretations represented the respondents' perceptions by probing for clarifications (Polit and Beck 2008).

## 2.7. Translation into English for the purpose of this paper

The interviews were conducted and transcribed in Norwegian. After selecting the statements we wanted to use in this paper, we translated them into English. To the best of our ability, we have checked that the translations reflect the original meanings, and we have used outside language expertise.

## 3. Findings

Our respondents described two overlapping but distinct groups of factors they felt were important for establishing positive relationships between themselves and staff in the collectives. We have labelled the first group 'structural factors'. These concern the way the collective is organized that may promote the establishment of positive relationships. We have labelled the other group 'personal factors', which the young people perceive as important in the way individual staff members interact, appear and behave when they relate to them.

### 3.1. Structural factors

The structural factors revealed by our analysis are all connected to aspects of the staff living together with the young people. All our informants emphasized that living together was important for the formation of positive relations.

*There's something safe and good in the fact that there's somebody there all the time, but it's also good that the same person you met yesterday is there the next day; so when you have something good together, you get to keep it, but you also get the opportunity to continue to work on challenges and the negatives from the day before; they don't go away the next day.*

*The staff don't go home at three o'clock and get replaced by a new shift, they're there throughout. They are there for at least six weeks, they have two weeks off, and then they're back for six more weeks.*

*You live relatively close together, and that may be enough in itself; living and experiencing things together, and through interaction you find joy and happiness. That must be one of the big things, like, you live together and face the obstacles together. You take a bit of someone else's baggage and they take some of yours.*

Further, our analysis revealed several aspects of living together that are conducive to establishing positive relationships. The first is that as long as they live together with staff, they *must deal with each other*, spend time together, interact and manage daily life and conflicts.

*This meant that, and this was one of the first things I learned there, if you argued with someone who works there, then it was not like we weren't going to see each other for a while; we've got to see each other the next day, so we solved the conflict much faster. And you also got the chance to come to know them better too.*

The respondents described time and continuity as important aspects. They clearly expressed the view that forming positive relations demands that they spend time together and that continuity is of the essence. Some of the young people had previous experiences with more traditional residential care institutions and compared the collectives with those.

*In other places, they hire people from 'everywhere and anywhere', and they go on doing it like that; they changed staff very fast, so that you don't get enough time to get to know people. And not just that; sometimes you're in a situation with someone, and then suddenly the person you experienced this with is replaced and then you have no one to continue it with, so you have to start over; that can be very difficult.*

The respondents reported that by *living together with the young people and sharing their lives with them*, the staff convey something that the young people consider important, namely that they are invited into the staff members' personal lives and feel that the staff are more genuinely involved with them and their lives. This is also described as conducive to relationship formation.

*They work with the whole heart, they're at work, but they also live there. I think they're there for six weeks, and then they have two weeks off. They've spent most of their life there, and they involve themselves with us in a completely different way, emotionally. I'd say that in a way it's like a small family, or rather a large family as the case may be.*

The young people also emphasized the importance of staff and youth living together; the staff show different sides of themselves – not always benign – and they *appear as diverse individuals, real and whole people*. They share much of themselves in their daily lives with the young people.

*Often, much of what they say is uncensored in a way. Many are very straight speaking, and it's really like a normal relationship. They are somehow not therapists; they are fellow house members. They live in the same house as you, they may get angry and they can be very happy. Many of the emotions are somehow not as censored.*

*I felt they were honest, they presented themselves right there in front of me. For example, one of them was in a relationship break-up, she told us about it, and showed that she was upset, which showed me that they were all human.*

Another reported aspect is that by sharing their lives and families with the young people, the staff show *trust in the young people and positive expectations*. Several of the young people stressed that this is important for establishing relations, that is, feeling socially included and having positive feelings towards the treatment.

*I think a lot lies in the openness, the acceptance. There's so much that you encounter when coming to the collective for the first time, especially if you've previously been to institutions for psychiatry or substance abuse; you're given a big kitchen knife and asked to make dinner, you get complete freedom and the opportunity to do quite a lot. There's something about the confidence you're shown, or at least the lack of mistrust.*

*It's because they live there that makes it... that their children are there... it provides a form of respect, and trust, really, mutual trust, because they show that they have confidence that we're good people, although we've had problems in life, and they have their kids there.*

To sum up the structural factors, the work schedule gave the young people time, availability and a need to relate to staff. It made the staff whole, real humans. The fact that staff and their families lived with them was also perceived as socially inclusive, and it filled them with trust and positive expectations. These factors were emphasized as elements of a positive environment for the development of relationships.

### 3.2. Personal factors

When respondents described the important factors for establishing positive emotional relationships with staff, they also emphasized that the personal factors and qualities of staff members were crucial. Among these factors were personal behaviour and attitudes.

The first such quality was connected to *attention and the feeling that the staff members really cared for them*. The perception that staff members were genuinely interested in them and saw them for who and how they were seems to be a key factor. This was emphasized as the most important personal quality for establishing positive emotional relationships.

*I was always confident that I had people around me who cared.*

*She was the first person at the collective, that I can remember, who asked 'How are you doing, really?' My first answer was 'I'm fine!' I was OK, like, but then she said 'How are you REALLY?'*

*She was the first person who asked 'How are you REALLY?' and then it just spilled out of me. I didn't trust her, and I still don't trust her a hundred per cent; but as close as it is possible now.*

*They really, really show that they care.*

These quotes indicate a general perception that if members of staff were genuinely attentive and really cared for the young people, they were open to positive emotional relations. This was also described in more specific qualities; some of the respondents explained this as a special awareness of how the young people are.

*She can see it straight away if you're not doing well.*

The staff members' genuine concern was explained in other ways, such as in terms of really listening to the young people.

*They listen to everything and nothing.*

They supported the young people in choices and failures, and by including them, almost like family.

*Yes, as I said, that's how she (a staff member) listens. It's really mostly that... and I got to know her kids. Yes, I could feel at home, then in a way, or I feel that I have a place with her, simply belonging.*

*So they have given me care, it's a family friendliness where they just take me in, they treat me like... not like their own child, but as if we are family that they care about me. They listen to me, they help me along the way, they take my views into account, they show respect; I feel they're doing the right things.*

Lastly, they showed attention and care just by being there.

*It can be anything from asking how you feel, sitting beside me on the sofa and putting their arm around me, their presence, I think that's it.*

All these quotes, and many more, showed very clearly that the youth felt that the staff genuinely cared for them, and that this feeling was an important factor for their willingness to enter positive youth–staff relationships.

In addition to being cared for and being seen, a number of the young people emphasized *persistence* as one of the qualities that conveyed positive relations. The persistence of the staff was emphasized as necessary and important for the facilitation of positive relations between youth and staff. They described the staff as never giving up. Quite a few of the young people described themselves as averse to contact and engagement in social relations, and they described themselves as behaving badly towards staff and treatment. In this situation, they positively regarded staff persistence as necessary for establishing positive relations.

*For me it has a lot to do with that; people don't just think 'Bloody hell, what a bastard' but actually give me a second chance time and again. They don't give up on me, and have not done so.*

The young people also described persistence as in some way a genuine demonstration of care.

*No, they came after me... if they hadn't kept going the way they did... well... if they hadn't given me so many chances, I think... if they had felt that it was hopeless, then I think they would've said 'You can't stay here any longer.' It must be something like that, I don't know.*

*The most important thing for me was that they allowed me to take the time I needed; they didn't give up, and they let me do what I felt I had to do.*

*She called me quite often, when we didn't meet, and asked me how the day had been and if I needed anything. If I was going to school the next morning, did I want her to come and wake me up? She very much took the initiative to help... then she invited me to things, such as 'Get up and come and have lunch,' or 'Join in the yoga' or... she really took the initiative.*

Persistence stood out as one of the most important personal factors, that is, the participants' experience of meeting staff who did not give up on them, but kept meeting with them and standing up for them. Most of the youth described this as extremely important for them. In the interviews, the young people associated this with the staff caring for them in a committed and involved way.

Another variable described by quite a number of the informants was that their experience of the staff members was one of *real, genuine people* who communicate directly and who are not judgmental, which appears to create a sense of trust in the young people that facilitates the establishment of relationships.

*She says what she thinks. She talks a lot. She's so extrovert. She's not afraid of causing you offence or making you cry. I know where I stand with her, instead of her 'beating around the bush' without getting to the point.*

*They have emotions, and in a way, it shows that they really, really care.*

*She didn't push me to talk. Often when you meet people they say, 'What's troubling you?' 'Why is it like this?' She was just herself; when they're being themselves, you will gradually, or in my case, fairly quickly, gain confidence. So it really was just that she was herself, and didn't push me.*

These quotes are typical of the participants' preoccupation with the staff being perceived as 'real people' and not as professionals, which they considered important for enabling positive relationships to form.

Later, some of the youth emphasized an ability that some staff had for *making them feel safe*; this feeling of safety and security is an important basis for establishing positive bonds between young people and staff.

*And when I met (name), I found a safe place to start.*

*Yes, they're such nice people. I think that especially (name) is somebody I feel safe with when she's there, very, very safe.*

*She was good to chat with. We had good talks, I got along well with her, that's what it was, just those two things. It was good to talk to her; I was also much closed, but with her I could open up a bit.*



Interestingly, quite a few of the young people described the importance of one special staff member as the facilitator of positive emotional relationships. Some of them had only this single positive relationship. For some of the others, establishing a positive relationship with one of the staff members seemed to open the door for positive relations with other staff. Many of the participants who experienced this kind of ‘one and only’ relationship were unable to say how they were established, describing them in terms such as ‘magic’, ‘chemistry’ and ‘we just clicked’.

To sum up the personal factors, our respondents focused on the staff members’ ability to make them feel that the staff really cared about them and never gave up on them even if the young people initially rejected them. The young people perceived the staff as real and genuine people who managed to make the young people feel safe. These were the most important personal factors in facilitating positive youth–staff relations.

## **4. Discussion**

### *4.1. Structural factors*

According to our informants, staff members sharing their lives with the young people is of great importance for creating positive emotional relations. They are initially far from receptive to contact with staff, often quite the opposite; they try to avoid contact. However, while living under the same roof as the staff, they observe staff members continuously in different situations and in interaction with a variety of people; they are included in daily activities with staff members and other young people, and they must deal with their cohabitants over long periods. As reported by some of our informants, quarrels and conflicts do not end with staff going home, as they do in a traditional institution; they must simply deal with any difficulties to move on. These processes are described as positive by our informants, and they use words like ‘safe and good’ and ‘joy and happiness’. They report that eventually they come to know the staff better.

This ‘living together’ factor is of course the most striking aspect of these treatment collectives. It would be most surprising if the young people had *not* described this as a major factor, although it is not necessarily always described as being positive. In itself, living close together may well be a negative factor, but when it is not, the explanations may lie in the factors that our analysis revealed.

Interestingly, some of our respondents had previous experiences of traditional institutions where staff changed as often as three times a day, and they gave a rather bleak description of their situation there. Because the staff changed ‘very fast’, the young people had little time to get to know them before they disappeared again; as a result, there were few opportunities to resolve conflicts.

Because of the way in which the collectives are organized with staff and young people spending up to six consecutive weeks together, there are fewer staff members for the young people to become familiar with, and these are available 24/7 in the periods when they are present. This structure facilitates positive relationships, and forms a barrier against the formation of negative peer culture among the youth who have yet to integrate with the staff and the treatment programme.

Living with the staff is interpreted by the youth as more than just a way of organizing the staff work schedule; they see it as proof that the staff ‘involve themselves with us in a completely different way, emotionally’, and in turn the youth experience the staff’s trust and a ‘family’ feeling.

This is a very clear contrast with the traditional institution, where the young people live and the staff come to ‘visit’ for a few hours before they are replaced by others. In that setting, the young people develop a very clear impression that the staff members’ life priorities exist elsewhere, and their activity at the institution is basically motivated by the need for an income, rather than by a genuine interest in the youth.

Young people placed in residential care most often have a long history of disappointment and rejection by helpers who initially claimed to be able and willing to help them, and then after a time gave up. Thus, the young people have often developed a strong mistrust of adults generally and professional helpers specifically. There can be little doubt that the cohabitation structure of the collectives gives the staff and young people a genuine opportunity to create trust that subsequently engenders positive relations.

The young people who 'end up' in these collectives most often have a long 'career' behind them as youth/user/client in different types of organizations, so they have met a long line of helpers and therapists along the way. Against this background, it is interesting that the phrase 'they are somehow not therapists' is intended as praise, and that instead the staff are called 'fellow house members'.

Traditionally, 'professionalism' means that professional practice only shows part of a person's overall personality. A distinction has been made between 'professional' and personal, and that only the first factor is considered suitable in treatment. Young people sometimes react negatively to this, and feel that the professional only shows a professional 'mask' while hiding the real person, and this is especially true for youth in residential care.

Staff members in a collective who spend a number of weeks with the young people are unable to maintain such a mask throughout all the situations that they share with the youth. There will be situations where they are tired, angry, disappointed or simply fed up, and where they may act very 'unprofessionally', but in a deeply human way. Because there is no end to their work shift, the staff must manage such emotions, and show their genuine personal selves.

Young people tend to interpret such situations as 'the real thing', and they develop trust in both the staff and in the collective as a whole. We believe that this is an important factor in establishing positive relations with staff.

Trust and positive expectations were emphasized as important factors by several of our respondents. Indeed, they are important, positive factors in most people's lives, but it is reasonable to believe that they are of even greater importance for the young people we interviewed, because they have previous experience of other systems where mistrust and negative expectations governed much of the activity.

For instance, when the young people in the collectives encounter kitchens fully equipped with all kinds of knives and meat cleavers, and they may have the staff members' children playing freely around them, they interpret this as 'trust', and describe a situation where they have every opportunity to do 'mischief', but of their own free will they choose not to.

Expectations are widely recognized as very strong motivators of human behaviour. Unwittingly, or because of a focus on staff safety, many traditional institutions 'safeguard' the facilities, locking doors and windows, removing 'dangerous' items such as knives and other tools, and thereby indicate to the young people that they are considered dangerous people who would hurt staff members and each other if given the chance.

The insistence that staff members live at the collective creates the physical and social reality of a home. This is picked up strongly by the young people, and they respond to these positive expectations.

In summary, the young people described an environment that encouraged positive relationships. Living together with staff in the collective creates a family-like arena where both staff and young people participate (and have to participate) continuously in shared activities. This gives the young people an opportunity to observe and interact with staff as real adults/people in different situations, creating an environment with social inclusion, mutual trust and positive expectations. In this environment, the probability of establishing positive relationships is increased.

#### *4.2. Personal factors*

As noted, structural factors are naturally very important, setting the stage for interactions between staff members, young people and their peers, and between staff members. However, they are seen as necessary but not sufficient conditions for facilitating positive relationships between staff members and unwilling residents; it is the personal characteristics of staff members that are instrumental in initiating and developing relationships.

The most important personal factor was described by our participants as being a feeling that an individual staff member was attentive to them and their situation, and that they really cared for them in a positive way. The young people expressed a need for someone to see them, to see their situation and act accordingly; on the other hand, they were also quite clear that it was not easy for them to be open and honest to strangers. Many of our informants expected a new staff member to be just another in the long line of professionals who they felt had betrayed them. This perception challenges the staff

to orient themselves towards the young people and their total life situation. The staff require a special awareness of even the smallest signs and signals of how the youth really are, how their situations change, and when they are willing to talk. When there is an opening, they must act in a way that is appropriate for the individual. This special awareness may be perceived by the youth as a sign of caring, acceptance and value. If someone is truly aware and sees the young person's situation, this is perceived as genuine concern and interest in them and their lives. In this way, attention and care may fulfil the need to be seen and prepare the way for the establishment of a trusting relationship. The personal factors described here are not different from what is normally considered to be good care/pedagogic strategies in any setting, but in the collectives case the youths report that the strategies are in fact being realised.

One interesting finding from this study is the importance of diversity within the staff. When our informants described what was important when establishing relationships with staff, two factors became apparent. The first is that staff members are perceived as very different kinds of people; the second is that most of our respondents, from this diverse group of staff, found a single person with whom they could connect and establish a good 'primary' relationship. This first relationship often led subsequently to the establishment of other relationships.

Being seen for who we are in our everyday lives is a very basic human need. In a normal life context, we are perceived as whole people with all our strengths and shortcomings, while in a client role one is often seen as the sum of one's shortcomings.

Our respondents described staff members who act as they would in an ordinary family or life context, treating the young people more like family members who deserve love and care than as difficult professional challenges.

Several respondents also described a sort of 'breakthrough situation', where a seemingly mundane situation suddenly became an important turning point in the relationship between a young person and a specific staff member. This is a kind of 'undramatic dramatic situation' where an observer – or even the staff member involved – does not necessarily consider the situation significant when it happens, but which over time proves to be the turning point for the young person in establishing a positive relationship.

Breakthroughs happen at very different points in the stay at the collective; most young people resist the placement, and they normally strongly oppose staff attempts to establish positive relations. This opposition can take many forms, from apparent co-operation via self-isolation to open opposition and flight; however, they have the same function, namely to avoid staff attempts to establish a relationship.

Such opposition is a great challenge to the staff members' efforts to turn young people from resistance to willingness to enter positive relations. Our respondents are very clear about the importance and effect of staff persistence, and they describe several components. The first is friendly staff who are willing to spend time with the young people – even when they are rather less than friendly and sometimes even openly hostile – and not only to spend time, but also to share their lives, and even with their children, with the young people. The second component is staff who 'see and hear' and who are 'online' with the young people, trying to interpret their statements and actions in the best possible way, and who refuse to let themselves be rejected. The third component is to be present without necessarily speaking, by showing affection, for example, by putting an arm around a youngster or giving them a hug. Finally, there is possibly the most effective component, namely just being together like a normal family.

As discussed above, young people placed in residential care often react negatively to 'professionals' whom they feel show only a part of themselves, and thereby hide much from their charges. They have often experienced friendly professionals who at some point have suddenly changed their attitudes towards the young person and have gone from professed helper to rejecting them, most often explained in terms of the young person's failings. Therefore, it is not surprising that our respondents insisted that staff should be real, genuine people. Furthermore, there can be little doubt that the work schedules of collectives promote more complete and thus more inviting images of the staff.

Feeling safe is also a basic human need, and the staff members' ability to create a safe atmosphere around the young people is an important factor in facilitating the start and subsequent development of positive relations.

In sum, it seems important for the young people to have a variety of staff members to whom they relate. As these young individuals are all different with a variety of histories, interests and preferences, it is naturally easier for them to relate to different staff members. The common factors in the establishment of relations seem to be the perception of attention from staff and a feeling that staff members really care for their charges and see them for who they are. As most young people are initially resistant to treatment and establishing relations with the staff, the importance of staff persistence is emphasized. This persistence is also seen as a sign of genuine care for the young people. Interestingly, the personal qualities emphasized as important for the establishment of positive relations between young people and staff members are similar to those considered important in well-established relations in traditional residential treatment.

## 5. Summary

This study has reported young people's assessments of the factors in residential care in Norwegian treatment collectives that provided significant opportunities to establish positive relations with staff members.

Our respondents clearly identified that the collectives' structural factors with the staff living with the young people are imperative for creating a safe, home-like setting that in turn allows the staff's personal qualities to come into play.

Our respondents emphasized that the collectives have strong similarities with a domestic family setting, and that the staff members' work methods are more parenting than professional in nature.

Our findings may have profound implications for professional practice as, they raise serious questions about whether traditional residential care institutions are in a position to establish the necessary positive relations with the young people who are placed there. Our findings also show how continuity of relationship and commitment to those being cared 'about' and not just 'for' is key to establishing good experiences and outcomes. These aspects appear to trump professional expertise in the respondents' experience.

## Declarations and conflict of interests

The authors declare no conflict of interests connected to this article.

## References

- Andreassen, T. 2003. *Behandling av Ungdom i Institusjoner: Hva Sier Forskningen? [Treatment of Youth in Institutions: What Does the Research Say?]*. Oslo: Kommuneforlaget.
- Colaizzi, P. F. 1978. *Psychological Research as the Phenomenologist Views It. Existential Phenomenological Alternatives for Psychology*. Edited by Valle, R. S. and King, M. New York: Oxford University Press, pp. 57–62.
- Courtney, M. E., Dolev, T., and Gilligan, R. 2009. Looking backward to see forward clearly: A cross-national perspective on residential care. In *Residential Care of Children: Comparative Perspectives*. Edited by Courtney, M. E. and Ivaniec, D. New York: Oxford University Press, pp. 173–208.
- Dishion, T. J., McCord, J., and Poulin, F. 1999. When interventions harm: Peer groups and problem behavior. *American Psychologist* 54: 755–64.
- Dishion, T. J., Nelson, S. E., and Bullock, B. M. 2004. Premature adolescent autonomy: Parent disengagement and deviant peer process in the amplification of problem behaviour. *Journal of Adolescence* 27: 515–30.
- Doucette, A., and Bickman, L. 2001. Unpublished manuscript. *Child Adolescent Measurement System: User Manual*. Nashville: The Center for Mental Health Policy, Vanderbilt University.
- Fauske, H. 2010. *Oppfølgingsundersøkelse av elever ved Solliakollektivet utskrevet i perioden 2006–2009. [Follow-up survey of clients at Solliakollektivet discharged in the period 2006–2009]*. Norway: Solliakollektivet.
- Florsheim, P., Shotorbani, S., Guest-Warnick, G., Barratt, T., and Hwang, W. C. 2000. Role of the working alliance in the treatment of delinquent boys in community-based programs. *Journal of Clinical Child Psychology* 29: 94–107.

- Guba, E. G. L., and Yvonne, S. 1994. *Competing Paradigms in Qualitative Research. Handbook of Qualitative Research*. Edited by Lincoln, N. D. Y. Thousand Oaks: Sage, pp. 105–17.
- Horvath, A. O., and Bedi, R. P. 2002. The alliance. In *Psychotherapy Relationships That Work: Therapist Contribution and Responsiveness to Patients*. Edited by Norcross, J. C. New York: Oxford University Press, pp. 37–71.
- Huefner, J., Handwerk, M. L., Ringle, J. L., and Field, C. E. 2009. Conduct disordered youth in group care: An examination of negative peer influence. *Journal of Child and Family Studies* 18: 719–30.
- Kreuger, M. 1991. Central themes in child and youth care. *Journal of Child and Youth Care* 5: 77–88.
- Liddle, H. A., and Schwartz, S. J. 2002. Attachment and family therapy: Clinical utility of adolescent-family attachment research. *Family Process* 41: 455–76.
- Lone, A. 2003. *En Resultatkartlegging fra Stiftelsen Hiimsmoenkollektivet [A Result Survey from the Hiimsmoen Treatment Collective]*. Stavanger: Stiftelsen Hiimsmoenkollektivet.
- Lone, A. 2010. Collectives - a Norwegian success story in residential care for drug addicts based on a Social pedagogic approach. *European Journal of Social Education* 18/19: 60–72.
- Lone, A. 2012. Bringing about change - a social pedagogic approach: Milieu Pedagogy versus Milieu Therapy. *European Journal of Social Education* 22/23: 23–26.
- Lone, A., and Paulsen, E. 2017. Entering Norwegian treatment collectives: A study of youths' first impressions and experiences. *Scottish Journal of Residential Child Care* 16(1).
- Manso, A., Rauktis, M. E., and Boyd, A. S. 2008. Youth expectations about therapeutic alliance in a residential setting. *Residential Treatment for Children & Youth* 25: 55–72.
- Patton, M. Q. 2002. *Qualitative Research and Evaluation Methods*. Thousand Oaks: Sage.
- Polit, D. E., and Beck, C. T. 2008. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 8th ed. Philadelphia: Lippincott Williams & Wilkins.
- Ravndal, E. Evaluering av behandlingskollektiver i rusomsorgen: Har de fortsatt en plass i dagens rusbehandling? [Evaluation of treatment collectives in substance abuse care: Do they still have a place in today's substance abuse treatment?]. *Tidsskrift for Norsk Psykologforening*. Issue #1-2007.
- Ribeiro, E. 2009. Therapeutic alliance: When meeting becomes therapeutical. In *Therapeutic Alliance: From Theory to Clinical Practice*. Edited by Ribeiro, E. Braga: Psiquilibrios, pp. 5–36.
- Safran, J., and Muran, I. 2000. *Negotiating the Therapeutic Alliance*. New York: The Guilford Press.
- Whittaker, J. K. 2004. The re-invention of residential treatment: An agenda for research and practice. *Child and Adolescent Psychiatric Clinics* 13: 267–78.
- Whittaker, J. K., del Valle, J.F. and Holme, L. eds. 2015. The current landscape of therapeutic residential care. In *Therapeutic Residential Care for Children and Youth: Developing Evidence-Based International Practice*. Philadelphia: Jessica Kingsley Publishers.
- Zegers, M. A., Schuengel, C., van Ijzendoorn, M. H., and Janssens, J.M. 2006. Attachment representations of institutionalized adolescents and their professional caregivers: Predicting the development of therapeutic relationships. *American Journal of Orthopsychiatry* 76: 325–34.