

The nature, role and qualities of the staff-client relationship as seen through the eyes of young men in residential care

Ivan Raymond and Karen Heseltine

Australian residential care programs are being increasingly challenged to respond to the therapeutic needs of the young people they service. Staff-client relationships have been identified as an important factor mediating program outcomes. Owing to the paucity of guiding literature, this study sought to understand young men's perceptions of the nature, role and qualities of their relationships with youth workers. In-depth interviews were conducted with 9 young men, who averaged 15 years 9 months of age, residing in the South Australian residential care system. The collation and analysis of data was guided by grounded theory. The young men constructed their relationships with youth workers in globally positive descriptors, although the global properties of this theme are qualified on a number of levels. Distinct staff and client roles, respectively corresponding to 'provider' and 'consumer', were identified. A number of qualities associated with positive staff-client relationships were identified, with attachment theory guiding the interpretation of themes. Program, policy and research implications of the research are discussed.

ACKNOWLEDGEMENTS

The authors would like to thank Ms Lorren Arezio for the practical support provided during the interview phase of the research, as well as the staff at Families SA and the Department of Families and Communities for their help in conducting this study.

This study would not have been possible without the nine young men who so willingly shared their time and experiences.

Ivan Raymond
Psychologist, Research Assistant
School of Psychology
University of South Australia
Email: ivanraymond@connectedself.com.au

Karen Heseltine
Psychologist, Senior Researcher
School of Psychology
University of South Australia

Within Australia the number of children requiring out-of-home care has steadily increased over the past decade (AIHW 2007). Many of these children have backgrounds of trauma, abuse and neglect, which have the potential for pervasive impact on both a child's development (Perry 2002; Weitzman 2005) and future life outcomes (Browne & Winkelman 2007). It is not surprising, then, that many Australian children and young people in care present with disproportionately high rates of emotional, attention and conduct-related problems (Delfabbro, Barber & Bentham 2002; Sawyer, Carbone, Searle & Robinson 2007). Approximately 15-20% of these young people have needs that often cannot be met in traditional, family-based placements (Barber & Delfabbro 2004) and, in many Australian jurisdictions, a large proportion of these young people are cared for by the residential, or congregate, care systems.

While there continues to be ongoing and divided debate, there is a general consensus that residential facilities have an important role within the continuum of alternative care services (Ainsworth 2001, 2007), or for appropriately defined cohorts of young people (Delfabbro, Osborn & Barber 2005). In fact, Australian residential programs are currently being challenged to offer more than containment or accommodation services, and are being asked to respond to the unresolved or unmet developmental needs of the complex young people in their care (Ainsworth 2007; Delfabbro & Osborn 2005; Delfabbro et al. 2005). In short, there is a greater requirement for residential care programs to meet best practice criteria, and for research and evidence to guide this process.

FUNCTION OF RESIDENTIAL CARE FACILITIES

Within the literature, the role and function of the residential care environment has been described in terms of a 'therapeutic milieu', where the 'interactions in the milieu have a therapeutic potential that adds up to a "corrective" emotional experience' for young people (Moses 2000, p. 474). Despite this premise, residential care environments are traditionally characterised by a high ratio of young people to adults, a rotating staff team, institutionalised structure and routine, and may include elements of being emotionally charged or volatile (Vollmer 2005).

There are a large number of client, staff and organisational factors that have been found to mediate the change process and residential care program outcomes. Despite this, there is increasing support for the belief that a significant agent of change – positive or negative – within the residential system is the residential care worker (Elson 1996; Moses 2000). Relationships formed between both adults and young people may either foster resilience (Atwool 2006; Perry 2006) or reinforce past negative experiences or self-concept (Hughes 2006; Kools 1997). The nature, quality and functions of staff-client relationships have enduring qualities for many young people, significantly mediating how they retrospectively construct their residential care experience (Johansson & Andersson 2006).

QUALITIES OF THE STAFF-CLIENT RELATIONSHIP

Most previous research undertaken has focused on the quality of the staff-client relationship as it relates to outcomes achieved by young people in care. However, there has been a paucity of literature that has examined the processes of change, or the specific qualities of the relationships, that mediate client outcomes (Moses 2000). In one isolated study, Shennum and Carlo (1995) conducted a qualitative analysis of adolescents' experience in care, involving both current and former clients. The adolescents' experiences of care were largely framed in the context of the adult-child relationships. Positive care experiences were associated with relational interactions with staff that included activity, fun and play. Negative care experiences related to the staff management of behaviours, including restrictions being placed on the residents' freedom or opportunities.

STAFF-CLIENT INTERACTIONS AS UNDERSTOOD FROM A RELATIONSHIP OR ATTACHMENT MODEL

Many young people residing in the residential care system have experienced instability, trauma or insecurity in a previous caregiver-child relationship. In response, child welfare agencies routinely apply relationship models of intervention, in particular attachment theory, to understand and guide the rehabilitation process (Atwool 2006; Hughes 2004, 2006; Schofield 2002). The application of attachment theory represents a best practice consideration within residential care programming (Delfabbro & Osborn 2005). Considering this, and the fact that attachment theory underpinned the practice framework for the South Australian residential care system at the time of research, this model was used as an organising framework within this study. The authors acknowledge, however, that attachment theory represents a model for understanding individual development and relationship processes, and its utility in understanding the function of residential facilities as a whole (or per se) is not supported.

Bowlby (1969/1982) constructed 'attachment' as the deep socio-emotional bond that developed between child and caregiver within the first few years of life. He noted that secure attachment required the provision of a safe, responsive and predictable care giving relationship. Bowlby suggested that early experiences are internalised by the child and develop into a relational schema ('internal working model') that guides both the individual's construction of self and others throughout life. Considering the breakdowns of parent-child relationships, many children in care present with insecure internal working models; that is, their perception of self and others is characterised by high levels of distrust, insecurity and shame (Hughes 2006).

The attachment framework assumes that because the early adult-child relationships were the source of trauma, then this must be the target of growth and healing. The literature talks about a number of qualities of the attachment relationship. First, the importance of adults 'connecting' to young people as opposed to 'controlling' them is emphasised, and transference and counter-transference is both accepted and fostered (Leaf 1995). Second, the behaviour management style of residential workers is described in terms of 'responding' – as opposed to 'reacting' – to the behaviours of young people (Leaf 1995). Third, a construct that operationalises the qualities of the attachment relationship is the 'secure base' (Marvin, Cooper, Hoffman & Powell 2002; Schofield 2002). The role and function of the adult is to be a secure base to support both object and identity exploration, and then to be a point of safety, validation and support for the reorganisation of the exploration experiences. Finally, attachment has also been described as a process of attunement, where adults are responsive to the needs of children, thereby fostering emotional regulation, empathy and allowing young people to experience physical and emotional safety (Hughes 2006). Together, the attachment literature describes the role and desired qualities of a residential worker as being a therapeutic agent, as summarised by Chop (2003):

the therapeutic relationship between residential staff and child is crucial and holds valuable information within it. When working with victims of sexual abuse, the sense of safety created by the therapeutic relationship allows for the flow of the relationship difficulties and provides opportunities for correcting the experience. Line residential staff need to be attuned to these relationship difficulties and exchanges; and they should recognize that the experiences are a result of the child's experience, not necessarily the result of the interventions used by staff (p. 301).

In summary, the attachment literature provides a model to explore and understand the function of staff-client relationships in a way that acknowledges the factors that have brought young people into care. To the authors' knowledge, there has only been one study that has examined residential care staff-client relationships within the context

of a relationship or attachment framework. Moses (2000) conducted a qualitative examination of the processes by which residential care workers engaged with youth and facilitated attachment relationships. Moses reported that staff attitudes or perceptions of young people were a significant predictor of whether they engaged in attachment-responsive behaviours.

RATIONALE FOR THIS STUDY

While both Australian and international care systems are moving towards relationship-based models of intervention, there is a paucity of research examining the qualitative components or processes by which young people and residential care workers form relationships. There is notable heterogeneity in the type and function of residential care programming and, therefore, the generalisability of international research to an Australian context is not supported. Furthermore, the group structure of residential care is distinct from other models of care (e.g. foster care), and the nature and qualities of the adult-child relationship is context-dependent. Together, there is a significant need to understand the processes (e.g. qualities, roles and functions) of the staff-client relationship as it relates to the Australian residential care system.

AIMS OF RESEARCH

The current research had two aims. The first was to undertake an exploratory and child-centred analysis of the way young men in residential care constructed and understood their relationships with youth workers from within their residential facilities. The second aim was to understand the nature, role and qualities of the youth worker-client relationship. It was envisaged that this latter aim would have applied utility within Australian residential care settings and assist in ongoing policy and program development.

METHODOLOGY

This research was part of a larger qualitative study that examined the processes and outcomes of identity development for young men in residential care. The participants were drawn from four residential care facilities in Adelaide, South Australia. Participant selection criteria included males who (1) were aged over 14 years 6 months, (2) had resided within their current residential care facility for a period of at least 6 months, (3) had not lived full-time with their biological family for a period of at least 12 months, and (4) were on a current Care and Protection Order. These criteria were chosen to select a homogenous cohort of young men who were in a stable out-of-home placement and approaching the transition to independent living. Twelve participants fitted the selection criteria and nine participants were interviewed. Of the three participants

who did not take part in the study, one was excluded because he had a therapeutic relationship with the primary researcher, another was in the process of transitioning from placement, and the third participant was unavailable at the time of research.

The larger study was designed upon a grounded theory methodology. This is a dynamic qualitative methodology that places the interviewee at the centre of the discourse. In-depth and semi-structured interviews were conducted. Participants were approached under the guidance of location supervisors and both participant and guardian consent was obtained. Participants were remunerated with a \$30 gift voucher. Interviews were conducted by the first author in a quiet and confidential location within each participant's residential care facility. The interviews ranged from 65 to 100 minutes ($M = 85$ minutes) and were broken by a 10 minute refreshment break. Interviews were audio-taped and transcribed. Transcripts were manually coded for both thematic content and inter-theme relationships.

... there is increasing support for the belief that a significant agent of change – positive or negative – within the residential system is the residential care worker ...

ORGANISATIONAL CONTEXT

At the time of the research, South Australia had six residential care facilities housing approximately 55 young people. The facilities were centrally managed (including youth worker recruitment and training), with their practice guided by the same operating procedures. Each facility cared for between 8 and 11 young people, with a rotating team of youth workers (average two to three workers per individual shift) providing support. While there were minor qualitative differences between facilities, these were mostly related to the age and sex of young people. At the time of the research, each facility had access to a psychologist who provided training and case consultation. The psychological support was managed centrally with the attachment and trauma literature informing the practice framework. The training and consultation were designed to support youth workers in understanding the needs of young people, thereby fostering interactions that acknowledged the factors that brought the young people into care. The majority of youth workers were trained to a level of Certificate III in Community Studies (Youth Work) or equivalent.

DEMOGRAPHY OF SAMPLE

The nine participants had an average age of 15 years 9 months (range 14 years 11 months to 17 years 0 months). The participants had been in their current placement for an average period of 18 months (range 6 to 37 months). A feature of the participant group was that they had mostly entered the care system within the past seven years, having spent a considerable part of their early childhood (from age 0 to 7) residing with an identified family member. Agency feedback provided to the first author indicated that the participant group represented a cohort of young men who were relatively stable and presented with low to moderate levels of challenging and at-risk behaviour.

RESULTS

NATURE OF THE YOUTH WORKER-CLIENT RELATIONSHIP

Respondents were asked to describe in detail their relationships with youth workers from their residential facilities. The following themes were elicited.

Globally positive and important relationships

The young men described their relationships with the youth workers in globally positive descriptors (e.g. 'good staff'). On the whole, the staff teams were evaluated as nurturing and responsive to the needs of the young people. Some respondents cited altruistic motives for the youth workers undertaking their employment:

Well the staff come here to look after us, you know, they come here to do it for us. They don't come just to get paid. They might get paid for it but they come here to look after us because they care about the kids.

In the context of the broader study, the role and relative importance of a range of adult figures within the lives of the young men were compared. Youth workers from the respondents' residential care facility featured prominently within the young men's discourse and were at or near the top of the hierarchy of adults in the lives of the young men.

Globally poor relationships with isolated youth workers

Approximately half of the respondents indicated that they experienced globally poor relationships with one or two youth workers from their facility. The negative attributions had global properties (e.g. 'bad staff') and these were associated with the working style and/or personality traits of the youth worker. The young men described ongoing and repeated conflict within these relationships. The respondents readily differentiated between youth workers they shared positive and negative relational experiences with, as demonstrated by this respondent's appraisal of his unit's rules:

There are good rules when good staff are on but ... still good rules with bad staff on, but bad staff make it harder.

Context dependent negative appraisals of youth workers

All of the respondents described occasions when their relationships with the youth workers included conflict, and this was associated with negative youth worker evaluations. These evaluations were largely context-dependent and included occasions when the youth workers enforced rules and routines, managed program or school attendance and responded to socially undesirable behaviours. For example, one young man, when asked to appraise the staff team, commented:

They're all right, but ... when you've been naughty, they're not all right ... when you get into fights and that and they've got to pull you off each other.

Fair and individualised treatment

All of the respondents reported that they were treated fairly by the youth workers, and none of the young men indicated that they were singled out for their behaviours. The young men were also asked to compare their treatment in relation to the other residents. Approximately half of the respondents indicated that they were treated the 'same', while the other half indicated that they were treated differently, but that this differential treatment was related to their specific needs. For instance, a number of the older young men suggested that they were treated in a way that valued and reflected their maturity. In all cases the individualised treatment was evaluated positively (e.g. perceived as promoting independence).

ROLE OF YOUTH WORKER RELATIONSHIPS

The young men were asked to describe the role of the youth workers in their life. The following themes were elicited.

Provider versus consumer

The young men described the youth workers as having a 'provider' role. The relationship was characterised by a power differential by which the respondents described their relationships with youth workers solely in the context of having their needs met, or within a consumer role. The respondents consistently demonstrated high levels of egocentricity in their adult relationships. The specific provider roles of the youth workers included the following aspects:

Provide care, support and basic needs

The young men indicated that the primary role of the youth workers was to provide care and support, and meet all their basic needs (e.g. food, shelter and clothing).

Provide and foster opportunities

A second important provider role of the youth workers was to facilitate opportunities for schooling,

programming, recreation and family connection. This was often accompanied by a supported 'push' to undertake such activities, as well as including the validation of roles, experiences and identity (see Raymond & Heseltine, submitted).

QUALITIES OF POSITIVE YOUTH WORKER-CLIENT RELATIONSHIPS

The young people were asked to describe relationships with youth workers with whom they shared a 'connection', as well as describe less positive relational experiences. Together, the following themes were associated with positive relational experiences:

Shared activities that were child-centred

The young men reported positive relationships with youth workers who regularly engaged in shared activities, for instance, playing video games, undertaking external outings or activities, playing sport or sharing a movie together. A feature of these activities was the young men either experienced them as enjoyable or that they were instigated by the young men; that is, positive relationships were attached to activities where the young men were at the centre of the experience, or as one respondent commented, youth workers 'do what kids like to do'.

Meeting young people's needs

The young men positively evaluated youth workers who regularly met their needs, for instance, making appointments, organising family contact or supporting program attendance. Universally, the young men described their key worker as having a central role in their life, and the adult figure with whom they had the best 'connection' at the residential unit. The key worker is the allocated youth worker who has lead responsibility for supporting an individual young person and meeting his needs within the respective facility.

Flexible staff actions

Youth workers who showed a degree of flexibility in their actions, or in the way they managed the needs or behaviours of the young people, were evaluated positively. The young men strongly valued negotiation within relationships. Positive relational experiences were associated with occasions when youth workers were observed to go beyond normal roles or expectations. This included youth workers bringing into the residential unit their own personal possessions (e.g. audio-visual media) or animals (e.g. pet dog). This aspect of flexibility was highlighted by one respondent who observed that a youth worker was willing to play football with him, despite the youth worker's role within the unit being associated with office administration.

Understanding

Positive interpersonal experiences were also associated with youth workers who promoted 'understanding' within their relationships. This theme included the following components.

Personal space

The young men's personal space, as it related to their bedroom, personal possessions and their physical body, was highly valued. Youth worker actions that showed a lack of understanding as it related to young men's personal space – for instance, moving personal valuables or ambiguously using physical restraint – was evaluated negatively.

I hate it when they come in and move your stuff. Like you have it the way you want it and they'll come in and move it.

Being an adolescent in care

The respondents positively evaluated youth workers who demonstrated that they understood the experiences of being either a young man in a residential unit or a teenager in general. One young man commented that youth workers who did not have children of their own were unable to understand the needs of young people in care. The respondents also positively evaluated youth workers who provided self-disclosure, in particular, as it related to their own adolescent experiences (e.g. they had experienced similar problems). Of interest, all of the respondents reported that the interview process, or the opportunity to confidentially 'tell their story', was a positive and worthwhile experience. On the whole, the young men valued both trust and understanding within relationships.

Being understood within youth worker actions

A universal theme for the young men was that they wanted to be provided with the time and opportunity to be understood or to explain themselves within the context of youth worker actions. Youth workers who acted without allowing the young men to explain their behaviours or actions were appraised negatively.

Q: So why don't you get along with some staff?

A: Some of them are just too strict and don't give you a chance to explain yourself. They just think of rules, go by the rule book. They don't give you a chance to explain what you've done.

Understanding youth worker action

The respondents described positive relational experiences with youth workers who provided rationale for their actions. The young men wanted to understand the motives behind staff actions, and when a request was made by a young man and denied without explanation (e.g. a single 'no'), this was associated with a negative relational evaluation.

Having fun

A central component of positive relational experiences was the aspect of fun. Fun related both to the personality traits of youth workers, and also included staff-client activities that were experienced by the respondents as fun. A number of the young men rated playful physical contact (e.g. play wrestling) between youth workers and themselves as a fun and positive experience.

... the young men described their key worker as having a central role in their life, and the adult figure with whom they had the best 'connection' at the residential unit.

DISCUSSION

The aim of this study was to undertake an exploratory and child-centred analysis of the way young men in residential care constructed and understood their relationships with youth workers as it related to the nature, role and qualities of these relationships. Mostly, the young men reported globally positive relationships with their caregiver teams. This is qualified on two levels. First, a number of young men reported globally poor relationships with one or two youth workers from their facility, with these attributions linked to the working style or personality of the workers. Second, the majority of young men reported negative, but context-dependent, appraisals of the youth workers. These evaluations were associated with the youth workers performing roles such as enforcing rules, routines or expectations within the unit. This later theme is consistent with previous research (Shennum & Carlo 1995) and is analogous to many parent-adolescent relationships (McGue, Elkins, Walden & Iacono 2005).

The role of the youth workers was to be a 'provider' of care, support, basic needs and opportunities (including programming, recreation and family connection), while the young men had 'consumer' roles. The roles of provider and consumer would appear to be socially constructed and defined; that is, the distinct roles are products of the professionalised nature of youth work, the non-permanent and rotating nature of the care giving environment, and the group care arrangements where residents potentially have to compete with one another to have their needs met. In the context of this latter point, it is not surprising that the young men's relationships with caregivers were associated with high levels of egocentricity. High levels of egocentricity, specifically as it is associated with impairments in the ability

to perceive the perspective of others, are characteristic of children with backgrounds of maltreatment and abuse (Burack et al. 2006).

Overall, there is strong optimism that the South Australian residential care system is providing fair, responsive and nurturing care to its consumers, at least as it relates to the meeting of basic needs, and for young men who are relatively stable within their placement and present with low to moderate levels of challenging behaviour. However, the degree to which the youth workers are performing the role of 'therapeutic agent' (Chop 2003), or are meeting the deeper therapeutic needs of the young men, is not clear and should be the focus of ongoing research. On the whole, this research provides further support for the view that youth workers have a significant role and function in the lives of young men in residential care (Johansson & Andersson 2006; Moses 2000, Ungar 2004).

Positive relational experiences between young men and youth workers were operationalised within this study and a number of these themes are congruent with relationship models of change. For instance, the meeting of needs, providing care and support, forming connections, fostering fun and play, and interactions that foster an understanding of a young person's internal world are attachment-related constructs (Bowlby 1969/1982, Hughes 2004, 2006; Marvin et al. 2002; Schofield 2002). An important caveat is added at this point. This study undertook a child-centred analysis of staff-client relationships. The relational qualities that young men desire and rate positively may not represent what they 'need' from these relationships to overcome their past trauma and instability. Adolescents in care frequently present with insecure internal working models, that is, their perception of self and others is characterised by high levels of distrust, insecurity and shame (Bennett, Sullivan & Lewis 2005; Hughes 2006; Stuewig & McCloskey 2005). The young men in this study presented with high levels of underlying shame (see Raymond & Heseltine, submitted). This study found that the young men reported negative relational experiences with youth workers who did not explain their actions. Research suggests that early developmental trauma may lead to biases in cognitive processing (Dozier 1988), and it is suggested that the non-explanation of actions is likely to be internalised by the young men as rejection, and provoke an internal state of shame (Hughes 2006). Shame is readily experienced as an uncomfortable affect state, and it is not surprising that the relationships with youth workers who evoked this feeling state were evaluated in more negative descriptors.

In summary, adolescents in care require intensive and consistent relational experiences that foster trust and predictability, and reduce rejection and shame. Shame, in particular, remains a central target of intervention (Feiring & Taska 2005; Hughes 2004, 2006). The themes drawn from this study are consistent with both these points and aligned

to the attachment theory literature (e.g. Hughes 2004, 2006; Jernberg & Booth 2001; Perry, Hogan & Marlin 2000; Schofield 2002; Zimmerman 2003). Most importantly, this study operationalises relationship-responsive interactions as they relate to young men within the residential care system. Relationship-responsive care giving, as guided by the themes from this study, would appear to be provided by youth workers who:

- regularly engage in shared activities with young men which are child focused and playful
- consistently meet the physical, social and emotional needs of young men
- demonstrate flexibility within their actions as it relates to behaviour management
- are willing to go beyond normal roles or expectations and, by doing so, demonstrate a genuine interest and care for young men, and validate a positive self-concept
- communicate with young men in a way that demonstrates genuine understanding, notably as it relates to their needs (e.g. personal space), previous history and experience of being a teenager in the care system
- provide opportunities for young men to explain their needs or behaviours within interpersonal exchanges or conflict
- explain to young men the reasoning behind their actions
- promote fun and playful interpersonal exchanges.

Two features of the study are worth highlighting. First, the act of 'doing', as it relates to activities, engaging in fun and play or meeting the needs of young men, is central to positive relational experiences for young men. This association has previously been reported for both current and former clients of residential care programs (Johansson & Andersson 2006; Shennum & Carlo 1995). Owing to their early dysfunctional relational experiences, many young people in care find it difficult to develop secure relationships with youth workers. Residential care programs that restrict the use of activities (e.g. within behaviour management) may be inadvertently reducing the most important tool by which youth workers can develop connections with young men. In effect, this could set up a vicious cycle. By reducing activities, opportunities for youth workers to support young men in developing new relational experiences are inhibited, and the level of challenging or at-risk behaviours exhibited by young men is likely to be maintained, if not worsened. In short, activities are central to the process of relationship development, and the authors strongly caution against the unregulated restriction of activity-based experiences for young men demonstrating undesirable behaviours.

A second feature of this study is the importance of key workers for the young men. Key workers have been

previously found to have special roles in the lives of children in care (Johansson & Andersson 2006). Key workers have a lead role in providing individualised support and meeting the needs of allocated young people. The intense and defined nature of the key worker role would appear conducive to the development of positive relational experiences and attachment. More importantly, the nature and qualities of the key worker-client relationship would appear to represent an achievable benchmark for relationship development between youth workers and young people residing in residential environments.

LIMITATIONS OF STUDY'S RESULTS

The study's results must be understood in the context of its exploratory nature and the limited number of factors that were explored within the study. While this study has focused on the function and role of relationships, the authors acknowledge that there is a large number of individual and organisational factors (e.g. staffing levels, number of clients per facility) that have the potential to mediate outcomes. In addition, the research captures staff-client relationships in a snap-shot in time. The relationships young people form with youth workers are likely to be dynamic or subject to change, and the durability of their responses is unclear and should be the subject of further research.

Furthermore, caution must be exercised in the wholesale generalisation of the research findings. Considering the relatively homogenous respondent group, the findings would appear limited to young men who (1) are residing within a relatively stable placement, (2) present with low to medium levels of challenging behaviours, and (3) had spent a considerable part of their early childhood (age 0 to 7) with an identified family member. The authors caution against applying the generalisability of the findings to either female cohorts, or to young men with more complex needs or behaviours. It should be expected that young men with challenging behaviours and needs would place greater stress on the staff-client relationship, which may lead to higher levels of conflict and less positive relational experiences. Further research is required to generalise this study's findings to female and more challenging client groups, as well as to explore a range of youth worker (e.g. education levels, level of experience) and organisational factors (e.g. intensity of psychological consultation) that are likely to mediate the relationship processes.

POLICY, PROGRAM AND RESEARCH IMPLICATIONS

The following policy, program and research implications are drawn from this study.

- Support is provided for the utility of attachment or relationship-based frameworks for understanding processes of residential care programming (Delfabbro & Osborn 2005). However, the results of this study suggest that there are distinct provider-consumer roles between

staff and clients, and the degree to which such roles allow for more intensive relationship-orientated interventions remains unclear, and should be the subject of ongoing research.

- The hiring, training and supervision of residential care staff should consider factors that predict and foster optimal relationship development (Elson 1996; Pazaratz 2000).
- Further research is required to examine youth worker related variables that mediate relationship development. One area of interest is youth worker attitudes to clients, which have previously been found to predict attachment-responsive behaviour in youth workers (Moses 2000).
- Ongoing research is required to examine both the outcomes and processes of residential care staff-client relationships for a diverse range of population groups.



REFERENCES

AIHW—see Australian Institute of Health and Welfare

- Ainsworth, F. (2001) 'The effectiveness of residential programs for "at risk" adolescents', *Children Australia*, 26(2), 11-18.
- Ainsworth, F. (2007) 'Residential programs for children and young people', *Children Australia*, 32(1), 32-36.
- Atwool, N. (2006) 'Attachment and resilience: Implications for children in care', *Child Care in Practice*, 12, 315-330.
- Australian Institute of Health and Welfare (2007) *Child Protection Australia 2005-06*, Child welfare series no. 40, cat. no. CWS 28, Canberra: AIHW.
- Barber, J.G. & Delfabbro, P.H. (2004) *Children in foster care*, London: Routledge.
- Bennett, D.S., Sullivan, M.W. & Lewis, M. (2005) 'Young children's adjustment as a function of maltreatment, shame, and anger', *Child Maltreatment*, 10, 311-323.
- Bowlby, J. (1969/1982) *Attachment and loss. Vol 1. Attachment*, 2nd ed., New York: Basic Books.
- Browne, C. & Winkelman, C. (2007) 'The effect of childhood trauma on later psychological adjustment', *Journal of Interpersonal Violence*, 22, 684-697.
- Burack, J.A., Flanagan, T., Peled, T., Sutton, H.M., Zygmuntowicz, C. & Manly, J.T. (2006) 'Social perspective-taking skills in maltreated children and adolescents', *Developmental Psychology*, 42, 207-217.
- Chop, S.M. (2003) 'Relationship therapy with child victims of sexual abuse placed in residential care', *Child & Adolescent Social Work Journal*, 20, 297-301.
- Delfabbro, P.H., Barber, J.G. & Bentham, Y. (2002) 'Children's satisfaction with out-of-home care in South Australia', *Journal of Adolescence*, 25, 523-533.
- Delfabbro, P. & Osborn, A. (2005) 'Models of service for children in out-of-home care with significant emotional and behavioural difficulties', *Developing Practice*, 14, Summer, 17-29.
- Delfabbro, P., Osborn, A. & Barber, J.G. (2005) 'Beyond the continuum: New perspectives on the future of out-of-home care in Australia', *Children Australia*, 30(2), 11-18.
- Dozier, M. (1988) 'Rejected children's processing of interpersonal information', *Journal of Abnormal Child Psychology*, 16, 141-149.
- Elson, S.E. (1996) 'Children's residential treatment: Last resort or treatment of choice?', *Residential Treatment for Children & Youth*, 14(2), 33-44.
- Feiring, C. & Taska, L.S. (2005) 'The persistence of shame following sexual abuse: A longitudinal look at risk and recovery', *Child Maltreatment*, 10, 337-349.
- Hughes, D. (2004) 'An attachment-based treatment of maltreated children and young people', *Attachment & Human Development*, 6, 263-278.
- Hughes, D. (2006) *Building the bonds of attachment: Awakening love in deeply troubled children*, Lanham: Rowman & Littlefield.
- Jernberg, A.M. & Booth, P.B. (2001) *Theraplay: Helping parents and children build better relationships through attachment based play*, 2nd ed., San Francisco: Jossey-Bass.
- Johansson, J. & Andersson, B. (2006) 'Living in residential care: Experiences in a treatment home for adolescents in Sweden', *Child & Youth Care Forum*, 35, 305-318.
- Kools, S.M. (1997) 'Adolescent identity development in foster care', *Family Relations*, 46, 263-271.
- Leaf, S. (1995) 'The journey from control to connection', *Journal of Child & Youth Care*, 10, 15-21.
- Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002) 'The circle of security project: Attachment-based intervention with caregiver-pre-school child dyads', *Attachment & Human Development*, 4, 107-124.
- McGue, M., Elkins, I., Walden, B. & Iacono, W.G. (2005) 'Perceptions of the parent-adolescent relationship: A longitudinal investigation', *Developmental Psychology*, 41, 971-984.
- Moses, T. (2000) 'Attachment theory and residential treatment: A study of staff-client relationships', *American Journal of Orthopsychiatry*, 70, 474-490.
- Pazaratz, D. (2000) 'Training youth workers in residential treatment', *Residential Treatment for Children & Youth*, 18, 35-56.
- Perry, B.D. (2002) 'Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture', *Brain & Mind*, 3, 79-100.
- Perry, B.D., Hogan, L. & Marlin, S.J. (2000) 'Curiosity, pleasure and play: A neurodevelopmental perspective' [Electronic Version], retrieved 29/12/2006. <http://www.childtrauma.org/ctamaterials/Curiosity.asp>
- Perry, B.L. (2006) 'Understanding social network disruption: The case of youth in foster care', *Social Problems*, 53, 371-391.
- Raymond, I. & Heseltine, K. (submitted) 'Development of identity for male adolescents in residential care: Processes and outcomes'.
- Sawyer, M.G., Carbone, J.A., Searle, A.K. & Robinson, P. (2007) 'The mental health and well-being of children and adolescents in home-based foster care', *Medical Journal of Australia*, 186, 181-184.
- Schofield, G. (2002) 'The significance of a secure base: A psychosocial model of long-term foster care', *Child & Family Social Work*, 7, 259-272.
- Shennum, W.A. & Carlo, P. (1995) 'A look at residential treatment from the child's point of view', *Residential Treatment for Children & Youth*, 12, 31-44.
- Stuewig, J. & McCloskey, L.A. (2005) 'The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency', *Child Maltreatment*, 10, 324-336.
- Ungar, M. (2004) 'The importance of parents and other caregivers to the resilience of high-risk adolescents', *Family Process*, 43, 23-41.
- Vollmer, T. (2005) 'Creating a peer-directed environment: An approach to making residential treatment a unique experience by using the power of peer groups', *Child & Youth Care Forum*, 34, 175-193.
- Weitzman, J. (2005) 'Maltreatment and trauma: Toward a comprehensive model of abused children from developmental psychology', *Child & Adolescent Social Work Journal*, 22, 321-341.
- Zimmerman, D.P. (2003) 'Parallel dimensions in child, adolescent, and adult analytic work', *Residential Treatment for Children & Youth*, 20(4), 25-41.

ARACY CONFERENCE '09

AUSTRALIAN RESEARCH ALLIANCE
FOR CHILDREN & YOUTH

MAKING PREVENTION WORK

MELBOURNE CONVENTION & EXHIBITION CENTRE
2 - 4 SEPTEMBER 2009

The ARACY Conference will showcase preventive innovations that are improving the wellbeing of children and young people. Conference sessions will be relevant to those working in public and non-government sectors, across sectors, disciplines and professions.

A number of invited and keynote presenters have been secured, including:

- Prof Mick Dodson AM, Australian of the Year 2009
- The Honourable Nicola Roxon MP
- Mr Richard Miller, Scouts Australia
- Prof Rob Donovan, Curtin Business School
- The Honourable Jenny Macklin MP (*tentative*)
- Ms Elaine Henry OAM, The Smith Family
- Prof Fiona Stanley AC, ARACY Board Chair
- Prof Marilyn Waring, Auckland University of Technology (*tentative*)
- The Right Honourable Alan Milburn MP
- Senator Rachel Siewert
- Dr Ken Henry AC, Department of Treasury
- Dr Richard Denniss, The Australian Institute
- Prof Ross Homel AO, Griffith University
- The Honourable Mrs Sophie Mirabella, MP
- Ms Jayne Meyer Tucker, CEO, Good Beginnings
- Prof Rob Moodie, Chair, National Preventative Health Taskforce

Visit the website for the full listing of the invited and keynote speakers and to view the Provisional Program.

REGISTER NOW – Early Bird Registration closes: Friday 3 July 2009

www.aracyconference.org.au

2-4 September 2009, Melbourne Convention and Exhibition Centre

Children Australia 2009 – Volume 34

(for new subscribers only)

Standard subscription \$77.00 pa

Student (full time) subscription \$55.00 pa

Overseas subscription (airmail) \$99.00 pa

NB Standard and student subscription rates include GST

Name

If student, academic institution, course name & student number:

.....

Organisation.....

Address.....

Postcode..... Telephone..... Fax.....

Email TAX INVOICE REQUIRED?

Cheque/money order enclosed OR Debit: Bankcard Visa Mastercard Expiry date Amount \$.....

CARD NUMBER

Cardholder name..... Signature.....

PLEASE PRINT CLEARLY

Send to: Children Australia, PO Box 1312, South Melbourne, Vic 3205 Date

Enquiries: Lorraine Redshaw Tel: 03 9695 2200 Email: lredshaw@ozchild.org.au