Relationship Building with Adolescents Indefinitely

Experiences of Care Workers in Restricted Emergency Residential Care for Adolescents on Long-term Placements in Norway

Author

Live Prestegård Kheradmandi

Erasmus Mundos Master´s Programme in Social Work with Families and Children

Supervisor

Kathrine Skoland

Stavanger University,

15.01.22

Abstract

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Author: Live Prestegård Kheradmandi

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In this study my aim was to explore how care workers within a Child Welfare Emergency Residential Facility for Adolescents experienced relationship building with adolescents on prolonged stay. The research question I wanted to answer was "How do care workers in a Child Welfare Emergency Residential Facility experience relationship building with long term placed adolescence with restrictions?". To answer the research question and understand the care workers subjective experiences, I used a qualitative research design. I chose case study as my research method, as there is little pre-existing research on emergency residential care. Through qualitative in-depth interviews with four care workers, my objective was to explore their understanding of relationship building in this context, assess the challenges they encountered, and examine the strategies they applied when building relationships.

My study found that the uncertainty of long-term placements caused unpredictable conditions for care workers with regard to providing systematic and trauma informed care. Coercive restrictions caused ethical dilemmas and limitations to positive relationship building and provoked aggressive behaviour. Care workers required self-awareness and reflexivity when interacting with the adolescents, to reduce violence and prevent burnout. Challenging behaviour was seen as a contributor to mental distress, and participants addressed lack of qualifications to meet the adolescents' needs as an additional concern. Limited means to provide a meaningful stay required care workers to use themselves and their personal traits actively in interaction with the adolescents. Experienced based practices enabled the care workers to use creative strategies to ease the burden of prolonged placements. Conscious understanding of the effect of the relationship, and the implications that relationship building may have on the adolescents, were highlighted as important qualities for care workers. Recommendations of this study call for a reduction in long-term placements and the need of more comprehensive research on emergency residential care.

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Acknowledgment

My inspiration to study this particular field stems from my own work experience in emergency residential care and my engagement and passion for social work with adolescents who are in a challenging life situation. The frustration of witnessing adolescents being stuck in emergency care over time, motivated me to investigate the particular issue of long-term placements. Care workers in emergency residential care have a challenging task of protecting and supporting vulnerable adolescents who are in a critical situation. My passionate co-workers have inspired me and taught me skills that cannot be learned through books, which is why I choose to focus on their experience of emergency work.

I would like to thank my co-workers who participated in this study and provided me with valuable information. In addition, I want to thank all the unique adolescents I have met along the way who have touched my heart and taught me a lot about resilience and social work.

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1.0. Introduction and problem area

The Child Welfare Services in Norway have the primary mission of protecting children and adolescents living in conditions that can harm their health and development (Barnevernloven 1992, § 1-1). Some children and adolescents need urgent help and protection because of being highly vulnerable (Norges teknisk-naturvitenskapelige universitet [NTNU] 2020). In acute situations, Child Welfare Services have limited time and often have to act within hours on temporary decisions, by removing adolescents from their families to prevent immediate danger to their well-being. Such danger can be caused by the absence of parents from home, child maltreatment caused by parents, and the child's destructive behavior as well as a combination of these factors (NTNU 2020). The affected adolescents are placed in either temporary foster care or emergency residential care depending on the factors such as the nature of the issue of concern, age of the adolescent and capacity of foster families to receive the adolescents on short notice (Slettebø 2018). Acute emergency placements can be experienced as traumatic because adolescents are usually unprepared to be taken out of home and frequently do not participate in making such decisions (Serholt & Eklid 2018).

A large proportion of the adolescents who are placed in emergency care have had problems that persisted over time. An underlying reason for the emergency placement is often that the child welfare service has not intervened early enough (Barneombudet 2020). The adolescents' problems have become so complex, and the consequences are that it often becomes difficult to find a suitable placement for them, and they end up on prolonged placements in emergency residential care (ibid)

In my dissertation, the topic of interest is dedicated to the professionals that work in child welfare emergency residential care for adolescents. My focus of interest is how they provide care and what challenges occurs in such an unpredictable context, especially when adolescents end up on prolonged placements.

1.1. Statement of the problem

Care workers in emergency residential facilities for adolescents experience challenges when building relationship with adolescents (NTNU 2015; Smith, Colletta, Bender 2021). Although the work is based upon crisis intervention for a short period of time, relationship building becomes crucial for the experiences of both the adolescent and the care workers, especially when the adolescent remains over several months (Harder, Knorth, Kalverboer 2017).

Most emergency placements that exceed 6 weeks are mainly adolescents placed on compulsory legal ground due to behavior problems (Barne-, ungdoms- og familiedirektoratet [Bufdir] 2018). These adolescents often have complex traumas and are in an acute crisis situation in life, in addition they often live with restrictions on both their right to privacy, freedom of movement and limited right to communication with the outside world (Barnevernets akuttinstitusjon for ungdom, n.d.), which increases the burden of living in residential facilities. The basis for the length of these placements can be related to the complex behavioral challenges of the adolescents, and a common denominator is that they often have attachment difficulties that challenge relationship building (Gundrosen 2019).

Long-term placements in acute residential facilities are a structural problem that challenges care workers to think outside the box and create some kind of stability and temporary intervention strategies, in an uncertain time where the adolescents might be transferred to alternative placements anytime (Havik & Christiansen 2009). The aspect of temporality in

emergency residential care for adolescents, plays a crucial part in relationship building, and is problematic for the adults working with the adolescents because they cannot set long-term goals when it is not known if adolescence will stay long or not (Gundrosen 2019). The latter creates challenges regarding whether it is beneficial or not for the adolescents that care workers engage in deep relationship building in the acute phase. Such relations might be terminated soon, and the adolescent has to relate to many adults and experience frequent relational loss when they are transferred to new care facilities or back home (Havik & Christiansen 2009).

To summarize the statement of the problem, care workers face a challenging task of providing trauma informed care, due to unpredictability and they have to think outside the box to systematize temporary goals for the placement. Thus, relationship building becomes important when adolescents end up on prolonged placement, and the extension of time is often related to complex behavioral problems within the adolescents, caused by trauma and difficult living conditions over time. The uncertainty of living with temporary solutions and under coercive restrictions may aggravate their trauma. Additional adversity may be experienced when the relations they have made with the care workers eventually result in a breach, as they get abruptly relocated, which may be experienced as a relational loss.

Considering the complexity of long-term placements and the challenges that occurs not only for the adolescents, but also the care workers interacting with them, I am interested to explore how care workers of a Child Welfare Emergency residential facility experience relationship building with long term placed adolescence with restrictions.

To get familiarized with the context, I will first provide some valuable background information for the reader to gain a deeper understanding of the conditions in which the professionals are working, as well as the adolescents they provide care for.

2.0. Context

2.1. Child Welfare Emergency Residential Care for adolescents

Emergency residential care in Norway is primarily available for adolescents in the age group, 12-18 years and is particularly for those in acute need of care and protection. Children under 12 years old are usually placed in emergency homes with "temporary" families until decisions on long-term placement are made (NTNU 2020). Emergency facilities for adolescents provide care and protection for adolescents´ on different legal grounds depending on the reason for placement, but roughly the legal assessment is divided between the youths´ behavioral problems, or lack of parents' capacity to provide care and protection (Barnevernloven § 4-6, 4-25). In 2017, 1342 adolescents were placed in emergency facilities due to maltreatment and lack of parents' capacity to provide care, with a high risk of being harmed if they remained with their families. In comparison only 300 adolescents were placed in emergency care due to severe behavioral problems and a larger number of them (64%) were boys (Slettebø 2018).

Emergency residential facilities have a complex composition of adolescents who present with a range of issues, which include mental illnesses, and severe delinquency, living under the same roof in a crisis situation. Such living arrangements often result in conflicts and peer pressure among the adolescents (Folkehelseinstituttet [FHI] 2020). Moreover, the situation in emergency residential facilities is unpredictable, as different youths frequently move in and

out and there is regular staff changeover every eight hours. The latter suggest that the adolescents have to constantly adjust and relate to different individuals (Munthe-Kaas et al. 2013). In addition, adolescents are at a heightened risk of being exposed to instability and trauma when living in such emergency residential facilities, over time.

The mandate of emergency residential facilities for adolescents is to provide care, stability and protection in critical situations for the adolescents while assessments are carried out to find long-term placements suitable for the affected adolescents. Emergency facilities employ an interdisciplinary team of professionals such as teachers, psychologists, counselors and care workers, all concerned with meeting the complex needs of the adolescents (NTNU 2020).

2.2. Care workers

The people that provide the daily care for the adolescents are referred to as care workers. Daily care has a broad meaning in the context of emergency facilities for adolescents. Some of the responsibilities care workers hold during a regular workday can vary from practical tasks such as preparing adolescents for school or meetings with other agents, cooking meals, doing leisure activities together, and providing emotional support, e.g. regulating emotions and comforting adolescents (FHI, 2020). Central to the concept of care in the context of residential facilities is that it is fundamentally relational, and is commonly emphasized by both adolescents and care workers as an important factor for a positive experience of residential care (Backe-Hansen et al. 2017). As there is often a lack of prior knowledge about the adolescents and their life situations when they are being placed in welfare emergency facilities, an important task that care workers perform involves getting to know the adolescents, their behavioral patterns and needs, as well as documenting important information that emerges both through observation and through conversations with the adolescents (Bufdir 2015).

Care workers have different relevant educational backgrounds including social work, child protection and learning disability nurse (Bufdir 2015). Employees with none or a different higher educational background are also referred to as care workers in this dissertation. In Norwegian it is distinguished between the titles depending on relevant education or not, where Milieu therapist refers to professionals with relevant education and Milieu worker for employees without relevant education. Milieu workers are not allowed to have full-time contract in residential facilities ran by the government, but they still carry out the same care responsibilities (ibid).

2.3. Adolescents with restrictions

Some adolescents have such complex problems such as committing severe, repetitive crimes and high levels of violence, as well as abusing substances and thus are at times considered a danger to themselves and other people. Often, these adolescents have previously been subjected to maltreatment and their destructive behavior is often attributed to their past experiences of trauma (NTNU 2020). In such cases, the residential facilities where the adolescents are placed have the legal authority to set restrictions if they see no other possibilities to provide care, as the adolescents refuse to receive help and there is high risk of them escaping. Examples of such restrictions is locking the doors, denying the adolescents freedom to move outside the facility without close supervision or denying them communication with other people outside the facility that are considered as negative relations (Rettighetsforskriften 2011 §§21-25).

Moreover, locking up adolescents in institutions is controversial and has attracted much negative attention both in the media and from the children's Ombudsman in Norway (Stolt-Nielsen & Skogstrøm 2020). The criticism is based on the argument that this type of deprivation of liberty violates the children's rights and has negative consequences for their psychosocial health (NOU, 2020:5). In some child protection cases, the child welfare services have little room to maneuver, and lacks alternative solutions, especially in the context of most severe cases, when the adolescence are under the age of criminal responsibility (under 15 years old in Norway) (Straffeloven, 2005, § 20). In such cases, there is a dilemma regarding whether to protect society against criminality or the children and adolescents from maltreatment. Subsequently, services offered occasionally are in the form of child custody rather than child protection (Goldson & Barry 2000).

WHO defines adolescents as people between ages 10-19 (World Health Organization, 2014). In my research I will refer to the population that is placed in the emergency facility as adolescents, as they are between ages 12-19.

2.4. Long term placement

Long-term placement describes the situation in which adolescents live in child welfare emergency facilities for a period of more than six weeks, which is longer than recommended by the institutional guidelines for emergency placements (Bufdir 2015), as such facilities are intended for temporary care in crisis situations.

3.0. Overall study objective and research question

Based on the background provided of emergency residential care for adolescents, the overall objective for this study is to examine how care workers of a Child Welfare emergency residential facility experience building relationships with adolescents placed long term with restrictions.

3.1. Research question:

How do care workers in a Child Welfare Emergency residential facility experience relationship building with long term placed adolescence with restrictions?

3.2. Specific study objectives:

1. Explore how care workers conceptualize relationship building with long term placed adolescents.
2. Assess the challenges care workers experience in their relationships with long term placed adolescence.
3. Explore practices/ways/strategies care workers apply when building relationships with long term placed adolescents.

4.0. Literature review/ knowledge basis

4.1. Relationship building

Relationship lies within the heart of social work and is a prerequisite for promoting social change and development. The general definition of relationship according to Cambridge dictionary is described as "the way in which two or more people feel and behave towards each other" (Cambridge Dictionary 12.06.21). This definition is quite broad and says little about what relationship building is in the context of care work. Relationship building is a complex and diverse concept that can be understood differently depending on the context.

Practitioners in the field of social work directly intervening with clients are expected to have professional competence, which according to Røknes and Hanssen (2006) refers to both relational competence and action competence. With relational competence, they elaborate how care workers have to know themselves, as well as understanding the other person's experiences and what is happening in the interaction with the other person. Furthermore, it is the care workers responsibility to facilitate good communication, which prerequisites perceiving the other person as a subject, as an independent and acting individual, through showing respect for the others integrity and right to self-determination (Røknes & Hanssen 2006). Action competence is the knowledge and skills that enables you to do something with or for the other person. The practical aspect of the work, whereas a care worker needs to know procedures on how to fill out reports, conduct a drug test or help an adolescent to file a complaint. To be a skilled care worker, both aspects of relational competence and action competence need to be intertwined as a whole (Røknes & Hanssen 2006).

In the discipline of residential care, care workers are seen as the most influential actors because of their interaction with the adolescents on a daily basis. The quality of the relationship between care workers and adolescents is seen as one of the most important factors for successful practice in restricted residential care (Knorth et al. 2010).

Røknes & Hanssen (2006) mentions three general conditions to develop a good relation namely, appearance, empathy and acknowledgement. The first condition refers to the way we appear both physically and socially, by the way we carry ourselves through posture, clothing's, handshake, facial expressions, tone of voice, appearing stressful or comforting. Furthermore, our ability to appear friendly and interested to the person we meet, if we are concentrated and listening, speaking in a clear and understanding way and not scared to touch upon difficult subjects. Empathy involves an understanding of the other person's experience both through the content of their experience as well as their emotions (ibid).

Finding a suitable theoretical framework and proper term to define relationship building in the context of emergency residential care has been somewhat difficult. The common definitions of relationship building entitle a commitment preferably for a longer time period and a mutual commitment and experience of cohesion (Larsen, 2018). The guidelines of the emergency residential facility in study, describe a notion of relationship process that occurs in a "here-and-now-situation" and is often conditioned by the adolescent being placed in residential care coercively (Barnevernets akuttinstitusjon for ungdom, n.d.). The relationship is shaped by asymmetry related to the adolescents' lack of codetermination of their own situation.

4.2. Earlier research and emerging gaps

Although there have been studies related to restricted residential care and effective ways of working with delinquent youths in this setting (Evans & Marsh 2009; Harder et al. 2017; Bryson et al. 2017), there is not much research that has focused on temporary restricted residential care. This fact is in line with what the Norwegian Institute of Public Health found when they did a systematic scoping review of emergency placement in residential youth care institutions (FHI 2020). Their aim was to map the existing research and knowledge on the field, which resulted in the finding of a scarce research field. They only detected six researches conducted on temporary care namely Lurie (2017), Graca (et al. 2018), Hällberg, (2016), Serholt and Eklid (2018), Forkby and Hojer (2011) and Fylkesnes (et al., 2018), where five of the six studies are from Scandinavia (Norway and Sweden) and one from Portugal.

The main topics that reoccur in studies of residential care as important factors for good institutions are the relationship between staff and youth, youth's participation, staff training and collaboration with family and other welfare services (Harder et al. 2012, 2017; Knorth et al. 2010; Larsen 2008; Marsh & Evans 2009; Hällberg 2016). Employees address problems related to the structural framework in the placement of a youth, such as lack of evidence to make well informed knowledge-based decisions regarding the placement, as well as the benefit of successful coordination between different services and the family (Graca et al. 2018). Both the youths and the staff highlighted lack of predictability and a poor offer of meaningful activities and services during the stay in emergency facilities (Serholt and Eklid 2018; FHI 2020). Most of the studies found was qualitative and focus on the youths´ experiences, which is important perspectives as they are the clients of the services. Research detected that concentrates on professional's experiences working with acute placements is moreover focusing on caseworkers that make the decisions and assessments of an acute placement and was therefore excluded in the literature review.

A similar research to my intended study, was conducted by a Master student Gundrosen (2019), who examined the experiences of adolescents staying over three months in emergency residential care in Norway, at a later point in their life. She found several concerns to the conditions of long-term placements in emergency residential care for adolescents. Due to the temporary and unclear living situation of the adolescents, the trauma treatment was put on hold. Lack of information increased their difficult experience and resulted in dissociative behavior. The adolescents that were moved to an emergency facility far away from their network experienced relational losses. Gundrosen (2019) calls for further research and development of the professional work in addition to improve the emergency care to the adolescent's best interest.

Experiences of care workers in such emergency residential facilities for adolescents are not known. This study aims at filling this research and knowledge gap to learn more about experiences from the practical field. Following up Gundrosen´s (2019) study, my approach will focus on the experiences of care workers with focus on building relationships with long term placed adolescents, to better understand challenges and solutions from the practitioners' perspective.

The Norwegian Institute of Health (FHI 2020), Gundrosen (2019) and Slettebø 2018) have also addressed the need for more research on a variety of aspects concerning residential emergency institutions for children and youths. I am hoping my study can contribute with

empiric knowledge through the perspectives of residential staff with the aim to address the on-going challenges and areas of improvement.

5.0. Theoretical/analytical framework

5.1. Trauma informed care

There are no specific theories that cover the current professional challenges care workers face in relationship building with long-term placed adolescents in Child Welfare Emergency facilities for adolescents. However, there are models that conceptualize care intervention with traumatized children and adolescents, such as the trauma informed care model by Bath (2015).

The principles adopted by care workers in emergency residential facilities for adolescents in crisis, are consistent with the key tenets of the trauma informed care model. Bath (2015) is the pioneer in developing a practical theory, based on recent research and knowledge on trauma, which was implemented in social work in residential care with children and adolescents in 2012 (Barne- og familiedepartementet [BFD] 2016). The increased focus on understanding trauma and the reduction of punishment was a response to the negative development of increased psychopathology and re-traumatization associated with coercive measures and violent incidents in residential care facilities. The latter resulted in politicians and practitioners seeking new strategies to improve the quality of services and led to the adoption of the trauma informed care model (Bryson et al. 2017).

Bath (2008) developed three pillars of the trauma informed care model, which are safety, connections and coping. The safety pillar represents an environment that facilitates the child or adolescents to feel secure and calm, so that he or she can participate in normal developmental tasks (Bath, 2015). The connections pillar is related to trust in adolescents' relationships with caring adults, and the coping pillar is concerned with regulating emotions and impulses related to traumatic stress, and how individuals cope with challenges and adverse life situations (Bath 2015).

Much literature on trauma focuses on therapeutic skills and interventions in clinical therapy settings through conversations to treat trauma. Yet, treatment can also happen outside the clinical situation. Bath (2015) stated that trauma that has occurred by negative experiences in relation to other people, can be managed through positive interaction in everyday life situations in relationships with adults who are warm, caring and present. Social workers in residential care have a unique position to the adolescents because they are present in their everyday life aside from the therapy room and thus can take advantage of specific situations to help adolescents in their development work. Trauma informed care is not a specific method but rather a model to gain compassion and understanding of the emotions behind the sometimes condescending and aggressive behaviour of the adolescents (Bath 2008).

5.1.1. Criticisms of the Trauma Informed Care model

Hanson and Lang (2016) explain how the trauma informed care model has gained a dominant role in the way professionals understand and intervene when working with traumatized children and adolescents. The danger of an exaggerated focus on trauma informed care is that professionals end up in redundant categorization of traumatized adolescents, by relating all sorts of behaviour and challenges of adolescence to trauma. Common developmental

processes such as youth rebellion, and adolescent's need for autonomy can according to Bath (2017) be misinterpreted as symptoms of trauma.

Some of the criticism of trauma informed care explains how professionals may be at risk of pathologizing adolescence by underestimating their capability and not challenging them towards positive development (Hanson & Lang 2016). Bath (2017) problematizes how the dominant focus considering "what has gone wrong", can obscure the focus on adolescents' strengths and their multiple identities beyond the adverse childhood experiences. He further points out how this can result in adults not daring to set healthy boundaries for adolescents out fear of repeating trauma. This can further lead to adolescence using the traumas as an excuse for not taking responsibility.

Trauma informed care has become a major investment in Norwegian child welfare institutions (BFD 2016), despite the fact that there is no empirical research that can establish whether trauma informed care in child welfare services have a positive effect on traumatized adolescence (Hanson & Lang 2016; Bath 2017).

5.1.2. Relevance for the study

The trauma informed care model could contribute to this research as a framework for understanding the intervention employees perform and what knowledge underlies their work. In addition, it will be interesting exploring to what extent the principles of trauma informed care in fact correspond with the current practice carried out by care workers in the Child Welfare Emergency Facility for adolescents, based on their narratives.

5.2. Power

Power is expressed in different relations, and can be understood as a relational phenomenon, as the person with most power in a relationship can exercise their demand, when there is a conflict of interests (Boehm, A. & Staples, L. 2002).

In coercive residential care, "power" is a central concept, which is exercised and present in almost every aspects of the adolescents' daily life, and is shaped by the uneven power distribution between the social worker and the youth. Goffman was one of the first authors to address the notion of patients being subjected to the power of institutions (Goffman, 1961, as cited in Valk et. All., 2016). According to Goffman (1961), juveniles in residential care are being victims to power of the institution, as they have low degree of autonomy and freedom (Goffman, 1961, as cited in Valk et al. 2019). This phenomenon has later been a topic of interest for many authors and researchers in the field of professional relations, as it is threatening the effectiveness of institutional care and is in a grey area of violating Children's rights (Convention on the Rights of the Child [UNCRC] 1989, art 16). Power is related to the powerlessness of the youth and, is in restricted residential care expressed through limited access to move freely, residential staff's constant surveillance, restrictions in use of social media or other sorts of contact with peers, and lack of freedom of choice (Rettighetsforskriften, 2011 §§21-25). In the more extreme cases power is exercised through staff using coercive measures such as physical power, by holding the youths against their will, when they express violent or threatening behaviour. To understand the role of the social worker and the context providing care, conciseness and reflection on the power they uphold and the influence it has on the relationship with the youths is crucial to minimize extensive use of power.

5.3. Positionality

My professional work background, my values, but also my personal experiences and attitudes will influence my reality of the phenomenon being studied. From my child welfare professional point of view and growing up in a welfare state, I value the importance of having a state that take care of people in a vulnerable life situation, and that the support given should have the purpose of providing accurate, effective help that should be in the best interests of the individual. My personal experiences with relationship building with the long-term placed adolescents have particularly affected me in the work at the emergency institution, and at times been tough to face, while caring for the adolescence and at the same time observed that many of them become less functioning the longer they stayed at the facility. Experiences with long-term placed adolescents have made me doubt the service we provide and critical of the child welfare system. At the same time, I see that it is difficult to find the right measures in such cases that are often very complex.

The background for my choice of research topic is based on my personal experience from working in an acute residential facility, where particularly adolescents who have been placed over a long period of time have left their mark on me. They are adolescents the child welfare system seemingly has given up hope on, and it can be experienced as if the adolescents have given up hope on themselves as well. There is a lack of suitable service options for these adolescents and my experience is that they often get worse the longer they live in acute residential facilities.

5.4. Social constructivism

This study has its aim in describing, and exploring, the current professional challenges that the care workers at the Child Welfare Emergency Facility for adolescents face when intervening in relationship building processes with the adolescents placed there on a long-term basis. As such, it will adopt a qualitative approach, with a social constructivism orientation, in order to gain a comprehensive understanding of the dynamics that shape the social interactions between the actors involved. A social constructionist perspective suggests that multiple realities exist, because each person constructs their own understanding of the world based on the interaction with their social reality (Bryman 2012). This perspective allows this study to appreciate the beliefs and values of each of the participants selected, while acknowledging that their subjective experiences are shaped by the historical and social context they live in (Ibid.).

6.0. Methodology

6.1. Research approach

In the following chapter I will demonstrate and discuss the different methodological choices and strategies that was applied in this study, to answer how care workers at the Child Welfare Emergency facility for Adolescents experience and intervene in relationship building with long term placed adolescents. For this purpose, I found it suitable to do an inductive study with a qualitative approach, as it is beneficial to gather detailed and in-depth descriptions of a social phenomenon. Social phenomenons are complex to grasp, and qualitative interviews allowed me to detect the complexity and nuances, which are important to understand the participants' experiences (Bryman 2012).

6.2. Study design

To be able to analyse the social phenomena presented in the study, a case study design was adopted since it allowed me to seek in-depth clarification of the lived experiences of the population that was participating (Ragin & Becker 1992), as well as to understand them in their own specific institutional context. Bryman (2012) stated that a case study is when the case itself is the object of interest. In that sense, a case study was a suitable design for the present research, since it focuses on time- and place-specific situations, in this case, the issues arising with adolescents prolonged placements in child welfare emergency facility for adolescents.

In order to describe and conceptualize relationship-building processes that the care workers participate in, in an institutional environment, it had to be considered that their actions would be influenced by the particular context that they were immersed in (Ragin & Becker 1992). That is why a case study design could allow this research to develop a deeper and holistic understanding of the unit of analysis, in this case the child welfare emergency facility for adolescents. My interest was to describe how the particular framework of this type of institution directly intersects the limitations, or possibilities of relationship building, that the care workers take part of with adolescents placed long-term.

6.3. Study area

The present study was carried out in a single child welfare emergency facility for adolescents. Due to confidentiality, the specific city cannot be named. The facility caters for adolescents aged 12-18 who is in need of acute care due to an immediate danger to their well-being, or absence of family caregivers (Barnevernets akuttinstitusjon for ungdom, n.d.). In this facility, there is a minimum of six professionals, working on each of the three shifts of twenty-four hours. This care facility houses a total of eight adolescents in its two sections, which are described as the open section, and the closed section. The closed section is associated with coercive restrictions and locked doors.

6.4 Study population

Amongst the care workers directly intervening with long term placed adolescents, four people were interviewed: with equal gender distribution. The female participants were 29 and 30 years old, and the male participants where 54 and 60 years old. Participants were selected amongst full time workers, two who had bachelor's degree in social work, and the remaining two with bachelor's degree in Child Care and Welfare. In addition, two of the participants had one year of specialization in clinical childcare. The length of experience in the field of care work varied according to age, but in regard to employment at the respective institution being studied, two of the participants had eight years of experience, the shortest employment was four years, and the longest was 15 years.

6.5. Sampling strategies

The care workers at this organization are diverse in terms of education, gender, ethnicity and age. I found it important to include participants that reflect this diversity as it could potentially contribute to the obtained results with different and contradicting perspectives about the practice that is taking place. In that sense, participants was selected according to the following criteria:

- Minimum two years of working experience within the Child Welfare Emergency Facility for adolescents.
- An even distribution of gender.
- Care workers both with a Norwegian and other ethnic background
- Professionals with a relevant educational background (child welfare, social work, occupational nurse) on bachelor level or higher.

Determine the scope and length of the interviews was surprisingly a complicated process. My transfer from a university in Uganda to a Norwegian university in the middle of the thesis writing made me aware of how different the requirements and views on this particular aspect of method was. In addition, many authors have contradicting views on how to assure validity in the course of data collection. According to Bryman (2012), there is no set guideline or requirements for the sample size in qualitative research. Francis, J.J. (et al. 2010) suggests that a qualitative researcher should set the minimum number of the possible interviews at ten, which will be reviewed during data collection. Baker and Edwards (2012) argue that researchers should ensure that data saturation would be realised in the course of sampling and data collection, meaning the point where there will be no new information or concepts arising in the interviews.

I concluded that determining a specific number of interviews ahead of the research would be tricky and not desirable, as I was conducting a qualitative case study, my major element of interest was contextualisation of the findings and subjective experiences. In addition, I had to take into account that the time frame was narrow and there was a limited selection of participants to choose from, as I was conducting a case study at a single institution. Crouch and McKenzie (2006), argue that a smaller number of interviews allows the researcher to get closer to the participants and ensure more time for in-depth interviews, which contributes to more valuable information and a more thorough analysis, rather than a superficial one (Ibid). Following Crouch and McKenzie (2006) in this case, I decided to have a minimum of four interviews in addition to a practice interview beforehand, and do a new evaluation after completing the interviews to consider if I needed more data.

6.6. Data-collection methods

Primary data was collected using semi-structured interviews with the care workers currently working at the Child Welfare Emergency Facility for Adolescents. With a semi-structured method, the questions were open ended but guided by topics from an interview guide, which granted participants the liberty to speak more openly and introduce topics on their own. Semi-structured method allowed me to ask probing questions based on the responses of the interviewees, which created a more organic and dynamic conversation, and allowed both the participants and me to add value to the study.

Regarding the interview design, tentatively, each interview was planned to last about one hour. Some interviews excided the time frame by five to ten minutes, while others were done before 40-50 minutes. The semi-structured guide constituted ten questions related to the topics that I was exploring, namely relationship building and challenges with long term placed adolescents, which aligned with the research objectives. Respectively, there were approximately two questions for each topic, in addition to some back up questions to explore the topic further as a whole

As I was interviewing colleagues with whom I had established relationships, there was an existing foundation of trust and a common understanding of the context, which allowed me to ask in-depth questions at an early stage of the interview. This is aligned with Labaree´s (2002) view on being an inside researcher, that it provides a unique perspective and access to an organization in a research, which an outsider cannot gain. Furthermore, he explains that the perspective of an insider can contribute a deeper access and understanding of the culture within the organization, and hands on experience with the challenges care workers are facing (Ibid). My experience was that participants felt comfortable to enter into personal feelings regarding the topics and be honest on their opinions, even if that meant criticizing their professional practice or the organization as a whole.

One of the challenges I faced during the interviews was to put aside the professional social worker in me. At times it was difficult to just actively listen without responding with feedback or some kind of response to the informant's statements. At the same time, this might have created a more natural dialogue that kept the conversation flow. During the interviews I found the value of silent pauses and having patience before jumping to next topic, these silent spaces between the conversations made room for the informants to reflect and add additional valuable information to the interview.

Overall, I experienced the interviews as the most interesting and rewarding part of the process. My impression, which was confirmed by two of the participants, was that they enjoyed having a session to reflect and go in depth in their own practice, in a safe space where no answer was right or wrong.

6.7. Data quality and measurements

To ensure the quality and validity of the data collected, several considerations were taken into account. Some of the considerations were regarding the context in which the interviews were conducted, and others regarding the techniques that were used throughout the process of data collection and analysis.

As for the context, interviews took place within the Child Welfare Emergency Facility for Adolescents, more specifically in a meeting room that is normally used for confidential matters, and sensitive meetings, concerning the particular needs of the adolescents. This particular setting enabled not only the privacy needed for the interviews, but also a proper environment in which participants already felt comfortable with and where the audio records from the interviews could surely be of high-quality reproduction of sound.

In the case of the techniques, a triangulation with the supervisor enabled the semi-structured guide to be well founded and coherent, which granted validity to such tools and also to the actual interviews. At the same time, triangulation of literature and the state of the art comprising my theoretical framework, greatly helped the thematic analysis to be more accurate and to have a conceptual foundation that could relate not only to my ontological approach *i.e.,* social constructivism, but also to the interpretation I made from the results obtained.

It is important to mention that even though most participants were intermediate/fluent in English, interviews were conducted in Norwegian, as this is their native language. Following my ontological approach, I found it necessary that the participants could express themselves in a natural comfortable manner to grasp their experiences to a greater extent. As Yin (2010) emphasises, the importance of language, and the context in which it is being expressed, could

allow the participants in this research to describe their own reflection and decision-making process; since it was in their language where the value of how they made sense of their own reality could be found. In this sense, I translated from Norwegian to English the most significant parts of these interviews that I chose to present. Furthermore, to ensure credibility in my research, I used "respondent validation" (Bryman 2012), by submitting a draft summary of the analysis of the interviews to the participants; to establish if my interpretation was congruent with the participants' statement, through their own feedback.

6.8. Data Analysis

For the purpose of analysing the data, I used thematic analysis, to search across data sets and find repeating patterns of meaning. The reason for the chosen analytic method was that thematic analysis is described as a flexible method because you can determine the themes and prevalence in various ways, as long as you are consistent in the way you apply within the whole analysis (Braun & Clark 2006). An additional reason for selecting thematic analysis was the widely use of it, which I discovered in previous dissertations with similar methodology as my own research.

There was little pre-existing theory on experiences of care workers in this context, therefor an inductive thematic analysis allowed the themes to emerge through the participants, as it is a data driven method. Thematic analysis is also favourable when seeking subjective experiences of a phenomenon, which was the case in this study (Braun & Clark 2006).

Clark and Braun (2006) have developed a six-step process of thematic analysis, which I used as a guide when I conducted my own analysis. The six steps involved familiarization, through reading and transcribing the data, continuing with coding interesting aspects of the data and collect relevant information for each code. As I was conducting inductive thematic analysis, I found it important when coding the data, that it should not be fitted into pre-existing categories through my preconception. The codes were sorted under different themes, and the initial next step was reviewing the themes to check if they worked in relation to the codes and the overall data set, or if codes or themes needed to be redefined (Braun & Clark 2006). The former steps helped to generate a thematic map of the analysis. The analysis was an on-going process through refining themes, generate an overall picture of the data and create clear titles and definitions for each theme. The last step involved the final analysis and the production of the report.

6.9. Difficulties and limitations

Reflexivity in social research attributes the importance of the researcher reflecting over implications regarding methods, values, biases and decisions for the findings they produce (Hammersley & Atkinson 2007). Therefore, I will first explain what implications that could occur from my biases in this research and furthermore how I tried overcoming them in the best possible way.

My employment at the institution being studied may bring advantages and disadvantages for my study result and calls for awareness of the impact it may have on the research outcomes. According to Labaree (2002), the research process is a selective process shaped by my perception of reality, the context being studied, which theories I choose to illuminate the data, and my interpretation of the data. Furthermore, he emphasizes that being an insider can provide a bias and lack a broader objective perspective of the organisational culture (Ibid).

In my case, the insider bias came to my acknowledgment already in an early stage of the research process. To illustrate further, one of my main motivations for choosing a topic of familiarity in a context I have practical experience from was because of my interest and engagement in this field, but also to make the process easier as I considered myself quite knowledgeable in the area. Surprisingly, when I started investigating the theory and framework of emergency facilities, I came to the realization that I have become so indoctrinated in my own workspace and practice that I have a preconception of knowing it all, and taking for granted assumptions that our practice and knowledge seemingly is the "right way" according to the standards of quality objectives in emergency institutions.

Biases can interfere in several aspects of the research, and an example is through confirmation bias (Nickerson 1998), where my interest in personal involvement in relationship building can provide direction for both the literature I choose and can at the same time overshadow other theoretical elements within relationship building when collecting data. Another example is authority bias, where information from an informant with longer work-experience and greater authority is emphasized more importance than other informants in the analysis process (Milgram 1963).

To avoid such biases, my focus during the research process was to have an open and curious attitude to the topic I was researching and frequently question my own biases. My questions to the informants had to be directed at their subjective experience regarding topics related to relationship building with long-term placed adolescents. In addition, I had to be aware of my relationship with the informants and reflect on what position they are in relation to me, to avoid letting their testimonies weigh heavier than others. Dalland (2014) stresses that being aware of one's attitudes and biases can enable us to easier distinguish the difference between what we expect and what we encounter.

Recognizing these biases has challenged me to ask critical and reflective questions surrounding my own biases about emergency residential care and made me more open minded and eager to investigate deeper into the topic.

One of the limitations of qualitative studies concerning validity and reliability is related with the fact that qualitative studies are conducted in a natural setting, which makes replication of a particular research highly difficult. Case study is a qualitative method where the data cannot be generalized. Although it is a weakness to the chosen method, it fits the purpose of the study, as it will not be possible to claim that the informants' experiences apply to the majority. Transferability describes the data's validity beyond the selected participants, the context and if it is relevant and applicable in other circumstances (Bryman 2012). In qualitative research transferability refers to recognizing the meanings and if these meanings give insight of value (Ibid). The informant´s narratives are personal experiences and will be valid to them. Similarly, their narratives are in line with their experiences with relationship building in residential care, and I assume that their experiences are recognizable and add value to actors working in the field.

As the interviews were conducted in Norwegian, I had to translate the segments that were presented in the thesis. Unfortunately, some of the natural expressions and meanings can get lost in the translation to a certain extent.

6.10. Ethical considerations

As a researcher I have a responsibility to protect participants in my research from several risks that may occur and could potentially harm them, which requires a careful consideration of different ethical values. In consequence, I adhered to the following ethical values: informed consent, confidentiality, voluntary participation, and no harm to participants.

6.10.1. Informed consent

To obtain informed consent from individuals eligible to participate in my study, I used the open method, which means that the potential participants would have knowledge regarding the purpose of my study (Homan 1992). This was ensured through sharing a written document that clearly detailed the study purpose where the research could potentially be published and what security measures were put in place to ensure confidentiality. The language used in the document was stated in a clear and understandable manner by avoiding advanced technical terms. In addition, the information and the rights of the participant were stated orally before the interview, to clarify and make sure they had read and understood everything. Individuals who consented to participate in my study signed the form as proof of their acceptance.

6.10.2. Voluntary participation

To assure voluntary participation, I informed all the participants that they had a right to accept or decline to participate in my study or to withdraw their participation any time in the course of the study (Homan 1992). Participants were assured to feel free to only answer questions they were comfortable with throughout the interview. Accordingly, I observed their body language and emotions, as they could have felt uncomfortable to acknowledge that they did not want to answer. In such instances, the participants were given the option to proceed without answering.

6.10.3. Confidentiality

To ensure confidentiality of the participants, each participant was informed through the consent form, that the information collected was kept under utmost confidentiality. Furthermore, all participants were anonymized in the presented thesis and transcriptions. Their names or other characteristics that could identify the informants, such as ethnicity or additional educational background in other fields, were not used in the presented thesis (Dalland 2014).

6.10.4. No harm to participants

One strategy I took use of to prevent causing harm to the participants in this study, was to repeat what the informant had said, to make sure my understanding was according to their statements, before moving on to the next question. In addition, respondent validation was distributed to the participants within a week after, not only for the purpose of data control, but also to maintain a collaborative and ethical relationship with my participants (Yin, 2010). Considering the participants might be reading the final study, they should be able to recognize their opinions and their experiences, and their voices should reflect the presentation of the findings (Dalland 2014). In case of emotional distress amongst the participants during or after the interview, the participants were offered to end the interview, and get referral to the therapist at the institution.

7.0. Analysis

7.1. Introduction

In the following chapter I will provide a presentation of the care workers experiences of relationship building with adolescents in emergency residential care, highlighting the most significant parts of the data collected. By conducting a thematic analysis beforehand, I have compromised the data and composed different themes worthy of dedicating special attention, in relation to my topic of interest.

As the research question focuses on long-term placements and how the time aspect characterizes relationship building in the context of emergency residential care, I will address the various topics in relation to the unpredictability of time. To answer the research question *How do care workers of a Child Welfare Emergency residential facility experience relationship building with long term placed adolescence with restrictions?,* the main topics addressed in the analysis will be the following:

- Relationship building and time
- Challenges
- How to build relationships

Each section consists of various sub themes based on the data collected and the challenges care workers face, will be addressed throughout the whole analysis under the various themes. At the end a conclusion will be provided to summarize and conclude the findings, in addition to future recommendations. To avoid repetition, I will integrate theory in the discussion of the findings and examine data in relation to previous studies. Furthermore, I will highlight some of the original statements the participants contributed with, to give life to the content of the interviews and provide a more accurate reflection of their experiences.

In accordance with ethical considerations, I will maintain confidentiality of the participants and use pseudonyms when presenting their testimonies. Below I will give a short presentation of the participants:

Patrick: Male 60 years old with bachelor's in social work and a specialization in clinical child welfare work. He has worked with children and adolescents in different settings his whole adult life. Patrick has been employed at the child welfare emergency facility for adolescents for 16 years.
Howard: Male 54 years old. He has a former education in Master of Arts and a bachelor's degree in social work. Howard has previous work experience in a group home for adolescents and in three different child welfare institutions for adolescents. He has been employed in the child welfare emergency facility for adolescents for seven years.
Anna: Female, 29 years old. Have a bachelor´s in sign language and a social work bachelor's degree. Anna had former work experience with children with disabilities and works part time as a translator in sign language. She has been employed for five years at the emergency facility for adolescents.
Sally: Female, 30 years old. She has a bachelor's degree in child welfare and has been employed for eight years at the emergency facility for adolescents. She has previously worked in a youth club.

Many studies of residential care for adolescents such as (Harder et al. 2012, 2017; Knorth et al. 2010; Larsen 2008; Marsh & Evans 2009) focus on positive relationships between the care

worker and the client, which are emphasized as a crucial indicator for a successful placement. The majority of these studies are based on residential care with long-term treatment and behavioural change, and usually have a determined time frame. In my research, I have tried to compliment the aspect of temporality in the light of relationship building, which characterizes the unique environment of emergency residential care. By interviewing professionals working in emergency residential care, I wanted to accentuate care workers' experience and illustrate how unpredictability and time is a crucial factor that challenges relationship building.

Much of my findings corresponds to already existing research in the field and confirms that experience-based practice and common activities between care worker and adolescent are important factors to build relationships. Although the context and time aspect are different considering the emergency context, care workers face many of the same challenges when using coercive restriction and working in a potentially violent environment, which increases the risk of mental distress. The uncertainty with time was an additional stress factor that reinforced some of these challenges and caused unpredictability in the work environment. The process of building relationships became complicated and at times not ideal due to indefinite time of placements, and care workers felt powerless and unable to provide a sound and appropriate care offer for the adolescents.

7.2. Relationship building and time

Time seemed like a defining aspect in regard to relationship building. The time perspective shaped the meaning of relationship in this context and challenged the common understanding of how care workers engage in the adolescents' lives due to the uncertainty of the time frame.

7.2.1. Defining relationship building in emergency context

To get a grasp of how the participants understood relationship building in the context of emergency residential care they were asked "How do you understand relationship building when working with adolescents placed long term at this institution?"

Sally is 30 years old and has worked at the institution for eight years. She focuses on rapid and instant relationship building as an important skill amongst care workers:

> "My understanding is that a relationship must happen fairly quickly, in a place like this. Here I do not put as much in the concept as I would with my co-workers. For example, you and I have a deeper relationship than what I get with the youths here, but it is a relationship regardless of whether it is deep or not. I think I'll form a relationship here because I do not know what happens in 10 min, if I have to go into a meeting and be that youths support person and have known him for 10 minutes. That's what I mean when I say that it must happen quite quickly, and whether that relationship is good or bad or deep or superficial is a bit dependent on that youth."

Sally explains how relationship building in this setting is unusual because she does not know what will happen in the next few hours, thus she has to make instant connections and start some form of relationship building process immediately. She distinguishes the relationship with adolescents from a private relationship with a friend or co-worker, but emphasizes that we build relationships with adolescents regardless of how deep it is. From Sally's point of view the strength of the relationship depends on the adolescents she encounters, and they have the power to determine what kind of relationship is taking place.

The role of the care workers was to be the initiator in the relationship as well as setting the necessary boundaries to protect the adolescents´. The time aspect challenged the care workers to create a rapid connection and an opening for relationship building, so they could get familiarized with the adolescents' behavioural patterns and approach them in the right manner.

Anne is 29 years old and has been employed at the emergency facility for five years. Unlike Sally, Anne views relationship building, depending on the time of the adolescents' placement.

> "I remember very well when we were in the group interview, and the boss said that this is not so much about relationship building but mostly about establishing connections. And I have thought a lot about it in retrospect, that it is often difficult to get it, because some of them are here so short, so I don't know if I would even call it a relationship. Maybe more a contact, if you understand, - but then there are some who stay for a long time that I feel I get a very good relationship to."

Anna conceptualized the relationship with the adolescents as establishing a connection rather than relationship building, depending on the duration of their stay. In the general Guidelines for emergency care, it is stated that; opportunities for a child to experience safety is determined on their relationship with the care worker being as good as possible (Bufdir 2015, p 14). The latter description does not take into consideration the temporary time aspect of the relationship. The institutional plan of the emergency facility in study provides a more specific description of therapeutic relationships that is occurring in a here-and-now situation, often shaped by involuntary placement of adolescents (Barnevernets akuttinstitusjon for ungdom, 2017, p 19). The interaction between care workers and adolescents is described as forms of contact establishment and interplay, which are links in the early creation of the therapeutic relationship (ibid). Although the institutional plan distinguishes interaction from common relationship building, it is not taking into account dilemmas of long-term placements. The two guidelines mentioned have different approaches to the relationship between care workers and adolescent, which contradict each other.

Anna´s description of relationship building is more coherent with the latter definition, but she also clarifies that she would rather use the term relationship building when adolescents ended up staying long term. Emergency care perquisites care workers to act in a manner where they don´t initiate processes with the adolescents which cannot be solved during the placement. Considering the fact that some placements potentially become long-term requires care workers to both think short term as well as having a long-term approach.

Sally problematizes the lack of knowledge about adolescent's life situation when they arrive in emergency care, and the need to uncover violent or sexual abuse rapid, as it preferably should be documented in terms of evidence.

> "When the youth comes and stays here for 3 days, then we have to think like, "I have to ask about that abuse in the 2nd hour, or try to find out something about it". So it is not always very trauma sensitive to work with emergency response"

Sally acknowledges the challenges with the uncertain time perspective in emergency care, and explains the difficulty of providing trauma-informed care when things happen abruptly and there is little time to get to know the adolescent and build trust before digging into sensitive questions. According to a trauma informed care model, children who experienced relationship

trauma tend to feel unsafe and are constant on alert to danger due to e.g. their previous violent environment (Anglin 2002). Bath (2015) stress that traumatized adolescents tend to be sceptical and suspicious to adults and need to feel safe to open up about their trauma. Feelings of safety take time and happen through the creation of trustful relationships to adults. Thus, care workers face a dilemma between their mission to gather important information quick and at the same time be patient to develop trust with the adolescents.

Howard is 54 years old and has seven years of experience at the emergency facility for adolescents. Unlike Sally, Howard is very clear in the limitations to his role and the boundaries between a care worker and a therapist. He points out a dilemma that care workers often face when young people begin to open up about vulnerable and difficult topics such as sexual abuse.

> "We often talk about it in meetings ,"she has been exposed to prostitution, incest all that", you also see in research results that from the time you are exposed to a rape until you start talking about it, it probably goes like 5-6 years really before you go into depth about it and until you start processing it properly. It takes much longer than you think for most people. I don't mean that we should dismiss it. But that is the conflict, we are never supposed to be long-term, and I think we often overestimate our own role, and that is our need to be so important. We are not so damn important in this setting and should not be. That does not mean that you should not listen to the children and contain them, I don't know…"

Howard expresses that it is not in his mandate to dig into difficult topics, and that care workers often overestimate their role and capacity to help in such a short time frame. Yet he stresses the dilemma of how not responding to such confessions or declining the adolescents' attempt to open up, can be an inappropriate response to such situations and the adolescents might feel rejected when they finally start showing vulnerability. Rejection from care workers can have a negative outcome for the relationship and the adolescents trust to the care worker.
From my interpretation, Howard's statement insinuates that our role in relation to the adolescent is not as important as we may often assume, and that care workers feel a need to be important. He seems to be at peace with these limitations and emphasizes the basics of his role as containing and listening to the adolescents.

Supplementing Bath´s explanation of unsafe adolescents, Larsen (2018) adds the opposite challenge of adolescents who uncritically expose sensitive information. He emphasizes that a distinction from a more common notion of relationship building is important in the context of residential care, because many of the adolescents struggle with regulating contact with others and lack an understanding of relational boundaries (Ibid). The adolescents often have past experiences with rejection and can resort to either being too confidential and close to the care workers at an early stage, or rejecting the care worker to protect themselves.

Hagquist and Widinghoff (2000) view on relational work in residential care matches the notion of relationship building in emergency facilities. They describe relational work in acute residential care as a difficult balance due to the fact that care workers are not supposed to be in the adolescents' life for a long time. At the same time, relationship building is an effective tool to create trust and development amongst adolescents. Røknes and Hanssen (2006) similarly point out that care workers must be aware of the relationship they enter into with regard to the duration and what is most appropriate for the adolescent. If the time perspective is unclear and intended to be short-term, such as emergency placements, there is a risk that

adolescents will experience a grieving process when they move. Adolescents that stay long term in emergency facilities can eventually feel home and secure, as they form relationships to care workers. The downside is that when they eventually move, they may oppose to relocating, and such relational breach can be a negative outset for the coming placement (Barneombudet 2020). Therefore, the care worker must reflect on the relationship they enter into and consider the harm it could provide if they build a deep relationship with the adolescents.

7.2.3. Unpredictability and lack of structure

Sally uses a metaphor of marathon and sprint to illustrate how care workers working with emergency response expect to work intensively over a short time frame, but often end up running a marathon, meaning the placement of an adolescent end up being prolonged, which means that care workers subsequently have to change their strategy and way of working with the adolescents.

> "I don't really think I change anything when the youth are staying longer. I usually say that when you work with emergency response, you set yourself up to run a sprint, and very often that sprint changes into a marathon throughout their stay, because the youth stay longer than expected, so there are a few pitfalls particularly with them. Because they stay then, indefinitely or for too long. In terms of this being an emergency institution, we as a staff group are not as good at working long-term, as we are with emergency. We are very good for maybe the first 2 weeks, and somehow get everything done, but after that it stops, in one way or another. But I do not think it is necessarily the relationship that you have to the youth that is weakened, it is more the systematics in following up. That the caseworker should be coming to visit, that we should perhaps ask or be more interested in what the youths think. You get to know each other much faster, but then it just seeps into nothing."

Sally explains how the institution and the Child Welfare system often fail to work systematically over time, which results in adolescents ending up in some kind of vacuum. Furthermore, she is addressing a lack of facilitation for involvement and participation of adolescent's perspective when the placement is being prolonged. Similarly Serholt and Ekild (2018) also found that adolescents in emergency care experience that they are in a vulnerable legal position where their co-determination was often neglected, which influenced their mental health negatively.

According to the professional guide for emergency work, the goal for acute measures is to provide protection, stress reduction, predictability, and a clarification of the situation within a recommended time frame of up to six weeks (Bufdir 2015). Furthermore, it is emphasized, "Children should not be in an emergency institution for an extended period of time with the unrest and unpredictability such a measure represents" (Bufdir 2015, p. 5). Nevertheless, adolescents still end up on long-term placements. Following I will elaborate why this is happening and what consequences it entails for the adolescents, and the further significance it has for the relationship building between care workers and adolescents.

Placement in emergency residential facilities is ideally for the shortest possible time. However, such a placement may be extended for two weeks at a time, based on continuous evaluation, but it should not exceed a maximum of six weeks (Slettebø 2018). An extension of placement in such facilities usually happens when there are difficulties in finding

alternative placements for the adolescents, and when alternative options such as foster care and other residential facilities have already been tried without success (ibid). Preference for a short time stay of two weeks is based on the evidence that mental health for the residents is compromised when they are in an unpredictable life situation for a long time (NTNU 2020).

Many adolescents under the Child Welfare protection have experienced multiple relocations before and after their placement in emergency residential care. A report from Barneombudet (2020) reviewed seventy-seven Child welfare cases where children and adolescence have been placed in residential care, and in many of these cases they found that children are moved multiple times from one placement to another. Havik et al. (2013) found that 24% children and adolescents in residential care have had from five to twelve relocations before their final placement, and in over half of these cases they were moved to temporary/acute placements before the final location, due to a care arrangement that did not work out. The numbers above illustrate how the life of many adolescents in emergency care is full of unpredictability and relational breaches in their living conditions, as they are moved back and forth due to failed measures of care arrangements that have not been capable to accommodate the adolescence needs.

The question regarding the length of an adolescent's placement is a complex dilemma of multiple considerations and must be thoroughly investigated to find the best possible long-term solution. Long term stay at such facilities can have negative consequences, as the characteristics shaping the unpredictable environment are neither ideal nor healthy for adolescents' development over time. Nevertheless, rushed decisions to prevent long-term stay can also have negative consequences. Finding a long term-solution often require time to do a careful and well-informed evaluation. Moreover, rushed decisions can lead to interventions that are not to the adolescents' best interests (Slettebø 2018). Unsuitable choice of intervention, such as a residential facility or a foster family that does not match the adolescents' needs, often causes an interruption in the measures put in place, and may result in either the adolescents returning to the acute residential facility or to an abusive home (Bufdir 2014).

As a result of unpredictability and lack of structure, Howard described how the care workers seemed to have a different understanding of what mandate and role of care this institution had.

> "You can have a more basic structure. If we had agreed on that we comfort, provide care and information, and that is what we will do for at least 14 days. But then there are many who start doing parenting and lots of other things, and I think it boils down to a need to be important, a need to change something, a need to do a job in society, again as it`s our need that controls a lot of buzz here. Maybe I'm wrong, but I mean, to think that you are going to raise someone here and make a big difference within 14 days is just nonsense. We must try to be the stable and organized adults... I think it is much more important to accommodate them, it does not mean that the children should be allowed to do everything, if they start throwing and hitting then they must go to the room, but in that educator "cut your hair, get yourself a job" idea, no I don't think we should conduct parenting, and I feel sometimes like that's something we desire to do "

Howard is missing an overall structure and a common basic mission, and he seems to disagree with some of the other employees' approach to emergency work. He believes that the best

way care workers can help adolescents in a temporary situation is not through focus on changing behaviour through correction, but rather through being a credible, stable and organized adult. Howard further explains how differing understanding of the adolescents causes unpredictability.

> "Yes, well challenges are that there are coincidences, no one has the overall look. It might be confusing for that boy, that me and my colleague treat him as if he was 3-7 years old, then suddenly someone comes who has 14-year-old expectations of him, and then someone else comes in who thinks he is an adult. Then he suddenly has 3 roles he should have in relation to us, so it becomes a bit like distorted role expectations, and unpredictable for him. There are also some care workers who are scared, who brand him as a crazy assailant, a criminal. So I would say the relationship building is then characterized by coincidences. Where we function too little as a system and too much as individuals. It depends on who is working, and then the treatment becomes a bit random."

Howard's experience suggests that there is an underlying inconsistency regarding the mandate of the care workers and how they understand and view the adolescents being placed. In addition, he feels there is a lack of supervision and guidance from the management. Based on Howard´s statement, it can be understood that the way adolescents are being met in terms of expectations, is greatly dependent on the care worker´s interpretation of their own role and mandate. Considering these adolescents already living under conditions shaped by unpredictability and instability, care workers differing approach and expectations to the adolescents may increase this experience amongst the adolescents and also cause a division between the staff. Several studies such as (Harder et al. 2017; Ahonen & Degner 2013) show that there is often low level of staff unanimity in residential facilities for adolescence, in regard to common therapeutic goals and delivery of treatment, and care workers within an organization often have differing understanding of what is effective practice for successful placement. Ahonen and Degner (2013) found that interaction with youths was less in residents with lower staff unanimity, compared to residential care facilities with high levels of staff unanimity. Lack of common goal and different practices amongst care workers is a facilitator for instability and confusion for the adolescents.

At the institution being studied there are many care workers with no relevant education, which means they are not participating in assessments and decisions made regarding the adolescents during staff meetings, in addition they are not provided with proper training. Such factors may result in a differing practice and understanding of the role of care work amongst the employees, and may be a reason why care workers understand the adolescents' needs in a different way.

The participant stressed the lack of continuity, structure and a systematic approach to care work, which was an obstacle for positive relationships with the adolescents. Backe-Hansen (et al. 2017) found that the general literature emphasizes the importance of continuity in institutions, while there is a lack of research on how different aspects of continuity are shaped in the institutional context. Graca (et. al. 2018) emphasize; rapid help and case assessment when adolescence arrived, clear guidelines and procedures for admission and during the stay, including mapping tools to uncover risk and protection factors in the child's life, as important factors to minimize the trauma potential and lengthy placements in emergency residential care.

7.2.4. The professional role

One of the most contradicting perspectives amongst the participants was their response to professional boundaries and their role as a professional in relation to the adolescents. Patrick is 60 years old and has been employed at the institution for 16 years. He explained the importance of awareness regarding professional boundaries:

> "After a long period of time, the relational bond can be very negative for the kids because they are unable to distinguish that I am an adult who is at work. And there are some of the children who have been here for several months who have struggled with exactly that, and they have put it into words. They find it difficult that we cannot tell them about our whole private life. I have to be a professional. I can tell them that I'm a dad, I live in Oslo, I like Liverpool, I like to play chess, I like to run, but I can't tell you more about my private life. Something we must be very aware of is that for them, a relationship is to know as much as possible about the person they are interacting with. In the relationship, I must also be very aware that these children have a very large baggage with them. In one moment they can be very open and pleasant, but in another moment there is a strong expression of violence either verbally or physically, and if you have not made the boundaries clear in that relationship you will hear it as soon as conflicts arise."

From Patrick's point of view, it seems like the professional boundaries he maintains is a way of protecting himself and the adolescents for potential conflicting situations. The professional role may complicate the relationship and cause confusion and conflicts at times when he must set restrictions for the adolescent. At the same time, it may limit his opportunities to develop relationships with adolescents. Considering the temporary aspect of emergency care, such boundaries may provide a more realistic understanding of the purpose of their stay, and prepare them for an upcoming breach in the relationship.

> "I think I'm very much like myself with the youths as I am in private, and in terms of how much I share. I think my only limit is that I don't share my residential address and surname. That´s when I am far beyond. But I don't have a particular limit to sharing my own experiences for example, or family composition or things like that, and I think that maybe makes it easier for my own part to get to know some of them or form some relationship, because I´m not a different version of myself."
>
> - Sally

Sally explains how sharing her own experiences with adolescents or sharing personal information about her private life create opportunities to build relationships. Yet she has a clear boundary when it comes to sharing information that allows adolescents to reach her outside work.

Howard admitted that he avoids professionalism and finds it difficult and hindering in relationship building.

> "Professionalism… I think it´s an uncomfortable topic, because I know that's the way it is. But for me personally it's a tricky topic, I don't quite like to say that "I work here", I like to say that "I´m here" and stuff like that. So, to answer your question, I will try to avoid those limitations as much as possible. I don't like that boundary. But then again, I'm here and I get money for it, and it's such an extreme shift in power, so relationally the role of professionalism is by definition disruptive. "

- Howard

Patrick had a high focus on professionalism and had seemingly clear boundaries between his private and professional role, of which he was constantly aware when building relationships. Whilst Howard and Sally, although acknowledging professionalism and uneven power dynamics as a factor in relationship building, considered it a challenge and a hinder to create a dynamic and natural relationship to the adolescents.

According to Larsen (2018) the professional care role has a therapeutic dimension that emphasizes availability and facilitation, which means that children can reduce their stress and stabilize their level of function as far as possible in the here-and-now situation. He elaborates that the professional caring role represents something professionally combined with a personal aspect, but must be clearly demarcated from the private. In the care role, professional knowledge and experiences are integrated with personal experiences (ibid).

The exercise of the role as a professional care worker is about having a reflective understanding of how we use ourselves as a tool in our encounters with adolescents. As identified by Larsen (2018), the key is for the care worker to appear as warm, safe, clear and acknowledging adults to the adolescence.

7.3. Challenges

In the previous parts I have already mentioned some of the challenges care workers were facing in relation to time and relationship building. The following chapter will focus on the main challenges the participants' addressed, which caused ethical dilemmas and challenged opportunities to provide trauma informed care.

7.3.1. Restrictions and power

The power dynamics between care workers and adolescents seemed to be heavily influenced by coercive restrictions and shaped the relationship to the adolescents on many levels. Howard explains how the power dynamics challenged relationship building and was a barrier for positive development for the adolescents.

> "Yes, it is absolutely devastating, it torpedoes the whole relationship both ways. I think I feel powerless, and the child feels powerless. They are totally incapacitated. They are not even allowed to call whoever they want and… I think it often feels like powerlessness for them, so they might as well turn off their brain, because they think they are hopeless. I mean, we have as much power over them as you have over your dog, so if I am treated like a dog I might start behaving like a dog."

From Howard´s point of view it seems like he is highly aware of the uneven power dynamics and the power he holds, and he acknowledges the lack of possibilities for adolescents to develop autonomy and be actively part of their own self-determination.

All the participants mentioned how coercive restrictions were sometimes unnecessarily strict and lacked valid argumentation to be implemented. Anne stressed the dilemma of upholding restrictions she did not always agree with, and elaborated the challenges of explaining to the adolescents why such restrictions were implemented.

> "Sometimes you come to work and read the background report for the placement of that adolescent and think to yourself: "why doesn't that youth actually get to have his

> phone?". If I don't agree with what has been decided, I must still implement it and explain to the youth why it is like that, so I think it sucks. It's not to stick under a chair that this happens way too often maybe, that things have been sort of crisis maximized, rather than maybe giving them a chance to see how it goes"

When the participants were asked their thoughts on why extensive restrictions were implemented, Patrick, Howard and Sally believed that it was a precautionary approach, mostly based on the fear amongst care workers that something could go wrong or fear of failing to do a thorough job. Unfortunately, the care worker's need of doing a precautionary job sometimes went above the adolescent´s needs, e.g. their need of activation and fresh air was downgraded due to security measures.

> "I think we are trying to save ourselves in a way, or that we don't want anything wrong to happen on our watch, and I think to a great extent we feel that we often have very little information about the youth when they arrive"
>
> - Sally

Sally expresses the issue of lacking information to make well-informed decisions. According to Barneombudet (2015), it is important that employees have knowledge of the children's reaction patterns and the children's previous experience in order to reduce use of coercion. Information about children's past creates greater understanding among employees about how they can meet the children's need (ibid).

> "We ourselves feel powerless, and then have to overcompensate by doing something. And that is to set restrictions and lock them in, then at least they don't do anything wrong, but they don't do anything else either, well at least they don't rob anyone"
>
> - Howard

Howard is expressing some kind of powerlessness, which might be triggered by lack of alternative options to prevent the adolescents from causing harm to others and themselves.
Latter dilemma results in coercive measures by locking them inside, due to fear of failing their mission to protect the adolescents.

Researchers such as Brend (2020) have addressed the issue of psychological distress amongst residential care workers, with special attention to distress caused by the moral events that shape the unique work environment in residential care. Guidelines related to their employment restrained them from acting in accordance to their own moral values. In similarity to Brend´s (2020) findings, the participants in my research stressed the ethical dilemma of carrying out restrictions they personally disagreed upon. Brend (2020) found correlation between mental distresses as a result of having to act in a manner that was immoral according to the care workers own standards. Further down in the analysis I will address the topic of mental distress more in depth.

According to Rettighetsforskriften (2011), the main rule is that staff is not allowed to use any form of physical coercion or power over the child. There is an exception according to Rettighetsforskriften § 13, which gives access to use coercion if it is clearly necessary to provide sound care, or out of consideration to safety or the wellbeing to others in the institution (ibid). Latter suggests that coercion should only be used if it is *clearly* necessary, yet according to the participants they could not always understand the necessity of certain restrictions.

From my understanding it seems like coercive measures are sometimes being used without legit justification in accordance with The Rights Regulations. Although the participants in my study disagreed on certain coercive measures, such restrictions are still upheld and been decided by the management in accordance with the staff group. Latter makes me question the decision processes of such restrictions, and whether the institution lacks proper training in use of coercive restrictions.

Reime (2017) found that discourses amongst care workers and their understanding of the adolescents in question, influence to what extent they use coercion. When care workers view children and adolescents as helpless and lacking autonomy, the threshold of using coercion is lower. According to Barneombudet (2015), excessive use of coercive measures breaks down the respect and trust to the professionals that provide care and treatment. The consequences are poorer care, treatment and health (ibid). Barneombudet (2015) recommend frequent training and guidance of staff, to ensure correct understanding of the legal regulations of adolescent's rights in residential care, to prevent excessive use of power.

Serholt and Ekild (2018) studied juveniles with behavioural problems placed in restricted emergency residential care in Sweden and their experience of participation. The juveniles explained their placement as a severe interference shaped by unpredictability, lack of information and little extent of facilitation for youths´ participation in decisions regarding their life. The adolescents experienced being misunderstood and not heard, and how that reinforced their mental health negatively and resulted in unrest and concerns for their future plan, which lead to the youths taking a more passive position in their treatment. They requested more predictability, co-determination and contact with their caseworkers. Similar findings to Serholt and Ekild (2018) were made in Hällberg, (2016) research of the same type of residential homes in Sweden. The youths´ also emphasized the strict boundaries and lack of freedom hindering their development towards independence.

Considering the issue of long-term placements, the use of coercive restrictions over time can reinforce the traumatic experience of being acutely placed in residential care. As previously mentioned, child welfare institutions are supposed to protect the children and facilitate for positive development. Intrusive restrictions over several months violate children's right to freedom and can be experienced as a sort of prison custody.

Coercive restrictions were considered as a contributor to violent behaviour amongst adolescents, which was seen as one of the challenges of working as a care worker with adolescents who often are placed in such facilities due to violent incidents over time. Although such precautions are serving the purpose of safety to prevent potentially negative situations, precautions and restrictions may also function as a self-fulfilling prophecy to the adolescents. They are expected to be dangerous and therefor locked up, which may provoke them to act on these expectations.

7.3.2. Violence at work

A key dilemma of intervention in Child Welfare facilities is the balance between control and care, as mentioned in the previous chapter, and can be a trigger for violent behaviour. Violence against care workers is an inevitable part of the job and can include biting, choking, spitting, punching, kicking in addition to the use of obstacles as weapons (Smith et al. 2021). Psychological violence such as threats and verbal aggressive behaviour can also be considered as violence and may provoke fear amongst care workers.

The participants had different experiences with violence and fear at work. There was an overall consensus that in the first years working in the field everyone experienced fear at work related to violent situations, but this decreases with time and experience. Although it was many years since Howard had felt scared at work, he explained how fear interfered with his ability to contain the adolescents' feelings and to remain professional.

> "It influences a lot... I have been scared at work. It probably shifts the power balance and makes me much worse at my job in relation to the child. Much more scared and much worse in relation to the child. If I'm scared at work I cannot accommodate that child, because then I have more than enough with accommodating myself, then I don't see the child, I just see a threat."

Patrick believes that he is immune, or in some way damaged after working many years in violent settings.

> "After you have worked for so many years, I think you get very damaged by the environment. I'm not scared, but when you think about situations that have happened at work, both what I have witnessed or situations I have been in, or other colleagues tell me about, then I can get a little like that AHA experience. Especially in the aftermath of thinking that a lot could have gone wrong. But no, I cannot say that I'm afraid or get scared before I go to work, or at work. I get very concerned about ensuring the safety of my colleagues though. Sometimes to reduce that risk, I choose to be with the children others dread to be with, for example very aggressive children. Then I prefer that I'm with them, because then I mostly experience that the work day goes around, instead of having others working with them where I know that things will not go well, that there will be physical holding incidents or the children will be very angry for nothing and start throwing things and threatening, but… no, being scared, it's many years ago."

Patrick explains how the work environment shaped by violence, has led him to develop some kind of protective mechanism, so that he doesn't feel fear in such situations anymore. He stresses the risk of how he sometimes is not capable to assess how dangerous a situation could potentially have become until the aftermath. The fear he might experience is mostly related to other co-workers that are present in the situation, where he feels responsible for protecting them against violent actions.

Howard explains how violence provokes coercive measures.

> "We ourselves feel powerless, and then have to overcompensate by doing something. And that is to set restrictions and lock them in, then at least they don't do anything wrong, but they don't do anything else either, well at least they don't rob anyone"

Howard is expressing some kind of powerlessness, which might be triggered by lack of alternative options to prevent the adolescents from causing harm to others and themselves.
Latter dilemma results in coercive measures by locking them inside, due to fear of failing their mission to protect the adolescents or others.

Violence is a central theme for employees in child welfare institutions and the working environment can be characterized as a violent setting, both through regularly psychological

and physical violence directed at employees (Andersson & Øverlien 2020). One of the participants mentioned the non-visible, latent violence as more challenging than actual physical violent incidents itself, because the latent violence was apparent most of the time, and there is always an aspect of strict safety measures to prevent potentially dangerous situations.

> "In relation to the youths, it's about the latent stuff you are in all the time, doesn't necessarily have to be latent violence, but there is a bit latent stress all the time, and when you are for example shift leader, I don't necessarily have a pulse that is normal during large parts of the day."
>
> - Anne

Smith (et al. 2021) raises the importance of acknowledging the consequences of latent violence in addition to physical violence. Although care workers seemingly are the ones who hold the power, it should not be understated that they may experience losing control. Considering the risky contexts that care workers are working in on a daily basis, they may be objected to a fearful state of mind, which may be a reason for extensive use of restrictions, to protect themselves from potential violence.

When participants were asked how they repair or reconcile the relationship to adolescents in the aftermath of violent incidents, care workers expressed the challenge but also importance of having to return to work with an adolescent that may have attacked you.

> "Yes, of course you have been scared, and it's obvious that by nature you don't want to go back into a situation where you have been scared, but often you do. In my private life, I might not have done it. If I had been threatened with death at McDonalds at Grønland, then I´m not certain I would have gone down there again the next day. While here it is a bit like - "yes it happened yesterday, but I still have to go back in…". It's clear that in one way or another it will be part of either strengthening the relationship by returning and having a conversation about it, and that may help with "ok, this is not going to happen again" or that we come to turns in some way. But then it's clear with some youths it's completely hopeless to try. But I think to a very great extent you should try it, because the youths are counting on that we will be scared, that is perhaps the only thing they know, and in that way you´re showing that you're not going anywhere. Not necessarily in that sense, but that they might learn something from it. They might learn that it didn't help to threaten to kill you yesterday, I'm still here."

Sally emphasizes the importance of teaching the adolescents that they cannot achieve their will through means such as violence and threats. When returning to work with the same adolescent she has been in a violent incident with, it is a way of demonstrating that she is not scared, but also that she is not rejecting the adolescent or holding grudges against them. Similarly, an adolescent may have felt threatened and scared in such situations, which is why it is important that they can meet the care worker again under calm circumstances to reconcile. Sally elaborates how difficult those returns can be, after having experienced potentially dangerous incidents with an adolescent. Encountering the adolescent in the aftermaths of violent situations requires care workers to keep their emotions intact to hide their fear and maintain professional.

Behavioural problems among adolescents who have experienced abuse or rejection are often linked to feelings of fear and uncertainty related to their insecurity, and their negative experiences have made it difficult to trust adults (Anglin 2002). When young people feel insecure or scared, they fall out of their "tolerance frame" and respond with behaviour that challenges the caregivers they interact with (Bath, 2008). Care workers must meet the needs of the adolescent, which are often hidden behind their challenging behaviour. They need to provide young people with an experience of security, by avoiding reactions in the form of punishment or control (Anglin 2002). From my experience, many of the adolescents that are subjected to coercive measures in residential care, express the experience of being punished, and it is similar to what Hällberg (2016) found in her study in restricted emergency residential care in Sweden. This is a common issue for social workers in this field, to handle the primary pain of the adolescents without inflicting secondary pain (Izzo, et al. 2016).

Both Patrick and Sally described how they actively had to change or hide certain emotions when interacting with adolescents in given situations. Such mechanism or skills can be referred to as emotion work, which is a concept developed by Arlie Hochschild. Emotion work defines the work required to generate feelings that are "appropriate" for a situation (Hallett 2005).

Within trauma informed care, emotion work and self-regulation is emphasized as important skills for adolescents to cope with external problems and internal emotions (Bath 2015). It can be challenging for care workers to be a regulating-other when they encounter adolescents with intense emotional and behavioural expressions. Therefor care workers need to have a regulated self and consciousness about how they react to these emotions. According to Steinkopf (et al. 2021) a perquisite for care workers in residential care to maintain a regulated self during work, was self-reflection and self-acceptance. They identified some key practices to maintain self-regulated in the context of residential care work through; exploration of automatic thoughts and emotional issues, accepting vulnerabilities, seeking support from co-workers and gain knowledge on theories that makes sense to them (ibid.). Steinkopf (et al. 2021) found that increased focus on care workers abilities to regulate themselves rather than excessive focus on adolescents' problematic behaviour, could improve care workers ability to understand and cope with the adolescents' emotional expressions.

7.3.3. Lack of qualifications to meet the adolescent's needs

An additional challenge mentioned by the participants was that they felt a lack of qualification to work with certain adolescents, mainly in cases of psychiatric disorders, which was seen as challenging, as it requires knowledge and understanding of working with complex psychiatry.

Sally is mentioning frequent professional training and educational refill as a positive initiative, but she is questioning the quality of how it is followed up and maintained. In addition, she is requesting more training in care work with adolescents suffering from psychiatric disorders:

> "I think we get a little bit of refills on a regular basis, like the regulation of rights course we had now for example, and it's great that we have it, but it's a bit like, how do they follow it up? We should have conversations about it, or have discussions about it, scenarios, training on it afterwards. And it applies the same with all the psychiatric cases that come in here, in fact we have very little experience in psychiatry

> and, taken into account how insanely many youths having such issues to some extent, it is almost strange that we do not have more professionalism around it"

Sally points out the challenges she is facing when working with adolescents with psychiatric disorders. She elaborates that a large proportion of the adolescents she encounters have complex psychiatric conditions that require special knowledge on how to approach these adolescents. Lack of such specialized knowledge may provide inefficient care and leave Sally with a feeling of insecurity and helplessness in her professional role.

Incidence of mental disorders among children and youths who are placed in residential care is particularly higher than the rest of the youth population. According to a comprehensive survey of children and adolescents in residential care (NTNU Regionalt kunnskapssenter for barn og unge, 2015), 76% of the participants had an incidence of at least one DSM-IV diagnosis during the last 3 months and only 38% reported that they had received some form for psychiatric help within this time period. The high incidence of comorbidity between anxiety, depression and behavioural difficulties reflects the complexity of what adolescents in residential care struggle with. The care workers in residential care have a general education in Social Work/Child welfare, but lack competence in psychiatry and treatment of mental disorders. In addition, 50% of employees in residential care are not required to have any higher education at all (Forskrift om internkontroll i institusjoner 2008, §5).

Studies such as (Harder et al. 2017; Graca et al. 2018) emphasize the importance of staff with sufficient professional qualifications, in addition to staff training and support, as crucial to improve the response to residents. Furthermore, maintaining a good collaboration with parents, school, and health services is seen as essential factors to improve the services provided (Harder et al. 2017; Luire et al. 2017; Graca et al. 2018). Interdisciplinary coordination is important and positive because it results in a more holistic understanding of problems, needs and resources.

7.3.4. Mental distress

In the former chapter I have presented some of the main challenges care workers are facing in relationship building with adolescents. Following, I will present aspects of the mental burden they experienced in relation to the former challenges.

Working in emergency residential care challenges social workers because they intervene in a crisis situation in the adolescents' lives where they project a lot of their anger and emotions towards the care workers, through verbal and physical anger often unmotivated by a specific current situation (Larsen, 2018). The social worker needs to accommodate the emotions of the adolescents and keep their patience intact to not lose composure.

Howard is experiencing a lot of rejection from the adolescents, and explains how these responses affect him emotionally. He uses the term countertransference, which is a concept from psychiatry and clinical psychology that encompasses all the emotions and behaviours, conscious and unconscious, that a patient evokes in a therapist (Malt 2019).

> "We wade in a lot of rejection, and it obviously does something to me, that I probably start to reject myself more and stuff. We, as a staff group, are afraid of countertransference, because it does something to me to be rejected. I have raised it with the management several times, "okay now we are so tired and we get so much

> scolding from the kids, and then we start to scold at each other". It has nothing to do with us really, it's the kids' shit that we pass on. But we are a bit scared to put it into words, far too afraid. But there is actually very valuable information we get from it. If you think dynamically, then what's happening inside me that I think is me, it's not really me, but it is emotions that are transferred from the youths to me. So if I can use and interpret them, I can learn a lot about that child. So when I feel rejected, it's not really me who is rejected, it's the child who is rejected, if you think about it in the sense of countertransference. And there, I think we lose a lot of information, because we don't completely dare to feel, "what did I feel in that situation?""

Howard is reflecting over how perceived rejection over time affects him, how he starts to reject himself, and similarly in the working environment how co-workers start picking on each other. He addresses a lack of initiative from the management to facilitate for systematically work with countertransference that occurs in the interaction with the adolescents. Furthermore, he elaborates how we can learn a lot about the adolescents just from examining our own reactions to them. From my understanding, it seems like Howard has already done a lot of self-work and reflection around how the adolescent's behaviour affects him, but he is still missing a joint dialogue and raised awareness about countertransference.

According to Gratland and Negård (2017), unprocessed countertransference over time may result in care workers developing secondary trauma. Negative development over time will change their reaction to countertransference, and empathy may be impaired. Care workers can potentially lose their ability of self-awareness, which is a necessary trait, when processing and coping with emotions related to traumatized people (ibid).

Sally points out how prolonged placements can take a toll on the staff group, as the challenging adolescents are the ones that often end up staying long term.

> "It's challenging for staff if the kids are very explosive, then there is a lot of changeover amongst staff, and in a way that's a challenge for the youths. But often, even if they say we have to rotate amongst staff who´s working with that youth, there is still some automaticity that e.g. I work a lot with her because I have a good relationship with her, so it's exhausting for me. But at the same time, it's that balance, should you consider the youth or consider the staff? Because if you already take into account that they have some problem that is challenging to work with for a long time, even if you in some way have a good relationship with that youth, it doesn't mean that it is less tiring for you. Even if he does not act out when you are there, you are still working on something that people may not see so clearly, and eventually they become very dependent on you to be there, and if you then suddenly are sick one day, it may explode even more than necessary"

Sally explains that particularly care workers with a good relation to an adolescent that is placed on long term, more often is paired with that adolescent, instead of rotating amongst the rest of the care workers to prevent burn out. She mentions that even though care workers with a good relation to an adolescent may not experience violent outbursts, they are still working with something that is not necessarily very visible.

From my understanding it seems like the long-term placed adolescents may build a dependent relationship to certain care workers, which requires a lot of commitment from those workers.

The adolescents that stay long term are more often the ones with a challenging behaviour, which requires a lot of mental capacity from the worker. Based on Sally´s statement, the consistent pairing between adolescents and staff with good relation, is a way of preventing violent outbursts, but the risk can be that those adolescents get too dependent on that particular care worker, and the care worker eventually experience mental exhaustion.

Smith (et al. 2021) found that psychological and physical violence against care workers is one of the biggest challenges of working in residential care, and a contributor to psychological distress and trauma amongst staff, which can result in absence leave or resignation. Psychological exhaustion and negative side effects associated with violence may be an explanation to why Child Welfare facilities in Norway have such a high frequency of turnover amongst employees. Johansen (2014) reported an annual turnover of 35 % amongst care workers employed in Child Welfare facilities in Norway, between 2011 and 2012. Proper training and use of crisis management and de-escalation techniques is found to decrease violence toward care workers (Smith et al. 2021).

7.4. Strategies: How to build relationships

In the former chapters the focus have been on challenges and negative outcomes related to long-term placements and relationship building in emergency care. In the following chapter I will present the participants experiences and strategies on how they build relationships with adolescents. In addition, I will highlight some of the challenges that interfered with opportunities for relationship building.

7.4.1. Common experiences through activities

A common element mentioned by all the participants as crucial to build relationships in the context of emergency residential care, was common experiences through activities.

> "So first and foremost, I feel like it is about being together physically with a youth. That you are somehow present, like physically and mentally, that you don't just sit and watch TV or sit on your mobile, or things like that. I have had very good experience with driving a car, and then often conversations evolve. I have also had some youths who have been very fond of needlework, such as sewing and knitting and then it has been a way to enter into a relationship "
>
> - Anna

Anne has a lot of skills in different activities, such as craftwork, which has been a valuable skill that she has taken advantage of, for instance by teaching the adolescents how to sew a dress or knit a scarf. These skills have given her the opportunity to do different activities besides from watching TV or playing videogames, and she emphasizes the importance of being present both physically and mentally, in contrast to passively watching TV together. She mentions driving with the adolescents as a positive facilitator for conversation as it creates a natural and safe space for the adolescents, instead of sitting across a table from each other and having to have eye contact.

Three, out of the four participants mentioned a lack of activities to offer, which was especially a challenge when working with juveniles with restrictions. The restrictions limited the possibilities of movement outside the walls of the institution, due to safety measures. In addition, resources and staff capacity was mentioned as an obstacle to carry out such activities.

”We often set too strict restrictions, and that can result in the staff becoming very pacified because they don't dare to do anything with the children, they just sit inside. The children sit inside, and the adults also sit around, it becomes a very dull, very undeveloping environment both for the children and for us. For me at least it becomes a boring job, to just sit and sit. So lately, I've been testing new things, especially with the kids you are not supposed to go out with. Go out with the children who have a strong violent expression, do activities with them. What I think is important at this institution is that the milieu therapist must be more proactive in doing things. And something I experience here after so many years is that it is up to the management also to influence the staff to do things, to be more proactive with those kids. And if they do not want to go out then they say so. At least you got an answer, “no, I don’t want to go out”, but they got the offer.

- Patrick

Lack of activities and meaningful experiences between staff and adolescents contributed to emptiness and boredom, which resulted in inactivity and passiveness, not only amongst the adolescents but also within the staff group. Inactivity and lack of structure reinforced staff's motivation to take initiative and be creative in providing alternative activities on the house. Patrick seemed to defy the norm of precautious thinking related to adolescents with high security measures. He emphasizes the importance of giving the adolescents the offer to do something and engage them in activities outside the house.

Conn (et al. 2014) found that adolescents in residential care who are engaged in activities might improve social skills, and decrease loneliness as well as reduce risk of depression and drug abuse. Both unstructured and structured activities provided valuable opportunities for a positive development and growth amongst adolescents in residential care who are considered a high-risk group. As opposed to activities, inactivity was seen as a higher risk for loneliness, depression and drug abuse (ibid). Structured activities were found as the most beneficial type of activity, but are hard to implement in emergency residential care due to uncertainty and unpredictability related to the duration of the placement.

7.4 2. Experience based practice and personal characteristics

A secure and credible adult

Patrick and Howard mentioned an important aspect to their role, as being a secure and credible adult in a temporary time of the adolescents’ life, who can contain the frustration and trauma the adolescents bring along.

"It's a kind of trust that the child can gain, what I can do as my part of the relationship is to hopefully be an adult who is trustworthy and does what I say, but then I still think that some of the children here are so damaged, so in the moment when I think I have a relationship I do not have it. In the sense that they are bearing relationships, they are bearing until they see another youth then they run away with them. I think we often think we have a stronger relationship than what we actually have, and that is my need to be significant. What I think I can do, and that is maybe to put the bar a little low, is to listen to them, accommodate them, be credible, it is to do what I say I will do, that's bottom line, endure them, the pain they have and the painful stories they carry, so that they get an ok encounter with an adult.”

Howard is questioning the strength of the relationship in the context of residential care and elaborates how the need of care workers to feel important may overshadow the reality of how meaningful this relationship is experienced from the adolescent's point of view. He indicates that adolescents preferably are drawn towards other peers, as those relationships are more interesting and valuable to them, compared to the relationship to adult care workers. This is in line with adolescents' development and socialisation process, and is a natural part of growing up and being independent. In contrast, adolescents who prefer relationships with adult care workers to peers could be questionable and considered as abnormal and not adequate behaviour according to their age group.

Based on his statement, I understand relationship building in the context of emergency care as quite different from an equal and two-sided process, but more a notion of the carer's ability to contain and meet the adolescent where they are in the specific moment, depending on their emotional state of mind. From my interpretation, Howard seems to portray relationship building with adolescents as somewhat impossible or momentary. He doesn't expect much back from the adolescents and seems to understand his role rather as a credible adult who functions as a support system in their life.

Patrick also emphasizes to be a credible adult as an important aspect of his role, but through acts of services:

> "So, after working for so many years there is something I have always called; I like working with the worst of the best. It is the type of group I like to work with, they have a very strong expression both verbally and physically, they have perpetrated a lot of violence, and they have experienced a lot of violence themselves. So, it appeals to me, to find some things that I can establish a relationship from, so I can influence them on their way to adulthood, where they suddenly have met an adult who has not been afraid, who has provided a lot of care. Something that comes to my mind is when staff says they are not servants here for the kids. But I like to offer a cup of hot chocolate, cook for them, be on the offering side to show that I am here for you, it's not something I just say but I do it in practice. Because if there is something these children have seen in their short lives, it is that adults say quite a lot, but they do very little for you. But I try to do the opposite; I try to prove that I do something for you before I say it."

Patrick explains to me how challenging adolescents motivates him to initiate some kind of relationship building. He uses the term "servant" as a way of building relationship, through acts of services. Howard defines the credible adult as "doing what you have said", while Patrick explains how he rather show it in practical manners by doing before saying.

As mentioned earlier, many of the adolescents placed in emergency residential care have experienced multiple relocations and have often been in the Child Welfare system for years, which means they have met many adults working within the system. Furthermore, there are often decisions being made on behalf of the child, without their agreement, which can affect their trust to the adults working within the welfare system. According to Vinnerljung and Sallnäs (2008), unplanned or "unintentional" relocations have especially been seen as a risk for children and adolescents' development. Frequent relocations can illustrate how challenging the relationship building process can be when adolescents have experienced relationships being broken, which might result in lack of trust in professional caregivers.

Havik (et al. 2013) claims that temporary care arrangements and unpredictability in relation to whom and where adolescents will grow up, will affect their attachment- and trust relation to other people. Furthermore, they emphasize that when temporarily becomes long term, it creates insecurity and bad conditions for development (Ibid). Repeated experiences with failed placements may affect their motivation and interest in entering into new relationships with care workers, and will thus challenge the responsibility of care workers extensively to build relationships with the adolescents. Harder (et al. 2012) found positive relationships, characterized by emotional support and empathy from the staff, balanced with collaboration and participation of the youths regarding structural tasks and goals of the placements as important success factors in restricted residential care.

Communication

Patrick highlights communication skills as a key to relationship building, and crucial in the context of care work with adolescents who have been neglected or subject to maltreatment.

> "Communication, two-way communication, it is very important to know that some youths have very little vocabulary, many youths have very little stimuli in interaction with adults, they do not know what to talk about. It is very limited what they manage to talk about, and that's why it is important that milieu therapists have captured that, and in that interaction, they manage to facilitate for the youth, so they can put into words what they need. If they say, "I don't want to go for a walk", yes okay, but I will return in an hour, I will not give up. But it is you who must keep the adult role, the milieu therapeutic role."

Patrick emphasizes the care workers role and responsibility to provide emotional and communicative support. By engaging in conversation with adolescents and supporting them to express themselves emotionally, they can learn how to communicate their feelings and needs in a proper manner. Furthermore, he doesn't give up immediately, through actions he shows that he is interested in spending time with them, even if they reject him.

In accordance with Patrick's view, the "coping" pillar in Trauma informed care focuses on verbal skills and communication, and care workers possibilities to help adolescents with emotional regulation (Bath 2015). Traumatized children and adolescents often lack the skill of identifying and naming emotions and it can take time for them to be ready for verbal therapy, as trauma prevails in the deep part of the brain where language is absent (Steele & Kuban 2013). This means cognitive therapy can be ineffective before trust is built and calms the sensory brain (ibid). Although adolescents who have experienced trauma are not available for verbal therapy, care workers can support them in developing verbal competencies and the ability to self-reflection (Bath 2015).

Emotional and social support from care workers is seen as an important factor for positive development amongst adolescents during care. Singstad-Tevik (et al. 2019) found that youths in residential care reported other support sources and residential staff more frequently than their parents, as a source of social support. According to Zegers (2007) adolescents that experienced high level of emotional and social support from care workers had decreased incidents of delinquent character during care, as opposed to adolescents who received low level of emotional and social support.

Humour and small talk

Patrick and Sally emphasized the importance of using humour and small talk as an effective tool to break the barriers and build relationships with the adolescents. Some key factors mentioned were acting like a clown, make a fool out of yourself, and don't be high on yourself.

> "I often use humour, it's like, if I make them laugh, okay then we can go into that meeting. Very ragged said, but there is something about doing something together, in one way or another, whether it is eating breakfast, that you get to do something before you go straight into something serious. You have to be the one who is not afraid to make a fool of yourself and not take yourself so seriously, I think. What I also think lies in the concept of relationship is to be good at small talk. And I think a lot of those who work here are, because we have no choice. You have to somehow sit down and start talking, or asking about something, or pointing out something you see, or you name it, to get started on some relational work"
>
> - Sally

> "Well, I think of Patrick and me when we run around and dance and scream and howl at football teams and all that sort of thing, it is completely deliberate to try to break down that boundary that is naturally here"
>
> - Howard

As the adolescents are facing a difficult time in their life and most of them are going through some sort of crisis, humour and ridiculous behaviour seemed like a mechanism the care workers used to disarm the situation and put a smile on the adolescents' faces. Howard, Sally and Patrick emphasize characteristics such as humour, small talk and acting crazy as valuable tools to build relationship with adolescents. Seemingly these are personality traits that have benefitted them in their relational work with adolescents.

Be yourself

Patrick and Anne express the value of being themself as a strategy in itself.

> "It's always my strategy, to be the same person I am every time at work, whether I'm very happy, use a lot of space, scream a lot, give a lot of myself, but I'm also very clear when I have to set boundaries."
> - Patrick

> I'm only being myself in a way, so it's very often I don`t think so consciously about "what can I do to have a better relationship". It kind of happens by itself, that I'm just at work and that I thrive and enjoy being with youths, and you just talk about what is natural to talk about."
> - Anne

Although Anne explains how relationship building is kind of automated and she does not have a specific strategy, neither reflects too much around it, she might underestimate the value of experience-based practise. The fact that she enjoys being with the adolescents might play an important role in her ability to build relationships with them. Similarly, Barneombudet (2020) found that adolescent´s emphasize secure adults with life experience and ability to show empathy as more important qualities then formal education. The

adolescents claimed that they could sense who enjoyed their job and sincerely was themselves at work, contrary care workers who were there just for the money (ibid).

All of the participants have worked minimum five years at the institution being studied, and from my understanding some of their strategies they described in the interviews are skills they have gained through experience-based practice. These skills are not necessarily learned through books, but from experience in the field and through life, by trying and failing different practice and reflecting over what have worked and not. Schön (1983 as cited in Halvorsen 2010) describes how the study of disciplines such as psychotherapy or management make use of several forms of knowledge, including established theories and generalized knowledge, but he emphasizes the necessity of practical experience for professional development. He refers to "knowing-in-action/reflection-in-action", as knowledge that lies in the action, meaning the way actions are carried out and the implicit assessment of the situation, which is the basis for the action to be produced (ibid). Schön quotes "In "reflection-in-action," "doing and thinking are complementary. Doing extends thinking in the tests, moves, and probes of experimental action, and reflection feeds on doing and its results. Each feeds the other, and each sets boundaries for the other" (Schön, 1983, p. 280 as cited in Halvorsen 2010).

In social work practice, practical and experience-based knowledge plays an equally important role in comparison to generalized knowledge. Experience-based knowledge is a different type of knowledge than what is considered as valid and relevant in research and education, and is learned primarily through participation in practice (Halvorsen 2010). Although Schön´s theory does not directly include social work, his starting point can contribute a useful perspective in social work.

The general Guidelines for emergency care emphasize acknowledgment, kindness, patience, warmness and humour conveyed by safe, honest and competent care workers to create a good relationship, not only between the child and care workers, but it can also contribute to a good relationship between the child and their parents (Bufdir 2015). The latter is an important thought to consider, although it has not been addressed in this research. But the primary goal of child welfare work is to strive towards reunification between children and their parents, in accordance with the biological principle, which emphasizes the children and parents' right to have a family life (Barnevernloven 1992, § 1-1).

8.0. Conclusion

In the final chapter of my dissertation, I will introduce the reader to a concluding summary to answer the following objectives: conceptualization of relationship building, challenges and strategies, in regard to long-term placed adolescents in emergency residential care. At last, I will provide some recommendations for future research and practice.

8.1. Summary

This study has revealed that adolescents who remain in temporary care over time, create multiple challenges for care workers when engaging in relationships with the adolescents.
In accordance with previous studies (Røknes & Hanssen 2006; Hagquist & Widinghoff 2000), interaction with youths requires the care workers having a conscious understanding of such

relationships and the consequences it may have for the adolescents, when they abruptly has to move. Research on this topic proves unambiguously that long-term placements have negative effects on adolescents' well-being (Bufdir 2015; Havik et al. 2013; Gundorsen 2019). In line with Graca (et al. 2018), my study found that the uncertainty of long-term placements also caused unpredictable conditions for care workers to provide systematic and trauma informed care. Trauma research confirms that the lack of predictability and continuity increases the stress load that the adolescents experience during emergency placements (Backe-Hansen et al. 2017; Bath 2015).

Relationship building encompassed a large part of care workers' mandate and required self-awareness when communicating with the adolescents, to reduce aggressive and violent behaviour. The latter relates to findings of Harder (et al. 2012). In line with Barneombudet (2015) my participants stressed how the coercive restrictions caused further ethical dilemmas and limitations with respect to positive relationships between care workers and adolescents. Similar to Andersson & Øverlien (2020), Smith (2021) studies, challenging behaviour was also seen as a contributor to mental distress, and the participants addressed lack of qualifications to meet the adolescents' need as an additional challenge.

Limited means to provide a meaningful stay required care workers using themselves and their personal characteristics actively in interaction with the adolescents. As identified by Schön (1983), experience-based practices enabled the care workers to use creative strategies to ease the burden of prolonged placements.

8.2. Conclusion

The informants provided a valuable insight in how relationship building in an emergency residential facility takes place and what challenges the care workers encounter when adolescents end up on prolonged stay. The definition and understanding of relationship naturally developed in relation to time and seemed like a more fluid and flexible concept when examined in the context of emergency residential care. From the information the participants provided, it seems they did not necessarily change their way of building relationship, strategies or interaction with the adolescents, regardless of whether adolescents stayed long-term or not.

Due to uncertainty regarding adolescents' placement, the participants stressed how lack of structure and systematic work prevented them from offering a meaningful stay at the residence. Lack of possibilities to offer activities were also mentioned as a disadvantage, and was particularly challenging when adolescents were under coercive restrictions. Thus, care workers had to consider security measures that prevented possibilities to do activities outside the house. Such restrictions challenged the possibilities to build relationships with the adolescents and facilitate for their participation.

The unknown time aspect and unpredictability characterizing emergency residential care, seemed to be a burden to both care workers and adolescents, and prevented possibilities to provide trauma informed care. Although the participants seemed to strive towards a trauma informed approach through consistency and routines, they problematized boundaries due to structure and conditions of emergency care as oppositional to principles of trauma informed care. Although the principles of trauma informed care could serve valuable knowledge on how to work with adolescents with trauma, one may question if the adaptation to emergency

residential care is somewhat complicated when placements supposedly are meant to be temporary.

The participants discussed ethical dilemmas such as excessive use of coercive restrictions they sometimes disagreed upon, but still had to uphold due to their obligation as an employee. Lacking reasonable argumentation to explain the adolescents why such restrictions were implemented challenged their opportunity to be credible adults, and sometimes caused frustration and violent behaviour amongst the adolescents. Furthermore, one can question if such restrictions even can be justified in accordance to legal guidelines.

Moreover, the informants that participated in the study had a similar understanding and approach to relationship building and their role as care workers, although they had a different conception of private/professional boundaries. Nevertheless, some participants elaborated that there was contradicting understanding and approach to care work amongst the overall staff at the institution, which reinforced the unpredictability of living in temporary residential care.

Some participants expressed lack of qualifications to meet some of the adolescents need, specifically in cases of adolescents with a combination of complex mental disorders. Care workers felt helpless due to lacked knowledge and experience on how to approach adolescents with complex psychiatric disorders. Due to challenging behaviour and exposure to violence, participants stressed the need of emotion work and reflective practices to cope with the emotional burden and to prevent psychological distress and burnout. Improved support systems and systematic processing initiated by the management, was addressed as a necessity to ease the challenging environment care workers operated in.

The participants emphasized the importance of being themselves in their approach to the adolescents and have genuine passion for their work. My perception was that personal qualities such as the use of humour and giving a lot of themselves were effective tools and strategies the participants took advantage of when getting to know the adolescents. Clear communication and being a safe and credible adult who could accommodate the adolescents, were mentioned as important qualities in the relationship work.

8.3. Recommendations

Care workers in the field working directly with adolescence, are important actors of the welfare services regarding social support for positive development, but their voices are often neglected both in research and policy making. They are in a privileged position to function as a bridge between the vulnerable population and the welfare system, and they have a unique opportunity to promote advocacy for social change. Conceptualizing the everyday struggles of professionals through research could create awareness in the Norwegian society and contribute to policy changes, which may lead to improved quality of the services provided.

Acute placements and the daily care offered within the framework of these institutions is a less explored field within research. Therefore, I hope this study will motivate other bigger organizations in further developing knowledge in this branch of child welfare work through greater and more comprehensive studies, including the perspective of the adolescents that end up on prolonged emergency placement. Awareness and attention towards a reduction in long term placements in child welfare emergency residential facilities, will not only benefit the conditions for social intervention provided by care workers, but most importantly profit the adolescence which are the target group of these services.

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Appendix 1

Interview guide

Kjønn: Alder:

Hva er din utdanning (kompetanse) og tidligere jobber(erfaring)? Hvor lenge har du jobbet i jobben?

Fortell litt om en typisk arbeidsdag, hva går jobben ut på?

1. Hva er din forståelse av relasjon i arbeid med ungdom som er langvarig plassert på akuttinstitusjon?
2. Hvordan arbeider du relasjonelt med langtidsplasserte ungdom?
3. Hvilken betydning har langtidsaspektet for måten du arbeider relasjonelt med ungdommene?
4. Hvilke utfordringer opplever du i det relasjonelle arbeidet med disse ungdommene?
5. Hvordan påvirker forholdet mellom makt og avmakt det relasjonelle arbeidet med ungdommene?
6. Har du opplevd å være redd på jobb?, - hvordan påvirkes det relasjonelle arbeidet med ungdommene da?
7. Se for deg en situasjon hvor du har fått til noe positivt med en ungdom som er utfordrende å jobbe med, - hvilke strategi/fremgangsmåte brukte du i denne situasjonen?
8. Hvordan påvirker det relasjonelle arbeidet med langtidsplasserte ungdommer deg personlig?
9. Hva slags strategier/tiltak bruker du for å opprettholde en sunn balanse mellom jobb og privatliv for å ikke bli utbrent i arbeidet?
10. Opplever du at ungdom med begrensninger får mulighet til å medvirkning i sin hverdag på UA, og hvordan tilrettelegger du/ansatte for dette?
11. Hvordan jobbes det for å skape forutsigbarhet i hverdagen til ungdommene på UA?
12. Opplever du at ungdommene har et godt nok tilbud (mtp. Innhold og tilbud på UA)?

Appendix 2

Vil du delta i forskningsprosjektet

"Relasjonsarbeid med ungdom på ubestemt tid"?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å utforske miljøterapeuters perspektiv på relasjonsarbeid med ungdom som er langvarig plassert på akuttinstitusjon. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål
Formålet med dette studiet er å utforske relasjonsbygging mellom miljøpersonale og ungdom med alvorlige atferdsvansker som er langvarig plassert (over 3 måneder) på akuttinstitusjon. Studiet vil ta for seg miljøterapeuters perspektiv og opplevelse av det relasjonelle aspektet ved akuttarbeid, med hovedfokus på utfordringer og løsninger. Forskningsprosjektet er en kvalitativ masteroppgave i "sosialt arbeid med barn og familier" og baserer seg på case-studie metode, hvor datainnsamling vil skje gjennom personlige intervjuer med ansatte på en enkelt institusjon.

Forskningsspørsmålet for oppgaven er *"Hvordan utøver miljøterapeuter relasjonsarbeid på en akuttinstitusjon når ungdommene blir plassert på ubestemt tid?"*

Hvem er ansvarlig for forskningsprosjektet?
Universitetet i Stavanger er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?
Studiet søker ansatte ved barnevernets akutt institusjon for ungdom i Oslo som har minimum 2 års erfaring med miljøarbeid ved den aktuelle institusjonen. Denne invitasjonen vil bli sendt ut til 10-15 andre som oppfyller de øvrige kriteriene.

Hva innebærer det for deg å delta?
Deltakelse i dette studiet innebærer å stille til et intervju med varighet på ca. 1 time. Spørsmålene i intervjuet vil omhandle dine opplevelser og erfaringer knyttet til relasjonsarbeid med ungdommer som er langvarig plassert på barnevernets akutt institusjon for ungdom. Intervjuet vil bli tatt opp på lydopptak og transkribert.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket. Det er kun student og veileder som vil ha tilgang til dine opplysninger. Navnet og kontaktopplysningene dine vil bli erstatte med en kode som lagres på egen navneliste adskilt fra øvrige data. Øvrig datamaterialet vil bli lagret i en låst mappe. Deltaker vil ikke kunne bli gjenkjent i publikasjon.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?
Opplysningene anonymiseres når prosjektet avsluttes/oppgaven er godkjent, noe som etter planen er 15.01.22. Personopplysninger og opptak vil bli destruert etter prosjektslutt.

Dine rettigheter:

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg, og å få utlevert en kopi av opplysningene,
- å få rettet personopplysninger om deg,
- å få slettet personopplysninger om deg, og
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Universitetet i Stavanger har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?
Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- Universitetet i Stavanger ved student Live Kheradmandi, epost (live_kh@hotmail.com) eller på telefon: 98844253 og veileder Kathrine Skoland, epost (kathrine.skoland@uis.no).
- Vårt personvernombud: Bitten Lunde, telefon: 51832763).

Hvis du har spørsmål knyttet til NSD sin vurdering av prosjektet, kan du ta kontakt med:

- NSD – Norsk senter for forskningsdata AS på epost (personverntjenester@nsd.no) eller på telefon: 55 58 21 17.

Med vennlig hilsen

Kathrine Skoland
(Veileder)

Live Kheradmandi
(Student)

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet *[sett inn tittel]*, og har fått anledning til å stille spørsmål. Jeg samtykker til:

☐ å delta i intervju

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

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(Signert av prosjektdeltaker, dato)

Appendix 3

Relasjonsbygging - Hva/Hvordan?

Romme Troverdig voksenperson Felles opplevelser Språk/Kommunikasjon Ikke bærende Tid - Gjengangere	Etableringskontakt Gi av seg selv Tydelighet i relasjonen - kommuniseres Tid - bli bedre kjent/tilrettelegge Felles aktiviteter Språk/kommunikasjon	Rask relasjon Humor Small talk Gjøre noe felles Avhenger av ungdommen Tid - uforutsigbarhet Langtid - mestring	Rask relasjon/kontakt etablering Avhenger av tid Går av seg selv (avhenger av at jeg trivsel) Være seg selv

- vi er de eneste som tåler de Tåle avvisning Tydelighet Godt humør Empatisk lytting Emosjonell respons	(snakke til og med ungdom) Felles aktiviteter Utfordrende barn som motivasjon til RB Trygg voksenperson Relatere til egne opplevelser Tydelig kommunikasjon Ikke vise frykt Pålitelighet Service person (gjøre tjenester/varte opp) Føle seg frem Begrense deling av privatliv Bevissthet rundt profesjonalitet - Tydelige rammer Sette grenser for sensitive temaer Forståelse for ungdoms uttrykk Realitetsorientere Klemme Direkte øyekontakt Ærlighet Ta mye plass - skrike og være klovn Grensesetting - være tydelig Være seg selv Ikke gi opp - gi flere sjanser Small talk	hos pers (ser fremgang i ungdommers atferd) Være seg selv Ærlighet Skape et normalt hjem Klem/fysisk berøring - bryte barrierer Ikke ta seg selv høytidelig Ikke være redd for å drite seg ut Løsningsorientert Medvirkning Small talk Åpen/by på deg selv Kjapp i avtrekkeren	Avhenger av personlighet matcher Felles aktiviteter Bevissthet rundt personlighet profesjonalitet Begrensninger som mulighet for RB (være sammen) Ikke vise redsel Skape forutsigbarhet i kort tid Fleksibilitet Tålmodighet

Utfordringer

Motoverføring (tåle/tolke avvisning) Manglende struktur Begrensninger -	Begrense relasjonen Profesjonalitet VS privat Uforutsigbart emosjonelt uttrykk hos ungdom	Avvisende ungdom Begrensninger =utagering Frykt - ubehag å	Systematisk planlegging/oppfølging Bruker tidlig opp verktøyene våre for

redsel for å feile (Ubehag) Uvisst tidsperspektiv Romme tunge problemer Ulik praksis blant personal Tilfeldigheter i arbeid Oppbevaring av ungdom - mangel på tilbud Totalt umyndiggjort Profesjonaitet i relasjonen Frykt - bearbeiding	Tilrettelegge til medvirkning Gjengangere (makt avmakt) Mangel på veiledning Tilfeldigheter - Mangel på systematisk/målrettet arbeid manglende tilrettelagt oppfølging pers (psykologisk) Motoverføring Manglende oppfølging av VA Manglende tilstedeværelse fra ledelse Sette grenser for seg selv - ta for mye ansvar (manglende tiltro til a.p.) Sikkerhet - faresituasjoner, ansvar for andre kolleger (etterpåklokskap) Tiltro til systemet (feil videre tiltak for ungdom) Håpløshet - Barn som ikke lar seg hjelpe Ting tar tid (BV systemet) Manglende kunnskap (Psykiatri saker)	vende tilbake langtidsplasserte (utfordrende ungdom) påvirker oss, Leve i midlertidighet - skadelig for ungdommene Perioder med sprengt kapasitet Manglende kunnskap (psykiatri) Medvirkning (urealistisk ønsker å innfri) Begrensninger (for inngripende man ikke er enig i)	RB utfordringer Langtid - ikke tilrettelagt inst., utfordrende ungdom - ikke hyppig utbytte av pers =utbrent pers Grenseutprøvende atferd Begrensninger - for inngripende - uenig med de (redde oss selv - unngå feilgrep) Manglende info om barna Latent vold/fysisk vold Dårlig psykologisk oppfølging Manglende kunnskap (psykiatri) Manglende trening (holdesituasjoner) Sette grenser for seg selv/ lytte til kroppen (utbrenthet) Latent stress (VA) Uforutsigbarhet - tilrettelegging på akutt Dårlig tilbud til ungdommene

Løsninger/ Hva fungerer?

Dysfunksjonell familie Jobbe i dybden med motoverføringer - lære oss mer om	Bedre samarbeid med skolen Forståelse av barnas situasjon Få målrettet	Mer tilrettelegging Maktposisjonering - hvordan forvalte makt Jobbe med RB etter	Vende tilbake etter holding - løse konflikten Ikke vise redsel Trygge kollegaer i

barna Tilfeldigheter hva som fungerer Mer samkjørt- like praksis Mindre oppdragelse Tørre å gi mer ansvar til ungdom	veiledning - utløp for motoverføring Psykolog som kommer til institusjonen - veileder Ikke vise frykt/bli redd Bedre samarbeid med familien Mindre begrensninger - prøve å la feile (la de gå på skole) Forbedret tilbud til ungdommene - mer rutiner samt psykolg prøve ut nye ting - eks. Dra på turer smoothere overgang til nytt tiltak Aktivisere ungdommen mer mer fokus på fremtid (ønsker videre, og ikke fortid)	holdinger - stå i det - lære ungdom at vold ikke fungerer Bedre oppfølging av faglig påfyll interessere oss mer i ungdommenes interesser	holde situasjoner bruke god tid, holde roen mer faglig påfyll

Unngå å bli utbrent

Fysisk aktivitet Alkohol Hjernetrim (Sjakk) Psykologisk hjelp utenfra Forsvarsmekanismer (miljøskadd, ikke ta innover seg ting)	Fysisk aktivitet overlevelsesmekanismer - Akutthjernen skrur av jobb hjernen på privaten Bedre psykologisk oppfølging Kollegial støtte til bearbeiding	Fysisk aktivitet Koble av når man ikke er på jobb evaluering på jobb til å bearbeide dårlige vakter Kollegial støtte

NSD NORSK SENTER FOR FORSKNINGSDATA

Vurdering

Referansenummer

685786

Prosjekttittel

Relasjonsbygging med ungdom på akuttinstitusjon

Behandlingsansvarlig institusjon

Universitetet i Stavanger / Det samfunnsvitenskapelige fakultet / Institutt for sosialfag

Prosjektansvarlig (vitenskapelig ansatt/veileder eller stipendiat)

Kathrine Skoland, kathrine.skoland@uis.no, tlf: 91609240

Type prosjekt

Studentprosjekt, masterstudium

Kontaktinformasjon, student

Live Kheradmandi, live_kh@hotmail.com, tlf: 98844253

Prosjektperiode

10.09.2021 - 15.01.2022

Vurdering (1)

14.09.2021 - Vurdert

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg den 14.09.2021, samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte.

TYPE OPPLYSNINGER OG VARIGHET
Prosjektet vil behandle alminnelige kategorier av personopplysninger frem til 15.01.2022

LOVLIG GRUNNLAG
Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 og 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse som kan dokumenteres, og som den registrerte kan trekke tilbake.

Lovlig grunnlag for behandlingen vil dermed være den registrertes samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a.

TAUSHETSPLIKT
Deltagerne i prosjektet har taushetsplikt. Intervjuene må gjennomføres uten at det fremkommer opplysninger

som kan identifisere enkeltungdommer eller saker.

PERSONVERNPRINSIPPER
NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om:
· lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen
· formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke behandles til nye, uforenlige formål
· dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet
· lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet

DE REGISTRERTES RETTIGHETER
Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), og dataportabilitet (art. 20).

NSD vurderer at informasjonen om behandlingen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13.

Vi minner om at hvis en registrert tar kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER
NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32).
For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og/eller rådføre dere med behandlingsansvarlig institusjon.

MELD VESENTLIGE ENDRINGER
Dersom det skjer vesentlige endringer i behandlingen av personopplysninger, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. Før du melder inn en endring, oppfordrer vi deg til å lese om hvilke type endringer det er nødvendig å melde: https://www.nsd.no/personverntjenester/fylle-ut-meldeskjema-for-personopplysninger/melde-endringer-i-meldeskjema
Du må vente på svar fra NSD før endringen gjennomføres.

OPPFØLGING AV PROSJEKTET
NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Lykke til med prosjektet!