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Safety in Residential Youth Facilities: Staff Perceptions of Safety and Experiences of the "Basic Training Program in Safety and Security"

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ABSTRACT

In inpatient and residential youth facilities, staff concerns over actual and potential aggression and conflict frequently affect both the quality of care and staff wellbeing. This study investigated 1) staff perceptions of safety at the residential facilities where they work, and 2) staff experiences with the Basic Training Program in Safety and Security, initiated by the Norwegian Directorate of Children, Youth and Family Affairs (Bufdir), to enhance prevention and management of aggression and conflict. We conducted three focus-group interviews at three different public residential facilities with a total of 18 staff members who work daily with youth. Findings show that staff regard safety as essential and perceive enhanced safety as linked to predictability, stability, team coordination, education and training, organizational support, and trusting and supportive relationships. They also indicate that staff regard the training program as having improved their feelings of safety, enhancing awareness of conflict situations before, during and after they occur, and contributing to more systematic work processes and cooperative and coordinated teamwork. These findings have implications for all facilities providing care and treatment to youth.

Practice Implications

- Feeling safe is reported as essential to staff in residential youth facilities in Norway
- Staff perceptions of safety influence their treatment and care of youth
- Staff who attended a training program in managing aggression and conflicts reported more awareness, team coordination, and systematic work processes
- Such training may be significant in increasing staff perceptions of safety and well-being

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Further research is needed and should include the perspectives and experiences of the youth living in residential facilities

1 Introduction

Considerations of safety are at the forefront of work with children and youth (hereafter referred to as youth) in different inpatient and residential facilities. Safety entails an environment in which one can feel secure and calm and attend to normal developmental tasks. According to H. Bath (2015), healing can only occur in this kind of environment. Youth carefully study how adults present themselves, including their mannerisms, tone of voice, and body language (Steele & Kuban, 2013). Safety is therefore closely related to the quality of interpersonal connections because it is only in relationships with others that a youth can begin to feel safe (H. Bath, 2015).

The work practices of staff are influenced by their feelings of wellbeing, safety, and job satisfaction (Knorth et al., 2010). Occupational health is critical for staff in human service occupations, whose focus is on the needs of others and whose own needs may be overlooked or neglected. Residential staff members are confronted with multiple stressors, such as aggressive and non-compliant behavior (Dean et al., 2010). Aggression can be understood as any behavior that is destructive to self, others, or property. Extensive research on different youth facilities over the past decade has shown that aggression is a result of a complex interaction among youth characteristics and environmental factors, such as ward milieu and staff behavior (Fraser et al., 2016). According to interviews with staff members working within a child and adolescent psychiatric inpatient unit, episodes of physical aggression were common and linked to problems with work attendance and other professional, as well as emotional, sequelae (Dean et al., 2010). These issues may create physical and mental health complications, increased stress levels, lower work satisfaction, lack of safety, anxiety, distress, fear, anger, and hostility, as well as power struggles between staff and youth (Lombart et al., 2020; Miller, 1986; Nyttingnes et al., 2018; Smith et al., 2017; Steckley, 2018; Woodcock & Fisher, 2008). Y. Smith (2014) suggests that the high emotional and physical stakes of managing potentially dangerous situations in the absence of effective and safe management strategies are a source of stress for workers and may impair their therapeutic capacity. Physical threats and aggression from youths can also affect staff members' attitude toward youths (Lynch et al., 2005).

If staff well-being and work satisfaction are low as a result of excessive and prolonged job stress, burn-out – a multifaceted phenomenon comprising emotional exhaustion, depersonalization, and reduced personal accomplishment – can be a result (Maslach et al., 2001). Burn-out, in turn, often leads to high staff turnover (Colton & Roberts, 2007; Conrad & Kellar-Guenther, 2006; Knorth et al., 2010; Seti, 2008). Worker turnover is harmful and disruptive to

the treatment and care of youth, who often have difficulty forming trusting relationships with caregivers; it also undermines organizational attempts to provide youth with stability and predictability (Connor et al., 2003). Long job tenure is helpful in developing the experience and skills needed to provide consistently good care. Staff who experienced a greater level of satisfaction on the job reported feeling less controlling toward their patients (Lynch et al., 2005). This suggests that autonomy, competence, and relatedness are important to the well-being of staff and have the potential to affect their attitudes, program implementation, and treatment.

Several youth facilities have devoted considerable resources to improving the quality of practice (Bogo et al., 2014; MacRae & Skinner, 2011). Fewer aggressive incidents are associated with a better ward milieu for youth and a better working environment for staff (Visser et al., 2020). The capacity of staff members to respond purposefully, safely, and effectively to potential and escalating aggression is essential. Staff often face the same challenges as do parents, such as maintaining self-control when dealing with difficult youth behaviors. Research on interactions between parents and children shows the importance of self-control and emotional regulation (Scaramella & Leve, 2004). Adults often attempt to take control over the behaviors of youths through commands, threats, and punishments; these invariably exacerbate situations and generate resistance rather than learning (H. I. Bath, 2008). The first step on the path to self-regulation is co-regulation, which depends on staff behavior. Winstanley and Hales (2014) describe a feedback loop: staff members become emotionally exhausted and detached when confronted with repeated oppositional behavior and aggression, and this emotional detachment then provokes further aggression and opposition from youth. Previous research suggests that, overall, implementation of various interventions, such as courses and education and training programs, has been effective in reducing the number of incidents involving youth aggression and staff use of restraint and seclusion (R&S) and/or in improving staff prevention and management of challenging behaviors in inpatient and residential facilities (Dean et al., 2007; Nunno et al., 2003; Slaatto et al., 2021).

Studies of violence management at youth inpatient facilities in a Nordic context have concluded that a supportive team of staff members who share common beliefs is vital (Pelto-Piri et al., 2017), as are preventive approaches (Pelto-Piri et al., 2020). First, external factors (organizational, situational, and relational) are significant causes of violence and may be easier to modify than internal youth factors. Second, improving staff competence in the use of de-escalation techniques is essential. Third, management should regularly follow up with staff after violent incidents and increase psychological support (Pelto-Piri et al., 2020).

Residential facilities typically involve a supervised and structured environment characterized by the merging of care and control, resulting in tense emotional zones in which youth often express their need for safety (Furnivall,

2018; Moore et al., 2017). Staff are responsible for providing protection and care, including enhancing each youth's chance for normal development. As a consequence, staff members and the way they prevent and manage conflicts and aggression are influential in shaping the milieu in these facilities. A positive milieu – one characterized by support of youth and opportunities for their personal growth and safety – is considered critical both to youth outcomes and to decreasing institutional aggression (Connor et al., 2003; Fraser et al., 2016; Winstanley & Hales, 2014).

Context and Background

Despite the well-documented history of concerns about aggression and violence in residential care, little research has addressed these issues explicitly and considered how they might be counteracted. Norway, like many other countries, places youth in residential facilities in response to either court orders or municipal decisions that address troublesome behavior, substance abuse, or difficult home conditions. Creating safe and development-promoting conditions for approximately 600 youths living in public facilities is one of the important responsibilities of the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir), as is providing staff with sufficient training and education to ensure safe working environments and health-promoting jobs.

Unfortunately, many of the youths placed in these facilities behave in ways that reflect their previous exposure to relationship traumas. These behaviors tend to trigger staff reactions that then reinforce the youths' lack of felt safety (H. Bath, 2015). To ensure that staff do not slip into a pattern of harmful reactions, Bufdir has increased its effort to present staff with a sound understanding of trauma and to provide staff with support, debriefing, and supervision. According to a Norwegian report about violence, threats, and harassment in the public sector (Hagen & Svalund, 2019), staff consider the development of competence in violence prevention and management to be a requirement for developing services that can address challenges related to youth aggression directed at staff members.

Basic Training Program in Safety and Security

To meet challenges related to aggression, conflict, and a lack of safety, Bufdir developed and implemented a training program – Basic Training Program in Safety and Security – for staff in Norwegian residential facilities over a five-year period, from 2015 to 2019. More than 2000 staff members have thus far completed the training program with an attendance of at least 90%. Prior to this, there was no national training program for staff working in these facilities. The program consists of a 4-day course divided in three sessions, offering a combination of theory-lessons (see Table 1) and experienced-based learning,

Table 1. Theory and Models.

Theory lessons	Perspective, aim	Content	Models
Aggression as a phenomenon	The powerlessness perspective	Anger, aggression, and violence theory	"The aggression curve" "The power curve"
Physical control (restraint)	The minimum intervention principle	Legal basis for physical restraint, limitations, and risks	
When stress takes over	Be a good affect regulatory support	How stress affects conflict management, stress reactions, brain functions	"The stress cone"
Basic safety attitude	Prevent and reflect on risks	Common risk situations, STOP exercise (Stop–think- observe-plan), defensive attitude	"Risk assessment" "The optimal tense level"
De-escalating interaction	How to create a safe dialog with a stressed/ frustrated person	De-escalate conflicts, decrease stress, accept, and support, signs in frustration and defense faze	"The aggression curve" "Green/red communication-model"
Scenario training	Training on handling demanding situations	Apply theory in practice, develop practical skills, conscious body language	"Green/red communication-model," "STOP-scenario" "Full-scale scenario"
Youth's rights and use of coercion	Ensure legal rights	Law regulations	
Reflection on practice	Prevent conflicts and increase consciousness	Bring out how values and considerations influence staff behavior and decisions, identify intersections	"The navigation wheel"
Support and follow-up on staff	Prevent turnover and mental and physical illness among staff	Dilemma safety for youth and safety for staff, the Working Environment Act and responsibilities	
Follow-up on youth after conflicts	Preventing new conflicts and maintaining trust	How to use the learning space in "The aggression curve," to learn from the incident	"The aggression curve"

including scenario-training and physical control, feedback sessions, offered to small groups led by instructors. The physical training is training on how to restraint youth with least amount of pain and force as possible.Table 2

This course is followed by local training sessions at the residential facilities for a minimum of 4 hours per employee per month. The training program is intended to increase safety for both youth and staff. It is based on the idea that aggression, conflict, and violence can be prevented and reduced, despite the fact that youth in residential facilities often have disrupted pasts and may thus more readily experience frustration and feelings of powerlessness. To a large extent, it focuses on staff behavior, teamwork, and strategies and attitudes, intending to develop and

increase staff ability to predict, prevent, and manage aggression and conflict in a secure manner. A central part of the program is the development of communication skills. Becoming attuned to nonverbal cues, asking questions, displaying interest and honesty, and reflecting calmly the content and feelings of others are all parts of the active-listening toolkit (H. Bath, 2015). One objective of the program is to prevent the use of R&S and to teach staff to make correct decisions about when and how to perform R&S if it must be used. Secondary aims are to reduce youths' feelings of powerlessness and thus secure their participation, promote self-determination, and improve both the living and working environments.

Current Study

To address the significant gap in research identified above, we conducted a qualitative study of staff in residential youth facilities to assess 1) staff perceptions of safety while working in these facilities, and 2) staff experiences with the Basic Training Program in Safety and Security.

Method

Sample

We conducted qualitative focus-group interviews with staff members employed at state-run residential facilities in Norway. The first author approached managers of five residential facilities in three different regions of Norway, offering written information about the planned study and a request for permission to recruit participants. Three of the five facilities were willing to participate. They varied in their capacity, ranging from housing between four and twenty youths between 12 and 19 years of age. Staff work shifts varied among the facilities with some working 24-hour shifts and others, 7.5-hour shifts. To be included in the study, staff members had to meet two criteria: 1) employment at 50% or more time working directly with youths, at one of the selected units, and 2) participation in the 4-day training course. The staff members who fulfilled the criteria received written information about the study which was forwarded to them by their managers. The managers

Table 2. Participants details (N = 18).

Participants	N = 18
	N (%)
Gender	9 (50)
Female	
	Median (range)
Age	35.0 (24–50)
Residential work experience	4,5 (8 months to 18 years)
Formal education	16
Bachelor`s degree in social/health/child-welfare work:	2
No relevant education:	

encouraged participation and ensured that staff members were allowed the time and opportunity to participate. We were not able to find information that could consider if the sample were representative in regard of participants details.

18 staff members were willing to participate. Two participants were team leaders. Three participants had special responsibilities for leading the training sessions at their local facilities.

Data Collection

The focus-group interviews took place from February 2020 to September 2020 in the participants' workplaces. The three groups, one at each facility, consisted of 5, 6 and 7 participants. Two of the interviews were conducted by the first and second authors together. The third interview was conducted by the first and the fourth authors. The participant groups were asked to reflect on the main themes (see Table 3) and were asked follow-up questions to elicit more nuanced and detailed descriptions. Interviews ranged from 75 to 90 minutes and were digitally recorded and transcribed verbatim by the first author.

Data Management and Analysis

In our study, we strove to represent as truthfully as possible the responses of staff by offering accurate and credible quotes (Krefting, 1991). The systematic, rigorous approach known as the Stepwise-Deductive Induction (SDI) method was considered suitable for organizing project data (Tjora, 2019). The first author read the transcribed interviews several times and developed a list of initial codes to extract the essence of the empirical material. The software package NVivo was used to keep track of the many codes demanded by the high degree of analytical detail. The codes were text strings that corresponded closely to statements by those interviewed. To ensure quality, the codes were not produced prior to the actual coding, which would have led to replication rather than systematization of the empirical content (Tjora, 2019).

To increase reliability, ensure that no information was lost or coded differently, and avert potential coding bias, an additional author coded material from one of the three interviews; the results were then compared with those of

Table 3. A selection of themes and supplementary questions from the interview guide.

Main themes	Supplementary questions
Safety at the facility	What is safe? Unsafe? What influences safety? How can the safety of staff and youth be ensured?
Experiences of the basic training program in safety and security	How has the training program influenced your work practice? If you think back to your work before the training program, can you say that something is different now? What? Management/leadership support?

the first author and discussed until the two authors reached consensus. Most of the selected interview was initially coded identically by the two authors. A small number of codes were then modified, collapsed and/or created on the basis of discussions between the authors during the quality assurance process. Working with the codebook, the authors refined three code groups: 1) staff perceptions of safety on an individual level, 2) staff perceptions of safety on an organizational level, and 3) staff experiences with the Basic Training Program in Safety and Security. The final step was to analyze and interpret the content present in the code groups to capture the essence of staff perceptions and experiences.

Ethical Considerations

The project was granted approval by the Norwegian Center for Research Data (ref. 339013). The study was administered in accordance with the principles for ethical research of the Norwegian National Committee for Research Ethics. All participants signed informed, written consent documents prior to participation. Confidentiality was a topic of considerable importance in this study, particularly since all interviews were conducted at the participants' workplaces and all participants described specific experiences that either they or some of their colleagues had had. When writing up our findings, we removed any potentially identifying characteristics from the material to maintain anonymity of the participants.

Findings

The findings are presented based on the three code groups. The quotes from staff members (translated into English from Norwegian) illustrate and exemplify perspectives and experiences that emerged during the study analysis. The quotes highlight the perceptions that the staff members themselves identified as important. Some of the quotes have been changed somewhat to ensure confidentiality and to present the data in an appropriate manner; for example, words that lack meaning but are often interspersed when speaking orally were omitted.

Table 4. Themes and subthemes included in Code Group 1.

Relationships influence staff members' perceptions of safety	Trust
	Expectations
	Staying up to date
Feedback and support influence staff members' perceptions of safety	Confidence
	Development
Communication influences staff members' perceptions of safety	Predictability, honesty, openness
	Acceptability of raising concerns
	Risk assessments and plans

Staff Perceptions of Safety on an Individual Level (Code Group 1)

Staff members conveyed the view that safety in residential facilities is influenced by the individuals who work there and by how they interact with each other (see Table 4).

Relationships Influence Staff Members' Perceptions of Safety

The centrality of positive, trustworthy relationships was stressed by participants. As one participant stated, " . . . to increase my sense of safety, the most important thing is my relationship . . . with colleagues and with youth." The perception of safety depended on being surrounded by supportive, honest, and openminded colleagues and having close relationships based on trust. Knowledge of colleagues' limitations, strengths, and typical behaviors in different situations increased staff members' feelings of trust, predictability and safety. As one put it, it was important " . . . to get to know and learn one another's boundaries precisely to create safety . . . so that we can back each other up." Knowing that they share common skills, knowledge, and language with their colleagues also contributes to trusting relationships. One staff member viewed the relationship between safety and collegiality in the reverse: "If I don't feel safe with my colleagues, then it spreads to the rest of the group, and this creates a bad environment." Instability – the result of changing teams and working with unfamiliar colleagues – was seen as creating a lack of safety. Participants emphasized their own and their colleagues' expectations and responsibilities to be physical and mentally fit to manage difficult situations and indicated that they considered physical and mental fitness to be important for ensuring safety.

Close relationships with youth were also considered important for safety. New youths arriving at the facilities could contribute to a lack of safety. Some staff members stated that feeling tired can affect communication and relationships with youth in a negative way. "If I walk around tired, it is easy for my usually cheerful tone to sound a little more strict and sour," one participant noted. Feeling unsafe can lead staff to avoid specific situations or particular youths. As one staff member commented, "If you feel unsafe, then you become passive in your work, because you don't seek out situations that make you feel unsafe." Some participants pointed out that close relationships included being kept up to date on the plans of individual youths. They considered such knowledge as contributing to conflict prevention and de-escalation of unwanted situations. In contrast to the others, one participant said he was not dependent on his colleagues and preferred to solve problematic situations on his own: "During my time at the facility, I have mostly leaned toward relationships with youth and so I have cared less about the team."

Feedback and Support Influence Staff Members' Perceptions of Safety

Several of the participants mentioned support, feedback, and reflections from colleagues as important factors that could influence safety and enhance the care they provide to youth. One staff member said, "The support of colleagues lays a very good foundation for working with youth. We know that we have the support of one another." Feedback and support can prevent staff members from starting to doubt their ability to do their job and thereby increase feelings of being unsuccessful at work. Feeling competent and confident in their professional practice is central to the perception of safety. As one participant stated,

> If I feel that I am doing my job well, then I feel more safe . . . .[I]t helps when I receive one or two words . . . or a little pat on the shoulder. This can prevent me from feeling bad about my work, and if I begin to feel this way, then I can begin to doubt what I do. If I begin to doubt what I am doing, then I become more unpredictable and . . . the youth get it worse and so it just goes on . . . .

Staff members reported that not feeling safe affected them in negative ways, both at work and at home. One participant commented, "I sense that I am becoming a worse therapist . . . I think differently if I feel that something is not safe." The participants expressed concern about spending time at home dreading going back to work. " . . . [I]f you do that, then it will wear you out over time," one of them said.

Although most of the informants considered feedback to be useful in developing skills and correcting undesirable staff behavior, some said that they feel insecure in feedback situations. For example, as one staff member expressed it,

> If we have scenario-training, it can be a little uncomfortable for me, if it is a situation that I haven't handled well before and then I have to play it out in front of my colleagues . . . .I have found it helpful if someone can put a finger on it; can it be this? And they reflect a little together with me, and so I feel safer . . . .

Despite feeling somewhat uncomfortable in such training situations, some said that figuring out with others how to resolve different situations increases the likelihood that the plans will actually be carried out.

Communication Influence Staff Members' Perception of Safety

If feedback and training are to having the desired outcome, open and honest communication among colleagues and leaders is crucial. Only then will staff members feel comfortable raising uncertainties and concerns. One participant expressed it this way:

> To dare to say if you are feeling unsafe, what it is that makes you feel unsafe, and to work on those things. Work with the basics, and then it gets a little more advanced over time, and it creates safety in the workplace.

Several informants pointed out that it is necessary, but not easy, to admit to feeling unsafe or incapable of doing one's job. As one staff member said,

> One can talk about things instead of going and dreading it and thinking no one else feels this way. That it is only me who doesn`t manage it. It is the worst feeling one can have in a job like this.

Another staff member stated that safety is knowing their colleagues' capabilities at all times, instead of walking around and being unsure whether or not colleagues dare to do their jobs. If some staff members are not up to doing their jobs, this needs to be taken into account when planning and assessing risk, to ensure predictability. The key thing, as another participant stated, is "having permission to bring up something that you feel insecure about and rather to be honest about it . . . . Because then you can plan everything."

Staff Perceptions of Safety on an Organizational Level (Code Group 2)

Participants underscored that safety has organizational dimensions as well (see Table 5).

Leadership Influences Staff Members` Perceptions of Safety

Staff members regard active and supportive leadership as important to perceptions of greater safety. Active leadership comprises leaders who co-ordinate and set the course for the department. As one participant expressed it, active leadership makes it clear " . . . that one isn't driving his own boat but that all are sitting in the same one." Leaders need to have an overview, a clear focus and goals, to be vigorous, dynamic, and to get things done. One participant said:

> an important bit for me is that I have clear leadership also when there are ambiguities . . . [N]ow and then if I myself become confused, where is the ship going now? What do we decide? That I have someone, team leaders in the first place, who are clear about what the plan is . . . and who must be able to act decisively.

Underpinning such leadership are predictable organizational structures and routines put in place by the leaders. Further, building supportive relationships between a leader and staff helps ensure that staff members are seen, heard, and

Table 5. Themes and subthemes included in Code Group 2.

Leadership influences staff members' perceptions of safety	Support
	Facilitation
	Leadership
Routines and structures influence staff members' perceptions of safety	Stability
	Credibility
	Physical environment
	Structured information
	Education and training

taken into consideration in their daily work. "It is important with leadership support that one experiences it as someone having your back." This specifically includes support in preventing difficult situations – those involving aggression, conflict, and violence – and debriefing and following up on them when they do occur. To re-create safety after disruptions, participants considered it important that the staff be taken care of afterward, especially by leadership and through formal organizational systems. Staff members prefer leaders to contact them to initiate the processing of traumatic or stressful situations, in a structural way, and stated that receiving support and treatment after difficult incidents should not be optional. Several said that leaders had allowed them to choose. In the words of one,

> It is very easy after an episode that has been difficult, when you get asked if you need follow-up, it is very easy to answer "No, it's fine" . . . .But it isn't so certain that it is . . . .I believe it is really important what happens afterwards.

Some have regretted saying "no" to avoid being bothersome, later recognizing that they had suffered negative effects from the incident. As one participant put it,

> I have myself said "no thanks" to a psychologist that I regretted many years later, after incidents at work. And it was because I was asked "If you need . . . maybe we can arrange it." Then you feel you are a bother.

Some mentioned anxiety and stress as reactions to exposure to aggression and violence, and said that, as a result, they could react strongly to small things. They described feeling activated in their body and getting scared of nothing. One staff member described it as

> . . . one walks a little on one's toes and is a bit activated in one's body, reacting to small things, that maybe usually one wouldn't react to. Jumping if a door is slammed or someone shuts a kitchen cabinet a little hard.

To avoid such consequences, leadership support and debriefing are essential.

Routines and Structures Influence Staff Members' Perceptions of Safety

Staff members indicate that high degrees of predictability and stability in the organization leads to a higher degree of perceived safety. Predictability and safety are enhanced if risk assessments are done ahead of time and are then used to plan what to do and to determine who should do what. These plans should take into consideration the number of available staff members, so that no one has to stand alone in difficult situations. In addition to risk assessments and planning, coordination was also seen as important. "It is all

the more important that things are well systematized and that there are good routines for things, so that we are coordinated," as one participant stated.

Sticking to plans made at the outset can increase the perception of safety. Participants said that predictability depends on a stable group of staff members that persists over time and carries out plans that they have agreed on. In the words of one, it is important " … that structures exist so that we know what we should do when there is commotion or trouble, so we have systems that we follow." One staff member described the positive results of an overlap between when one team leaves and another team starts its shift. This helps ensure " … that one gets enough and structured information about how things have been, so that one can be prepared, be ready and detect signals." On the other hand, if the departing team conveys negative feelings to the incoming team, these feelings can contribute to unsafety. According to one staff member,

> Greater uncertainty comes when overlaps contain lot of emotion and little professionalism; one says how it has been for oneself, one doesn't say what has happened and this creates more insecurity. This doesn't give me huge motivation to get started with my shift.

These expressed feelings can create expectations among the staff starting the new shift that the work will be challenging and heavy. The physical environment should also be considered; it is important, for example, to be aware of possible escape routes and to make inaccessible objects that could be used as weapons.

In general, staff members reported that having sufficient education and training increased their confidence in their own competence, which led to a sense being able to cope and increased perceived safety. Some pointed out that the amount of systematic training affected whether they felt safe and could depend on structures and routines in the organization. Several staff members indicated that knowledge of youth rights is important to feel secure about the regulations and to avert unwanted situations. Others

Table 6. Themes and subthemes included in Code Group 3.

More unity and coordination among team members	Better understanding of one another Shared skills, knowledge, focus

More transparency among and consideration for colleagues	Improved communication
	  More acceptance and recognition
	  Attention to risks

More systematic work processes	Systematic risk assessments, planning, and prevention
	  Prevention of physical restraint
	  More attention to goals

More awareness and consciousness in conflict situations	Basic safety attitude
	  More self-consciousness among staff
	  More openness, slower tempo, and use of defensive communication

More reflection after conflict situations	More self-evaluation

said that they had taken different classes on youth rights before attending the training program, and that they felt confident in their knowledge about the subject.

Staff Experiences with "Basic Training Program in Safety and Security" (Code Group 3)

Five themes comprise staff members' experience with the training program (see Table 6).

More Unity and Coordination among Team Members

As a result of the program, most staff members reported knowing and understanding each other better. As one said, "We have been in some situations [after the training course] that we have handled much better, because we have come to know each other better and work more alike. This has made us feel more coordinated." Several participants stated that they generally feel more confident in their colleagues since attending the program because they know that their colleagues have the same knowledge and skills as they do. In situations in which they have had to perform physical restraint, the training has contributed to more confidence. One participant stated:

> … [I]t happens now and then that we do not manage to prevent, and so we must practice and then we can all practice, and then we feel confident about it. It is much easier to know what all the others are able to do than it was before.

Developing a common focus, language and understanding, including more comprehensive and adjusted goals, has contributed to a more integrated practice in the facility, according to participants. One stated, " ….This course we have taken, which has been a kind of 'now we go in step.' creates a feeling of security that makes it totally alright to come to work." Staff members pointed out that they also are more aware of the goals they had already set. As one participant commented, "One thing that I think a lot about is 'what is the goal?' I believe one becomes a little more solution-oriented when one also sees it."

Participants from two of the three facilities had been training systematically over time and referred frequently to the training program's models and terminology. This is illustrated by the comments of one: "It is pointless to talk to someone who is deep down in the stress-cone or on the top of the aggression-curve." Participants also referred to different communication strategies learned in the training program. As one said, "I think that my communication quickly can turn a bit red [giving orders, issuing warnings, moralizing, and arguing]."

More Honesty, Openness, and Consideration among Colleagues

Several staff members mentioned that the training program influenced and changed the way they communicate with colleagues and leaders. They consider themselves now to be more open and honest with each other about how they feel about their work with youth. As a consequence, they have developed an acceptance to, as one participant said,

> . . . know how one feels today and what type of consideration one must take. That we have gained an acceptance of it and talk about where we are in the stress-cone [a model used in the program]. Feel it in the body, what do the youth do to us? What can influence the relationship? . . . Feel the alarm . . . .It all benefits. You have to dig deep to achieve this.

Some participants said they found it difficult to share, but at the same time, they acknowledged that they experienced more support and feedback from colleagues. They saw this as improving the quality of risk assessments and enabling everyone to cope better in their roles as providers of care and therapy.

Staff reported that they had come to understand that they had tolerated too much risk-taking and too many dangerous situations previously. One expressed it this way:

> . . . .One thinks that one must take so much, and grit one's teeth, and this is what you should tackle, but after it [the training program) we developed a little more of a threshold for . . . .no, we are in fact not going to do that.

Several staff members reported a great upheaval after the training program. Now, they take fewer risks and do not put up with everything as they had previously.

More Systematic Work Processes

Staff at all three facilities reported that attending the program had led to an increased focus on preventing conflicts. They had created arenas of risk assessment and changed the way they prepared for difficult and risk-filled situations. One participant explained,

> I do much more now than before because one must do things before and afterwards. Even if one maybe doesn't do that much in the situation, then one does more before and after. It also helps to prevent much more, that we manage to plan in a completely different way than before.

Staff members pointed out that now, before they handle a difficult situation, they prepare, assess risks more frequently than before, consider what is needed to resolve the situation satisfactorily, and plan how to do it. Some said that they did these same things prior to attending the program, but that they now do them more systematically, following specific forms and structures. One participant said,

> We became more aware after the implementation of safety and security [the training program]. There are maybe things I have done before or during conflicts, but now we have visualized it better and put it into practice more.

Staff members were concerned about the use of physical restraints and how to prevent using them. Since participating in the training program, one staff member noted, regarding physical restraint, " ... you need to be better at avoiding it than performing it."

More Awareness and Consciousness in Conflict Situations

Staff members reported a greater awareness in general regarding how their thinking and behavior affect both themself and others. They reported that, since the training program, they reflected more critically on their own way of working, considering particularly the roles they played in conflict situations. As one participant commented, "It can often be the adult who maintains the conflict." Staff members agreed that they play a role in conflicts and that their actions can escalate matters. "One can actually become a trigger, if one just keeps standing there." Participants stated that they are now more conscious of the signals they are sending to youth when they remain in a conflict situation. In the words of one,

> [Y]es, I maybe show that I can tolerate you, but I show too that it is completely fine if you just continue ... .Before, maybe I just stood there and did not think anything about why I was just standing there ... .that I should just tolerate it. But now I believe that maybe there is more that connects with me and that, okay, what is my limit? What do I teach you now? In some situations, maybe it is right to pull away a little ... .I am here for you, but now it is enough for a while. The boundaries become a little clearer. More conscious.

Staff members said that reflecting on and being aware of the behaviors that would not be acceptable in a specific situation and taking a firm stance against them made them feel safer. Some said that they had changed their thinking about conflicts, moving from viewing them as power-struggles to focusing instead on resolving and de-escalating them.

> Before, you were so much more like "Now I have started it and so I will stick with it until the bitter end, or I lose face" ... .I felt that I could not show the others that I was losing in the situation. And this [the training program] has made me much more aware of it, that it actually doesn't matter to me anymore.

Some participants mentioned that they have used this approach more frequently since participating in the program and that it has had a calming effect. A few had different opinions and preferred to remain involved in situations or conflicts until they had resolved them, so that they did not show weakness in front of the youth.

In general, since participating in the training program, staff members said that they experienced a change in their communication strategies and behaviors in response to escalating situations. As one described:

> I have become much more aware of speaking slowly, at a calm tempo and just breathing out, and maintaining distance. One is aware of in a completely different way, and I believe that it helps that the situations that before ended up in complete chaos, it is longer between them. It is much, much, much longer between them.

Low affective/green communication strategies, such as being open, honest and calm, demonstrating interest, and engaging in active listening, were used more frequently and helped staff members both prevent situations from escalating or getting out of control and stop them if they did. Several staff members said they found a common way to de-escalate conflicts and aggression as early as possible, mentioning trying "to be a step ahead." To do this requires assessing the situation early, and said that they now perform risk-assessment more regularly and often in writing. They stressed the importance of early observation of an incipient conflict, followed by strategic and thoughtful action in accordance with pre-agreed-upon methods. Staff members reported more use and greater awareness of basic safety measures, such as adopting a defensive posture, removing objects that could be used as weapons, and maintaining appropriate distance from others.

Some of the interviewed staff members pointed out that situations that, prior to participation in the training program, could get out of control and become chaotic, are now rarer and that engagement in physical conflict had decreased. One participant thought that physical conflict had actually increased in recent years. He believed that about 15 years ago, staff had the ability to use authoritarian methods, such as forcing youth to take long hikes in the woods or applying other sanctions, but that these are no longer options due to legal regulations and control.

Staff members also focused on their increased awareness and consciousness when they experienced difficult situations, such as when exercising physical restraint. One commented: " . . . .I am more conscious of different things that we have learned and pay attention to the breathing when we are sitting down on the floor." An awareness of how a youth breathes when restrained can be lifesaving for the youth involved. Managing conflict well also requires staff members to be aware of how they are positioned within the conflict vis-à-vis the involved youths as well as of their communication strategies.

More Reflection after Conflict Situations

Some staff members indicated that the focus on prevention had also improved their ability to evaluate incidents after the fact, allowing them to learn from experiences and be better prepared for the next conflict. Staff stated that they now evaluate and reflect more fully on situations and their own actions than

they did prior to attending the training program. One informant said that, in the aftermath of situations, she looks at the poster that depicts the training program models and asks herself, "What could I have done differently? Where was I?" She also believes that she has become even better at assessing herself and reflecting on her behavior.

Participants also pointed out that talking to youths after a conflict is essential. In such situations, timing is important. In the words of one: "We see that one becomes better at holding a conversation afterwards, that one gives the youth a little time, rather ... not running after them." Staff members now give themselves and the youths they interact with more space and time to calm down before talking about what happened and planning what to do next time.

Discussion

The findings of this study contribute to the knowledge of how staff members perceive safety in their workplace. The analysis reveals significant factors, both on the individual and organizational levels. The study also reveals that staff members understand their work practices and attitudes as having been influenced by the training program in which they participated. In what follows, we will discuss the main findings of our study.

Safety Matters

This study shows the vital role of safety for the staff members that participated in the study. Open, honest, and supportive relationships among colleagues and between colleagues and leaders were of most importance to staff perceptions of safety at work. One staff member stood out and leaned toward the relationship with youth rather than relationships with colleagues. This study also contributes to an understanding of the importance of organizational factors that affect individuals and their relationships with one another. Organizational structures, routines, and predictability appear crucial to staff members' sense of safety. A stable staff group over time is also perceived to be essential to staff safety. This finding accords with the study by Pelto-Piri et al. (2020), which indicates that external factors – organizational, situational, and relational – play important roles in violence prevention. Such factors may be easier to modify than internal youth factors. On a relational level, Pelto-Piri et al. (2020) find that part of violence prevention includes regular management follow-up with staff after violent incidents and increased psychological support.

Staff members' stated desire for clear leadership and standard routines implies that current methods and routines of staff support and debriefing after difficult and unwanted situations are insufficiently developed. Leadership in these areas requires improvement to increase staff perceptions of safety.

Leadership support also critically influences factors such as retention, job stress, and burnout, that can affect residential youth-care outcomes (B. D. Smith, 2005; Del Valle et al., 2007). Reviews of strategies for reducing the use of R&S have concluded that clear and predictable leadership, coupled with staff training and preventive interventions, can yield promising outcomes (LeBel et al., 2010; Scanlan, 2010).

The participants in our study stressed that receiving sufficient and uniform education and training in preventing aggression and conflict was important to their sense of safety. This corresponds with the finding of Pelto-Piri et al. (2020) that improving staff competence in the use of de-escalation techniques can help prevent aggression and violence. Smith et al. (2017) conclude that client violence can be reduced if de-escalation and behavior-management techniques are used properly. Our findings support this conclusion.

Further, our results show that staff members believe that feeling unsafe at work increases the fatigue, stress, and fear that several have experienced. The consequences can be serious and undesirable, including staff burn-out and staff turnover (Colton & Roberts, 2007; Conrad & Kellar-Guenther, 2006; Maslach et al., 2001; Seti, 2008). Additionally, the care and treatment of youth can be affected adversely. Staff who feel unsafe may act and communicate with greater strictness and severity, which may in turn increase conflict, with negative effects for both staff and youth. Winstanley and Hales (2014) advocate interventions that promote staff members' awareness of their emotional state and the effect of their behaviors on others, thus helping staff to withdraw from escalating situations and to rely on colleagues who are not displaying emotional exhaustion.

The Influence of the Basic Training Program on Perceptions of Safety

Our findings indicate that staff believed that the training program had made them more aware of and competent in preventing and managing, incidents of aggression and conflict and engaging in reflection after them. As a result, staff felt better prepared for possible undesirable situations. Changing practice and focusing on staff understanding and team management of conflict may be fruitful for managing conflict and intervening early.

Recognizing that aggression is often a result of powerlessness, the attitudes and actions of staff could influence incident outcomes for both staff and youth. Our impression is that staff intend to employ de-escalating techniques when dealing with frustrated youth, and that they try not to become, or to show that they have become, unregulated or stressed. This does not necessarily mean that staff act passively or withdraw from uncomfortable situations, but could be that they address situations actively, in ways that are perceived as nonaggressive and lacking in emotionality. Staff indicate that these approaches and actions have been influenced by the training program, and in particular, by the

training of staff in communication techniques and defensive attitudes. The education in powerlessness theory that staff have received as well as their training to reflect on power disparities may also have been influential.

Staff members report that, since the training, they are more aware of their own safety, take fewer risks, and adopt a defensive approach to conflicts and aggression. One result of this change could be that fewer conflict situations arise. Another could be that staff believe intervention is unsafe and they thus act too defensively, taking no action in situations where action is needed, with the consequences being that involved youths do not receive needed care. One risk is that staff have an excuse not to say "no" or "stop" to the youths in their care, in order to avoid disagreement or conflict, when these responses are in fact the proper answers.

According to study participants, predictability and stability, including shared focus, goals, plans and expectations, increase their perceptions of safety. They report that uniform competence and training contribute to increased safety. Since the training program, staff members indicate being more coordinated as a team, more confident at work, and possibly better regulated and calmer in handling difficult and escalating situations without being overwhelmed by their own fear or anger. These findings indicate that staff may be better able to show the youth in their care an attitude of recognition and help them feel more empowered, thereby reducing displays of frustration and anger that are caused by feelings of powerlessness.

The program " non-violence resistance" (NVR) for residential settings has some similarities to the Basic Training Program in Safety and Security; it aims to make staff members feel more confident in their daily work, improve team functioning, develop organizational vision and behavior, and decrease the number of aggressive incidents through various measures including presence, de-escalation and reflection (Van Gink et al., 2018). Multilevel analysis of NVR shows significant positive effects on team functioning, team satisfaction, and shared vision and commitment (Van Gink et al., 2018). Supportive teams of staff members who share common beliefs is vital to violence prevention (Pelto-Piri et al., 2017). Our findings are in line with these results. They indicate that teams that are better coordinated, more supportive and share a vision help reduce staff stress and enhance staff perceptions of safety. Thus, the basic training program appears to have potential to furnish staff with appropriate skills and knowledge to identify, prevent, and de-escalate conflict in residential youth facilities.

Our study shows that many goals of the training program were perceived achieved by the participants, such as increasing conscious thought before applying physical restraint, improving communication skills, increasing reflection, preventing aggression and conflict, enhancing team coordination and unity, and increasing awareness of self and others.

Limitations and Suggestions for Future Research

There are several possible limitations to this study. First, we do not have information to compare the facilities that consented to participate in the study with those who did not, so there might be similarities or differences that we are not aware of. Although we did not seek to limit participation beyond our two imposed criteria, we relied on staff managers to communicate with potential participants and staff members' willingness to participate, potentially biasing the findings. Staff members who were unwilling to participate may have opinions other than those uncovered in this study and a different sample might have generated other descriptive codes and code groups.

Second, those staff members who did take part in the study may have felt obliged to participate because their manager presented the invitation to them. To avert this bias, participants were told to contact the researchers directly, rather than their supervisors, if they wished to participate. Given the varied responses in our sample, we believe that sampling bias was minimal.

Third, participants may have been influenced by the presence of team leaders in two of the focus groups. To counteract possible influence, we raised the matter in the focus-group interviews. Participants described the team leaders as equals part of the team, who worked under the same conditions and the same hours with youth as did staff members. The interviewers did not perceive any reluctance or hesitation among participants with respect to this issue.

Fourth, the study's categories and codes are based on participants' descriptions of practice and therefore were not tested empirically. Systematic studies of similar programs in the same area of research conclude that it is unclear if such training programs work or lead to desired results (Price et al., 2015). We cannot determine if attending the training program has reduced the incidences of conflict and aggression, or has improved youth safety and care. However, Marton (2014) argues for a strong link between people's descriptions of practice and actual practice.

Fifth, we do not know if staff members' enhanced perceptions of safety are the result of staff having attended this particular training program. We also do not know if particular aspects of the training program or its content were responsible for the reported changes, such as staff members becoming better acquainted during training or gaining shared understanding, direction, focus and an enhanced ability to reflect. There could also be a possibility that staff perceptions could have been influenced by other programs, such as a trauma-based care approach.

A sixth potential limitation concerns methodology. We cannot guarantee that the study participants did not experience the interview as similar to an evaluation, and that they did not adjust their responses according to what they assumed to be the expected or ideal/correct answers from the interviewers or colleagues. We chose focus-group interviews to be able to create a group dynamic interaction process where the participants respond to each other's statements. This cannot be created in individual interviews. To reduce possible participant reluctance to reveal difficulties, we used open-ended questions to encourage participants to engage in self-driven, free narratives. We also emphasized that we are not experts in the training program and that our aim was not to investigate how successfully they were following the program.

Finally, a possible limitation is the empirical foundation of our discussion, which rests on research from different types of inpatient youth facilities, mainly because of the dearth of research on safety, conflict, and aggression in comparable residential care facilities. However, due to the significant similarities between inpatient psychiatric wards and residential care facilities, we argue that the findings from studies of the latter can help illuminate issues related to the former, at least until a more solid empirical foundation has been established for services in residential care facilities.

Our study suggests that development of personal skills, as well as a targeted, team approach to help staff members gain awareness of their own roles and how they affect youth and difficult situations, are vital in residential facilities as well as other sectors providing care. However, more knowledge about how staff can contribute to increased safety for both themselves and the youth living in residential settings is urgently needed. In particular, research is needed on staff awareness of and efforts to prevent and manage aggression, violence, and conflict, as this is fundamental to the relational connections between staff and youth and to the well-being of both. Research should also include the perspectives and experiences of the youth who are receiving care, to ensure development of a comprehensive and credible foundation for knowledge-based practice related to safety and conflict prevention and management in residential care facilities. Educational and training programs ought to be tailored to enhancing safety and preventing/managing conflict and aggression. The search for effective training programs and approaches should continue and would benefit from further research, especially to determine if, after staff attend training, conflict and aggression actually decrease and staff treat youth differently. Such research requires methods other than staff self-reporting. Also important are comparisons of different training programs that produce similar results, to discover which aspects of the programs produce the best practice.

Conclusion

This study investigated staff perceptions of safety and their experiences with the Basic Training Program in Safety and Security. We found that staff members believed that the program increased their perceptions of safety, knowledge, and awareness of approaches to dealing with conflict and aggression. We found that staff regard safety as essential. Participants' perceptions of enhanced safety were linked to predictability, stability, team coordination, education and training, and organizational support. Trusting and supportive collegial relationships appear to be the most important factor in increasing perceptions of safety. Staff members reported that their well-being and their ability to provide proper care for youth living in residential facilities are connected to perceived safety.

Staff who attended the training program reported enhanced awareness and more systematic implementation of work processes in cooperative and coordinated teams to prevent, manage, and evaluate conflicts. Teamwork is based on a common language, focus, goals, and expectations. Staff also reported improvement of their communication skills and ability to offer collegial support in an open and honest climate, compared to before attending the program. By attending the program staff members felt that they got to know each other and themselves better, developed more self-control, and to increased self-reflection. Our findings suggest that several of the training program's aims were reported met. Also, staff members' prerequisites for safety increased after attending the program. Even if we cannot generalize this study to the population, the study indicates that training, both individually and in teams, in prevention and management of conflict and aggression may be crucial in increasing perceptions of safety of staff working in youth residential facilities.

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