

# Developing a positive living climate in residential youth care

## A qualitative study

### Abstract

In residential care for children and youth, supporting the quality of life of children is one of the main priorities. One of the key factors in providing good quality of care in these organizations, in relation to the children's development, is developing a positive living (group) climate. Even though some key elements in achieving such a climate have been identified, it seems to remain difficult to present a clear-cut framework that allows residential care to implement a positive living group climate in their day-to-day life. Furthermore, we have very little evidence of the individual and systemic elements that support or inhibit organizations from developing a positive living group climate. Therefore, we want to elucidate these elements. The objectives of this study were to investigate: (1) how respondents perceive a positive living group climate, and (2) which tensions they experience in relation to establishing a positive living group climate. The results indicate that respondents have ideas about the necessary main themes for establishing a positive living group climate, but that it remains difficult to grasp exactly which elements are necessary to establish such a climate. Furthermore, issues on the organizational and policy level complicate the development of a positive living climate. In this context, the respondents struggle with how to define what kind of professionalism is needed to create a positive living climate. These important outcomes are further discussed in this article.

*Keywords: residential youth care, living group climate, children and adolescents, group worker*

### Introduction

International studies have examined the elements of high-quality care in residential care for children and young people. These elements include the importance of feeling safe, the relations between children and group workers, the establishment of partnerships with the context of the child and external resources, the importance of after-care, etc. (Anglin, 2004; Daly, 2018; James, 2011; McLean, 2015; Postle, 2002; Whittaker et al., 2016). As the idea of residential care should be to improve the quality of life of those children and families who already live in troubling circumstances, identifying, scrutinizing and using these elements should be a priority for every residential care unit (Whittaker, Del Valle, & Holmes, 2015). One of the key factors in establishing high-quality residential care is a positive living

group climate or a positive living climate (De Valk, 2017; Kok, 1984; Leipoldt, 2017; Trieschman, 1969; Ter Horst, 1977; Van der Ploeg, 2005; Van der Helm, 2011, 2019; Whittaker et al., 2016). Van der Helm, Kuipers and Stams (2018, p. 340) define a positive living climate as:

*“the quality of the social and physical environment in terms of the provision of sufficient and necessary conditions for the physical and mental health, well-being and personal growth of the residents, with respect for their human dignity and human rights as well as (if not restricted by judicial measures) their personal autonomy, aimed at participation in society.”*

The importance of a positive living climate is well-established (Avby, 2015; Bettelheim, 1967; Kok, 1984; Ter Horst, 1977; Van der Helm, 2011, 2019; Ward, 2004). Trieschman (1969), for instance, considers it to be the main therapeutic factor in supporting positive behaviour that supersedes the one-hour therapy session. Kok (1984) describes a positive living climate as an important foundation for residential care. According to Kok, a positive living climate is *fundamental* to making methodical group work and treatment possible, and Van der Helm (2011) further points out that a positive living climate is a pre-condition for individual treatment motivation. Ros et al. (2013) showed that a positive living climate decreases the number of aggression incidents and separation, absconding behaviour (Attar-Schwartz, 2013), externalizing problems (Gross, Duppong Hurley, Sullivan, Lambert, Van Ryzin, & Thompson, 2015), and adaptation problems (Pinchover & Attar-Schwartz, 2014). It even leads to better coping strategies (Van der Helm, Beunk, Stams, & Van der Laan, 2014) and more empathy (Heynen, Van der Helm, Cima, Stams, & Korebrits, 2017). In addition, monitoring the living climate leads to a more open and positive environment (Authors' own, 2018; Leipoldt, 2017; Van der Helm, 2011).

In other words, scholars emphasize the importance of a positive living climate for the well-being of children in contexts of care in general, and residential care organizations in particular. However, this apparent consensus on the importance of a positive living climate does not seem to lead to general agreement on those elements that are necessary to creating a positive living group climate in day-to-day practice. Of course, scholars have tried to define these elements and, in doing so, they have agreed on a few of them, including the relationship between youngster and group worker as one of the most important pillars (Baart, 2001; Harder, Knorth, & Zandberg, 2006; Ryan & Deci, 2017; Schaftenaar, 2018; Van der Helm, 2011). According to Van der Helm and Stams (2012), a responsive professional relationship between support staff and the child impacts the behaviour of the child and its ability to cope with feelings of depression. Other characteristics mentioned in the literature are: giving space and autonomy, supporting interactions between youngsters, creating a family-like environment together with the child's family and important stakeholders, providing information, and being transparent

regarding what is expected (Jongepier & Struijk, 2008; Van der Helm, 2011). Van der Helm (2011) points out that a living climate should be open, which is the opposite of a closed atmosphere and repressive actions and rules. This openness also includes the importance of feeling safe (Moore et al., 2017). From the child's perspective, residential care is experienced as safe when the child experiences supportive relationships, stability and predictability, fair rules and control over his/her own life (Van der Helm, 2011). De Valk (2017) states that staff behaviour perceived as unfair or excessive by the adolescents is conceived of as repressive. On the other hand, respect for autonomy and providing treatment that is experienced as meaningful by the adolescents seem to decrease experienced repression (De Valk, 2017).

Despite the general consensus on the importance of a positive living group climate, and the identification of some key elements in achieving such a climate, it seems to remain difficult to present a clear-cut framework that allows residential care to implement a positive living group climate in its day-to-day practice (Harder & Knorth, 2014; Jongepier & Struijk, 2008; Knorth, 2005; Leipoldt et al., 2019). This is not surprising, as one of the important stakeholders – the professionals in the residential care organizations themselves – have not yet been heard on this matter, and because we have very little evidence concerning the individual and systemic elements that support, or inhibit, residential care in developing a positive living climate. This present study strives to address both of these issues by interviewing professionals in residential care organizations who are attempting to develop a positive living group climate.

## Methodology

### Setting and participants

This study is based on interviews with 10 participants of the Back to Basics project, which focused on monitoring and improving the living group climate of 12 participating residential care settings in Flanders, the Dutch-speaking part of Belgium (Author's own, 2018). Residential youth care organizations in Flanders are – in most cases – free-standing non-profit organisations that are recognized and subsidized by the government. In these organizations, a team of group workers is responsible for the daily support of children, who usually live in groups of about ten. These teams are supervised by a pedagogical staff member (i.e., the respondents in this study). These staff members are responsible for the organization of a positive living climate. Pedagogical staff members coach and support the group workers in their daily work.

In the Back to Basics project, 12 organizations aimed to improve the living climate. The participants followed the learning project and implemented a process in their own organization. The learning project itself consisted of 2 training days and several intervision meetings. The training days focused on 2 goals: first, the organizations focused on developing a (common) language of what was perceived as a positive living climate, taking into account cultural differences and organizational value aspects; and second, they focused on implementing a systematic way of monitoring and improving the present climate by using a Plan – Do – Check – Act (PDCA) cycle. An important component was to give the children a voice in this process (Author's own, 2018). In order to capture their voices, the organizations used the following standardized instruments to gain insight into how children perceive the living climate: the Prison Group Climate Instrument (PGCI) (Van der Helm, 2011), the Group Climate Instrument (GCI) (Strijbosch et al., 2014), the Children's Alliance Questionnaire (CAQ) (Roest, Van der Helm, Strijbosch, Van Brandenburg, & Stams, 2014), and the Adolescence Treatment Motivation Questionnaire (ATMQ; Van der Helm, 2012). This paper deals with the qualitative findings, in which we focused on the perception of the pedagogical staff members, using the PDCA cycle to monitor and improve the present living climate.

The PDCA cycle contained the following steps: (a) informing the children, adolescents, and support staff about the project and its objectives; (b) collecting data on the living group climate's quality by means of standardized instruments as described above; (c) reporting the outcomes to the children and group workers and discussing possibilities for improvement; (d) follow-up steps to carry out actions in response to the outcomes of step c; (e) monitoring the experienced living group climate by means of team and group discussions; and (f) second administration of standardized instruments after 6 months (cf. step a). This process was repeated continuously.

During the intervision meetings, the 12 participants came together in 2 different learning communities to reflect upon the project and their own process. Afterwards, they went back to their own residential care setting, implementing what they had learned during these meetings. In the course of the project, several good practices, obstacles and tensions were discussed and were presented in an advisory report for other youth care organizations and government. Ten of them participated in this research. Two were unable to participate due to personal reasons. The participants consisted of two males and eight females. Nine participants were between 30 – 45 years of age, and one was between 55 – 60 years old. They had all worked for more than five years in residential care. Four different types of residential youth care organizations participated in the research project: 6 residential settings with long-term projects in open settings, 3 secure residential care settings (secure settings have a close and highly-structured

character), 1 open setting focusing on toddlers and young children (max. 12 years old), and 1 open organization focusing on diagnostic and orientation in short-term projects (0 – 20 years old) (Table 1).

### Procedure and Instruments

Semi-structured interviews were used to collect the data immediately after the project ended. A topic list was used, focused on identifying the necessary elements and the tensions in establishing a positive living climate. The interview started with an informal question to make the participant feel comfortable (e.g. everything going well today?), followed by these core questions : “what do you understand by the notion of a positive living climate?”; “Which elements do you promote in establishing a positive living climate?”; “what are good practices in establishing a positive living climate?”; “Which tensions do you experience in organizing a positive living climate on the level of the organization and on the level of the government?”; If the government would ask your advice on this matter, what would you suggest?”. All of the participants were interviewed in a residential care setting. Interviews ranged in length from 48 to 90 minutes.

The study was approved by the ethical commission (2016/93 amendment) of the author’s faculty and university. All respondents signed an informed consent form before participation.

### Data analysis

Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It organizes and describes a data set in (rich) detail (Braun & Clarke, 2006). This study uses thematic analysis to provide a more detailed account of how the development of a positive living climate is perceived and which tensions interact with this development. We used an inductive analysis, which implies that we did not start from an existing theoretical framework. Hence, this thematic analysis is data-driven (Braun & Clarke, 2006). The analysis was carried out recursively, moving backward and forward between data and codes (Braun & Clarke, 2006). When transcribing the interviews, the researcher became familiar with the data, which led to a number of initial codes that consisted primarily of common features related to a positive living climate. In a following phase, codes related to the tensions experienced by the participants were further explored. To increase the reliability of the coding process, the second author reviewed 3 transcripts and the codes and themes that emerged from the data. These codes and themes were further reviewed, discussed and finalized in a meeting among the authors.

## Results

### *Pivotal elements in creating a positive living climate*

In questioning the participants about their perspectives on a positive living climate, they identified several elements that are deemed to be important in creating a positive living climate in their service. A first element, which was shared amongst all participants, refers to the idea that organisations need to create an environment that aligns as much as possible with so-called normal living conditions (i.e. the living conditions of children and their families who do not live in a residential care setting). In trying to achieve this goal, a majority of participants describe how to create home-like moments such as playing games, going to the grocery store, watching television together, etc.:

Respondent 8: it is so nice, as a group worker, to be able to... with two children who don't have to go to the play groups, ... to choose what we are going to eat tonight and to go to the grocery store... to have the time to do these things together... in my opinion, these are marks of an ordinary life. ( ...) When I hear stories from colleagues who have worked here a long time... I think it used to be cosier when compared to now. I hear them telling about a soccer game, that they returned from home to watch a series on television together, and that group workers brought their own children...

A few participants indicate that it is important to involve all stakeholders – including the child, the peer environment and the group worker – when establishing a home-like environment. This is particularly the case when, for instance, parents visit their child. Here, the professionals indicate that they attempt to involve the parents in day-to-day activities such as bathing the child or sharing a meal together.

In line with this, a few participants also mention the importance of creating a cosy, house-like infrastructure. This was aptly illustrated during a dialogue with one of the participants as they were in the process of building a new infrastructure:

Respondent 4: Until now, the architect designed something, and we just made some modifications. Today, we have a design ready that derived from the group worker's perspective on what we need. For instance, to be able to see the children in my living group but also a space to play in a garden with places to play hide and seek, while in the past, the garden needed to be open and all trees had to be pruned.

However, while acknowledging the importance of a home-like environment as an element of a positive living climate, some participants indicated that they were not naïve in recognizing the particularity of residential care and the impossibility of recreating a home-like environment that can be compared to an average household “as children know it isn't the same (as home)” (Respondent 5). In this context, a few participants stated that group workers should be cautious with an overload of rules and expectations, two pitfalls that complicate a so-called normal living environment:

Respondent 8: In a family, you don't have rules about everything. A child should be able to be a child. We should not set our expectations too high. I see that sometimes, in a living group, we have greater expectations than in a normal family."

Another element in creating a positive living climate refers to the relationship between the child and the group worker. All participants stressed the importance of this relationship in terms of basic values and characteristics, including being present, being available, believing in the child's unique qualities, listening to them, doing things together, doing nothing together, giving them space to experiment, and involving them in daily actions and decisions:

Respondent 6: yes... being available. Sometimes, don't do too much. Just be there. Sometimes, I have the impression that these characteristics are... the ones that are working best and are most appreciated by our youngsters: spend time with us. Don't necessarily do much, just make time for us, be there, be mentally aware, not in the sense of being present in the living group with your laptop, it's not about that.

However, according to our participants, developing a positive living environment is not only about creating a home-like environment or establishing a responsive relationship with the service users. It is also about how to behave as a group worker. In that vein, participants point out that the stress level of group workers affects the behaviour of the service users:

Respondent 6: you experience that, if the group workers are reassured, their stress level has an impact on the youngsters. If the group workers are nervous in a crisis situation, be assured that the youngsters are nervous too.

### *Obstacles in creating a positive living climate*

In interviewing the participants, they indicate that establishing a positive living climate is not self-evident, as they experience a variety of obstacles in doing so. First of all, organizational and management aspects (e.g., labour law) put pressure on realizing a positive living climate. Some participants mention that government criteria for organizing residential care emphasizes key aspects other than the establishment of a positive living climate.

Respondent 5: (...) there is a great focus on the use of methods, a focus on therapy, etc. We had something... we also experience this evolution (...). But we also feel there is a need to evolve to... how should we support and educate in a normal way in those living groups?

Furthermore, the government aims to use residential youth care as the last possible choice of care, and preferably for as short a time as possible. According to the respondents, this image is extended to the level of organizations and living groups. Hence, some respondents experience developing a positive living climate as subordinated to other approaches that should support clients in residential care.

Respondent 3: yes, procedure, growth line (organizations need to evaluate themselves on level of growth lines) (...) level 1, 2, 3, 4, giving voice to this and that and then I think... intake procedure yes, we have it. Aftercare procedures, yes, we have them, managing a file, yes, we do that and then, I think... we don't know the procedures. And then I need to talk about this in meetings: people, the quality of care, can you think about that and that and actually, I don't want that. In the meetings, I want to talk about: how can I support that child.

At the same time, participants mention the importance of providing time to exchange experiences and carry out actions together with their team and their supervisor.

Respondent 7: (...) the living climate... being in the living group is very important. By paying extra attention to that and working hard on the organisation of the living climate, we show how important that is.

Furthermore, most participants describe how they increasingly feel the need to justify themselves and register their actions and decisions in youth care plans, procedures and registrations – which again leads to the fact that group workers can spend less time developing a positive living climate and with the clients themselves. According to the participants, this vicious circle means that group workers and organizations neglect the organization of a positive living climate. All the more, this reinforces the ambivalent idea of the efficacy of residential care and the idea of residential care as a last resort. Consequently, respondents are confused about how to organize a positive living climate and question what elements are necessary to act in a professional way in this context.

Respondent 2: you can't "act" without justifying your actions and without everyone's permission. They expect a lot and they expect that youngsters do not flee, and that they show good behaviour and that they do everything you say – and at the same time, we need to be very careful about how things should be done.

As a consequence, respondents note that it is very hard to fulfil the profession of group worker. Besides the fact that there is not much time left to develop key elements, they also describe a negative image to working in residential care in general and indicate that "you would almost feel guilty if you work residential" (Respondent 6). From this perspective, we will now focus on the perception of the professionalism required in residential care for children.

### *Being a professional*

Respondents struggle with how to define professionalism in relation to the creation of a positive living climate. What does it mean to work in residential care? And what kind of professional and professionalism are needed? Participants have different opinions on this matter. Some respondents link professionalism to the everyday value-based actions, such as drinking coffee or watching television together, taking into account the context of residential care where many actions need to be defined as evidence-based. They "prefer a good group worker who is present among the youngsters, who offers a warm welcome with a cup of coffee and makes people feel welcome, rather than a group worker that can explain the theory or law about a confidant, or that you'll have a youth care plan within the next 45



days” (respondent 3). Then again, other participants argue that just trying something – or acting without using scientific or theoretical knowledge and methods – is undesirable. And other colleagues prefer a combination of both approaches:

Respondent 1: as a group worker, there has to be space to use your gut feeling... that is our mission, combine the gut feeling with professionalism. If you have a conversation, as an educator or a psychologist, but you have no framework, the conversation will lead to nothing... the same goes for a group worker, I use my gut feeling but I also know that I also have my professionalism to test my conversation.

The organization of daily life in a positive living climate seems to be a complex question. Group workers wonder what is viewed as ‘acting professionally’: if they use more relational actions, does that mean they are acting professionally? They wonder whether professional acting is a synonym for evidence-based and value-based acting and how these features are related. Taking into account all of the tasks that need to be carried out, group workers wonder if they still have the mandate and time to invest in the relationship with the youngsters.

Respondent 4: how common may common be? Is it possible to just watch television together and nothing more? And is it possible a group worker doesn’t write anything in the observation report just because he watched Temptation Island (television program)?

Participants report the complex situations that children passed through in their home context and the lack of adapted support. As a consequence, residential care is confronted with complex problems that often require specialized treatment. They wonder how this is reconcilable with the organization of a positive living climate and the development of the needed professionalism.

Respondent 4: I say that because, at the moment, in our living groups with young children, half of the children got an orientation to treatment, very complex problems, also at a young age. This fact, in combination with a big group, twelve, weighs very hard. In this context, we notice that the safety of these and all of the other children is compromised. So, then I think, if we could provide youth care that could be used faster and more appropriately as an answer to these problems, then I should sign for these forms of care immediately because we do not help these young people and we already know at intake: this is going to be hard.

## Discussion

The objectives of this study were twofold. On the one hand, we aimed to investigate how residential care settings perceive and define a positive living climate. On the other hand, we investigated the obstacles organizations deal with in establishing a positive living climate.

In relation to the first research question, respondents mention important aspects related to establishing a positive living climate like creating a home-like environment, together with all important context figures, in a home-like infrastructure in which building value-based relationships are possible. The

participants stressed the importance of conditions being as normal as possible – like cooking together, being lazy together, being there to support the children, not overloading children with developmental and behavioural expectations, and having a relationship with someone who believes in the other. The importance of these aspects has already been emphasized in the literature (Avby, 2014; Mc. Lean, 2015; Ward, 2003). This was also the case for the importance of a qualitative relationship, which was also stressed by the respondents (Baart, 2001; Harder, Knorth & Zandberg, 2006; Ryan & Deci, 2017; Van der Helm, 2011; Schaftenaar, 2018).

Although care workers strive to support the children in their development in as normal a way as possible, they are fully aware that a living group does not equate to a real home environment. To stimulate “the home feeling”, group workers mention in the results that they brought their own children to play together with the present resident children. This might possibly be considered as a means to making residential care organizations more home-like with the presence of other children who come and positively interact with the resident children. Anglin (2004, p. 178) mentions that “group home strives to offer a home-like environment not attainable within an institutional setting, while removing the intimacy and intensity of a family environment”. He describes the paradox of the normality in residential care: how can an artificial living environment, such as a staffed group home, foster the development of normality? The respondents also struggle with this aspect, illustrated in the results. On the one hand, they list common elements that should be present in the organization of the living climate. On the other hand, they emphasize the particularity of this form of care. It may seem surprising that participants stress the need for these obvious characteristics to be present in organizing a positive living climate. Taking into account the tensions residential care is dealing with, it became clear that, currently, the organization of these obvious aspects may be hindered for several reasons: e.g., organizational aspects, registration tasks, the complexity of situations.

First and foremost, there is a growing emphasis on avoiding residential care (Whittaker et al., 2016). These days, residential care is regarded as a last resort that can only be considered after all family-based options have been exhausted (Dozier et al., 2014; Frensch & Cameron, 2002; Knorth et al., 2008; Thoburn, 2016; Van Loon, 2007). Hence, residential care is no longer considered to be a suitable solution or treatment, although it might be in some cases (Anglin, 2004; Harder, Knorth & Zandberg, 2006; Knorth et al., 2008; Shubert et al., 2012; Souverein, Stams, & Van der Helm, 2013; Whittaker et al., 2016).

Secondly, residential care has evolved towards increasingly using evidence-based treatment methods (Harder, Knorth, & Kalverboer, 2016; James, 2014; McLean, 2015; Potting et al., 2010; Whittaker, Del

Valle, & Holmes, 2015). This evolution has been fed by the growing consensus among legislative bodies, researchers and practitioners that it is important to develop scientific knowledge about actions and methods that work in residential care (James, 2014; Harder & Knorth, 2014). This is challenging because scholars have pointed out that residential care is characterized by a culture of learning through living, and – for that reason – it is hard to capture in a fixed set of methods (Jongepier & Struijk, 2008; Whittaker, et al., 2016). Furthermore, the participants indicated that a too strict focus on an evidence-based approach puts pressure on the elaboration of the necessary elements as mentioned above. Paradoxically, not being able to develop the common elements in organizing a positive living climate may hinder the children’s development, magnifying the image of residential youth care as a last resort. The lack of group workers’ connection with their job may jeopardize their internal motivation (Ryan & Deci, 2017) and compel them to leave work in residential care, which has implications for the continuity in youth care relationships (Naert, Roose, Rapp, & Vanderplasschen, 2017).

James (2017) stated that, up to now, very little about the processes and outcomes related to the implementation of evidence-based practice in residential care settings is known, which hinders simple and clear recommendations on specific programs. Therefore, James (2017) encourages the residential care field to not simply adopt treatments that were not designed for residential care and to increase the understanding of “home-grown” or “usual care” program models (James, 2017). The “common elements approach” that has been suggested by Lee & McMillen (2017) collects important components across different interventions with known effectiveness. It is more flexible than standard manualized treatments, and it minimizes training demands, allows for greater individualization, and follows “a modularized approach to delivering the practice elements” (Lee & McMillen, 2017, p. 20).

In a previous contribution (Authors Own, 2018) – following many international scholars (e.g. Authors’ own, 2012; Clark & Newman; 1997; Ledoux, 2004; Tsui & Chueng, 2004) – we stressed that the increased managerial and organizational duties in residential care are at the expense of creating a positive living climate in which children can flourish. The participants in this study confirm this tension. The focus on organizational effectiveness and efficiency – which is typical for managerial rhetoric – may lead to fewer possibilities for practitioners to spend time, and invest in a relationship, with children and adolescents. Yet, a responsive relationship between the group worker and the child is seen as one of the most important features in establishing a positive living group climate (Baart, 2001; Harder, Knorth, & Zandberg, 2006; Ryan & Deci, 2017; Schaftenaar, 2018; Van der Helm, 2011).

Taking into account these evolutions, the organization of a positive living climate seems to be complex. Consequently, group workers are looking for guidance concerning how they can act professionally and what good professionalism means in the current establishment of a positive living climate.

Can group workers act in a relational way, not knowing if this sense of professionalism is still encouraged by residential care organizations and government (Kunneman, 2007)? For example, are group workers still allowed to take time to cook together with the youngsters and invest in their relationship (Mc. Leod, 2010; Tobon, 2015)? Is it still ok if they watch television? And is watching television together regarded as professional work or as a break from the methodical group work? For example, are organizations able to trust group workers to serve the child's best interests even if they perform in a different way? According to Van Lanen (2013), when there is a call for professionalism, we'll talk about knowing which (defined) actions to use and doing what works – but these assumptions are difficult to manage in a complex context such as the living group climate, where a common elements approach is promoted by some scholars as a foundational element (Lee & McMillen, 2017). This seems to be problematic because, in this context, residential care workers can only minimally justify their work and profile themselves as knowledge-owners of their domain (Van Lanen, 2013).

Based on the findings of the current study, and in line with James (2017), we encourage group workers and their pedagogical staff members to critically reflect on the organization of the living climate in a conscious way in order to do justice to the important features that characterize the complex setting of a living group climate in residential care.

These results need to be considered carefully because, in this study, we focused on the qualitative information of a small group of respondents, which makes it difficult to generalize these findings. In spite of these limitations, this study provides some important insights into the necessary elements of the living climate and the tensions that group workers and organizations are dealing with. More research on these themes is recommended. First, investigating the influence of the image of residential care on the group workers' work situation – the most important and fundamental element in establishing a positive living climate – would be valuable. Second, as group workers are struggling with what is regarded as professional in establishing a positive living climate, this would also merit further study. Moreover, it would be fruitful to further investigate which elements support and hinder the organization of a positive living climate in the current establishment. Studies comparing the common elements approach to a more traditional evidence-based practice approach would be of interest to the field (James, 2017). Finally, the notions of "feeling guilty" and "lack of pride" that seem to be experienced by some of the participants are very relevant to further exploration.

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Table 1

	Age	Form of residential youth care
<b>Respondent 1</b>	55 - 60	Residential youth care organization, girls and boys 0 – 20
<b>Respondent 2</b>	30 - 35	(Semi-) secure residential care settings, girls 12 – 18
<b>Respondent 3</b>	30 – 35	Residential youth care organization, toddlers and little children 0- 12
<b>Respondent 4</b>	30 - 35	Residential youth care organization, girls and boys 0 – 20
<b>Respondent 5</b>	40 - 45	Residential youth care organization, girls and boys 0 – 20
<b>Respondent 6</b>	35 - 40	Residential youth care organization, girls and boys 0 – 20
<b>Respondent 7</b>	35 - 40	Residential youth care organization, girls and boys 3 – 20
<b>Respondent 8</b>	35 - 40	Observation, orientation and diagnostic center (short-term interventions), girls and boys, 0 – 20
<b>Respondent 9</b>	40 - 45	Secure residential care organization (short-term interventions), boys 12 – 18
<b>Respondent 10</b>	30 - 35	Secure residential care organization – girls 12 - 18