

Is it love? A study of young people's personal impressions and experiences of relationships in residential care in a Norwegian treatment collective.

Arvid Lone & Erik Paulsen

Abstract

The main objective of this study was to gain insight into young people's experiences with positive emotional relationships with staff in residential care. Because positive relationships have been shown to be of great importance for the outcomes of treatment, this study's main objective was to obtain insight into what the young people found important in such relationships with staff members, and also how close they felt that these relations were. Eight young people living in a social pedagogy-based Norwegian treatment collective were interviewed regarding their emotional relationships with the treatment staff. Our findings reveal three dimensions of importance for the youths: emotional involvement from staff; an ability to put the youth in centre of attention; and finally an experience of subject-subject relations between staff and youths in an environment without use of physical restraint. These dimensions were in many ways connected to the fact that core staff live-in with the youth, and the resulting continuity and trust this engenders. The youths all reported that they had experienced emotional relations they characterised as containing love.

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Keywords

User perspective, residential care, treatment collectives, establishing positive relations, therapeutic alliances

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Introduction

In recent decades, there has been growing concern in Norway about the negative influences on troubled youth in group care. Treatment in residential care settings has shown mixed results, and negative developments have often been reported (Andreassen, 2003). Seeking to explain these poor results, many researchers have cited the effects of negative peer culture, which may have a greater influence on youth placed in institutions than the efforts of the staff. On the other hand, other research has found a decrease in conduct disorder behaviour among antisocial youth placed in a treatment-focused residential care settings (Courtney, 2009; Huefner, Handwerk, Ringle & Field, 2009), and argues that negative peer influences can be overcome by other factors. Research indicates that residential care has the potential to reduce problem behaviour.

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

To develop better practices we need more insights in the qualities of the relations between youths and staff. In this study, we focus on how young people experience and describe the actions and emotions involved in positive relations between themselves and the staff in a Norwegian treatment collective.

During the last few years, the term 'love' has been introduced into the debate in Norway concerning the quality of work within The Child Protection Services, both

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through research (Thrana, 2015), and also from user-groups of former youth clients in residential care (Barnevernsproffene).

The term 'love' has even made its way into official government documents: 'The Child Protection Services shall meet them (the children) with care, empathy and acknowledging children needs for security and love' – Without giving the term a definition.

In this study, we have not used any specific definition of love, but have focused on our respondents' own identification of relations where they feel it is appropriate to use the term to describe their experience.

Context for research – The Norwegian collectives

Whittaker (2004) has shown that group care settings do not follow clearly specified models, so we will here give a short description of these Norwegian collectives as context for this research.

The collectives mainly work with young drug-addicted youth, and were established in reaction to the medical-psychiatric approach that was adopted for this group in the 1960s. Their main characteristics are that young people live in the collective together with the staff, and sometimes the staff' families, and share everyday activities such as meals, school, work, leisure and holidays. The collective is often the staff members' primary home as well as their place of work. The staff stay at the collectives for periods of up to six weeks, interspersed with periods of up to two weeks off.

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The first of these treatment collectives was established in 1970, while most were started in the 1980s. All the collectives were located in rural environments.

The initial inspirations for the model were partly political analyses that call for awareness, organisation and struggle and partly discouraging results from psychiatric treatment results. The key word was 'alternative', and part of this was a rejection of professional therapists, so craftsmen and farmers were employed. Over time, they have become an established part of residential care to combat drug abuse and have developed a clear social pedagogic profile.

They also reject the use of physical restraint as a mean to control unwanted behaviour and have developed a range of techniques for handling threats and aggression.

By 'physical restraint', we mean a situation where staff use physical force to stop a youth's behaviour, often in the form of wrestling the youth to the floor. This has been, and is, a common practice in many institutions in Norway, despite the fact that this is forbidden by regulations given by law. It is only legal to use such force in defence of 'life and health'. There have been several scandals in Norway connected to unlawful use of physical restraint.

Lone has described the establishment (2010) and the basic philosophy (2012) of these collectives.

This type of institution has shown encouraging results in several studies (Fauske, 2010; Lone, 2003; Ravndal, 2007).

Research review and theoretical framework

In other contexts like individual therapy, the importance of the relation between therapist and client is well established and it has even been shown that the relationship in individual therapy is more important for the outcome of therapy than the therapist's method (Duncan, 2000). Some researchers conclude that relationships in effect are the intervention (Fewster, 2005; Garfat, 1999; Kreuger, 1991; Stuart, 2006).

In residential care, there are a large number of ever shifting relations between staff and youths and the focus will often be on staff-youths relations on a group level. These types of relationships are often of a confrontational type. The collectives through their special organisation with live-in staff have sought to soften — and if possible avoid — this type of confrontation, and thereby facilitate positive relations between individual staff and individual youths.

In a former study, we found how young people who have been in treatment in such collectives describe which factors they experienced as important in establishing positive youth-staff relations (Lone & Paulsen, 2018). We have also in yet another study presented how young people who have been in treatment in such collectives describe important factors for the motivation for treatment and for the kinds of relationships that are established in treatment (Lone & Paulsen, 2017a).

Relations between a social worker and a client can of course be of many characters, from in one extreme a very uneven distribution of power, which puts the social worker in a position to make all decisions, to the other with a very

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mutual distribution of power. This latter kind of relationship is well known from both practice and research and is often labelled a 'working alliance'. Such working alliances/therapeutic alliances are often seen as having three components: agreement on aims; agreement on strategies for practice; and finally an emotional bond between social worker and client (Bordin, 1979; Safran & Muran, 2003). In this perspective of the working alliance, a perception of openness, honesty and trustfulness is included (Doucette, 2001).

In descriptive studies youths have identified three essential aspects of their social workers: 1) personal qualities with the social worker (e.g. caring), 2) the behaviour of the social worker (e.g. attention, listening to the youth) and 3) the relation between social worker and youth (e.g. respect, caring and trust) (Manso, Rauktis & Boyd, 2008).

Studying the therapeutic alliance in residential care is difficult as these settings are differing, staff are rotated and there may be many different caregivers the youths have different types of working alliances with. In the collectives, there are somewhat different opportunities as the staff live-in with the youths.

Recently there has been a renewed focus on the relations and perhaps a more specific focus on the emotional bond aspects of the relations between caregiver and youth (Whittaker, del Valle & Holme, 2015). One of the questions raised is whether 'love is a part of professional practice'? Others are questions like, 'Is love a necessary premise for positive developing relations?', 'In what degree is love wanted and needed?'

Researchers have discussed the role of love in professional practice and attention has been drawn to related concepts like care, compassion and empathy

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(Arman & Rehnsfeldt, 2006; Giata, 2012). Further to this, care, acceptance, empathy, sympathy, compassion, presence, recognition, respect, honesty, commitment, trust and a sense of community are all identified throughout the literature as key components of loving interaction and loving relationships (Giata, 2012; Hoyle, 2001).

Aim

Love is active and intentional, and is communicated through behaviours as well as words. So what we need are good descriptions of how youth have experienced loving relations in residential treatment. The aim of this study was to investigate how former clients in a Norwegian drug-treatment collective had experienced positive client-staff relations while in treatment, which they perceived or interpreted as love.

Methods

Design

We used a qualitative design to examine young people's first-hand experiences, feelings, judgements and perceptions regarding relations in one treatment collective for young drug-addicted youth in Norway. We used a semi-structured interview format that allowed the interviewers to obtain the necessary data while giving the respondents the freedom to respond in their own words, provide as much detail as they wish and offer illustrations and explanations (Polit, 2008). Using this approach, we encouraged respondents to share their experiences and describe the meanings or values they attached to them (Patton, 2002). With the

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questions, we sought to place the respondents in the role of experts in their own lives and the questions were arranged from simple, specific questions at the beginning to more complex, evaluative questions at the end.

Recruitment and sample

Study participants who met the inclusion criteria were young people who had earlier been in treatment in a collective for drug-addicted youth in Norway who were willing to describe their experiences and perceptions.

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

We conducted eight individual interviews with the participants for the purpose of this study. There were three males and five females, with ages ranging from 20 to 30 years old. The length of stay in the treatment facility varied from one to several years. One was in the discharge process; most had been discharged during the last two years, while one had been discharged nearly 10 years previously.

Ethical considerations

We obtained approval for this project from the Data Protection Official for Research (NSD). The participants' voluntary participation was secured by the study's inclusion criteria as well as by the staff members' judgements regarding each respondent's condition, ability to participate in the study and competence to provide informed consent. Staff members approached potential respondents

and explained the study to them, after which the young people reviewed the information sheet and those who agreed to participate signed the consent form. Potential respondents were given time to make their decision and the opportunity to ask for advice if they needed it. All respondents were over 18 years of age. They were also given the opportunity to speak to a named staff member after the interview, but none of them did so. Some volunteered to participate after hearing of others who had been interviewed.

Data collection procedures

The interviews were conducted in May 2016, and we interviewed each respondent once. The interviews lasted 45–90 minutes, and were conducted in isolated rooms at the collective. The researchers had no prior knowledge of or any relationship to the participants.

We used a semi-structured interview guide. The interviews were audio-taped and supplemented by the interviewer's notes, which included data about the participant's nonverbal behaviours during the interview, the main topics of discussion and the interviewer's preliminary analysis. The field notes were written on the day of the interview, after it had concluded.

Data analysis

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

Each transcript was read in full to obtain a general sense of the participants' responses. Then significant statements related to the study questions were

identified in every transcript, and the meaning of each statement was coded.

Next, we created a list of these meanings, which was consolidated into themes that were compared and combined in cases of overlap. The themes were validated within and across the interviews. Each transcript was independently coded and thematically analysed. Finally, we discussed the results to create a comprehensive description of the phenomena of interest.

Quality and integrity

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

Translation into English for the purpose of this paper

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

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The English word does not easily translate into Norwegian — or the other way around for the Norwegian corresponding word *kjærlighet*, as they contain a range of cultural and social implications which isn't necessarily the same. In Norwegian, *kjærlighet* is most often used to describe romantic or family-related relations and it is therefore not surprising that none of our respondents voluntarily chose to use the word love to describe positive client staff relations. It is on the other hand even more interesting that all of them confirmed the use of the word when asked directly at the end of each interview.

Findings

Our analyses of the interviews revealed several factors that can be seen as important elements in close relations between youths and staff. These will be presented through three dimensions: emotional involvement; putting the youth in the centre of attention and making the youths feel safe and finally, subject-subject relation and the absence of use of physical restraint in relations. In addition, all of our respondents reported to have experienced love in treatment. By subject-subject relation we mean 'a relationship between two people which is important for both parties'.

All of our respondents described emotional involvement as highly important in relations with staff. Emotional involvement was described in several ways. The youths reported having experienced genuine emotional involvement from staff.

I have a 'turbulent' boyfriend - and if I am going out and looking for him because he wants to take his own life - she [The Staff]

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sat crying on the phone and tried to help somehow ... so I do see that she really, really cares - she's the first person I call ...

They are emotionally involved, and [it] shows that they really, truly care.

They involve themselves in a completely different way [than in traditional institutions] emotionally - so it is - in a way - like a small family - well, actually a large family.

This emotional involvement was considered as an important quality in positive relations. Further, the youths experienced the staff as real people, not as an employees at work:

I feel that the people working on the collective work with their whole heart - they live right there - I think it's six weeks at a time, and then they have two weeks off - they've got most of their life there.

It is that they live here that does it - that their children are here.

It provides a form of respect - and trust, really - mutual trust - for they show that they have confidence that we are good - although we have had problems in life.

This experience of genuineness was also considered an important aspect of positive relations. In their descriptions of acts from staff, all of our respondents had many stories to tell about situations which in themselves often were simple and mundane, like 'she offered me a cup of tea' or 'she took her time to sit and listen to me, even if she really did not have the time to do so - and where the

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youths perceived these acts as proof of true and genuine emotional involvement.

The respondents' voices and facial expressions underlined the words, and conveyed their own mutual feelings toward the staff.

Our respondents described several staff qualities and abilities they had experienced as important for positive relationships. Quite a few of them accentuated the staff members ability to see them, to be there for them and to trust them as important for the respondents to enter into a positive relation. This was described in several ways, sometimes as a genuine interest in the youths and their well-being:

She has helped me very much. I have come in the middle of the night and woke her and she was not cross; she got up and talked to me.

I do not know; it was the first time I had spoken to her privately. Do not know; it just clicked. And after that, I talked to her about everything. Absolutely everything.

She's the first I can remember who asked, 'How is it going with you? ' My first answer was 'it's fine!' ...and then she asked 'How are you doing, REALLY?' and then words just ran out of me.

Another aspect enhanced by quite a few of the youths was the feeling of safety provided for them in the relations with staff.

I had not done anything with myself the first year and I could not do it alone either ... and when I met [staff member's name] I found a safe place to start.

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I think that the special thing with [staff member's name] is that I feel safe when she's there - very, very safe - I do so with the others too, but I feel most safe when she's there.

Another aspect that was highly appreciated by the respondents was the staff members' willingness to not give up the youths in difficult times:

They gave me so many chances; I discharged myself twice, but I needed to come back and they took me back — I did drugs pretty much, but they helped me to come back. They picked me up and they gave me so many chances.

The ability to put the youth at the centre, make them feel safe and be persistent were valued as important qualities and abilities from staff in positive relations.

They reported feeling safe, they felt the adults were there for them whether they behaved well or badly — and they simply felt loved.

Finally, quite a few of our respondents described positive relations to staff as being characterised as subject-subject relations where the youths were treated as participants more than clients/patient.

There's much more cooperation

In this study, we have not used any specific definition of love, but have focused on our respondents' own identification of relations where they feel it is appropriate to use the term to describe their experience.

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You cannot be responsible if you do not get the chance to take that responsibility! Here in the collective you are allowed to take as much responsibility you want to — and I think that's so cool.

Interestingly enough, in quite a few of the responses this was connected to the absence of physical restraint in the relations. This is a representative quote:

What was so nice with the collective was that they use no physical restraint — but they speak with you — that's one thing that is very different to all other institutions I have been to; the use of physical restraint in the other places — the collective lets you act out and reflect with you afterwards — and then maybe even if they get tired afterwards — they still support you throughout the process — to identify the meaning of your actions perhaps...

The thing is that I was on two [traditional] institutions before I came to the collective — and being there was so contrasting — they use physical restraint ... and they pressure you to talk about your problems. ... and then when you get to the collective and the staff are there for themselves; they live there! — And you get to have all your stuff — it is not that kind of an institution, that is — it does not feel like an institution...

According to our respondents, positive relationships in treatment are characterised by subject-subject relationships. This can hardly be achieved when using physical restraint in treatment.

Yes, it was love!

In summary, our respondents gave a very positive picture of their experiences with staff in this particular treatment collective. Some of their stories are connected to contextual conditions like the absence of physical restraint and the presence of staff members over weeks at a time, but most of them are stories of close and genuinely honest relations between staff and youth. Yet, overall they are stories of troubled youths finding 'the one'; that single member of staff who for reasons unknown ('It just clicked') became the person the youth connected to in a deep and meaningful way.

A relationship of love:

All of our respondents specifically reported that they had experienced love in relationships with staff during treatment. They all confirmed this in different ways and since these responses were made to direct and somewhat leading questions, the questions are included:

Q: Have you felt any love on the collective?

R: Yes. I got a lot of it.

Q: Would you call it love?

R: Yes. That's what it is!

Q: Is love what you got?

R: Yes. That was it.

Q: It is a very strong word ...

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R: Yes. But it is correct. I did that.

Q: But is that the hallmark of a good helper; To care?

R: Yes. That they really want to. That they really, really show that they care.

Q: Would you call this love?

R: Yes

Q: Where they (the staff) happy to see you?

R: Oh yes - especially if one has been away for a while. They are happy to see me, genuinely happy.

Q: Could it be an element of love?

R: Yes, absolutely.

Also, it was not only described as love flowing from staff to themselves — it went both ways:

I was very fond of them — I've got respect for all those who work there.

It is there, there is trust in it, too. A relationship, one you get along very well with. You can look at it as a kind of best friend — someone you trust — one that respects you — one who spends time with you. It is probably the first thing I think of when I think of relationships in the collective.

Q: Then you describe a good relationship?

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R: Yes

Q: What you called love?

R: Yes — one you are very fond of.

These quotes are representative of all of the responses we got when asking directly if the young people had experienced love. Also, there was no hesitation in answering; when asked if it was love, they confirmed it immediately, sometimes with an air of, 'Why do you ask such obvious questions?'

Overall, there was love. Love showed itself in many guises, but our respondents had no trouble identifying the love they received as just that; love. Love in all its forms — just as we all experience it — as a wink of an eye, a kind word in passing-by, a hug on arrival, while sitting in the crook of an arm, or just as a deep and satisfying knowledge.

Discussion

In this study, youth described how they had experienced positive relationships in residential treatment. Our findings suggest that the youths experience emotional involvement as an essential necessity of positive relations between staff and youths. Furthermore, our findings emphasise staff's ability to put the youth at the centre of attention, their ability to make the youth feel safe and the staff members' endurance as important contributions to positive relations. Finally, the youths described positive relations in treatment as based in subject-subject relations and the importance of absence of physical restraint. In addition, all of our respondents confirmed having experienced love in treatment.

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All of our respondents described emotional involvement from staff as important, and often crucial, for positive staff-youth relations. Quite a few of the youths were occupied with thoughts regarding whether staff just considered their relationship to them as a part of their work for which they got paid. They all concluded that they experienced staff as genuinely interested in them, their life and their wellbeing and that this gave them a feeling of genuine emotional involvement. This was mostly shown through the fact that the staff lived-in with them and this was seen as proof by our respondents that the staff members' involvement in them was real and honest and not just professional methodology. The emotional involvement was also shown through staff being real people, showing all sides of themselves to the youths. Here the youths met adults who were willing to enter into close relations, spend time with the youths and be engaged. The emotional involvement can be seen as a pre-requisite for the experience of an emotional bond between staff and youth needed for a working alliance (Bordin, 1979). These experienced qualities of the relationship were considered essential for the experience of close relations and it is reasonable to see this as necessary for the formation of a working alliance that became very important in the course of treatment. The way our respondents described the closeness of these relations also makes us believe that a feeling of received love is a component in these relations. The structure in the collectives makes this possible through having staff living-in with the youths.

Also, our respondents were quite clear in their appreciation of staff's ability to put the youths at the centre of attention and see them as individuals with individual needs. This make them feel valued and important. They have often been seen and characterised/defined by their behavioural difficulties, as drug

users or as having different psychiatric diagnoses. So, experiencing humans who could see beyond this gave them a new experience and a feeling of worth in the eyes of the staff and themselves, laying the ground for positive relations. Also our respondents' appraisal of the ability by staff to go beyond everyday politeness exchanges of the 'how-are-you — thank-you-very-well'-type were valued as important for positive relations. The youths even criticised staff members who did not do this. Also, they described such 'How are you really?'-questions as a kind of break-through situations for trustful relations.

The story one respondent told of how a staff member reacted when she was woken in the middle of the night is typical for many situations where staff abandon their own comfort to instead focus on a youths situation. Here staff show an ability to look beyond the youth's behaviour and instead see them as having a difficult time. This ability by staff members to postpone meeting their own needs in favour of meeting a youth's needs when in a difficult situation, is probably a basic requirement for working with troubled youths. It is also, on a more general basis, something that is often seen as a component of love; that one is willing to abandon one's own interests in favour of someone else's.

Also, the ability to make the youth feel safe in relationships with staff was experienced as important for positive relations between staff and youth. It is interesting to notice that this feeling of being safe was just that; it was a feeling. This feeling was partly connected to something a staffer did or said, but it was mostly connected to what the staffer was, namely, safe. This ability in a staffer to be safe in herself and to spread this safeness around her, is probably a key factor in how some staff members manage to make youths want to connect to them. This ability must stem from the staff member's own personality, and this

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realisation has important consequences for 'staff hiring and firing' and also staff developing through introduction programmes for newly-hired, staff supervision, personal development and so on. This ability to make the youth feel safe seems to be an important aspect of the working alliance and can be considered a component/representation of love in the relations between the youth and staff.

Our respondents made it very clear that they often can be very challenging for the staff to work with. They initially resist establishing working alliances with staff and in periods they often show behaviour established in times before they were placed in treatment. This could be behaviours such as being threatening or violent, by using drugs, by escaping from the collective — and sometimes by being overly co-operative. These periods can be very frustrating for staff members and it is tempting to give up. The fact that the staff in the collective do not give up is highly appreciated by our respondents, sometimes with an air of awe when they describe it. The youths valued being tolerated regardless of their behaviours and perceived this persistence/endurance as a sign of interest and affection and even love.

Feeling seen, feeling safe and feeling valued may be key factors in participation and collaboration in a working alliance and can also be seen as components/representations of love in the relationship.

The notion that staff treated the youths more like fellow human beings and participants instead of clients was an important aspect of positive relations described by the youths. This was also connected to absence of physical restraint in treatment (by some of our respondents).

Mostly, our respondents focused on what they saw as positive factors they had experienced during their stay at the collective. In addition, those who had been to traditional institutions before they came to the collective also focused on the importance of a factor that was absent at the collective: the use of physical restraint by staff members when youths refused to follow instructions.

The collective in which all our respondents had been to — as in other similar collectives in Norway — has a strict No Physical Restraint Policy and this was seen by our respondents as a crucial factor in their process of entering into positive relations with staff. This is no surprise; a Working Alliance is based on agreement on aims and strategies and also on a positive emotional bond between staff members and youth. To achieve this, power and influence must be distributed as evenly and balanced as possible. When staff members chose to use physical restraint, this balance is destroyed and the formation of a working alliance is more or less impossible. If an alliance already has been established, it will probably be destroyed. And even more, if staff members use physical restraint against one youth, it will affect all the youths, since it introduces physical restraint as a possibility in any situation.

Yes, it was love.

Finally, all our respondents confirmed that they had experienced love in relations with staff. This may of course be caused by the interview situation and an expectation by the interviewers. But by their different way of elaborating their responses it seems like they all have experienced what they perceive and experience as being like love. We can also conclude that even though they have

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described what they perceive as love in different ways, they have also presented some aspects/representations of love that is quite common among our respondents.

The fact that they describe it differently probably reflects that love for each of them is a subjective feeling based on earlier experiences and expectations. But the fact that they describe commonalities gives us a notion that there are some universal qualities of loving relations in treatment.

Running an institution for residential care is a complicated endeavour. It is a work place, it is a home, and it is a place for treating youths in a difficult situation. All things aside, the core of the activities must be aimed at the latter; that the youths themselves feel that they are at the centre of staff's attention. We feel that our study has shown that the collectives through their live-in model manage to achieve this and that our respondents describe the relations that emerge between them and staff with one of the strongest words in our language – love. This is of course interesting in itself, but the most important part is that they describe these relations as the gateway into a process where they begin to trust the helpers, but even more important: that they begin to build a positive hope for their own future.

Practical implications

Our study had a limited number of participants receiving treatment in a special kind of collective which makes generalisations difficult. But these youths have interesting opinions and real life experiences from living in residential care. They challenge us in different ways.

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An interesting question can be raised: can emotional proximity and love be taught, or is this a kind of personal talent? There is no clear answer to this. But this does not leave us without options. First of all, our respondents challenge staff to be attentive towards them and willing to engage in close relations for development of working alliances and perceptions of love in treatment. Further the way residential care is organised is of importance for creating and nurturing positive emotional relations.

Our findings remind us of the importance of the positive relationships between youths and staff in residential treatment. It challenges the necessary focus we have to be attentive when it comes to emotional involvement with the youths, the fact that we put the youth at the centre of attention, that we give them a sense of safety and that we deal in subject-subject relations without physical force that may distort relationships.

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