Interventioner för att förebygga och minska tvångsåtgärder inom psykiatrisk vård och institutionsvård av barn och unga / Interventions to Prevent and Reduce Coercive Measures in Psychiatric Care and Residential Care for Children and Adolescents
Report 400 (2025)

Appendix 7 NVivo-coding and thematic synthesis

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1 Descriptive themes

Children and young people experience that a collaborative approach allows them to feel informed, understood, and involved in care, enhancing their treatment experience

Stage 2: Children and young people experience that a collaborative approach allows them to feel informed, understood, and involved in care, enhancing their treatment experience	Coding
Stage 1 being in control of own treatment	<Files\\Bjonness 2020> - § 12 references coded [3,02% Coverage] Reference 1 – 0,16% Coverage Those who described good experiences with user participation referred to being included. As a result, the treatment was perceived as appropriate. Reference 2 – 0,22% Coverage The trust was linked to some therapists at the clinic. The interviewed participants emphasized that it was important to be part of the decisions regarding the assignment of their treatment team. References 3-6 – 0,50% Coverage a participant who got involved early in the decision-making about admission to inpatient care explained its importance. She was able to postpone an emergency admission. In the meantime, she met the therapist and attended a meeting. She was prepared, aware of the opportunities, and involved from the start. Several interview participants linked knowledge about the hospitalization and treatment to a feeling of being in control. Reference 7 – 0,41% Coverage

Treatment meetings with the mental healthcare
professionals were referred to as a setting where decisions were made. The young people had different experiences of participating in such meetings. Some wanted to participate, and others did not. However, everyone wanted to be able to influence the agenda of the meetings, and at least know what was being said about them.

References 8-9 – 0,61% Coverage

examples of positive experiences with
user participation and involuntary treatment also emerged. For example, one participant who had been admitted against her own will described experiences with shared decision-making in decisions regarding supervision and being able to leave the ward unescorted. As a result, she expressed satisfaction with the treatment. In general, being part of decisions made inpatient admission seem less negative. It gave a sense of control and made the adolescents receptive to accepting and participating in further treatment.

Reference 10 – 0,11% Coverage

The importance of knowing what would happen during hospitalization and after discharge was emphasized.

Reference 11 – 0,67% Coverage

The adolescents had clear opinions about what a treatment plan should contain, who should be involved in preparing the plan, and what they should be able to decide for themselves. Several participants missed or were not aware of having any plan, and those who had one highlighted the importance of participation in designing it.
The plan ahead is to find out who I am as a person, find all the red threads that lead to how I am today, which can then help me and tie everything up (…) We have found out what is best and most effective for me. It's the psychologist and me, we have done it together. (2)

Reference 12 – 0,34% Coverage

A joint plan and establishing relationships with those who were supposed to follow up with them after discharge was suggested to avoid readmissions and have "smooth transitions." Cooperation with the school was emphasized. Adolescents being involved in this stated that further help was adapted to their needs.

	<Files\\Slaatto 2023> - § 1 reference coded [0,40% Coverage] Reference 1 – 0,40% Coverage Several participants from both facilities mentioned receiving a brochure. As one explained, 'When we move into the facility, then we get a brochure with all our rights and stuff …. I have read it a couple of times'. In addition, information was provided by staff when the residents asked for it. One said, 'They [staff] say they can help you; they can talk to you; they can give you the phone number [to the county representative]. They can explain to you about your rights and everything….[Y]ou just need to ask for it, then they will help you …'.
Stage 1 being in control over daily activities and own future	<Files\\Slaatto 2023> - § 4 references coded [0,71% Coverage] Reference 1 – 0,18% Coverage One said, 'They [staff] say they can help you; they can talk to you; they can give you the phone number [to the county representative]. They can explain to you about your rights and everything….[Y]ou just need to ask for it, then they will help you …' Reference 2 – 0,11% Coverage Participants were asked if they know what will be happening in their lives. Most said they know what will happen in the next weeks and months. Reference 3 – 0,20% Coverage Overall, the children in both facilities said they have some influence over everyday activities, being able, for example, to decide when and what to eat and which activities to engage in with staff or other residents. Reference 4 – 0,22% Coverage When asked if they have some influence over plans for their future, several said they did. One answered, 'We are allowed to decide, because it is about us'. He also said, 'They [staff] have asked me, "Do you want to move into an apartment when you turn 18? Would you like us to continue supporting you?"

Stage 1 caring, communicating and discussing together	<Files\\Brubaker 2023> - § 2 references coded [0,44% Coverage] Reference 1 – 0,10% Coverage The model's emphasis on conflict resolution before sanctions was generally valued by the residents and viewed as an indication that staff care about them Reference 2 – 0,34% Coverage A resident shared that the new approach to talking over sanctions was a way that staff showed residents that they care: ". . .when they don't write you [up], but they come and talk to you about it." Another resident explained: In the older model, I used to catch charges left and right, but I ain't got charges since I've been on the Community Model. Because if you do something, they're not going to just call you in for a charge. They're going to talk to you, try to calm you down and see what's wrong with you, or see what the problem is. <Files\\Lee-Aube 2023> - § 1 reference coded [0,21% Coverage] Reference 1 – 0,21% Coverage Communication between staff, consumers and carers was suggested to be an important factor in determining the quality of users' experience of the AAU. Positive attributes to staff communication included being friendly, caring and flexible. <Files\\Montreuil 2018> - § 3 references coded [0,74% Coverage] Reference 1 – 0,18% Coverage Many children considered it was more the relationship with the staff and the opportunity to talk with someone that helped to become calmer when experiencing a crisis Reference 2 – 0,29% Coverage Certain children said that when going in timeout they

	do not always talk with the staff, but find it helps when they do, and helps more than sitting in silence at a desk (i.e. in timeout). A child also said playing a game while talking with the staff helps the most. Reference 3 – 0,27% Coverage As a child described: 'If I throw a fit, I'm tired after and I don't remember what I did. I'm supposed to think about what I did [in time-out]'. He liked that with certain staff members, before being in silence 'we could also discuss and like decide'. <Files\\Slaatto 2023> - § 1 reference coded [0,18% Coverage] Reference 1 – 0,18% Coverage Some of them try to explain, but others just say 'no, this is how it is' …. If someone does not give it [the explanation] to me, I get really pissed. If someone tries to talk about it … in a proper way, then it is easier for me to accept it.
Stage 1 involving former patients, peer learning and support	<Files\\Lee-Aube 2023> - § 1 reference coded [0,19% Coverage] Reference 1 – 0,19% Coverage For consumers, it was the positive staff communication and the opportunity to communicate with peers that made them feel listened to. It also served the social function of sharing their experiences of mental illness. <Files\\McKenna 2025> - § 2 references coded [0,89% Coverage] Reference 1 – 0,39% Coverage One girl noted in her interview that she liked spending time with the other girls in the facility. They helped her feel "not as alone … They help make some kind of happiness out of it [being in detention]." Another girl said, "I do think that therapy groups as far as on the pod would be helpful—because there's a lot of people in here with trauma or different things going on." Along the lines of feeling supported by other girls in detention, one girl shared that she became more talkative over time because she felt she "had somebody to talk to and I opened up a little bit more to the staff or my peers."

	Reference 2 – 0,50% Coverage Other girls felt that mentors who had been in their position before would be helpful, especially to provide hope for the future, lending further importance to the role of peer support. A mentor or somebody that has came from many of situations or been in jail, being in the youth center or whatever that could like and show you like there's ways or there's different things to do outside of here like you can still, even though you have a record or even though you've been in jail, you can still like pursue your goals or pursue your dreams. These interviews in particular highlight the way peer support and mentoring can help trauma survivors, especially those in detention facilities connect with each other, find positive aspects of an otherwise traumatizing experience, and feel understood.
Stage 1 positive interprofessional collaboration and culture impacts participation	<Files\\Bjonness 2020> - § 4 references coded [1,12% Coverage] Reference 1 – 0,31% Coverage Several forms of collaboration affected user participation, not just what happened between the patient and the therapist. Cooperation between the mental healthcare professionals in the inpatient clinic and with other services was necessary to develop a functioning treatment plan. Reference 2 – 0,34% Coverage A joint plan and establishing relationships with those who were supposed to follow up with them after discharge was suggested to avoid readmissions and have "smooth transitions." Cooperation with the school was emphasized. Adolescents being involved in this stated that further help was adapted to their needs. Reference 3 – 0,29% Coverage Some participants reported good experiences with being involved and associated it with flexibility and a consensus among the employees. Good interprofessional cooperation made it easier to get involved in and be comfortable with their treatment and decisions. Reference 4 – 0,18% Coverage

	Teamwork, positive clinicians, leadership support, and a culture that promotes user participation are key elements in the implementation of shared decision-making

Children and young people experience that flexible and accessible staff, as well as a flexible and accessible range of therapeutic options, enhance participation and safety

Stage 2 **Children and young people experience that flexible and accessible staff, as well as a flexible and accessible range of therapeutic options, enhance participation and safety**	**Coding**
Stage 1 a higher staff-to-resident ratio allows residents to form bonds with staff	<Files\\Brubaker 2023> - § 1 reference coded [0,36% Coverage] Reference 1 – 0,36% Coverage Although the ratio goal was not consistently met early in the program implementation, some residents were already experiencing its benefits. For example, this resident reflected on a positive aspect of the higher number of staff per resident, directly connecting this program element with stronger relationships between staff and residents: The good thing about it, with all the staff, is that there's a lot of people that you can go to. So, let's say you don't have a good connection with one staff. You can go to the next one. . . Be able to build a bond between them.
Stage 1 access to and consistency in program delivery is important and can be improved	<Files\\Lee-Aube 2023> - § 2 references coded [0,89% Coverage] Reference 1 – 0,41% Coverage Variety and freedom to access these services were dominant sub- themes that determined whether consumers and carers found their experiences helpful. For example, some programs, such as dialectical behaviour therapy or mindfulness, were deemed as helpful to some consumers but not others. Some consumers expressed that they appreciated having art and music therapy as program on the unit but were disappointed that they cannot access the art or music room as they pleased. Reference 2 – 0,49% Coverage

		Flexibility and consistency in therapy and program delivery were also identified as important. Where consumers and carers perceived services to be unavailable, inconsistent, or insufficient, they perceived their experience on the unit as unhelpful. The clinical project expanded the provision of therapeutic facilities and programs offered to consumers, which appeared to improve service delivery, but the freedom to access these facilities without restrictions, and the consistency in which programs are delivered, were identified to be issues to be improved.
	Stage 1 access to calm environments provides essential tools to manage emotions	<Files\\Montreuil 2018> - § 3 references coded [0,79% Coverage] Reference 1 – 0,49% Coverage helped to become calmer when experiencing a crisis, as well as being in a soothing environment. One child described how the calm room was making him feel good, comparing it to his home: 'it's like my home because here [the big mattress], it's like my bed, there, my chair; there is a tool (e.g. a fidget) and I can swing'. He said that when angry or sad, he would like to go there alone or with someone, adding: 'I would feel happy, I could hide there'. Reference 2 – 0,11% Coverage A child stated: 'I wouldn't say [the seclusion room] is nice therapy; here [the calm room] is therapy'. Reference 3 – 0,18% Coverage Another child mentioned how the calm corner helped him a lot in not using violence, as it was giving him some time alone: 'you can go around and it is not a punishment'.
	Stage 1 consensus and flexibility among staff facilitate involvement in treatment	<Files\\Bjonness 2020> - § 1 reference coded [0,29% Coverage] Reference 1 – 0,29% Coverage Some participants reported good experiences with being involved and associated it with flexibility and a consensus among the employees. Good interprofessional cooperation made it easier to get involved in and be comfortable with their treatment and decisions. <Files\\Lee-Aube 2023> - § 1 reference coded [0,28% Coverage]

		Reference 1 – 0,28% Coverage The values of flexibility and consistency appeared to be recurring themes in determining consumers' and carers' perception of staff communication. For consumers, staff flexibility in enforcing certain rules and restrictions were appreciated, yet at the same time, some young people found inconsistencies between staff unhelpful.
	Stage 1 consistent staffing helps residents connect and foster a sense of community	<Files\\Brubaker 2023> - § 2 references coded [0,53% Coverage] Reference 1 – 0,26% Coverage Residents also appreciated the positive effect of more staff consistency on their ability to connect with staff: And now, every day you got the same staff, so they give you the opportunity for the staff to really get to know you, get to know how you act. . .. There's a relationship to be built there, then it can be built better on a community because it's the same staff, they don't just be throwing them around. Reference 2 – 0,27% Coverage Residents did not provide elaborate statements about mentors, a topic that only came up in one focus group when one resident shared, "I been wanting to say this—I got the best advocate on the unit. I've known since I first came up here," and another replied, "Mine was the best, too!" Survey data suggested that residents did value this component of the program and their ability to connect with staff on a more personal level.
	Stage 1 flexibility in rules is appreciated, while uniform or inconsistent application is not	<Files\\Lee-Aube 2023> - § 2 references coded [0,28% Coverage] References 1-2 – 0,28% Coverage The values of flexibility and consistency appeared to be recurring themes in determining consumers' and carers' perception of staff communication. For consumers, staff flexibility in enforcing certain rules and restrictions were appreciated, yet at the same time, some young people found inconsistencies between staff unhelpful.

<Files\\Montreuil 2018> - § 3 references coded [2,02% Coverage]

Reference 1 – 0,25% Coverage

The staff highlighted needing to react ‘the same way’, uniformly, for each child, using this approach. Children considered it led to the addition of new rules (in reference to staff’s requests), which many said made them angrier.

Reference 2 – 0,95% Coverage

The teacher, she tells you to go to the think desk and the child says: ‘No!’ Then, the teacher would say to go to the think desk or the calm corner, but the child still refuses to go. Then, the child would be brought to the seclusion room and ‘they hold him tight, like this (he crossed his arms on his chest as in a physical hold), he’s hurt’. I asked how he knows the child is hurt; he said: ‘I see them cry. They say threats and bad words’. He added: ‘The educator is angry, or doesn’t like their behavior’. When I asked if he thought this was just or unjust, he said: ‘I find it so-so. It’s just because he didn’t respect a rule [.. .] It hurts others and it’s sad’.
The use of a de-escalation approach, in which addi-
tional requests were made to children by the staff, could, therefore, lead to the use of restraint or seclusion from children’s perspectives.

Reference 3 – 0,83% Coverage

a child was once being carried in the hallway in a physical hold by two staff members because he did not respect a request:
As the child was carried outside the room to the bench by two staff members, one of them told him: ‘I’ve told you to do something, you didn’t do it. You stay here until you’re ready to come back in’. The staff went back with the other children. On the bench, the child lifted his legs, holding his knees in his arms. Once in a while he was crying silently. A nurse who was busy with another child asked another staff if she could try to discuss with him. That person went to sit beside the child, but said he was closing up even more when she tried to talk to him. After a few minutes, the child started hitting his head on the wall.

Children and young people appreciate supportive relationships with staff, characterized by trust, mutuality, and respect. However, they also report that staff behavior can act as a barrier to such relationships.

Stage 2 **Children and young people appreciate supportive relationships with staff, characterized by trust, mutuality, and respect. However, they also report that staff behavior can act as a barrier to such relationships.**	**Coding**
Stage 1 being able to trust staff	<Files\\Bjonness 2020> - § 2 references coded [1,00% Coverage] Reference 1 – 0,90% Coverage The trust was linked to some therapists at the clinic. The interviewed participants emphasized that it was important to be part of the decisions regarding the assignment of their treatment team. However, most of the participants said that therapists were randomly assigned without consultation with them. One youth expressed her frustration that she had been stuck with a contact person that she could not stand for almost five months. It was suggested that all clinics should have one designated person who would talk to the patient about the expectations of the therapist, and then figure out who was the best fit. Sometimes it seems like they think “he is the therapist, and you are sick, so never mind who the therapist is, just fix.” But it is not possible to fix if you do not have a good relationship. (4) Reference 2 – 0,10% Coverage Trust in healthcare providers is essential for adolescents to feel safe and cared for. <Files\\Brubaker 2023> - § 3 references coded [0,59% Coverage] Reference 1 – 0,19% Coverage

	Residents shared that when staff were honest with them and demonstrated that they empathized with them, they felt cared about: “They tell you the truth, no matter what.” Another offered, “They just don’t give you that book talk, like things they got to say. They just tell you the truth, straight up.” Reference 2 – 0,24% Coverage residents expressed the importance of being able to trust staff: Because if I got something to tell you, and it’s really important, it’s on the verge of me snapping, then you go back, and you tell every other staff exactly what I said, when it was supposed to be confidential for you to help me, then it ain’t gonna really help me, because I didn’t want them to know, but now they know. Reference 3 – 0,15% Coverage These residents indicate the importance of being able to trust staff as a fundamental and necessary component of strong relationships. Their reflections suggest that therapeutic approaches will not be effective without a foundation of trust.
Stage 1 being believed in	<Files\\Bjonness 2020> - § 4 references coded [0,77% Coverage] References 1-2 – 0,27% Coverage Equally important was the therapists’ trust in the adolescents. The experience of being believed, no matter what, was emphasized in several interviews. Otherwise, the therapists drew their conclusions without the adolescents’ participation. References 3-4 – 0,50% Coverage Another youth described the relationship between trust and shared decision-making: When I was admitted, everyone who worked there and the therapists, it didn’t seem like they believed in me (…) If I had been part of the decision, it would have felt like I had something important to say. But it was those who decided on my behalf (…) I think it 142 would have helped if the decision had been shared. Then I would rely more on those who worked there.

Stage 1 feeling supported when staff show empathy, recognition and are honest in their communication	<Files\\Bjonness 2020> - § 2 references coded [0,31% Coverage] References 1-2 – 0,31% Coverage Don't just talk about what's difficult, and don't just talk about what's easy either. Finding a balance that makes you get to know the person. Show that you actually care about them, not just because you get paid to care. One quickly notices when people don't care for real. (10) <Files\\Brubaker 2023> - § 4 references coded [1,36% Coverage] Reference 1 – 0,10% Coverage The model's emphasis on conflict resolution before sanctions was generally valued by the residents and viewed as an indication that staff care about them Reference 2 – 0,34% Coverage A resident shared that the new approach to talking over sanctions was a way that staff showed residents that they care: ". . .when they don't write you [up], but they come and talk to you about it." Another resident explained: In the older model, I used to catch charges left and right, but I ain't got charges since I've been on the Community Model. Because if you do something, they're not going to just call you in for a charge. They're going to talk to you, try to calm you down and see what's wrong with you, or see what the problem is. Reference 3 – 0,68% Coverage some residents did not feel that staff cared about them while others did, and many youth indicated that some, but not all, staff cared about their well-being. Many residents described in detail how staff showed that they care: When they understand how you feel and they compromise with you. They'll pull you to the side and let you know. I feel like if you can't do it, and he points this out like "Look. I can't do this, and this is the reason why. . ." Even if they say "because it's my job on the line," I feel like they still care because they understand how you feel. They understand how it feel to be behind. . . they don't understand how it feel physically, but

they can mentally understand you. They understand. When they show you that they understand how you feel.
Residents shared that when staff were honest with them and demonstrated that they empathized with them, they felt cared about: “They tell you the truth, no matter what.” Another offered, “They just don’t give you that book talk, like things they got to say. They just tell you the truth, straight up.”

Reference 4 – 0,24% Coverage

This resident described how they felt staff cared when they expressed concern about and interest in their well-being:
I can’t say how many there are. But some of them definitely care. Because, they’ll come and ask you. Say you are having a bad day, and they can sense it on you. They’ll be like, “Hey you good? You need to talk about something? You need to do something?”

<Files\\Lee-Aube 2023> - § 1 reference coded [0,46% Coverage]

Reference 1 – 0,46% Coverage

Positive staff communication also appeared to mitigate negative feeling states for young people and carers during initial admission into the unit and their subsequent experience at the AAU. For some, positive staff communication served to facilitate a ‘warming up’ of their attitude to being on the unit and receiving treatment, as described by a consumer and a carer:
At first, I didn't like this place. But now that I think about it the orientation and greeting was very good. The staff were lovely and very caring also. (Consumer)

<Files\\Slaatto 2023> - § 3 references coded [0,61% Coverage]

Reference 1 – 0,18% Coverage

Some of them try to explain, but others just say ‘no, this is how it is’ …. If someone does not give it [the explanation] to me, I get really pissed. If someone tries to talk about it … in a proper way, then it is easier for me to accept it.

	Reference 2 – 0,06% Coverage Several residents said that there is always someone they can talk to if they need to. Reference 3 – 0,37% Coverage 'How can you tell if the staff care?', one of the residents answered, 'When they [staff] actually ask me if I'm okay or say that they can talk to me about it'. When asked about whether they felt heard and understood by staff, some residents agreed. One commented, They do listen to me and understand me to a certain extent, but they can't understand everything …. Most of the staff who work here haven't experienced things that we have, so it's a little hard for them to put themselves in our situation.
Stage 1 mutual trust as a prerequisite for shared decision making	<Files\\Bjonness 2020> - § 2 references coded [0,99% Coverage] Reference 1 – 0,59% Coverage The participants cited trust as the basic and most crucial element of their treatment. Mutual trust between the therapist and the adolescent was essential for the adolescents to feel secure, recognized, and to speak freely. Thus, trust was described as a prerequisite for shared decision making. The adolescents' trust in the therapists was established when they felt the therapist was present, listening and showed that they "really" cared about them. To be accommodating, to use humor, and to dare to act personally were used as examples Reference 2 – 0,39% Coverage One adolescent advised therapists on how to establish a trusting relationship: Don't just talk about what's difficult, and don't just talk about what's easy either. Finding a balance that makes you get to know the person. Show that you actually care about them, not just because you get paid to care. One quickly notices when people don't care for real.
Stage 1 varying levels of support based on individual staff interactions	<Files\\Bjonness 2020> - § 3 references coded [1,25% Coverage] Reference 1 – 0,47% Coverage

However, most of the participants said that therapists were randomly assigned without consultation with them. One youth expressed her frustration that she had been stuck with a contact person that she could not stand for almost five months. It was suggested that all clinics should have one designated person who would talk to the patient about the expectations of the therapist, and then figure out who was the best fit.

Reference 2 – 0,43% Coverage

Some people are more like talking to you, and some are talking about you like I'm not there. They talk like we're in different rooms, but I'm there, it's about me, ask me what I need! (...) They could have tried to think what it would have been like for them. Not just think that you are a patient who has freaked out, but rather try to think that there is actually something behind this. (4)

Reference 3 – 0,35% Coverage

Some are very willing to cooperate, but in my case, the therapists I have are like; I'm right. They don't want to hear what the others have to say. For example, the night shift, we have a good connection and talk very well, write emails to tell things about how I really feel, but he is not willing to listen. (4)

<Files\\Brubaker 2023> - § 3 references coded [0,89% Coverage]

Reference 1 – 0,10% Coverage

some residents did not feel that staff cared about them while others did, and many youth indicated that some, but not all, staff cared about their well-being.

Reference 2 – 0,28% Coverage

individual staff members who did not show that they cared. One resident, for example, shared the following:
Our Community Coordinator is not a good person. She takes credit for all the good stuff we do and throw us under the bus for all the bad things we do. She lies to us. She acts nice when important people are here then is mean when those important people are gone. She disrespects our staff, calling them and us names that's disrespectful.

Reference 3 – 0,51% Coverage

Other residents shared in focus groups examples of how some staff could provoke or antagonize them. One shared that staff "just give you the silent treatment. . . They be like, 'I'm just here to sit here and watch you, not to think about you.' . . .That's the vibe I get from some staff." Another suggested, "Yeah, and when they don't care is when they always slipping jabs like, 'I ain't the one locked up, I can go home the next day, I can go home at this time. You gonna be here, not me.' That hurts. And that's when I know they don't care." These residents suggest that when staff do not consider their feelings or well-being, or when they specifically emphasize their mistakes or current incarceration rather than helping them focus on overcoming obstacles and encouraging them, they do not feel cared for.

<Files\\Lee-Aube 2023> - § 2 references coded [0,13% Coverage]

Reference 1 – 0,09% Coverage

Certain staff members didn't listen, took away harmless and valuable items then lost them. (Consumer)

Reference 2 – 0,04% Coverage

Youse [sic] all have different rules. (Consumer)

<Files\\Slaatto 2023> - § 5 references coded [1,18% Coverage]

Reference 1 – 0,12% Coverage

Several residents said that there is always someone they can talk to if they need to. Others said they try to be involved with the staff as little as possible.

Reference 2 – 0,13% Coverage

About feeling able to express themselves to staff, several said it is person-dependent and that there are some staff members whom they feel safe with and others with whom they do not.

Reference 3 – 0,40% Coverage

When asked about whether they felt heard and understood by staff, some residents agreed. One commented,
They do listen to me and understand me to a certain extent, but they can't understand everything …. Most of the staff who work here haven't experienced things that we have, so it's a little hard for them to put themselves in our situation.
Another said, 'There are only some that I feel understand a bit
more than the others, and others are more like … they just look at it from one perspective. Others try to see at it from my perspective'.

Reference 4 – 0,30% Coverage

Another said that staff take their opinions into account '… to a
certain extent … to the extent that they are allowed to'. Even when admitting that rules are needed, the youth residents questioned why some staff focused on what they consider to be trifles. As one said: 'This is a drug treatment facility. This is not a fashion place. I have my sweater over my boxers, so shut up! These small things piss me off …'

Reference 5 – 0,23% Coverage

Whereas some of the participants felt listened to, several also
said that their arguments had no effect on decisions. Others described differences among individual staff members: 'Some [staff] are more open to talking about things, others are more, like, "No, it's supposed to be like this and this and this."'

Children and young people experience that a lack of involvement undermines trust, reinforces powerlessness, and reduces their engagement in their own care and treatment

Stage 2 Children and young people experience that a lack of involvement undermines trust, reinforces powerlessness, and reduces their engagement in their own care and treatment	Coding
Stage 1 being labelled and stigmatised	<Files\\Bjonness 2020> - § 8 references coded [3,03% Coverage] Reference 1 – 0,57% Coverage Those who had been hospitalized or in contact with mental healthcare expressed frustration that previous assessments had left them hanging. The medical record could state “the patient is well known,” but they said they had changed or moved on. Some said they were struggling with something else, but they had been stuck with a previous label or diagnosis. Nevertheless, health professionals drew their conclusions based on past reviews. She dug up things from the past about suicidal thoughts and stuff like that. Reference 2 – 0,28% Coverage But I didn’t... I was just tired. Then she had to bring it up again, although it wasn’t an issue this time (…) I felt she (the therapist) just read about me. It’s kind of different from that time until now. I’m done with it, but then it comes back on. Reference 3 – 0,55% Coverage The participants rarely perceived themselves as being included in discussions about diagnoses and criticized the diagnoses they had been given. They just came and said they think I have that diagnosis. Also, they really push me to take tests. But then I’m more like; I don’t need to know, I don’t need to get a diagnosis, I just want to get help (...) It almost

seems like “Okay, now we have a diagnosis on her, then we know what to do.” With that diagnosis, it’s easier to fix her in a way.

Reference 4 – 0,60% Coverage

most of the participants clearly stated that they did not support the use of diagnosis because they considered diagnosis as a way of controlling and limiting treatment and user participation. The participants highlighted that everyone is different, and therefore it is vital to listen to the patient’s opinion to adapt treatment and services to their individual needs. Many felt incorrectly diagnosed and deprived of opportunities to influence further treatment; healthcare professionals were seen as having reduced them to their diagnosis.

Reference 5 – 0,35% Coverage

You should have the right to participate in it, not just be fooled into it. And that diagnosis has had a lot of impact, how I’ve been treated for my problems (...) They’ve seen the diagnosis, and not who I am and what I need, what I feel, or think. They are fixated on a diagnosis that I do not actually have any more.

Reference 6 – 0,31% Coverage

Those who had experienced involuntary treatment
in the past felt that the threshold for using restraints was lower. One participant said she did not get a new chance to cooperate. She sometimes ended up screaming or throwing objects because her opinion was not heard.

Reference 7 – 0,15% Coverage

To be labeled and met with authority by healthcare professionals was perceived as a judgment and loss of control that triggers resistance.

Reference 8 – 0,22% Coverage

the challenge of engaging

adolescents to participate in their treatment is related to their need for autonomy and their perception of unbalanced power relationships and stigma in healthcare services.

<Files\\Brubaker 2023> - § 1 reference coded [0,51% Coverage]

Reference 1 – 0,51% Coverage

Other residents shared in focus groups examples of how some staff could provoke or antagonize them. One shared that staff "just give you the silent treatment. . . They be like, 'I'm just here to sit here and watch you, not to think about you.' . . .That's the vibe I get from some staff." Another suggested, "Yeah, and when they don't care is when they always slipping jabs like, 'I ain't the one locked up, I can go home the next day, I can go home at this time. You gonna be here, not me.' That hurts. And that's when I know they don't care." These residents suggest that when staff do not consider their feelings or well-being, or when they specifically emphasize their mistakes or current incarceration rather than helping them focus on overcoming obstacles and encouraging them, they do not feel cared for.

<Files\\McKenna 2025> - § 1 reference coded [0,59% Coverage]

Reference 1 – 0,59% Coverage

This is especially true when facilities are attempting to be trauma-informed. The girls they serve are treated poorly by the system because of their gender, race, and the intersection of these identities. For example, when asked what she would change about her life, one girl responded,
Ummm, my skin color… sometimes I feel my skin color is a big part of the reason I'm labeled as half the things they try to label me as. Cause I'm not rude, I'm not disrespectful. I'm not aggressive. I'm not mean. None of that. I'm not no criminal no bad person and I feel like people label me as that because of my skin color. So, if I could change that, I would.
Her response highlights the role her skin color played in how she was viewed by
society, and specifically the JLS. She captures the harmful stereotypes placed on young Black girls and how it directly impacted her being brought into the legal system.

<Files\\Montreuil 2018> - § 2 references coded [0,58% Coverage]

	Reference 1 – 0,11% Coverage Some of the children emphasized that restraint and seclusion were used when children were ‘bad’, Reference 2 – 0,48% Coverage the measures were used until the children became ‘good’. Being bad was described as being violent, saying bad words or not respecting a rule or request. In line with this view, certain children referred to restraint or seclusion as a punishment, as something bad happening for something bad having been done. These consequences were referred to by children as sometimes being fair when they were doing something bad, and sometimes unfair.
Stage 1 lack of decision-making power undermines trust in staff	<Files\\McKenna 2025> - § 4 references coded [0,95% Coverage] Reference 1 – 0,20% Coverage One girl stated “I’m so confused about everything honestly… I don’t be understanding a thing.” This confusion is an example of the lack of transparency, despite any orientation processes staff may utilize during the initial transition phase. Without the transparency, trust is difficult to build between staff and youth. Reference 2 – 0,09% Coverage Girls in detention have little choice or decision-making power over most aspects of their lives, contributing to a lack of trust in staff. Reference 3 – 0,47% Coverage carceral setting and rules that reinforce power differentials between staff and girls, limiting the possibility for trust to be developed. One girl explained that different ways they were talked to by staff in detention, Some staff be disrespectful they think they can disrespect us… adults think they can disrespect us because we’re kids and then expect us not to say nothing back or call us disrespectful because were standing up for ourselves ya know. Tense relationships between staff and girls were common experiences, making it

	difficult for girls to believe staff truly have their best interests in mind. Again, despite staff reporting TIC practices to strengthen trust with youth, girls indicated these attempts fell short. Reference 4 – 0,19% Coverage Providing girls with information and support to achieve their goals is aligned with TIC ideals and necessary for girls' long-term success. These practices would also contribute to developing a strong sense of mutuality between detained youth and staff, which was lacking as evidenced in interviews with girls.
Stage 1 not being in control of own treatment and life	<Files\\Bjonness 2020> - § 8 references coded [3,92% Coverage] Reference 1 – 0,34% Coverage The trust was linked to some therapists at the clinic. The interviewed participants emphasized that it was important to be part of the decisions regarding the assignment of their treatment team. However, most of the participants said that therapists were randomly assigned without consultation with them. Reference 2 – 0,99% Coverage The participants reported a lack of knowledge and information about their treatment. As a result, they experienced admissions to inpatient care as entering the unknown. The admissions and decisions made along the way could appear suddenly. The adolescents were then reduced to passive recipients of treatment. During the interview, the participants were asked to describe the content of their treatment, but most of them found it difficult to explain anything beyond rules and routines at the inpatient clinic. However, several had searched for this information through friends and the internet. I didn't understand much. I had friends in treatment, but I had no idea what it really was. When I was admitted, I didn't know what was going to happen, so I tried to look it up. I think there should have been more information online (...) I still don't know if I'm being examined or treated. Reference 3 – 0,80% Coverage All participants said they had a great need for information about the treatment. Most of them were not told how they could benefit from treatment, possible side effects of medication, and possible treatment

alternatives. Thus, it became difficult to participate in decisions about their treatment. One adolescent who had been hospitalized for a long time said she had gradually lost her belief in recovery. She thought it would be easier if she had just known that she could have influenced the choices about her healthcare:
I don't really know what exists. I've never heard anything about any alternatives. (...) It would have been easier for me if I at least knew there were alternatives. That I could have an alternative.

Reference 4 – 0,29% Coverage

I think I should be allowed to decide for myself because it's easier for me
(…) Last time I was here, I was just told to do this and that, and I wondered why and got to know that it's just the way things are. And then it was like I didn't want to follow it. (3)

Reference 5 – 0,11% Coverage

The importance of knowing what would happen during hospitalization and after discharge was emphasized.

Reference 6 – 0,08% Coverage

As far as most of the adolescents knew, there had been little or no

Reference 7 – 0,84% Coverage

interdisciplinary collaboration between the inpatient and the outpatient mental health clinics. Communication among the clinic, general practitioner, other mental health services, or child welfare was mostly limited to written reports. The adolescents wanted to take part in the treatment planning, but several of them considered this involvement difficult and resulting in poorly coordinated services. Their healthcare professionals seemed to have different agendas and plans for them. One participant described how the inpatient clinic focused on suicide risk assessments to make sure
they did not stay any longer than necessary. It gave little opportunity to influence the treatment plan and made the transition between treatment services difficult.

Reference 8 – 0,47% Coverage

However, several participants perceived disagreement among the staff or a culture that made participation difficult.
Some are very willing to cooperate, but in my case, the therapists I have are like; I'm right. They don't want to hear what the others have to say. For example, the night shift, we have a good connection and talk very well, write emails to tell things about how I really feel, but he is not willing to listen.

<Files\\Lee-Aube 2023> - § 1 reference coded [0,09% Coverage]

Reference 1 – 0,09% Coverage

Certain staff members didn't listen, took away harmless and valuable items then lost them. (Consumer)

<Files\\McKenna 2025> - § 7 references coded [1,80% Coverage]

Reference 1 – 0,14% Coverage

Regardless of having rules and procedures explained to them, girls still felt confused and unsure of detention and court processes. One girl stated "I'm so confused about everything honestly… I don't be understanding a thing."

Reference 2 – 0,12% Coverage

While girls often wanted to express their opinions and share their own experiences in their own words, they often felt they did not have a voice, or at least, not one that staff wanted to hear.

Reference 3 – 0,21% Coverage

A few girls had stable jobs and most had safe housing circumstances. One girl explained, "I do, actually outside of here I do have services. So, I go to like group and therapy and I have a lot of things, I have a lot of groups outside of here." However, while she was detained, she was not able to access these groups and therapy.

Reference 4 – 0,17% Coverage

Despite having services in the community, one girl noted her prior transitions back to the community was difficult, “Especially for kids who are in here [detention] for a long time. It’s hard to transition back, especially after you’ve learned the transition into this life.”

Reference 5 – 0,44% Coverage

Of course, the unpredictability of detention (e.g., unknown lengths of stay, unexpected changes in cases) contributes to the difficulties compounds these concerns. Indeed, several girls specifically requested more information regarding schooling (especially higher education), jobs, and housing upon release. One girl shared that to achieve her goals of going to college would require that she “Stay outta jail and keep up on the school. I can’t get a scholarship cause I have robbery on my stuff… So that means I gotta pay for college fully…But I [want to] get a job, get savings account, get a banking account, and just save up. Save up to… what I want for college, well college costs a lot.”

Reference 6 – 0,32% Coverage

Girls expressed little decision-making power when it came to clothing as one girl
explained, “They give us, like, scrub shirts and then like a light t-shirt and then a sweater and then like—they’re already used, except like underwear and bras.” She used this as an example ofwhy she preferred to be at a different detention facility where “I can wear my own clothes.” Something that can seem as simple as allowing girls their choice of clothing can make a difference in feeling more comfortable in the facility.

Reference 7 – 0,40% Coverage

According to girls, staff controlled the majority of decisions in detention with little input from girls. When girls did voice their opinions or concerns, whether in detention or court, they felt misunderstood, silenced, or ignored. One girl said she wished staff would “just listen, just stay quiet, and let me explain and describe for one time.” She further described a similar experience with the detention facility’s therapist: “I wanted him to understand more like about me and my situation… I heard what he was saying but I could just tell he didn’t understand and couldn’t tell where I was coming from or what I was saying.”

<Files\\Montreuil 2018> - § 1 reference coded [0,70% Coverage]

Reference 1 – 0,70% Coverage

children were some-
times told they had the ‘power’ to decide whether they would remain with the group or be in timeout or secluded/restrained, and they lost this power if not conforming to a directive. For example, the following situation was observed:
A child was sitting outside the class and staff members were discussing what they would do as an intervention. The child raised his hand, one of the staff members told him: ‘Put your hand down. You cannot decide. You let the adult decide for you [in reference to how he behaved]. You have no power anymore’. The child put his hand down, looking intensely at the wall in front of him.

<Files\\Slaatto 2023> - § 8 references coded [1,85% Coverage]

Reference 1 – 0,15% Coverage

When asked if staff talk to them about their rights, one child simply said, ‘No’. Another said, ‘I learned them [the rights] myself’. Several participants from both facilities mentioned receiving a brochure.

Reference 2 – 0,56% Coverage

Some of them try to explain, but others just say ‘no, this is how it is’ …. If someone does not give it [the explanation] to me, I get really pissed. If someone tries to talk about it … in a proper way, then it is easier for me to accept it.
Regarding children's rights, one child commented that complain-
ing is pointless: ‘I get thrown in my face almost every day that I can complain to my appointed county representative but that doesn't do shit’.
Participants were asked if they know what will be happening in
their lives. Most said they know what will happen in the next weeks and months. One said, ‘No …. Last time they said I was going to move in June, then it was November, then it became February …. Yes, and now all these [dates] have passed already’.

Reference 3 – 0,38% Coverage

When asked how they experience conflict with staff, one resident
responded, '… I try to hold my emotions in … because it is a professional workplace, right? … [S]o, I feel that I need to be professional as well'. In response to a follow-up question about what happens after a conflict, another said, 'Nothing special; it's just put aside'. Another mentioned complaining to the county representative: 'I have sent in one or two complaints before and it hasn't been taken seriously ….I would rather handle it myself'.

Reference 4 – 0,04% Coverage

Others said they had very little or no influence.

Reference 5 – 0,09% Coverage

Another said that staff take their opinions into account '… to a
certain extent … to the extent that they are allowed to'.

Reference 6 – 0,18% Coverage

In contrast, one soon-to-be 18-year-old said, 'I don't even get to decide where I want to move next. They have said that I must move back to the municipality where I first got into the child protection system. That is the last thing I want …'.

Reference 7 – 0,37% Coverage

Several residents from both facilities reported that, even if
they present good arguments, staff will not change their opinions. As one stated, 'One can argue and come up with all the good points there are. They go strictly by the rules and stand firm ….I like to discuss and argue …. I usually have the best points, but I never win'. Another said, '… they [staff] won't change their minds … In the end, I just give up'. Another participant stated, 'I feel that they [staff] are … a bit too "into" the rules.

	Reference 8 – 0,09% Coverage Whereas some of the participants felt listened to, several also said that their arguments had no effect on decisions.
Stage 1 powerlessness or resistance due to lack of involvement	<Files\\Bjonness 2020> - § 10 references coded [2,02% Coverage] Reference 1 – 0,25% Coverage One participant described the experience of not being believed as so traumatizing that she fled the inpatient unit and jumped from a bridge. It was only after this desperate action, she said, that she was taken seriously. References 2-4 – 0,41% Coverage Their limited participation led to protests instead of partnerships with mental healthcare professionals. It was particularly evident among those who did not feel involved in their admission. It would be like pushing me to start as soon as I said anything implying that I needed it. I mean, I don't think you can be treated without wanting it yourself, if it makes sense. References 5-6 – 0,57% Coverage The participants described different reactions when they felt pushed to follow decisions made without their involvement. Some of them felt that they had been left with two choices: to disagree with everything or to pretend to agree. Some said they became silent or merely responded "don't know" instead of engaging. One participant felt tricked into treatment without being able to participate in that decision. She said she later rejected everything, because that was the only kind of influence that she had. References 7-8 – 0,54% Coverage Other participants said they realized that they needed help and were going to give it a try but became irritated when they felt left out of decisions. It could result in an assumption that the treatment was not working anyway.

I think I should be allowed to decide for myself because it's easier for me
(…) Last time I was here, I was just told to do this and that, and I wondered why and got to know that it's just the way things are. And then it was like I didn't want to follow it.

Reference 9 – 0,10% Coverage

She sometimes ended up screaming or throwing objects because her opinion was not heard.

Reference 10 – 0,15% Coverage

To be labeled and met with authority by healthcare professionals was perceived as a judgment and loss of control that triggers resistance.

<Files\\McKenna 2025> - § 2 references coded [0,51% Coverage]

Reference 1 – 0,08% Coverage

Girls also discussed the experiences where their voices were silenced or ignored, and
when their choices were limited or punished.

Reference 2 – 0,43% Coverage

For example, one girl detailed the negative consequences of voicing her opinion regarding gym class:
Umm, like today I got my privileges taken because I told the gym teacher that I didn't want to participate but after she said I didn't have a choice, I participated but I still got my privileges taken. I feel like I shouldn't have gotten my privileges taken.
This encounter communicates to girls that voicing their opinion will result in
consequences and is evidence of traumatizing practices used in these facilities for simply sharing a desire. Further, attempts to make autonomous decisions are constrained by the choices that detention facilities allow girls to make.

<Files\\Montreuil 2018> - § 1 reference coded [0,70% Coverage]

Reference 1 – 0,70% Coverage

children were some-
times told they had the ‘power’ to decide whether they would remain with the group or be in timeout or secluded/restrained, and they lost this power if not conforming to a directive. For example, the following situation was observed:
A child was sitting outside the class and staff members were discussing what they would do as an intervention. The child raised his hand, one of the staff members told him: ‘Put your hand down. You cannot decide. You let the adult decide for you [in reference to how he behaved]. You have no power anymore’. The child put his hand down, looking intensely at the wall in front of him.

<Files\\Slaatto 2023> - § 5 references coded [0,80% Coverage]

Reference 1 – 0,11% Coverage

Some of them try to explain, but others just say ‘no, this is how it is’ …. If someone does not give it [the explanation] to me, I get really pissed.

Reference 2 – 0,20% Coverage

‘One can argue and come up with all the good points there are. They go strictly by the rules, and stand firm …. I like to discuss and argue …. I usually have the best points, but I never win’. Another said, ‘… they [staff] won't change their minds … in the end, I just give up’.

Reference 3 – 0,05% Coverage

Others said they try to be involved with the staff as little as possible.

Reference 4 – 0,13% Coverage

Another mentioned complaining to the county representative: ‘I have sent in one or two complaints before and it hasn't been taken seriously ….I would rather handle it myself’.

	Reference 5 – 0,31% Coverage Several residents from both facilities reported that, even if they present good arguments, staff will not change their opinions. As one stated, 'One can argue and come up with all the good points there are. They go strictly by the rules and stand firm ….I like to discuss and argue …. I usually have the best points, but I never win'. Another said, '… they [staff] won't change their minds … In the end, I just give up'.
Stage 1 restrictions without clear reason leads to conflict and coercion	<Files\\Bjonness 2020> - § 1 reference coded [0,31% Coverage] Reference 1 – 0,31% Coverage Those who had experienced involuntary treatment in the past felt that the threshold for using restraints was lower. One participant said she did not get a new 144 chance to cooperate. She sometimes ended up screaming or throwing objects because her opinion was not heard. <Files\\Brubaker 2023> - § 1 reference coded [0,15% Coverage] Reference 1 – 0,15% Coverage Other residents shared in focus groups examples of how some staff could provoke or antagonize them. One shared that staff "just give you the silent treatment. . . They be like, 'I'm just here to sit here and watch you, not to think about you.' <Files\\Lee-Aube 2023> - § 1 reference coded [0,13% Coverage] Reference 1 – 0,13% Coverage Three young people wrote what they found to be unhelpful on the unit: Restrictions and unchangeable rules even when there is no risk. (Consumer) <Files\\Montreuil 2018> - § 4 references coded [2,49% Coverage]

Reference 1 – 0,73% Coverage

A child described what he referred to as a ‘big crisis’, exemplifying the de-escalation approach used on the unit in which requests are made to the child by the staff, presenting his perspective of the child and staff’s feelings:
The teacher, she tells you to go to the think desk and the child says: ‘No!’ Then, the teacher would say to go to the think desk or the calm corner, but the child still refuses to go. Then, the child would be brought to the seclusion room and ‘they hold him tight, like this (he crossed his arms on his chest as in a physical hold), he’s hurt’. I asked how he knows the child is hurt; he said: ‘I see them cry. They say threats and bad words’.

Reference 2 - 1,00% Coverage

a child was once being carried in the hallway in a physical hold by two staff members because he did not respect a request:
As the child was carried outside the room to the bench by two staff members, one of them told him: ‘I’ve told you to do something, you didn’t do it. You stay here until you’re ready to come back in’. The staff went back with the other children. On the bench, the child lifted his legs, holding his knees in his arms. Once in a while he was crying silently. A nurse who was busy with another child asked another staff if she could try to discuss with him. That person went to sit beside the child, but said he was closing up even more when she tried to talk to him. After a few minutes, the child started hitting his head on the wall. The nurse asked another staff member to go see him. The staff member who had carried him outside the room told him he has to listen when asked to do something

Reference 3 – 0,42% Coverage

For example, a child said that sometimes they ‘go in the seclusion room for no reason’, which he considered was unfair. He explained that when staff members do not explain the reason for the use of these practices, it is not right. This perspective was also shared by other children who said it was making them ‘escalate’ when they did not know the reason these practices were used.

Reference 4 – 0,34% Coverage

	A child mentioned he had checked on the Internet and learned that a physical hold can dislocate the person's shoulder and lead to a cycle of pain, screams, and tighter holding. He said that with time he got used to being stopped, but sometimes it makes him 'really pissed off', especially if not knowing the reason.
Stage 1 wish for a greater focus on handling emotions instead of physical responses	<Files\\McKenna 2025> - § 4 references coded [0,80% Coverage] Reference 1 – 0,09% Coverage Girls' experiences provide numerous examples of how their emotional safety was compromised by practices facilities used for physical safety Reference 2 – 0,21% Coverage Several girls discussed the staff response to physically separate them after emotionally charged moments. One girl described a verbal fight with another girl in which the staff "told us we couldn't talk, that we couldn't watch TV, and we just have to face the wall…So I told her [the staff] to stop talking and she tried to put me in my room." Reference 3 – 0,10% Coverage Although placing girls in their rooms was a common tactic to create physical separation, another girl shared her wish for a greater focus on handling emotions. Reference 4 – 0,39% Coverage I feel like they should have things that could help us from doing an outburst that can help us actually calm down. Instead of just throwing us in our room and making us destroy their belongings… Like when we're feeling mad we can just ask, 'can we stand up and get a stress ball?' Or maybe just to where we can sit at the day area and have a piece of paper, crumble it up and unfolded and crumble it back up until it softens. It works with me; it calms me down. This girl provided a powerful and clear example of coping skills that could be implemented and modeled to girls in detention to emphasize emotional safety

Staff perceive that supportive relationships with children and young people in care settings are based on responsiveness, trust, and genuine care

Stage 2 Staff perceive that supportive relationships with children and young people in care settings are based on responsiveness, trust, and genuine care	Coding
Stage 1 better understanding their needs, feelings, and rights	<Files\\Brubaker 2023> - § 1 reference coded [0,25% Coverage] Reference 1 – 0,25% Coverage Another staff member in a separate focus group elaborated further: You talk about the residents first. They're being traumatized over and over because like when their counselors leave, that really hurts. There's no closure for the residents when the counselor leaves. That's one of the closest people because they're dealing with their cases, talking to the parents and the family most. . . <Files\\Elwyn 2017> - § 1 reference coded [0,16% Coverage] Reference 1 – 0,16% Coverage Now "everything's better, it was a rough place, but the kids started to invest and bought in and understood; not sure who came first staff or kids but somehow we all got there together <Files\\Slaatto 2023> - § 1 reference coded [0,29% Coverage] Reference 1 – 0,29% Coverage They also stressed the importance of both staff and children knowing children's rights so that conflicts and misunderstandings can be avoided. A staff member said, I have experienced that they [children] didn't get sufficient information, that they don't know it, and you kind of forget about it, right? … I think there is a point that can avert even more situations if we get better at their rights.

	<Files\\Yates 2022> - § 2 references coded [0,36% Coverage] Reference 1 – 0,16% Coverage Before Safewards was introduced, participants felt the patients' needs were not being met promptly as the staff was both "unaware of how the patients were feeling" Reference 2 – 0,20% Coverage [The mutual help meeting] … kind of helped us so we are prepared … having the morning meeting [helped the staff team to] know throughout the day [how patients were feeling] and it's not dragged out longer for them
Stage 1 connecting young people with their network	<Files\\Vamvakos 2024> - § 3 references coded [0,80% Coverage] Reference 1 – 0,19% Coverage Participants reported planning goals and advocating on behalf of their clients to have their needs met as well as exploring new opportunities for growth and connection with others. This included connecting young people exposed to trauma to their culture, family, and friends, while sometimes opposing the policies set by the organisation. Reference 2 – 0,27% Coverage It also included collaborating with the wider care team and other stakeholders to link children with services in the community. Amy provides an example of collaborating with the care team and stakeholders to support the young people: "[The care team] map it out in the care team meeting. …Staff will collectively work together to be like… we need to get [the young person] linked into Centrelink, or… we need to make sure that they know how to go… and apply for a job.". Reference 3 – 0,33% Coverage Maria discussed a moment when she opposed the organisational

	policies and prioritised the young person's relationship with her partner so they could spend time more together, feeling that her approach was more aligned with TIP: "A girl was hanging outside with her boyfriend for like three hours because… young people aren't allowed on site. …It was like nine 'o'clock in the morning, it was freezing. And they were sitting on the concrete outside eating their food. …And I was like, "just sit on the table, eat your food," … and that's something that I would get in trouble for."
Stage 1 everyone thinking about others' feelings	<Files\\Elwyn 2017> - § 1 reference coded [0,49% Coverage] Reference 1 – 0,49% Coverage Staff also provided examples of residents considering the effect of their behaviors on staff members and other residents. "They actually evaluate is this a good thing to bring up now; they take into consideration their surroundings. The model makes everyone think about others' feelings." "We have a resident who has seizures all the time and it can get really scary. I was the only staff in the room with 14 girls and she showed signs of seizure. The girls ran and got the mats and pillows; they don't want to make things more difficult. We didn't see this in the past."
Stage 1 time and consistent staffing to build rapport	<Files\\Brubaker 2023> - § 6 references coded [1,88% Coverage] Reference 1 – 0,57% Coverage One staff member illustrated the importance of staff consistency for the residents: "For our kids, we understand the consistency, we do. . . The kids are looking forward to you, because you are a constant, and they know that you're going to be in place all the time." Another staff member described how the new structure of the program helped to facilitate stronger relationships with residents: As far as my role, what changed the most, which I think is a positive, is that before the units were converted, we had cases, like, spread out all over the campus. And we were always chasing residents down, trying to find them. Residents moved from unit to unit all the time. There was a real lack of stability and consistency for them. And so now, I'm assigned to one unit. And those residents spend their whole time in DJJ in the unit, we get to develop closer bonds and we have that consistency. Reference 2 – 0,35% Coverage

the participants in our study provided insight into the negative effects that turnover can have on the subjective experiences of staff, residents, and their relationships. For example, this staff member shared her concerns:
Trauma. You're retraumatizing the kids. . . When I sat in [group therapy meetings] and we try to process – all right, this staff is leaving this week, this staff is unhappy because he don't know if he gonna get a job. You know what I'm saying? You can see it in how the staff interacts with the kids. That's another safety issue.

Reference 3 – 0,25% Coverage

Another staff member in a separate focus group elaborated further:
You talk about the residents first. They're being traumatized over and over because like when their counselors leave, that really hurts. There's no closure for the residents when the counselor leaves. That's one of the closest people because they're dealing with their cases, talking to the parents and the family most. . .

Reference 4 – 0,36% Coverage

One therapist shared, "I've seen, as far as assigning kids advocates, that part that actually engages has actually improved a lot of things because their staff are really kind of working with the kids." Another staff member offered, "I do like the advocates that work with the kids. They have a little more confidentiality with them." One staff member further elaborated, "Advocating for a kid, getting to know him personally, spend some one-on-one time with him, and you will find out that some of them just need a little bit of direction, some consistency in their life."

Reference 5 – 0,22% Coverage

I see the kids are able to talk to staff a lot more and build relationships. I didn't really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn't have time with them. But a lot of, there's a lot of the kids that I work with and they just want to come sit next to me all day and talk to me.

Reference 6 – 0,13% Coverage

	"But the good thing, like you said, is that the ones of us that are here, if you can find the time with just the [sic] few of them, to build rapport and build trust with them, you can see them turn around." <Files\\Elwyn 2017> - § 1 reference coded [0,32% Coverage] Reference 1 – 0,32% Coverage another participant stated that the new framework was "not something we were used to. It's hard to have 16 residents who all have different perspectives and [have to discuss] what are the pros and cons [of a decision]. [It requires] a lot of group time, a lot of bonding, a lot of getting together. It makes people understand why they do what they do, make the decisions they make.
Stage 1 maintaining professionalism while engaging	<Files\\Vamvakos 2024> - § 3 references coded [0,67% Coverage] Reference 1 – 0,12% Coverage Being open and honest with the young person about their lives. Being selective about what personal information to share. Knowing the difference between what is and is not appropriate information to share. Reference 2 – 0,19% Coverage Participants highlighted the importance of being aware of their re- actions and responses towards the young people to maintain control and safety of the environment. This included maintaining professionalism while engaging in play and positive engagement with a young person, risking a breach of professional boundaries into friendship. Reference 3 – 0,36% Coverage Participants expressed that young people could determine when an RCW is behaving authentically or not, and decisions to withhold information relating to the young person could lead to ruptures in the relationship. Participants felt that TIP required a transparent and open relationship. Participants believed they were sometimes too open about their personal lives (sharing information about their partners and personal experiences), although some participants preferred to keep

	their personal and work lives separated, providing only trivial information to the young person (such as their likes and general interests).
Stage 1 staff value relationships, openness, listening, and caring	<Files\\Brubaker 2023> - § 7 references coded [1,48% Coverage] Reference 1 – 0,15% Coverage “We get a stronger, better rapport with them. . . the first instance wouldn’t be to put hands on them. You know, in other words, restraining. It’s more therapeutic, more talking and trying to deescalate situations that may arise.” Reference 2 – 0,36% Coverage Staff value relationships and connecting with youth. Several staff shared their own perceptions of how they valued positive relationships with residents. These staff members suggested that the changes to the program had helped to facilitate improved relationships with residents. For example, one reflected, “On a positive note, I do think there’s 390 International Journal of Offender Therapy and Comparative Criminology 67(4) a lot more communication. . . Mentoring the kids, not just being an officer, but correcting their behavior, without being authoritative.” Reference 3 – 0,23% Coverage Another added: I see the kids are able to talk to staff a lot more and build relationships. I didn’t really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn’t have time with them. But a lot of, there’s a lot of the kids that I work with and they just want to come sit next to me all day and talk to me. Reference 4 – 0,22% Coverage the opportunity to connect with residents as human beings:

I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person.

Reference 5 – 0,28% Coverage

the importance of their relationships with residents and that they care about residents. Not only do they see residents as people, they want residents to see staff as human beings who care about the youths' well-being: "Just talking to them, relating to them. Tell them, maybe tell them a story about you when you were a teenager. Something they can relate to, to see that you're not just here to work as an officer, that you're still human."

Reference 6 – 0,06% Coverage

Staff can make residents feel that they are cared for by showing them that they, and their wellbeing,

Reference 7 – 0,18% Coverage

Listen to them, talk to them, you know?. . . When you see the signs, they're showing you the signs and cues, don't let it get to the point where they're gonna assault you, you know?. . .redirect that kid. Once a kid feels like you're there for him or her for real, you'll be OK.

<Files\\Elwyn 2017> - § 3 references coded [1,00% Coverage]

Reference 1 – 0,19% Coverage

Sanctuary, our whole philosophical approach is that you don't build relationships when you do a restraint, you build relationships when a girl sees you talking to another girl in a certain way. It makes you feel positive

Reference 2 – 0,45% Coverage

The framework within which staff and residents relate has also changed. In the past there was no attempt to understand the reasons for behaviors, to listen, to discuss or explain the reasons for staff decisions: The "girls even brushed an eyebrow and they hit the floor." Now there is much more listening, discussion, and explanation: "I'm the authority figure, but now I listen to why and try to explain myself, not treat them like inmates, that they're not better than you and I'm not going to respect their thoughts."

Reference 3 – 0,36% Coverage

another participant stated that the new framework was "not something we were used to. It's hard to have 16 residents who all have different perspectives and [have to discuss] what are the pros and cons [of a decision]. [It requires] a lot of group time, a lot of bonding, a lot of getting together. It makes people understand why they do what they do, make the decisions they make. We have everyone talk about it and come to common ground

<Files\\Hidalgo 2016> - § 2 references coded [0,89% Coverage]

Reference 1 – 0,47% Coverage

YCWs in a Staff Secure residential facility, in particular, noted a reduction in the need to use restraints:
We have not done any restraints for like eight months since Project Joy. No restraint has to do with Project Joy and how we can deal with the situation like that, with any crisis or anything like that.
The analysis revealed that the perceived strength of the
PATHS program was its focus on organizational 'playfulness' and its ability to improve communications. A playful environment improved communication, which, in turn, improved the staff's ability to reduce youth's emotional dysregulation

Reference 2 – 0,42% Coverage

These perceived outcomes reinforced the benefits of playfulness and motivated staff to further implement and embrace the program. Indeed, the training was credited with fundamentally transforming roles and identities. As one YCW (who after the PATHS training had taken on the role of playfulness champion) put it:

Now it's more, they know us more as 'You know what … this is not just a staff. This is not just a person that is watching me. This is a person that I can talk to, that I can play with.' So, to me, there's a big change, huge.

<Files\\Slaatto 2022> - § 1 reference coded [0,19% Coverage]

Reference 1 – 0,19% Coverage

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

<Files\\Slaatto 2023> - § 2 references coded [0,53% Coverage]

Reference 1 – 0,10% Coverage

We are curious about what is their frustration … trying to find alternative solutions … so we are listening, we are curious, honest

Reference 2 – 0,43% Coverage

The topic mentioned most often was the importance for staff to listen to children. 'To have the feeling of being heard … is an important thing for self-esteem', one explained. Another responded, 'There is something about listening to what they actually are saying'. One commented,
The children should be heard at all times …. [F]ollow up with weekly conversations or where user participation is part of our care-conversations …. We work … in a standardized way. It is planned for user participation so it is always quality assured … so that the child shall participate in his or her own process.

<Files\\Vamvakos 2024> - § 1 reference coded [0,19% Coverage]

Reference 1 – 0,19% Coverage

	Amy describes her preference to being open and honest: “I would say that I go against what my management will want me to do. And I’m extremely honest… and transparent with the young people that I work with. I don’t think that sugar-coating things and lying to them or… making things sound less of what they are … it doesn’t benefit them”.

Staff report having learned various communication strategies that have fostered supportive relationships with children and young people, as well as a safer care environment

Stage 2 Staff report having learned various communication strategies that have fostered supportive relationships with children and young people, as well as a safer care environment	Coding
Stage 1 adaptability and openness to learning and receiving feedback	<Files\\Vamvakos 2024> - § 1 reference coded [0,32% Coverage] Reference 1 – 0,32% Coverage They also recommended that RCWs should be able to receive constructive feedback from colleagues to improve their ongoing practice and be open to new strategies and approaches with each new young person. Chidi described the adaptable qualities needed in an RCW: “You can’t come with that perspective of …I know it all or I’ve done this before. …[RCWs] have to be adaptable to every new situation, and you need to be teachable to learn that, you know, I’m wrong. How can I do it right? …Those are just two qualities… I think every support worker needs to have”.
Stage 1 change in communication strategies and behavior in response to escalating situations	<Files\\Elwyn 2017> - § 1 reference coded [0,27% Coverage] Reference 1 – 0,27% Coverage Coming from being trained how to do it that way, I slowly had to make changes during the years to get away from that. I could always talk to [the residents], but discipline was different. I have to spend more time talking with them, and give them more leeway as to how to do things, even threatening behavior.” <Files\\Simpson 2024> - § 2 references coded [0,55% Coverage] Reference 1 – 0,27% Coverage Participants communicated that soft words had been successful both in practice and as a visual aid in the ward office as a prompt to remind staff.

“We do have the soft Words and Positive Words up in the office… […] even if it’s been a crap day, there’s still something you can think of, like, yeah, this has happened, but you know what, she’s done well, she’s done okay…
soft Words, we’re trying to use anyways. I think that one will be more useful when we get new starters, because that’s something that we can introduce them to as well.”

Reference 2 – 0,27% Coverage

One participant said that “talk down” provided a reflective space to consider how best to communicate with CYP who are struggling to engage and how best to support them.
“Interventions that worked on the ward is the, um, like, talk Down de-escalation, you know, tips of words to use that young people find helpful. Yeah. Well, I just think that it was more beneficial to the environment that we work in because, we do use a lot of de-escalation in our day-to-day practice, so that’s what the staff and young people find more beneficial.

<Files\\Slaatto 2022> - § 7 references coded [1,12% Coverage]

Reference 1 – 0,15% Coverage

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].”

Reference 2 – 0,36% Coverage

[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.

Reference 3 – 0,09% Coverage

reflecting on and being aware of the behaviors that would not be acceptable in a specific situation and taking a firm stance against them

Reference 4 – 0,13% Coverage

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.

Reference 5 – 0,08% Coverage

I have become much more aware of speaking slowly, at a calm tempo and just breathing out, and maintaining distance.

Reference 6 – 0,19% Coverage

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

Reference 7 – 0,12% Coverage

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.

<Files\\Vamvakos 2024> - § 2 references coded [0,44% Coverage]

Reference 1 – 0,27% Coverage

Safety also involved maintaining clear boundaries and expectations, and creating a safe and loving environment. James discussed his reliance on verbal strategies and the importance of keeping a safe distance between himself and the young person: “Talking [the young person] down rather than getting up

close to them. Obviously, I'm not going to go in there and get stabbed or punched or anything. I'm going to take a step back and use those other more verbal supports for them".

Reference 2 – 0,17% Coverage

Andre mentioned controlling the tone of his voice, considering his
and the young person's physical safety, and responding with no judgement when a young person is feeling vulnerable: "My tone of voice. I don't get in [the young person's] personal space. I let them be heard. … No judgement".

<Files\\Yates 2022> - § 2 references coded [0,54% Coverage]

Reference 1 – 0,13% Coverage

I think erm- the mutual expectations så when everyone knows what we expect from them and what they- and then we know what they expect from us, they can kind of work on the same page more on a day to day shift.

Reference 2 – 0,42% Coverage

I think the clear mutual expectations helps because- you know the young people had- they came up with them- and so when they- you know it used to be we were trying to implement a boundary- erm- you know we are trying to put a boundary in and they are pushing back on us, it would often just like snowball and we would end up in an incident because they would be all like why and I don't understand whereas now it's a lot easier to be like we actually we are putting this boundary in because it's up there like- look you agreed to this you- you know you said this, so you know they- they are given a reason and so they don't it doesn't lead to an incident as much- erm because they feel like yeah I am actually involved in the ward'- erm- and they take responsibility erm_

Stage 1 inclusive communication without being authoritative	<Files\\Brubaker 2023> - § 3 references coded [0,68% Coverage] Reference 1 – 0,31% Coverage more communication. . . Mentoring the kids, not just being an officer, but correcting their behavior, without being authoritative." Another added: I see the kids are able to talk to staff a lot more and build relationships. I didn't really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn't have time with them. But a lot of, there's a lot of the kids that I work with and they just want to come sit next to me all day and talk to me. Reference 2 – 0,22% Coverage the opportunity to connect with residents as human beings: I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person. Reference 3 – 0,14% Coverage "Just talking to them, relating to them. Tell them, maybe tell them a story about you when you were a teenager. Something they can relate to, to see that you're not just here to work as an officer, that you're still human." <Files\\Elwyn 2017> - § 2 references coded [0,59% Coverage] Reference 1 – 0,21% Coverage Now there is much more listening, discussion, and explanation: "I'm the authority figure, but now I listen to why and try to explain myself, not treat them like inmates, that they're not better than you and I'mnot going to respect their thoughts." Reference 2 – 0,37% Coverage

	According to staff, the components of Sanctuary (the seven commitments, SELF, the tools) and the meaning of Sanctuary are well integrated throughout the facility and beyond. Sanctuary “affects how you talk to people, how you say things, all around the building.” Staff and residents all wear safety-plan cards all the time and the terminology of Sanctuary is reflected in all documentation regarding residents and in employee reviews. <Files\\Slaatto 2023> - § 1 reference coded [0,26% Coverage] Reference 1 – 0,26% Coverage We are curious about what is their frustration … trying to find alternative solutions … so we are listening, we are curious, honest that ‘no, you can't have chocolate milk. I understand you want chocolate milk on a Monday, but you know that we only serve that on Saturdays and Sundays …. [I]t is annoying, I know, you probably are tired and blah blah blah’. <Files\\Yates 2022> - § 2 references coded [0,57% Coverage] Reference 1 – 0,24% Coverage Participants identified that both staff and patients contributed to the intervention “clear mutual expectations” through a community meeting where everyone gave idea's which helped to establish a set of expectations that was agreed upon by all. Reference 2 – 0,34% Coverage interventions such as “clear mutual expectations,” and the way they were displayed on the ward, helped agency staff to practice consistently with the team. “Having the … expectations up on the ward, where we do get a fair amount of agency [staff] … we can say to them, when they are being inducted … these are [the expectations] we've agreed on.” (P3)
Stage 1 know each other	<Files\\Simpson 2024> - § 1 reference coded [0,76% Coverage] Reference 1 – 0,76% Coverage

	Most participants communicated that the “know each other” intervention was amongst the most successful. some participants relayed that CYP were engaged and happy to complete their profiles. several wards sought innovative ways to display their profiles e.g. through avatar characters and hot air balloons. replica files were also made of staff profiles at waiting areas and reception for visitors to read. Participants relayed that this intervention is a great conversation starter and acts as an ice breaker for parents/carers and new CYP admissions. “Yeah, I think the one that’s been best so far has been those one-page profiles because everyone got so involved with those. We did it both for staff and young people. so the young people did theirs as a way of kind of introducing themselves to anyone new joining the wards that didn’t know them and didn’t want to overwhelm them, with all bombarding them at once. so that was really nice.” (sWC306) “and it’s quite nice because the staff have really bought into it and shared a lot of stuff that they probably wouldn’t necessarily get to share. and for a lot of the newcomers to the ward, it’s a great conversation starter, you know, we’ve got a young girl who just looks like the picture of an angel and she’s into thrash metal and just, you know, when you’re just like, seriously, did she just make it up to put it on there? and actually she’s not, she’s really knowledgeable, but nobody in a million years would ever have thought of that.”
Stage 1 playfulness improved communication and decreased dysregulation	<Files\\Hidalgo 2016> - § 2 references coded [0,54% Coverage] Reference 1 – 0,34% Coverage On the people that were back then, we have a way of speaking to the clients…you know, how to handle things better. And, although on our shift we haven’t used the games that much, I know they use them during the morning sometimes and have some of [the children] play together. Before, you just heard them cursing at each other and from one side to another and right now, everyone’s just calm, calm. You know, like wow, it changed a lot. Reference 2 – 0,21% Coverage the perceived strength of the

	PATHS program was its focus on organizational 'playfulness' and its ability to improve communications. A playful environment improved communication, which, in turn, improved the staff's ability to reduce youth's emotional dysregulation
Stage 1 bad news mitigation	<Files\\Simpson 2024> - § 2 references coded [0,29% Coverage] References 1-2 – 0,29% Coverage "the other one that we use successfully is the Bad news Mitigation one. […] and that, sort of, was embedded into our daily handovers and MDt discussions that we're thinking about what someone might struggle with on that day. What information might need to be shared, because I guess even, you know, even just the term Bad news Mitigation, it's not always necessarily bad news. It's sometimes just information sharing that might be difficult for a young person or their family that we're thinking about how we're going to support them with. so that's one that we use well." (sWn214)
Stage 1 talking to children and young people after a conflict	<Files\\Slaatto 2022> - § 2 references coded [0,31% Coverage] Reference 1 – 0,19% Coverage 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." Reference 2 – 0,11% Coverage 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. <Files\\Slaatto 2023> - § 1 reference coded [0,22% Coverage] Reference 1 – 0,22% Coverage One described using conversation to engage children after a difficult situation:

	[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do. <Files\\Vamvakos 2024> - § 1 reference coded [0,36% Coverage] Reference 1 – 0,36% Coverage the Life Space Interview which is a semi structured post-incident interview to encourage the young person to reflect on their feelings and connect emotions to their behaviours. James and Jenny share their positive impressions about the utility of the training: “TCI training is probably one of the better trainings I’ve ever done. …that [Life Space Interview] work you do after an incident; I feel is really beneficial” (James). “I was like, TCI is never gonna work with these kids. But it can and it does, it’s just the persistence” (Jenny).

Staff employ various strategies to enhance children's and young people's participation and to create an inclusive care environment that promotes shared responsibility

Stage 2 Staff employ various strategies to enhance children's and young people's participation and to create an inclusive care environment that promotes shared responsibility	Coding
Stage 1 children's voices are heard after a conflict	<Files\\Slaatto 2022> - § 1 reference coded [0,31% Coverage] Reference 1 – 0,31% Coverage 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. <Files\\Slaatto 2023> - § 2 references coded [0,30% Coverage] Reference 1 – 0,08% Coverage The majority also talked about that the importance of ensuring that children's voices are heard after a conflict. Reference 2 – 0,22% Coverage One described using conversation to engage children after a difficult situation: [B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do.
Stage 1	<Files\\Brubaker 2023> - § 2 references coded [0,54% Coverage]

creating a cohesive community, togetherness	Reference 1 – 0,18% Coverage I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person. Reference 2 – 0,35% Coverage Staff also discussed how the model's new focus on rapport building changed their daily work activities. This staff member illustrates how they achieved connection with residents at mealtimes: Before when you're in the dining hall eating, no talking at all. And [now] we can sit at a table and have a conversation like a family, which is something that's different, you know? So we teach them a little bit of etiquette and manners, and before you know it, dinner is over. So I think they like that 'cause they'll ask, "Are you coming to eat with us today?" <Files\\Elwyn 2017> - § 1 reference coded [0,15% Coverage] Reference 1 – 0,15% Coverage Sanctuary gives the girls "something to believe in," "a sense of belonging," "validates them as an individual; they're the biggest reason for their success or failure." <Files\\Hidalgo 2016> - § 1 reference coded [0,33% Coverage] Reference 1 – 0,33% Coverage The mere fact of passing a ball around, of working as a team, because there are kids who don't…of keeping balls up in the air, that activity, something so simple like…they laughed, everyone happy, that is, the activity as I was telling you is keeping the ball up in the air or passing it without having it fall, so everybody has to work as a team, and that teaches them to work as a team, as a family, they who aren't used to it.

<Files\\Simpson 2024> - § 1 reference coded [0,45% Coverage]

Reference 1 – 0,45% Coverage

Half of participants found mutual help meetings to be successful with CYP. Participants relayed that it allowed for open and honest discussions as well as suggestions for improvement. additionally, it allows the ward community to celebrate its successes collaboratively.
“One of the ones that I think has been really successful is the mutual help meetings, in the way that one of our wards applied that is a really positive experience for the whole ward community to come together, and they’ve chosen to do that in a way that enables discussions of challenges, but also kind of appreciation of what’s going on too. so, I think it’s called thank you, suggestions and appreciation, or no, thank you, suggestions and something else, but the whole experience of that meeting is positive, it enables the community to talk about difficult things, but also celebrate success within the community.”

<Files\\Yates 2022> - § 7 references coded [1,42% Coverage]

Reference 1 – 0,13% Coverage

I think erm- the mutual expectations så when everyone knows what we expect from them and what they- and then we know what they expect from us, they can kind of work on the same page more on a day to day shift.

Reference 2 – 0,13% Coverage

look you agreed to this you- you know you said this, so you know they- they are given a reason and so they don’t it doesn’t lead to an incident as much- erm because they feel like yeah I am actually involved in the ward’- erm- and they take responsibility

Reference 3 – 0,35% Coverage

Before the implementation of Safewards several participants highlighted a disconnect between staff and patients describing there to

	be “a little bit of a war going on” (P5) with everyone seeming to be “on a different page” (P3). By introducing Safewards staff felt that this created a more cohesive ward community by allowing staff and patients to “work all together” Reference 4 – 0,13% Coverage Staff also identified that by involving the patients in Safewards they felt “part of the puzzle” (P7), which helped to maintain Safewards Reference 5 – 0,33% Coverage Participants identified that both staff and patients contributed to the intervention “clear mutual expectations” through a community meeting where everyone gave idea's which helped to establish a set of expectations that was agreed upon by all. Participants felt that involving the patients made it easier for this intervention to be a success. Reference 6 – 0,17% Coverage Adapting daily meetings by incorporating “mutual help” and “re- assurance” principles facilitated healthy communication and ensured the patients were offered regular support. Reference 7 – 0,18% Coverage The introduction of the “mutual help” meetings promoted access to support by establishing forums where patients could communicate their feelings and encourage each other to talk with staff.
Stage 1 facilitating child engagement in decision making and planning	<Files\\Elwyn 2017> - § 2 references coded [0,98% Coverage] Reference 1 – 0,19% Coverage The SELF model was also incorporated into daily programming: “The girls are in charge of the ‘SELF Board’: they put up different things to resemble aspects of the SELF model; it’s part of their program on day one.”

Reference 2 – 0,80% Coverage

Residents can facilitate changes in rules and policies. For example, staff members tell the story of a resident who would perspire heavily after physical activity and become concerned about her body odor. She would become upset that she could not take a shower, but facility policy was that showers were only allowed at a specific time of day. When speaking with a counselor, she started crying. In the past, employees report they would have looked at this as “being manipulative” but now are “looking at strengths and how they feel; we can bend the rule and that’s the right thing to do.” With the change in staff perspective, showers after physical activity were incorporated into the schedule. “Sanctuary has definitely impacted the girls; they have a sense of ownership, empowerment, they can express themselves. They have more of a voice; they may not like staff decisions, but they can bring up an idea and it may get implemented.”

<Files\\Simpson 2024> - § 1 reference coded [0,23% Coverage]

Reference 1 – 0,23% Coverage

Participants shared positive experiences of implementing clear mutual expectations that were collaboratively developed between staff and patients.
“Mutual expectations, it had a lot of, a lot of ideas from the young people. so it’s painting on the wall like a beehive with like and the hexagonal blocks with each expectation in, and the expectations kind of came from all the young people as to what, what we want on the ward. so that was quite good.

<Files\\Slaatto 2023> - § 3 references coded [0,54% Coverage]

Reference 1 – 0,23% Coverage

The children should be heard at all times …. [F]ollow up with weekly conversations or where user participation is part of our care-conversations …. We work … in a standardized way. It is planned for user participation so it is always quality assured … so that the child shall participate in his or her own process.

	Reference 2 – 0,13% Coverage Staff participants at all facilities discussed the importance of taking children's perspectives into account and involving children in decisions about their everyday lives and futures. Reference 3 – 0,18% Coverage As one explained, staff seek 'to be open and honest and get the children on board in planning their lives for the future, to decrease powerlessness, and to experience control in their own lives … that they participate in and shape their daily lives'. <Files\\Yates 2022> - § 3 references coded [0,37% Coverage] Reference 1 – 0,08% Coverage it doesn't lead to an incident as much- erm because they feel like yeah I am actually involved in the ward'- erm- and they take responsibility Reference 2 – 0,23% Coverage Participants identified that both staff and patients contributed to the intervention "clear mutual expectations" through a community meeting where everyone gave idea's which helped to establish a set of expectations that was agreed upon by all. Reference 3 – 0,06% Coverage "Clear mutual expectations" set and agreed by patients and staff
Stage 1 informing children and young people enhances predictability and knowledge	<Files\\Slaatto 2023> - § 7 references coded [1,04% Coverage] References 1-4 – 0,39% Coverage With respect to informing children about their rights, staff participants at all facilities agreed that predictability, overview and knowledge about what is going on are important to children. The majority

	mentioned that the children receive an informational brochure about their rights when admitted to the facility. One said, '[I]t is very easy for us to have these brochures available, so okay, then we can go through it. "Here is the brochure with your rights and if you are unsure, then you can contact the county representative."' Reference 5 – 0,40% Coverage Several staff members discussed that youth need to be given cor- rect information and explanations even if they are not interested or claim they know all their rights. One said, [I]t is a part of standardized course, then we read their rights and should make sure that they have understood, but … in practice I've experienced that most of the youngsters think they know their rights, or erroneous rights …. My impression is that many have misconceptions of their rights … that they might have heard from others …. It comes from unreliable sources. Reference 6 – 0,10% Coverage They also stressed the importance of both staff and children knowing children's rights so that conflicts and misunderstandings can be avoided. Reference 7 – 0,14% Coverage Several said that it is easier and more common to give information about rights when it is connected to specific coercive situations, for example, drug testing, searching rooms or use of restraint.
Stage 1 influencing own life outside the facility	<Files\\Elwyn 2017> - § 1 reference coded [0,37% Coverage] Reference 1 – 0,37% Coverage many of the girls apply the principles of Sanctuary to their lives outside the facility: "The girls are able to translate how they apply [Sanctuary] to their futures. We had a day for presentations by the girls to other departments and programs on campus for each girl to talk about a Sanctuary Commitment. One girl talked about how she is using non-violence and is from a violent family; there was no dry eye in the house."

	<Files\\Vamvakos 2024> - § 4 references coded [0,76% Coverage] Reference 1 – 0,12% Coverage Development of skills involving routine setting, cooking, cleaning, health, and hygiene, access to community services, employment, study, as well as providing choice and control to help young people feel empowered. Reference 2 – 0,17% Coverage RCWs reporting being responsible for the meaningful and intentional work that goes into teaching young people in care many of the daily living skills needed to develop their independence, and knowledge of health and safety. This involved encouraging positive behaviours and cultivating health habits. Reference 3 – 0,12% Coverage Participants reported that they use encouragement, role modelling, and incentives to support young people to make positive behaviour changes and develop adaptive skills so they can take control of their lives. Reference 4 – 0,34% Coverage Participants expressed that they have a responsibility to give young people the tools and means to become independent and capable adults. Specifically, they highlighted skills involving routine-setting, cooking, cleaning, health and hygiene, access to community services, employment, and study. Participants also highlighted giving the young people choice and control where possible to feel more empowered. Stella discussed some of the things she teaches to her client: "…how to make a phone call to the doctor, how to make meals, …how to clean up after themselves, self-care, …self-hygiene"
Stage 1 mutual accountability to the model	<Files\\Elwyn 2017> - § 3 references coded [0,90% Coverage] Reference 1 – 0,40% Coverage

Both residents and staff members are held accountable to the model components. There is “no shift without a resident or staff member referring to the Seven Commitments; if staff picks up a piece of paper from the floor, that’s social responsibility.” In fact, staff members are held accountable to the model by the residents: “We have to role model. The kids know if you’re not buying in and they say something; for example, ‘you’re not using emotional intelligence’”

Reference 2 – 0,20% Coverage

The director of the Girls Program stated: “I am not going to ask of the kids what I wouldn’t expect of myself. My expectations are high for myself, staff and kids; if I can’t embrace the model myself, I shouldn’t ask them to.”

Reference 3 – 0,30% Coverage

Like staff members, the resident girls were initially resistant to implementation of the model. But authentic practice and active modeling of the Sanctuary Model principles made a difference: “We adhere to democracy and they have a voice; they see staff practice it, see staff cleaning up; they are more likely to step up because staff models it.”

Staff experience uncertainty and emotional strain in their relational work with children and young people, which is further exacerbated by staff turnover, lack of collaboration, and insufficient support from management and colleagues

Stage 2 Staff experience uncertainty and emotional strain in their relational work with children and young people, which is further exacerbated by staff turnover, lack of collaboration, and insufficient support from management and colleagues	Coding
Stage 1 challenges in engaging young people	<Files\\Slaatto 2023> - § 1 reference coded [0,59% Coverage] Reference 1 – 0,59% Coverage It was also acknowledged that providing information at intake could be bad timing for children as they were coming into a new situation and probably experiencing stress. There is an incredible amount of information that the children must take in. And requirements … and there is a new place for them to live, new adults to deal with. So, whether the information about rights is properly perceived and they remember it …. It gets drowned in everything else …. [I]t disappears in a papermill or gets thrown away …. Another staff member added a comment on the need to remember to inform: [E]ventually, it slips a bit … to remind about the rights …. [I]t depends on the young person. Some are very interested and then we have others who simply do not care. So, trying to hold on to it … we forget about it. <Files\\Vamvakos 2024> - § 3 references coded [0,72% Coverage] Reference 1 – 0,25% Coverage Participants perceived that successfully engaging and motivating young people to practice daily living skills was considered a barrier to TIP implementation. Stella noted the difficulty in getting young people to engage: “My shift is dependent on the mood of a 17-year-old girl. …

	It's a very accurate description. So, if [the young person's] feeling up to it with her mood, it's like "hey, let's book in your Learner's"" (Stella). Reference 2 – 0,26% Coverage Maria described that using incentives was the only practical approach that was effective. She elaborated on the transactional nature of engaging some young people which did not result in behavioural changes or increased engagement: "Incentives really is all I can sort of think of. Because they're teenagers and because they live in residential care, they're very, very self-focused and self-indulgent. …Everything has to be something that works for them". Reference 3 – 0,21% Coverage James explained that he attempts to complete checklists on daily living skills with the young people, although these are not conducive to developing skills: "I'll take a big document, a checklist for [the young person's] independence mainly… and just go through that with them. …And most of the time, they don't want to engage in it because it's a big, lengthy document".
Stage 1 lack of staff engagement and authenticity impacts relationships	<Files\\Vamvakos 2024> - § 3 references coded [0,69% Coverage] Reference 1 – 0,16% Coverage Participants expressed that young people could determine when an RCW is behaving authentically or not, and decisions to withhold information relating to the young person could lead to ruptures in the relationship. Participants felt that TIP required a transparent and open relationship. Reference 2 – 0,28% Coverage Maria shared an example of when the care team failed to be responsive to support the young person leading to a rupture in the relationship: "Something [the residential team had] spoken about with case management was providing a list of things that [the young person] wanted… So I sat down with her… This was about a week after the conversation in the team

	meeting… Nobody had done [the list]. …It wasn't implemented. And… we had a bad interaction, and then our relationships was damaged." Reference 3 – 0,24% Coverage Chidi discussed the rushed nature of getting new RCWs inducted, focusing more on checking boxes than learning about the young person due to the time limitations and busyness of the house: "…To be honest, most of the people that come on shift: ding, ding, ding. There's the behaviour support [plan], they don't even have the chance to read it before[hand]. …It's go. You have to drop the kid here, you have to do this, …"
Stage 1 poor collaboration in supporting young people	<Files\\Vamvakos 2024> - § 2 references coded [0,32% Coverage] Reference 1 – 0,15% Coverage "[Management] don't really listen to the residential care workers. We don't really get our say, when we're the ones that are working day-in day-out with these young people and know them better. …And a lot of the wrong choices are made for our young people" (Amy). Reference 2 – 0,17% Coverage Andre described experiencing the delayed and unproductive re- sponses from the care team: "Even though we have team meetings… feels like … we discussing the same thing week after week …and nothing changes… [The care team and the residential house] could work together, but we're not working together." Reference 3 – 0,25% Coverage Amy discussed how rushed and poor placement decisions without consultation with the RCWs decrease the stability of the house: "[Management is] not necessarily thinking of what's going to benefit another child, and they just throw another person in that can… make it unstable and make it unsafe. … And often does happen that wrong… kids get mixed in together and… you see incidents happen. …You see trauma then re-inflicted on them."

Stage 1 staff emotional strain and uncertainty in challenging situations	<Files\\Slaatto 2023> - § 3 references coded [1,14% Coverage] Reference 1 – 0,24% Coverage Several participants mentioned staff uncertainty as a possible bar- rier to providing children information about rights. One commented, '[H]ow far should I go? How far is too far? … I believe we are very unsure about the use of restraint, how far we can pull the strings, right? And what to do when exercising restraint'. Reference 2 – 0,34% Coverage several staff members at the other facility expressed insecurity and uncertainty about person-dependent decisions among staff and about different ways of communicating with residents. One said, 'It becomes very unpredictable for them "if I'm allowed to do that with [a named staff member] but I'm not allowed to that with you."' As one participant said, 'That's where we often fall into the same traps again. Then you just judge for yourself. Because I know what I'm Reference 3 – 0,56% Coverage able to do, right? But I don't always … know what my colleague would do in the same situation'. Another voiced similar concerns: The insecurity and uncertainty that occur when there is not enough sausage and soda on the table …. If you agree to PlayStation, soda, and pleasant activities, then it is mostly pretty calm and okay. But once you try to frame it a bit and create some adult structure, then the temperature among the children increases …. Then I experience more insecurity, so …. What does my colleague do now? Okay, why didn't my colleague stay within the structure that was decided on, and … what happens next time when I stay within the structure that was actually decided on and not make an individual adaptation but do what the papers tell me to do? <Files\\Steinkopf 2022> - § 7 references coded [4,79% Coverage] Reference 1 – 0,07% Coverage

mental and emotional struggles as she experiences feelings of doubt and uncertainty

Reference 2 - 1,08% Coverage

Heidi: Yes, this is very challenging. I'm looking for answers because I'm so afraid she'll feel rejected. We've built this base, you know, and she's so concerned that I notice everything she does, you know. If she refrains from making a mess at dinner time, and I don't notice, she makes a case of it: "Don't you see, I've stopped…" It's like walking on a tightrope. About this unhealthy intimacy that's an issue now, it centers around my worries that…this intimacy, this closeness, I feel it is a way of controlling me.
When asked about situations or contexts that may lead to dysregulation,
Heidi was preoccupied with meaning-making. She wondered if she was using the right methods, or whether she would ruin the relational base that she perceives to have been built between herself and the adolescent. She aimed at being perceptive to determine and respond to the initiative made by the adolescent. If not, she feared that the adolescent would feel rejected and react with anger and aggression. She described the situation as
"walking on a tightrope." In the meaning-making process, she also wondered if she is excessively yielding, and whether she is allowing the adolescent to control her in an unhealthy manner.

Reference 3 - 1,09% Coverage

R: Mm. According to the model (TIC), you would think that meeting her needs was the right thing to do… Heidi: Yes, but she doesn't let go of me. R: What are your thoughts about this? Heidi: I feel it's …you know, this is very emotional for me. Let me take an
example. We've been sitting together, I've been caressing her, you know. She looks at her watch and realises it is close to bedtime (…). Then, even though watching TV is important to her, she starts to tie her hands to my shoelaces to prevent me from leaving her. Then I have to twist my shoes off and become strict, and tell her to let go that it is bedtime, and I will see her in the morning. Then she goes on saying she'll kill herself; I will not see her in the morning, she will overdose, and a whole lot of threats. I just have to repeat what I'm saying. See you tomorrow, I have to go to bed. She runs ahead, bars the door, won't let me pass. You know, we're able to joke about it in the middle of everything, I pass and go to the office to write up the report. She forces her way into the office, and then everything just escalates, and it all ends

with a restraint situation. (…) It is so painful, it's…twisting my soul. I go to bed and hear her screaming outside…

Reference 4 – 0,46% Coverage

These situations are so hard, I feel. I keep thinking about the baby child inside her, how do you meet her in a good way? (…) Then she screams at me that she doesn't trust me anymore, everything is lost, I'ma fucking whore… The next morning all is forgotten; I hug her, and all is fine, and we start all over, this dance. It's tough, you know. I feel this is a critical thing about TIC. You have to make yourself so vulnerable, to allow all this to play out. How long can you take it? So many emotions inside me are activated.

Reference 5 - 1,12% Coverage

pain-based behaviors, involving self-harm, suicidality, and acting out in ways that elicited frequent restraint situations. She would quickly shift between mental states, from being calm to becoming agitated, and then back again. In one moment, she would behave in a manner akin to a child younger than her age, displaying apparent childish needs and behaviors, whereas in the next moment, she would act more in accordance with her age. Heidi described the emotional strain involved for staff when they are unaware about whether their actions, interventions, and choices will benefit
the development of the adolescents. In such complex situations, staff will be "looking for answers," even though the "right" choice of intervention is not self-evident. Interventions may even be harmful to the youth or oneself. The emotional strain involved for staff is evident through the following
lines: "It is so painful, it's …twisting my soul. I go to bed and hear her screaming outside…those situations, it just builds up…." Heidi connected the experience of emotional dysregulation to fear or anxiety that follows from situations of doubt, unpredictability, and insecurity. She described a situation of being "in the dark," being in unknown terrain without a map to navigate with.

Reference 6 – 0,72% Coverage

The adolescent's sudden and unexpected shift of state and behavioral
mode may lead to an enhanced sense of unpredictability and uncertainty. Heidi described how she and the adolescent would sit together, seemingly having a good time, and the adolescent would suddenly shift from being the "nice person" who appreciates being close, tender, and caressed, into a person who will

	overdose, kill herself, and scream obscenities at the top of her voice. The situation calls for a state of alertness, wherein staff need to be prepared for a sudden shift at any moment; staff cannot relax and enjoy the happy moments with the youth. Against the background of these experiences of doubt, uncertainty, fear of failure, and unpredictability—the complexity of "the unknown"—Heidi's emotional dysregulation is not unusual. Reference 7 – 0,26% Coverage I come from a family where knowledge and mastery were cherished and I have always felt that I was less competent and had less knowledge than others. So, when I encounter these kids who are "know-it-alls," it is not a nice label, but they trigger something inside me, something from my own family.
Stage 1 staff turnover impacts relationships	<Files\\Brubaker 2023> - § 2 references coded [0,72% Coverage] Reference 1 – 0,37% Coverage the participants in our study provided insight into the negative effects that turnover can have on the subjective experiences of staff, residents, and their relationships. For example, this staff member shared her concerns: Trauma. You're retraumatizing the kids. . . When I sat in [group therapy meetings] and we try to process – all right, this staff is leaving this week, this staff is unhappy because he don't know if he gonna get a job. You know what I'm saying? You can see it in how the staff interacts with the kids. That's another safety issue. That's another trust issue. Reference 2 – 0,35% Coverage For youth who have already experienced a disproportionate amount of trauma in their lives, experiencing the loss of a mentor or caregiver can be devastating. Another staff member in a separate focus group elaborated further: You talk about the residents first. They're being traumatized over and over because like when their counselors leave, that really hurts. There's no closure for the residents when the counselor leaves. That's one of the closest people because they're dealing with their cases, talking to the parents and the family most. . .

Staff experience increased self-awareness, self-reflection, and a transformed professional identity in their work with children and young people

Stage 2 Staff experience increased self-awareness, self-reflection, and a transformed professional identity in their work with children and young people	Coding
Stage 1 applying the model in everyday life	<Files\\Elwyn 2017> - § 1 reference coded [0,15% Coverage] Reference 1 – 0,15% Coverage Some employees reported using it in their homes and in other aspects of their lives. The seven commitments “apply in my everyday life, not just to my job; I really live it.”
Stage 1 awareness of personal experiences	<Files\\Slaatto 2022> - § 1 reference coded [0,19% Coverage] Reference 1 – 0,19% Coverage 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. <Files\\Steinkopf 2022> - § 10 references coded [2,13% Coverage] Reference 1 – 0,26% Coverage I come from a family where knowledge and mastery were cherished and I have always felt that I was less competent and had less knowledge than others. So, when I encounter these kids who are “know-it-alls,” it is not a nice label, but they trigger something inside me, something from my own family. Reference 2 – 0,11% Coverage

She attributed her problem of maintaining an emotionally regulated state to personal factors, rather than those within the youth.

Reference 3 – 0,15% Coverage

during my childhood, there were a lot of shouting, screaming, things breaking. So, such things don't make me feel unsafe, in a way. I've spent a lot of time thinking it over.

Reference 4 – 0,18% Coverage

challenging situations in the pre-
sent, at the institution-level, are influenced by their own past experiences. Participants describe how memories of adversities serve as triggers for stressful emotions.

Reference 5 – 0,11% Coverage

association between these past experiences and a feeling of being "less competent and having less knowledge than others."

Reference 6 – 0,26% Coverage

Likewise, Kari related a narrative of how memories of childhood familial unrest serve as a buffer against noise, screaming, violence, and threats in the present; "During my childhood, there was a lot of shouting, screaming, things breaking. So, such things don't make me feel unsafe, in a way."

Reference 7 – 0,15% Coverage

emotional dysregulation related to encounters with youths who look down at the staff or display a patronizing attitude:
"That's the worst; that's a trigger for me."

Reference 8 – 0,24% Coverage

	Among numerous potential situations or contexts, a patronizing attitude seems to be the most challenging factor for her emotional regulation. Kari connected her sensitivity toward this attitude to childhood memories of a patronizing father Reference 9 – 0,38% Coverage Silje then related the strategy she used to avoid becoming dysregulated: "The most important for me is to express it, talk about it. Then I need not spend so much energy to hide that I…that I feel this way towards these adolescents." She was aware that holding back emotions and motivations consumed energy, because feelings of shame are activated, and that expressing difficult emotions through words can reduce their intensity Reference 10 – 0,29% Coverage When asked about the factors that would escalate the situation—or cause her "boil over"—her response also turns to a narrative of togetherness, or lack thereof: "It would have been to be all alone." She continued referring to "negative voices" inside her head that would tell her "what a failure" she was and judge her performance. <Files\\Vamvakos 2024> - § 2 references coded [0,15% Coverage] Reference 1 – 0,07% Coverage Participants understood TIP to be inclusive of self-awareness skills. This included the ability to know one's triggers Reference 2 – 0,08% Coverage The ability to know one's triggers, know how to control and manage their emotions, and approach work situations objectively and with clarity.
Stage 1 reflecting on situations and own way of working	<Files\\Simpson 2024> - § 2 references coded [0,33% Coverage] Reference 1 – 0,37% Coverage

Positive words
three participants shared that “positive words” had positively influenced handovers and team meetings by encouraging staff to rephrase negative statements and seeking out positive parts of the day amidst the most difficult ones.
“so positive words has always been one that’s worked really well on our ward… […] we’ve got, like, a positive word section on our handover. Whether we read out every day, we’ve got kind of posters and stuff, and there’s lots of different things we have on our notice boards. like we’ve got a speech bubble that says instead of using and it might be a negative phrase that’s quite common at the moment. and then we think of a more positive phrase. People are quite good at looking at that.”

Reference 2 – 0,27% Coverage

The interventions allowed staff to develop and refine existing skills during implementation. Improving the handovers between staff received positive feedback as it supported staff in reflecting on and planning the day. “I think some of the stuff, especially, sort of, around the ones that probably more directly affect us, like, the Soft Words and Talk Down stuff. People, you know, people are really skilled at those here. I think it’s helped with the Know Each Other and the Mutual Expectations, having those really visual on the ward.”

<Files\\Slaatto 2022> - § 1 reference coded [0,19% Coverage]

Reference 1 – 0,19% Coverage

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.

<Files\\Steinkopf 2022> - § 10 references coded [2,13% Coverage]

Reference 1 – 0,26% Coverage

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Reference 2 – 0,11% Coverage

She attributed her problem of maintaining an emotionally regulated state to personal factors, rather than those within the youth.

Reference 3 – 0,15% Coverage

during my childhood, there were a lot of shouting, screaming, things breaking. So, such things don’t make me feel unsafe, in a way. I’ve spent a lot of time thinking it over.

Reference 4 – 0,18% Coverage

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Reference 5 – 0,11% Coverage

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most important for me is to express it, talk about it. Then I need not spend so much energy to hide that I…that I feel this way towards these adolescents.” She was aware that holding back emotions and motivations consumed energy, because feelings of shame are activated, and that expressing difficult emotions through words can reduce their intensity

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When asked about the factors that would escalate the situation—or cause her “boil over”—her response also turns to a narrative of togetherness, or lack thereof: “It would have been to be all alone.” She continued referring to “negative voices” inside her head that would tell her
“what a failure” she was and judge her performance.

<Files\\Vamvakos 2024> - § 2 references coded [0,15% Coverage]

Reference 1 – 0,07% Coverage

Participants understood TIP to be inclusive of self-awareness skills.
This included the ability to know one’s triggers

Reference 2 – 0,08% Coverage

	The ability to know one's triggers, know how to control and manage their emotions, and approach work situations objectively and with clarity.
Stage 1 transforming professional identities and attitudes	<Files\\Brubaker 2023> - § 5 references coded [1,19% Coverage] Reference 1 – 0,46% Coverage The oft-cited tension between therapy and security in juvenile justice approaches emerged frequently from the data, as illustrated by this staff member's observation: "Sometimes there's a fine line between the community and security." Staff insights provided rich descriptions of this tension and the difficulty of navigating the conflicting demands: So that was the hardest part for me, because I had been doing it for so long, and now they change the – I guess the pattern of it. And I had to learn that part, because you had to put on your hat for security, and then you had to put on your hat for the Community Model, and then you had to go back. You gotta keep switching back and forth. . .that's the hard part for me. Reference 2 – 0,17% Coverage one staff member described feeling empowered to decide how to handle problems on the unit, "Every unit. . . in-house you can handle things a little different and tweak things." Another added, "We have to be more thinking outside the box with how to deal with a kid." Reference 3 – 0,29% Coverage Mentoring the kids, not just being an officer, but correcting their behavior, without being authoritative." Another added: I see the kids are able to talk to staff a lot more and build relationships. I didn't really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn't have time with them. But a lot of, there's a lot of the kids that I work with and they just want to come sit next to me all day and talk to me. Reference 4 – 0,22% Coverage

the opportunity to connect with residents as human beings:
I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person.

Reference 5 – 0,05% Coverage

recharacterize the staff role and staff identities in a more humanizing way.

<Files\\Elwyn 2017> - § 7 references coded [2,88% Coverage]

Reference 1 – 0,19% Coverage

Sanctuary, our whole philosophical approach is that you don't build relationships when you do a restraint, you build relationships when a girl sees you talking to another girl in a certain way. It makes you feel positive

Reference 2 – 0,78% Coverage

A fundamental change was in the attitudes of staff to their jobs, management and other staff and to residents. "People were out sick, injured—changed to people who want to be here, people who are committed." Before Sanctuary, many employees in the Girls Program confined their job responsibility to specific roles and tasks, were unwilling to take on other jobs, and did not necessarily follow through on daily routines; they also did not consider the impact they had on other staff, the residents, and the community as a whole when they called off or took leave. Subsequent to Sanctuary Model implementation, there has been shared responsibility and everyone has been willing to take on other roles or tasks as necessary. For example, supervisors will cover the shifts of aides, counselors will provide transportation, and everyone will take on tasks assigned to other staff or residents as necessary.

Reference 3 – 0,29% Coverage

Although full staffing of the program still remains a challenge, employees reported consistently and willingly working extra hours: "Four years ago there was a lack of staff and the quality of staff was not what

it [is] now. Now people care more. Being on the same page, they're coming to work because they care, not just for a pay check."

Reference 4 – 0,38% Coverage

Another staff member noted the support of open discussion between staff members in different roles. "Anybody can call a Red Flag meeting; you can be a Dietary Worker and call a Red Flag meeting. Your opinion is important and you're encouraged to communicate openly about what you really think. There's not a party line that you have to follow. Having all the philosophies helps you feel empowered; empowers girls but helps you feel empowered."

Reference 5 – 0,37% Coverage

In fact, staff members are held accountable to the model by the residents: "We have to role model. The kids know if you're not buying in and they say something; for example, 'you're not using emotional intelligence'"; "I hate to say the girls know it better than the staff, but sometimes I think they do. They're like four year olds, they just absorb this information and they take it and they live it and I think they love it."

Reference 6 – 0,47% Coverage

A staff member who transferred to the Girls Program commented: "[I knew someone] who worked at NCSTU for 29 years. It went from small to large, more like a military type setting. It was a lot quicker to be hands on, very hands on. Coming from being trained how to do it that way, I slowly had to make changes during the years to get away from that. I could always talk to [the residents], but discipline was different. I have to spend more time talking with them, and give them more leeway as to how to do things, even threatening behavior."

Reference 7 – 0,39% Coverage

The director of the Girls Program stated: "I am not going to ask of the kids what I wouldn't expect of myself. My expectations are high for myself, staff and kids; if I can't embrace the model myself, I shouldn't ask them to." Role modeling is practiced continuously by managers and staff members. Making the

changes involved “a lot of role modeling; not sitting behind a desk, but being out on the floor, showing them how things should be done.”

<Files\\Hidalgo 2016> - § 1 reference coded [0,42% Coverage]

Reference 1 – 0,42% Coverage

These perceived outcomes reinforced the benefits of playfulness and motivated staff to further implement and embrace the program. Indeed, the training was credited with fundamentally transforming roles and identities. As one YCW (who after the PATHS training had taken on the role of playfulness champion) put it: Now it’s more, they know us more as ‘You know what … this is not just a staff. This is not just a person that is watching me. This is a person that I can talk to, that I can play with.’ So, to me, there’s a big change, huge.

<Files\\Simpson 2024> - § 1 reference coded [0,09% Coverage]

Reference 1 – 0,09% Coverage

Yeah, they, I think once you’ve got the right people on board, they feel that they’re responsible for something, which is always good, and want to spread and kind of drive it forward.

<Files\\Slaatto 2022> - § 1 reference coded [0,17% Coverage]

Reference 1 – 0,17% Coverage

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.”

<Files\\Steinkopf 2022> - § 1 reference coded [0,74% Coverage]

Reference 1 – 0,74% Coverage

	Another aspect of “togetherness” is presented in the following story, for- warded by “Silje”: R: What would have made it worse? What would have made you lose it? Silje: It would have been to be all alone. To have no backing. It’s essential that I have someone close who understands me, or if I hadn’t been working on my problems, if I didn’t know of my challenges…then I guess the negative voices inside my head would have won and just continued to tell me what a failure I am and how bad I acted in this or that situation. Then I guess I would have lost it. But I feel I’ve improved since I’ve been working on it, and became more conscious about it. (…) You know, I have these reliable colleagues who support me when I’ve been uncertain. We’ve sat down and talked and discussed what can we do, what are the options… <Files\\Vamvakos 2024> - § 2 references coded [0,32% Coverage] Reference 1 – 0,24% Coverage be open to new strategies and approaches with each new young person. Chidi described the adaptable qualities needed in an RCW: “You can’t come with that perspective of …I know it all or I’ve done this before. …[RCWs] have to be adaptable to every new situation, and you need to be teachable to learn that, you know, I’m wrong. How can I do it right? …Those are just two qualities… I think every support worker needs to have”. Reference 2 – 0,08% Coverage Participants reported that training in understanding trauma and knowing how to approach traumatised children was critical to their role.

Staff experience a more conscious approach in challenging situations, as well as a strengthened ability to enhance safety and prevent the use of coercive measures

Stage 2 Staff experience a more conscious approach in challenging situations, as well as a strengthened ability to enhance safety and prevent the use of coercive measures	Coding
Stage 1 awareness and reflection after conflict situations	<Files\\Slaatto 2022> - § 4 references coded [0,57% Coverage] Reference 1 – 0,10% Coverage the training program as having improved their feelings of safety, enhancing awareness of conflict situations before, during and after they occur Reference 2 – 0,17% Coverage 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. Reference 3 – 0,19% Coverage 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. Reference 4 – 0,11% Coverage 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.

	<Files\\Slaatto 2023> - § 2 references coded [0,16% Coverage] References 1-2 – 0,16% Coverage [B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do. <Files\\Vamvakos 2024> - § 1 reference coded [0,12% Coverage] Reference 1 – 0,12% Coverage Participants engaged in reflection on their practice throughout the course of their work. This included reflecting on actions made during and following incidents where the young person or RCW felt unsafe.
Stage 1 awareness of risks with restraint, consciousness when exercising restraint	<Files\\Slaatto 2022> - § 5 references coded [0,96% Coverage] Reference 1 – 0,25% Coverage 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. Reference 2 – 0,32% Coverage 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." Reference 3 – 0,11% Coverage Staff members also focused on their increased awareness and consciousness when they experienced difficult situations, such as when exercising physical restraint. Reference 4 – 0,10% Coverage " . . . .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." Reference 5 – 0,18% Coverage 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.
Stage 1 awareness of safety risks, own reactions and responses	<Files\\Brubaker 2023> - § 1 reference coded [0,35% Coverage] Reference 1 – 0,35% Coverage the participants in our study provided insight into the negative effects that turnover can have on the subjective experiences of staff, residents, and their relationships. For example, this staff member shared her concerns: Trauma. You're retraumatizing the kids. . . When I sat in [group therapy meetings] and we try to process – all right, this staff is leaving this week, this staff is unhappy because he don't know if he gonna get a job. You know what I'm saying? You can see it in how the staff interacts with the kids. That's another safety issue. <Files\\Elwyn 2017> - § 1 reference coded [0,08% Coverage]

Reference 1 – 0,08% Coverage

the safety feature, understanding what safety is and feeling safe because of the organization

<Files\\Slaatto 2022> - § 10 references coded [2,66% Coverage]

Reference 1 – 0,10% Coverage

the training program as having improved their feelings of safety, enhancing awareness of conflict situations before, during and after they occur

Reference 2 – 0,11% Coverage

" . . . .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."

Reference 3 – 0,07% Coverage

"It is pointless to talk to someone who is deep down in the stress-cone or on the top of the aggression-curve."

Reference 4 – 0,51% Coverage

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.

Reference 5 – 0,50% Coverage

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.

Reference 6 – 0,38% Coverage

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.

Reference 7 – 0,55% Coverage

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.

Reference 8 – 0,21% Coverage

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.

Reference 9 – 0,10% Coverage

the importance of early observation of an incipient conflict, followed by strategic and thoughtful action in accordance with pre-agreed-upon methods.

Reference 10 – 0,14% Coverage

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.

<Files\\Slaatto 2023> - § 1 reference coded [0,29% Coverage]

Reference 1 – 0,29% Coverage

They also stressed the importance of both staff and children
knowing children's rights so that conflicts and misunderstandings can be avoided. A staff member said,
I have experienced that they [children] didn't get sufficient information, that they don't know it, and you kind of forget about it, right? … I think there is a point that can avert even more situations if we get better at their rights.

<Files\\Steinkopf 2022> - § 2 references coded [1,41% Coverage]

Reference 1 – 0,87% Coverage

Let me take an

example. We've been sitting together, I've been caressing her, you know. She looks at her watch and realises it is close to bedtime (…). Then, even though watching TV is important to her, she starts to tie her hands to my shoelaces to prevent me from leaving her. Then I have to twist my shoes off and become strict, and tell her to let go that it is bedtime, and I will see her in the morning. Then she goes on saying she'll kill herself; I will not see her in the morning, she will overdose, and a whole lot of threats. I just have to repeat what I'm saying. See you tomorrow, I have to go to bed. She runs ahead, bars the door, won't let me pass. You know, we're able to joke about it in the middle of everything, I pass and go to the office to write up the report. She forces her way into the office, and then everything just escalates, and it all ends with a restraint situation. (…) It is so painful, it's…twisting my soul. I go to bed and hear her screaming outside…

Reference 2 – 0,55% Coverage

pain-based behaviors, involving self-harm, suicidality, and acting out in ways that elicited frequent restraint situations. She would quickly shift between mental states, from being calm to becoming agitated, and then back again. In one moment, she would behave in a manner akin to a child younger than her age, displaying apparent childish needs and behaviors, whereas in the next moment, she would act more in accordance with her age. Heidi described the emotional strain involved for staff when they are unaware about whether their actions, interventions, and choices will benefit
the development of the adolescents.

<Files\\Vamvakos 2024> - § 2 references coded [0,47% Coverage]

Reference 1 – 0,19% Coverage

Participants highlighted the importance of being aware of their re-
actions and responses towards the young people to maintain control and safety of the environment. This included maintaining professionalism while engaging in play and positive engagement with a young person, risking a breach of professional boundaries into friendship.

Reference 2 – 0,28% Coverage

	Jenny discussed how she sets a moment aside to conduct a risk assessment. This involves bringing awareness to her own responses, assessing the risks in the environment, and how to keep herself and others safe before responding to the situation: “I’m assessing…what’s happening. …What’s around me? So where are my exits? Where’s my next staff member? What objects are around that could be used as a weapon? …If you do the risk assessment, it’s just one thing you don’t have to think about.”
Stage 1 tools and skills to prevent coercive measures, enhance safety, and manage conflicts	<Files\\Brubaker 2023> - § 6 references coded [1,40% Coverage] Reference 1 – 0,40% Coverage As far as my role, what changed the most, which I think is a positive, is that before the units were converted, we had cases, like, spread out all over the campus. And we were always chasing residents down, trying to find them. Residents moved from unit to unit all the time. There was a real lack of stability and consistency for them. And so now, I’m assigned to one unit. And those residents spend their whole time in DJJ in the unit, we get to develop closer bonds and we have that consistency. Staff also attributed a perceived decrease in security problems and better engagement with CTM programing to the consistency on the unit. Reference 2 – 0,15% Coverage “We get a stronger, better rapport with them. . . the first instance wouldn’t be to put hands on them. You know, in other words, restraining. It’s more therapeutic, more talking and trying to deescalate situations that may arise.” Reference 3 – 0,31% Coverage more communication. . . Mentoring the kids, not just being an officer, but correcting their behavior, without being authoritative.” Another added: I see the kids are able to talk to staff a lot more and build relationships. I didn’t really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn’t have time with them. But a lot of, there’s a lot of the kids that I work with and they just want to come sit next to me all day and talk to me. Reference 4 – 0,22% Coverage

the opportunity to connect with residents as human beings:
I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person.

Reference 5 – 0,14% Coverage

"Just talking to them, relating to them. Tell them, maybe tell them a story about you when you were a teenager. Something they can relate to, to see that you're not just here to work as an officer, that you're still human."

Reference 6 – 0,18% Coverage

Listen to them, talk to them, you know?. . . When you see the signs, they're showing you the signs and cues, don't let it get to the point where they're gonna assault you, you know?. . .redirect that kid. Once a kid feels like you're there for him or her for real, you'll be OK.

<Files\\Elwyn 2017> - § 4 references coded [1,67% Coverage]

Reference 1 – 0,32% Coverage

Prior to implementation of the Sanctuary Model, according to staff members who were there at the time, the NCSTU Girls Program was an unsafe environment. "Before we might have 70 or 80 restraints in 1 month; this year [2012] in August we had 0 restraints, in May we had 0 restraints." "When I was first here it was hectic, with 9, 10, 13 restraints a day to 9 a month now."

Reference 2 – 0,43% Coverage

Girls who have been at the facility longer and are higher on the level system also mentor newer girls. "The girls come from a different culture; we work with them until they get it; some buck it, fight." Comparing with other facilities, another staff member contributed "I've only seen it happen here. The residents when

they first come in have heard horror stories about lock downs, no free time; they come in with their guard up. We use their mentor and high level residents to disarm all that."

Reference 3 – 0,39% Coverage

another participant stated that the new frame work was "not something we were used to. It's hard to have 16 residents who all have different perspectives and [have to discuss] what are the pros and cons [ofa decision]. [It requires] a lot of group time, a lot of bonding, a lot of getting together. It makes people understand why they do what they do, make the decisions they make. We have everyone talk about it and come to common ground; it eliminates conflict."

Reference 4 – 0,53% Coverage

Another staff member described the changes in the behavior of the girls as "we have had assaults on staff. The other girls get really mad at girls for doing that. At a Large Group Meeting, they gave the girl who assaulted a really hard time." Sometimes the girls will use the principles against each other: "Kids can use in negative ways; have to make sure that we're not letting them use it negatively or to pick on other kids." Staff report, however, that in general this is not a problem: "I haven't seen a dynamic where they feel too powerful; there is a good balance between safety, empowerment, growth and change."

<Files\\Hidalgo 2016> - § 4 references coded [0,93% Coverage]

Reference 1 – 0,04% Coverage

Many staff members commented on the fact that since the

Reference 2 – 0,44% Coverage

PATHS training, they and others were better equipped to effectively and safely manage the children. As another YCW Shift Leader told us:
On the people that were back then, we have a way of speaking to the clients…you know, how to handle things better. And, although on our shift we haven't used the games that much, I know they use them during the morning sometimes and have some of [the children] play together. Before, you just heard them

cursing at each other and from one side to another and right now, everyone's just calm, calm. You know, like wow, it changed a lot.

Reference 3 – 0,24% Coverage

YCWs in a Staff Secure residential facility, in particular, noted a reduction in the need to use restraints:
We have not done any restraints for like eight months since Project Joy. No restraint has to do with Project Joy and how we can deal with the situation like that, with any crisis or anything like that.

Reference 4 – 0,21% Coverage

the perceived strength of the
PATHS program was its focus on organizational 'playfulness' and its ability to improve communications. A playful environment improved communication, which, in turn, improved the staff's ability to reduce youth's emotional dysregulation

<Files\\Simpson 2024> - § 4 references coded [1,93% Coverage]

Reference 1 – 0,40% Coverage

Participants shared positive experiences of implementing clear mutual expectations that were collaboratively developed between staff and patients.
"Mutual expectations, it had a lot of, a lot of ideas from the young people. so it's painting on the wall like a beehive with like and the hexagonal blocks with each expectation in, and the expectations kind of came from all the young people as to what, what we want on the ward. so that was quite good. and now it's quite a good visual representation of what we do expect, where people will see, I think they've probably been the most well implemented just because they are really visible, and they're quite easy to see and to keep going, and so I think it's meant that they do get updated, and they get looked at and thought about."

Reference 2 – 0,57% Coverage

soft words

Participants communicated that soft words had been successful both in practice and as a visual aid in the ward office as a prompt to remind staff.
“We do have the soft Words and Positive Words up in the office… […] even if it’s been a crap day, there’s still something you can think of, like, yeah, this has happened, but you know what, she’s done well, she’s done okay…
soft Words, we’re trying to use anyways. I think that one will be more useful when we get new starters, because that’s something that we can introduce them to as well.” (sWn102)
talk down
One participant said that “talk down” provided a reflective space to consider how best to communicate with CYP who are struggling to engage and how best to support them.
“Interventions that worked on the ward is the, um, like, talk Down de-escalation, you know, tips of words to use that young people find helpful. Yeah. Well, I just think that it was more beneficial to the environment that we work in because, we do use a lot of de-escalation in our day-to-day practice, so that’s what the staff and young people find more beneficial. (sWse313)

Reference 3 – 0,60% Coverage

Bad news mitigation One participant communicated that bad news mitigation had been successful when addressing the use of age-inappropriate apps.
Others relayed that bad news mitigation became part of the ward’s other processes and procedures and could also be used with Positive Words.
“bad news mitigation went into our safety huddle. so that’s used every day now and kind of join that with positive words. so we’ll say, Is there any bad news expected in the next 24 h? But then we’ll also say, Is there any been any good news to make sure it’s not just kind of negative as well as positive stuff in there.” (sWC211)
“the other one that we use successfully is the Bad news Mitigation one. […] and that, sort of, was embedded into our daily handovers and MDt discussions that we’re thinking about what someone might struggle with on that day. What information might need to be shared, because I guess even, you know, even just the term Bad news Mitigation, it’s not always necessarily bad news. It’s sometimes just information sharing that might be difficult for a young person or their family that we’re thinking about how we’re going to support them with. so that’s one that we use well.”

Reference 4 – 0,36% Coverage

Calm down methods was another successful intervention shared by several participants. Participants communicated that wards had calm kits and self-soothe boxes for CYP as well as displays of soothe-boxes in lounges on wards.
resources include age-appropriate content such as fidget toys, sensory resources, scented oils and mindfulness colouring books.
“Yeah, definitely, like, mainly the essential oils, but they all love them. Yeah. and a lot of people are having their crisis plans about using the essential oils. and they’ll have particular, we’ve got those of different ones that smell different. and they’ll, yeah. and like the face masks are in there, so they might do a face mask before bed.”

<Files\\Slaatto 2022> - § 12 references coded [2,07% Coverage]

Reference 1 – 0,03% Coverage

enhancing awareness of conflict situations before

Reference 2 – 0,48% Coverage

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.

Reference 3 – 0,10% Coverage

they did these same things prior to attending the program, but that they now do them more systematically, following specific forms and structures.

Reference 4 – 0,15% Coverage

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.

Reference 5 – 0,11% Coverage

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.

Reference 6 – 0,10% Coverage

Some participants mentioned that they have used this approach more frequently since participating in the program and that it has had a calming effect.

Reference 7 – 0,19% Coverage

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

Reference 8 – 0,10% Coverage

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.”

Reference 9 – 0,16% Coverage

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.

Reference 10 – 0,23% Coverage

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

Reference 11 – 0,13% Coverage

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?”

Reference 12 – 0,31% Coverage

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.

<Files\\Slaatto 2023> - § 4 references coded [0,62% Coverage]

Reference 1 – 0,04% Coverage

About conflict management, one staff member pointed out and

Reference 2 – 0,27% Coverage

several agreed,
We are curious about what is their frustration … trying to find alternative solutions … so we are listening, we are curious, honest that ‘no, you can't have chocolate milk. I understand you want chocolate milk on a

Monday, but you know that we only serve that on Saturdays and Sundays …. [I]t is annoying, I know, you probably are tired and blah blah blah'.

Reference 3 – 0,08% Coverage

The majority also talked about that the importance of ensuring that children's voices are heard after a conflict.

Reference 4 – 0,22% Coverage

One described using conversation to engage children after a difficult situation:
[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do.

<Files\\Steinkopf 2022> - § 4 references coded [1,08% Coverage]

Reference 1 – 0,15% Coverage

the worker's stressful memories from childhood may both provoke emotional dysregulation and simultaneously support mastery by providing familiarity with unpleasant situations.

Reference 2 – 0,38% Coverage

Silje then related the strategy she used to avoid becoming dysregulated: "The
most important for me is to express it, talk about it. Then I need not spend so much energy to hide that I…that I feel this way towards these adolescents." She was aware that holding back emotions and motivations consumed energy, because feelings of shame are activated, and that expressing difficult emotions through words can reduce their intensity

Reference 3 – 0,23% Coverage

But I feel I've improved since I've been working on it, and became more conscious about it. (…) You know, I have these reliable colleagues who support me when I've been uncertain. We've sat down and talked and discussed what can we do, what are the options…

Reference 4 – 0,32% Coverage

co-regulation in staff–staff interactions serve to maintain an emotionally regulated state. She expressed the need for support from colleagues: "It's essential that I have someone close who understands me." Using the word "understand," she seemingly referred to something more tangible than professional support. She may have addressed more personal needs or challenges

<Files\\Vamvakos 2024> - § 11 references coded [3,35% Coverage]

Reference 1 – 0,10% Coverage

Using internal dialogue (self-talk), grounding and breathing techniques. Having awareness of one's feelings, emotions, and sensations of the body, and reflecting of practice.

Reference 2 – 0,37% Coverage

Participants discussed the techniques they used to remain self-aware
at work. Some participants used an internal dialogue and positive self-talk to stay in the moment of difficult situations. An example of this was provided by Stella:
"…[A child in care] came right up close to my face and was like, "I'm gonna fucking kill you…", and I'm like, "I can see you're very upset". And I'm like, I'm very upset at the moment. You're having these thoughts in your head like, alright, don't have your voice be shaky, show that you're in control, show that you're apologetic about this situation, show that… you're strong and you're not affected by this".

Reference 3 – 0,19% Coverage

Participants discussed using breathing and grounding exercises, and

noticing their feelings and sensations in their body to help to stay ‘in the moment’ and objective when supporting young people. At times, when they felt they had lost control of themselves, they would disengage from the young person to avoid reacting emotionally.

Reference 4 – 0,32% Coverage

They also understood how their presence in a room could influence the atmosphere of the space, either increasing or decreasing the young person’s level of stress. Chidi provides an example of how he responds to a situation after noticing physical changes in his body:
“…I try to do certain things that help [me] remain calm, and that can be as little as drinking water. …when you become unsettled… the water is shaky, or the glass is shaky. …Or I do something that would sort of … calm that moment. So that could be like walking away [from the child in care].”

Reference 5 – 0,46% Coverage

Participants reported using skills and techniques learned mostly in
training to support young people with trauma when they are feeling emotionally unsafe or behaving dangerously. Specifically, participants emphasised active listening and helping young people process their emotional experiences during and after incidents. Safety also involved maintaining clear boundaries and expectations, and creating a safe and loving environment. James discussed his reliance on verbal strategies and the importance of keeping a safe distance between himself and the young person: “Talking [the young person] down rather than getting up close to them. Obviously, I’m not going to go in there and get stabbed or punched or anything. I’m going to take a step back and use those other more verbal supports for them”.

Reference 6 – 0,17% Coverage

Andre mentioned controlling the tone of his voice, considering his
and the young person’s physical safety, and responding with no judgement when a young person is feeling vulnerable: “My tone of voice. I don’t get in [the young person’s] personal space. I let them be heard. … No judgement”.

Reference 7 – 0,28% Coverage

Jenny discussed how she sets a moment aside to conduct a risk assessment. This involves bringing awareness to her own responses, assessing the risks in the environment, and how to keep herself and others safe before responding to the situation: “I’m assessing…what’s happening. …What’s around me? So where are my exits? Where’s my next staff member? What objects are around that could be used as a weapon? …If you do the risk assessment, it’s just one thing you don’t have to think about.”

Reference 8 – 0,10% Coverage

Participants referenced using de-escalation and reflection techniques
from TCI training to support young people to express their emotions safely and reflect on their feelings.

Reference 9 – 0,36% Coverage

the Life Space Interview which is a semi-structured post-incident interview to encourage the young person to reflect on their feelings and connect emotions to their behaviours. James and Jenny share their positive impressions about the utility of the training: “TCI training is probably one of the better trainings I’ve ever done. …that [Life Space Interview] work you do after an incident; I feel is really beneficial” (James). “I was like, TCI is never gonna work with these kids. But it can and it does, it’s just the persistence” (Jenny).

Reference 10 – 0,48% Coverage

All participants reported that consistent staffing was the most
important factor that contributes to the stability of a placement. Participants reported that open communication, knowledge of the house operations, and clear expectations of the shared responsibilities within the team were important aspects of working as a team. It was important to be on the same page and approach matters in a way that did not undermine any other worker. Stella discussed her team coming together to develop a list of expectations to hold each other accountable: “[The team] met with management, and we had a team expectations list developed all together and printed off so it’s in the office. [Expectations included] being honest with each other, providing a safe space if you need to, pull up each other on something, …and get consent first.”

Reference 11 – 0,53% Coverage

Participants also recommended that the 'buddy system' was an
effective way of providing support to each other in the house. Irrespective of residential work experience, participants felt that a RCW who knew the child longer would have a better approach. This involved pairing less experienced workers with regular workers. It also required open communication and giving permission to receive directions from that worker. Chidi and Andre discussed how using the buddy system increases the
safety of less experienced RCW: "If it's [an RCWs] first time working with that child, there should be some sort of support from someone that's more experienced working with that child to work with [them]" (Chidi). "[The team] use[s] that buddy system because they can see things I can't, and I can see things they can't. …I can see when one of my peers getting agitated, I tap on their backs and say "hey, step back"" (Andre).

<Files\\Yates 2022> - § 20 references coded [4,08% Coverage]

Reference 1 – 6

How does the set of practices delivered as part of Safewards differ from what the team was doing before it was introduced?
Erm- a lot of thing were different but when using the Safewards' stuff it's kind of made the ward a bit more safer to work in and it's just helped with staff knowing what they are doing and patients knowing the boundaries and it just kind of helped us work all together, instead of like separately and against each other because it was like a little bit of a war going on, sort of thing, between staff and patients.

[Prompt]- And how did the interventions of Safewards help to change the situation?
I think erm- the mutual expectations så when everyone knows what we expect from them and what they- and then we know what they expect from us, they can kind of work on the same page more on a day to day shift.

Which interventions do you believe had some success in achieving its aims to reduce conflict and restrictive practice?
Erm_ _ I think the clear mutual expectations helps because- you know the young people had- they came up with them- and so when they- you know it used to be we were trying to implement a boundary- erm- you know we are trying to put a boundary in and they are pushing back on us, it would often just like

snowball and we would end up in an incident because they would be all like why and I don't understand whereas now it's a lot easier to be like we actually we are putting this boundary in because it's up there like- look you agreed to this you- you know you said this, so you know they- they are given a reason and so they don't it doesn't lead to an incident as much- erm because they feel like yeah I am actually involved in the ward'- erm- and they take responsibility erm_ you know other things like having- like the-like the- calm down box erm- knowing where it all is, in one place is helpful because you can get to it quicker, erm so it reduces incidents that way but also there's more in it. So like the-the bubble tube thing with the fish erm- that- you know having that there in the quiet room it's very easy for us to be like 'okay you're really struggling lets go to the quiet room let's put the bubble tube on let's get the weighted blanket' erm- so it- its- yeah- it- having those things in place you know where to go you don't have to think 'oh god where can that be' you know it's a lot quicker and easier.

Reference 7 – 0,43% Coverage

Improved access to support By introducing Safewards, patients gained access to support sooner as interventions such as "calm down" encouraged patients to use independent coping strategies. Before Safewards was introduced, participants felt the patients' needs were not being met promptly as the staff was both "unaware of how the patients were feeling" (P5) and did not have access to the resources that "help them when they are feeling unsafe" (P5).

Reference 8 – 0,04% Coverage

Support being offered before conflict occurs

Reference 9 – 0,12% Coverage

before Safewards, "the team was reacting to the incidents as they happened, rather than before the young person went into crisis"

Reference 10 – 0,24% Coverage

Participants identified that both staff and patients contributed to the intervention “clear mutual expectations” through a community meeting where everyone gave idea's which helped to establish a set of expectations that was agreed upon by all.

Reference 11 – 0,17% Coverage

Adapting daily meetings by incorporating “mutual help” and “re-
assurance” principles facilitated healthy communication and ensured the patients were offered regular support.

Reference 12 – 0,10% Coverage

allowing staff to “offer support a lot easier, rather than expecting [patients] to come to [staff]” (P6).

Reference 13 – 0,16% Coverage

staff were able to proactively resolve conflict by offering patients one-to-one support, or encouraging “calm down” skills, thus preventing a crisis from occurring.

Reference 14 – 0,16% Coverage

“mutual help” meetings promoted access to support by establishing forums where patients could communicate their feelings and encourage each other to talk with staff.

Reference 15 – 0,19% Coverage

having the morning meeting [helped the staff team to] know throughout the day [how patients were feeling] and it's not dragged out longer for them and we can kind of [support patients] quite quickly.”

Reference 16 – 0,05% Coverage

Increase in access to independent ways of coping

	Reference 17 – 0,23% Coverage before Safewards, patients struggled to offer peers support without becoming emotionally dysregulated themselves. One staff member identified that patients were “supporting each other [in incident situations] that was triggering for them” Reference 18 – 0,28% Coverage Adapting “mutual help” by establishing clear boundaries around how patients can support each other, proved successful when working with adolescents as staff was able to offer effective ways they can support each other, without patients involving themselves with others, in times of crisis. Reference 19 – 0,24% Coverage Having access to “calm down” resources such as “sensory items” and “coping tools” (P9) was valued by staff as they allowed patients to independently self-soothe which meant they were able to “de-escalate themselves with just a little bit of prompting” Reference 20 – 0,33% Coverage interventions such as “clear mutual expectations,” and the way they were displayed on the ward, helped agency staff to practice consistently with the team. “Having the … expectations up on the ward, where we do get a fair amount of agency [staff] … we can say to them, when they are being inducted … these are [the expectations] we've agreed on.”

Staff report that changes in structures and work processes have contributed to an improved care culture and enhanced collaboration at multiple levels

Stage 2 Staff report that changes in structures and work processes have contributed to an improved care culture and enhanced collaboration at multiple levels	Coding
Stage 1 better atmosphere due to better communication among staff	<Files\\Elwyn 2017> - § 1 reference coded [0,64% Coverage] Reference 1 – 0,64% Coverage The atmosphere in the facility has changed: “The tension is gone. There would be times when you walked into a Unit and felt the negative tension and thought ‘Oh God, this is going be a rough shift’ and “In the old days, I remember sitting in my car for some time trying to get myself to get out of the car and go into the building. Now I’m very happy to go into work; the stress level has declined very noticeably.” The commitment to open communication has contributed to this change. “Now, if there’s an issue we’re going to talk about it and we’re going to shift it, which makes everyone not carry secrets, not carry things day-to-day that are going to explode. If there’s an issue we are going to talk about it; it’s part of the day.” <Files\\Simpson 2024> - § 1 reference coded [0,33% Coverage] Reference 1 – 0,33% Coverage Participants relayed that staff members recognized ‘positive words’ and ‘talk down’’ tips as inherent to good practice. The interventions allowed staff to develop and refine existing skills during implementation. Improving the handovers between staff received positive feedback as it supported staff in reflecting on and planning the day. “I think some of the stuff, especially, sort of, around the ones that probably more directly affect us, like, the Soft Words and Talk Down stuff. People, you know, people are really skilled at those here. I think it’s helped with the Know Each Other and the Mutual Expectations, having those really visual on the ward.”
Stage 1	<Files\\Elwyn 2017> - § 2 references coded [0,44% Coverage]

	better relationships between staff and managers	Reference 1 – 0,20% Coverage Supervisors take care of, and promote development of line staff. “I sit down with a worker, ask how they’re doing today, we get into each other’s lives. If I need to get them a day off, I will; if I need to be an aide, will do.” Reference 2 – 0,24% Coverage Relationships between staff and managers have become more open and democratic: “Our supervisors and managers allow us a lot of insight into how we can change things and make things better; they take our input as line staff on work with kids day to day; they are very open to us.”
	Stage 1 child engagement as a way of working	<Files\\Brubaker 2023> - § 3 references coded [0,76% Coverage] Reference 1 – 0,22% Coverage I see the kids are able to talk to staff a lot more and build relationships. I didn’t really talk to any of the children I worked with before. Part of that was I worked the night shift, so I didn’t have time with them. But a lot of, there’s a lot of the kids that I work with and they just want to come sit next to me all day and talk to me. Reference 2 – 0,19% Coverage I think [the model] is beneficial because a lot of the time, the kids used to look at us as like law enforcement, now they get to see us as people. When we had a community group and sitting around talking to them, conversation with the kids, they really get the feeling that you are a person. Reference 3 – 0,35% Coverage Staff also discussed how the model’s new focus on rapport building changed their daily work activities. This staff member illustrates how they achieved connection with residents at mealtimes: Before when you’re in the dining hall eating, no talking at all. And [now] we can sit at a table and have a conversation like a family, which is something that’s different, you know? So we teach them a little bit of

etiquette and manners, and before you know it, dinner is over. So I think they like that 'cause they'll ask, "Are you coming to eat with us today?"

<Files\\Elwyn 2017> - § 3 references coded [1,50% Coverage]

Reference 1 – 0,40% Coverage

Both residents and staff members are held accountable to the model components. There is "no shift without a resident or staff member referring to the Seven Commitments; if staff picks up a piece of paper from the floor, that's social responsibility." In fact, staff members are held accountable to the model by the residents: "We have to role model. The kids know if you're not buying in and they say something; for example, 'you're not using emotional intelligence'"

Reference 2 – 0,80% Coverage

Residents can facilitate changes in rules and policies. For example, staff members tell the story of a resident who would perspire heavily after physical activity and become concerned about her body odor. She would become upset that she could not take a shower, but facility policy was that showers were only allowed at a specific time of day. When speaking with a counselor, she started crying. In the past, employees report they would have looked at this as "being manipulative" but now are "looking at strengths and how they feel; we can bend the rule and that's the right thing to do." With the change in staff perspective, showers after physical activity were incorporated into the schedule. "Sanctuary has definitely impacted the girls; they have a sense of ownership, empowerment, they can express themselves. They have more of a voice; they may not like staff decisions, but they can bring up an idea and it may get implemented."

Reference 3 – 0,30% Coverage

Like staff members, the resident girls were initially resistant to implementation of the model. But authentic practice and active modeling of the Sanctuary Model principles made a difference: "We adhere to democracy and they have a voice; they see staff practice it, see staff cleaning up; they are more likely to step up because staff models it."

<Files\\Hidalgo 2016> - § 1 reference coded [0,33% Coverage]

Reference 1 – 0,33% Coverage

The mere fact of passing a ball around, of working as a team, because there are kids who don't…of keeping balls up in the air, that activity, something so simple like…they laughed, everyone happy, that is, the activity as I was telling you is keeping the ball up in the air or passing it without having it fall, so everybody has to work as a team, and that teaches them to work as a team, as a family, they who aren't used to it.

<Files\\Simpson 2024> - § 2 references coded [0,68% Coverage]

Reference 1 – 0,23% Coverage

Participants shared positive experiences of implementing clear mutual expectations that were collaboratively developed between staff and patients.
"Mutual expectations, it had a lot of, a lot of ideas from the young people. so it's painting on the wall like a beehive with like and the hexagonal blocks with each expectation in, and the expectations kind of came from all the young people as to what, what we want on the ward. so that was quite good.

Reference 2 – 0,45% Coverage

Half of participants found mutual help meetings to be successful with CYP. Participants relayed that it allowed for open and honest discussions as well as suggestions for improvement. additionally, it allows the ward community to celebrate its successes collaboratively.
"One of the ones that I think has been really successful is the mutual help meetings, in the way that one of our wards applied that is a really positive experience for the whole ward community to come together, and they've chosen to do that in a way that enables discussions of challenges, but also kind of appreciation of what's going on too. so, I think it's called thank you, suggestions and appreciation, or no, thank you, suggestions and something else, but the whole experience of that meeting is positive, it enables the community to talk about difficult things, but also celebrate success within the community."

<Files\\Slaatto 2022> - § 1 reference coded [0,31% Coverage]

Reference 1 – 0,31% Coverage

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.

<Files\\Slaatto 2023> - § 6 references coded [1,61% Coverage]

Reference 1 – 0,39% Coverage

With respect to informing children about their rights, staff participants at all facilities agreed that predictability, overview and knowledge about what is going on are important to children. The majority mentioned that the children receive an informational brochure about their rights when admitted to the facility. One said, ‘[I]t is very easy for us to have these brochures available, so okay, then we can go through it. “Here is the brochure with your rights and if you are unsure, then you can contact the county representative.”’

Reference 2 – 0,12% Coverage

Several staff members discussed that youth need to be given cor-
rect information and explanations even if they are not interested or claim they know all their rights.

Reference 3 – 0,11% Coverage

They also stressed the importance of both staff and children
knowing children's rights so that conflicts and misunderstandings can be avoided.

Reference 4 – 0,08% Coverage

The majority also talked about that the importance of ensuring that children's voices are heard after a conflict.

Reference 5 – 0,37% Coverage

‘To have the feeling of being heard … is an important thing for self-esteem’, one explained. Another responded, ‘There is something about listening to what they actually are saying’. One commented,
The children should be heard at all times …. [F]ollow-up with weekly conversations or where user participation is part of our care-conversations …. We work … in a standardized way. It is planned for user participation so it is always quality assured … so that the child shall participate in his or her own process.

Reference 6 – 0,54% Coverage

Staff participants at all facilities discussed the importance of taking children's perspectives into account and involving children in decisions about their everyday lives and futures. As one explained, staff seek ‘to be open and honest and get the children on board in planning their lives for the future, to decrease powerlessness, and to experience control in their own lives … that they participate in and shape their daily lives’. One described using conversation to engage children after a difficult situation:
[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do.

<Files\\Yates 2022> - § 5 references coded [1,34% Coverage]

Reference 1 – 0,35% Coverage

Before the implementation of Safewards several participants highlighted a disconnect between staff and patients describing there to
be “a little bit of a war going on” (P5) with everyone seeming to be “on a different page” (P3). By introducing Safewards staff felt that this created a more cohesive ward community by allowing staff and patients to “work all together”

Reference 2 – 0,13% Coverage

	Staff also identified that by involving the patients in Safewards they felt “part of the puzzle” (P7), which helped to maintain Safewards Reference 3 – 0,61% Coverage Participants identified that both staff and patients contributed to the intervention “clear mutual expectations” through a community meeting where everyone gave idea's which helped to establish a set of expectations that was agreed upon by all. Participants felt that involving the patients made it easier for this intervention to be a success. Adapting daily meetings by incorporating “mutual help” and “re- assurance” principles facilitated healthy communication and ensured the patients were offered regular support. Participants discussed how these meetings gave them a “broader understanding of how the kids had done during the day” Reference 4 – 0,18% Coverage The introduction of the “mutual help” meetings promoted access to support by establishing forums where patients could communicate their feelings and encourage each other to talk with staff. Reference 5 – 0,06% Coverage “Clear mutual expectations” set and agreed by patients and staff
Stage 1 collaboration with the wider care team and other stakeholders	<Files\\Vamvakos 2024> - § 1 reference coded [0,27% Coverage] Reference 1 – 0,27% Coverage It also included collaborating with the wider care team and other stakeholders to link children with services in the community. Amy provides an example of collaborating with the care team and stakeholders to support the young people: “[The care team] map it out in the care team meeting. …Staff will collectively work together to be like… we need to get [the young person] linked into Centrelink, or… we need to make sure that they know how to go… and apply for a job.”. <Files\\Simpson 2024> - § 1 reference coded [0,34% Coverage]

	Reference 1 – 0,34% Coverage Staff also benefited from the Safewards community of practice meetings with other wards in their clusters, facilitated by the project team. Participants said that connecting and networking with other wards provided a reflective space to share common successes and barriers to implementation. Furthermore, it provided a sense of reassurance that many wards experienced similar challenges and individual wards were able to learn from each other. “Meeting other units, I think provided some validation at times that we were doing a good job because sometimes you benchmark yourself against being perfect, where the reality is to be perfect is almost an imperfect aim.”
Stage 1 coordination and support among staff	<Files\\Brubaker 2023> - § 2 references coded [0,70% Coverage] Reference 1 – 0,05% Coverage staff identified consistent unit staffing as a positive aspect of the new model Reference 2 – 0,65% Coverage One staff member illustrated the importance of staff consistency for the residents: “For our kids, we understand the consistency, we do. . . The kids are looking forward to you, because you are a constant, and they know that you’re going to be in place all the time.” Another staff member described how the new structure of the program helped to facilitate stronger relationships with residents: As far as my role, what changed the most, which I think is a positive, is that before the units were converted, we had cases, like, spread out all over the campus. And we were always chasing residents down, trying to find them. Residents moved from unit to unit all the time. There was a real lack of stability and consistency for them. And so now, I’m assigned to one unit. And those residents spend their whole time in DJJ in the unit, we get to develop closer bonds and we have that consistency. Staff also attributed a perceived decrease in security problems and better engagement with CTM programing to the consistency on the unit. <Files\\Elwyn 2017> - § 3 references coded [1,40% Coverage]

Reference 1 – 0,46% Coverage

Subsequent to Sanctuary Model implementation, there has been shared responsibility and everyone has been willing to take on other roles or tasks as necessary. For example, supervisors will cover the shifts of aides, counselors will provide transportation, and everyone will take on tasks assigned to other staff or residents as necessary. Team meetings at the beginning of each shift use open communication between staff and supervisors to review the program schedule and cover the daily responsibilities.

Reference 2 – 0,64% Coverage

Relationships have also changed between direct care, clinical, and ancillary staff positions: “One of the greatest things is that the commitment to democracy created a team; it’s not residential against clinical, workers against managers.” One clinical staff member described how the relationships that now exist in the Girls Program differ from other programs and from the past. In other programs the “clinical staff is perceived as touchy/feely; in the Girls Program it’s not us and them, we can talk to the aides. In other programs there is more of a separation and less approach. There is more openness in this program, everyone’s opinion matters. We can listen to everyone’s perspective and then resolve and come up with a solution.”

Reference 3 – 0,30% Coverage

Another staff member noted the support of open discussion between staff members in different roles. “Anybody can call a Red Flag meeting; you can be a Dietary Worker and call a Red Flag meeting. Your opinion is important and you’re encouraged to communicate openly about what you really think. There’s not a party line that you have to follow

<Files\\Simpson 2024> - § 7 references coded [1,30% Coverage]

Reference 1 – 0,26% Coverage

Participants said that the project workers supported them in finding innovative solutions to adapt interventions to best meet the needs of the ward specialty. Contact with project worker also provided a reflective space to consider the process of implementation as well as an open discussion and problem

solving of difficulties. Furthermore, participants found regular check-ins from project workers provided motivation and kept Safewards at the forefront of the minds of staff amidst competing priorities.

Reference 2 – 0,06% Coverage

“The project workers were fantastic. So, [name] was in regular contact, and there was a point where we had to kind of pause

Reference 3 – 0,34% Coverage

in our engagement just because of other priorities. Very understanding of that, looking at how we can continue to be involved, but lessening the demands, and then when we were in a position to pick it back up, absolutely, can step back up. [Name] is obviously a Safewards guru, he kind of knows everything there is to know about Safewards, so just having him as a point of contact and him sharing his knowledge, and certainly when we have met, it’s been really valuable where, when we met across services. And that’s been difficult to, I know, to organise and people to commit time to doing that. Certainly, when I've been able to attend, it’s, the value has been massive.”

Reference 4 – 0,22% Coverage

“We’ve had a member of the group come in called [Clinical Supervisor], who has been involved in implementing it in other services. He’s been really helpful in really explaining what it is to both the young people and staff and its purpose and what it’s there for, so having someone like that has been really helpful as well, to explain it, who’s been there, done it, and then has seen kind what the outcomes can be, it’s definitely helped.”

Reference 5 – 0,28% Coverage

Support for Safewards from more senior staff was also important. “But again, very positive in relation to the clinical manager was saying she would make sure that the Safewards project is included within their adolescent governance meetings. So, it is on the agenda and sort of it is a standard agenda item and that keeps the momentum going. And again, I think those governance structures and those frameworks of

meetings and protected time or motivation to keep those meetings going, does make a big difference, as it did do on the [name] unit."

Reference 6 – 0,06% Coverage

Some significant ward changes identified by participants
included greater communication between staff during handovers

Reference 7 – 0,08% Coverage

Additionally, a few participants recognized improvements in junior staff practice from observing more experienced senior staff modeling Safewards interventions.

<Files\\Slaatto 2022> - § 6 references coded [0,78% Coverage]

Reference 1 – 0,06% Coverage

contributing to more systematic work processes and cooperative and coordinated teamwork

Reference 2 – 0,21% Coverage

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."

Reference 3 – 0,13% Coverage

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.

Reference 4 – 0,05% Coverage

It is much easier to know what all the others are able to do than it was before.

Reference 5 – 0,13% Coverage

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.

Reference 6 – 0,20% Coverage

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.

<Files\\Slaatto 2023> - § 1 reference coded [0,36% Coverage]

Reference 1 – 0,36% Coverage

The staff at one facility spoke of wanting to act in a united, coor-
dinated way to create predictability and stability for the children in their care. One commented, Structures are there that tell us what to do when there is commotion or unrest, so in a sense we have systems that we follow. And this … is very important, that one doesn't start to wonder just when it starts to burn, 'what to do now?' That it is clear beforehand, right? And it is at least very predictable and very safe.

<Files\\Steinkopf 2022> - § 2 references coded [0,63% Coverage]

Reference 1 – 0,13% Coverage

I have these reliable colleagues who support me when I've been uncertain. We've sat down and talked and discussed what can we do, what are the options…

Reference 2 – 0,49% Coverage

she also explained how she was able to cope due to co-regulation with a colleague: “I have these reliable colleagues who have supported me when I’ve been uncertain,” thereby illustrating how co-regulation in staff–staff interactions serve to maintain an emotionally regulated state. She expressed the need for support from colleagues: “It’s essential that I have someone close who understands me.” Using the word “understand,” she seemingly referred to something more tangible than professional support. She may have addressed more personal needs or challenges.

<Files\\Vamvakos 2024> - § 2 references coded [0,78% Coverage]

Reference 1 – 0,25% Coverage

All participants reported that consistent staffing was the most
important factor that contributes to the stability of a placement. Participants reported that open communication, knowledge of the house operations, and clear expectations of the shared responsibilities within the team were important aspects of working as a team. It was important to be on the same page and approach matters in a way that did not undermine any other worker.

Reference 2 – 0,53% Coverage

Participants also recommended that the ‘buddy system’ was an
effective way of providing support to each other in the house. Irrespective of residential work experience, participants felt that a RCW who knew the child longer would have a better approach. This involved pairing less experienced workers with regular workers. It also required open communication and giving permission to receive directions from that worker. Chidi and Andre discussed how using the buddy system increases the safety of less experienced RCW: “If it’s [an RCWs] first time working with that child, there should be some sort of support from someone that’s more experienced working with that child to work with [them]” (Chidi). “[The team] use[s] that buddy system because they can see things I can’t, and I can see things they can’t. …I can see when one of my peers getting agitated, I tap on their backs and say “hey, step back”” (Andre).

<Files\\Yates 2022> - § 1 reference coded [0,33% Coverage]

Reference 1 – 0,33% Coverage

	interventions such as “clear mutual expectations,” and the way they were displayed on the ward, helped agency staff to practice consistently with the team. “Having the … expectations up on the ward, where we do get a fair amount of agency [staff] … we can say to them, when they are being inducted … these are [the expectations] we've agreed on.”
Stage 1 improved structures and work processes	<Files\\Elwyn 2017> - § 1 reference coded [0,42% Coverage] Reference 1 – 0,42% Coverage According to staff, the components of Sanctuary (the seven commitments, SELF, the tools) and the meaning of Sanctuary are well integrated throughout the facility and beyond. Sanctuary “affects how you talk to people, how you say things, all around the building.” Staff and residents all wear safety-plan cards all the time and the terminology of Sanctuary is reflected in all documentation regarding residents and in employee reviews. It also extends to work with the families of residents. <Files\\Hidalgo 2016> - § 2 references coded [0,17% Coverage] Reference 1 – 0,07% Coverage the perceived strength of the PATHS program was its focus on organizational ‘playfulness’ Reference 2 – 0,10% Coverage These perceived outcomes reinforced the benefits of playfulness and motivated staff to further implement and embrace the program. <Files\\Simpson 2024> - § 2 references coded [0,44% Coverage] Reference 1 – 0,24% Coverage

Others relayed that bad news mitigation became part of the ward's other processes and procedures and could also be used with Positive Words.
"bad news mitigation went into our safety huddle. so that's used every day now and kind of join that with positive words. so we'll say, Is there any bad news expected in the next 24 h? But then we'll also say, Is there any been any good news to make sure it's not just kind of negative as well as positive stuff in there."

Reference 2 – 0,20% Coverage

"Safewards works alongside so many other areas of focus and projects that generally the teams are working on. So, if you're looking at projects around reducing restrictive practise, Safewards just slots into that. If you're looking at projects around improving patient engagement, Safewards fits into that. If you're looking at how you're developing the therapeutic milieu, Safewards just fits into that."

<Files\\Slaatto 2022> - § 8 references coded [1,53% Coverage]

Reference 1 – 0,11% Coverage

Participants from two of the three facilities had been training systematically
over time and referred frequently to the training program's models and terminology.

Reference 2 – 0,54% Coverage

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.

Reference 3 – 0,15% Coverage

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.

Reference 4 – 0,16% Coverage

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.

Reference 5 – 0,10% Coverage

the importance of early observation of an incipient conflict, followed by strategic and thoughtful action in accordance with pre-agreed-upon methods.

Reference 6 – 0,23% Coverage

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

Reference 7 – 0,13% Coverage

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?”

Reference 8 – 0,11% Coverage

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.

<Files\\Slaatto 2023> - § 1 reference coded [0,22% Coverage]

Reference 1 – 0,22% Coverage

One described using conversation to engage children after a difficult situation:
[B]oth I and the child can sit down and talk about what actually happened. What contributed to the way it turned out this time? What can I do next time to change the outcome? And also focus on maybe what the child could do.

<Files\\Yates 2022> - § 6 references coded [1,23% Coverage]

Reference 1 – 0,28% Coverage

Adapting daily meetings by incorporating “mutual help” and “re-
assurance” principles facilitated healthy communication and ensured the patients were offered regular support. Participants discussed how these meetings gave them a “broader understanding of how the kids had done during the day”

Reference 2 – 0,44% Coverage

The introduction of the “mutual help” meetings promoted access to support by establishing forums where patients could communicate their feelings and encourage each other to talk with staff.
“[The mutual help meeting] … kind of helped us so we are prepared … having the morning meeting [helped the staff team to] know throughout the day [how patients were feeling] and it's not dragged out longer for them and we can kind of [support patients] quite quickly.”

Reference 3 – 0,05% Coverage

Fitting Safewards into pre-existing hospital processes

Reference 4 – 0,09% Coverage

participants expressing a need for a team meeting to help maintain consistent implementation.

	Reference 5 – 0,22% Coverage when interventions such as “mutual help” and “reassurance” were merged into the ward's structure (through morning and evening meeting), it reduced demand on staff time, leading to staff being more accepting of the interventions. Reference 6 – 0,15% Coverage “I think they [the interventions] fit really well actually, I don't feel like its extra responsibility … I think it enables me to do a bit of a better job.”
Stage 1 leadership support for change	<Files\\Elwyn 2017> - § 3 references coded [1,09% Coverage] Reference 1 – 0,24% Coverage He also recognized the importance of leadership in implementing the Sanctuary Model: “Leadership is a big part of this; not so much talking about myself but about [the Girls Program manager]; he is a good salesman and you need people to sell it and you need people to buy in.” Reference 2 – 0,30% Coverage In the job of implementing the Sanctuary Model and turning around the Girls Program, he also felt supported by the campus director: “[He] is very direct, gave me the power, gave me the support to say just make it run, implement Sanctuary, make it good; the most important thing to me in leadership is someone who has my back; we made it run; made it work.” Reference 3 – 0,55% Coverage The manager used a number of approaches to develop a team of staff with changed perspective including role modeling: “I role modeled what I wanted to see on the units. I didn’t ask staff to do something I wouldn’t do; I took other shifts… I just continued to push through and push through.” He also focused on a staff member who had been there long-term and was respected: “He had leadership skills. I

	spent a lot of time with him, coaching and developing him. It wasn't a one person thing; I knew he had relationships with people, had leadership abilities, had worked up through the ranks. I looked to make him my right hand man." <Files\\Vamvakos 2024> - § 1 reference coded [0,22% Coverage] Reference 1 – 0,22% Coverage Stella discussed her team coming together to develop a list of expectations to hold each other accountable: "[The team] met with management, and we had a team expectations list developed all together and printed off so it's in the office. [Expectations included] being honest with each other, providing a safe space if you need to, pull up each other on something, …and get consent first."
Stage 1 organizational culture shift	<Files\\Elwyn 2017> - § 4 references coded [1,47% Coverage] Reference 1 – 0,04% Coverage the organizational culture began to shift Reference 2 – 0,47% Coverage A staff member who transferred to the Girls Program commented: "[I knew someone] who worked at NCSTU for 29 years. It went from small to large, more like a military type setting. It was a lot quicker to be hands on, very hands on. Coming from being trained how to do it that way, I slowly had to make changes during the years to get away from that. I could always talk to [the residents], but discipline was different. I have to spend more time talking with them, and give them more leeway as to how to do things, even threatening behavior." Reference 3 – 0,47% Coverage Another staff member commented that "trying to change staff coming from other programs is difficult; they are coming from the old school, more structure oriented, not caring, but 'do as a I say' attitude." However, over a few years there was a coalescence of members of the staff into a team who was invested in the model and the new practices. As new hires came in, they were screened based on the Sanctuary

	Model: “We use situational questions like ‘if a resident is in her room crying due to a phone call, what would you do?’ We feel them out.” Reference 4 – 0,49% Coverage Authentic commitment to the principles of the model by management and staff is essential to successful implementation. The director of the Girls Program stated: “I am not going to ask of the kids what I wouldn’t expect of myself. My expectations are high for myself, staff and kids; if I can’t embrace the model myself, I shouldn’t ask them to.” Role modeling is practiced continuously by managers and staff members. Making the changes involved “a lot of role modeling; not sitting behind a desk, but being out on the floor, showing them how things should be done.” <Files\\Simpson 2024> - § 2 references coded [0,62% Coverage] Reference 1 – 0,26% Coverage “So as you walk onto the ward, there’s this board about Safewards for young people, and it’s kind of first thing you see as you walk onto the ward. And then you kind of see … there’s a discharge message tree when you walk on. And then in the office, there’s a big display about all the different 10 interventions about Safewards, and it’s kind of spoken about every day in our safety huddle in the morning, and there’s kind of a lot of different bits of posters and things all over about it. Really amazing.” Reference 2 – 0,36% Coverage three participants shared that “positive words” had positively influenced handovers and team meetings by encouraging staff to rephrase negative statements and seeking out positive parts of the day amidst the most difficult ones. “so positive words has always been one that’s worked really well on our ward… […] we’ve got, like, a positive word section on our handover. Whether we read out every day, we’ve got kind of posters and stuff, and there’s lots of different things we have on our notice boards. like we’ve got a speech bubble that says instead of using and it might be a negative phrase that’s quite common at the moment. and then we think of a more positive phrase. People are quite good at looking at that.”
Stage 1	<Files\\Brubaker 2023> - § 1 reference coded [0,17% Coverage]

outcomes motivate to further implementation	Reference 1 – 0,17% Coverage one staff member described feeling empowered to decide how to handle problems on the unit, “Every unit. . . in-house you can handle things a little different and tweak things.” Another added, “We have to be more thinking outside the box with how to deal with a kid.” <Files\\Elwyn 2017> - § 1 reference coded [0,24% Coverage] Reference 1 – 0,24% Coverage When we implemented the Sanctuary Tools was when things got better and kids and staff saw things get better. Safety cards and Community Meetings became a meaningful process. It started to come together and made sense to people and kids, and staff really started buying in. <Files\\Hidalgo 2016> - § 1 reference coded [0,42% Coverage] Reference 1 – 0,42% Coverage These perceived outcomes reinforced the benefits of playfulness and motivated staff to further implement and embrace the program. Indeed, the training was credited with fundamentally transforming roles and identities. As one YCW (who after the PATHS training had taken on the role of playfulness champion) put it: Now it’s more, they know us more as ‘You know what … this is not just a staff. This is not just a person that is watching me. This is a person that I can talk to, that I can play with.’ So, to me, there’s a big change, huge. <Files\\Simpson 2024> - § 1 reference coded [0,31% Coverage] Reference 1 – 0,31% Coverage Enthusiasm from staff members was reflected in higher fidelity of interventions as these staff were able to see the long-term benefits of interventions and enthusiastically promote them within the ward communities. “Yeah, they, I think once you’ve got the right people on board, they feel that they’re

responsible for something, which is always good, and want to spread and kind of drive it forward. The challenge, I think, they sometimes experience is around their conflict in priorities. So, wanting some protected time to commit to Safewards, but perhaps also needed to be providing direct patient care."

<Files\\Slaatto 2022> - § 1 reference coded [0,13% Coverage]

Reference 1 – 0,13% Coverage

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.

<Files\\Slaatto 2022> - § 1 reference coded [0,13% Coverage]

Reference 1 – 0,13% Coverage

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.

<Files\\Yates 2022> - § 2 references coded [0,46% Coverage]

Reference 1 – 0,31% Coverage

Despite some hospital processes limiting intervention
success, other participants discussed how, when interventions such as "mutual help" and "reassurance" were merged into the ward's structure (through morning and evening meeting), it reduced demand on staff time, leading to staff being more accepting of the interventions.

Reference 2 – 0,15% Coverage

"I think they [the interventions] fit really well actually, I don't feel like its extra responsibility … I think it enables me to do a bit of a better job."

Staff report challenges related to a lack of engagement, limited personnel resources, insufficient organizational support, and leadership during the implementation of interventions

Stage 2 Staff report challenges related to a lack of engagement, limited personnel resources, insufficient organizational support, and leadership during the implementation of interventions	Coding
Stage 1 lack of leadership and organizational support: engaging young people is not prioritized by organizations; lack of leadership contributes to staff turnover; lack of regular and adaptable training; lack of understanding and knowledge; leadership instability; micromanaging; need of guidance and moral support; staff not feeling listened to or appreciated; unclear roles, lack of transparency	<Files\\Brubaker 2023> - § 4 references coded [1,25% Coverage] Reference 1 – 0,20% Coverage some staff felt undermined by their supervisors when they had determined that therapeutic solutions were exhausted and the youth required some form of consequence. “I believe there’s too much micromanaging going on for people that’s not in the community, as far as the higher-ups,” one staff member explained. Reference 2 – 0,30% Coverage some felt that their voices were not heard, and that not only were they navigating a new structural terrain within the new program, Brubaker and Cleary 385 their experience and ability to problem solve and make decisions was not valued or supported: We weren’t asked. The people in the trenches weren’t asked, except for maybe a few favored ones. . . We could have fixed it, I think, because I agree that it’s a good program. It could have worked, but ask for suggestions. Reference 3 – 0,36% Coverage Another staff member suggested, “I think the administrators need to listen to what you have to say.” Others felt that they needed more administrative supervision to implement the program successfully. One staff member shared, “We need questions answered, we need guidance, and it’s just not there.” Another

described how the administration “asked these people, all of us, to take on a different role, but there wasn’t the supervision.” Some staff members described their desire to feel supported by the administration in ways that demonstrated that they were cared about.

Reference 4 – 0,39% Coverage

One asked, “But, how about make people, do something, for somebody to stay? Do something for somebody to feel like they do really want to come to work.” Another staff member shared their insight and suggested that perhaps some of the values and goals of the program for residents might apply to staff as well. “We all need support all the time. Moral support. You want to give some financial? No. Just all around support. Support is needed for anyone, whether you’re a resident or a staff. Whether you’re a supervisor, because your supervisor has a supervisor who has a supervisor, so we all need support from all levels.”

<Files\\Simpson 2024> - § 1 reference coded [0,52% Coverage]

Reference 1 – 0,52% Coverage

High staff turnover in leadership positions on some wards, particularly at ward manager levels, also created delays to progress, through a lack of central and authoritative leadership of the implementation. On one ward, this was acutely felt as they had four ward managers during the 18-month project. This feedback correlated with the progress that wards made as those that achieved less final fidelity were those that were most affected by these issues. “But since around January, [name], who I would say was the most biggest influence, the senior OT, left the service. Since then, the psychologist had left the service. The consultant psychiatrist had left the service and their ward lead team, but also their multidisciplinary team became totally dismantled. Which, given the pressures
that the nursing team are already experienced in that
I've described place is a lot more focused on the nursing team just from a care perspective, keeping the ward safe and providing a good standard of care.” (Safewards project Worker 3)

<Files\\Steinkopf 2022> - § 1 reference coded [0,23% Coverage]

Reference 1 – 0,23% Coverage

less experienced staff may call for stricter boundaries and more restraints, whereas regular staff, who are more immersed in TIC, would argue against such measures. These discussions surfaced regularly during sick-leaves and periods of leadership instability.

<Files\\Vamvakos 2024> - § 14 references coded [3,56% Coverage]

Reference 1 – 0,14% Coverage

Training needs to be frequent and regular to ensure that workers maintain their skill and knowledge of trauma-informed practice. Training for workers should also be adaptable to the changing needs of the growing and developing young person.

Reference 2 – 0,08% Coverage

Workers need more opportunities for client specific training and routine training 'refreshers' to go over previously covered content.

Reference 3 – 0,31% Coverage

participants cited a lack of understanding from management of the emotionally demanding environment in residential care that makes it difficult to respond consistently: "[RCWs are] always stressed out, we're always in fight or flight when we're at work. …We're gonna fuck up. Everybody's gonna fuck up. But [management] treat it as if we're like in… an office environment… with no stimulation. Like, "[RCWs] should have…known better not to do this"" (Maria).

Reference 4 – 0,09% Coverage

Participants perceived that successfully engaging and motivating
young people to practice daily living skills was considered a barrier to TIP implementation.

Reference 5 – 0,19% Coverage

Participants felt that this area was not prioritised by their organisa-

tions and could not recall any specific training on developing independent living skills or meaningfully engaging with and motivating young people: “As far as training, I can’t recall a training. It’s just…part of your job. Part of your responsibilities” (Andre).

Reference 6 – 0,36% Coverage

Participants expressed that teaching children to develop skills was
reduced to a checklist that failed to promote a culture of growth or development of healthy habits. This compliance-focused approach prevented participants from implementing TIP approaches. James explained that he attempts to complete checklists on daily living skills with the young people, although these are not conducive to developing skills: “I’ll take a big document, a checklist for [the young person’s] independence mainly… and just go through that with them. …And most of the time, they don’t want to engage in it because it’s a big, lengthy document”.

Reference 7 – 0,07% Coverage

It was evident that some participants perceived their workplace’s approach and prioritisation of training was lacking,

Reference 8 – 0,24% Coverage

Participants also reported they would quickly forget the content of training and did not have enough opportunities to refresh prior learning. They recommended more opportunities for client-specific training and routine training ‘refreshers’ to go over previously covered content. Jenny discussed the need for regular training: “[Training’s] got to be ongoing. …So not like once every six months or once a year. …

Reference 9 – 0,20% Coverage

James discussed the value of regular training using an example of understanding the cultural needs of Aboriginal young people: “We’ve got about eight young Aboriginals in our organisation at the moment, and… I think there’s only one training around culture. …So you do that one training at the very start, and then you won’t do it for another few years”.

Reference 10 – 0,32% Coverage

The method of delivery of training was also discussed by partici-
pants, stating that independent online learning modules and group Zoom sessions were not as effective or impactful as face-to-face training. Jenny elaborates on this: “I think the best training is where you can actually get together face-to-face in person. …Where you get to step away from your job too and focus on the training itself. …and you’re not thinking …I’ve got to be on shift. …I don’t feel like training… has its impact… After a few months, you forget or it fizzles away.”

Reference 11 – 0,27% Coverage

Jenny and Maria discuss the low level of engagement and learning
when relying on online teaching methods: “Online training just isn’t going to cut it. …Everyone fast forwards through the video. You just click on what you think the right answer is” (Jenny). “…They do give us a lot of training, but I just don’t feel like it does what it needs to do. …I don’t know if it’s because a lot of it is online and a lot of staff members … can’t sort of engage with that” (Maria).

Reference 12 – 0,34% Coverage

Participants expressed that a large contributor to staff turnover was
the level of support provided to the team. Participants stated that they required regular reflective practice and supervision, as well as courtesy wellbeing checks following incidents. Maria felt that contact from management following incidents were either disingenuous or non-existent, which contributed to her resignation: “On a basic level, like giving calls to people when there are incidents. …It made a massive, massive difference. …And not “are you okay? Do you need [the Employee Assistance Program], alright, I gotta go”.

Reference 13 – 0,31% Coverage

Stella and Amy share their experiences of feeling unheard or dismissed when requesting support from the care team: “One of the most annoying things [RCWs] cop is, “you guys know [the child], you’re the experts”, but [management] won’t listen to anything that we say” (Stella). “[Management] don’t really

	listen to the residential care workers. We don't really get our say, when we're the ones that are working day-in day-out with these young people and know them better. …And a lot of the wrong choices are made for our young people" (Amy). Reference 14 – 0,64% Coverage Participants consistently expressed that they were not prepared for the intensity of residential care and felt that the employer should be more transparent about what the role involves. They felt that the role was often generalised, written in an unrealistic or misrepresented way to attract more applicants. Participants recommended more transparency from the organisation around what to expect when you apply for work in residential care. James and Stella provided suggestions to be more honest and transparent during the interview and induction stages of the employment process: "[The employer is] better off saying that a kid might be heightened and… you might get yelled at, explain that a kid might cut themselves, and you might have to clean up their blood… or a kid might overdose on drugs. Like [prospective RCWs] don't… get that honesty around what actually does happen" (James). "…Just even cover the basics… these are the behaviours to expect, this is what realistically it looks like, this is a picture of a [residential care] house. Just like some really realistic, fundamental things…" (Stella). <Files\\Yates 2022> - § 1 reference coded [0,21% Coverage] Reference 1 – 0,21% Coverage when agency staff was used to fill leadership positions, they found it difficult to "teach them how to do Safewards in such a short space of time" (P8) as they 'had not necessarily come in with an understanding of Safewards'
Stage 1 lack of personal resources, staff collaboration, engagement, and competencies: challenges with adapting to a new model; conflict between therapeutic response and behavior management; inconsistencies	<Files\\Brubaker 2023> - § 7 references coded [2,43% Coverage] Reference 1 – 0,71% Coverage The oft-cited tension between therapy and security in juvenile justice approaches emerged frequently from the data, as illustrated by this staff member's observation: "Sometimes there's a fine line between the community and security." Staff insights provided rich descriptions of this tension and the difficulty of navigating the conflicting demands:

	in work methods; lack of experience, knowledge, or staff engagement; lack of resources (time, workload, turnover); lack of support from other staff	So that was the hardest part for me, because I had been doing it for so long, and now they change the – I guess the pattern of it. And I had to learn that part, because you had to put on your hat for security, and then you had to put on your hat for the Community Model, and then you had to go back. You gotta keep switching back and forth. . .that's the hard part for me. This statement reflects the newness of the organizational model in the early stages of its implementation and the challenge for staff of adapting to a new approach. Some staff members described the challenges they faced in attempting to do their job within this tension, including which situations warranted a therapeutic response versus some form of consequence for rule-violating behavior. Reference 2 – 0,04% Coverage navigating a new structural terrain within the new program, Reference 3 – 0,47% Coverage The new model requires a high staff-resident ratio on each unit; the model's "unit-centric approach to juvenile rehabilitation" decreed that each unit would ideally comprise only 10 to 12 residents and would be staffed by a consistent team. Two direct care staff per unit would actively supervise units during awake hours, whereas single staff coverage was permitted when residents were asleep. However, in the early stages of program implementation those staffing requirements were not always consistently met. As one staff member shared, "It started out where we had fully staffed, maybe 13 staff members per unit. Now each unit is down to six, seven." Another reflected, "They increased [the number of residents per unit] up to fourteen Reference 4 – 0,18% Coverage This staff member demonstrated the distinction between the program's design and the reality of early implementation: "How could the Community Model be effective with 16 kids? When I did the training, [the trainer] said that the less amount of kids, the more effective the model is." Reference 5 – 0,32% Coverage

lower staff-resident ratios impacted their ability to maintain energy and connect with youth: “It’s not always a way to engage that many residents and then when you’re working with limited resources, as far as staff, that’s another issue. You have staff who are burned out, having to do double shifts.” This demonstrates not only the operational challenges of implementing a brand-new therapeutic model but also the ways in which inadequate staff-resident ratios can negatively impact relationship building.

Reference 6 – 0,37% Coverage

the participants in our study provided insight into the negative effects that turnover can have on the subjective experiences of staff, residents, and their relationships. For example, this staff member shared her concerns:
Trauma. You’re retraumatizing the kids. . . When I sat in [group therapy meetings] and we try to process – all right, this staff is leaving this week, this staff is unhappy because he don’t know if he gonna get a job. You know what I’m saying? You can see it in how the staff interacts with the kids. That’s another safety issue. That’s another trust issue.

Reference 7 – 0,35% Coverage

For youth who have already experienced a disproportionate amount of trauma in their lives, experiencing the loss of a mentor or caregiver can be devastating. Another staff member in a separate focus group elaborated further:
You talk about the residents first. They’re being traumatized over and over because like when their counselors leave, that really hurts. There’s no closure for the residents when the counselor leaves. That’s one of the closest people because they’re dealing with their cases, talking to the parents and the family most. . .

<Files\\Elwyn 2017> - § 5 references coded [1,64% Coverage]

Reference 1 – 0,20% Coverage

There was initial disinterest and resistance by staff to implementation of the model, which was viewed by many as “yet another training” in a long line of new initiatives. “Initially people said ‘this is crazy, Sanctuary is soft.’”

Reference 2 – 0,23% Coverage

hard to get people in the right direction and using the terminology; we had a steering committee meeting every other week for 2 hours to discuss everything, what's going on, where do we want to be in 2 weeks; but would have hiccups in actually getting the stuff in

Reference 3 – 0,05% Coverage

full staffing of the program still remains a challenge

Reference 4 – 0,69% Coverage

The Girls Program manager also saw his main focus as building a team, but there were enormous challenges. Initially, he was seen as an outsider who had moved up rapidly from counselor and was therefore viewed negatively by some employees who had been at the facility long-term: "I was an outsider who took other people's positions so people hated me, wanted to see me fail." In addition, there were chronic staff shortages and the toxic atmosphere of negative staff attitudes inherited from the past. Building a working team and gaining staff investment in a new way of thinking thus required a process over a few years that included recruitment, selection out, and changes in the attitudes of the staff members who remained.

Reference 5 – 0,47% Coverage

This process was not easy. "The main focus was dual: we had to build the team of the building who were here already, and try to get some of the people we didn't have. It was a weird dynamic because the people who came over were seen as favorites so [managerial] recruiting stopped after two employees who had worked at the private facility came over; but then the [new employees] kept on talking and recruiting. It was more important to work on the people who were here; one was very challenging, but once he bought in, it was very powerful."

<Files\\Simpson 2024> - § 8 references coded [1,40% Coverage]

Reference 1 – 0,09% Coverage

Most participants said that they saw all of the 10 Safewards interventions as viable and that failure to implement was due to operational factors, such as staff turnover.

Reference 2 – 0,10% Coverage

Some articulated that a failure to implement specific interventions could be due to a failure to thoroughly understand the associated theory, hence difficulties arising when put into practice.

Reference 3 – 0,10% Coverage

Despite its success in most wards, the “know each other”
intervention was not implemented in one ward due to high staff turnover and issues with getting staff members to complete the profiles in time.

Reference 4 – 0,34% Coverage

support within the organization and ward was frequently affected by frequent staff turnover. “I think we’ve had a good kind of three or four managers in post. That’s definitely affected it every time it started, it’s then kind of stopped and needed to be revamped again.” (SWC306) “It was mainly staffing, a lack of time to look at research of different ways, places, of implementing it. And we had plans of doing multiple sessions with staff to give them a bit of training on Safewards and give them more information. And we just haven’t been able to do it, yeah. So the issue’s really been staffing, we just haven’t had the staff time to even meet up as a project team.”

Reference 5 – 0,37% Coverage

Some negative staff attitudes were expressed toward Safewards with staff feeling that specific interventions were already on their wards, with the occasional consequence that some staff believed their practice was being scrutinized during the implementation of Safewards. Some felt existing practices were being “rebranded”, resulting in a lack of motivation and enthusiasm during implementation. One person said that staff struggled with the administrative tasks related to the interventions and documenting

evidence for its practice. “Um, I think people always get their back up when it comes to things like Talk Down or Soft Words because, like, we do that all the time, Why do we need a thing for it? Or that’s just what we

Reference 6 – 0,12% Coverage

do. And I think whenever it’s something that we already do, um, they’re like we don’t need a name for it because sometimes people can be a bit annoyed about things like that, and they don’t kind of see that these things already do.”

Reference 7 – 0,08% Coverage

Staff shortage was the most common barrier voiced by participants. The lack of available staff left little capacity to implement all 10 interventions

Reference 8 – 0,22% Coverage

At times, the intense combined workload pressures led to a lack of energy amongst staff. “I think it was just mainly lack of staff… I think staff have been quite burnout with shortages and the acuity. So, I think trying to implement something just felt a bit like just another thing to add to their workload… I think it’s difficult to implement changes, isn’t it, when staff are just completely overwhelmed with things already?”

<Files\\Slaatto 2022> - § 1 reference coded [0,22% Coverage]

Reference 1 – 0,22% Coverage

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.

<Files\\Slaatto 2023> - § 3 references coded [1,34% Coverage]

Reference 1 – 0,44% Coverage

Several participants mentioned staff uncertainty as a possible bar-
rier to providing children information about rights. One commented, '[H]ow far should I go? How far is too far? … I believe we are very unsure about the use of restraint, how far we can pull the strings, right? And what to do when exercising restraint'. When asked how staff inform children about their rights at times other than at admission, several agreed with one who said, 'Sometimes in house meetings … when applicable, but I don't go and talk to children about the rights, not out of the blue, without something having happened'.

Reference 2 – 0,34% Coverage

several staff members at the other facility expressed
insecurity and uncertainty about person-dependent decisions among staff and about different ways of communicating with residents. One said, 'It becomes very unpredictable for them "if I'm allowed to do that with [a named staff member] but I'm not allowed to that with you."' As one participant said, 'That's where we often fall into the same traps again. Then you just judge for yourself. Because I know what I'm

Reference 3 – 0,56% Coverage

able to do, right? But I don't always … know what my colleague would do in the same situation'. Another voiced similar concerns:
The insecurity and uncertainty that occur when there is not enough sausage and soda on the table …. If you agree to PlayStation, soda, and pleasant activities, then it is mostly pretty calm and okay. But once you try to frame it a bit and create some adult structure, then the temperature among the children increases …. Then I experience more insecurity, so …. What does my colleague do now? Okay, why didn't my colleague stay within the structure that was decided on, and … what happens next time when I stay within the structure that was actually decided on and not make an individual adaptation but do what the papers tell me to do?

<Files\\Steinkopf 2022> - § 9 references coded [3,81% Coverage]

Reference 1 – 0,51% Coverage

She wondered if she was using the right methods, or whether she would ruin the relational base that she perceives to have been built between herself and the adolescent. She aimed at being perceptive to determine and respond to the initiative made by the adolescent. If not, she feared that the adolescent would feel rejected and react with anger and aggression. She described the situation as "walking on a tightrope." In the meaning-making process, she also wondered if she is excessively yielding, and whether she is allowing the adolescent to control her in an unhealthy manner.

Reference 2 - 1,09% Coverage

R: Mm. According to the model (TIC), you would think that meeting her needs was the right thing to do… Heidi: Yes, but she doesn't let go of me. R: What are your thoughts about this? Heidi: I feel it's …you know, this is very emotional for me. Let me take an
example. We've been sitting together, I've been caressing her, you know. She looks at her watch and realises it is close to bedtime (…). Then, even though watching TV is important to her, she starts to tie her hands to my shoelaces to prevent me from leaving her. Then I have to twist my shoes off and become strict, and tell her to let go that it is bedtime, and I will see her in the morning. Then she goes on saying she'll kill herself; I will not see her in the morning, she will overdose, and a whole lot of threats. I just have to repeat what I'm saying. See you tomorrow, I have to go to bed. She runs ahead, bars the door, won't let me pass. You know, we're able to joke about it in the middle of everything, I pass and go to the office to write up the report. She forces her way into the office, and then everything just escalates, and it all ends with a restraint situation. (…) It is so painful, it's…twisting my soul. I go to bed and hear her screaming outside…

Reference 3 – 0,46% Coverage

These situations are so hard, I feel. I keep thinking about the baby child inside her, how do you meet her in a good way? (…) Then she screams at me that she doesn't trust me anymore, everything is lost, I'ma fucking whore… The next morning all is forgotten; I hug her, and all is fine, and we start all over, this dance. It's tough, you know. I feel this is a critical thing about TIC. You have to make yourself so vulnerable, to allow all this to play out. How long can you take it? So many emotions inside me are activated.

Reference 4 – 0,32% Coverage

the emotional strain involved for staff when they are unaware about whether their actions, interventions, and choices will benefit
the development of the adolescents. In such complex situations, staff will be “looking for answers,” even though the “right” choice of intervention is not self-evident. Interventions may even be harmful to the youth or oneself.

Reference 5 – 0,56% Coverage

When “Jon” was asked about situations that could dysregulate him emotionally, he immediately started to discuss the team:
Jon: Well, you’re not always sure. But what I would be most wary of would be to work together with someone who didn’t know TIC well or…then I feel…eh, I think it may be hard.
R: Yes. Yes.
Jon: I’ve experienced some situations like that and what we did were not according to the model (TIC). It’s got something to do with stability, both with those close in your team. I’ve seen many times that when colleagues are sick, and we get substitutes…and when they are unfamiliar with the model, then that’s a challenge.

Reference 6 – 0,13% Coverage

Jon responded with a narrative of missing support from colleagues, attrib-
uting his emotional dysregulation to factors embedded in the team.

Reference 7 – 0,32% Coverage

staff members with diverging theoretical perspectives may destabilize the team. The context for the narrative is a situation with an adolescent with particularly challenging behavior. In this situation, less experienced staff may call for stricter boundaries and more restraints, whereas regular staff, who are more immersed in TIC, would argue against such measures.

Reference 8 – 0,24% Coverage

R: What would have made it worse? What would have made you lose it?
Silje: It would have been to be all alone. To have no backing. It's essential that I have someone close who understands me, or if I hadn't been working on my problems, if I didn't know of my challenges…

Reference 9 – 0,17% Coverage

When asked about the factors that would escalate the situation—or cause her "boil over"—her response also turns to a narrative of togetherness, or lack thereof: "It would have been to be all alone."

<Files\\Vamvakos 2024> - § 6 references coded [2,22% Coverage]

Reference 1 – 0,33% Coverage

Participants highlighted a barrier to TIP implementation is when
single RCWs opt to avoid difficult situations by appeasing children in care, but this can undermine the goals of the whole residential team who are trying to set clear boundaries. Chidi discussed how different approaches can lead to confusion for the young person: "Some [RCWs] think rewarding the child now to be good in my shift, … but not looking at the holistic view of it. That tomorrow if I don't reward a child in the same way that you have, that child doesn't understand. [It] creates that confusion."

Reference 2 – 0,17% Coverage

Andre described experiencing the delayed and unproductive re-
sponses from the care team: "Even though we have team meetings… feels like … we discussing the same thing week after week …and nothing changes… [The care team and the residential house] could work together, but we're not working together.".

Reference 3 – 0,28% Coverage

Maria shared an example of when the care team failed to be
responsive to support the young person leading to a rupture in the relationship: "Something [the residential team had] spoken about with case management was providing a list of things that [the young

person] wanted… So I sat down with her… This was about a week after the conversation in the team meeting… Nobody had done [the list]. …It wasn't implemented. And… we had a bad interaction, and then our relationships was damaged."

Reference 4 – 0,34% Coverage

Participants described the importance of onboarding workers
receiving a thorough induction to the residential house, so they are prepared to engage with the young person. Chidi discussed the rushed nature of getting new RCWs inducted, focusing more on checking boxes than learning about the young person due to the time limitations and busyness of the house: "…To be honest, most of the people that come on shift: ding, ding, ding. There's the behaviour support [plan], they don't even have the chance to read it before[hand]. …It's go. You have to drop the kid here, you have to do this, …"

Reference 5 – 0,46% Coverage

Participants also emphasised that more rigorous recruitment stan-
dards were needed to adequately support young people exposed to trauma. Staff who are not properly trained, briefed on the role, or lacking experience or motivation to work with challenging young people contribute to high turnover. Jenny shared the compromises made to find staff for a house: "You can sit there and go through all your candidates and go, you know what? None of these are suitable because all of them have no experience with [residential care]. But I'll select these two because they've got disability work. …And then the young person suffers, and the… workers suffer because they're just not equipped to work with these young people".

Reference 6 – 0,64% Coverage

Participants consistently expressed that they were not prepared for
the intensity of residential care and felt that the employer should be more transparent about what the role involves. They felt that the role was often generalised, written in an unrealistic or misrepresented way to attract more applicants. Participants recommended more transparency from the organisation around what to expect when you apply for work in residential care. James and Stella provided suggestions to be more honest and transparent during the interview and induction stages of the employment process: "[The

employer is] better off saying that a kid might be heightened and… you might get yelled at, explain that a kid might cut themselves, and you might have to clean up their blood… or a kid might overdose on drugs. Like [prospective RCWs] don't… get that honesty around what actually does happen" (James). "…Just even cover the basics… these are the behaviours to expect, this is what realistically it looks like, this is a picture of a [residential care] house. Just like some really realistic, fundamental things…" (Stella).

<Files\\Yates 2022> - § 7 references coded [2,45% Coverage]

Reference 1 – 0,42% Coverage

High acuity, staff shortage, and the dependence on non-regular staff left participants with an unmanageable workload, having to split limited time between ward responsibilities, managing conflict, and maintaining Safewards' interventions. Many staff felt that once Safewards was introduced the job started feeling "full on at times" (P4), which led to there being "only a small number of people who were actively trying to implement [Safewards]"

Reference 2 – 0,16% Coverage

Staff also prioritized "all the roles and responsibilities of the job" (P4), which caused them to "feel a little at times like [Safewards] would become neglected"

Reference 3 – 0,29% Coverage

participants reflected on working alongside nonregular staff, identifying that when agency staff was used to fill leadership positions, they found it difficult to "teach them how to do Safewards in such a short space of time" (P8) as they 'had not necessarily come in with an understanding of Safewards'

Reference 4 – 0,38% Coverage

some staff maintaining fidelity towards Safewards and others opting for more restrictive practices, leaving patients feeling confused:

	“It confuses the kids if I'm trying to … work according to an intervention and … my nurse in charge … has decided to do something different … I can't carry out the interventions and follow my nurse's orders … and quite often … I have to ignore the intervention”. Reference 5 – 0,66% Coverage Due to high acuity and staff shortages, often interventions such as “positive handovers,” “reassurance,” and “clear mutual expectations,” were viewed as less successful in achieving their aims. Not having the time to deliver a “positive handover” was discussed by staff with one participant identifying that after a busy shift the handover nurse “just wants to get the important [information] across to that they can go home” (P1). Limitations of time also impacted on patient care when offering support through “reassurance” in “mutual help” meetings; one staff member raised concerns that “there was more of a risk of not being able to have a one-to-one that is almost promised in that meeting” (P9). Reference 6 – 0,28% Coverage “Clear mutual expectations” set and agreed by patients and staff also “cannot always happen, because [staff] are busy” (P2), all of which led staff to highlight that without the time to commit to Safewards it becomes very challenging for the staff team to put “any of these practices in fully” Reference 7 – 0,27% Coverage To maintain staffing levels on the ward the hospital had a pre-existing training structure, splitting training into multiple days, preventing the team from being trained together and limiting opportunities for staff to attend. This was discussed as a major implementation barrier.

2 Analytic themes

Stage 3. Mutual and respectful relationships between children and staff constitute a foundational framework in efforts to prevent the use of coercive measures

Stage 2	Stage 1
Children and young people experience that flexible and accessible staff, as well as a flexible and accessible range of therapeutic options, enhance participation and safety	*a higher staff-to-resident ratio allows residents to form bonds with staff* *consistent staffing helps residents connect and foster a sense of community* *flexibility in rules is appreciated, while uniform or inconsistent application is not*
Children and young people appreciate supportive relationships with staff, characterized by trust, mutuality, and respect. However, they also report that staff behavior can act as a barrier to such relationships	*being able to trust staff* *being believed in* *feeling supported when staff show empathy, recognition and are honest in their communication* *mutual trust as a prerequisite for shared decision making* *varying levels of support based on individual staff interactions*
Staff perceive that supportive relationships with children and young people in care settings are based on responsiveness, trust, and genuine care	*better understanding their needs, feelings, and rights* *everyone thinking about others' feelings* *time and consistent staffing to build rapport* *maintaining professionalism while engaging* *staff value relationships, openness, listening, and caring*
Staff report having learned various communication strategies that have fostered supportive relationships with children and young people, as well as a safer care environment	*adaptability and openness to learning and receiving feedback* *change in communication strategies and behavior in response to escalating situations* *inclusive communication without being authoritative*

	know each other *playfulness improved communication and decreased dysregulation* *talking to children and young people after a conflict*
Staff experience uncertainty and emotional strain in their relational work with children and young people, which is further exacerbated by staff turnover, lack of collaboration, and insufficient support from management and colleagues	*challenges in engaging young people* *lack of staff engagement and authenticity impacts relationships* *staff emotional strain and uncertainty in challenging situations* *staff turnover impacts relationships*

Stage 3. Collaborative care strengthens children's trust and engagement, counteracting the power asymmetry inherent in involuntary treatment

Stage 2	Stage 1
Children and young people experience that a collaborative approach allows them to feel informed, understood, and involved in care, enhancing their treatment experience	*being in control of own treatment* *being in control over daily activities and own future* *caring, communicating and discussing together* *positive interprofessional collaboration and culture impacts participation*
Children and young people experience that flexible and accessible staff, as well as a flexible and accessible range of therapeutic options, enhance participation and safety	*a higher staff-to-resident ratio allows residents to form bonds with staff* *a higher staff-to-resident ratio allows residents to form bonds with staff* *consensus and flexibility among staff facilitate involvement in treatment* *consistent staffing helps residents connect and foster a sense of community* *flexibility in rules is appreciated, while uniform or inconsistent application is not*
Children and young people experience that a lack of involvement undermines trust, reinforces powerlessness, and reduces their engagement in their own care and treatment	*being labelled and stigmatized* *lack of decision-making power undermines trust* *not being in control of own treatment and life* *powerlessness or resistance due to lack of involvement* *restrictions without clear reason leads to conflict and coercion* *wish for a greater focus on handling emotions instead of physical responses*
Staff report having learned various communication strategies that have fostered supportive relationships with children and young people, as well as a safer care environment	*awareness and reflection after conflict situations* *awareness of risks with restraint, consciousness when exercising restraint* *awareness of safety risks, own reactions and responses* *tools and skills to prevent coercive measures, enhance safety, and manage conflicts*

Staff employ various strategies to enhance children's and young people's participation and to create an inclusive care environment that promotes shared responsibility	*adaptability and openness to learning and receiving feedback* *change in communication strategies and behavior in response to escalating situations* *inclusive communication without being authoritative* *know each other, bad news mitigation* *playfulness improved communication and decreased dysregulation* *talking to children and young people after a conflict*
Staff experience uncertainty and emotional strain in their relational work with children and young people, which is further exacerbated by staff turnover, lack of collaboration, and insufficient support from management and colleagues	*lack of staff engagement and authenticity impacts relationships* *poor collaboration in supporting young people* *staff turnover impacts relationships*
Staff experience a more conscious approach in challenging situations, as well as a strengthened ability to enhance safety and prevent the use of coercive measures	*children's voices are heard after a conflict* *creating a cohesive community, togetherness* *facilitating child engagement in decision making and planning* *influencing own life outside the facility* *informing children and young people predictability and knowledge* *mutual accountability to the model*
Staff report that changes in structures and work processes have contributed to an improved care culture and enhanced collaboration at multiple levels	*better atmosphere due to better communication among staff* *better relationships between staff and managers* *child engagement as a way of working* *collaboration with the wider care team and other stakeholders* *coordination and support among staff*

Stage 3. Preventing the use of coercion requires deep self-reflection and a willingness to reassess roles, values, and norms

Stage 2	Stage 1
Children and young people experience that a collaborative approach allows them to feel informed, understood, and involved in care, enhancing their treatment experience	*caring, communicating and discussing together* *involving former patients, peer learning and support* *positive interprofessional collaboration and culture impacts participation*
Staff report having learned various communication strategies that have fostered supportive relationships with children and young people, as well as a safer care environment	*adaptability and openness to learning and receiving feedback* *adaptability and openness to learning and receiving feedback* *inclusive communication without being authoritative* *playfulness improved communication and decreased dysregulation*
Staff experience increased self-awareness, self-reflection, and a transformed professional identity in their work with children and young people	*applying the model in everyday life* *awareness of personal experiences* *reflecting on situations and own way of working* *transforming professional identities and attitudes*
Staff experience a more conscious approach in challenging situations, as well as a strengthened ability to enhance safety and prevent the use of coercive measures	*awareness and reflection after conflict situations* *awareness of risks with restraint, consciousness when exercising restraint* *awareness of safety risks, own reactions and responses* *tools and skills to prevent coercive measures, enhance safety, and manage conflicts*
Staff report that changes in structures and work processes have contributed to an improved care culture and enhanced collaboration at multiple levels	*leadership support for change* *organizational culture shift* *child engagement as a way of working*

Stage 3. Sustainable efforts to prevent coercion require long-term resources as well as active and sustained engagement throughout the entire organization

Stage 2	Stage 1
Children and young people experience that flexible and accessible staff, as well as a flexible and accessible range of therapeutic options, enhance participation and safety	*a higher staff-to-resident ratio allows residents to form bonds with staff* *access to and consistency in program delivery is important and can be improved* *access to calm environments provides essential tools to manage emotions* *consensus and flexibility among staff facilitate involvement in treatment* *consistent staffing helps residents connect and foster a sense of community* *flexibility in rules is appreciated, while uniform or inconsistent application is not*
Staff experience uncertainty and emotional strain in their relational work with children and young people, which is further exacerbated by staff turnover, lack of collaboration, and insufficient support from management and colleagues	*poor collaboration in supporting young people* *staff turnover impacts relationships* *staff emotional strain and uncertainty in challenging situations*
Staff experience a more conscious approach in challenging situations, as well as a strengthened ability to enhance safety and prevent the use of coercive measures	*tools and skills to prevent coercive measures, enhance safety, and manage conflicts*
Staff report that changes in structures and work processes have contributed to an improved care culture and enhanced collaboration at multiple levels	*better atmosphere due to better communication among staff* *better relationships between staff and managers* *child engagement as a way of working* *collaboration with the wider care team and other stakeholders* *coordination and support among staff* *improved structures and work processes* *leadership support for change* *organizational culture shift*

	outcomes motivate to further implementation
Staff report challenges related to a lack of engagement, limited personnel resources, insufficient organizational support, and leadership during the implementation of interventions	*lack of leadership and organizational support: engaging young people is not prioritized by organizations; lack of leadership contributes to staff turnover; lack of regular and adaptable training; lack of understanding and knowledge; leadership instability; micromanaging; need of guidance and moral support; staff not feeling listened to or appreciated; unclear roles, lack of transparency* *lack of personal resources, staff collaboration, engagement, and competencies: challenges with adapting to a new model; conflict between therapeutic response and behavior management; inconsistencies in work methods; lack of experience, knowledge, or staff engagement; lack of resources (time, workload, turnover); lack of support from other staff*