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- i. **Short informative title**
Co-producing to understand what matters to young people living in Youth Residential Rehabilitation Services
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Co-producing in youth residential care
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v. Abstract and keywords

Aim Residential group care is an important service for vulnerable young people experiencing mental health, substance abuse, and/or behavioural challenges. Yet little is written about specific models and their outcomes, especially from the perspectives of the young people who use these services. This project aimed to explore what matters to young people living in a 12-month voluntary residential program for young people aged 16-25.

Methods This participatory action research study was co-produced with Youth Residential Rehabilitation Service residents and staff as co-researchers. A steering group comprising residents, staff, and researchers oversaw all research stages. 18 young people and 17 staff members participated in either individual or group interviews to discuss what was important in Youth Residential Rehabilitation Services. Data analysis drew on grounded theory techniques; subsequent codes and themes were refined in the steering group.

Results We identified the 'change work' that young people were expected to do, and the milieu factors that created a supportive environment. As young people were figuring out their directions and learning new skills, they needed to be understood as the developing expert of their own lives. Real relationships with staff and other young people created a culture of belonging, safety, and feeling known. These findings are metaphorically captured in the image of an egg.

Conclusions Our study highlights that real relationships between all Youth Residential Rehabilitation Service community members are central to creating the atmosphere of safety and belonging that enables healing and self-development to occur.

Key words

Consumer involvement; participatory research; personal recovery; residential care; youth mental health

vi. Main text

Introduction

Globally, a range of residential group care options are available to vulnerable young people experiencing mental health, substance use, and/or behavioural challenges. Whilst significant variations are seen across models, they generally offer accommodation and intensive support to promote safe and healthy development (Whittaker et al., 2016).

An emergent body of literature outlines the key characteristics of effective youth residential care. This includes clearly articulated models embedded in a continuum of care; individualised services based on a shared understanding of needs; trained, well-supported staff; family and community involvement; home-like settings; and prioritisation of safety and autonomy (Thomson, McArthur & Winkworth, 2005; Bath, 2008; James, 2011; McLean, 2018; Green et al., 2019).

The use of the residential community itself as a therapeutic agent is contentious. Trauma-informed models intentionally cultivate relationships between residential community members to foster connectedness and belonging (Rivard, Bloom, McCorkle, & Abramovitz, 2005; McLoughlin & Gonzalez, 2014; Pecora & English, 2016; Smith & Spitzmueller, 2016). Negative impacts of peer-to-peer interactions – such as reinforcement of antisocial behaviour – have been outlined (Thomson et al., 2005; James, 2011; Dishion, McCord, & Poulin, 1999), although some find these risks overstated (Weiss et al., 2005).

Few specific programs or their outcomes have been described in the literature, complicating efforts to compare services and identify exemplars to inform program design and evaluation (Bath, 2008; James, 2011). Of those models described, some promising outcomes have been identified. Rivard and colleagues (2005) identified the Sanctuary Model, a trauma-informed model to cultivate safety and recovery through therapeutic community, increased individual coping skills and sense of control, alongside improved sense of community support, safety, and autonomy. James' (2011) review of five residential treatment models outlined improvements spanning self-concept, recidivism, academic functioning, and family adjustment. Australian programs have seen improved relationships, wellbeing, independence, and employment and education outcomes (Wilson Consulting, 2011; Fisher, Purcal, Turut, & Cox, 2015).

Of the models described, little has been written about Australian Youth Residential Rehabilitation Services (YRRSs). YRRSs are state-funded community mental health programs that provide intensive accommodation and psychosocial support to young people who have significant mental health challenges. Beyond one provider's theoretical overview (Hodges, Pollock, & McMullin, 2013) and a government review advocating for more structured, coordinated and goal-oriented youth psychosocial residential services (Nous Group, 2011), there is minimal literature on these settings.

While involvement of service users in the planning, delivery and evaluation of services is a contemporary expectation (Head, 2011; Victorian Government Department of Health, 2013; VCOSS, 2015), no literature was identified that explored young people's perspectives on what matters during their time in YRRSs. Identifying what matters fosters understanding of what parts of a service model are valued by the people who use them, which can inform service development and signpost how success is measured.

This project explored what mattered from the perspective of two stakeholder groups – young people and staff – elevating the voices of young people, who have typically been marginalised from these debates. This ensures YRRS practice meets young people's needs and determines the criteria through which success should be measured. This study used a co-production, action research approach to centre the voices of young people and staff, in order to understand what matters in these contexts, and to integrate emergent learnings into practice along the way.

Method

Design

This participatory action research (PAR) study used qualitative methods and was informed by the critical emancipatory paradigm (Denzin & Lincoln, 2011), which centres experiential knowledge for service transformation. The participatory approach aimed for genuine involvement of impacted people (young people and staff of the YRRS) in setting the research agenda, driving and governing the research process, and interpreting its findings (Rose, 2018). A research steering group was established to test assumptions, oversee process, create knowledge, and feed findings back to the YRRSs (Moore, Noble-Carr, & McArthur, 2016). This involved three young people living in YRRSs, two service delivery staff, two internal research staff, and three external researchers, including one young researcher with lived experience of mental ill health who had not lived in a YRRS. Young people were remunerated for all project activities. The steering group met every six to eight weeks over months 1-18 of the study, and then less frequently but at key milestones over months 19-36 as findings were disseminated through reports, papers and conferences, and embedded in YRRS practice.

Efforts were made to routinely raise and address issues of power within the research steering group, with the extended period of engagement enabling trusting relationships to grow between all members. While staff and researcher involvement varied over this time, the same young residents were consistently involved. Ethics approval was obtained from the University of Melbourne Psychology Health and Applied Sciences Human Ethics Sub-Committee, reference 1648172.

Setting

The setting for the study was four YRRSs run by one community mental health provider in Melbourne, Australia. The services support up to 38 young people who live voluntarily in the service

for up to one year. The accommodation may be a cluster of one- or two-bedroom units or a single dwelling, with up to 10 bedrooms and shared communal spaces. They are staffed up to 14 hours per day by support workers who deliver a structured program and individual, strengths-focused support and coaching to young people. Young people continue to receive specialist supports through other service systems and some participate in education or employment. This service type is explained further in a complementary article (Spies et al., submitted).

Procedure

The study was promoted via flyers at each YRRS and one researcher (KL) based regularly at each YRRS to build relationships and familiarize teams with the research. Researchers shared a plain language information sheet with prospective participants that outlined research aims, processes, potential risks and benefits, and held follow-up discussions to answer questions. Interested participants signed a consent form prior to participation. Participants could nominate an individual or group interview. Focus groups were site-based; staff and young person groups were conducted separately. In total, 25 staff members and 40 young people were invited to participate, of which 17 staff and 18 young people provided informed consent.

Young people were asked if researchers could invite carers/family members to participate in the study. 5 young people provided consent to contact 6 parents. 3 parents agreed to participate, however these interviews did not eventuate as the parents were not contactable within the data collection period.

Data was collected through 13 interviews and four focus groups conducted by an internal researcher (KL) using guides developed by the steering group (see Table 1). On average they lasted 60 minutes. Interview and focus group data were audio recorded and transcribed verbatim.

Insert Table 1 about here

Analysis

Initial thematic analysis drew on the techniques of grounded theory analysis articulated by Charmaz (2014). Authors KL, PE and TW individually read and separated the data into chunks that could be labelled. The three researchers (who included the lived experience researcher) compared chunks and discussed labels until codes were agreed. Two analysis workshops of three and four hours were held with the steering group where like codes were clustered, debated and organized into categories. Between the workshops the categories were fleshed out by KL, PE and TW, and with input from the whole group through email exchanges and in steering group discussions, until final themes and categories were agreed. An example of the process of defining one of the overarching themes ('Change work' see below for details of theme) is provided in Figure 1 to illustrate the participatory action process. Analytic rigour was supported by prolonged engagement with the

research topic, reflexive analysis by individuals, analytic debate within the steering group, and a comprehensive audit trail.

Insert Figure 1 about here

In line with our PAR commitment to practical utility (Baum, MacDougall & Smith, 2006), the steering group organised themes into a simple infographic - concentric circles were used to create a visual schematic that conveyed research findings in a simple and accessible way for staff and young people alike. Prior to the second analysis workshop KL reframed these circles as 'layers of an egg', devising a relatable metaphor that reinforces the necessity of all components and the intersecting relationship between them, similar to Huefner and Ainsworth's model of therapeutic residential care (2021). Further discussions in steering group meetings and via email refined the metaphor diagram and theme properties and supported selection of relevant illustrative quotes.

Results

Participant characteristics

Young people were on average 21 years old, had lived in the YRRS for 5 months at interview, and had a range of gender, education experiences and mental health diagnoses. Staff had a range of education and YRRS employment experience. Demographic details of participants are outlined in Table 2.

Insert Table 2 about here

Themes

Analysis identified two overarching, interconnected themes: the *milieu factors* that supported an environment for young people to thrive, and the '*change work*' that young people undertook (Table 3). Young people and staff identified the importance of both the milieu factors and the change work, which are described in further detail below. While staff identified most of the change work happening within individual or group sessions, young people indicated that 'the work' happened all the time. With the right support at the right time, every interaction had the potential to become a learning opportunity.

Insert Table 3 about here

Milieu factors

Real relationships

Real relationships emerged as what matters most in YRRSs - “without connection, without relationship there’s nowhere to go” (S6). ‘Real’ relationships were described by young people as ones where they are known, feel safe and feel belonging. These took time to establish, with some staff noting that they needed to “earn” (S9) the trust required for young people to share their stories. Real relationships underpinned opportunities for healing and growth.

I felt like I was putting in the effort, she was putting in the effort ... we worked together really well so it’s about being able to be a bit more real ... you need to realise that you’re working with other human beings. We’re not subjects in this system. – YP12

Effective relationships “reduced the gap of worker and young person” (S12), and were “authentic, genuine” (S11), and attuned to needs as they fluctuated over time. Rather than a linear trajectory of high-to-low support, “added focus at key transition points” (S15) including service entry and exit were valued by young people as “what they might need in the first phase would look very different to the last one” (S11).

I’ve had strong relationships, obviously with residents, but by the end of my time there, I was very comfortable with the workers...Yeah, you just start to know them so well. – YP6

Feeling safe

Staff and young people spoke about safety somewhat differently. Staff spoke of mechanisms for safety: risk management, boundaries, physical safety and “the right processes” (S15).

If somebody’s acting out... then warnings are issued... to ensure that everybody feels physically and mentally safe. – S13

Young people spoke of feeling physically and emotionally safe through mutual, trusting, consistent, and bounded relationships, valuing being “actually listened to” (YP11) and cared about:

They’re very careful about how they say things and how comfortable you are so they’ll never push you into saying anything you don’t want to say. – YP3

I feel like I can go to them and they’ll care about me. I feel like I’m loved, yeah... If I don’t think they care about me I won’t bother talking to them. – YP11

Staff demonstrated care through how rules and processes were implemented, and by creating a human culture that included humour, accepting mistakes, and acknowledging that “we work in their home” (S6):

There’s a culture of silliness as well a little bit that we laugh a lot in the house, that we make mistakes and the young people call us on our mistakes and we say “Oh yeh, whoops, sorry. We’re human too”. I think that breeds a culture of nobody’s judging anyone else. That we make mistakes too and then we laugh together, and I think that really helps to make them feel safe. – S5

Managing diverse relationships and tolerating relational conflict were new skills for some, which made the early days and weeks within the YRRS particularly challenging. Additional support from staff and clear rules and boundaries helped young people to build a sense of safety.

People are often testing, 'How far can I push you to see if you'll stay.' And generally you kind of see they'll get to a level and go, 'Okay she's not leaving, or they're not leaving, they're still here, they're still working with me. Okay, this person's kind of safe, I feel safe now'. – S12

Feeling known

Young people wanted to be seen as unique individuals: as people with personalities, strengths, skills, and abilities rather than as a diagnosis, or someone damaged by past experiences.

I think the most important part first is to get to know the person and a lot of people just read files and go all right I know the person. Whereas here I find that if you get to know the person first and you get to understand it first before you start making decisions on where to go. – YP8

Young people wanted support when they needed it, and some flexibility with rules. This required staff centring the needs of each young person while simultaneously holding the needs of the whole group.

I think it's really hard to just have a blanket rule of there can be absolutely no drinking, because when you've got people with drug and alcohol problems, I guess they are things that they are working on. – YP6

Feeling I belong

Belonging was unfamiliar for many young people arriving at the YRRS. Relationships with other young people, staff, and animals that lived at or visited the YRRS fostered a sense of belonging, as did opportunities to help others.

We're all pretty accepting of each other, even through the bad times we all stick together and just like that's pretty like nice to know that if anything happens we're all together... – YP7

I think a good beginning is really important, and when people come in, I always word up the young people... "Remember what it was like when you came in? What did you need that you didn't get? What did you feel was important? And how can you show that now to this new young person? How can we help them settle in and feel a part of this community, especially in ways that you might not have felt?" – S11

'Change work'

I am building skills for my future

Young people wanted to “*learn all the responsibilities*” (YP13): life skills such as using public transport, driving, cleaning, washing, budgeting, shopping, and cooking. Supported opportunities to practice skills individually and in groups cultivated mastery, as they established independence; “*You’re practising living in the real world, but you have people there to help you*” (YP12).

Doing my own thing. Doing stuff like the dishes and the washing. It really makes me feel responsible... I feel proud of myself for doing these kinds of things. – YP13

YRRS support allowed young people to negotiate issues that arose as they engaged in study and work, “*not just waiting until I crash and then getting support*” (YP9). Both young people and staff recognised there were no guarantees for secure affordable housing or financial security on exit; they were working at tolerating this uncertainty. Young people wanted to manage stress and distress and avoid future crises and hospitalisations by building skills for coping and living in a yet undetermined future.

Just having people talk to you, and to get through that period of distress was really fantastic, because when I start to get really distressed, I often don’t know what to do at all... So, to be able to sit with someone or you know, go for a walk with someone or use some tactics to help bring it down, it’s really amazing. – YP6

When I started here, I was in a really different place thinking I had no confidence, I had no trust to live with anyone whatsoever. And now, I feel like I’m in a place where I could go wherever. – YP1

I am working out my direction and goals

Setting and achieving goals increased young people’s confidence and ability to act independently and interdependently; they helped clarify young people’s values, and amplified their sense of personal expertise. More than building skills, the YRRS provided time and space to hope, imagine and experiment with different priorities and directions; a chance to find “*out who you are and what you stand for and, a lot of self-growth*” (YP10). Some young people needed an extended time to identify meaningful goals, for example in a focus group one young person responded to a question about future goals with, “*that’s one of my goals, figuring that out*” (YP5). Staff noticed that as young people became more active, they added or extended goals.

Support to manage fear of failure, acknowledge progress, and experience success was important.

It made me realise, oh wait I am more resilient, and I do have more community and resources for me to use than I thought I did. – YP1

Moments to stop, pause, and go... “You’ve been here three months. Fantastic. Let’s look at that and celebrate and look forward as well,” and have some kind of markers along the way. ... Each person in the team writes some feedback about the growth and development they’re seeing in that person. A chance for them to reflect on what they wanted to do when they

first came in, and how've they gone... and where do they want to go for the next three months. – S11

I am becoming the expert of me

Most young people were engaged in the developmental task of learning about themselves and wanted to be acknowledged as having lived expertise of their own lives. For many, learning had been interrupted or delayed while they were busy surviving and coping. Staff highlighted that the YRRS provided a place for *becoming* expert through building self-knowledge and skills.

Beginning to understand more about myself and what I can actually achieve and actually pushing myself to do something other than just stay at home do nothing. – YP7

A coherent framework – the egg

A key goal of the research project, in line with PAR principles, was to produce results with high utility for communication and to drive change within YRRSs. For this reason, results of the thematic analysis were further analysed into a visual metaphorical framework for communication across YRRSs. Whilst each subtheme and theme was individually and collectively important to deliver what matters to young people, milieu factors preceded and sustained the 'change work'. This relationship is captured metaphorically in the image of an egg, which represents an interconnected, holistic support structure (Figure 2). At the centre is a 'nucleus', with young people more or less aware of themselves and their needs and becoming more expert. Most young people came to the YRRS determined to use their time there to clarify their goals and directions, and to build skills for their future. The environment of the YRRS is imagined as the 'membrane' that cushions and allows growth. It allows young people to feel safety, belonging, and that they are known. The membrane is supported and protected by a 'shell' of real relationships. These relationships – with staff, other residents, and people outside the YRRS – were critical to creating a protective, supportive space that and allows growth and healing, within which the nucleus could grow at its own pace.

Insert Figure 2 about here

Discussion

These findings identify what matters in YRRSs from the perspectives of young people and staff. They reinforce the primary importance and therapeutic potential of naturalistic, authentic relationships in youth residential services. Our findings highlight that a context of real relationships supports healing and growth – the change work - which is consistent with studies of milieu-based services (Green et al., 2019; Pecora & English, 2016; Smith & Spitzmueller, 2016) and also widely supported in writings of recovery and healing by people with lived experience of mental ill-health and emotional distress (Bjørlykhaug, Bank, & Karlsson, 2020; Shattell, Starr, & Thomas, 2007). We found that real

relationships where young people connect via interest not illness create a sense of belonging, normalcy and feeling known as a person beyond a diagnosis (Green et al., 2019; Ness et al., 2017; Pecora & English, 2016; Hillan, 2008). They enable the celebration of ‘the small things’ and emphasise that change is a process and effort is a positive outcome (Topor, Bøe and Larsen, 2019).

Boundaries are crucial to the development of these relationships, yet our findings suggest they need to be negotiated rather than imposed. This aligns with O’Leary, Tsui and Ruch’s (2013) well-expressed reconceptualisation of boundaries as based on relational needs rather than assumptions about what is acceptable professional practice. We found that collaborative relationships that share power and recognize mutual expertise support young people’s development of self-mastery (Ness et al., 2017; O’Leary, Tsui & Ruch, 2013) – a finding applicable to both service delivery and our research approach. A recovery-orientation that emphasizes hope and self-determination further supports self-mastery (Ness et al., 2017), and when combined with a trauma-informed and developmental approach can enable healing-centred engagement that celebrates what’s right about the young person (Ginwright, 2015).

Collaborative, empowering, boundaried yet informal relationships underpinned young people’s sense of safety in YRRSs, a finding consistent with trauma-informed care literature (Kezelman & Stavropolous, 2012; Rivard et al., 2005). We found safety is not merely the absence of risk or distress, but a sense of feeling known, safe and belonging even in the presence of distress. YRRSs can be understood as ‘brave spaces’ (Hawke et al., 2019, p.8) – more than safe spaces, they support the risk-taking work of identity exploration, experimentation, and consolidation.

Like other studies into youth residential services, our findings emphasize that the development of young people’s agency, sense of control and independent living skills are priorities (Hooper, Murphy, Devaney, & Hultman, 2000; Rivard et al., 2005; James, 2011; Green et al., 2019). In addition, our findings centre identity work and meaning making; of young people working at becoming experts of themselves. This emphasis suggests that while skill development, study and employment are important developmental tasks in YRRSs, their importance is enhanced because they cultivate meaning, purpose and autonomy; a sense of mastery of one’s life.

This study’s PAR co-production approach not only enhanced the design and data analysis by shifting the questions asked and how responses were interpreted (Byrne & Wykes, 2020), it enacted youth-friendly service principles that encourage engagement across all levels of service (Hawke et al., 2019). It inspired the development of ‘the egg’ – an accessible formulation of what matters and a framework to guide what needs to be prioritized in practice in these settings. This relatable metaphor aims to support the uptake of findings in practice, offering guidance for how support needs and preferences change over time to enable young people to build skills and confidence within a safety net of support and realistic expectation. This approach sets the foundations for development of an evaluation framework that genuinely represents the priorities of young people.

Limitations

The findings were gathered over 12 months based on discussions with many but not all the young people and staff at the YRRSs. There is no claim that these represent the views of those who did not participate or that they can be generalized to other youth residential contexts. While data collection, analysis and interpretation of the findings were actively contributed to by steering group members, the time-demanding nature of analysis and writing means that some author voices are likely louder than others. Plans to interview family members and carers were not achieved due to layered consent processes, preferences of young people not to contact their family members, and challenges in organizing interviews.

Conclusion

YRRSs are intentional and brave spaces of becoming – recovery communities that can enable healing, growth, and possibility. This study's findings offer guidance for how this can be achieved through development of an enabling milieu that supports young people to engage in the necessary change work. What matters to young people in these communities is expressed through the image of an egg with a developing expert at the centre creating their desired future, cushioned, and nurtured by real relationships that enable each young person to feel safe, known and that they belong. These priorities offer an invitation to service providers to rethink outcome measurement to capture what matters. The project highlights the benefits of inclusive participatory approaches where users are involved in the design, delivery, analysis, and dissemination of research.

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viii. Conflict of interest statement

Authors PE, KL, RS, RE, PH, KD, MT, TW, CvD, RB and AA were employed by Neami.

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Domain	Questions for young people	Questions for staff
	What matters most to you in the YRRS? How does the service meet your needs? Where could more support be offered?	How does the service currently address what matters?
Transitioning in period and processes	Looking back, what was your experience of the first few months of joining the YRRS?	What structures and/or processes are supportive of this being a positive experience?
Transitioning on period and processes	What do you need to be prepared to move on from the service?	What are some of the difficulties in supporting young people to exit from the program?
Safety	What do you think makes a safe space?	What's your experience of the service supporting the young people to feel emotionally safe?
Recovery	How does the service support you to develop what matters to you?	How does the service support you to develop what matters to you?
The resident community and program	What is it like being part of a residential community?	What is it like being part of a residential community?
Information provision and communication	What is your experience of the way information is provided to you in the program?	What is your experience of the way information is provided to you in the program?

Table 1: A sample of questions from interview guides developed by the steering group

<i>Domain</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>	
Young people (n=18)				
<i>(interview n=7; focus group n=11 across 2 focus groups)</i>				
Age at interview	21.44 years	2.4	17-25 years	
Length of time at YRR (at point of interview)	5.3 months	4.4	0.5-14 months	
	<i>characteristic</i>	<i>frequency</i>	<i>percentage</i>	
Gender identity	Male	8	44.4	
	Female	9	50	
	Gender Queer	1	5.6	
Ethnicity	Australian	10	55.6	
	Aboriginal	1	5.6	
	Caucasian	7	38.8	
Work status	Unemployed	13	72.2	
	Employed full-time	1	5.6	
	Employed part-time	1	5.6	
	Employed casual	2	11	
	No response	1	5.6	
Highest level of education	Year 9	1	5.6	
	Year 10	3	16.7	
	Year 11	2	11.1	
	Year 12	4	22.2	
	Certificate 1 / 2	3	16.7	
	Certificate 3 / 4	5	27.7	
Diagnosis †	Anxiety	10		
	Bipolar Disorder	2		
	Borderline Personality Disorder	5		
	Depression	9		
	Eating Disorder (including EDNOS, OSFED, BED)	5		
	PTSD	4		
	Schizophrenia/Psychosis	5		
	Other disorder (anger management, autism, Asperger's, ADHD, body dysmorphia, memory disorder, speech language disorder)	8		
	Staff (n=17)			
	<i>(interview n=6; focus group n=11 across 2 focus groups)</i>			
Length of time working at YRR	Less than 1 year	7	41.2	
	1-2 years	4	23.5	
	2-3 years	6	35.3	
Highest level of education	Certificate 4	2	11.8	
	Diploma/Advanced Diploma	2	11.8	
	Bachelor/Honours	11	52.9	
	Masters	2	23.5	

Table 2: Demographic details of participants

† The table lists all participant self-identified diagnoses. Some participants had two or more diagnoses

Themes	Subthemes
Milieu factors	Real relationships Feeling safe Feeling known Feeling I belong
Change work	I am building skills for my future I am working out my directions and goals I am becoming the expert of me

Table 3: Overarching themes and subthemes outlining what matters to young people in YRRSs

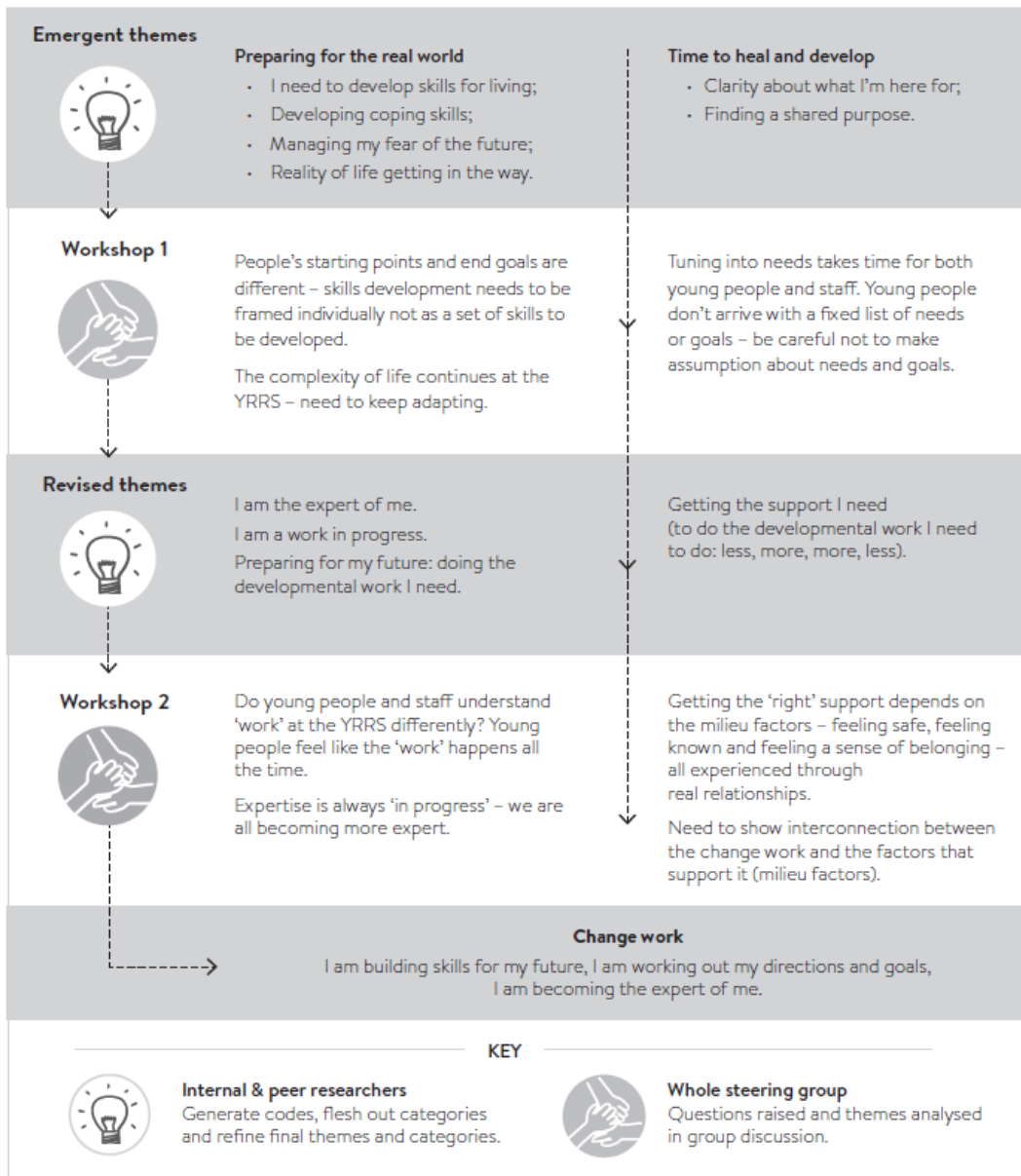


Figure 1. An overview of how the analysis of 'Change Work' codes deepened through discussions between internal and peer researchers and the whole steering group.

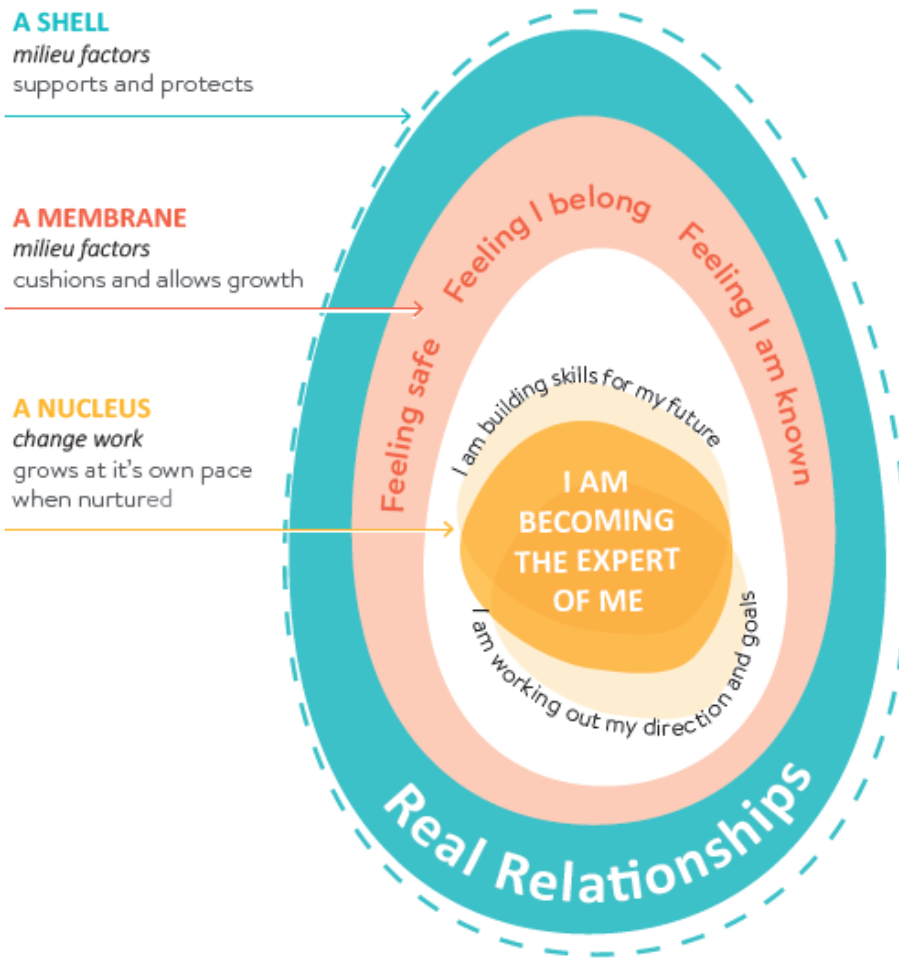


Figure 2. What matters in Youth Residential Rehabilitation Services

Please note: Higher resolution files are available for Figures upon request