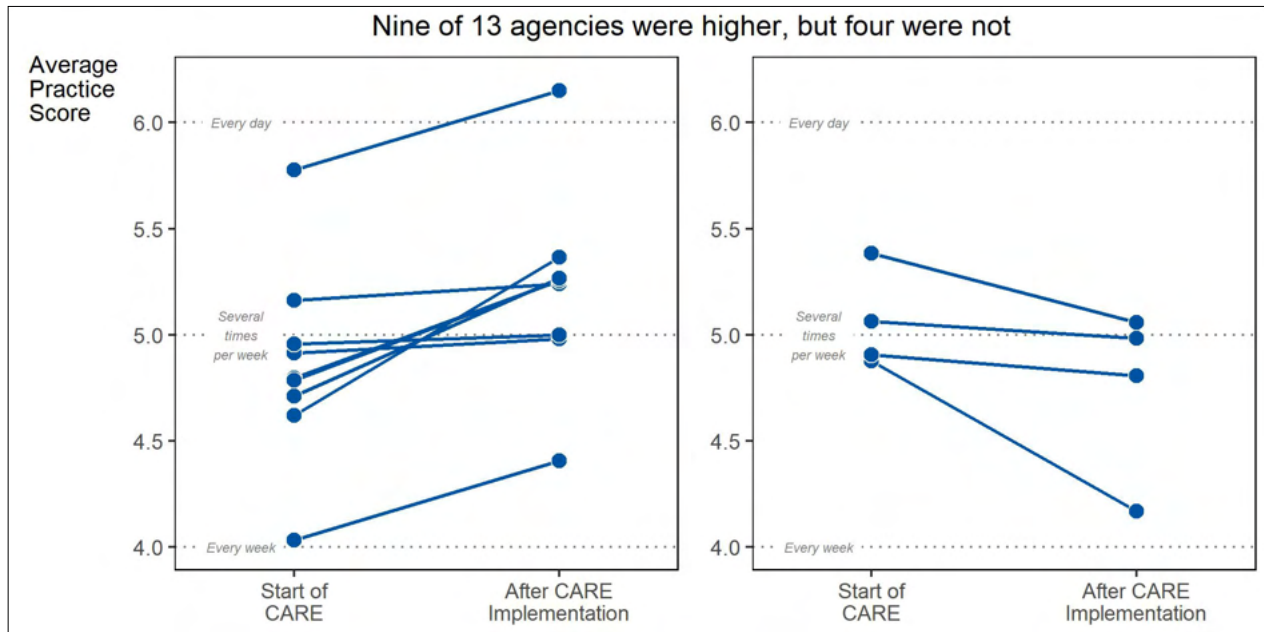




## Staff reported more CARE-consistent practices



On average, direct care staff reported an increase in CARE-consistent practices, though this result was less consistent across the 13 agencies participating in the study. The increase in CARE-consistent practices was maintained after controlling for characteristics of the staff (e.g. education, job role, length of time at the agency), the culture and climate of the agency, and the study design. See Izzo et al., (under review) for a detailed report of these results.

To measure CARE-consistent practices, staff reported the frequency with which they engaged in 31 practices with children in the milieu over the past 30 days using a 7-point scale (1=never to 7=several times a day). Practice questions reflected the following aspects of a relational practice approach in residential settings:

- promoting a sense of relatedness and belonging (e.g., Spend time just socializing with a child when you could be doing something else)
- reading and responding to emotional needs (e.g., Encourage a child to talk with you when he/she is sad or upset)
- promoting competency development (e.g., Adjust the activity so that a child can be successful)
- supporting autonomy (e.g., Ask for a young person’s input about expectations or rules)
- preventing stressful situations for children (e.g., “Avoid activities or situations that trigger the child’s stress response”)

Practice scores, which ranged from 1 to 7, were the average frequency rating across responses to the practice questions. Higher scores represent more practices consistent with CARE.