

Editorial – What’s in a room?

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Welcome to the first issue of *Children Australia* for 2017. This year we hope to continue to bring you a range of content to do with children and young people’s health, care and wellbeing. This issue covers a variety of topics, and the next will be a themed issue based on presentations given at the 2016 Australian Childhood Foundation conference on trauma. As always, we welcome and encourage submissions from both new and seasoned researchers, as well as those of you working in the field who may like to share your thoughts and innovations in a practice commentary. While on the topic of working in the field, I thought I would take a moment to consider the ways that space or the built environment can impact upon children when engaging with services.

A key consideration when working with children is to ensure they feel a sense of safety in their interactions with practitioners. Not only are familiarity and trust of the practitioner and agency important components for building that sense of safety, but also the physical environment in which the services operate, can have a bearing on wellbeing and engagement. Whether the service is one which offers therapeutic interventions such as counselling, or is a place to find refuge such as the offices of DHHS or a domestic violence service, the need for child-friendly spaces should be paramount.

Research exploring the effects of space has found that elements of the built environment can impact on an occupant’s frame of mind, their interaction with other occupants and their physiological state (Erlichman & Halpern, 1988; Rotton, 1979; Schiffman, 1992; Ulrich, 2000; Venolia, 1988). There has been a small number of research inquiries into how the type of counselling space can influence (both positively and negatively) occupants’ thoughts, feelings and behaviours (Anthony & Watkins, 2002; Pearson & Wilson, 2012; Smith & Watkins, 2008), however these have largely focussed on adults’ experiences of the built environment in health and human service settings. While children’s experiences of the built environment in human services do not appear to have been studied, there is no reason to believe that they would not be similarly affected by their surroundings. Indeed, given children’s added level of vulnerability, particularly when thrust into a situation that is out of their

control, it would be reasonable to presume that the environment would impact on their encounters with services and service providers.

Elements that are known to impact on people’s emotional responses and behaviour include the nature and position of furniture, room size and colour, lighting, decorations, odour, noise level, thermal conditions and cleanliness. Some of these will be discussed briefly below.

In formal contexts people are more likely to engage in longer monologues and report lower anxiety and greater comfort when seated at an intermediate distance (1.2m to 1.5m) from each other (Lecomte, Bernstein, & Dumont, 1981; Broekmann & Moller, 1973; Dinges & Oetting, 1972; Knight & Bair, 1976; Stone & Morden, 1976). While not well researched, room size and dimension appears to have some influence on occupants too, with smaller rooms having an inhibiting effect on participant’s articulation and frequency of self-referential statements (Haase & DiMattia, 1976). Evidence suggests that the colour of a room can augment some personality traits, elicit feelings of anger or comfort, and stimulate physiological responses (Dijkstra, Pieterse, & Pruyn, 2008; Korzh & Safuanova, 1993; Liu, 2014; Venolia, 1988). Pressly and Heesacker (2001) suggest that “warm hues and high intensities provide visual activation and stimulation, [whereas] cool hues and low intensities communicate subtlety and relaxation” (p. 150). According to Liu et al. (2014), blue and green are the preferred colours and rooms of these colours tend to decrease the blood pressure, pulse and respiration of occupants. Investigations of decorations and lighting within a counselling environment have produced mixed results. When examining the effects of lighting on cognitive performance, mood, ratings of others, and room attractiveness, several researchers reported no significant differences among warm white, cool white and full-spectrum fluorescent lighting (Boray, Gifford & Rosenblood, 1989; Lecomte et al., 1981). Whereas Gifford (1988) and Miwa and Hanyu (2006) found participants using dimly lit rooms to be more likely to feel pleasant and relaxed, produce higher levels of self-disclosure and form more favourable impressions of the counsellor. There is also some evidence to suggest that aspects of a room’s décor (e.g. plants and artwork) can have an impact on its occupant’s

state of mind (McLeod & Machin, 1998; Miwa & Hanyu, 2006; Pressly & Heesacker, 2001), whereas Baack (2015) found that for genetic counselling the room set-up and décor did not have a significant impact on experiences of anxiety.

A room's odour, sound and thermal conditions are also thought to influence psychological and physical responses. Various odours appear to affect psychological processes including mood, cognition, perception, health and sexual behaviour (Erlichman & Halpern, 1988; Rotton, 1979; Schiffman, 1992). Erlichman and Halpern (1988) found unpleasant smells elicited unhappy memories while pleasant smells prompted happy ones. Unsurprisingly, sudden and unexpected loud sounds had a deleterious effect when a state of relaxation was required (Pressly & Heesacker, 2001), but other sounds, particularly slow, quiet music, have been found useful in treating some psychological difficulties because they help reduce muscle tone, blood pressure and heart rate (Wigram, 1995) and have a positive impact on people's mood (Standley, 1986; Venolia, 1988).

Even though these studies were not directly applied to children or in situations in which practitioners work with children (e.g. counselling, child protection), the results suggest that people react to features of the built environment physically, psychologically and behaviourally, and it is likely that these reactions will occur with children in a variety of settings as well. It is therefore important that the environment in which practitioners work with children is conducive to establishing a trusting, safe and congenial atmosphere.

As a social worker, Gutheil (1996) pointed out that space tells the client a great deal about the agency and its workers. She believed that the messages conveyed by the environment can impact upon the way clients think they are viewed by the agency. For example, a messy office, stark walls and uncomfortable seating might make clients feel insignificant, unimportant and uncared for. Gutheil (1996) advised social workers to observe the agency from a client's perspective, to promote critical analysis of spaces and improved room design.

I have seen many interview rooms in many agencies and have come to learn that they are often too cold or hot, they are businesslike with only office-style table and chairs, and, where they do accommodate children it is often with a token basket of (usually dishevelled) toys, books and pencils in the corner of a room, perhaps sitting on a small child-size table and chair. With the exception of private practitioners' offices, and particularly those of professionals who specifically work with children and undertake play therapy, I have yet to enter a space that appears to be designed with children's comfort, wellbeing and perspectives in mind. Like Anthony and Watkins (2007) and Lui et al. (2014), I believe it to be prudent for practitioners to be taught about the possible implications of counselling/interview room design so they can either design their environments to best suit the needs of their clients or, at the very least, understand how

room design may impact on their interactions to be able to compensate for any inadequacies of spaces. In the case of government owned spaces, many of which have 'child-friendly' rooms, these should be better equipped to provide children with an environment that is likely to increase the chance of securing their trust and comfort, as opposed to what might otherwise be considered a formal, intimidating and formidable space. Engaging and building trusting relationships with children can be difficult—particularly in the context of removing them from their parent's care—so while the space they find themselves in may seem trivial in light of what is being 'done to them', a more amiable environment may make it that bit easier or calming for them. The minimal level of resources required to institute and maintain the environment should therefore be given some considered attention.

As stated previously, these studies of spaces have not been undertaken in contexts with children in mind, and most of them are quite dated. I'd like to recommend that further research is undertaken that looks more closely at children's experience of human service venues in order to provide them with more suitable environments that better promote their sense of safety and wellbeing.

The first issue for 2017 comprises a mix of papers ranging from children's knowledge of the internal body to educational support needs for children with parents in the military. But we will begin with a number of papers to do with children's experiences of care.

Frank Ainsworth and Patricia Hansen discuss the nature and impact of parental contact for children living in foster and other out-of-home care arrangements. They hear from foster carers and practitioners alike about some of the negative aspects of parental contact, such as emotional upset and behavioural outbursts, but suggest that this should not be seen as reason enough for reduced contact. Within a legislative frame of reference, the authors put forward their rationale for maintaining parent-child contact even when the child is not to return to their parents' care. They also make recommendations for ways of managing children's difficult behaviours.

Mike Clare, Becky Anderson, Murielle Bodenham and Brenda Clare provide a brief literature review that explores Australian leaving care policies and legislation. This paper highlights some of the shortcomings found in the current system and makes recommendations for an improved model to help care leavers learn to live independently. They describe the LIFT project, which is a Western Australian based interagency project that aims to prevent and reduce youth homelessness amongst care leavers.

Rebecca Fairchild, Katrina Skewes McFerran and Grace Thompson have examined the ways that children are represented in the homelessness and family violence literature. They found that the articles they reviewed mainly focussed on the negative aspects of children's experiences, with very little acknowledgement of children's capacities and resilience. They report incongruence between the ways

children are described in the literature and the therapeutic goals/programmes developed to help children who experience family violence. The authors advocate for a more balanced representation of children's capacities and experiences within the literature.

In their article titled *Assisting carers to respond to the mental health needs of children*, Josh Fergeus, Cathy Humphreys, Carol Harvey and Helen Herrman undertook a scoping review of literature that examines the prevalence and effectiveness of interventions for foster and kinship carers to help reduce the prevalence and severity of mental health problems among children and young people in out-of-home care. Amongst the 82 publications reviewed, the authors found relevant interventions in Australia and abroad, but also they acknowledge a lack of research centred on the role of the carer.

Meredith Falkiner, Donald Thomson and Andrew Day examined teachers' understanding and application of mandatory reporting of child maltreatment in Victorian schools. After speaking with teachers, they found that some of them were reluctant to make reports, and some were inclined to question a child about the maltreatment before they decided if a report should be made. This, they suggest, is due in part to inadequate training and a lack of understanding about the legislation and processes required of them.

A study by Philip Gillingham, Paul Harnett, Karen Healy, Deborah Lynch and Marion Tower examined the nature and use of decision-making tools and practice frameworks to support non-government practitioners when making decisions about the services and interventions required, and/or whether to make a report to child protection. Discussions with practitioners from multiple sites offered insights into the varied use and usefulness of such tools.

Moving away from matters of child protection and out-of-home care, the next paper studies the experiences of children who have a parent engaged in the Australian Defence Force. Gail Macdonald examined the role of transitional aides for children who have a parent deployed to a war zone. She found that children are more likely to cope better with the transition when the school/teachers are aware of the parent's deployment and can be cognisant of potential emotional and behavioural responses by the child. She found that children's distress can be alleviated when school personnel have an understanding of the student's concerns, and when transition aides were able to facilitate peer relationships as a way of establishing further support.

The final study in this issue, undertaken by Jisca Sterk and Peter Mertin, takes an updated look at children's internal body knowledge. As expected, they found that knowledge about the body develops with increasing age, and that the extent of their knowledge of how internal organs work may be influenced by increased education programs.

We hope that you find the journal content interesting and valuable in your practice.

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