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What are the characteristics (types of knowledge)
residential youth workers with high-risk young
people *bring* to the field of residential work?

**“Identifying artistry in youth residential workers:
Fact or fiction?”**

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Abstract

What are the characteristics (types of knowledge) residential youth workers with high-risk young people *bring* to the field of residential work?

“Identifying artistry in youth residential workers: Fact or fiction?”

This study investigates the characteristics of therapeutic residential care workers with high-risk young people. It takes as its focus the types of knowledge that those who are considered as exceptional residential workers bring with them to the field, and explores the notions of ‘artistry, knowing, intuition, essence and gut feelings’ in relation to the construction of the professional residential care role.

Fourteen residential youth workers with 10-plus years’ experience were interviewed to investigate notions of exceptional practice in relation to:

- their characteristics, ethics, values
- if the multiplicities of theories and artistry they demonstrated were largely due to life development and learning, experience, gut feelings, and/or intuition
- if formal education / training is the most effective way of informing conscious residential work practice.

Drawing on a bricolage of knowledge, theories and theorists across disciplines to scaffold and frame the reconstruction of ways of knowing, this multi-genre methodology creatively utilised narrative research. The metaphor of quilting was drawn upon to contextualise the rhizomatic nature of the research process through which a crystallised understanding of my critical ontological values, ethics and morals afforded emergence of the interconnected history of people’s lives within a developmental bioecological model.

Four knowledge categories emerged, resulting in a 'percentages model':

- [i] **historical/developmental life stages** and impacts
- [ii] **educational and training** and bioecological contexts of lived experience
- [iii] **social learning**
- [iv] confirming the existence and essential roles of '**artistry**', spirituality, gut feelings and intuition.

These four stages are analysed to inform workforce promotion, recruitment/retention, training, mentoring, reduction of WorkCover and sickness costs and the possible subsequent loss of valued residential workers.

Declaration of authenticity

Doctor of Education Declaration

I, Glenys Bristow declare that the EdD thesis entitled *What are the characteristics (types of knowledge) residential youth workers with high-risk young people bring to the field of residential work? "Identifying artistry in youth residential workers: Fact or fiction?"* is no more than 60,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature:



Date: 9 September 2018

Dedication and acknowledgements

I wish to acknowledge my amazing supervisors, Professor Robyn Broadbent and Associate Professor Mark Vicars of Victoria University, without whose ongoing advice, support and humour I may not have started this research journey, let alone finished it. They demonstrated a fantastic balance of supporting and challenging me to read more, learn and integrate more – to think differently, to make sense of and believe in my experiences in an academic research context and to not give up and follow my dream.

Thank you Marg Hamley for always believing in me and being there; my research partners and long term colleagues Pete M, Andrea, Lee, Stella, Vin, Steve, Stephen, Paul, John, Karen and Peter A, who were so very generous with their life stories and support during this process; Harry Gelber for encouraging me to go back to education in the 1980s to better represent the young people I have always been passionate about by understanding and changing systems; *and* the late Robin Clark who believed in my ability to go higher to do more, to better the system for children and young people in residential care.

Dedicated to Ted; my sons –Travis and Joshua, my inspiration – who taught me how to write essays when they were in primary school and have always believed in and encouraged me; their partners Leah and Danielle and beautiful granddaughters Mercedes, Luella and Saffron; and to all the beautiful and brave children, young people and their families who taught me so much while we shared achievement and frustration, sadness and joy over so many years.

I have called this research ‘my amazing learning journey’. As a practitioner researcher with the soul and humour of a residential worker and a woman born in the 1940s it has been a fabulous and extensive learning experience.

A special acknowledgement to Professor Antonia Darder, whose books and articles I read in my fifth year of study for this doctorate at the request of my university supervisor. I was immediately humbled by the similarities in our life

journeys and by her bravery and clarity for the future while understanding what it would mean for her. Her love and advocacy, amazing ability to articulate her story and views, and her powerful messages impacted on me greatly. I chose the following statements from Professor Darder's foreword in *Bicultural Studies in Education: Transgressive Discourses of Resistance and Possibility* (1995, pp. v–vii). Until I read this I was unclear (at 70) where or how this learning journey would continue my love and passion for workers and young people who need it the most. *Now I feel confident to write:*

To see and use value writing as a political act and a legitimate labour

To always strive to ground my writing in life practice – to not lose sight of the real:

By studying and writing about that which has meaning to our lives

To remain conscious of our life's purpose and process

Keep in mind it is our "vocation to be human"

Maintain personal connections to our communities

Ask for help when we need it from those we trust

To work in solidarity with others committed to social justice

Understand the struggle for justice as lifelong

Teach write and live social justice (as an act of love)

Thank you Professor Darder.

Contents

Abstract	i
Declaration of authenticity	iii
Dedication and acknowledgements	iv
Contents	vi
Figures	ix
Tables	x
Chapter outlines	xi
CHAPTER 1: INTRODUCTION	1
Background and context	1
Purpose	5
Research questions	7
My research partners	8
Context of therapeutic and residential care	10
Systemic changes to residential care	14
Residential care in Victoria	16
Impact of the sociopolitical environment	18
Victorian out-of-home care system	23
Legislative framework	25
Who are the children and young people in residential care?	28
Political and economic context of therapeutic residential care in Victoria and Australia	35
Economic costs of childhood abuse and neglect in Australia	40
Residential care workforce	42
Residential care working environment	43
Availability of research into residential workers	46
Chapter summary	48
CHAPTER 2: LITERATURE REVIEW	50
Introduction	50

Theories underpinning therapeutic and residential care	54
Practice or praxis	54
Love	57
Consilience.....	59
Neurobiology	61
Resilience.....	64
Experiential learning.....	66
Flow.....	66
Types of knowledge	69
Reflection in and on action	78
Characteristics of residential workers	81
Meta-analysis of characteristics	83
Developmental stages.....	85
Soft skills.....	86
Chapter summary	87
CHAPTER 3: METHODOLOGY	88
Introduction.....	88
Introduction to methodology	89
Feminist values, caring, quilting and storytelling.....	90
Quilting as a metaphor for my research	92
The research journey	93
Methodology	96
Research design	96
The Listening Guide	98
Bronfenbrenner’s bioecological system.....	101
Methodology: The journey	102
Introducing narrative as interpretive inquiry.....	120
Research partner identification.....	122
Evidencing the data.....	125
Interview method.....	127

Chapter summary	130
CHAPTER 4: ANALYSIS	132
Analysis epiphany	132
Understanding my analysis design and moving forward	135
Analysis: The Quilt Top	135
Supporting analytic frameworks from amended methodology design	139
Research interview response guide questions (1–12)	146
Summarising the findings	197
Four assemblages of knowledge.....	199
Chapter summary	202
CHAPTER 5: FINDINGS AND RECOMMENDATIONS	203
Introduction	203
Restatement of original research questions	204
Key research findings	209
The four identified assemblages of knowledge	210
Characteristics, ethics and values	214
Education and training.....	219
Significance and contribution	224
Limitations	225
Future research	226
Conclusion	227
Artistry in residential work is a truth.....	227
REFERENCES	230

Figures

Figure 1:	Out-of-home care system, 30 June 2014, Victoria, Australia.....	24
Figure 2:	Legislative, policy and practice standards context	27
Figure 3:	Mental health symptom severity of young people in therapeutic residential care pilots in Victoria and Tasmania	33
Figure 4:	Swatch 1 – Journaling my research reflections	52
Figure 5:	VIA character strengths	68
Figure 6:	Types of knowledge.....	69
Figure 7:	The NAMES Project AIDS Memorial Quilt.....	96
Figure 8:	Original 'laundry list' methodology – The Quilt	117
Figure 9:	Revised (current) graphic research methodology – The Rhizomatic Quilt.....	118
Figure 10:	Swatch 2 – Graphic representation of rhizomatic research methodology	119
Figure 11:	Research partners – Residential youth worker demographics	126
Figure 12:	Swatch 3 – <i>Research Journal</i> reflections	134
Figure 13:	Swatch 4 – <i>Research Journal</i> reflections	137
Figure 14:	Individual participant data analysis map (Code SO15: red) – Bioecological developmental model: Context	144
Figure 15:	Swatch 5 – <i>Research Journal</i> reflections	151
Figure 16:	Swatch 6 – <i>Research Journal</i> reflections	157
Figure 17:	Swatch 7 – <i>Research Journal</i> notes	163
Figure 18:	Swatch 8 – <i>Research Journal</i> notes	169
Figure 19:	Rhizomatic analysis questions 1–6.....	172
Figure 20:	Swatch 9 – <i>Research Journal</i> notes	174
Figure 21:	Swatch 10 – <i>Research Journal</i> self-reflections	179
Figure 22:	Swatch 11 – <i>Research Journal</i> notes	181
Figure 23:	Swatch 12 – <i>Research Journal</i> notes	185
Figure 24:	Swatch 13 – <i>Research Journal</i> notes	191
Figure 25:	Swatch 14 – Journal entry and researcher reflections.....	196
Figure 26:	Four integrated assemblages of knowledge rhizomatically mapped.....	201
Figure 27:	Swatch 15 – <i>Research Journal</i> reflections	207
Figure 28:	Residential youth workers – Types of knowledge: descriptors, contexts and percentages.....	212
Figure 29:	Paper pieced quilt of characteristics	217

Tables

Table 1:	Trends in children aged 0–17 years in out-of-home care, Australian states and territories, 30 June 2010 to 30 June 2014	25
Table 2:	Young people’s high-risk (pain-based) behaviours	29
Table 3:	Constraints impacting on residential care in Victoria and Australia	37
Table 4:	Real recurrent child protection and supporting programs expenditure by state and territory government, Australia, 2014–2015.....	41
Table 5:	Age of residential workers.....	42
Table 6:	Use of agency staff by voluntary agencies providing residential care.....	43
Table 7:	Summary of responses guiding question 2	153

Chapter outlines

Chapter 1: Planning the background of the quilt

Chapter 1 describes and summarises the therapeutic care industry, high-risk young people requiring residential care and the historical and current sociopolitical, legal and systemic environment and therapeutic residential youth work. It articulates the political and community 'moral panic' which is currently impacting on residential workers' relational practice.

Chapter 2: Searching for the colour, texture and weave

Chapter 2 is my extensive and wide-ranging 'consilience'-based literature review across many disciplines and disparate theories. This encompasses the whole-of-life contextual and developmental environment of 14 residential workers in the search for the existence or development of their artistry, source and types of knowledge.

Chapter 3: The quilt, the design and the method

Chapter 3 articulates and leaves behind my original binary structured 'weariest kind of thought' (Deleuze & Guattari 1987 as cited in Clarke & Parsons 2013, p. 38) and 'laundry list' (Ellingson 2008, Ch. 4, p. 3) of methods including the original constant comparative method (CCM) (Glaser & Strauss 1967).

I then take the tentative steps towards my creative multi-genre qualitative research methodology and method, and articulate my thinking around my growth and confidence as a novice feminist practitioner researcher.

Chapter 4: The quilt top

Chapter 4 articulates my comprehensive analysis (without CCM), prioritising and respecting the voices of the research partners. 'Working the rhizome for all it's worth' (St Pierre 1997a, p. 281 as cited in Grellier 2017) in my context means having confidence to pursue a creative methodology to follow the

narratives rhizomatically, to hear the voices, to work the process of crystallisation and to let the findings emerge!

Chapter 5: Stitching the layers of the quilt together and the final binding of the edges

Chapter 5 clearly identifies and articulates my key findings, limitations, conclusions and recommendations. It confirms the existence and development of 'artistry' and other previously unexplained intuitive characteristics. It culminates in the development of a formal 'four assemblages of knowledge' model with relevant learning percentages to inform the future promotion, recruitment, skills and knowledge of exceptional residential workers.

From the final analysis comes a number of recommendations – the main one for further research to develop a theory of artistry applicable across all disciplines – with a particular focus on residential and youth work. This chapter also provides a base for research building the writing of further articles regarding artistry in the humanistic professions.

Chapter 1: Introduction

Background and context

In 1981 I started my career in residential care as a relieving youth and child care worker and I have worked in the industry in both statutory and community environments, across a range of unit, service, project and in agency and regional management positions for the last 35 years. My employment has always been working with, training, developing and/or managing types of residential care (including secure), case management and youth support programs. By choice, I was never too far removed from the residential workers, young people and residential practice. My deep, lifelong sense of responsibility and struggle for justice for others was paramount (Darder 2015).

In 1984 I had become a single mother, solely responsible for looking after my two sons, and I needed to work full time. My self-esteem and confidence had been totally eroded over many years and I wasn't sure if I had any skills. However, I was sure I was good with children and applied for a job with a major Melbourne, Victoria Western Region non-government service provider in residential out-of-home care. At this stage of my life and education I was unaware of the political oppression, patriarchy, class privilege, enforced passivity and inequality that was guiding and greatly influencing my life journey and choices (Darder 2011, 2015). All I knew was that I was a survivor and needed, as most of my generation of females, to 'find my way alone to help others'.

What has stayed with me throughout my journey over these years is this passion and courage to love; to make a difference in the lives of children and young people referred by child protection to residential care. Of equal importance in my professional role was (and is) to ensure residential workers were cared for and nurtured.

Early in my career as a residential care worker I was challenged by a mental health consultant who commented: “you can’t look after children and young people if you are not looked after as a worker or manager”. I think at the time I was berating him regarding the lack of flexible mental health options for our young people and he challenged me to take my experience, further my education and learn to understand organisational systems and cultures. He felt only then could I effect change at a systemic or policy level. He discussed the importance of understanding and integrating known theoretical frameworks into practice. He also told me the field needed leaders to mentor younger workers as many of the skills of this relational work with the highest risk young people could not be taught. He further stated “that the skills and ethics required for the field seemed to hint at the characteristics of the person, coupled with the investment of emotional significance, being a passion and a will to learn” and “some type of deeply unconscious tacit knowledge”. What was he was telling me then? I think that it was that I needed to identify and understand my own and others artistry, ethics, beliefs and practice (Gelber 1987).

Having recently retired from full-time work after 35 years in the statutory child protection out-of-home care industry in Victoria, Australia, I attended a function to celebrate this achievement, at which I was given a book of photographs taken at various times during my diverse, strongly practice-based career. I now consider I was given the greatest gift, as a number of authored verses interspersed through a book of photos and cards were from respected colleagues I had worked with for many years. Each had chosen to describe how they saw me and to reflect upon the substance of my career.

They described me as a ‘practitioner person’, ‘dedicated, respected people manager’, ‘inspired and passionate teacher, trainer and mentor’, ‘strong and fearless advocate’ and a ‘gifted child whisperer’, which laid the foundational groundwork for this research.

A verse that I have identified as instrumental in defining my ‘calling’, ‘my energy’ and my love and passion for the field is:

I've come to believe each of us has a
personal calling that is unique as a fingerprint
and that the best way to succeed is to discover what you love
and then find a way to offer it to others
in the form of service, working hard, and also
allowing the energy of the universe to lead you

Oprah Winfrey

I never accepted defeat, or gave up on a young person, and I have come to understand how ...

You may encounter many defeats,
but you must not be defeated.
In fact, it may be completely necessary
to encounter the defeats
so you can know who you are,
what you can rise from,
how you can still come out of it.

Maya Angelou

Together, my research partners and I did affect dramatic systemic and on-the-ground change for residential workers, children and young people, often encountering defeats, but always learning from them and understanding. My life experiences have taught me resilience; the artistry of strength of character ...

...Destiny is a name often given in retrospect to choices
that had dramatic consequences.

J. K. Rowling

And of course, repeated continuously through my research partners' narratives is the importance of maintaining a 'sense of humour'. Eleanor Roosevelt noted how ...

*A woman is like a tea bag –
you never know how strong she is
until she gets in hot water.*

Eleanor Roosevelt

Each of these affective articulations have become meaningful to me for re-understanding the personal and private in the professional (ThemPra 2015). They speak to a hitherto unexpressed essence of my work, of who I am/was in the field, and provide an initial interrogative framework for embarking upon this research. Subsequently, I have come to understand a need for me to identify, articulate, celebrate and represent the richness, 'artistry' or types of knowledge residential workers '*bring with them*' to the field of residential youth work practice.

Working for 35 years in the industry of therapeutic high-risk residential care, I became fascinated watching 'good workers' who immediately engaged with young people; taking 'where they were at'; building trusting relationships and obviously loving spending time 'hanging in and out' with them (Garfat & Fulcher 2012). I wondered why some workers demonstrated a type of 'artistry', often prior to any formal training, and others – some with extensive qualifications – seemed frightened and were unable to engage with young people. Reflecting on the words of the person who had initially hired me to do this work without qualifications, I started to question how he "could sense something in me that would help change the system of residential care" (First employer discussion notes 1980).

What was that intangible quality he sensed? Over the years, I and other experienced workers have also arrived at the same tacit understandings where we could identify these 'potential artists' in the first five minutes of meeting and

conversation. We could not readily articulate how we did this, nor did we try. We just accepted there were creative people with amazing relational and engagement skills who demonstrated this empathic artistry or a multiplicity of 'theories in action' (Clark 2000; Schon 1991; Ricks 2017). We professionally accepted their skills and that, somehow, we knew that we knew they were exceptional.

Over 30 years of practice this calm acceptance of 'knowing' is no longer enough – I embarked upon this study to try to understand and articulate the skills and knowledge that what I consider to be 'exceptional' residential workers 'bring with them'.

Purpose

The purpose of this research is my attempt to investigate and understand how to identify the 'right' people for the work of therapeutic residential care. These are people who can provide consistent and stable care to young people who need nurturing, well-regulated and safe relationships with a significant and trusted adult. This insight in turn will inform and target workforce promotion and recruitment by clearly articulating a framework for the identification of the required characteristics and developmental learning journeys of potential workers. Identifying and employing the right people for the job initially would reduce both WorkCover and sickness costs and reduce the loss of workers due to their inability to cope with the environment.

... you can see the similarities in people in resi but it is still intrinsic to them. The essence of someone I think – there is something that may be there from birth, or before birth. It's something – something in the way that person's mind works and how they interpret that world as children. I'm not sure but I think in a lot of people I really admired in this work were warm people and humorous and I believe real humour comes from the heart and the spirit. It's the healing qualities of that, and there are also people who are quite at home in themselves and that's what kids

need to feel, that you are at home in yourself and they can be safe with you. You tend to be strong enough to keep them safe. And they can respond to someone with that essence almost in spite of themselves immediately. It doesn't have to be working in a relationship for a long time. It can happen in a few words or even looking at each other knowing. It's that simple or extremely complex and really hard to describe – but it is something that is really obvious when you see it in someone and you see the outcomes.

(Research partner 2014)

A further aim of the study is to assist in balancing the curriculum of formal nationally accredited training with the addressing and inclusion of tacit or unconscious life skills, all of which seem to make the workers identified for this study 'quite exceptional'. This study will further inform the debate regarding 'semi-skilled specialisation', or the 'erosion of the collective identity of youth (residential) workers' (Corney, Broadbent & Darmanin 2009). This research may also identify areas for ongoing research into the balance required between competency-based training, assessment, understanding and integrating theory into practice and practice into theory.

Whilst qualifications are important, and I didn't always agree with that, a lot of the stuff you go and learn anyone can do – but what can't be taught is passion, authenticity and caring – genuine caring that shows, not lip service. Doesn't matter how many pieces of paper you have, training degree, masters or whatever. No one can teach you those three things and if a person applies for a position and presents evidence of having those things I would employ them any day. You have seen what happens when those things are not there – fast burnout.

(Research partner 2015)

This excerpt from a research partner interview demonstrates the importance of finding the balance or fit between getting the right person for the job of residential care and the emerging themes of authenticity and passion together with a changing belief in the importance of qualifications.

Research questions

To understand, celebrate and represent the richness, 'artistry', characteristics, values and 'types of knowledge' residential workers '*bring with them*' to the field is to do justice to the many life stories shared over the years about where we all came from, who we are and how we 'came to be'. The importance of recruiting the 'right' people to work with our most vulnerable children and young people led me to consider:

***What are the characteristics (types of knowledge) residential youth workers with high-risk young people bring to the field of residential work?
"Identifying artistry in youth residential workers: Fact or fiction?"***

I subsequently developed the following research questions:

- What are the characteristics, ethics and values that make a 'good enough' (Sharpe 2015) residential youth worker?
- Are the multiplicities of theories demonstrated by residential youth workers in managing complex, crisis situations largely unconscious, due to life experience, intuition, spirituality or lifelong learning?
- Is formal education / training the most effective way of informing conscious practice in residential youth workers? Can some competencies including ethics and values in residential care with high-risk young people only be mentored?
- Can it be proved that a balance of both formal training, pedagogy and life education contributes to equipping workers to provide aspirational residential care to young people who exhibit complex, pain-based behaviour?

My research partners

I used purposeful sampling (Creswell & Plano Clark 2011) to identify residential youth workers as partners for this research. Utilising this non-random method of sampling I selected known residential workers who would provide an “information rich” (Patton 2002) response to assist me to understand the knowledge or artistry residential workers bring to the field.

The chosen participants provided extensive information from which I learnt a great deal about the issues of central importance to the residential worker and the industry focus of the research. The workers for study were selected because they were “information rich and illuminative, that is they offer very useful manifestations of the phenomenon of interest; sampling, then is aimed at insight about the phenomenon, not random empirical generalisations from a sample to a population” (Patton 2002, Table 12.1, 12 Major Characteristics of Qualitative Research).

Fifteen residential workers, five of whom are now managers, with at least 10 years’ experience in residential work with high-risk young people, were invited to participate in one semi-structured interview (with follow-up if required) of approximately 90 minutes. The participants were well known by their colleagues and young people. They were all experienced in the field and had achieved positive outcomes through their amazing capacity to build trusting and respectful relationships with young people in their care. There was no specific age or gender requirement.

All partners were well known to the researcher and shared a safety / wellbeing culture and passionate commitment to sharing their lives with high-risk young people.

In summary, the criteria for selection for the research interviews included:

- at least 10 years’ experience working in and then managing residential care for high-risk young people

- achieved known positive outcomes for young people (as identified by colleagues, funding bodies, young people and their families)
- passionate commitment to and choice and ability to share in the lives of young people
- able to create safe learning and living environments
- fantastic engagement and relationship building skills
- strong enough to keep young people safe – psychologically, physically, environmentally and spiritually
- warm, funny, with a sense of humour and a high level of resilience, bravery, coping and self-care skills
- had worked with the researcher/practitioner for at least 10 years.

One of the main reasons for choosing participants with at least 10 years in the field was to ensure they were commenting with considerable life and industry experience to both support their reflections during interview and their formed opinions over time without relying solely on memory. Dillard (1988 as cited in Clandinin & Connelly, p. 83) cautions relying solely on memory as it may 'smooth out the details leaving a kind of schematic landscape'. This is demonstrated in the following story fragment:

What I struggle with is workers that perceive themselves as victims per se, but I struggle with it because a lot of people wear it like a badge of honour. Very much saying poor me, poor you. I really struggle with that when they just perpetuate the saddest things. It's one thing that really shits me. Because you know when staff is going to have their own issues themselves. The thing is at the end of the day we are here to work with the young people. They pick up our body signs, body language, how you are feeling, how you see the world. If workers come in tripping over their bottom lip and stuff the kids are going to feel it and pick it up – it's how they survive. So, then they are in a heightened state for the rest of the day. You have to put the veneer on and do it well or you can be battling with stuff in the shift all day.

(Research partner 2014)

Ausband (2006) has likened the importance of this phase in an investigation to gathering the 'swatches' of fabrics for a quilt. The wrong selection of people can greatly impact on the richness, quality and 'feel' of the quilt. I knew these participants well and totally believed their rich and valuable accounts of practice that I reasoned would best answer my research questions.

Context of therapeutic and residential care

Robin Clark (2000) in her research "It has to be more than a job" interviewed 10 Victorian 'expert practitioners' working with high-risk young people. Statutory and voluntary agency leaders identified these 10 practitioners. All were women who were considered well read, charismatic and 'artists' in the way they related to children, young people and their families 'within and between systems' (Clark 2000; Garfat 2008). The focus of Clark's research was to identify and articulate this 'artistry' and to understand how to teach others. Clark (2000) joined with the practitioners to retell their stories and to subject their practice to 'critical scrutiny' that subsequently 'reflected on reflective practice in action' (Schon 1983, p. 91; Clark 2000). Clark (2000) felt these 'expert' practitioners went about making sense of situations as they experienced them and though the practitioners could not recall where they had learnt a particular skill or the knowledge to know what to do in particular situations or even the relevant theories, they performed in the role in a way which assumed prior knowledge and experience.

Clark (2000) concluded that this 'demonstrated artistry' made it impossible for these skills to be learnt in the classroom. She felt workers needed to be initiated by the 'right sort of telling' through mentoring and coaching. While Clark's (2000) research covered the recognised 'artistry' of exceptional workers it did not identify their characteristics, life journey or experience prior to or at the time of starting their residential care journey.

To understand, celebrate and represent the richness, 'artistry', characteristics, values and 'types of knowledge' residential workers '*bring with them*' to the field,

is, in this endeavour, to do justice to the years people have shared with me in their life stories about where we all came from, who we are and how we 'came to be'. This is an ongoing tension, which greatly emphasises the importance of recruiting the 'right' people to work with our most vulnerable children and young people. Who are the right people?

Stefan was 16, described as 'odd and volatile'. He was exceptional at breaking down placements through 'strange behaviours' like eating schoolbooks and having conversations with a room full of people who were not there and threatening violence. He scared people. Our relationship formed because I was always picking him up from his latest placement breakdown and spending time with him until we found the next one. We eventually ran out of options. It was 1 am on a Saturday night / Sunday morning and I had been out managing his behaviours for six of the last seven nights. I took him home with me where I already had two sons, a stepson and one of their friends living.

On the way to my home, he told me his behaviours had always worked to keep people away from him. The boys were great and welcomed him. Stefan lived with us for five months. During this time, we found his family, worked with them and he went home to them in South Australia.

(Bristow: narrative from my researcher practice history)

This love and commitment for and to young people often comes at a personal cost and risk to residential workers due to the oppressive policies and practices of state government bureaucracies (child protection). While the policies and procedures may be warranted to keep children and young people safe, they are totally open to interpretation and often carried out by people who are attracted to 'perceived positions of power'. This early personal experience demonstrates this risk and subsequent impact. As a result of taking Stefan home I was investigated for potentially having a sexual interest in adolescent males. I never

received any written notification of the completion of the investigation or the fact it was found to be unsubstantiated. Any policy and procedures are only as good as the people who implement them and, unfortunately, child protection legislation is one of the few areas where you are 'guilty until proven innocent'.

... you work with a young woman who tells you she is going to make (unfounded) allegations about you touching her, because you won't give her money for cigarettes? She has done it before and it has worked. The allegations are made, and you are then stood down pending investigation, which goes on forever mostly with no outcome or apology. Sure, you understand these kids have had a terrible time – that's why you are working with them. Usually no one wants your side of the story because it is believed that no child makes allegations which are untrue.

(Male research participant 2015)

A great number of initial allegations are found to be unsubstantiated following Department of Health and Human Services (DHHS) Child Protection and/or police investigation. However, the impact on workers, their families and teams have in many cases 'tested the passion'. Many good workers and home-based carers have been lost to children and young people due to badly executed processes and the oppressive, risk averse political environment. McKenna and Darder explain this as:

we are all socialised, consciously or unconsciously in the techniques of self-repression, conformity and self-censorship in order to survive especially on the job. In an inverted totalitarian age where (corporations) control the cultural agenda and citizen passivity is deftly enforced – workers know they must keep quiet on the job since going against the hierarchy and telling the truth about inequality, labor conditions occupational and environmental hazards and class exploitation can get one demoted or fired.

(McKenna & Darder 2015, p. 681)

The complexity of residential care, nationally and internationally, has undergone many changes in this increasingly risk averse, repressive, economic rationalist environment, prioritising the need to get the right people for residential work to keep young people safe. One of the many dangers faced in the recruitment and selection of residential workers is their possible sexual exploitation of young people. The residential and broader out-of-home care environment routinely attracts and is seen as a grooming ground for paedophiles (Australian Royal Commission into Child Abuse 2013–2015; Children’s Commissioner 2015).

I wrote the following reflection in 2013:

We held a group interview for prospective residential workers where my role (as a senior manager of out-of-home care) was to wander about (incognito) engaging people in conversation. This was with a view to the early identification of people who were considered inappropriate to work in the industry. My ‘wandering around chatting’ was followed up by a group discussion with existing managers and workers regarding the suitability of the applicants. I expressed concern regarding one person. We discussed this, and others expressed the same concern stating he made them feel uncomfortable. As a group, we decided not to employ the person even as a reliever.

The person appealed and as they were quite well known we were requested to put them on the relievers list. We complied but did not use the person. Six months later we were advised he was employed in another region and had sexually abused two children. What was it our ‘gut feeling’ had alerted us to?

(Bristow 2013)

This research project acknowledges that providing residential care for vulnerable children and young people is one of the most complex areas of care and responsibility faced by the Victorian Government. Prior to deinstitutionalisation in the 1980s and 1990s in Victoria and Australia, babies,

children and young people when removed from home by child protection were initially placed in large “reception centres”. Following deinstitutionalisation, smaller regional reception centres housing up to 12 babies, children and young people were developed. This well-intentioned redevelopment provided placements for up to three weeks while court reports were written and/or children waiting to go to court for a longer-term placement were assessed based on the Children’s Court order. In theory, this seemed appropriate; however, in practice, there were delays in writing reports, delays in court availability and then lack of placement options, which resulted in open-ended placements with a backlog in required placements.

Babies, children and young people had often built relationships with workers over this time, bearing in mind they had to get to know 30 different workers, without any sense of their future. The Department of Human Services then developed short-term units, for placements up to three months for children to transition to after three weeks in reception care. Following these three months, each time limited placement place was ‘bottlenecked’ with no throughput. The Victorian Department of Human Services units developed medium and longer term options as children ‘graduated’ through the system.

Systemic changes to residential care

It took 15 years to change the time-limited system into a system where children and young people could stay in their initial placement after leaving home. These placements were home based, family group homes and residential care units. This was not ideal as many matching issues emerged, which if not well managed further damaged the child or led others into high-risk lifestyles.

Residential care agencies and the central DHHS worked hard to develop therapeutic care. This model of care provided additional funding for a half-time therapeutic specialist matching as part of a more adequately staffed residential team, which has a stand-up nightshift and double staff cover. The therapeutic specialist works as part of the residential team to provide ongoing assessment and specialist advice to residential staff and case managers to get the best possible outcomes for children and young people. Even now (in 2018), due to

the number of children being assessed as unsafe and being removed from home by child protection, unmatched and emergency placements are being made together with settled children in care.

Significant developments and commitments have been undertaken by the Victorian DHHS, particularly over the last five years, regarding the ongoing development of therapeutic residential care in Victoria. The advocacy, strategic and political roles and understanding of systems, with related reporting and recording for residential workers, have increased dramatically. This has included the termination of the two lowest funding models for residential care; collaborative work with community service organisations to develop the *Essential Service Design Elements for Therapeutic Residential Care* (DHS 2012); and the design and implementation of 11 therapeutic pilots. The Victorian DHHS funded the Residential Care Learning and Development Strategy (RCLDS) With Care training, together with the Verso (August 2009 – July 2011) evaluation of the therapeutic residential pilots (Verso 2011).

This included the ongoing commitment to the tendering and establishment of regional and metropolitan additional therapeutic places; therapeutic residential care reference and steering committees; and the integrated developmental work undertaken with Department of Education and Early Childhood Development (DEECD 2011) and Health Assessment Project to benefit children and young people in out-of-home care.

While acknowledging these positive developments, numerous fundamental and significant issues have negatively impacted on agencies' ability to provide residential care, including chronic underinvestment in a service system that provides care and support for Victoria's most complex and vulnerable young people. This poses major challenges and risks for government, operational and financial stress and risks for service providers, and financial and social costs for the community and Victorian Government (2012).

Gharabanghi (2014 as cited in Skott-Myhre 2018) identifies these roots of antagonism or key contradictions as inherent in the relationship between residential practice and purpose. The primary day-to-day characteristics of the

residential care field are the capacity to build and maintain trusting relationships with young people. However, funding bodies focus on controlling and modifying behaviour. Historically, according to Foucault (2012 as cited in Skott-Myhre 2018, p. 5), “youth work practice originated from large institutions designed to integrate young people into capitalism which required ‘docile bodies appropriable to industrial scale production’ that is so often required for current global capitalism”.

To maximise understanding of this transition from large institutional care to community-based residential care and the subsequent identification of the best possible people for residential care depends on clarity regarding the current Victorian residential care environment and underpinning systems.

Residential care in Victoria

This residential care workforce in Victoria is a niche market with only 1597 workers; 22% full time (n = 352); 30% part time (n = 478) and 48% casual (n = 767) workers providing residential care across Victoria (Residential Care Learning and Development Strategy Residential Workforce Analysis 2014–2015).

Residential care in Victoria is described as ‘out-of-home care’, where teams of residential youth workers (up to eight) are rostered 365 days a year. The purpose of this type of care, while often seen as a last resort placement option (AIFS 2012; VAGO 2014, 2016; Bristow 2015; Ainsworth & Hansen 2008, 2015; Bloom 2005; Delfabbro, Osborn & Barber 2005), is to rebuild all aspects of the lives of Victoria’s most vulnerable and damaged children and young people within the context of their families. These young people live in houses with a team of up to eight residential care workers within communities across Victoria. Statutory child protection workers refer them because they have been physically and/or sexually abused and/or neglected. They are assessed by child protection and the Children’s Court as not being safe at home, or in other models of less intensive care, due to their often extreme, pain-based, high-risk behaviours (Anglin 2002, McLean, Price-Robertson & Robinson 2011; DHS 2012).

There is an enormous amount of evidence (Victorian Auditor General's Residential Care Services for Children 2010–2014; Commission for Children and Young People Victoria 2015; Victorian Ombudsman 2012; DHHS 2017) regarding what are perceived as 'poor outcomes' of residential care. I believe residential and therapeutic residential care should be viewed as a preventative service in a life stages model – not always described as a high-cost tertiary child and adolescent service. These children and young people are the most damaged and hurt in our state and need their whole life rebuilt. It has taken 14 to 15 years for these children to be 'broken'. The question that remains unanswered is, *How long will it take for nurturing care and trust to even begin to heal this pain?* We can only lay down the foundations to help these young people to move more safely towards adulthood.

Delano (2015) describes this as the need for 'relational money in the bank' – the relational building of trust, respect, genuine caring or the incredible "art" of working with children. In "The real 'Money in the Bank': Building relationships in youth and child care", Delano describes the importance of child and youth care workers placing this 'money in the bank', such that young people could draw on it, with interest, later in life. Delano (2015) knew that we as workers don't always see the healthy growth or change in a child or young person while we are working with them. However, young people remember many of these lessons as they grow and mature and are able to integrate the remembered or 'banked' learning into helping to resolve their own current situations – hence 'the money in the bank'. As a practitioner, I have many memories of young people returning to visit after they turn 18 and asking me "Do you remember when you said ...? It finally made sense as I got older and I was putting my life together." Very humbling, I think, as often I haven't remembered. The investment and the subsequent interest cannot be underestimated. Delano (2015) in the same article discussed how he had observed that in times of conflict between young people in a house, one worker may walk in with the young people and the situation would escalate. Another worker could join the group and the mood would calm almost immediately. Delano (2015) saw this as how much 'relational

money' the worker had deposited with the child that created a level of safety and trust.

It is paramount for residential workers to retain their focus on the integration of relational approaches to maximise their ability to make a difference in a young person's life. Residential workers need to become 'professional activists' (Smith 2009; Howard 2009) committed to managing and changing the broader systems that impact on their ability to maintain and enhance the real needs of children and young people. They need to understand the impact and ongoing tensions of the current sociopolitical systemic environment on the residential care industry.

Impact of the socio-political environment

One of the most troubling (Falmagne 2013) social, political, ethical and economic paradoxes faced by the residential care industry, and statutory services generally in Victoria, Australia and internationally is avoiding or accepting 'othering' (Fine 1994). James (2011 p.1) defines Othering as, "any action by which an individual or group becomes mentally classified in somebody's mind as "not one of us".

Even though we focus on providing every young person with the best possible service based on their individual developmental needs, skills and abilities the media and general community see them as somewhat less human, and less worthy of respect and dignity than the rest of the community.

Our young people are 'Othered' as being at the highest risk are often victims of the historical context of colonization and are generationally represented in negatively in the media and oppressive state systems. This supports the notion of dysfunctional and oppressive state bureaucracies' who work in superior and controlling statutory positions which hold the decision-making power supported by inflexible legislation and punishment. Very rarely do these legislated decision makers even know the workers, young people, their families or communities they are 'Othering'. This lack of knowledge or relationships results in even

further extending the chasm of 'exclusion and dehumanization' of oppression from much needed relational youth work (Fine 1994).

Winfield (2006 p.23) discusses 'separating the deed from the doer' in an attempt to avoid labelling our young people and working with individual strengths and abilities rather than labelling a young person by their behaviour. Labelling terms such as 'she's a thief,' or 'he is sex offender' are extremely judgmental and will not only further alienate young people from the mainstream but will often push them towards setting themselves up in opposition to mainstream groups. Being subjected to constant alienation drives young people to find where they think they best fit, rather than being bullied, targeted in mainstream systems where they feel unaccepted, unworthy and inferior (Winfield 2006). The residential worker must also take care to find a balance between a strengths-based approach/principle and ensuring our young people are held accountable and their behavior is understood within the developmental environment in which it was created.

Peter was 17. He was labelled as extremely violent. He managed to keep people away from him with his violence, threatening and obscene language. He took great joy in yelling horrendous expressions watching multi-disciplinary workers responses or what was actually their inability to respond. He came into residential care as 'high risk', 'impossible to engage', 'inability to attach', violent, dangerous and suicidal. We built a relationship, worked with his family and found a tough, sometimes warm, loyal, funny and clever kid. He stayed with us until after he was 18. He visited for meals and general company regularly after he left our care. At 19 he rode his motorbike into a semi-trailer and died. We were too late and we were all shattered. Practice reflection from 1987, Glenys Bristow.

Residential Youth Workers then are forced to work within a system which totally contradicts the strong social justice principles and desire for equality underpinning their positive therapeutic residential care practice. At this time in Australia we diagnose and negatively label (Othering) our young people in order

to access services, e.g. the higher the level of proven risk the more intensive, multi-disciplinary funding is available. As Therapeutic Residential Care attracts the highest level of funding this necessitates compartmentalising and labeling our young people (and often their families and communities) across all of their major life domains. Only once the high level of funding is allocated can we strive to interrupt this systemic colonization and structural inequality impacting on our young people and their families by building safe, trusting and shared approaches to positively rebuilding their lives.

By applying these labels to young people, residential workers become unwilling partners in the process of creating categories of deviance which further reinforce the unequal power structures and struggles of our broader society (Memmi 1974).

Many of the rules that define deviance and these contexts in which we need to label behavior as deviant are instigated by the wealthy for the poor, by men for women, by older people for younger people, and by ethnic and racial majorities for minority groups (Crossman 1988). Any training for residential workers must include gaining an understanding of this bio ecological socio-political environment to effect change one young person at a time while advocating strongly for systemic and legislative change.

Young people move on to choosing to have counselling as young adults to further develop the trusting relational foundations residential care has built. Prior to coming into care, many young people have only been maintained or managed across a variety of services in the community while their pain-based behaviour (Anglin 2010) increases and their associated behaviours escalate. During this time their relationships with family, friends and community also usually break down. When no other system, such as education, employment, mental health or family, can manage their often negative and assaultive behaviours or high-risk lifestyles and they have been excluded from all services and communities, they are placed in residential care, where there is an expectation they will be 'fixed' overnight (Bristow 2014).

Often the very systems that have failed our young people are the most critical of the residential service system. Our communities and governments understand

sick or physically hurt young people. However, it could be argued, they do not understand or wish to understand young people who carry and act out their trauma and pain. Some children just need strong, safe, supportive, nurturing help just to stay alive; to manage their risk-taking behaviours or to work out why they carry such learnt 'survival skills' and deep toxic shame. Long before these young people came into residential care demonstrating such pain they lived in communities next door or down the road from everyday people. What are their responsibilities? Why are residential services and these young people the ones systems forgot – left to bear the criticism, negative media coverage and political micromanagement? *Child protection is everybody's business or should be!* (DHS 2009).

Darder (2011) discusses value systems in traditional organisations such as government child protection funding bodies needing to be typically bureaucratic. These organisations are marked by a 'strong hierarchical and authoritarian governance structure' (Darder 2011, p. 68). This results in positions of power and decision-making for residential care agencies, staff and young people being held almost exclusively by bureaucrats in child protection who have often not even met the child or family.

Smith (2009, p. 166) cautions that what is seen as a priority for children and young people in care "comes from a bureaucratic system lacking moral and professional courage to face up to real issues".

Young people demonstrating pain-based behaviours through no fault of their own are often excluded from participation in all major systems and perceived as deficient or needing 'to be fixed' to be able to join and be seen as productive members of our capitalist society.

Traditional outcomes simply will not work for these young people or the workers and organisations that are deeply committed to changing the oppressive political doctrines that shape their lives. Residential workers and services do not work on a societal deficit model (Anglin 2001; Smith 2001, 2002, 2005, 2009) as do other social disciplines such as social work and psychology. As a model

of praxis, they believe in the capacity of these young people to build relationships, achieve, change and grow.

Not being able to fix these young people overnight or in a few weeks is seen as a system dysfunction – *it is* – although this systemic abuse has occurred long before the young people reach residential care (Bristow 2014). The Victorian Auditor General's 2014 *Report into Residential Care Services for Children* identified that the broader out-of-home care system, particularly residential care, has been operating over capacity since at least 2008 (VAGO 2014). In the years following the contracting out of services, many non-government organisations (NGOs) handed back funding and service management to the Department of Human Services (DHS). They cited the complexities of the young people, insufficient funding and inexperience with the extreme client group as their rationale for this action (VAGO 2014).

Following the classic neoliberalism economic rationalist approach (Quiggin 1997) to Victorian Government deinstitutionalisation policies of the late 1990s, (Gaffney 1998; O'Connor 2000), residential care became the main placement option for young people aged 12 to 18 years. This economic rationalist approach of the Victorian Government in power in 1997 included the controlling 'compulsory competitive tendering' policies of DHS residential programs to non-government agencies. In line with this predominant neoliberal approach, major services were tendered out at a much-reduced unit cost per child. This impacted on community agencies' ability to fund the required 24-hour infrastructure. The subsequent reduced cost also significantly impacted on the agencies' abilities to manage the extreme risks that are a part of this industry. A major concern was some agencies' inability to provide the 24-hour rostered on call / recall support required by high-risk babies, children and particularly young people who had traditionally been managed in fully funded DHS services. At the time of this tender (1996/7), (NGOs were unaware of the required infrastructure, WorkCover and/or wellbeing support dollar and personal costs involved in this care (Bristow 2009). Subsequently, in some areas in Victoria this model of care drifted into what was predominantly viewed as a 'last resort' placement option for young people displaying highly challenging, often life-threatening, risk-taking

behaviours (Bath 2009; Anglin 2002; Bromfield & Osborne 2007). Darder (2011, p. 144) teaches us that “a political economy nourished and bolstered by an ideology of power relations” creates “a class structure (that) renders members of disenfranchised groups virtually disposable and expendable”. To assist in understanding this complex working environment for residential care workers, the following section explains the context of out-of-home care, including the underpinning legislative, policy and procedural frameworks.

Victorian out-of-home care system

Figure 1 identifies the range of out-of-home care options and their capacity, as of 30 June 2014 in Victoria (AIFS 2015). This figure demonstrates how, with the increasingly complex, extreme needs and challenging behaviours of children and young people, many home-based community foster carers are unable to manage the children and young people in their care. Nationally and internationally, difficulty in recruiting home-based carers has resulted in increased use of residential care. Data taken from the Australian Institute of Family Studies (CFCA 2014) also highlights an increase in kinship care, which is often unfunded with limited support and subsequently results in placement breakdown and increased referrals to residential care (Bromfield & Osborne 2007).

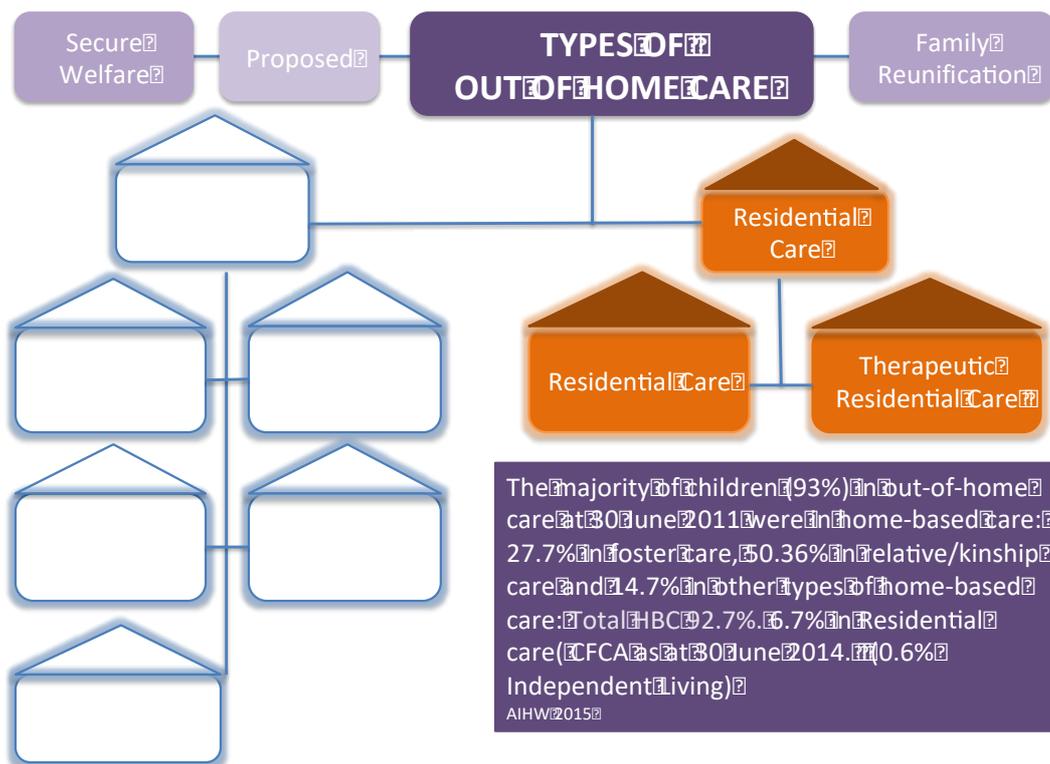


Figure 1: Out-of-home care system, 30 June 2014, Victoria, Australia

Source: AIHW 2015

Of significant interest and concern in the above figures is the increase in relative/kinship care and decline of foster care as previously mentioned. As seen in Table 1, the numbers of children and young people in out-of-home care has risen every year for the past 10 years. This is an increase of 20% from June 2010 to June 2014. The percentage and numbers of children and young people in residential and therapeutic residential care as of 30 June 2014 in Victoria was 6.7% or 524 children and young people (AIHW 2015).

Table 1: Trends in children aged 0–17 years in out-of-home care, Australian states and territories, 30 June 2010 to 30 June 2014

Year	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
2010	16,175	5469	7350	2737	2188	893	532	551	35,895
2011	16,740	5678	7602	3120	2368	966	540	634	37,648
2012	17,192	6207	7999	3400	2548	1009	566	700	39,621
2013	17,422	6542	8136	3425	2657	1067	558	742	40,549
2014	18,192	7710	8185	3723	2631	1054	606	908	43,009

Source: AIHW 2015, Table 5.6, p. 54

From 1999, Australian (Clark 1999, 2000; Bath 2008; DHS 2008) and international research (Anglin 2002; Brendtro, Mitchell & McCall 2009) identified the need to explore new models of residential care. This care integrated the theories of trauma and attachment to inform a more specialised or treatment form of residential care, called “therapeutic residential care” (McLean, Price-Robertson & Robinson 2011). From 2007 in Victoria, the development of both trauma-informed organisations and residential care has required intensive training for residential workers in this field (DHS 2008; Clark 2000). Limited sharing of information has been undertaken with TAFEs and tertiary institutions to ensure potential workers are trained in these disciplines.

Legislative framework

The Victorian child protection system works within a tightly legislated, forensic framework: the *Child Youth and Families Act 2005* and the *Victorian Children’s Wellbeing Act 2005*. This legislation specifies the delegated responsibility for funding and accountability of “registered” (DHHS 2018) out-of-home care services provided by community service non-profit organisations and the emerging “for profit market” (DHS 2013).

At the time of writing (2018) in South Australia, New South Wales (NSW) and Victoria (Australia), the crisis in out-of-home care has seen the emergence (and growth) of a particularly dangerous and ill-informed type of care. This form of

out-of-home care has been named “commercial care”, with up to 200 children and young people being placed in hotels and motels, with workers and managers with often limited training or supportive infrastructure. Current police checks have also been identified as a problem (South Australian Residential Care Symposium 2015).

Therapeutic residential care is a complex system (Anglin 2002; Brendtro & Mitchell 2009, 2010) and all residential workers need to be aware of and work within the international, national and state legislative, policy and standards context. At a minimum, these are identified in Figure 2.

It is interesting to note that the relentless pursuit of political change in residential care has caused rafts of new policy and practice initiatives and seemingly perpetual agency reorganisation. Smith (2009) and Howard (2009) feel this relentless pursuit has sanitised the very essence of care, making it increasingly difficult to offer children the kind of affection and control they need.

This forensically focused political legislative policy, procedural and standards framework literally ‘flies in the face of’ proven tacit research heuristics as a specific type of knowledge in action. Floersch (2004, in McCrae 2005, p. 19) discusses these caregiving heuristics as four elements: (1) specific value-based guidelines for action; (2) tacit knowledge; (3) compassion; and (4) cognitive heuristics. This highlights the complexity of integrating these two almost opposing elements into care with children and young people who need us the most.

Freedom of Information Act 1982, and is consistent
with the Victorian Information Privacy Act 2000

Adoption Act 1986 (including Amendments 2000)

Children, Youth & Families Amendment (Security Measures) Bill 2013

Occupational Health & Safety Act 2004

Commonwealth Powers (Family Law – Children) Act

Drugs, Poisons and Controlled Substances (Volatile Substances) Act 2003

DHHS (2016) Roadmap to Reform

Family Violence Protection Act 2008

Commonwealth Powers (Family Law – Children) (Amendment)

Charter of Human Rights and Responsibilities Act 2006

Privacy & Data Protection Act 2014 (Privacy Act 2014)

Children, Youth and Families Act 2005. Act No. 96/2005

Create Foundation – Report Cards

Crimes Amendment (Protection of Children) Act 2014

Mental Health Act 1996 (including Amendments 1999 & 2003)

Crimes Act (1958) Amendment (2005): Common Law Self Defence

Crimes Amendment (Grooming) Act 2014

Crimes Amendment (Protection of Children) Act 2014 (Protection of Children Act 2014)

Charter for Children in Out-of-home Care

Protecting Victoria's Vulnerable Children

The Department of Human Services One DHS & QIC Standards

The Five Year Out-of-home Care Plan DHHS 2014

The Australian Government Senate Community Affairs
Reference Committee Out-of-home Care August 2015

National Standards for Out-of-home Care

Victorian Charter for Children in Out-of-home Care

Disability Act 2006

Victorian Program Requirements for Residential Care 2016

Child Wellbeing and Safety Act 2005

Health and Child Wellbeing Legislation Amendment Act 2018

“... as a good parent would ...” Report on the Inquiry into the adequacy of the provision
of residential care services to Victorian children and young people who have been subject
to sexual abuse or sexual exploitation whilst residing in residential care August 2015.

United Nations Convention on the Rights of the Child

Figure 2: Legislative, policy and practice standards context

Who are the children and young people in residential care?

As at 30 June 2014 there were six children in out-of-home care in Victoria per 1000 children in the population. This is lower than the Australian average of 8.1 per 1000, and the lowest in Australia. The highest was in the Northern Territory, which was 14.3 per 1000 children (908 children), followed by NSW with 10.8 per 1000 equating to 18,192 children. In Victoria on the same day there were 524 children (6.7%) in residential care out of a total population of 7710 children in out-of-home care. Of those 524 children, 87 were Aboriginal (over 18%). The proportion of residential care in Victoria is the fourth highest percentage in Australia (compared to 9.9% in Northern Territory, 12.7% in South Australia and 8.0% in Queensland) (DHS 2013).

Young people in residential care are usually aged between 12 and 18 years, although recent trends have shown an increase in complex 6-year-old to 12-year-olds being referred to therapeutic residential care. These children have a history of abuse and neglect, resulting in trauma and disrupted developmental and attachment issues. They experience a range of emotional, social, spiritual and educational difficulties and complex, extreme, challenging, pain-based (Anglin 2012) high-risk behaviours. This makes it impossible for them to live in less intensive models of care. These children and young people are usually seen to be at risk to themselves and/or others at home and in the community.

Table 2: Young people’s high-risk (pain-based) behaviours

Risks	Practice reflections
Recurring and often severe self-harming behaviours, including suicide attempts	“Amy was 11 and was found under her bed with a belt around her neck. With intensive work over 10 months by a dedicated residential team including 10-minute checks at night, Amy finally disclosed her pain and began a safer journey to recovery.” (Bristow: practice memory from 1998)
A history of running away and prolonged absences	“Toby was 14 and had already been charged with stealing 27 cars when referred. We finally worked out he was trying to go interstate to find his mother. Workers found mother and began the slow journey to visits and letters. Toby did not return home to live but grew up more safely to live interdependently in the community.” (Bristow: practice memory from 1989)
Multiple placement changes due to behaviour	“Rita was 14 and had experienced 162 home-based care and residential placements. Her early history was tragic, losing both parents. Workers took her away for a week and spent intensive time with her building a relationship – the beginning of trust. She had never seen her parents’ graves.” (Bristow: practice memory from 2013)
Sexually inappropriate behaviours	“Barry was 12 and reported to have ‘disturbed behaviours’. Workers took him for an extensive medical check and found chronic long-term constipation. Appropriate diet and support changed behaviours. They had a physiological base. He had previously been in care for eight months”. (Bristow: practice memory from 2008)
Mental health problems	“Diagnosed with numerous mental health problems, Heidi at 14 was judged as chronically high risk. Over two years, past trauma emerged and diagnosis changed with the help of a therapeutic specialist.” (Bristow: practice memory from 2008)

Risks	Practice reflections
Antisocial behaviours, including violence and aggression towards others	<p>“Michael, 15, had experienced violence since in utero. He had virtually raised himself until coming to notice of child protection for neglect and many outstanding charges for offending – including assault. A staff team built strong relationships (through many assaults) over two years and greatly minimised his offending. Staff team refused to give up and Michael finally realised he could begin to earn how to trust.”</p> <p>(Bristow: practice memory from 2002)</p>
Alcohol and substance abuse	<p>“Zac, 13, had been introduced to alcohol and marijuana by his mother at six years of age. He had lived in and become accustomed to a drug culture and required intense relational work and many stays in a secure setting to help him through.”</p> <p>(Bristow: practice memory from 2012)</p>
Cruelty to animals	<p>“ A young man, 15, before he came into care had long history of cruelty to animals, which no one bothered to report. He went on to commit dangerous and violent offences and was institutionalised at 19.”</p> <p>(Bristow: practice memory from 2014)</p>
Developmental delays or disabilities	<p>“Tim, 13, assessed with a disability, residential staff worked within a trauma framework. Assessed as no disability in three years.”</p> <p>(Bristow: practice memory from 2017)</p>

Source: Left column identification of behaviours: McLean, Price-Robertson & Robinson (2011, p. 6)

Who are they really?

These children and young people have abuse histories and have long since given up on finding safety or an adult that will ‘hang in there’ with them. They are highly skilled at pushing people away with extreme physical and verbal assault and sexualised responses. Part of this is to find out, “Are you strong enough to keep me safe?” and then, “I’m starting to like you and I’m scared”, and “Everyone else has let me down and hurt me so I’m going to test you as much as I can. The more I like you the harder I will try and make you reject me.”

At the Salvation Army Westcare, we shared a philosophy of never, ever giving up on a child or young person.

Over time you catch glimpses of a warm, funny, sometimes insightful, engaging often clever and helpful child or young person emerging. Sometimes they ask for a hug or give one unexpectedly or run in and embrace workers after returning from an outing or family visit, which is like the sun and rainbows coming out together. Workers voluntarily undertake after-care support to young people through their pregnancy, organise twenty-first birthday parties, are birth supports during childbirth – such are the strengths of the relationships we build. Many times, young people move more safely into adulthood, build relationships, have families and bring them all to see you as they feel you may have been the one person who never gave up on them.

(Bristow: research notes 2015)

The Victorian Ombudsman's *Investigation into the Department of Human Services Child Protection Program* in 2009 found that 70% of children coming into care have experienced two of more of the following factors in their life: drugs and alcohol; psychiatric issues; family violence; disability; and historical and cultural trauma (Victorian Ombudsman 2009). Nathanson and Tzioumi (2007) conducted health screening for children and young people in care and identified 68% of under-fives were not meeting developmental milestones; 50% of under-fives showed speech delay; 20% of all children had visual problems; 25% of all children had hearing problems; and 53% of all children had behavioural and health problems. Many children went undiagnosed and untreated until adolescence in residential care, by which time they exhibited quite significant developmental delays and problems as well as their trauma and attachment histories (what had happened to them).

Many of the children and young people have been (mis)diagnosed (often medicated) and treated for conduct disorders, neurodevelopment problems and mental illness, culminating in concerns they may hurt themselves or others (Bath 2009; Ainsworth 2007; Stuck, Small & Ainsworth 2000; Clark 1999). There is now a shared understanding that these young people endured cumulative experiences of trauma, abuse, neglect and multiple placement breakdowns, which greatly hindered their ability to attach and build healthy, nurturing and trusting relationships (McLean, Price-Robertson & Robinson 2011; Clark 1999, 2000; DHS 2003; Hermann 1997; Verso 2014; AIFS 2013).

Children and young people placed in residential care demonstrated signs of complex trauma, post-traumatic stress disorder and disrupted attachment (Van der Kolk 2007, 2014; Perry & Szalavitz 2006; Crenshaw & Mordock 2005; Brendtro, Mitchell & McCall 2009). This greatly compromised their physical, psychological and spiritual growth and development. James Anglin's (2002) research with young people identified these behaviours as 'pain based'.

As an example of this pain, the average score for entry to the Victorian Child and Adolescent Mental Health Service (CAMHS) and the Children and Youth Mental Health Service (CYMHS) is a symptom severity of 14.8. When charted against the average scores of young people in the Victorian therapeutic care pilots, the complexity of young people in out-of-home care can be seen (Figure 3), with entry scores well over the average service entry levels. These children and young people are diagnosed with a psychiatric disorder whose condition is considered seriously detrimental to their growth or development.

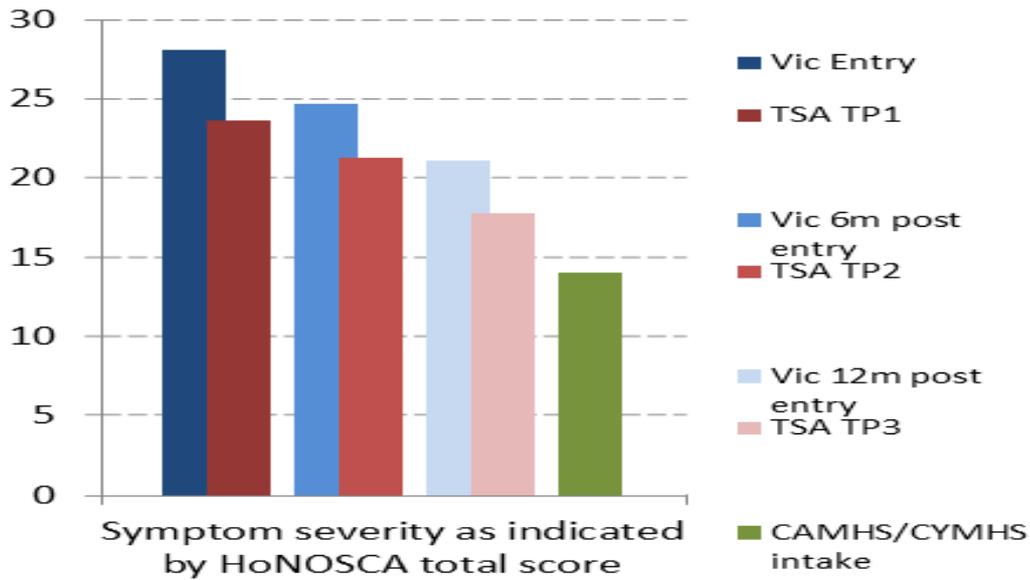


Figure 3: Mental health symptom severity of young people in therapeutic residential care pilots in Victoria and Tasmania

Source: Verso Consulting (2014)

The following case reflection is indicative of the system:

Emma was a 14-year-old young woman residing in residential care. She had been in and out of care since she was first notified to child protection for alleged neglect and abuse when she was two. This is Emma's fifty-second placement in care in 12 years without counting family and extended family return home placements.

Emma also lived with her grandmother when she was younger and when being returned home from care, due to her mother's mental health. Emma tells us that many of her grandmother's boyfriends sexually abused her. Her family has refused to believe her. All seven children in her family live in various forms of care, assessed as not being safe at home or with extended family. Emma's family has an extensive child protection history and there is a long history of intergenerational trauma. Emma has been exposed to family domestic violence, substance use, mental

health, physical abuse, sexual abuse, and possibly sex working. At 13, Emma was diagnosed with an 'emerging' mental health condition; and medicated. Emma was also self-medicating with illicit drugs to manage her pain.

She became extremely verbally and physically violent, with 11 serious staff assaults in a week being recorded. Emma spent time alone talking to herself and imaginary others and threatened suicide many times, culminating in an emergency hospital stay. This gave workers the opportunity to 'be with her' for 24 hours a day. After two days, the restraints were removed. Mental Health could not manage Emma's associated behaviours and felt unsafe.

Emma was referred to a Therapeutic Residential Unit where the workers who had been with her worked on shift. These two workers, one of whom she had assaulted, had volunteered to work with Emma knowing her recent history but firmly believed it was what had happened to her – not what she had done. Emma was told everyone was with her 'for the long haul; no matter what'.

(Case study reflection from practice, Bristow 2016)

A therapeutic specialist is part of Emma's residential care team. The role of the therapeutic specialist in therapeutic residential care has been identified as pivotal in healing and integrating trauma. The education provided to the staff who undertake direct work in understanding trauma and formulating therapeutic interventions is critical. At the time of writing, Emma was testing workers' commitment to her in every way possible, and they were reinforcing their commitment to her in every way possible. There had been no serious assaults for three days.

Political and economic context of therapeutic residential care in Victoria and Australia

Numerous major state and national investigations and legislative and policy changes regarding residential care have been announced and undertaken in a climate of unprecedented 'moral panic' regarding residential care (Smith 2009). This moral panic and subsequent inquiries and royal commissions have led to oppression, political campaigning and expected change, economic rationalism, risk aversion, downsizing and work force restructuring across the public and private sector.

Many sociologists have observed that those in power ultimately benefit from moral panics. Cole (2018, p. 1) writes that "moral panics can lead to increased control of the population, and the reinforcement of the authority of those in charge". Smith (2009) and Cohen (1972) feel that moral panics offer a "mutually beneficial relationship between news media and the state". As seen in child protection investigations, the creation of a moral panic can give governments cause to lobby and enact legislation and laws that would have seemed illegitimate without "the perceived threat and the media and public's response at the center of the moral panic" (Hall as cited in Cole 2018). Nowhere is this a more emotive issue than the perceived abuse of children (Clapton, Cree & Smith 2013).

... in a psych consultancy for a young person who had very difficult and pain-based behaviours, this consultant challenged me to think more broadly about the child welfare system and why governments might be invested in raising 'good citizens'. He challenged me to think about how all the systems around this young man and his family further impacted on their difficulties. I started reading about sociopolitical systems, became fascinated, and enrolled in the Diploma of Welfare at Footscray TAFE. Yes, I certainly did want to make a difference – I wanted to understand how marginalisation and powerless came about to learn how to

effectively advocate for change in policies and systems to benefit families and young people at risk.

(Personal journal reflection 2014)

In my early years of residential work, I had not realised the role of broader systems and governments. I had not even wondered why this might be happening. Even in my own life of varying difficult experiences I had not thought there was a way to explain them, or a reason for them in a broader context. I thought they just happened to me because, as I was often told and had reinforced by various systems, I was a second-class citizen or destined to work in 'the biscuit factory'. At times it even seemed doubtful that I would be fortunate enough to get such a job. This was constantly endorsed by two teachers. Through the completion of various levels of qualifications, I began to understand the socioeconomics and power struggles I had grown up in. When I read Antonia Darder's books late in my studies, it explained my life journey in the broader contexts of oppression (Darder, 1995, 2011, 2015; Darder & Lang 2011).

Young (1990 as cited in Darder 2011, p. 200) describes 'the five faces of oppression' as being 'marginalization, exploitation, cultural invasion, powerlessness and violence'. While primarily focused on students of colour, the five faces of oppression provide a framework for thinking about the climate of institutionalisation of the relational work of residential care with young people. It also helps me to understand and frame the clinical mandatory bureaucratic environment in which workers must not only survive but build trusting, loving relationships. Some examples of these are shown in Table 3.

Historically, there is no other workforce which has been subjected to such constant scrutiny as residential care, as briefly indicated above. International research (Smith 2011) identifies the period from the early 1990s onwards as being one of unparalleled government reports, commissions, investigations and sensationalised publicity. This focus, according to Smith (2011), saw a reawakening and ongoing strong political interest in residential care. It has also

contributed to a trend of locating the locus of knowledge about residential care in sets of abstract principles and standards which, rather than improving practice through professional discourse, has increased administrative and regulatory requirements (Smith 2011).

Table 3: Constraints impacting on residential care in Victoria and Australia

Investigations	Excerpts from research partner narratives
The Protecting Victoria's Vulnerable Children Inquiry began in January 2011, to investigate systemic problems in Victoria's Child Protection system.	We are so busy with paperwork we don't have time to play with the kids or just be with them. (Research participant 2014)
An independent Victorian Commissioner for Children and Young People (Act 2012) was appointed in February 2013 to promote safety and wellbeing of children and young people with a focus on residential care.	Resulting legalistic and regulatory responses has cast a veil of suspicion over the sector and those that work in it. (Smith 2009)
An Aboriginal Commissioner for Children and Young People was appointed in June 2013 and a major task will be to undertake file reviews of 100 Aboriginal children in care in Victoria.	Aboriginal children are 10 times more likely to end up in child protection out-of-home care in Australia. (Productivity Commission 2018)
Victoria's Department of Human Services child protection system underwent a 'historic workplace reform' to implement a new child protection operating model. (DHS Victorian Government 2011–2013)	This has seen a total decrease in DHHS of personnel with any understanding of residential care. (Bristow interview 2014)
The nationally accredited qualification for residential workers, Certificate IV in Child, Youth and Family Intervention, Community Services Training Package is currently under review. This national review is occurring at a time when the registered training organisations and Victorian TAFEs are also undergoing significant budget cuts and change.	In Australia there was not a relevant nationally accredited residential care qualification until 2002 when the Certificate IV in Child and Family Intervention – Residential Care was developed by industry members.
The Victorian Government commissioned Professor Peter Shergold in early 2013 to lead a service sector reform project aimed at improving the lives of vulnerable children and families in Victoria.	Smith (2009) argues what is sometimes seen as promoting what's best for children in care comes from a bureaucratic system lacking moral and professional courage to face up to real issues.

Investigations	Excerpts from research partner narratives
<p>The Australian Royal Commission to Investigate Institutional Responses to Child Sexual Abuse 2013–2017 investigates where systems have failed to protect children to make significant recommendations to improve laws, policies and practices nationally.</p>	<p>Smith (2009) writes that the fact any child is abused in any form of familial or state care is totally unacceptable. However, in this context we need to understand moral panic and its impact.</p>
<p>June 2014, the Victorian Auditor General's Office (VAGO) completed a "performance audit of residential services".</p>	<p>I have to be sure there is someone else around before I give the kids a cuddle when they are upset or go to them at night when they are afraid – to limit allegations. (Male research participant 2015)</p>
<p>In 2015, the Victorian Commissioner for Children launched an investigation into residential care (Australian Broadcasting Commission [ABC] May 2015, July 2015, August 2015) called: <i>"... as a good parent would ..."</i></p>	<p>It's interesting – everyone has advice of what to do and how to do it, but they never come and do it for some reason, and then are critical of you when you try, and it doesn't work so well as quick as they want due to the depth of the young persons' history of pain. (Female research participant 2014)</p>
<p>The Victorian and Northern Territory Australia (2016/7) focus on Youth Justice due to supposed institutional riots and alleged increase in criminal activity by young people has seen many of them transferred to an adult prison in a misguided bid to manage their behaviour.</p>	<p>This oppressive action extended to Victoria with Youth Justice being managed by the °Adult Corrections Department. (Researcher reflection 2017)</p>
<p>The ABC Four Corners Show <i>Broken Homes</i>, 14 November 2016, portrayed residential care in an extremely negative light, only showing the negative clips they had filmed.</p>	<p>Many other services and young people had allegedly provided positive responses to being in care, however these were not included. (National Therapeutic Residential Care Alliance Member 2016)</p>
<p>The recent, much published ABC Four Corners footage of the Youth Justice facilities in the Northern Territory (25 July 2017) has led to the Prime Minister setting up a Royal Commission to investigate claims made by young people into the operation of Youth Justice and Child Protection. These issues had allegedly been reported by the Northern Territory Children's Commissioner three years earlier.</p>	<p>Vision of the teargassing incident and footage of juvenile detainee hooded and strapped to a chair featured prominently in the Four Corners program that prompted the Prime Minister to announce a royal commission. (ABC 2016)</p>

*Commission for Children and Young People 2013.

McKenna and Darder (2011, p. 681), in relation to the notion of an education state, note how “we are all socialized, consciously or unconsciously in the techniques of self-repression conformity and self-censorship in order to survive especially on the job”. Smith (2011) comments how this increased scrutiny of residential care:

has created a watershed issue [for residential care]. The persistent capitalist belief in endemic abuse and the nature and ramifications of the measures implemented to counter this risk are destroying residential care altogether, not improving it as claimed. Rather than being a servant towards the greater aim of improved care, the regulatory responses introduced have become its master.

(Smith 2011, p. 51)

Smith’s (2011) views clearly parallel and articulate the current high profile politicised experience of residential care in Australia, which fails to identify anything that might be positive in this model of care. Nor do any of these regulatory requirements identify who might be the most appropriate people to employ to join this incredibly difficult, high profile industry to provide and maintain a shared love, nurturing relational lifespace with children and young people.

The complexity of this historical, ongoing and relentless sociopolitical operating environment is important to understand, where residential workers who choose to work in this field must demonstrate a high level of autonomy, commitment, knowledge and skill (artistry) across many disciplines. This is to advocate for the building of trusting and nurturing relationships and to get the best possible outcomes for these children and young people in residential care environments. This moral and political judgement by state bureaucratic political systems towards residential care has frustrated and dramatically impacted on experienced and dedicated workers’ practice with young people who most need nurturing.

On the news, you hear about emergency health service workers getting assaulted – no one knows about us and the dangers we face because we so believe in what we are doing.

(Female research participant 2015)

We know to change a behaviour or response we are just going to try many, many times and one day it's sensational because the young person gets it. Why don't people outside of this work understand this or want to know when it happens however small it might be, like just having a shower because they need one in the morning or helping to cook dinner – or apologising and really meaning it to a worker for assaulting them.

(Research partner 2014)

It's interesting, in a political environment of risk aversion, heightened moral panic and economic constraints, that the very practices that would be successful with young people are so closely scrutinised and over-regulated that actual service costs are increasing substantially, as can be seen in Table 4, which outlines the real recurrent costs of supporting young people in out-of-home statutory living and support services.

Economic costs of childhood abuse and neglect in Australia

The Australian Institute of Family Studies (AIFS) stated that according to the Steering Committee Review of Government Service Provision (see CFCA 2016) the economic costs of childhood abuse, neglect and trauma in 2014–2015 was \$4.3 billion nationally. In a political, economic rationalist environment, therapeutic residential care for young people at extreme risk is a high cost tertiary service response. If therapeutic residential care was seen as 'early intervention' within in a life stages continuum model (Pearson Education, date unknown) the costs identified below could then be a future investment into social capital; that is, for a reduced lifetime dependency on major mental health, health, income and justice systems.

Table 4: Real recurrent child protection and supporting programs expenditure by state and territory government, Australia, 2014–2015

Jurisdiction	CPS	OOHC	IFSS	FSS	Total
ACT	\$13,858	\$34,332	\$994	\$2,596	\$51,780
NSW	\$383,920	\$891,124	\$166,197	\$109,079	\$1,550,320
NT	\$35,424	\$100,226	n.a.	\$41,578	\$177,228
QLD	\$31,816	\$446,045	\$68,590	\$31,176	\$860,626
SA	\$62,217	\$229,395	\$19,268	\$10,424	\$321,705
TAS	\$19,283	\$46,775	\$8,150	\$5,323	\$79,532
VIC	\$199,631	\$443,845	\$84,432	\$123,776	\$851,684
WA	\$154,132	\$246,165	\$9,895	\$38,109	\$448,301
Total	\$1,183,681	2,437,907	\$357,926	\$362,0261	\$4,341,176

Note: Units in \$'000.

CPS: Child protection services, OOHC: Out-of-home care, IFSS: Intensive family support services, FSS: Family support services

Source: CFCA 2016 (Table 15A.1, prepared by the Steering Committee for the Review of Government Service Provision)

Table 4 only identifies service provision costs in a particular year. It does not add in or calculate the lifetime costs of unresolved trauma and the future implications of possible system dependency such as justice, mental health, health, income, employment, education, housing and social isolation as evidenced below.

Lifetime impact of unresolved childhood trauma

A recently released report, *The cost of unresolved childhood trauma in adults in Australia* (Kezelman, Hossack, Stavropoulos & Burley 2015), into the costs of unresolved trauma, actually provides mathematical formulas for calculating the lifetime costs of unresolved trauma in our children and young people. It clearly identifies the costs of lifetime negative outcomes due to childhood trauma and child abuse.

Kezelman et al.'s research (2015) revealed that 1.1 million male and 1.6 million female Australian adults had been abused before the age of 15. In recognition of this, Kezelman et al. (2015) confirm that the total number of Australian adults

that have been abused is around 3.7 million. The research highlights the negative impact of abuse and neglect on these adults over a lifetime, while also identifying those who have no ongoing negative life outcomes. Further research and international data (Kezelman et al. 2015) refine this calculation to conservatively be 1.04 million Australians who have experienced ongoing negative life outcomes because of abuse. Of these 3.7 million, or even of the 1.04 million, it is unknown how many may be working as residential workers, either with no ongoing negative outcomes, however, still carrying their pain or at various points along their healing journey.

The annual lifetime cost based on these figures per year in Australia ranges from \$6.8 billion to \$24 billion depending on alternative definitions, with \$6.8 billion being for the narrowest definition of child sexual, emotional and physical abuse only (Kezelman et al. 2015).

Residential care workforce

The 2014 *Victorian Residential Care Workforce Census at a Glance* (RCLDS Residential Workforce Analysis 2014–2015) identified there are 1597 residential workers across Victoria. Of these, 352 (22%) are full time, 478 (30%) are part time and 767 (48%) are casual. In addition, 37% of the Victorian residential workforce is male and 63% female.

Table 5: Age of residential workers

Age	Male	Female
Under 25 years	14%	16%
25–34 years	34%	35%
35–44 years	28%	20%
45–54 years	17%	19%
55+ years	7%	10%

Source: Victorian Residential Care Workforce Census at a Glance (RCLDS) Residential Workforce Analysis 2014–2015

Data suggests that workers have a broad range of youth residential industry and other life qualifications and experience, with 10% having university qualifications, 56% VET Diploma and Certificate IV qualifications, and 34% holding no relevant secondary qualifications (RCLDS 2014–2015). In addition, 16% (n = 78) workers resigned from employment in 2008.

Due to the difficulties experienced in recruiting appropriate staff to residential care, many community service organisations providing residential care in Victoria are having to rely on contracting agency staff to cover shifts in houses. This varies greatly across organisations, as is evidenced in Table 6.

Table 6: Use of agency staff by voluntary agencies providing residential care

Percentage of agencies using hired staff	Number of hire staff per month
33%	1–5 workers per month
14%	6–10 workers per month
21%	11–20 workers per month
9%	More than 20 per month

77% of agencies providing residential care hired agency staff – 23% did not.

It is incredibly difficult for existing staff and young people to have agency workers coming in and working the odd shift without relationships and trust built carefully over time with young people and the existing residential team.

Residential care working environment

Residential workers work a range of rostered 8 hour, 12 hour and overnight sleepover or ‘stand up’ shifts, sometimes alone, sometimes with other workers. They commit to young people (and each other) 365 days a year through seasonal, cultural and personal celebrations, often not returning home to celebrate with their own families.

Invokes memories of trying to explain to my own children
 Christmas afternoon that I need to go – not just to work but to try

hard to make children and young people believe in the magic and spirit of Christmas (or other cultural celebrations) and all it should stand for in Christian families. I couldn't tell my children at the time that the young people I was going to only knew Christmas and other celebrations as a time of family violence, drunkenness and shattered trust. As a staff team, we shared the shifts over times of celebrations to ensure we celebrated in the best possible way to create fun, laughter and memories. Residential workers not only work long shifts but they need to be committed to share their family time, even special times, with those who need us.

(Bristow research notes 2015)

This quote highlights the level of commitment required to undertake residential work. It isn't just the paid shifts, it's a 'total calling' which makes it difficult to understand the promotional and recruitment processes that are required to attract and identify the right people to work in residential care.

Considerable international and national research has been undertaken to identify effective recruitment processes (Kiraley 1999; Anglin 2002), and 'the qualities' or 'characteristics' (Anglin 1992, 2001; Garfat 2001; Krueger, Laureman, Graham & Powell 1986; NACCW 1992; Ricks 1989; Garfat & Fulcher 2012; Fulcher, Doran & Smith 2011; Downey 2013; Webb & Lowther 1993) required from youth and child care workers. It is anticipated these characteristics may be matched to possible qualities emerging from the narrative interviews in this research. Personality and organisational theory provide further information on the culture and systems required to support residential workers (Bloom & Faragher 2010; Senge 1990; Bristow 2008; Holden 2009).

It's also about who these people are. It's about their amazing spirit. They love kids and come with an open heart. Conversely, sometimes when people have broken hearts and for whatever reason they can't heal, they can become quite toxic so (it's)

important to identify the right people. So how do you pick up broken hearts? Look for authenticity, but it's also a sense of: I see flags pop up. I see: something happens and is it just a feeling or is it my assessment experience kicking in? I have made assessments increasingly on the run for so long, and I think I have templates in my brain I have developed over the years.

(Research partner 2014)

National and international research and literature reviews on high-risk adolescents and care agree that a safe, stable, consistent and secure relational base must underpin residential care. The recent Children's Commissioner report "*... as a good parent would ...*" (2015) and the Australian Government Senate Committee Report (2015) discussed the importance of training and mandatory qualifications for residential workers, together with current stringent safety, police checks and licensing. They are clear about screening people out of the profession, but do not mention or make any recommendations about identifying and attracting the 'type' of people or the characteristics as to who would be most suited to this profession. In many ways these processes mirror and often create the 'guilty til proven innocent' focus on system dysfunction and the punitive and negative focus of the current legislative, policy and cultural interpretations, frameworks and mindsets of child protection.

Essentially this means developing an appropriately funded, thoughtfully established ongoing residential staffing base, which meets the need for staff known to young people to provide relationships, routine, consistency and stability. This base must have an established rostered staff team who are able to work flexibly, so the young people can begin to build trusting and nurturing relationships. The research (Kiraley 1999; Anglin 2002) mentioned above confirms the absolute importance of a stable residential team who work together with other professionals in a professionally collegiate and respectful environment to provide a secure base as the nexus of the therapeutic web of residential care (Perry 2013).

However, the impact of stringent managerial policies on practice is often at odds with the philosophical precepts of child and youth care, which demands a relational, flexible and humanistic approach to learning and management (Smith 2009). Bureaucratic organisation of group care services has, according to Magnuson, Barnes and Becker (1996, p. 85) “cost us ethically and pedagogically by constraining and demoralising staff and clients in the creation and recreation (cyclic) practice in disarray”. Reactive and investigative cultures reinforce a negative image of the sector and further reduce morale and the potential to attract and retain appropriate staff (Corby, Doig & Roberts 2001).

Smith (2011) has voiced concerns that the constant focus on oppressive state investigations and subsequent regulations and standards risk reducing residential care to a series of discrete tasks as a way of managing the workforce through tighter regulation. He felt this impacted on the formation and ongoing development of a relevant professional identity for residential child care workers. It also impacts on the ability of residential care workers to do what they do best: build positive, informed relationships to help young people begin to feel safe. They cannot achieve this if they are constantly subjected to ever-increasing and onerous administrative requirements, unsubstantiated claims and lack of understanding and respect from other parts of the system.

Availability of research into residential workers

An extensive literature search of residential and child and youth care workers provided limited information to assist in identifying who these residential workers are that are drawn to the field. What they ‘bring’ to this field is best described as their demonstrated ‘life-based developmental types of knowledge’, which they arrive with and further develop when working with these incredibly damaged young people who exhibit such pain-based behaviour (Anglin 2002). Colton (2005) discusses that while research has focused on the burnout rate of residential workers (Fleischer 1985; Savicki 2002; Breda & Verlinden 2002; Bednar 2003 as cited in Colton 2005), little is known about who or where these workers come from. Colton (2005) further argues that while there is extensive research on the children and young people who live in residential care, there is

a dearth of research on who are the people attracted to the field, staff morale and wellbeing, job satisfaction and retention in this field. A further scoping of the literature has not identified any research which clearly understands and articulates what makes a 'good' residential worker? *Who are they? What are their values? Where did they come from? Why did they decide to do this work? What are their life experiences, their skills, personality traits, attachment histories and resilience? What types of knowledge do they bring? Where did it come from?*

Research is being undertaken internationally to understand why, in residential care, tacit or intersubjective knowledge is so difficult to identify, understand, articulate and research (Smith 2009; Vasudevan 2017; McCrae & Bulanda 2010). This is evidenced by the Scottish experience where well-informed attempts were made to incorporate residential care into a social work framework. Research (Smith 2009; Anglin 1992) now identifies there is a conflicting view between social work theory and the realities or practicalities of residential child care philosophy and practice. Smith's (2009) study emerged out of the process to establish a masters course in residential work in Scotland. He felt residential child care could not be pitched at a level of 'sage on the stage' or the 'banking' type of education and training delivery of existing theoretical and often proven inadequate formal knowledge from teacher to learner. It had to draw on the practice knowledge and experience of course participants and integrate this with theory from the child and youth care practice tradition to develop a relevant disciplinary discourse which 'fitted' with the experience of workers in the field. While the original amalgamation of the two systems was pitched at an ideological level, social work, as previously mentioned, is influenced by the literature of dysfunction (VanderVen 1993; Smith 2003; Milligan & Stevens 2006; Fulcher 1998, 2004; Garfat 2003).

Chapter summary

In this chapter I have provided an overview of residential work with high-risk young people in the child protection system, and the workers and young people in a systemic, political climate of moral panic and social context describing a risk averse, economic rationalism/neoliberalism environment. I detailed the subsequent greatly increased scrutiny of governments in response to perceived community moral panic from continual royal commissions and investigations into the child protection and residential care fields. It is in this complex environment that residential workers need to work alongside young people and build trusting relationships while continually under observation and inspection.

In summary, residential youth workers, I propose, have a different way of knowing: a language, culture and exciting intensity born from passion, commitment and artistry. We journey alongside each other with young people, demonstrating and recognising that we have a different way of being and doing this work. The culture is embodied in our passion, soul, heart and 'very bones'. We are what we do, which historically has made the work of exceptional residential workers incredibly difficult to understand and articulate, as evidenced by the multiplicity of research disciplines, theories and types of knowledge needing to be researched and understood. This complexity also makes it difficult to define our own theories, though in many ways, it helps to frame my literature review. It evidences the necessity to explore literature across, through and in the middle of multiple disciplines, looking for the many different colours, designs and fabrics to understand an incredibly intricate quilt top.

The next chapter

The following excerpt is taken from an activity I have done many times in public presentations and training, when asked to introduce and understand high-risk young people and residential care.

Imagine just for five minutes everything you do within your family or the group you share your life journey with, overlaid with generational and societal impacts you are aware of. Then about

the trauma of abuse and neglect our young people have experienced, the resulting pain and the multiplicity of reasons they may have occurred. Residential workers repair and replace all parts of the jigsaw of young people's (and often their family's) lives.

(Training activity, Bristow 2011)

I have included this activity as an introduction to the next chapter – the literature review. I believe the activity introduces the need to explore theories and concepts across and through the middle, and outside the accepted boundaries, of knowledge traditionally utilised in child protection residential care. I have followed my 'lines of flight' across multiple disciplines, ensuring I do not seek traditional linear ideologies to understand the complexities of the research questions (Deleuze & Guattari 1987).

Chapter 2: Literature review

*Listen carefully to what country people call mother wit.
In those homely sayings are couched the collective wisdom of generations.*

Maya Angelou

*I'm grateful to intelligent people. That doesn't mean educated.
That doesn't mean intellectual. I mean really intelligent.
What black old people used to call 'mother wit' means intelligence
that you had in your mother's womb.
That's what you rely on. You know what's right to do.*

Maya Angelou

Introduction

There is a paucity of research identifying and explaining the complexity of the many possible types of knowledge inherent in informing a multidisciplinary approach to (therapeutic) residential care. This includes understanding tacit and age-old wisdom as an equal discipline and necessitates researching literature across a broad spectrum of disciplines.

I want to understand and use the age-old concepts of 'mother wit'; gut instinct; gut knowledge. I want to research the available literature to help clarify the many other knowledge concepts with the same meaning such as 'tacit', 'unconscious,' 'sixth sense', 'essence of a person' and 'intuition'. I want to help identify these characteristics or types of knowledge that residential youth workers with high-risk young people bring to the field of residential work. I also want to know how, when or where these characteristics developed. Is all of this

part of the artistry or spiritual/soul knowledge that we see in exceptional youth residential workers? Is artistry in all its forms fact or fiction? What designs their life quilt?

I believe that historically and generationally we have always known about artistry or 'mother wit' intelligence. *We have never questioned this knowing – it is part of us.*

I have integrated 'swatches' throughout this study to describe my reflections over the journey of the research. Their content also explores my thinking throughout the research journey as a novice researcher. Writing the swatches also assisted me to integrate my learning while constantly checking my values, ethics and commitment to my research partners. It is important to me to respect their practice and ensure any findings or outcomes of this research are practice based and usable for the industry of residential care.

SWATCH 1

Reflection while designing my literature review

Going through my journals over the past four years and recent notes from supervisors' meetings, the following phrases jumped out at me. I have recorded some of them together with my learning during my fourth and fifth years of this study as they now make sense and help me piece my quilt together:

- "Use the wefts of people's narratives"
- "Understand what decolonising methodology actually means" (for me it means a radical kind of research which takes the position of the research partners seriously, or doing what they want me to do)
- "This literature review is the start of you coming to know"
- "What is your critical ontology?" (this thesis is actually what and who I am in the world, it is my attitude, my very being – I am the research)
- "You (I) need to speak in a different way, celebrating the impropriety of this difference" (I have a methodology of activism somewhat outside the academy and I need to sit comfortably within that)

- “You (I) cannot safely straddle the old and the new – being there – being here, have confidence in yourself (myself) as a feminist narrative researcher – an embodied researcher”
- “Listen to your own voice”
- “Understand heteroglossia in this context” (Vicars, supervision notes, 2017). According to Baxtin’s (Tjupa 2012, paras 1 & 2) understanding of language use, a “social person, who is also a ‘speaking person’, operates not with language as a regulatory norm, but with a multitude of discourse practices that form a dynamic verbal culture belonging to the society concerned” (residential youth workers) ... “the category of heteroglossia has entered the scholarly apparatus of narratology because the verbal presentation of the narration necessarily possesses certain linguistic characteristics that create the effect of a voice. Narration not only takes place from a particular standpoint in time and space, but also inevitably has a certain stylistic colour, a certain tone of emotion and intention that can be described as glossality – this is directed at the reader’s ability to hear.”

I hope everyone who reads this thesis has the ‘ability to hear’.

Figure 4: Swatch 1 – Journaling my research reflections

I realised most of these journal reflections are based on the importance of listening and hearing my/others’ stories from the interview narratives. I need to constantly be aware of and ensure that my and my research partners’ experiences are drawn together, respecting our ‘many ways of knowing’ together with the multiplicity of relevant theories, methodology and socioeconomic environments informing residential care.

This literature review takes the many life journeys weaving across and through the swatches of residential workers dreams, knowledge and skills, drawing them together to create an intuitive, integrated understanding of their situated practice, at a given time. The art and practice of quilt making and this investigation on residential workers’ artistry, have, in my mind’s eye, a clear

practical use and application; piecing together the many stories or patches that inform an understanding of a specific culture of praxis.

This includes the many theories, thoughts and beliefs and the gendering of knowledge throughout history. Care for others and quilting embody both the relational impact on the development of individuals, communities and groups and the interactions 'in between the between' of bioecological systems. Reflexive knowing is further informed by what I have come to acknowledge is a critical feminist ontology of caring. I agree with Ricks (1992, p. 1), who believes the (maternal) feminist informed caring relationship is grounded in the 'interactive component of attitude of concern(s), need(s) and intentional interventions'. This places equal value on the needs of everyone involved within a partnership framework valuing equity and communion. Within this I acknowledge the historical and current powerlessness and oppression and its impact on the lives of women (and men) informing this third wave definition of feminism (Ricks 1992). This concern, caring and intervention framework informs my practice, views of residential care and intentional approach to the original design of the research questions, as follows:

**What are the characteristics (types of knowledge) residential youth workers with high-risk young people *bring* to the field of residential work?
"Identifying artistry in youth residential workers: Fact or fiction?"**

- What are the **characteristics, ethics and values** that make a 'good enough' (Sharpe 2006) residential youth worker?
- Are the multiplicities of theories demonstrated by residential youth workers in managing complex crisis situations **largely unconscious, due to life experience, intuition, spirituality or their lifelong learning?**
- **Is formal education / training the most effective way of informing conscious practice in residential youth workers?** Can some competencies including ethics and values in residential care with high-risk young people **only be mentored?**
- Can it be proved that a **balance of formal training, pedagogy and life education** contribute to equipping workers to provide aspirational

residential care to young people who exhibit complex, pain-based behaviour?

Theories underpinning therapeutic and residential care

To understand the types of integrated knowledge or 'artistry' residential workers 'bring' to the field is to understand how their personal and professional life journeys interface and are patched together to inform their residential practice. To understand these journeys there is a need to revisit the complexity of my research partners' whole-of-life development in the context of their family, culture and community. It is also important to understand the often-intergenerational interactions in between their relational bioecological systems and this includes their understanding of any impacts of trauma and attachment in their lives (Bronfenbrenner 2005). A strong principle underpinning therapeutic residential care is looking behind the behaviour and understanding the cause and reason of the behaviour – not what a person does, *but what has happened to them* (Bloom 2000; Perry 2006; Brendtro 2009, 2015; Anglin 2002; Holden 2009; Van der Kolk 2014). This is very relevant to the development and practice of people who become residential workers.

I also had some awful experiences with the Catholic Brothers so learnt early on re keeping the antenna up. (How to) recognise eye flicks, muscle flicks, body movement and speech patterns / approaches, grooming behaviours from afar. The things you learn unconsciously as a child – the hypervigilance – how to keep safe. Like at a funeral I watch people crying for themselves and I think while I've lost that person I will treasure what I loved and valued about the person – as I said looking in not out.

(Research partner 2014)

Practice or praxis

In searching the literature on professional practice and artistry, I have reflected upon the epistemological differences between practice and praxis. The

literature identified many different definitions of professional practice and argued there is still not an agreed definition across disciplines (Kemmis 2011).

Indeed, Kemmis states:

Practice is a rich and complex notion whose nuances remain elusive for many practitioners, researchers, policy makers and administrators. The theoretical density of practice is frequently underestimated by researchers who too frequently view it from narrow and limited perspectives.

(Kemmis 2012, p. 1)

It seems every time I look for a definition it is unclear, underestimated or simply not available. What use is a lack of clarity to workers giving of themselves in a relational sense? The importance of locating this complex study within my known artistry of quilting is paramount in ensuring ongoing adherence to the base topic and processes.

In rethinking practice connected to professional knowledge, Evans (2008) discusses what he feels is a shared belief that professionalism may have taken a knock and is showing the scars. I wonder if this is because it seems to have been separated from the reality of practice and from the concepts of trust, values and ethics with the current state focus on outcomes and increased onerous administrative tasks. Is this due to the broader oppressive bureaucratic climate of capitalism or economic rationalism, government control and the result of community moral panic as a response to historical abuse? It could be argued there is no place for artistry and creativity which, in this economical rationalist climate, are viewed as outmoded. The preference in this environment is 'evidence-based' quality assurance, measurement and the need to control and reduce everything to clear and objective information. In this context, truth and love are not included, and practice is seen as being watertight and unassailable.

To think about the meaning of practice in the context of professionalism, I was constantly drawn towards an understanding of how my professional practice

and theory in action is praxis. I understand that praxis is a process by which a theory, lesson or skill is enacted, practiced, embodied or realised. Praxis may also refer to the act of engaging, applying, exercising, realising or practicing potential ideas and is closely related to the actual tasks of quilting. I was excited to find that praxis has been a recurrent topic through history in the fields of philosophy, discussed in the writings of Plato, Aristotle, St Augustine, Kant, Kierkegaard, Marx, Heidegger, Arendt and Freire across the political and spiritual realms of knowledge (Free Encyclopedia 2013, pp. 1–3).

Gold (1977, p. 125) notes that Aristotle's concept of praxis, in an almost technical sense, refers to the kind of action which is performed for the sake of good, or "that which instantiates the highest aspects of humanity". And of significance to this study in understanding praxis was Gold's articulation:

Aristotle's practice retains fundamental significance as an ethical political orientation, for it persists in showing that a (man's) proper relations with other (men) should be an affirmation of excellence in human discourse, of deliberate activity and the formation of ethical character.

(Gold 1977, p. 125)

Conversely, Freirean (2011) concepts of praxis seek to understand the world by trying to change it collaboratively and reflexively. This I believe provides a base for researchers, practitioners and partners to work together to explore the truth, meaning, values and artistry to understand the soul, love and spiritual meaning of what we do as residential workers. Investigating the praxis of residential workers draws upon a Freirean (1970, 2005) ethical framework to frame a way of thinking through the research and the complexity of the work that therapeutic residential workers actually 'do'. It provides a foundational weft from which to start to weave in demonstrations, and celebrates the incredible range of learning, knowledge and skills residential workers need in order to love, nurture and engage our most damaged and pain-filled young people.

I seem to operate as an interpreter, making complex theories more understandable. So really being comfortable about engaging everyone through my belief in the love and worth of every individual is important to me – as is knowing and making sure I do it. There are always two sides to every story. One must seek them out and really listen without prejudice to both sides of a story and then gather all relevant information. It is never as it initially seems. I am aware I don't suffer fools gladly.

(Researcher interview 2014)

Therapeutic residential workers don't just have an hourly appointment once a week with young people to 'fix' one small 'swatch' of their life journey quilt. They must be strong enough to keep young people safe through their whole-of-life journey. They must pick up the pieces and hold the pain while the young person is making sense of it. They must hold fast for safety while nurturing, guiding and rebuilding a life that others and their capitalist systems have betrayed. They must know and firmly believe these children and young people aren't sick; they are not broken; they have just been betrayed, often over long periods of time by the very people who were supposed to keep them safe (Maier 1979; Trieschman, Whittaker & Brendtro 1969).

Understanding the fact that it takes a great deal of love, skill, knowledge, strength and 'artistry' from workers who understand the privilege of sharing the lifespace with these young people, sharing and withstanding their experience of pain-based behaviours, is paramount (Redl 1957; Redl & Wineman 1957; Anglin 2002).

Love

I believe rising capitalism has resulted in the rejection of the many positive historical concepts of love, particularly in government-funded residential care for high-risk young people. 'Moral panic' (Smith 2009) by statutory/state bureaucracies has caused an overreaction to the numerous national and global royal commissions into residential care. This includes statutory inquiries and the

subsequent increased allegations, policies and procedures, with highly structured and onerous administrative monitoring, function as a misguided way of managing residential care with high-risk adolescents.

The ancient Greeks recognised six different types of love, instead of our one view of 'romantic love' which we often think will meet all our emotional needs for love and belonging.

- [i] **Eros**, named after the Greek god of fertility. It describes sexual passion and desire as both a positive and 'a dangerous fiery irrational form of love that could take hold of you and possess you'. (Krznaric 2015)
- [ii] **Philia, or deep friendship** is about loyalty to friends, sharing emotions and giving things up for with/them. Philia is also called '*storge*', which describes the love between parents and children. It's interesting to ask how this fits with Facebook friends, Twitter and Instagram. (Krznaric 2015)
- [iii] **Ludus, or playful love** is the affection between children or (young) lovers. It is the flirting and teasing relationship. *Ludus* is also when we sit with good friends or new acquaintances, talking and laughing, enjoying others' company, (Krznaric 2015)
- [iv] **Agape, or love for everyone** is selfless love. This is a love for all people, often at the expense of oneself. Agape, in Latin, is the origin of "charity". Agape is the love for strangers, nature or God. Agape can be said to encompass our current concept of altruism, defined as unselfish concern for the welfare of others. More generally, altruism, or agape, helps to build and maintain the psychological, social and indeed environmental fabric that shields, sustains and enriches us. (Krznaric 2015)
- [v] **Pragma, or longstanding love** is the deep understanding that develops between couples who have been in an equal relationship over time and demonstrate their patience, kindness and tolerance to each other. (Krznaric 2015)
- [vi] **Philautic, or self-love**. The Greeks explained philautic as two types of love; one as an unhealthy love where you became self-obsessed and focused on personal fame and fortune, and the other as enhancing a wider capacity to love. (Krznaric 2015)

In teaching as an “Act of Love”, Antonia Darder (2011) describes Freire’s (1990) love:

I am neither speaking of a liberal, romanticized or merely feel good notion of love that so often is mistakenly attributed to this term nor the long suffering or self-effacing variety associated with the religious formation. If there was anything that Freire consistently sought to defend it was the freshness, spontaneity and presence embodied in what he called an ‘armed love – the fighting love of those convinced of the right and the duty to fight, to denounce and announce’ (Freire, 1998, p. 42 as cited in Darder 2011); a love that could be lively, forceful, and inspiring, while at the same time, critical, challenging and insistent.

(Darder 2011)

This fits perfectly with love as I see it from a residential worker’s perspective of needing to have the love, dedication and passion as well as a love strong enough to keep young people safe. It takes many types of love for workers needing to heal all parts of our young people to assist in rebuilding their whole of life. Therefore, we need to understand how and if attachment and life stage development of our research partners gives the capacity for these types of love.

Consilience

We need to think about our own lives and the many parts we keep separate; the many masks we wear in different situations over some 24-hour period seven days a week. Only then can we come to understand how residential workers need to be able to work through every facet of life’s neglect and abuse that has impacted on the development of children and young people. This is stitched across all the developmental dimensions that build a life quilt and its story. It’s not just one discipline such as mental health, medical, behavioural, dental, education, social relationships, family, community or culture in isolation. The incredible privilege and responsibility to hold and restitch this life quilt is also about culture, laughter, fun, celebrations, birthdays, creating memories and

loving, living and sharing the livespace with young people (Redl 1957; Maier 1979). This explains the passion, focus and the need to think rhizomatically about my multi-genre learning and research, following a broad range of disciplines wherever they lead me to understand this journey and work (Deleuze & Guattari 1980). However, it doesn't fully explain the love, 'artistry' or spark that seem to be an almost spiritual part of exceptional residential workers.

To begin to understand and acknowledge this complexity of the design/context required to research this patched multiplicity of theories, skills and types of knowledge residential workers 'bring' to their work to assist young people to rebuild their whole of life necessitated researching across many disciplines. Brendtro, Mitchell and McCall (2009) in their book *Deep Brain Learning: Pathways to Challenging Youth* (p. viii) argue that over the years "universities were split off into increasingly narrow specialties, losing sight of the big truths". Wilson (1999, p. 11) in his book *Consilience: The Unity of Knowledge* discusses consilience as the importance of the unity of knowledge and argues that "modern science is now captive to its own complexity", and that "consilience links findings from separate fields to discover simple universal principles, values and truth". Brendtro, Mitchell and McCall (2009) also argue that to respond to the needs of youth, or understand where the behaviour comes from, rather than reacting to the tip of the iceberg or what we see, we need to link "research, practice and deep values of mutual respect", which they call 'consilience' (Brendtro, Mitchell & McCall 2009, p. viii; Wilson 1999).

This concept of 'consilience' (Whewell as cited in Brendtro & Mitchell 2010, p. viii) concerns the connections discovered between what were previously thought to be dissimilar disciplines. Brendtro, Mitchell and McCall (2009) argue that, historically, universities felt that all knowledge was related – people were scholars in all things. Consilience in my context includes the fields of psychology, neuroscience, social biology, sociology, psychiatry, pedagogy and spirituality (which I believe is education and essence of the soul) together with a rich tradition of values and practice expertise or praxis. Consilience also requires that truth be tested against multiple perspectives of science,

experience and universal human values (Brendtro, Mitchell & McCall 2009; Wilson 1999).

My understanding and drawing together of what I have come to call a multi-genre methodology research and consilience greatly assisted me in negotiating multiple perspectives' in researching, articulating and in understanding residential workers developmental, tacit and explicit knowledge or artistry. Within this inquiry, I have sought to understand and articulate the well-integrated but rarely discussed truths, ethics, values and lifelong learning impacts of residential workers. Consilience comfortably straddles the multi-method/genre research methodology framing this thesis.

Neurobiology

Recent years have seen an explosion in understanding brain growth and functions and the impact that abuse and neglect can have on the developing brain from in utero. Neurobiology provides further frameworks for understanding these impacts or assaults on the developing brain. Integrating theories of child development, attachment, trauma and resilience gives us a better sense of the presenting developmental behaviours of young people in care. Neurobiology also provides some interesting perspectives for understanding the characteristics, states and development of the people who become exceptional residential workers.

According to Perry (2006) and Brendtro and Mitchell (2015), neurobiology is a science that has helped us understand that the brain develops from the bottom up; from the survival or reptilian brain (surviving) to the higher functioning areas of feeling and thinking (triune brain) (McLean 2002, Perry 2006; Rose & Philpot 2005, 2012, 2017). Starting at conception, Perry (2006) believes everything we experience is filtered through our five senses to the different areas of the developing brain. Neural systems mediate emotional, social and cognitive functioning, make memories (good and bad), and their functional capacity is determined by a combination of genetic potential and environmental experience. Trauma and other life experiences can impact on the development of functions of the brain throughout life, beginning in utero. This often sets

templates for how we see and respond to life in early childhood (and all the life stages) both consciously and unconsciously (Perry et al. 1995; Perry 2006, 2010; Rose & Philpot 2005; Siegel 2007).

A more detailed explanation of Perry's (2006, 2010) neurobiological theories is not possible in this thesis. However, the questioning of our understanding of the impact of life journeys – the trauma, disrupted attachment and/or loss on brain development – suggests the importance of reflecting on subsequent adult functioning. We need to understand how this relates to understanding a worker's life journey and the often-subsequent development of resilience (or not) (Siebert 2005, 2007; Fuller 1998, 2007, 2011; Van Breda 2001; Rutter 1985; Resnick 1993; Gilligan 2001).

Balancing life and resilience. It was really hard taking work kids away when you didn't have the money to take your own kids away, so resilience because it must help you have your own family life as well.

(Research partner 2014)

Lemay (2002) argues that resilience can be developed in children, adolescents and adults by creating new opportunities and involving them in the community. However, Perry (2006), Brendtro (2009), Anglin (2002) and van der Kolk (2007) argue strongly that this is a simplistic approach to working with traumatised people in relation to understanding their attachment. They argue that, often, traumatised children and adults are not able to function in groups and communities until some of their trauma has been integrated over time. This leads to the creation of new neural pathways of hope, leading to trust and understanding – only then, it is thought, can they move towards functioning in families, groups and communities.

Within this context, could good residential workers' ability stem from their prior knowledge or experience? Is it possible these workers, due to their own life journeys, do not reach the fear and terror states until much later than others, thus enabling them to have a higher threshold for managing often dangerous

situations and young people, themselves and recalling past experiences unconsciously?

For example, sensitisation is a negative state or trait; but what if 'sensitisation' was not negative pattern intensity, and the frequency of neuronal activity alerted residential workers to a complex situation much earlier than those working outside the residential system? (Perry et al. 1995). Could this be explained in a developmental context? For example, do some soldiers who can go into a specific 'state' to fight and only realise later they are injured always suffer from post-traumatic stress disorder or do they internalise managing under a particular 'state' to be called upon when required? (Perry et al. 2005). Is this a balance between resilience and fear, and if it is how is it formed?

Two research partners in my study, when responding to the question, "Have you ever been frightened in this work?", illustrate their ability to manage under particular states and demonstrate a thorough understanding of the differences between resilience and fear:

Hmm, probably only once that I can recall, I was working at a residential unit and a young woman owed the drug dealers money and we had the car driving past with loaded shotguns threatening to kill all the workers as well. We were under siege in the house for about 10 hours I think. I think one other young man ... however still needed to work that through; it's part of the job. I can think of a lot of other situations where I have been concerned or anxious but not frightened. So, there was just that and I also think I was more frightened for the other kids and what might happen, and could I keep them safe. I have had a lot of really difficult situations mostly drug related and was assaulted but even then, I can't say I was frightened. You can't be frightened and run because it's your job to manage it.

(Research partner interview 2015)

No – I couldn't say I have ever been frightened working in this field, I have been apprehensive and wary around firearms and syringes and wary when going into those situations. Though I think the longer you have been around you learn so much about people. You seem to assimilate learning somehow; that and the background knowledge and understanding of kids. (It) kind of helped being raised in my family in Sunshine with a sole father and two older brothers. You had to learn to manage, there were no other options. I've never feared kids but I am wary when I go into a place and I get that sixth sense of awareness as I approach. You just know and immediately you are adapting to the environment knowing something is not okay without knowing what has happened.

(Research partner interview 2015)

What 'state' and stage of development were residential workers in when they learnt a response? What supports did they have? Can residential youth workers revisit that level of 'state dependent functioning' or level on an alarm arousal continuum? (Perry et al. 1995) Why do some people learn to function capably at this level? What then is resilience in this context? How can we identify and articulate this? Where does intuition, gut feeling and 'mother wit' fit in this developmental continuum? Does it? How did exceptional residential workers develop resilience?

Resilience

Resilience, according to many researchers, is the ability to bounce back from difficult experiences (Brendtro 2015), or as Fuller (1998, p. 75) states "the ability to bungee jump through the pitfalls life". Masten (as cited in Brendtro 2015, p. 124) believes there have been four waves of research in relation to resilience: the risks and protective factors; development of resilience; promoting resilience; and learning about the brain, epigenetics and resilience. Initially it was believed that resilience was a personality trait of invulnerable children; however, further research identified that "both risk and resilience are human

universally” (Masten as cited in Brendtro 2015, p. 125). The development of resilience is generally believed to relate to the positive social ecology of families, systems and cultures as evidenced in Bronfenbrenner’s bioecological model (2005). Developed resilience traits usually include internal strengths, self and coregulation ability, positive self-esteem, spirituality and a sense of purpose or mastery.

Masten (as cited in Brendtro 2015, p. 124) believes “resilience is not some rare and special quality possessed by a few, but rather ordinary magic built into the brains, bodies and minds of children”.

Brendtro (2015), Seibert (2005) and Bronfenbrenner (2005) believe the brain and ecology play an integral part in the positive development of resilience. Brendtro (2015, p. 125) stresses that “brain-based systems parallel the bio social needs: attachment systems, mastery motivation, self-efficacy processes, and systems for spirituality and purpose”. To relate or integrate resilience into the praxis of residential workers as adults, we need to understand that adults learn all their lives and know a lot more than they think they know.

Somehow in your thirties you have gone through a number of major things in your life. Things happen in the dark side of life (such as) relationships, illness, health, death etc. and they are real blows. So, then we are who we are in this work and if you haven’t taken a few blows by your mid-thirties and got through them can you really do this work long term and successfully? You need to have resilience and that word has more currency now. I guess if you have survived emotionally it better equips you for this job as we know everyone we know is usually the fixer in their family and very strong emotionally.

(Research partner 2014)

This excerpt from the research partner’s narrative speaks to a practice explanation of experiential learning. It summarises the importance of the

building of resilience through the journey to social and emotional intelligence (Goleman 2005).

Experiential learning

Kolb's (1984, 2007) adult learning model, seen as a precursor to Kurt Lewin's change (1946) cycle or reflective model of action research (plan, act, observe and reflect), identifies the importance of concrete experience, reflective observation, abstract conceptualisation and active experimentation; or, the importance of feeling, watching, thinking and doing. Lewin (1946, p. 35) also argued that "research that produces nothing but books will not suffice". Kolb (1984, 2007) understood that adults know a great deal from their different life experiences and growth and stressed the importance of being able to tap into and learn from each adult's intrinsic learning journey, as they are not always able to explain it. Adult learning theory assumes a continuous, lifelong process grounded in experience (Kolb 1984) and these principles and models understand how and maximise the individual learning journeys of residential workers taking part in this research.

To fit within the concepts of consilience and the research partners' lifelong learning journeys, this investigation, literature review and subsequent methodology cannot and must not be linear. Its complexity requires a creative, qualitative, rhizomatic (Deleuze & Guattari 1987), crystallised (Ellingson 2009) approach that can 'flow' (Csikszentmihalyi 1990) with wherever the research partners' narratives journeys take them, and us.

Flow

Seligman (2008) and Csikszentmihalyi (1990) extensively discuss this concept of flow within the framework of positive psychology. Seligman (2008) argues that psychologists and psychology "focused their work on the negatives of mental illness and forgot the side of strength, happiness and what we are good at". Seligman, Diener and Csikszentmihalyi (2017) since then have been independently and jointly studying the impacts of positive psychology and how it affects the many facets of life development, performance and satisfaction.

Understanding Csikszentmihalyi's (1990, p. 4) characteristics of flow is emerging as being paramount to this study. He states the optimal flow performance is "a state in which people are so involved in an activity that nothing else seems to matter; the experience is so enjoyable that people will continue to do it even at great cost, for the sheer sake of doing it".

It's (residential work) caring, nurturing, compassion, fun, honesty, respect, being true and all this is what you do with your own family every day.

(Research partner 2014)

This capacity to experience flow, while different for everybody, can be summarised into eight characteristics:

- complete concentration on the task (often unconscious of surroundings, or able to block out what's not required, while letting the five senses into consciousness)
- clarity of goals with reward in mind and immediate feedback (as in crisis management; relational work in the lifespan; the young person triumphs)
- transformation of time (speeding up / slowing down)
- the experience is intrinsically rewarding, has an end in itself
- effortless and ease (it is smooth, creative and flowing; though not always to outsiders)
- a balance between challenge and skills (often can only be mentored)
- actions and awareness are merged, losing self-conscious rumination
- there is a feeling of control over the task (which is a type of artistry and hard to articulate). (Drawn from Oppland 2016.)

Csikszentmihalyi (2008) also believes people who have an "autotelic" personality tend to experience 'flow' more often. He believes they tend to do things for their own sake and have "high interest in life, persistence as well as low self-centeredness". Seligman (extending the work of Csikszentmihalyi 2008), related "flow" to discuss what he calls the "meaningful life"; "investing oneself into creative work creates a greater sense of meaning in life and

accordingly, a greater sense of happiness” (Seligman 2017). This was in discussion of an understanding of *creativity* and its importance in creating flow together with a sense of contentment personally and in the workplace (Oppland 2016, p. 1). In questioning what is this learning and where does the knowledge or flow come from, and how does it develop, I’m hoping that an understanding of the autotelic personality, linked with flow and positive psychology rather than pathology, will help my journey to understanding and identifying where, what and how this special knowledge of residential workers develops.

From an understanding of flow and positive psychology and extensive longitudinal research, Peterson and Seligman (2004) developed the VIA Character Strengths (questionnaire). They use 24 identifiable character strengths, which make up each person’s individual and unique profile. These are broken up into ‘six virtue categories’ (Figure 5, VIA 2016) with clear descriptors. These characteristics and virtues have also strongly emerged from the research partners’ narratives, making Peterson and Seligman’s (2004) work extremely useful in my final analysis.

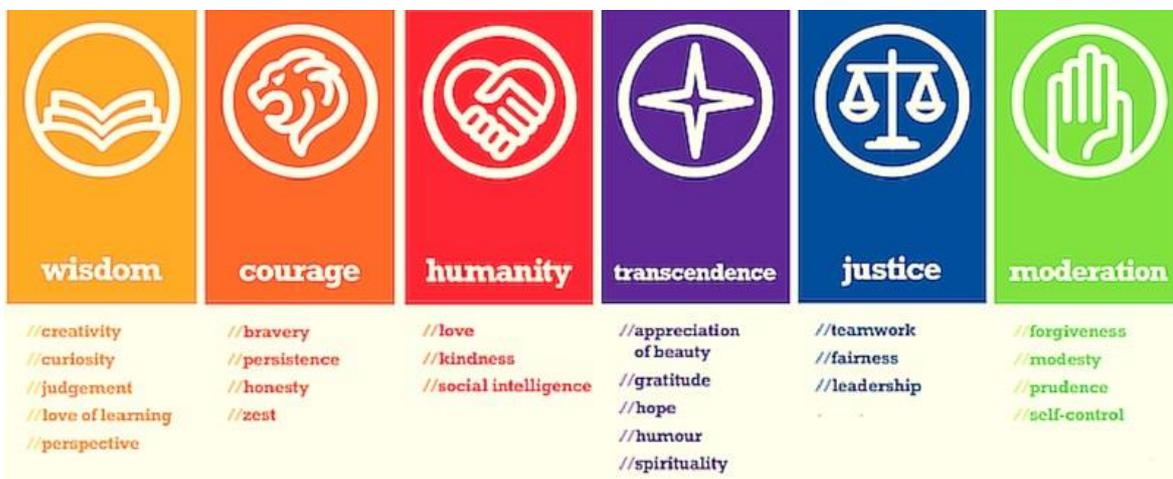


Figure 5: VIA character strengths

VIA Institute on Character 2018

Seligman (2002) built on Csikszentmihalyi’s (2008) work by exploring the experience of flow and the seeming loss of self-consciousness. He felt this assisted in understanding acts of altruism, mastery and kindness, which are

In my candidature interview for this study, one of the early comments from a panel member was their concern about my use of the word 'knowledge' in relation to trying to understand 'the knowledge residential workers bring with them to the industry'. There was also a strong concern expressed about the use of 'artistry' and 'characteristics', as it was felt neither concept was clear and would be difficult to research. Two of the research partners summed up integrating the multiplicity of knowledge and theories into practice in the following excerpts from the interviews. They clearly demonstrate the complexity of both the research question and the task of working with young people.

I am a caring and nurturing sort of person. I'm genuine and I think that goes a long way to being able to form relationships with at risk kids. I think they are so attuned to being able to pick up when people are not real and attuned to them, they can see it, feel it, from a mile away. We now know that comes from all sorts of reasons. From a neurobiological perspective, I am now aware of where it comes from, but I think when I first started in the field I didn't know that – I just knew if you were not real the kids knew and weren't safe. I think I have a thirst for learning. I don't think you can ever be an expert on everything. I don't think you can ever know too much or enough and I think that thirst drives me to find out more.

(Research partner interview 2014)

Whether it is more about kids or their family or community or more about me and how that relates to or impacts on working with kids or more about the sector and implications more broadly. Not sure if it is a good one (but) you must be transparent is a big part of who I am. I believe that's a good way to be. Authenticity and being honest, kind and transparent. The reality is I think it's funny – it's not just our kids that are attuned at picking it up – a lot of the people I have and do work with are very much the same. They are really quite expert at picking up if you are not real – just

as our kids are experts at that. That was a difficult topic because we just accept that workers have it or they don't, and we intuitively know what it is and can't explain it.

(Research partner interview 2015)

How then to link this unidentifiable knowledge to recommended industry specific competency-based training? This is comprehensively discussed and confirmed in a paper by Corney and Broadbent (2007), reviewing the competency-based Youth Work Training Package. They expressed concerns regarding the 'privatisation and domination' of multi-vocational skilling for the youth work industries. How then could relational and trust-based work with young people be achieved with only competency-based, measurable training?

Competency-based training is achieved through a focus on life experience, formal education, apprenticeship, on-the-job experience, self-help programs and training and development programs. There is a focus on skills and knowledge being assessed with measurable outcomes. It is incredibly difficult to reduce all of mastery, altruism, self-agency, resilience or artistry to measurable outcomes.

In Australia, competency-based performance and training was introduced to residential workers in 2002 in a Certificate IV in Residential Care. Competency-based training is:

A cluster of related knowledge, skills, and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development.

(Parry 1996, p. 50 as cited by McAllister, date unknown)

Fish and de Cossart (2011) in their book *Developing the Wise Doctor* expressed concern about the increasing oppressive regulatory requirement by managers

and funding bodies to only teach skills that are directly observable and assessable. Fish and de Cossart (2011) argue strongly for an increased emphasis on understanding, reflection and training across their seven identified types of knowledge that make good doctors and nurses, while respecting and integrating assessable and traditional training, knowledge and skills. I would argue that this framework is useful for researching any professional practice, particularly residential youth work. They discuss a 'competence approach' (pp. 17–18), which is concerned with the holistic notion of professional practice, or trying to make the types of implicit knowledge explicit, with the ability to make 'on the hoof' sound judgements – perhaps they are discussing praxis?

Their seven types of identified knowledge are: "(i) the significance of context including personal beliefs and assumptions that contribute to the context and shape of the practice and practice setting; (ii) the professional values the 'doctor' subscribes to; the kinds of knowledge the doctor brings to practice; (iii) the clinical thinking the doctor engages in; (iv) the professional judgement exercised; (v) the therapeutic relationships developed; (vi) the ability to work reflectively in socially and (vii) clinically complex practice settings and extend and deepen a holistic version of clinical practice" (Fish & de Cossart 2011, p. 31). All of these identify the importance of understanding narratives, developing and utilising tools of the trade including specifically designed 'heuristics' to assist with recalling forms of knowledge.

Chinn and Kramer (2008) believe that the problem with nursing as a practice discipline (as with residential workers) is that nurses know far more than they can communicate to others. They also argue that empirical knowledge only partially reflects practice knowledge and the importance of integrating and valuing all forms of knowing into practice reality and knowledge. They have a different explanation for knowing and knowledge in relation to what can be assessed and what is implicit. They see knowing as a way of perceiving and understanding self and the world, and knowledge as that which can be expressed, shared, communicated and assessed. This is true of residential workers.

This prompted a memory of me trying to describe exceptional residential care practice early in my career. I asked many practitioners what they thought it was. The constant answer was typically – “I don’t know mate we just do it”. This explanation came after a worker had managed an amazingly complex and dangerous group violence situation well! We ended up affectionately calling it the “Nike Mode – just do it!”

(Researcher reflection from Youth Justice 1992)

At the other end of the implicit/explicit continuum of types of knowledge, explicit knowledge is explained as structured, conscious, available, articulated, publicly documented, measurable, expressed and recorded.

In the article “Keeping up to speed: How a new learning mindset is transforming today’s workplace”, Brotchie (2016) outlines the “70:20:10” framework of learning, which is based on empirical research identifying current workplace learning and performance as three areas of activity:

- [i] 70 % experiential learning
- [ii] 20% social learning
- [iii] 10% formal learning.

Sugarta Miltra as cited by Brotchie (2016) states, “knowing something is possibly an obsolete idea”. With the advent of the internet and other media at your fingertips you can immediately access what you need to know, when you need to know it. For me this highlights the importance of experiential and social learning and the need for more research into understanding implicit knowledge, gut feeling, mother wit and intuition in a social environment. Brotchie’s (2016) framework identifies 10% of learning as formal learning. It was not stated whether this 10% was competency-based or formally assessable performance-based learning.

Fish and de Cossart (2011) feel that implicit knowledge is just under the surface of practice. They believe this information is usually consciously known and retrievable when required. Often practitioners have had this type of knowledge mentored to them, which makes it more difficult to teach or articulate (Clark 1999; Schon 1991; Fish & de Cossart 2011). However, to date, no one theory can identify the types of knowledge or skills of residential workers' praxis, nor the skill and knowledge they bring with them to the industry.

Tacit or implicit knowledge is often that knowledge we do not know we have. It may be deeply buried in our unconscious and form part of our artistry of professional practice (Fish & de Cossart 2011; Schon 1991; Clark 1999; Chu & Tsui 2008). This is evidenced by Polanyi's (1962) discussion on the difficulties incurred when writing a list of explicit instructions for a learnt task such as riding a bike or driving a car. How do you convey these skills and the knowledge required? As in residential work, the knowledge comes through that 'ah-ha' moment, when you repeat a multitude of tasks often at the same time unconsciously with the ability to change direction depending on development of a theory of the case in front of you. You may have had a mentor and most likely this mentor was in the background while you gained confidence with experience. Such knowledge is incredibly difficult to step out or put into words. It is embedded in your brain and you use it subconsciously. Relevant industry examples taken from research partner interviews frame the complexity of articulating the values, skills and knowledge required of people who work well in the field:

They have empathy – it's a kind of connect and disconnect within that, or the ability to stand back and look at what's going on. I think that's what's needed as a parent as well. There has to be self-control and self-understanding. There is also maturity and wisdom but it is more than that. There are many people who may not have had much training that I have worked with, but they have this elusive special something. And people who have been in this field for a long time who have heaps of qualifications, experience and knowledge and don't have this 'spirituality or

essence' or magic ingredient thing that you see in great workers with kids – and what does or doesn't happen in the interaction.

(Research partner interview 2015)

That thing or essence of some description and I have often wondered if it's not something that people have learnt or assimilated in a totally different way to what we normally learn through living and education. It's something else, it's almost intrinsic to them. You can see the similarities in people in resi, but it is still intrinsic to them. The essence of someone – I think there is something that may be there from birth, or before birth. It's something, something in the way that person's mind works and how they interpret that world as children. I'm not sure but I think in a lot of people I really admired in this work, they were warm people and humorous and I believe real humour comes from the heart and the spirit. It's the healing qualities of that, and there are also people who are quite at home in themselves and that is what kids need to feel – that you are at home in yourself and they can be safe with you. You tend to be strong enough to keep them safe. And they can respond to someone with that essence almost despite themselves immediately. It doesn't have to be working in a relationship for a long time. It can happen in a few words or even looking at each other knowing. It's that simple or extremely complex and hard to describe, but it is something that is obvious when you see it in someone and you see the outcomes.

(Research partner interview 2015)

Someone else could come in and say the same words and get a totally different response from the kid. They are picking up on something else other than what's coming out of the mouth and so it's even about the voice and there has been research on that too. The voice is important because I feel the essence of

someone or whatever makes the person they are come out in the voice as well. You know if you talk about someone you love your voice takes on a very different timbre to if you are talking about something clinically.

(Research partner interview 2015)

Within a nursing framework, Carper (1978) identified four fundamental patterns of knowing as ethics, personal knowing, aesthetics and empirics. Chinn and Kramer (2008) added emancipatory knowing and called it “the praxis of nursing – the process of emancipatory knowing which requires both critical reflection and action” (p. 14).

Note: Research is from a nursing framework as nothing similar was found regarding the residential out-of-home care industry.

Buck (2006) introduced the importance of researching and including spirituality as the fifth “knowing” into the nursing model. “Spirituality is that most human of experiences that seeks to transcend self and find meaning and purpose through connection with others, nature and/or a supreme being which may or may not involve religion or tradition”. Martsof and Mickley (1998) as cited in Buck (2006) concluded that those conducting research into spirituality from a theoretical viewpoint needed to consider the broad differences of the worldviews in the relevant theories or models. Kirkham et al. (2004) as cited in Buck (2006) argued that “postmodern constructs of spirituality may inadvertently decontextualize the experiences and beliefs of the non-western patient”. Tuck (2004, p. 290) as cited in Buck (2006) discussed spirituality in a similar context to that of residential workers as “individual essence expressed as thoughts, feelings and behaviors that make meaning, peace, hope and connection”. Spirituality in this and the following context is emerging as an important component of the artistry or essence of an exceptional youth worker.

... there are many people who may not have had much training that I have worked with but they have this elusive special something and people who have been in this field for a long time

who have heaps of experience and knowledge and don't have this 'spirituality or essence' or magic ingredient thing that you see in workers with kids – and what does or doesn't happen in the interaction. That thing or essence of some description. [And] I have often wondered if it's not something that people have learnt or assimilated in a totally different way to what we normally learn through living and education. It's something else; it's almost intrinsic to them. You can see the similarities in people in resi but it is still intrinsic to them. The essence of someone I think. There is something that may be there from birth, or before birth. It's something – something the way that person's mind works and how they interpret that world as children.

(Research partner interview 2015)

The Royal College of Nursing in London (2011) published a comprehensive definition of spirituality which resonates deeply with therapeutic residential care work, values and morals, by providing a holistic framework to understand people's context and their development, beliefs, ethics and values (Bronfenbrenner 2005).

Spirituality is about:

- hope and strength
- trust
- meaning and purpose
- forgiveness
- belief and faith in self, others and for some this includes a belief in a deity / higher power
- people's values
- love and relationships
- morality
- creativity and self-expression.

The Royal College of Nursing (2011) and Tuck's (2004) practice description of spirituality reflection on knowing link well to the following discussion by Clark (1999) (1983) and Schon (1991) on reflection in and on action.

Reflection in and on action

In 1999, Robin Clark researched the practice of seven exceptional Victorian residential practitioners working with high-risk young people: "It has to be more than a job" (Deakin University 1999). These expert practitioners were identified by the chief executive officers of community service agencies offering residential care in Victoria, together with the peak body for out-of-home care in Victoria (The Centre for Excellence in Child and Family Welfare). This group of managers were asked to identify seven people whose practice in residential care and engagement of difficult young people and families was considered 'exceptional'. The other requirement was that the identified exceptional practitioners needed to be well respected by other residential workers and managers in the field (Clark 1999). *I was privileged to be one of the workers identified.*

The purpose of the above research was to identify a set of principles which could be used to underpin good residential care practice with the identified group of extremely high-risk, difficult-to-manage young people. The seven practitioners identified for the interviews were all older women with more than 20 years' experience in the field. Only one participant had a recognised field qualification. The rest stated they had learned their craft 'on the run'. They "were all well read and very articulate and all had a passion for the work" Clark 2000, p. 53).

Also of interest was that many of these women were in leadership positions and often pitched in and either lent an extra hand or mentored workers in this practice artistry as would a master and apprentice. Clark (2000) further discussed that while these expert practitioners did not explain their practice within a theoretical framework, their described actions suggested prior experience.

Clark (2000, p. 41) felt these residential workers, who often did not have any formal learning, “demonstrated skills which indicated a kind of artistry”, which she felt could not be taught in a formal classroom and required mentoring in the workplace. She also suggested that often the descriptions of interventions by these workers had the “capacity to leave the researcher humbled and in awe of the seemingly intuitive ways in which the workers not only made sense of the situations they faced but also seemed to develop a theory of the incredibly complex situation they faced without fear or confusion” (Clark 2000, p. 41).

Clark (2000) found Schon’s reflective practice framework useful for analysing residential youth workers’ practice and stated that many times workers discussed “reflection in action – and on action” (Schon as cited in Clark 2000; Kolb & Fry 1975). Furthermore, she states that Schon (1983, p. 50) describes this approach as “reflecting on the phenomena, serving to generate both a new understanding of the phenomena and a change in the situation”. Clark (2000) felt that translating this practice to the university classroom or competency-based training was impossible. This is endorsed by one of the research participants, who asked:

Reflection – will my idea make it better or worse? (You need to be) constantly self-reflective and encouraging or even allowing others to be reflective back to you.

(Research partner interview 2014)

While analysing the interview data from these exceptional practitioners (as with the consilience theory identified above), Clark (2000) concluded that there didn’t seem to be one single profession or qualification which can combine the required skills, content knowledge, values and ethics that would ready practitioners to work in the residential care field. Clark’s (2000) research also identified that many of the underpinning theories and approaches of established, more traditional welfare and social work qualifications ‘were at odds’ with what was required to effectively work in the residential youth work

field. She felt this outcome also increased the responsibility of experienced workers in the field and their home organisation.

I firmly believe you hone your skills in practice and being mentored by good people. You develop a more sophisticated understanding. The risk is it could be wrong and we have all seen people in this industry that don't change.

(Research partner interview 2014)

Schon (2011) in the *Reflective Practitioner* discusses what he sees as a special type of knowledge, which seems intuitive as we go about many tasks in a normal day. He feels practitioners at this level find it extremely difficult to explain not only what we do but how and why we do it. Schon (2011) calls this tacit or unconscious knowledge “knowing in action”.

Schon (2011) endorses the fact that formal (competency-based) training teaches assessable skills and knowledge. However, how do people know how to respond when the problem or situation introduces variables outside competencies in which people have been trained and assessed? He further argues we should put aside technical rationality where we think of intelligent practice as an application of knowledge to an instrumental decision. He argues that exhibiting prior knowledge of a situation is inherent in intelligent action.

Many theorists across disciplines share similar theories. For example, Dewey's 'habitudes' (Dewey 1916 as cited in Brendtro 2016), which he believes are (relational) habits learnt in his/her environment and gradually assimilated to those of his group – in this case residential workers. Dewey (n.d.) also believes these habitudes or socially and environmentally learnt habits lie just below the level of reflection and have been formed in the constant give and take of relationships. This indicates the need to understand and articulate what we are looking for in the life journeys of good residential youth workers. Bloom (2001), from the Sanctuary Model, a comprehensive template for developing a safe, trauma-informed organisational culture, posits how the Sanctuary Model and philosophy demonstrates an understanding of praxis, values and truth to

achieve a safe environment for staff and patients. The models and paradigms proposed by Senge (1990) and Bloom and Faragher (2010) are also useful to consider. Senge (1990) in *The Fifth Discipline* discusses mastery as an achieved concept in any discipline within a systemic framework of practices, principles and essences. He feels there is no point in “focusing one’s attention on essences in learning a discipline” (Senge 1990, p. 174) because they are considered a state of being used naturally by experienced individuals or groups. This is his sense of mastery.

Characteristics of residential workers

While there has been considerable research undertaken into the characteristics, pre-and post-employment training and development needs of youth residential workers, very limited information seems to be available on identifying the characteristics of the people who would make good residential workers *prior to* their recruitment and employment. The major focus seems to be on processes during or following employment. One could argue that workers should or would demonstrate the same personal characteristics prior to employment, as after employment. However, very little research seems available on who one would look for if we were promoting the industry. How do we understand their life journey? How do we identify their propensity or skills and ability to undertake this complex, often difficult and/or exhilarating commitment to relational, strengths-based, complex long-term care and nurturing?

Krueger, Laureman, Graham and Powell (1986, p. 60) conducted an international survey of youth and child care workers in 2008, primarily to promote more understanding of the people working in the field, their characteristics and any differences “between members of professional associations and non-members” and to develop a model which could assist in “predicting worker’s dispositions towards their agencies”. Their review of the available literature (Krueger & Nardine 1984; Limer 1997; Myer 1980; Pecora & Gingerich 1978; Rosenfeld 1978 as cited in Krueger, Laureman, Graham & Powell 1986, p. 60) discovered relevant and useful demographic data and information on employment-related conditions. It didn’t however provide

information regarding who the people were, what made them apply for the position or have any understanding of their life journeys culminating in the previously discussed characteristics or artistry. Who are they? Where did they come from? What impacted on their lives? What sent them on this journey?

In Australia, Kiraley (1999) undertook a 12-month project including an international tour with a focus on preventing abuse in residential care. Her research aims were to:

- enhance the quality of care and life experience offered to children in residential care
- prevent abuse in care through the development of an integrated model of staff selection and an associated training program for child welfare professionals.

Kiraley's (1999) extensive research resulted in the development of documentation on:

- key principles of residential care
- a model of recruitment, selection and support for residential care staff which included characteristics of a skilled residential worker; principles of good staff selection; preparing the job description and; interview and selection processes.

One of the important principles Kiraley developed focused on 'quality staffing', but only stated that "staff should be skilled and caring, work to reasonable rosters and conditions; be offered good supervision and support (in their very taxing job) and have access to training to develop the special skill needed to care for traumatised children".

Downey (2014) in *Residential Care Matters* comprehensively identifies the characteristics or principles that underpin working with young people and/or therapeutic care. These were developed for publication in one of the first manuals for therapeutic residential care workers in Australia. Global research indicates the characteristics of residential care or youth work generally

contribute to the shared passion of workers in the field (Kelly 2004; Health Warriors Network n.d.; Garfat & Fulcher 2012; Ferguson & Anglin 1985; Smith 2011; Garfat 2015; Anglin 2002). The child and youth care characteristics are designed to provide a shared lifespace or way of working with young people in the context of their family and community, where they can continue their growth and development safely with nurturing trusted adults.

In *The Core of Care: Essential Ingredients for the Development of Children at Home and Away from Home*, Henry Maier (1979) developed what he considered were the essential components of therapeutic care. In 2015, the Australian Childhood Foundation's Prosody Blog (Mitchell 2015) rediscovered these treasures and discussed them in the context of therapeutic residential care, which assists in the operationalised, integrated theoretical and practice approach. Maier's core of care ingredients reflects Anglin's (2002) coherent vision and ongoing struggle for congruence. It can also be explained as the need to identify a shared purpose and system of beliefs that bind those working with young people across systems to inform the detailed and complex decisions which must be made every day within the home.

Further research studies (predominantly American) identified many reasons for staff turnover (Hylton 1964; Krueger & Nardine 1984; Rosenfeld 1978) as agencies' inability to provide congruence across the core of care ingredients in their organisations. This in turn led to fewer articulated opportunities and incentives for workers to remain in residential care (Porter, VanderVen & Mattingly 1980 as cited in Krueger, Laureman, Graham & Powell 1986, p. 61).

Meta-analysis of characteristics

A meta-analysis of available literature on the characteristics of residential care workers revealed there is a great deal of difference across theorists' perceptions of characteristics. This also confirmed the lack of relevant available research to date in identifying the right people for the residential care industry in a promotional sense or at the point of entry or recruitment.

Of salience was the number of references to intuition throughout the literature, with reference to the importance of a 'calling' to the field. Many people dream of pursuing a fantastic and thrilling calling but simply aren't willing to commit to the hard, courageous and risk-intensive work (externally or internally) to do it (Mwewa, Nsemukila, Maeya & Tembo 1999). While many of the major characteristics are identifiable as outlined in Peterson and Seligman's (2004) VIA Character Strengths (see Figure 5), many parts of a residential workers' psyches have been difficult to explain by theorists of youth residential care with high-risk adolescents.

The meta-analysis on characteristics of residential workers together with excerpts from the research partners in this study identified the following hard-to-name characteristics:

- Youth workers 'twinkle' – they are alive – especially in their eyes, which invite mine; tense, eager (Baizerman 1999)
- “The spark – this personality trait is critical when dealing with youth. It is easy to determine who has the spark. I often hire from the spark then see what training is required” (Bradley 2005)
- Are intuitive, creative and spiritual (Bradley 2005)
- They have spiritual depth (Research partner 2016)
- They have it! (Nightingale 2000)
- You just know (Research partners 2016)
- Artistry you can't totally explain (Research partners 2016)
- They know their territory (Bristow 2017)
- Playful (without frivolity). It is how youth workers express their twinkle, their joy, their bounciness and their focused intensity. Makes it hard to walk away. (Nightingale 2000)
- “... they have it – but you can't explain it” (Baizerman 1999)
- “You know immediately when you see it but it's hard to explain” (Research partner 2015)
- “You know – that gut feeling – the knowing – you just know when you see it” (Research partner 2015)

Global research has identified that within all disciplines graduates are emerging from their training with little understanding or ability in the soft skills required to gain and maintain employment. I think the so-called soft skills are paramount to the residential care industry. This could also in my opinion be due to the focus on online learning, with little opportunity for student engagement and learning in the soft skills.

Developmental stages

There is considerable literature and research regarding the developmental stages of child and youth care workers following employment (Garfat 2001; Phelan 2017; Modlin 2015). Some theorists believe development is a logical relational developmental sequence over time (CFCA 2014; Anglin 2002; Smith 2011). However, Maier (1979a) believes this development is predominantly due to the length of time, the relationships with young people and the environment. There seem to be many different perspectives to view an individual worker's development. Maier (1979) believes "a worker's development is evolving within a contextualised interactional dynamic". Fewster (1990) agrees with this view and thinks that understanding the 'characteristics of that interaction' is paramount for child and youth care workers.

Garfat (2001), utilising available literature and his professional experience, built a framework for understanding practice that was not based on the years of experience of a worker as many of the more traditional frameworks for practice were (Anglin 1989, 1991; Sutton 1977; VanderVen 1979; Sheahan et al. 1987; Hills 1989; Davis, Hancock & Hills 1987; Phelan 1990 as cited in Garfat 2001).

Garfat and Fulcher (2012), extremely experienced child and youth care workers and academics, write (p. 1), "Child and Youth Care involves a way of being in the world. It is more than a set of techniques, a label attached to practitioners, or a way of thinking about working with children, young people and families. It is, rather, about how one chooses to be in the world with others." They describe that "Child and Youth Care practice is based on helping people live their life differently as they are living it". It is a focused, timely, practical and above all, immediately responsive form of helping which uses "applied learning and daily

uses of knowledge to inform responsive daily encounters with children and young people” (Fulcher 2004, p. 34). It is immediate and focuses on the moment it is occurring. It allows for the individual to learn and practice new thoughts, feelings and action in the most important areas of their lives – daily life as they are living it.

Even though Garfat and Fulcher (2012; Fulcher 2004), as leaders in the field of child and youth residential care, have identified that youth and child is relational, a set of techniques and helping people to live differently, they have not identified the knowledge residential workers bring with them. I searched the available literature on child and youth residential care workers to see if I could identify any research or studies looking at the residential workers’ skills and knowledge at the point of entry to the field.

Soft skills

Research by Cukier, Iagris and Omar (2015) from Ryerson University, Canada, in soft skills noted that there seems to be a lack of consistency in identifying these essential or “soft” skills. Soft skills (Heckman & Kautz 2012; Bancino & Zevalkink 2007; Andrews & Higson 2008 as cited in Cukier et al. 2015, p. 1) include “writing skills, oral communication skills, presentation skills, listening skills, critical thinking and analytic skills, interpersonal skills, priority and goal setting and lifelong learning”. According to Kee, Ahmad, Ibrahim and Nie (2012 as cited in Cukier et al. 2015) leadership and critical and problem-solving skills, as well as information management and entrepreneurship skills, are also considered key soft skills.

They also found less attention had been given to the social sciences and humanities, due to the possible problem of thinking that graduates from these courses already possess soft skills. They also expressed concern that many students may be disadvantaged in regard to accessing the required support and training and emphasised a diversity lens was critical to ensure there are no cultural biases.

Chapter summary

In many ways I began introducing my methodology in this literature review. I have used Deleuze and Guattari's (1987) rhizomatic mapping of the emerging literature and interspersed the 'somewhat messy (human) becoming's' of the voice of I and the rhizome being 'and ...and...and ...'. I have done this with authentic reflections to give a voice to an historically powerless industry. Together with the concept of consilience this has allowed me to introduce my reality as a practitioner researcher by exploring and bringing together wide ranging and often messy theories of education, psychology, nursing, medicine, sociology, education, neurobiology, spirituality and physiology.

I have used and will continue to use the "wefts of people's narratives" (Vicars, supervision notes, 2017) from a particular point in time because they are artistic, colourful and full of style, passion and intent. This enables me to 'comfortably straddle' and map a multiplicity of theories with research partners' life experiences in a way that invites readers to "identify additional markers" Grellier (date unknown) and to begin to draw their own 'lines of flight'.

The next chapter

In Chapter 3, I continue to reflect on these diverse and complex multi-systemic discussions about the complexity of the residential worker's role and function across disciplines. I focus on integrating what I have identified in this literature review to design my creative, multi-genre research methodology, using quilting as a metaphor and as a basis for who I am as a caring and reflective feminist practitioner and researcher.

Chapter 3: Methodology

*Can you read it? Do you understand?
By squares, by inches you are drawn in.
Your fingers read it like Braille.
History, their days, the quick deft fingers,
Their lives recorded in cloth.
A universe here, stitched to perfection.
You must be the child witness,
You are the only survivor.*

Joyce Carol Oates (1980), “Celestial Timepiece”

Introduction

When I reflect on this poem it encapsulates both quilting as my choice of research design, as a metaphor for the research process, and my understanding of the role of residential workers who often only work with the survivors of abuse and neglect. Young people draw you in, in small snapshots, never giving all their information to any one person at any one time. I constantly ask myself how can we read or make sense of the artistry of our colleagues in working with young people who exhibit pain-based behaviours. How do we try to articulate our tacit and artistic knowledge into explicit practice and theories? I need to understand the knowledge they have and where it came from to better inform the promotion and recruitment practices for residential work with high-risk young people. Do we need to use all our five senses to read the story behind workers and young people’s stories? How do we need to record it and how do we come to know of the ways we need to stitch it together? My reading, interpretation and understanding of this poem celebrates intuition, instinct,

feminism, oppression, capitalism, culture, abused children, quilting, history, life story, children as witnesses and sometimes even as adults, we are the 'secret survivors'. How better to introduce the complexity of my multi-genre research methodology and method and inquire into the types of knowledge residential workers bring with them to the field.

Introduction to methodology

(Researchers) do jump across traditions, we do straddle metatheoretical gaps and (unfortunately) we do let paradigmatic "definitions" constrain our work ... (I want to) allow for comfortable jumps and straddles to loosen some of the constraints.

(Miller 2000, p. 48 cited in Ellingson 2009, p. 98)

My methodological orientation and the approach taken within this study seeks to straddle and jump across creative, qualitative research boundaries. I have drawn upon a bricolage (Kincheloe 2001) of theories and theorists to scaffold and frame a way of knowing and to articulate the production of knowledge. As a novice researcher, my original dilemma was to try to identify a relevant and appropriate methodology to understand and investigate the 'artistry' demonstrated by the participants in the study; however, where this knowledge and its characteristics came from seemed from the outset insurmountable.

In applying the metaphor of quilting as a way of making sense of the stories of individual workers across their relational life stages within historical and socioeconomic timelines (Ellingson 2009; Bronfenbrenner 1979, 2005; Flannery 2001), I turned towards how a critical, ontological, epistemological framework informed my view of the world as a feminist and resisted my growing concern regarding the impact of traditional scientific, binary or 'conquering journey type' research method narrative. According to Flannery (2001), positivist paradigms have 'wrested truth from nature or subject's methodologies', and for me in originally not understanding how research could be done limited my formation

of knowledge and willingness or capacity to creatively research and understand the complexity of residential workers' life stories.

In the following section, Mainardi (1973) and Held (2006) link quilting with feminist frameworks of caring and nurturing while discussing quilting as feminist artistry within a strong framework of moral care ethics.

Feminist values, caring, quilting and storytelling

In 1973, art historian Patricia Mainardi published her seminal article, "Quilts: The Great American Art" in *The Feminist Art Journal*, introducing quilts as a legitimate feminist artistry. Mainardi (1973) describes how across America, "even those who might not embrace feminism identified themselves as 'sisters or granddaughters in this capacious matriline of quilters' who had historically and artistically stitched cloth together to create a cultural history". In exploring my feminist morality (Held 1993), I confirmed my belief in the transformative power of kindness, love, nurturing and caring for all people equally as I believe the most important task of our cultures and societies is the moral and ethical raising of children through the actual experience and praxis of prioritising trusting, safe, nurturing and ethical human relationships. Held (1993) describes feminist ethics as committed to the praxis experience, with an "emphasis on reason and emotion, real persons, embodiment, actual dialogue, and contextual, lived methodologies". In *The Ethics of Care* (2006), Held discusses the importance of her belief of moral care ethics to political, social and global questions. She conceptualised a caring person as one who practices appropriate values and motivations to care for all people. Held (2006) helped me to understand and articulate my ethical and moral belief in a feminist, paradigmatic, wholistic way of being as:

small societies of family and friendship embedded in larger societies are formed by caring relations ... A globalization of caring relations would help enable people of different states and cultures to live in peace, to respect each other's rights, to care

together for their environments, and to improve the lives of their children.

(Held 2006, p. 168)

As an experienced quilter and novice researcher it made sense to me to be able to simplify and place the complexities and anomalies of my research journey within a feminist framework of ethical and moral storytelling relationships. The intergenerational and relational community artistry of quilting (Flannery 2001) epitomises for me critical feminist ontological values, ethics and morals celebrating the recorded and interconnected history of people's lives. This includes where their families, communities, economies and cultures intersect and are translated, interpreted, designed and painstakingly recorded in the multiple, relational stitched layers or ecosystems of a quilt.

Flannery further suggests:

Both research and quilting involve drawing on the larger community that passes down styles, norms, terminology, and traditions; learning the craft through apprenticeship with an emphasis on tacit, "hands on" knowledge; endless numbers of decisions in design and procedure; a tension between conformity (to a pattern or paradigm) and creativity; improvising out of necessity and out of a desire for innovation; and products that conceal as much as they reveal – just as a backing hides a great deal about the construction of a quilt, a research article hides as much as it reveals about the process of science.

(Flannery 2001 as cited in Ellingson 2009, p. 636)

And:

quilts also may carry legacies of love and passion in their creation and giving; similarly, qualitative work conducted with

love and passion also may reflect threads in a quilt stitched from the heart.

(Chapman Sanger 2003, p. 29 as cited in Ellingson 2009, p. 5)

Generations of women across all cultures have worked together as quilters, breathing life into the design and weaving of the quilt using leftover textiles carefully laid out and stitched to create a barrier against cold and loneliness. Historically, women knowingly and unknowingly constructed this barrier against the economic and psychological elements of poverty, weather, war and the impacts of capitalist industrialisation that threatened their families. This making material of individual stories as a cultural representation has become a generational recorder of glorious achievements, chaos and pain, preserving this culture for 'her' family in her quilts (Bamford 2005; *How to make an American quilt* 1995).

Quilting as a metaphor for my research

My research journey is positioned out of a Marxist feminist framework of understanding, and quilting as a practice of making material histories can be evidenced in the lives of pioneer, agricultural and working-class women across all cultures (Bristow 2013). Worldwide quilting has bound lives of often geographically isolated women into stitching and friendship groups, and packaged together their experiences of economic and social oppression and their history of bricolage, poverty and civil war, across global cultures. Groups of women stitched together and shared their dreams of better lives for their children as a way of managing their own often harsh and unfilled dreams. They used the completed quilts for celebrations such as love, weddings, births and deaths. Woven between the patches and layers of fabric, padding and backing, the heartbreaks of women and families is, in quilting terms, the 'wadding', and is understood as the warmth in-between the between.

Interwoven in the task are the roles of the 'mother quilter' as bricoleur – salvaging, resurrecting and preserving textile records of her culture, family and

community bound in layers of warmth and love. The act of piecing things together extends beyond the physical connection of thread to cloth and in this study, by depicting and organising people's comments, stories or narratives into patterns and colours, I have utilised the principals of a crystallised, rhizomatic research process to explore youth residential workers' experiences, doing so to allow for each individual story to be identified, celebrated and respected as in the design and execution of a quilting block.

The research journey

Once I understood how my 'lines of flight' positioned the rhizomatic nature of my research journey, I came to understand that going where the research takes me led me to the quilting metaphor. This I think I was achieved by having the courage to let go of control and creatively examine the 'flow' (Csikszentmihalyi 1990) or layers of reality and the continual emerging design and tactile interaction with the woven structure of people's lives. They began to take form and flow as I listened, heard, really heard through the emotion and intensity of their voices, and felt the depth of the impact their important relationship had on their development of attachment and resilience.

While discussing whether one significant person had an impact on who they became, I noted how my research partners used the following pentimento¹ of reflectively examining the layers of reality or flow of consciousness that informed their emerging resilience:

Hard one! Though I can say quite clearly my mother's influence on me – also my father's (negative) influence. My brother (who died of an overdose) and my good or bad school life all taught me a lot. A lot of these experiences could have robbed me of those qualities I mentioned and sometimes I'm amazed that they didn't. So, I can only explain they were there somehow. They were there somehow, and it could very well be how my brain operates – that

1 Pentimento: an art term meaning different layers (painted) one over the other.

balance of abuse and resilience. My sense is it is something other than that, but it is really hard to nail scientifically.

(Research partner interview 2014)

I'll have to go with love – I think that is something we don't yet understand the complexities of. It has its own energy and healing powers and its own abilities, and because to me in my experiences that the good things stayed with me almost had an intuit and energy of their own. I'm sure I could say there is a god or a spiritual whatever but I don't understand why some people get it and others don't – I'm not sure. Because why is it some people come through certain experiences and others don't? It's just there – science and research can tell me it's not but it is – it just hasn't been identified yet.

(Research partner interview 2014)

Or from another participant:

Which brings me to integrity – need to respect others. I think you also need a strong sense of your personal, professional and private selves and what that means you will disclose; and even more generally what it means to you. Then there is the spiritual, the essence, the understandings of the types of knowledge or as many have described it as a kind of artistry – a knowing and the ability to use it to lead and inspire others. I guess it's a type of energy that is often not discussed.

(Research partner interview 2015)

The research partners had discussed pain and hardships during their life journey; however, as seen from the above quotes they all consistently focused on love and the positive learning they achieved. Their stated understanding of self with identified ethics and values describe a love and respect for all people.

All of the research partners discussed the importance of the role of communities in raising a child. This creative focus and understanding of community have often led to beliefs and involvement in community advocacy and projects. One of the most important principles for me as a feminist is not to lose sight of humanity; the equal celebration of each person's strengths, individuality, skills, abilities and gifts. This principle is not gender, community or culturally specific, it is an all-encompassing caring for, in and of the world, every day of my life. I have used this heartfelt description of the International AIDS quilts. It's because it confirms my choice of using quilting as my research metaphor to tie my values, beliefs and underpinning theories together to better explain the following research journey.

There have been many examples throughout history of feminist inspired (art-based) community care action projects (quilts) being used to remember, grieve, respect, visit and celebrate loved ones. None more so than the AIDS quilts.

The most well-known internationally is the NAMES Project AIDS Memorial Quilt. In 1985 a San Francisco activist, Cleve Jones, and others stood on ladders taping the names of friends and loved ones who had died of AIDS to the walls of the San Francisco Federal Building. The wall of names looked like a patchwork quilt. The subsequent community quilt is made up of 5956 12 feet by 12 feet sections and has 49,000 panels, documenting more than 82,838 names. It covers 1,278,675 square feet and is 51.5 miles long if all the three feet by six feet panels were laid end to end. The quilt weighs more than 54 tons.

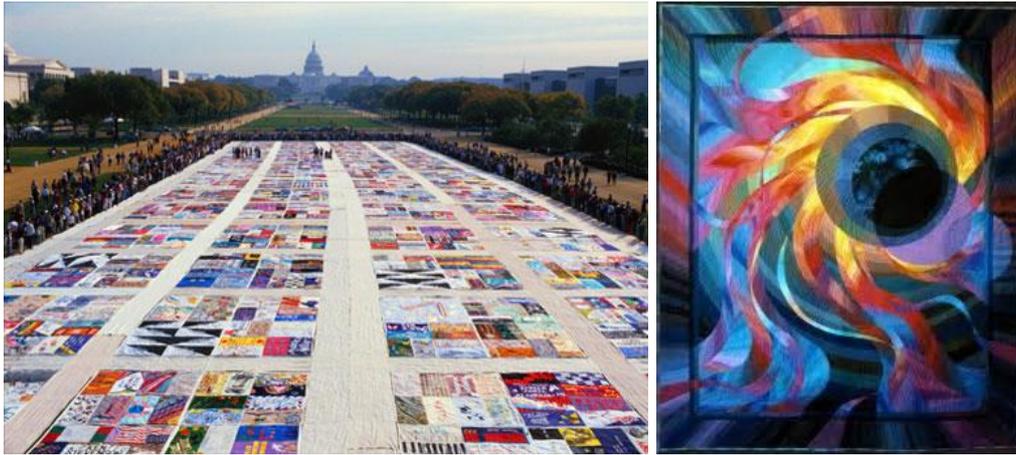


Figure 7: The NAMES Project AIDS Memorial Quilt

“The Quilt has redefined the tradition of quilt making in response to contemporary circumstances. A memorial, a tool for education and a work of art, the Quilt is a unique creation, an uncommon and uplifting response to the tragic loss of human life.”
(NAMES Project 2016)

Methodology

Research design

I used Ellingson’s (2009) ‘crystallised multi-genre research methodology’, which draws on more than one genre to express data as the many facets of light as generated by the crystal. Ellingson (2009) demonstrates both a feminist and social constructivist approach to qualitative research.

Ellis and Ellingson (2000 as cited in Ellingson 2009) see the notion of crystallisation as post-positivism on one end and radical interpretivism on the other, presenting crystallisation as a holistic approach and “radical way of knowing” by using the metaphors of a crystal and a quilt to frame the inquiry process.

Ellingson (2009) in Chapter 5, “Engaging crystallisation in research: Bringing it all together”, discusses integrated and dendritic crystallisation. She explains woven and patched structures within her context of integrated crystallisation. I have chosen woven crystallisation for this study. I interpret Ellingson’s (2009) ‘putting together’ of woven texts as requiring a thorough and experienced understanding of the research content and residential care, which I believe as

an experienced practitioner researcher I possess. Ellingson (2009) also advises that the use of woven crystallisation takes a great deal of intuition and a central focus of purpose or reason for the research. Woven crystallisation is also a 'good fit', with my guiding research and praxis principle underpinning this research being an equal partnership between myself and research partners. It is really important to me to value their voices. Ellingson's (2009) rationale for woven text is that the researcher and reader jointly construct meaning from the data and the knowledge of the industry. Ellingson (2009, p. 10 of Ch. 5) describes woven crystallisation as, "we deliberately weave different genres into a single text in which the contrasting genres mix, frequently moving readers back and forth between several genres in small excerpts and pieces as a larger picture is constructed, much like the small pieces of a quilt or scraps in a collage together form a coherent work".

As in Ellingson's woven crystallisation, I have integrated the text by layering participants' voices in a nonlinear format, with dialogues interspersed by messages to self-reflexive journal entries that narrate my ongoing research journey, and my emerging understanding of the research themes. This is to further privilege the voices of the research partners (Lather & Smithies 1997), moving in between and across the multiplicity and complexity of the participants' narratives and research topic by clearly listening to and really hearing and presenting their voices from the narratives.

The hearing and faithful representation of experienced research partners' voices by respectfully layering them throughout the quilt construction is paramount. One of my tasks in past employment was to try and make research usable to practitioners. I understood and shared their views that while a research topic may be interesting to academics and bureaucrats it rarely correctly reported the residential workers' views. Our opinion was and is that research usually follows practice, which while in my opinion values the practice, it is never reported in that way. It, research, generally doesn't allow for breaking down into usable and believable frameworks, policies and procedures, which is what is required. There is also rarely any sort of forum or opportunity to

integrate whatever the outcomes may be into practice. *I realise this is a personal belief and reflection and take responsibility for it.*

In the 1950s the study of practice was seen as a methodological challenge due to the generally accepted positivistic view at that time that subjectivity was 'epistemologically treacherous'; thus, studying practitioners' views had a low priority (McCrae 2010, p. 8; Chan & Chan 2004; Fook 2002; Baldwin 1998; Floersch 2000, 2002). Weick (1999) and Wilks (2004 as cited in McCrae 2010) highlight the importance of using an emic (first person) perspective to gather practice data inclusive of the person's capacity for reflection on their values, beliefs and goals. This view informed my decision to work with 'I statements' in the narratives and to develop the Listening Guide '*I Poems*' from each of the participant's narratives (Gilligan et. al 2003).

The Listening Guide

I made this decision to use the Listening Guide after transcribing the 14 interview narratives; it immediately become obvious that all research partners confidently and passionately owned their beliefs and truths by starting nearly all their interview responses with 'I statements'. This was as a further adjunct to respecting and faithfully presenting the voices of the research partners; I have used interpretive thematic analysis together with the ontological construction of voice in the '*I Poems*' to create meaning from my interviews. I wanted to place myself in a position of 'standing alongside' as well as 'gazing with' a feminist ontological lens – hence the combination of interpretative thematic analysis informed by the Listening Guide (Edwards & Weller 2012; Doucet & Mauthner 2008; Gilligan et al. 2003).

As previously mentioned, I also wanted, as a practitioner researcher, to ensure that I identified and held a focused respect on and for the voices of the research participants, to in turn ensure "escape from analytic perspectives that have become stereotyped and stale" (Edwards & Weller 2012, p. 20). Gilligan et. al (2003) describe this methodology as a creative, flexible, relational, feminist qualitative tool which attends to the voices within narratives and places the listener in the same critical frame.

I have combined interpretive thematic analysis with the Listening Guide to rhizomatically create practice-based 'making of meaning'. I have placed myself in this analytic continuum to ensure as much as is possible a balance between the construction of the research partners' narratives or stories and my own subjectivity.

Doucet and Mauthner (2008), when questioning how we can come to know the narratives of our research participants, agree that the multi-layered interpretive Listening Guide works well in reflexive, multidisciplinary projects (Doucet & Mauthner 2008, p. 404).

Using the Listening Guide provides a framework for a minimum of four successive readings (I actually completed 15 readings and many more listenings) of research partners' interviews, listening in a different way for each reading. I used the following process:

- [i] The first reflexive reading provides a rich synopsis of the overall story. It provides many repeated themes, chronology of (developmental) events, people, characteristics, beliefs, passions and values. Bronfenbrenner's (2005) bioecological model identifies these as the two-way processes, person and context of the mesosystem; relationships amongst entities in the child's micro system such as parents' interactions with and between teachers, church, sport etc.
- [ii] The second reading is focused on how the research partners speak about themselves. It closely notes their 'stream of consciousness' (Edwards & Weller) and how they see themselves in the world. It also identifies any changes in voice; difficulties in articulating a particular view or making conscious the unconscious; the assumptions and life journey of the self. Bronfenbrenner (2005) discussed this as the microsystem or activities and interactions between religious affiliations, cultures, workplace and neighbourhood, peers, school, family and friends. This includes the developmental activities and interactions within the context of processes, person, context and time.

My focus on this second listening illuminates the voice of I, which results in the formation of *'I' Poems* illustrating individual research partners' stories by visually isolating the voice of 'I' and starting each sentence with the beliefs of the partners (Brown & Gilligan 1992; Gilligan et al. 2003). An excerpt from one of the research partner's *'I' Poems* demonstrates this well:

I think I am a caring and nurturing sort of person.

I think I'm genuine (and;)

I think that goes a long way to being able to form relationships with at risk kids.

I think they are so attuned to being able to pick up when people are not real and attuned to them they can see it or pick it up from a mile away.

From a neurobiological perspective I am now aware of where it comes from,

But I think when I first started in the field I didn't know that –

I just knew that if you were not real our kids knew that.

I have a thirst for learning.

I don't think you can ever be an expert on anything.

*I don't think you can ever know too much or enough
and I think that thirst always drives me to find out more.*

I'm not sure necessarily it's a good one but

I am transparent, I have always been very transparent

I'm not a very good liar, in fact I'm very poor at it.

I have tried on the odd occasion to tell the odd fib.

I think it's a good way to be.

I think it's a critical thing, both authenticity and being honest and transparent.

I think it's funny – it's not just our kids that are attuned to picking it up

A lot of people I have worked with are very much the same,

which is possibly based on their own experiences.

I don't really know if there was just one pivotal moment that brought me to the field rather think there were multiple pivotal moments.

Research partner 2016

- [iii] The third listening in many ways further mirrors Bronfenbrenner's five bioecological systems (2005). It listens for networks and relationships in relation to self and others. "It is informed by feminist theoretical critiques of individualist conceptions of agency and their replacement with relational concepts of subjects" (Doucet & Mauthner 2008, p. 406).
- [iv] Bronfenbrenner's (2005) bioecological model identifies the fourth listening as focusing on those parts of the narrative that describe the nature and impact of power relationships and systems guiding the impact on the developing person. Bronfenbrenner's model (2005) identifies these as the:
 - exosystem: social institutions which affect children directly such as work settings and policies, extended families, mass and social media, community, resources, crowding, noise, housing emotional supports, ties with friends neighbours and social positioning
 - macrosystem: socioeconomics, education, income, occupational status, culture, race, ethnicity, spirituality, meaning/purpose, broader government laws, policies, beliefs, resources and traditions.

Bronfenbrenner's bioecological system

Bronfenbrenner's (2005) chronosystem is the timeline made up of the environmental events and transitions that occur throughout lifelong development. This included any time-related sociohistorical events impacting on the four systems and the research partners' development within the context of their family, community and broader neighbourhood or culture and country of origin.

This flowing, creative energy of the many facets of crystallisation afforded from working between the layers of my quilt reflects my new understanding of

rhizomatic research: thinking differently, I have worked the liminal space between and across theories. While I have found this challenging, it has freed me from my original binary thinking and guided me towards openness to allow and follow the 'flow' or 'lines of flight' of my research methodology, methods and findings (Csikszentmihalyi 1988, 1990, 1996; Deleuze 2002 in *Dialogues* as cited in Clarke & Parsons 2013; Deleuze 2006).

Creativity assisted the choice of metaphor for this study, with the choice of quilting as a metaphor. Quilting, like residential work, has a feminist framework of caring and nurturing and celebrates residential workers' philosophies, nurture and care, and storytelling.

My inclusion of the poem "The road not taken" by Robert Frost (1916) I believe summarises my research journey. I chose the road less travelled for me as the researcher, practitioner and person; and the multi-genre creative research methodology I believe 'that has made all the difference'.

Methodology: The journey

The road not taken

Robert Frost (1916)

*Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveller, long I stood
And looked down one as far as I could
To where it bent in the undergrowth:*

*Then took the other, as just as fair
And having the other, as just as fair,
And having perhaps the better claim*

Because it was grassy and wanted wear,
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no tread had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way
I doubted if I should ever come back

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood and I,
I took the one less travelled by,
And that has made all the difference

Milton Erikson (in the 1930s) perfected a strategy in psychotherapy called the 'therapeutic metaphor', which utilised and celebrated the historic power and artistry of storytelling. Erikson (as cited in Gordon 2014) felt storytelling assisted people to understand their underpinning beliefs and values through telling their stories. This metaphor straddles and celebrates the links between research, theories and quilting in relation to understanding the knowledge inherent in residential youth work practice.

Tihamér von Ghyczy describes the use of metaphors as:

engulfed in a curious mixture of meaning and incomprehension, it is in such a delicately unsettled state of mind that we are most open to creative ways of looking at things.

(Tihamér von Ghyczy as cited in Harrell & Leo 2013)

In turn, Csikszentmihalyi states:

It is in such a delicately unsettled state of mind that we are most open to creative ways of looking at things. Some of the most creative breakthroughs occur when an idea that works well in one domain is transplanted in another.

(Csikszentmihalyi 1990)

Understanding metaphors in this way, I believe, also gives access to our tacit knowledge and mental models, which shape the understanding of the self. It also shapes the cultural models provided by language to express individuality, self-concept and the 'believed inner world' of residential workers, well-articulated by a research partner as the:

capacity not to be overly shocked or to feel threatened;
calmness, though also about my presentation of calmness no matter what I might be feeling – the personal belief in self to undertake and achieve tasks. Personally, I think these are learnt skills, though they may be innate characteristics or skills that are then tested in an environment of pressure or even chaos.

(Research partner interview 2015)

The metaphor of quilting explains the creativity I required to undertake the design, and the stages of this research and Strauss and Quinn (1997) as cited in Moser (2000), in their discussion on the usefulness of metaphors in research, believe further psychological research on metaphor and analysis would be improved by including other transdisciplinary or interdisciplinary perspectives. They feel this would bring cognitive, cultural, social and individual aspects of

metaphor use closer together. This understanding supports my integrated concept of my overall quilt of consilience.

My research methodology (and praxis), underpinned by the concept of consilience, which according to Brendtro, Mitchell and McCall (2009) link findings from separate fields to discover simple universal principles, values and truth, requires that truth be tested against multiple perspectives of science, experience and universal human values (Brendtro, Mitchell & McCall 2009; Wilson 1999). Residential workers, in working with the 'whole of life' of a young person, need to understand and work across many disciplines and systems to find what I suspect are the many truths inherent in residential work with high-risk young people.

My reflective researcher learning journey

Initially my 'naivety as researcher' was revealed as I thought I would tackle the methodology in a straightforward manner. I would study, research different papers, journals, films, books and websites to understand paradigms and record thoughts at various stages in my journal. I would listen, talk to colleagues and supervisors, reflect and begin again if need be to understand my paradigm and who *I am* as a researcher. Then I would know how to craft this new knowledge, reflection or flow into my research quilt (Csikszentmihalyi 1990; Peterson & Seligman 2004).

I thought this understanding would then be followed by a clearly articulated, well-formed, seamless methodology design, method and subsequent data analysis and writing of the thesis. ***I could not have been more wrong!***

I read and studied everything I could find for four years. I met with my supervisors and colleagues regularly, with growing fears I was born without the 'understanding research methodology gene'. It doesn't help novice researchers that the incredibly complex world of research is constantly searching, debating and promoting different definitions, types, paradigms, methodologies and methods while arguing about the historical meaning and journey of each other's preferred research paradigm. It also seemed that some researchers find each

other wanting, particularly in relation to the historic 'paradigm wars' between the many qualitative and quantitative paradigms (Kuhn 1964 as cited in Pajares, date unknown).

I discovered a strong view or belief among some academics that the more creative research frameworks are unacceptable. The often patriarchal 'perceived scientific or seeable' world of research where scientific quantitative frameworks are believed to take precedence can be perceived as being the only truth (Schon 1991). Fortunately, there are just as many researchers who encourage pushing the boundaries of the more creative approaches that understand and value the wisdom and artistry of practitioners. Deleuze and Guattari (1987) as cited in Clarke and Parsons (2013, p. 38), discuss what I believe is a similar philosophy. They argue that while they respect the more traditional constructed binaries of qualitative and quantitative research, they feel these often reflect the 'weariest kind of thought'. In explaining rhizomatic research they argue that often 'thought lacks behind nature'.

This 'thought lacks behind nature' (Deleuze & Guattari 1987) I believe is similar to the intuitive expert practice of residential workers moving ahead of research. Often research can lag years behind what practitioners 'know' works in the field, creating further tensions between practitioners and academics. This is explained by using the analogy of quilting as articulated by Deleuze and Guattari:

a patchwork quilt as a gathering of disjointed elements. Each patch is a separate and unique element, but patches can be combined to form a whole. Similar to a rhizome, a patchwork quilt has multiple entryways for analysis, no necessary center and the ability to grow in multiple directions. The metaphor of a patchwork quilt is useful for describing systems that seem to defy traditional linear exposition.

(Deleuze & Guattari 1987 as cited in Koelsch 2013, p. 1)

Defying traditional beliefs and 'thumbing the nose' at bureaucracies and academics has become somewhat of a pastime for residential workers. I have witnessed this when non-residential workers in perceived higher positions visit the residential unit and cannot manage the behaviours of our young people. The young people then feel unsafe and their behaviour deteriorates. The visitors then are condemning of residential workers and, while making their escape, form negative opinions of the place where young people live and the workers that love them. I totally understand this and often move in between the layers of academics, bureaucracies and residential workers acting as an interpreter and keeping the peace. Why then did I become so unsure of being an academic? Of moving towards becoming a researcher to advocate for residential care, young people and workers? I sometimes think I have been a defender and interpreter for such a long time that I have forgotten who I am.

My wondering

This early stage in my research process also made me unsure of what I have learnt. I constantly wondered, What do I know about practice even after 35-plus years? and; Who am I as a researcher? I now know a major component of the process was this journey toward 'becoming' (Deleuze & Guattari 1987); to be surer of who I was, what I believed to be 'the truth' and what I knew and understood about how I learn. I also had to rethink what I meant by the 'types of knowledge or artistry in residential work'. What do 'high-risk adolescence', 'knowledge' and 'artistry' mean in an academic context? What does it mean to me, and why have I worked in this environment for so many years? I needed the confidence to believe in myself, my knowledge and experience to even begin to 'mix, match and integrate' quantitative and qualitative research.

I found myself questioning the academic content of the research subjects I had completed. I constantly felt like I was trying extremely hard to fit a type of creative artistry into the 'research box' as I understood it (then). All the doubts of 'what if I let these people down, who have shared my practice generously over many years and then shared their stories with me for this research' immobilised me for a time. They shared these stories because they believed in me as an

insider researcher, practitioner and manager in the field. They knew I understood the importance and relevance of this much-needed research for their, and our, young people's longevity and safety. The research outcomes *had to be* practice based and useful and be able to be integrated into the 'every day' (Arney & Bromfield 2008).

What I needed to understand, capture, explain and stay focused on was the multiplicity of theories, skills and meanings as articulated in the following interview excerpt from a research partner. I often went back and read the research partner's interview when I felt unsure. I also remembered when I had to do a presentation at a conference on the difficulties high-risk young people face in education. At the time I was managing a VCAL Secondary Education Program set up for high-risk residential young people who had often been excluded from education since Year 5 and they were now 15. I told them about the conference and asked if they would like to write my presentation on their views of education, their rights and whatever else they wanted people to know. The six young people together with the education workers wrote my presentation, which I was proud to present on their behalf. I did draw the line at some of the expletives and more colourful adjectives, however included most of them without blinking an eye. The chair and organisers of the conference were impressed and subsequently wrote a letter of congratulations and thanks to the education program. Many of the components identified in this excerpt from a research partner's interview were included, also in regard to what the young people thought teachers should be.

They (residential workers and teachers) need to be able to engage early, quickly and well with warmth. They don't have to be university graduates, they do however have to have life skills and be prepared to get their hands dirty. Being with kids and liking and helping them – we are lucky to be involved in these kids' lives even for a short time. They must have demonstrated life skills, be creative, able to engage, sense of humour, can be a bit quirky and be flexible enough to do the right thing. They need to want to make a difference and are prepared to call a spade a

spade – strength. They must have a certain weight of character. I'm a bit frustrated that I cannot explain the essence stuff – the thing that I know is there – it is emerging.

(Research partner interview 2015)

Schon (1991, p. 46) also bemoans the lack of academic consideration to practice and the developing hierarchy of tertiary education where positivism and scientific inquiry were seen as higher education and practice as lower. He believed this further endorsed the technical rationality approach of the split or dichotomy of and between research and practice. The following passage from a research partner's interview highlights the amazing practice wisdom and insight of exceptional workers. Yet it seems academics and bureaucrats don't understand that the heart of work with people is encapsulated in this excerpt and many like it. Nationally and internationally, practitioners are struggling to make sense of education, training and research and how to integrate these into their world. Many of the issues raised in this piece currently have few answers for practitioners. Maybe they can't be scientifically explained. Perhaps they just need a framework for this artistry to be validated and accepted as aspirational, as thoughtfully explained by a research partner:

They are picking up on something else other than what's coming out of the mouth and so it's even about the voice and there has been research on that too (but not definitive in this field). The voice is important because I feel the essence of someone or whatever makes the person they are come out in the voice as well. You know if you talk about someone you love your voice takes on a very different timbre to if you are talking about something clinically. And as we know just physically every part of us is giving off a message of some sort. I'm not sure but I think formal education is really important but for some people, yes, they might have a lot of knowledge and whatever but if they can't get it into context and actually assimilate it with who they are then you just get a robotic person out there trying to 'do the do' and

stuffing it up. Yet they can be very qualified but the same goes for someone who has a natural knack, but they need education to put it into context as well as they intrinsically know – yeah – it's so hard to explain.

(Research partner 2014)

This constant dichotomy of beliefs and approaches led, in my first major draft of this chapter, to what Ellingson (2008, Ch. 4, p. 3) calls 'a laundry list of different representational forms'. I thought I needed to use all the right words and, in that stepped out boxed process, managed to lose all meaning. I did however develop a magnificent 'laundry list' (Ellingson 2008). In beginning to understand that no prescriptive formula exists for establishing a hierarchy of methods in relation to neatly prioritising narrative, crystallised or any other qualitative research theory was, as previously mentioned, the major turning point for me in beginning my learning as a researcher.

Fortunately for me, Ellingson (2008) calls this process I was experiencing 'wondering', where people shape their daily lives with stories of who they and others are, as they interpret their past in terms of these stories. My view of my research then, in the current idiom, is a story. It is a portal through which the research partners enter the world, and by which together we interpret our experience of the world to make it personally meaningful in this context. I realised that throughout all the interviews the research partners 'wondered' and made sense of their stories themselves just like they did in practice with young people.

How then could I follow a 'research script' for this research? No matter how many times I shifted the multiplicity of research paradigms, social theories and models I was trying to formally integrate, I was unable to find a framework or methodology that 'fitted'. I felt nothing could even begin to represent what I had learnt in previous semesters or in my own lifelong learning, reading and research journey. It seemed I had all this practice and managerial experience working in this industry and I simply was at a loss trying to translate it into a

research framework. I was reminded again of the complexity when designing a quilt. Many times, you take apart the pieces, put them back together, move them around, until you have a meaningful flow of design.

A research partner beautifully summarised the complexity of therapeutic residential care, the research and the multi-methodology and genres required to make meaning by weaving the research outcomes into practice:

It's that simple or that complex and really hard to describe. (But) it is something that is obvious when you see it in someone and you see the outcomes. Someone else could come in and say the same words and get a totally different response. There are many people who may not have had much training, but they have this 'elusive special something' and people who have been in this field for a long time who have heaps of experience and knowledge and don't have this 'spirituality or essence' or magic ingredient thing that you see in good workers with kids ... The essence of someone I think – there is something that may be there from birth, or before birth. It's something, something in the way that person's mind works and how they interpret that world as children. I'm not sure, but I think in a lot of people I really admired in this work – they were warm people and humorous and I believe real humour comes from the heart and the spirit. It's the healing qualities of that. (And) there are also people who are quite at home in themselves and that are what kids need to feel that you are at home in yourself and they can be safe with you. You tend to be strong enough to keep them safe. And they can respond to someone with that essence almost in spite of themselves immediately. It doesn't have to be working in a relationship for a long time. It can happen in a few words or even looking at each other knowing.

(Research partner interview 2014)

Emerging through the maze of the traditional structured binary expectations of research, I read Clarke and Parsons paper, “Becoming Rhizome Researchers” (2013). It led me in a new direction and, guided by how “rhizome researchers desire a life of becoming rather than copying what is seen (haecceity and multiplicity)” (Deleuze 1987, p. 8), I finally grasped how:

Multiplicities are rhizomatic and expose arborescent pseudo multiplicities because there is no unity to serve as a pivot in the object or to divide in the subject ... because a multiplicity has neither subject nor object, only determinations, magnitudes, and dimensions that cannot increase without the multiplicity changing its nature.

In a multiplicity, what counts are not ... the elements, but what there is between, a site of relations which are not separable from each other. Every multiplicity grows from the middle.

Thinking this way can be challenging; however, that challenge is part of the energy rhizomes can exert for thinking differently and thinking ‘difference’ rather than ‘sameness’. Rhizomatic thinking challenges the binary mindset that depends upon finding foundations and relies on a representational horizon – comparison to what ‘is’ rather than openness to the future.

(Deleuze 1987)

For Deleuze (2006), clear cut binaries are but molar or massive effects occurring within “multiplicities”.

Garfat (2008) also believes the practice of relational residential work with young people exists in the in-between; the in-between between self and other. This also depicts the structure of a quilt, with the many layers where the in-between layers are the essence, the memories the nurture and warmth. Residential work practice juggles the relational concepts of engagement, connection and being

together in moments of rhythmic harmony (Fulcher 2004; Maier 1992 as cited in Garfat 2010). Garfat (2010) also believes there is a joining together.

Was I closing 'my lines of flight' in trying to control the research outcomes by boxing them in and being far too prescriptive? I read Lather and Smithies (1997) *Troubling the Angels: Women living with HIV/AIDS*. It was both a beautiful and heartrending account of their research with groups of women who tell their stories about living and dying with HIV/AIDS. This book affected me profoundly. I reread the book to understand the research framework and ways of respecting people's journeys and stories while understanding and recording my own processes, thoughts and feelings.

Using this book as a guide, I decided I needed to trust myself to go where the interview narratives would lead me. I needed to stop trying to force every bit of information in an unlinked, closed box, with each box having a clear rationale and theory. This is a very short summary of the monumental dilemma I placed myself in, which I guess is all part of my learning to be a researcher. Finally, I was being encouraged or given permission to be creative. I now felt more confident that my developing research methodology would meet my priority to honour and respect the incredible privilege and gifts residential workers and managers had given me by sharing their life story narratives with me.

This extensive period of reflection and learning on my thinking and writing regarding what this research means to me was frustrating and yet powerful and personally satisfying. I now knew my research needed to be fluid and living. In much the same way as rhizomatic theory and research moves, flows and grows, I needed to have confidence that my research design would change and flow continuously, based on reflection and emerging data (Csikszentmihalyi 1990; Seligman 2002). I had already laid extensive groundwork to be able to be this creative and flexible.

Did I really have to explain the research theories, frameworks or paradigms in minute detail? Or did they needed to be integrated and reflected in my research methodology practice and writing to demonstrate my understanding in the context of my research? While this now seems like common sense, it was a

pivotal epiphanic moment for me. I knew it meant a total rewrite of the chapter. Still, it was exciting! Did I waste the last four years? Or had it all been to get me to a point where this understanding of research would finally help me complete this thesis and my Doctor of Education, and maybe even turn me into a researcher? I think so.

Moving forward

In many ways, these understandings parallel my chosen research paradigm as a feminist social constructivist (Charmaz 2000). I have built (and rebuilt) my research knowledge, much as you continue to build colours and textures in a quilt top, and refined my basic belief system during this journey. It has not only assisted me to redefine my view of the research world but also my journey to a place within it. This was initially as a practitioner and researcher, and now confirming my more comfortable informed position of practitioner researcher or equal partner in my research.

Fitted with my sense of knowledge building, or quilt creation and construction, I needed to see narrative inquiry simply as part of my basic quilt design for my interviews to confirm my study and design of 'experience as layers or pieces of a story' (Connelly & Clandinin 2006, p. 375 as cited in Clandinin & Huber pp. 2–3). Within my search for a truth, which has been so important to me as a practitioner and researcher, is the relational aspect of being given permission to see, use and build the 'in between the between context' (Deleuze 2002; Clarke & Parsons 2013; Garfat 2010). As previously discussed, I instinctively knew that Bronfenbrenner's bioecological theory (2005) would assist me in discovering and making sense of the systemic reciprocal interactions, relationships and impacts informing my developing or feminist worldview of my values and ethics 'built' over time (Guba & Lincoln 1994). Quite simply, it explains a person and their development within the context and relationships of their storied or rhizomatic system, which is enacted through using the Listening Guide as a reflective thematic analysis. It just is – so I opened up the 'lines of flight' and trusted the constantly moving and emerging storytelling and reflection within these frameworks.

Coming to terms with the frustrations and enormous hurdles and knowledge (so far) one is required to manoeuvre and integrate in this level of education was never more apparent than during the development of this section.

Constantly utilising the known and creative metaphor of quilt maker as bricoleur kept me grounded and helped me capture the uniqueness of these narratives. I now found it easier to go where they led me, using what I have and waiting, not forcing the bigger picture. I finally understood how to use my extensive practice knowledge and experience to assist me to develop a theory of the case in front of me. I believe this gives me the experience and ability to continually change the story or responses to not just 'fit' the situation but to integrate it to maximise the possibilities and outcomes (Schon 1991).

During the time of this doctoral research I turned 70. I found myself wondering, apart from achieving this lifelong dream or educational milestone, what I was going to do with it. Yes, it was to prove I could make up for the oppressive sexist and capitalist view of my generation that women did not need formal education; it was wasted on them because they would grow up get married and have children. My supervisor suggested I read Antonia Darder's books and papers. It was another huge light globe moment. I could see so much of my struggles to become in her writing. I was also delighted to find that everything Professor Darder wrote was incredibly personal and relevant to residential workers and the young people we are all passionate about. While being sure of my feminist ideology I also became aware that I had been a victim of the dominant political and value ideology in Australia over my lifetime. I was fascinated that I was still passionate about working with the most oppressed and marginalised young people and their families/communities and changing the systems that impacted on their and residential workers' lives. What then would I do with my extensive learning after my research project (assuming it will have an end)? I continued to read and reflect on Antonia Darder's *A Dissident Voice* (2011) and *Bicultural Studies in Education* (1995) – surely my answer about my future was in these books.

Graphic representation

As a graphic artist in another life I often turned to ‘thinking in pictures and quilt making’ to make sense of my world. I thought graphic representation of my research design would depict the culmination of the previously mentioned four years of reading, reflecting and analysing to make sense of my research. I knew the quilting-based graphic design of the methodology explained what I believe is my integrated process for ‘making magic’ or capturing the essence and the artistry of the research partners. However, I also knew that the structured root or traditional book design I had painstakingly developed did not (Deleuze & Guattari 1987).

To more clearly demonstrate this and my learning journey I have decided to include the first stilted and structured ‘laundry list’ methodology and method graphic I designed at Figure 8. This is followed by my current flowing, creative multi-genre ‘line of flight’ rhizomatic research methodology design at Figure 9. I have included these in the body of this chapter, rather than as attachments, to graphically demonstrate my intense personal and academic growth as a researcher. Hunter states:

I have used plays, poetry, pastiche, quilting and mobiles to help me construct the magic in the phenomenon ... making meaning of data is very much like making magic ... to capture the meaning, the gestalt of the data, one must tap into the creative, magical self.

(Hunter et al. 2002, p. 395 as cited in Ellingson 2008)

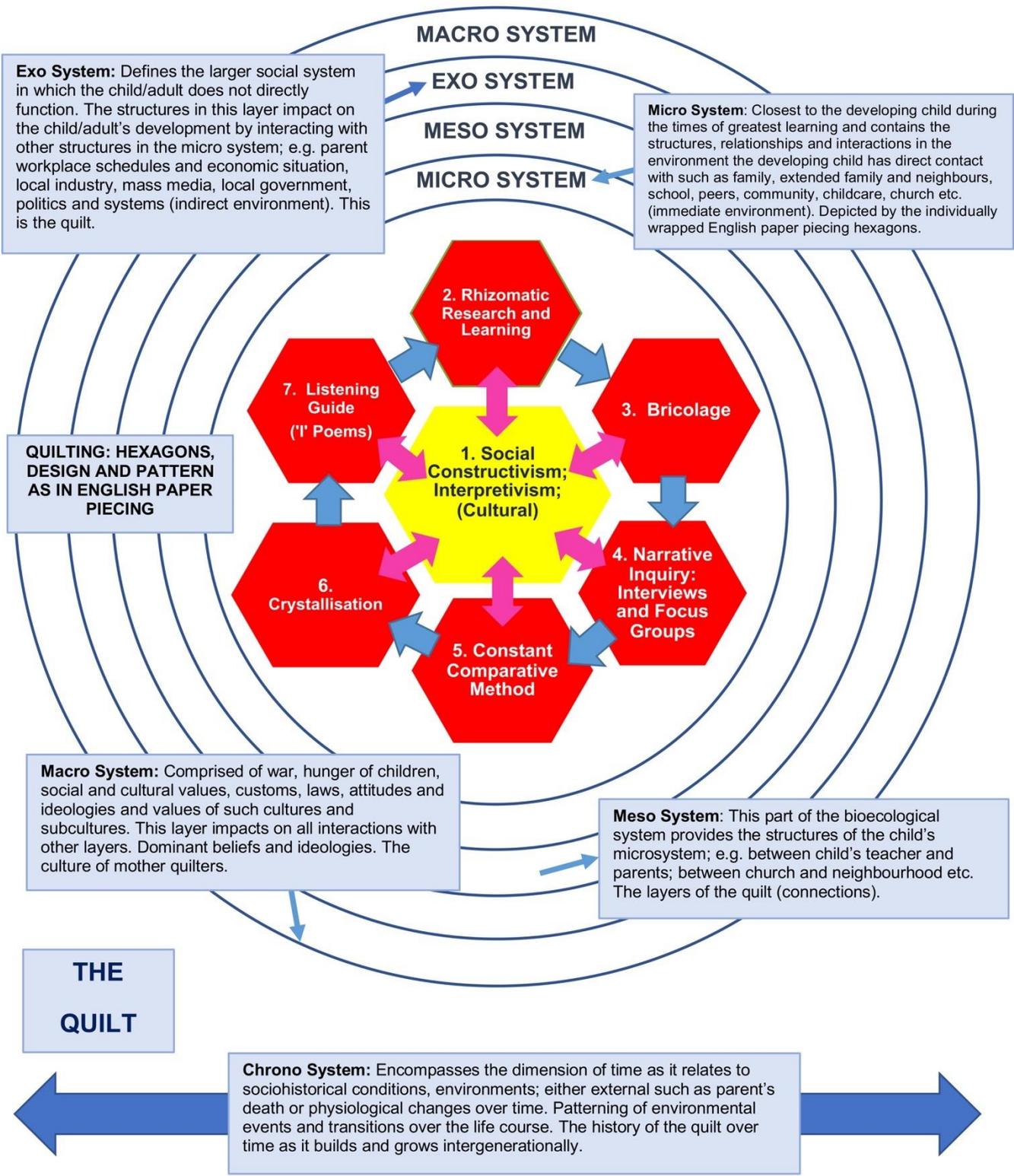


Figure 8: Original 'laundry list' methodology – The Quilt

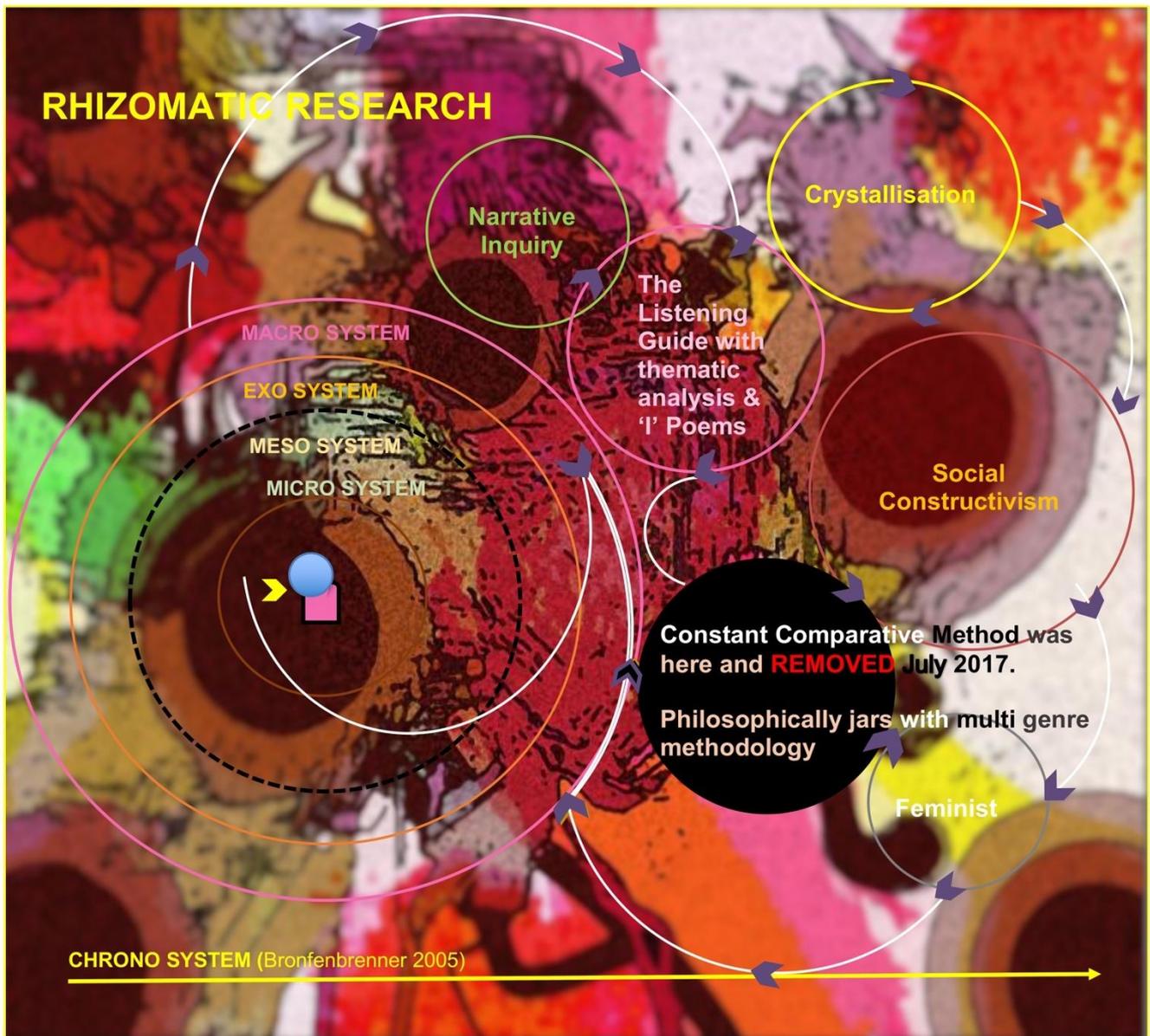


Figure 9: Revised (current) graphic research methodology – The Rhizomatic Quilt

In wondering about the way the thesis is put together; our hope is that each reader will work their way through the accumulating layers of information and decide for themselves how it all comes together. Researcher reflections, people's stories interrupt each other and service as a ... We know as in this book it is about getting lost across the layers and not finding one's way into

making sense of what we normally do; needing to think differently. This book is written of a kind of knowing through not knowing.

(Lather & Smithies 1997)

Ellingson's (2009) *Engaging Crystallisation in Qualitative Research* uses examples from Lather and Smithies (1997) book *Troubling the Angels* to demonstrate the positive use of woven integrated crystallisation. I have found similarities between the research theories of Ellingson's (2009) dendritic crystallisation, Deleuze and Guattari's (1987) rhizomatic research and Bronfenbrenner's (2005) bioecological model. Similarities between all of these focus on trusting the data and ensuring you understand and go with the flow, celebrating the storytelling of the research partners' developmental journeys by thematically identifying the emerging themes from these qualitative frameworks. This was reflected in my journal notes.

Method

SWATCH 2

March 2016

I am increasingly aware I am developing an understanding that my method is my methodology or that they are one and the same. By this I mean my analysis seems to be emerging as I work – not specifically waiting until I formally analyse data.

Figure 10: Swatch 2 – Graphic representation of rhizomatic research methodology

I am also feeling more confident in (the fifth year of study) representing the heart of residential workers that comes through in their stories. I find, as my understanding grows to more effectively utilise my own and their practice knowledge by writing and integrating research into practice, that I feel more

inclined and confident to put my heart in my writing. I don't think I previously understood this about myself. I remember many years ago, when I was promoted a number of times in a state government department, having to wear the constant and ongoing criticism for some years regarding my perceived lack of qualifications for a senior position. I think this too was part of my drive for further tertiary education. It possibly made me even more resilient, so every one of life's events can be experiential learning experience, though I would not recommend this one. In writing this I am demonstrating listening and loving with my conscious and unconscious self. It is how I work with workers and young people.

Introducing narrative as interpretive inquiry

The rationale for utilising narrative inquiry comes from my respect for and a deep understanding of what residential youth workers do well (Spence 2004, published 2010). They listen with their heart, think through in their conscious mind, trust their unconscious mind and share activities to make sense of stories as in head, heart and hands; they 'be with' young people in a relational sense (Bristow 2009; Pestalozzi 1801; Montessori 1967; Korczak 1978; Rousseau 1762; ThemPra 2010). This is explained by a research partner as:

Some people walk into resi and feel claustrophobic or afraid immediately – you have to trust it, feel it, sense it, trust what you feel, and use all the senses and see how you feel about it and trust the inside.

(Research partner interview 2014)

... because I love the work and love the job and the kids, hard job that pushes you over the edge at times and at others you see the little wins and they keep you going.

(Research partner interview 2014)

I used the narrative inquiry as a research approach and a way of understanding, inquiring into and making sense of the participants' rich practice

experience of residential care, through their storytelling. According to Clandinin and Huber (2010), narrative inquiry also ensures the inclusion of ethical views of participants through recursive and reflective storytelling. I conducted individual, semi-structured, in-depth single interviews with the 14 identified residential workers and managers over a period of five months. Each of the 14 interviews lasted on average 67 minutes. Narrative inquiry has been summarised as “it’s not about what happened so much as what meaning people make of what happened” (Clandinin & Connelly 2000, p. 20 as cited in www.mofet.macam.ac.il).

I found it exciting to be able to link and interpret the research partners’ narratives with the meaning they made of remembered events and incidents in their lives as residential carers. I could see how my chosen theoretical frameworks were enabling me to grasp the deeper or higher order themes by identifying the many layers in the stories.

Using the Listening Guide together with an interpretive thematic reflection combines a ‘reflexive multi-layered approach to knowing narrated subjects’ (Doucet & Mauthner 2008). Looking deeper behind, beneath or outside the elicited narratives helped me to make sense of the research partners’ social world and identity. I interpreted the narratives within Bronfenbrenner’s (2005) and Doucet and Mauthner’s (2008) wider range of social, political and structural contexts and times to find out why they are who they are. Doucet and Mauthner articulate this as:

Whatever else a story is it is not simply a lived life. It speaks all around the life, lays down the maps for lives to follow and suggests links between a life and a culture. It may indeed be one of the most important tools we have for understanding lives and the wider culture’s they are part of. But it is not the life which in principle is unknown and unknowable.

(Doucet & Mauthner 2008, p. 404)

I had kept extensive journals over the period of this study that allowed reflection on my feelings of being unsure about whether I could do this research and whether it was a useful topic. The identification of the research partners and the steps I took to care for them in the process was simply an extension of what I normally do. The only difference being I was never worried about letting them down in practice – I was always there supporting and caring for them whatever and whenever it happened. Would I be able to capably represent their trusted stories? Would I be able to apply that same passion and nurturing to this research for their sakes and my own?

Research partner identification

I sent written invitations to 16 possible research partners four weeks prior to the planned interviews. Included was a summary of the research, permission form, an outline of the qualitative data collection methods, the steps taken to ensure confidentiality, counselling/debriefing support, and other support details if required (Patton 2002). Fourteen replied expressing their interest in participating; one declined due to personal reasons.

I kept comprehensive journals throughout the planning, interview, reflection, data collection and analysis process in which I reflected on this and the subsequent findings and recommendations chapters. When unsure what the emerging themes were or meant I sketched quilt designs with patches and swatches to clarify meanings and find a way forward through the myriad of design possibilities, emerging themes, their potential higher order meanings and final analysis.

I had expected each research partner would begin their story in a coherent way – at the beginning in response to the guiding questions. I quickly discovered with all 14 interviews that they responded with fragments of stories interspersed with memories, examples and emotions that arose in the telling. I thought all their responses would have a beginning, middle and end. An example of these fragments of memories, feelings, events and ideas follows.

Yeah – my Greek culture is very important to me. It's funny, talking about my Dad made me cry before – it's so important. I have such respect for the way they have lived their lives. It must have been so hard coming from Greece. Dad was a strong person but not a very affectionate person. Affection was not part of his culture for a man so he was never taught to be affectionate. My Mum was a nurturer and so in many ways I had the best of both worlds. They had an arranged marriage; they never met before my Dad came to Australia – they met through a photo.

(Research partner 2014)

I gathered and taped the participants' stories and personal reflections regarding their developmental life experiences within their families and communities and their journey into residential care. The underlying principles and organic nature of what was important to them and what motivated their journey into residential care flowed in and out and over of their stories (Deleuze & Guattari 1980).

The interviews also included gaining a shared understanding of their life journey or the bioecological contexts, causes and effects which shaped who they became (Bronfenbrenner 2005). Thinking within a rhizomatic research framework seemed to free me to go where the story went (Deleuze & Guattari 1980). All of them agreed to participate in the research and Dan (pseudonym) exemplifies the complexity in trying to understand the types of knowledge artistry good residential workers bring with them to the industry:

Dan, 34, was a warm outgoing gregarious and really likable human being. He wanted to work with us but was so anxious in an interview situation he could barely speak. The current agency CEO and myself took him out for a coffee and after an entertaining hour he was hired as an outreach residential youth worker. There wasn't (and isn't) a family or young person Dan couldn't engage with or find. Many times, when young people went missing from central institutions he would find them, and

they would agree to return with him. In the initial stages, he could not write case notes, so we purchased a voice recorder. He sang his case notes into the recorder as if they were the finest Italian opera. I could always tell when people were transcribing for him as there would be much laughter and sharing.

He is still with the agency, writes case notes and has completed the relevant Certificate IV and Diploma in Community Work. He still sings, spends time with our highest risk and special young people and their families. He weaves a very special magic around the organisational culture with staff and volunteers. You can always tell when he is in the building – people are happier. He kisses everybody (even the Salvation Army Commissioner much to everyone's amusement) and is genuinely pleased to see them even if on a daily basis. The young people can't wait for him to pick them up. We all (managers, staff, volunteers' young people and families) could have missed out on this magic if we had not been willing to go with our 'gut' feelings or our sense of the beautiful essence of a person. Dan would not have survived the normal recruitment and employment processes.

(Research reflection, Bristow 2015)

I now seem to find it much easier to move between narrative, research partners' quotes, emerging themes, integrated into my chosen multi-genre research theory. I reread the above regarding Dan and was filled with memories. In the early years of us working together he needed a holiday. He had been the sole 24-hour carer for an incredibly difficult and complex young man for over three years. He was concerned about going on leave and I had to reassure him many times it would be okay. He was only gone for 24 hours when the young man went to a bank in a nearby suburb to ask for money. He didn't have any money in the bank but he knew where Dan usually withdrew it. Of course, the bank denied him any money. He then went to every bank in a busy suburban street, smashing whatever he could find. He then realised he was in trouble and rang

Dan, who arrived and settled him down. After all the charges and interviews were over Dan told the young man I was related to him (I wasn't) and he had to look after me. We made it through the next three weeks with only a few more minor upsets. The purpose of this reflection mirrors many of the difficulties I had as a senior manager. I would see the most amazing practice and then have to somehow fill in the required incident reports, databases and statistics and sometimes reports to the state government minister. Now, once only, I am going to present a series of graphs to present their demographic data. It seems incongruous and maybe not the best way to do it, however, here it is!

Evidencing the data

The demographic data of the 14 research partners who participated in the interviews is graphically depicted in Figure 11.

FEMALES: 6 or 43% of research partners

- Average age at time of interview: 51.3 years
- Average years working with high-risk young people: 25.5 years



MALES: 8 or 57% of research partners

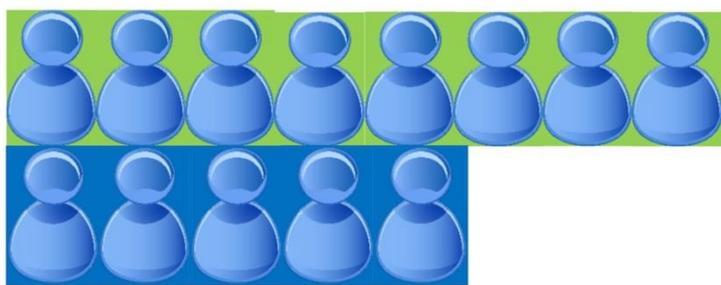
- Average age at time of interview: 53.6 years
- Average years working with high-risk young people: 24.5 years



Only two of the 14 research partners held a tertiary qualification prior to starting in industry



13 research partners gained multiple tertiary qualifications following employment in the industry – both undergraduate and postgraduate studies



- 14 workers with more than 10 years' experience
- Total of 357 years' experience working with high-risk young people in residential care / therapeutic residential care
- Strong collegiate respect between all partners
- Well known to researcher practitioner: 100%
- Worked together for more than 15 years
- Together we built and shared organisational wellbeing culture

Average length of taped interview: 67 minutes

- Interviews transcribed by practitioner researcher to respect research partners confidentiality / life stories

Figure 11: Research partners – Residential youth worker demographics

Interview method

Fifteen questions were given to participants as a guide only for use during the interviews. Five of these questions were collapsed into two following analysis of the first three interviews. I realised participants were answering these and other questions together. This left 12 questions, which were used as *an interview guide only* for each interview.

Original guiding research questions

1. What did you do before this and why?
2. Your colleagues have identified you as having particular characteristics enabling you to work well with high-risk young people in residential care – what do you think those characteristics might be?
3. What drew you towards working in this field?
4. Why have you stayed?
5. Was there a positive significant person in your life who made a difference to who you became? Why?
6. What are the values and ethics that are most important for you and why?
7. Can you identify the skills and knowledge you brought with you that helped you most in this work and what has been the most useful skill?
8. Have you ever been frightened working in this field?
9. What training did you have before you started?
10. What have been your greatest areas of learning since starting in this field?
11. Do you think organisational culture is important in this industry and working environment? (Added theme from questions – came up a considerable amount of times in interviews to warrant own heading.)
12. What makes good/bad residential care workers and how do you know?

Each interview lasted between 47 and 82 minutes. With permission from the research partners I taped the interviews and transcribed them myself within five days of each interview. Each transcript was forwarded to the relevant interviewee for 'member checking' (Givens 2008) and returned to the researcher. There were no requested changes. Each interviewee was allocated a code and colour after transcription of the original interviews. It has been used

on all documents and analysis produced or completed from the interviews and filed securely.

The 'following the lines of flight' format for understanding and making meaning from my research is drawn from the work of Patti Lather and Chris Smithies (1997) (Deleuze & Guattari 1987; Clarke & Parsons 2013; Ellingson 2008). While most of the participants followed the guide, they also at times grouped their responses together. This is respected by reproducing their line of thought as they responded. Four research partners didn't answer every question and I did not press them to be specific about responding to the questions.

As I gained confidence in encouraging the participants just to tell their story about how they became residential workers and why, I became more comfortable in my role as a researcher practitioner and with the informants as storytellers. The interview narrative excerpt below clearly articulates the complexity of listening and being attentive to the bioecological or developmental contexts which framed the formation of a strong social justice conscience early in life:

My Mother, who is a very socially driven woman, very independent, outspoken advocate for all the down trodden in society. You know for that time, back in the country towns all had the ladies lounge and women never went into the bar or saloon bar. Mum just said that was so ridiculous while Dad probably thought it was a good idea. Mum was not going to let it happen. The women folk will be mixing with their men folk. She was a staunch member of the ALP and she did a lot of writing in country papers and started out as a journalist. She finished her journalistic course and met Dad through the course of the war and (and after the war) she had developed TB, so she wasn't suited to factory type work. The women were doing their bit helping the boys overseas, so she was put on the rural telephone exchanges and was working up the country. Dad was there – he was a returned soldier from the Middle East and was absent

without leave shearing sheep at the time. That blossomed into a relationship ...

She was very supportive of a lot of things with me. She wasn't a typical parent – when I was in trouble she always said something was 'going on'. When I went to boarding school and they called her she would take the time to ask what else was happening and unpack it. She wouldn't go flailing in when the brothers called. Wanted to ask what it was about. How do you think we could have done it differently? She had a very level approach. She looked and listened to everything which was pretty unusual for the era. She died at 70 and had just completed her Bachelor of Arts at Footscray University which she thought was hilarious. She did a lot of interesting things – her life in the pub was interesting. In response to Indigenous situations she was really able to float through that without getting anyone off side. She started a gun club and got the tennis court courts organised. She had a really strong social justice conscience which rubbed off on my sister and I. (Even now) We never let the system beat us. We try and work out how to work better in the system and that goes back to Mum.

(Research partner interview 2015)

To support this storytelling approach, I integrated and overlaid a number of reflection and analysis frameworks throughout my methodology. While they were initially part of the 'laundry list' (Ellingson 2008), I have reused some of them quite differently, as reflected in my final research design and throughout this chapter.

What really happened in our interviews?

I spent time with all of these amazing residential workers, listening to their life stories, feeling humbled by their willingness to share previously undisclosed parts of their lives with me. I listened to extraordinary painful episodes and the

research partners being able to reflect on them as helping them become resilient. I laughed with them over stories people outside the industry would be horrified by. They discussed the impact of this on their families and sometimes the toll on their health and wellbeing. All of this came from my list of questions we were going to use as a guide only to the interviews. In many ways the interviews were like conducting a formal debriefing. When you first start to spend time with someone who has asked for debriefing, for the first 10 minutes you start to think they are not going to tell you anything – and then out it comes. The interviews were very similar. The questions provided structure to start and then we just went on the lifelong journey. I think taping them helped me to relax and be part of ‘the listening’.

Chapter summary

In this, my methodology design chapter, I have creatively drawn upon a bricolage of qualitative theories and theorists to scaffold and frame a way of knowing. In this process I believe I have prioritised the importance of love, care and nurturing and the multiple impacts government policies can have on further marginalising the young people and staff I care about. In doing this I have articulated and applied a critical, ontological, epistemological framework which both frames and confirms my view of the world as a feminist. I have constantly applied the creative metaphor of quilting as a way of anchoring my existing knowledge and exploring new ‘becomings’, ‘and, and, and’ (Deleuze & Guattari 1987). I have also explained my choice or rationale to use thematic analysis and voice-centred analysis through ‘*I*’ *Poems* (Brown & Gilligan 1992; Koelsch 2015; Edwards & Weller 2012).

In summarising my thoughts, I think I have utilised the many facets of crystallised prisms to understand more about what we know now (current knowledge of residential workers) and what further themes and information can be gleaned from getting to know more about what we know – the tacit or unconscious knowledge still to be discovered (Ellingson 2015). The rhizomatic lines of flight (Deleuze & Guattari 1987; Sermijn 2008; Grellier, date unknown) demonstrated by my flow or mapping of the methodology (Csikszentmihalyi

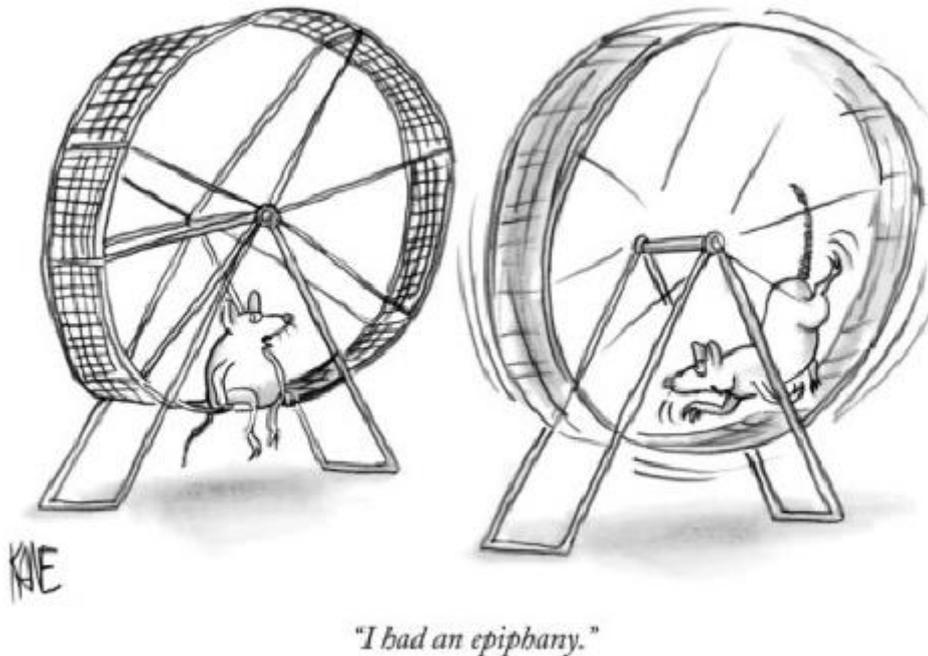
1990; Deleuze & Guattari 1987) complete my multi-genre methodology. I identified a range of nodes or themes to begin to understand and see the routes between the different types of knowledge and to be excited by the 'realms which are yet to emerge' regarding the types of knowledge I seek to understand (Deleuze & Guattari 1987).

The next chapters

Chapter 4 draws excerpts from my research partners' interview responses framed by the original guiding research questions. I have interspersed these with relevant reflections from my journals over the time of the research (Lather & Smithies 1997) to interweave their and my experiences within this text to account for the emerging knowledge process. St Pierre (1997a, p. 281 as cited in Grellier, date unknown) explains this as "in these contexts and within these limitations". I thematically mapped my emerging themes and analysis following each interview discussion question and used the four stages of the Listening Guide in the reflexive creation of unique and patterned interpretations, leading to the development of '*I*' *Poems* for each research partner.

Chapter 5 then summarises these findings and uses them to identify limitations of the research, answer the original research questions and make recommendations for further work.

Chapter 4: Analysis



Source. Conde Nast. New Yorker.

Analysis epiphany

In the early stages of my analysis I had used the Constant Comparative Method (CCM) of qualitative data analysis, transcribing the interviews to identify patterns and themes grounded in the data relating to the research questions (Fram 2013; Glaser & Strauss 1967; Strauss & Corbin 1990; Charmaz 2000). With CCM, the outcomes are unknown in the early stages, and I used the research questions to code and identify emerging themes or patterns. After analysing and coding all 14 interviews I had 479 themed phrases and sentences matched against my 13 questions, and 74 pages of data. Using open, axial and selective coding, I read through the data many times, evidencing the voice transcribed from the research partners' interviews. I began to complete the *'I' Poems* (Brown & Gilligan 1992; Gilligan et al. 2003) for each

participant and to (graphically) chart their known ecological development data onto Bronfenbrenner's (1979) model of micro, meso, exo, macro and chrono systems graphically.

Emerging alongside this process was another crisis of 'I do not have the understanding research analysis gene as well as the more general overall elusive research gene'. I had forgotten the quilt – I didn't know how to tie it all together. Even though clear concepts or themes were emerging I was loath to once again try and fit or force these into subjective, higher order or conceptual data models or themes that would lose the essence or meaning of the narratives. The following journal entry summarises my realisation that trying to force the CCM into my creative research methodology was both 'holding me back' and frustrating my many attempts to embrace my qualitative analysis framework.

SWATCH 3

2016

I'm wondering why I am having so much trouble fitting constant comparative analysis into my creative multi-genre research methodology. While I keep writing I don't want a neat fit of scientific data, I keep going with the constant comparative analysis. I have now completed and rewritten the 74 pages of data three times, and still not happy with the process. My first step is to delete the coding example as outlined in the previous paragraph.

After deleting the example of the coding chart, I read the following paragraph from my journal:

"As can be seen from the previous chart (since deleted) the important commonalities/themes relating to participant responses included repeat statements which compared both the similarities and important aspects identified in each participant's narratives."

What does this even mean? What am I thinking? It means I am no longer going to use CCM. I am going with the 'flow' and see where it takes me (Csikszentmihalyi 1991).

I also notice that the themes that are emerging through crystallisation and following the lines of flight rhizomatically through the interviews are identifying similar but richer themes.

I realise I can move forward carefully, respecting my quilted multi-genre methodology.

Figure 12: Swatch 3 – *Research Journal* reflections

After deleting the constant comparative analysis, I also spent considerable time reflecting on the Listening Guide and development of '*I Poems*' in relation to emerging themes. I decided to revisit the initial identified pattern and themes of the constant comparative analysis using a Listening Guide interpretive and reflective thematic analysis gaze. Doucet and Mauthner (2008, p. 399) state that the Listening Guide "provides a multi-layered way of tapping into methodological, theoretical, epistemological and ontological dimensions of the narrated subject". They suggest a practical way for doing reflexivity is to complete a worksheet by recording the research partners' words or themes in one column and the researcher's reactions and views in another column. I decided to use the first column of my original CCM of thematic analysis, which identified emerging themes, repeated words and characteristics. I then utilised the gaze of thematic analysis and the interpretive Listening Guide to identify and analyse unique and patterned interpretations of emerging themes. I completed '*I Poems*' for all the research partners by selecting phrases starting with the active 'I' statements in all the interviews, ensuring I listened carefully to "how narrators speak about themselves before we speak of them" (Brown & Gilligan 1992 as cited in Doucet & Mauthner 2008).

Understanding my analysis design and moving forward

Ellingson (2008) warns of the many creative decisions required in undertaking a crystallisation framework. While initially difficult, after much self-reflection I believe it set me free creatively. Working with crystallisation, the Listening Guide, rhizomes and reading Lather and Smithies' (1997) work, I embraced my emerging view that formal or known analysis that has to 'fit' does not respect my research partners' involvement in this research. I needed to keep the concepts of rhizomatic research and the flow of their stories very much front of mind. (Deleuze & Guattari 1987; Csikszentmihalyi 1991). Ausband (2006) discusses that this phase of data analysis is very much like the process involved in piecing together a quilt. You have chosen the fabrics for each patch and worked out the order to put them together. However, when putting the patches together there must be an opportunity for change to the overall plan while analysing the design and swatches accordingly.

Analysis: The Quilt Top

SWATCH 4

June 2018

In agonising over my analysis as previously explained, which initially started with reflecting on whether to use CCM in a very structured way and then, being strongly encouraged by my supervisor, moved to the more creative rhizomatic crystallised reflection, I did it again.

Completing the analysis, I boxed it into small square boxes, still I think trying to find a single truth. Off to supervision and an ever-patient supervisor asking me if there were other ways of laying out my findings. My supervisor gave me an example of a rhizomatic map and triggered something in my memory.

Enormously exciting and on returning home I researched and tried to record once again (that he was right) and found "and, and, and" (Deleuze & Guattari (1987).

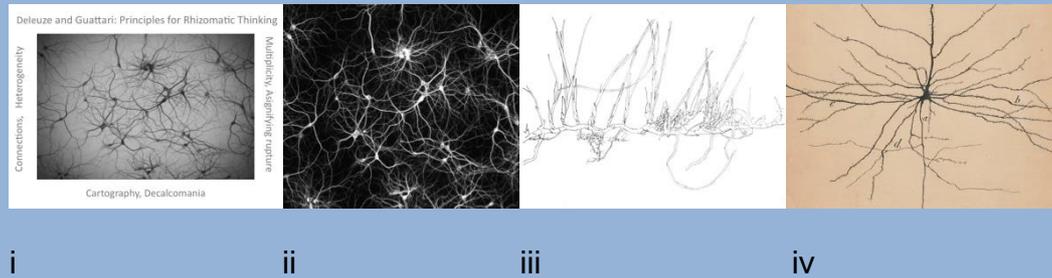
I need to make sense of what this “and ... and ... and” means in relation to my research topic and methodology. How do I tie it together? Back to the theorists! I also researched/reread the Listening Guide and *'I' Poems* and found the reflective, interpretive thematic analysis picked up from the original work with constant comparative method worked extremely well, creating a rather unique and patterned interpretation of the research partners' interviews.

Deleuze and Guattari (1987) discuss “assemblages” whose “function or potential or ‘meaning’ becomes entirely dependent on which other bodies or machines it forms an assemblage with – which is a becoming rather than a being” (Jeffrey 2013, WordPress blog). Then, Deleuze and Guattari (1987, pp. 5–6 as cited in Grellier n.d., p. 2) discuss the liberation of writers by stating “the images of surveying and map making link with the phrase ‘and ... and ... and’ suggesting the action of depicting a range of points and leaving the reader to see the routes between them, while realms that are yet to come invite readers to find new ways of doing this”. This transfers meaning making to the reader using their own experiences; however, as was pointed out to me in supervision – “Don’t leave the reader to do all the work!” (Vicars, supervision notes, 2018).

Then I put together my understanding of ‘following the lines of flight’ of the rhizome and researched rhizomatic mapping where I found the following:

- [i] Deleuze and Guattari (1987 as cited in Mackness 2014), which I immediately recognised as a photo of the brains synaptic transmission.
- [ii] An actual photo of a brains synaptic transmission.
- [iii] A drawing of a rhizome. So, the brain is a rhizomatic structure.
- [iv] The first drawings of the brain were by Nobel Prize winner Santiago Ramon y Cajal in 1906, who demonstrated amazing resilience growing up. As an adolescent he wanted to be an artist and had terrible relations with his father, who was a doctor. Brendtro (2018) tells us that young Santiago, while pursuing adventure in delinquency with peers, built a cannon and blew up his neighbour’s gate. So, I now have the (and ...) link to high-risk adolescent and the importance of researching across disciplines (and ...)

consilience as well as the length of time we have been aware of the brain's rhizomatic structure.



(iv) Santiago's first drawings of the brain in the 1890s. In 2017, an exhibition of his drawings was held. He was seen as an artist – the last 'and'!

Figure 13: Swatch 4 – *Research Journal* reflections

Drawing on the quilting analogy, I reflected on the definition of a 'crazy quilt', which is described as 'extremely creative labor intensive and free flowing by nature' (ref. unknown). Crazy quilts are the putting together and embellishing of small, irregular shaped pieces of fabrics of all colours and fabric types. I use this to demonstrate the difficulty of linking the many thematic forms of knowledge emerging from rhizomatic analysis. I believe that residential workers are also able to take seemingly disparate information/knowledge and piece or link it together in ways which are often not obvious to those outside the industry. Until now this hasn't been recognised. It became obvious in the listening and reading of the informants' narratives that while there were many different subjectivities and voices identified across the interviews there were also many voices repeated across all the interviews (Edwards & Weller 2012) and as noted by Ausband (2006), when I make a quilt the 'coming together' of the patches often weaves a different design and story to what I had initially planned.

To help make sense of the way in which I completed this part of the analysis I feel it is important to note that I did not enter analysis as an objective narrator standing outside of or above the written text. As the writer, with extensive experience in the residential care industry, I constantly wove my own narrative alongside in the form of journal reflections, stories and emerging thoughts

throughout the process and in the writing. In doing this I reexperienced all the emotions that storytelling within residential care brings. This includes all the pain and heartache of abuse and neglect, the anger about systems that don't support our families, the refugee children who are torn from other countries then judged in ours and the Indigenous children and young people who are now 14 times more likely to end up in child protection care. This, I think, is definitely a messy text.

Denzin (1997, following Marcus 1994 as cited in Semijn, Devlieger & Loot 2008) states that such self-reflective texts necessarily become 'messy texts'. Denzin (1997) discusses 'messy texts' as being more subjective accounts of any experience as they attempt to reflexively map the multiplicity of views and thoughts that occur in a given social space, and how they are always multi-voiced. Messy texts, according to Denzin (1997, p. 225 as cited in Semijn, Devlieger & Loot 2008):

- are reflective texts that break with representational technologies typical for the traditional realist writing forms
- announce their politics
- ceaselessly interrogate realities
- invoke while folding the teller's story into the multi-voiced history that is written
- are like a rhizome – many sited, intertextual, always open ended, resistant to holism; they refuse to impose meaning on the reader
- make the reader work while resisting the temptation to think in simplistic dichotomies – difference not conflict is foregrounded.

In undertaking this analysis, I paid self-conscious reflection to my understanding as a practitioner. I used my industry experience to make visible experiences, linkages and connections across and through the partners' interview stories that are often missed by researchers not understanding the specific culture of the residential workers/industries participating in the research.

Residential workers, as with most human services industries, have a language and style of their own. This includes quick and often difficult to understand humour and the propensity to downplay risks and dangers through language and actions. Workers in residential units often spend more time in the house than at home, which leads to close team relationships that are difficult for 'outsiders' to join or understand. They also have limited patience with people who can't forge relationships with spirited young people, often relegating them to useless. I believe by undertaking this research myself at a doctorate level I have been able to make visible the tacit and embodied experiences of the research partners in this research. In listening, reading and reflecting on the research partners taped and written narratives I realised that epistemologically I was seeing and hearing the residential workers' developmental and social reality, in that I too was that same reality. What I mean by that is that I now believed and knew my experience was valuable and an integral part of the shaping of the research data. Somehow, I needed to integrate what I knew, what the last 35 years had taught me, with what I was hearing and seeing in my relationship with my research partners. I needed to be open to listening, really listening, to their voices. I also needed to ontologically understand my position as a researcher, that is "a mode of being in relation to the interviewee and their social reality which is constructed through the data analysis" (Edwards & Weller 2012, p. 203).

Supporting analytic frameworks from amended methodology design

[i] The Listening Guide – '*I*' Poems (Gilligan et al. 2003)

I have utilised both '*I*' Poems from Gilligan (2003) [i] and Bronfenbrenner's (2005) bioecological model [ii] as analysis frameworks, together with crystallisation and rhizomatic analysis and mapping to further assist me in thinking about / interpreting the research partners' interviews. I completed both an '*I*' Poem and bioecological model map for each of the research partners. I used information gleaned from their interviews to understand the different types of developmental learning and their possible impacts. This thought mapping

process assisted my understanding and the subsequent development of my 'four assemblages of types of knowledge'. I was fascinated by the similarity to the data that had emerged during my analysis and rhizomatic mapping. I used the '*I Poems* and the Listening Guide as a process to trace how participants represented themselves in interviews through listening to and for first person statements – to look at the change and continuity in the research partners' – who are residential workers – self (over time).

The Listening Guide provides a multi-layered way of tapping into methodological, theoretical, epistemological and ontological dimensions as narrated by the subject.

(Doucet & Mauthner 2008, p. 399)

The Listening Guide is a feminist, voice-centred, relational and psychological methodology for narrative data analysis.

(Ref. unknown)

I see and hear the 'voice of I' as being constituted through each poem, and in the early stages of my analysis I had identified the research partners' frequent and confident use of 'I statements' (Gilligan et al. 2003). Initially, I listened to and read all the interviews many times using the four parts of the Listening Guide to construct each research partners' '*I Poem*'. I constructed these poems from the second listening/reading, with an intensive understanding of the other parts of the listening guide model (Gilligan et al. 2003).

I followed the four sequential steps described in the Listening Guide. That is, I analysed the early emerging themes, linkages and connections to the point where I was able to begin to see, feel and map the emerging themes or types of knowledge. Due to the complexity of the study topic and the multiplicity of reflective outcomes in the narratives, I tried to think about the possible emerging themes in manageable chunks (Ellingson 2009). Weaving backwards and forwards, I listened to the research partners' narratives, linking and checking them with my journal reflections. I made reflective, informed decisions to link my

quilted 'layers of meaning' (Ellingson 2009) to the listenings 'heard' from the narratives into a coherent story. I worked through each of the guiding questions until saturation – there seemed to be no further meaning – and only then was I able to integrate the analysis into identifiable themes.

I used the second listening to further illuminate the voice of 'I'; the person telling the story. From this, I began to more clearly 'see' their stories woven through the *'I' Poem*. I lifted all the phrases beginning with 'I' out of the interview transcripts in the same order as the interview and placed them on separate lines beginning with 'I' as in the lines of a poem. While this seems clear, deciding on the length of the phrases, paragraphs and the flow of words was predominantly a long, thoughtful and intuitive process due to me wanting to represent their stories as told. This was when I found that although I thought I had captured the interviewees' sense of self I had missed the richness and personality of their narratives. I did however relearn by hearing and feeling the voices.

I integrated Bronfenbrenner's (2005) bioecological model with the four main sequential readings of the Listening Guide *'I' Poems* (Brown & Gilligan 1992; Gilligan et al. 2003) to listen and think through the context and impact of the research partners' relationships on the developing adult and child. I spent considerable time reflecting on Bronfenbrenner's (2005) chronosystem; how the timing and impact of these relationships worked together socioeconomically and historically to provide the research partners with a specific set of skills and characteristics these residential workers became as people.

Surprisingly, I found the Listening Guide (Ellingson 2009) and Bronfenbrenner's bioecological model when utilised for analysis have many similarities. That is, with the Listening Guide (Ellingson 2009) the first reading parallels the bioecological impacts of who is telling the story; the second listening identifies and discusses how the research participants see themselves within, and interprets the world (micro, meso and macrosystems) (Bronfenbrenner 2005); the third listening focuses on social and relational networks related to Bronfenbrenner's (2005) four systems; and the final listening links micro level

narratives with macro level processes and structures (Ellingson 2009) over time and space, which is Bronfenbrenner's chronosystem.

I have also used the 'I' poems, to 'stitch together' the narrative to the research questions to clearly articulate the relationships between and to theory and concept. They also link my reflective swatches by crafting and weaving together the stories of practice that we, the research partners, bring to them (Vicars, supervision notes, 2018).

In my analysis chapter I have interspersed the interview guide questions with a selection of relevant reflections from my journals scripted over the five years of my research. I have also included excerpts from the research partners' *'I' Poems* to demonstrate both their beliefs and my thinking and learning as a researcher (Lather & Smithies 1997). These selected *'I' Poems* also provide rich practice stories of residential workers formative/developmental family and cultural beliefs, knowledge and skills, which weave together the swatches, threads and themes of the research. I think the *'I' Poems* become an integral part of the research story, analysis and findings because they articulate my 'craft and flow of working the data'.

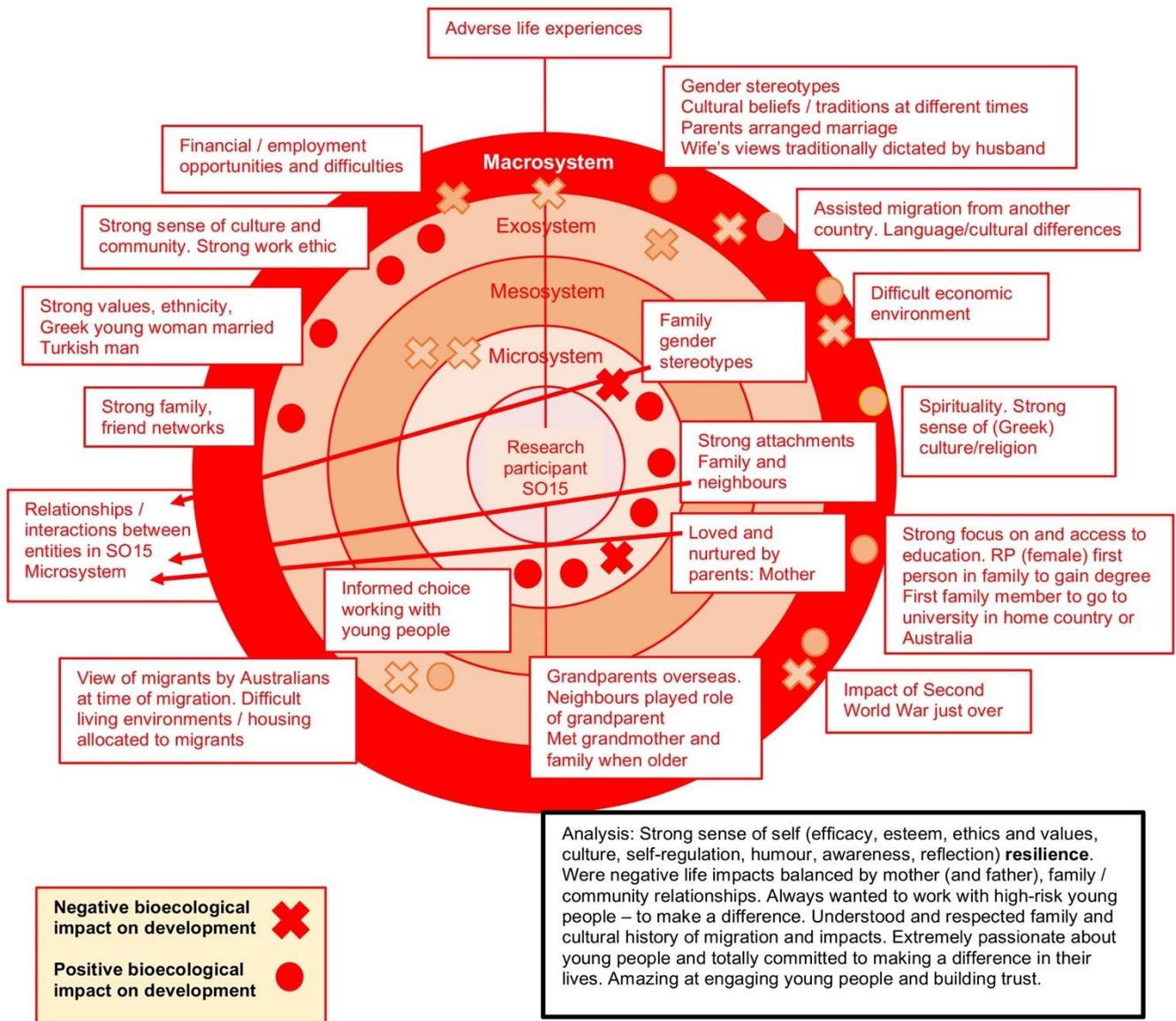
[ii] Bronfenbrenner's (2005) bioecological model

I also identified and mapped each research partner's life journey with emphasis on charting their known relational, cultural, environmental, socioeconomic contexts and experiences across historical timelines. I drew this information from their narratives with an emphasis on identifying the number of times and intensity cultural beliefs, values and characteristics were included in the narrative.

The colourful 'life plan patches' from the research partners' interviews throughout the analysis illustrate the research partners' contribution to understanding of Bronfenbrenner's bioecological systems (2005) specifically; the micro, meso, exo, macro and chrono systems. Bronfenbrenner (2005) believed each person's life development is shaped and defined by the bi-directional cultural, personal, relational, political, economic and social systemic

impacts and interactions throughout the historical period they live in (chronosystem). A major influencer on this human developmental life trajectory according to Elder (in Bronfenbrenner 1999) is related to the chronosystem, when transitions occurred and how the person made sense of them culturally and developmentally within their life roles. I believe these life patches graphically demonstrate the interdependency of these actions, reactions, beliefs and sense-making memories by all family members to their cultural, generational and intergenerational events and transitions that impact on their development.

Bronfenbrenner (1999) discussed the need to analyse people's stories in "small combinations that complement one another" (Bronfenbrenner 1999, p. 24). He endorsed my beliefs that these small combinations cannot be dealt with in any single analysis, as articulated in the following life patches from the research partners. In mapping each research partner's life journey narrative separately, I analysed each one to look for similarities across historical contexts of family and community relationships, systems, socioeconomic and political impacts and environments. I summarised each person's life journey, where each of them met and crossed over, trying to identify characteristics that describe what has made them exceptional at what they do. I looked for and found tangible evidence of the birth and ongoing development of their artistry, essence, gut feelings and intuition. I also listened to identify what the types of knowledge they brought with them to the field and where there may or may not be a tangible or scientific answer.



CHRONOSYSTEM: EVENTS AND TIMELINES THROUGHOUT LIFE as above

Figure 14: Individual participant data analysis map (Code SO15: red) – Bioecological developmental model: Context
 (Bronfenbrenner 2005)

Rhizomatic mapping

I initially rhizomatically (Deleuze & Guattari 1987) mapped my findings by understanding that all my emerging themes were connected – not in a hierarchical manner but creatively and fluently. Rhizomatic mapping to me means understanding that my emerging themes were all fluid; connected in some way, without breaks, subtitles, boxes and lists. I also knew at this stage of the research analysis that what had emerged in the analysis were all whole-of-life developmental skills and knowledge.

When I looked at my original aims of the research the main question I had asked was, what are the skills and knowledge residential workers bring to the industry and was artistry significant? My findings identified and mapped four particular assemblages of knowledge, which I identified as four assemblages of knowledge (Deleuze & Guattari 1987):

- [i] historical/developmental life stages and impacts
- [ii] formal education and training
- [iii] social learning
- [iv] finding that ‘artistry’ – spirituality, essence, gut feelings and intuition – were a much needed developmental characteristic of residential workers.

I achieved this rhizomatic mapping by using concentric circles and ‘free line linking’ to stitch together the themes, groups and sub groups where each assemblage of knowledge revealed something different about the development of the social, formal and artistic characteristics and knowledge of residential workers. I finally understood that rhizomatic mapping required a more creative analytic approach to mapping my research findings. Deleuze and Guattari (1987) discuss that rhizomatic mapping requires us to stop being drawn into known and existing clichés about analysis mapping. They describe this as:

... the painter does not paint on an empty canvas, and neither does the writer write on a blank page, but the canvas or page is already so covered with pre-existing clichés that it is first

necessary to erase, to flatten to clean, even to shred, so as to let in a breath of air from the chaos that brings us the vision.

(Deleuze & Guattari 1994, 2014)

Ellingson (2009), while discussing the difficulties of formulating a coherent crystallisation text, identifies the importance of providing clarity by giving readers a ‘heads up’ by leading into what comes next and why. Therefore, due to the complexity of identifying the many different types of knowledge and their origin, I used each of the guiding questions provided at interview as a subheading for my analysis. While this might seem a little systemic for my chosen creative multi-genre research methodologies, I felt that due to the stated complexity of the questions and responses this approach was required. I also wanted to ensure my respect for my research partners was integrated into the analysis and findings by presenting their words and my reflections in the summaries. In Chapter 5, I discuss key findings by summarising these themes and responding to the outcomes of the questions. Wherever possible I have combined and summarised the relevant themes.

Research interview response guide questions (1–12)

Q1: What did you do before working in residential care and why?

At the beginning of each of their interviews all of the research partners started discussing what initially drew them to the residential care field. What emerged early in the interviews with the research partners was their varied and broad life experiences prior to working in residential care. There was almost an equal split of people who came from other areas of child and family welfare to those who transitioned from a wide range of other unrelated community, cultural, industry, trade and professional backgrounds.

Their choices to work in residential care were based on a total commitment and passion in wanting to make a difference in the lives of children and young people. They wanted ‘to give back’ to the community as well as responding to what they explained as a ‘calling’ or almost spiritual connection/vocation. After

analysing and collating information on their developmental stages and themes that were emerging from the first part of the discussions with the research partners I started to trace the emergence of their specific personality characteristics or ethics, value and beliefs.

The predominant use of 'I' starting every response in their interviews and the confident way (through voice) the research partners articulated the beliefs, both as workers and people, were woven through the fibres of the participants' stories and the following themes began to emerge:

- Resilience (built through adversity)
- Positive integrated practice focused values, morals and ethics
- Self-efficacy: belief in one's capability to organise and execute the courses of action required to manage prospective situations (Bandura 1997)
- Ability to self-reflect(ion) (being possibly the most uniquely human characteristic) (Bandura 1997).

These themes were then used to develop '*I Poems* which, while they are to be interpreted as a selection only of a rich summary of a research partners' lives, also focused on their sense of self in relation to families, communities, ethnicities and development. The following excerpts are from one of the '*I Poems* that describes the research partner's socioeconomic status, impact of integrated or lived spirituality, religion and community at the time of their birth and through history informing their life development and characteristics.

I have a long history in youth work.

My Grandmother was a youth worker.

I'm not sure how she got into that field –

I don't see my parents now at all

I remember as a child she worked in a Children's Home

(I remember) it was a massive big property with three units on the property

I can remember

I used to go to there with my Nan, and stay there on weekends and sleep there.

The kids were not in care, to me they were just kids my age to play with.

I went to; she also had her home

I used to go there and make good friendships with those kids because

I didn't know anything else.

I also used to go on holidays with them

and those kids would go on family holidays with us.

I think that was when my Father became involved in youth work at the early Baltara

I used to go there at weekends.

I used to play with all these kids and went on camps with them,

so again they were just boys my age which were really fun to knock around with.

I think I always just wanted to do that.

I left school and did the apprenticeship because that's what I was meant to do

I worked for a company that went bust and then these people said

[would] I like to come in for an interview as a Trainee Mental Retardation Nurse.

I went for this job and somehow got it with no qualifications or experience,

didn't even know what the job was,

I was just told to turn up Monday morning to work.

It was an institution with 20-odd disability clients in a locked ward – I was 19.

I went home that night and said

I can't go back there; it's a horrible place

I ... It scared the bejesus out of me,

and then my Grandmother shamed me about not going back
and said they gave you an opportunity
and you need to go back there and to do it properly.

I went back and gave two weeks' notice, and after two weeks
I stayed because
I fell in love with the place. Really, it's the same thing again,
once you get past the initial scary part it was an amazing journey.

I had no idea what I was walking into.

I loved it for over two years – and loved every minute of it.

I worked there and then moved to a ward with young kids in an open unit mostly
Downs kids.

I used to take them on camps etc. holidays and all sorts of things.

Research partner '*I*' Poem, SC5, 2017

Koelsch (2015) also argues the relevance and value of '*I*' Poems as a means to hear and understand individual voices in qualitative research; to find a way to understand and take seriously the multiple and complex voices in qualitative data analysis, particularly when the content was complex and difficult to identify, as initially was the case in this study.

Koelsch (2015) stated:

The creation of '*I*' Poems out of participant voices is one way to emotionally engage the reader or audience, and to resist the urge to turn a participant's complex story into a single linear narrative. It is argued that '*I*' Poems, when constructed with the guidelines set forth by the Listening Guide, are an evocative way to present participant data.

(Koelsch 2015, p. 1)

This weaving between, outside and behind the patches of people's lives while reflecting on and forming my own developing research values and ethics is highlighted in my following early journal excerpts.

SWATCH 5

2014

It's early days but I ponder endlessly what will it be like to be a researcher practitioner or a practitioner researcher – which one am I?

I want to be a researcher of practice! I must remember I could have a power base. I have never thought about this before. How do I interpret power in this context? Is it just that I am the researcher looking for meaning in these amazing patchworks of life? Do I have a practitioner bias that could skew the findings? Is academia itself seen to be a certain type of power or is it simply my role as a researcher?

I am worried about taping the interviews even though everyone had agreed. Another possible position of power.

I decided to transcribe the interviews myself to limit people involved. This was useful as I got to know, to listen, really listen, to the content well.

Being a researcher is new – am I doing it right? I intuitively know I have to create a safe and nurturing environment – what's the balance between listening and ensuring I understand the narrative?

It's harder than I thought it would be – doesn't fit my known previous skill sets. If the purpose of the doctorate is to teach me to be a researcher, it's a powerful reflective learning curve.

Clandinin and Connelly (2004, p. xvii) wrote that "narrative inquiry is always multi-layered and many stranded". (*Very much like the layers of fabric and the coloured strands of silk and cotton that weave quilts together.*) I know I really

want this research to be integrated, woven and practical so I need to stay grounded.

2018

Later I noted that this description was also used to explain the Listening Guide. Rereading the above, and I think I have managed to get all of this in perspective with my chosen multi-genre creative qualitative analysis theories and believing in the power of people's stories. Such a small statement for an enormous learning! I have been excited and surprised by the outcomes. I remember reading somewhere that you get to a point where you don't constantly have to work the data – it emerges in spite of your attempts to push and pull. In one of my research presentations I expressed concern about “the coming together of the quilt” and one of the panel smiled and said – “Don't worry, you will reach a point where it all comes together.” I have.

In drawing out all of the 'I statements' from each research participant's interview, I realised that they mirrored my reworked thematic analysis (from constant comparative method to reflexive thematic identification of multiple voices). I think the rhizomatic research gave me permission to move within, across and behind the narrated voices and the multiple and successive readings and listenings to/of the Listening Guide – to let go of the need to be 'in charge of the data'. It emerged – it was through all the learning and application of different research theories I think that both allowed and supported me to see this – great learning for future research, which I thought I would never do.

Figure 15: Swatch 5 – *Research Journal* reflections

When I was very young an uncle took me to see the ocean for the first time. I don't even remember where it was. What I do remember was we walked out onto a pier or jetty over the water. I remember being fearful and hesitant about taking the next step over the gap in the boards. I only remembered this as it was because it's how I'm feeling now. I just have to take the next step and then the next to 'get to the end'. I also realised I had invested so much of this research topic into who I was and what I believed. Listing the above reflections

tentatively assisted me to continue the journey. I knew I was worried about the next question on characteristics as I knew it would either support or 'slam dunk' my hypotheses about tacit knowledge and the development of intuition, and what would that mean for me?

Q2: Your colleagues have identified you as having particular characteristics enabling you to work well with high-risk young people in residential care – what do you think those characteristics might be?

My integration of the original coded (Constant Comparative Method) thematic analysis with the use of the Listening Guide and reflexive, patterned interpretations of themes is identified in Table 7, which identifies and groups this analysis into values, characteristics, skills and knowledge. The number of same or similar responses is bracketed after like responses. I have then highlighted the main themes and summarised them in a rhizomatic map for further analysis later in this chapter.

Table 7: Summary of responses guiding question 2

Values	Characteristics	Skills/knowledge	Themes emerging
Non-judgemental (6) Authenticity (11) Honesty (9) Integrity (7) Ethical and value-based concepts of relationships Formative life values and ethics (10)	Love (8) Passionate – about the work (9) Leadership (10) Calm – downplay risks (9) Resilient, staying power, energy (12) Kind (7) Good listening skills (9) Humour (12) Consistent (8) Empathic (10) Courage/bravery (12) Self-aware Perceptive Patient Dependable ((7) Creative (7) Observant (9) Confident, stable, belief in self (9) Genuine Warm Mature Wisdom	Self-reflection (14) Two-way relationships (always be the parent) (7) Strong enough to keep them safe (10) Thorough technical industry knowledge (2) Go with the flow (7) ‘Just knowing’ (9) Experiential learning (13) Being attuned (5) Thirst for learning (3) Self and coregulated (9) Able to show vulnerability (2) Really like and enjoy young people (13) Accepting the kids where they are at in the moment (7) Managers must have experience in resi environment (5) Have to want to be here and know why you are here (8) Passionately believe any change is possible – there is always a reason for behaviours (9) It’s not a single thing but many in combination with one another; flexible Self-assurance: so, you don’t ever panic in any situation (9) Rapport (7) Intuition (8) Spirituality or essence (4) Magic ingredient Importance of voice Attachment	Resilience Self-efficacy Experiential learning Flow (Csikszentmihalyi 1988) Strength: Positive psychology Intuition: Just knowing Tacit knowledge Spirituality/essence Positive attachment Strong integrated practice ethics and values formed early in life Self-reflection Passionate belief change is possible Experience in field (managers) Self and coregulated Always a reason for behaviours Able to build rapport Artistry Love – all types Characteristics: <i>Please See VIA Classification of Character Strengths and Virtues below. Note: in all the characteristics identified by residential workers interviews, the highest groups of characteristics mentioned are:</i> Wisdom Courage and Humanity Followed by Transcendence

Linking these values, characteristics and emerging themes together is an excerpt from a research partner's *'I' Poem*:

I think for me the code of ethical practice and standards
of how we conduct ourselves is really important
I feel and think I want to work for you but if they had a choice would they come.
To do this work and in this life raising children you need to be brave and kind –
kindness, it's huge; my heart is always open and
I love hearing people's stories.
I can always listen, everyone has a story and something to share and if you sit
and really, really listen they will tell you their stories and pain
I have such respect for the way they lived their lives and it must have been so hard.

I've always had a strong sense of self
I have always believed in myself
I'm not scared to say what I feel or what I think the truth is,
even though everyone has different truths.
I'm a strong person and you know that's the nurturing part of me is my Mum –
The strong part of me is my Dad so
I have been able to enmesh and take the good stuff.
I think I have always had that strong sense of
I'm comfortable with who I am.

I think the big one is authenticity
I often wonder how I did the work I did
I was 18 working in a country town driving to work and here

I was running a drop-in centre for people who were older than me.

I never felt scared of that experience.

I really enjoyed it and then went on and worked with high-risk young women which is another incredible experience and journey

I think my authenticity, honesty and integrity helped me greatly.

I think I learned those values and skills from my family, absolutely!

I adopted many values – their values of my culture even though

I didn't fit the classic cultural mould.

I think I had it in my upbringing although my Dad is a strong person

he was not a very affectionate person.

I had the best of both worlds.

I know they had an arranged marriage –

they never met before my dad came to Australia –

they met through photos, their courtship as in letters

and then my Dad came here and they were married a week later.

I think my most useful skill is my big heart and the authenticity of that –

you can't pretend.

I think it is the most useful skill particularly in child protection.

I was actually a protective intervenor

I think my truth and engagement skills being able to explain to people that especially

when you are in these kind of roles – those skills were just built on.

I think so when I came to (place of work)

I think my engagement skills – listening and respecting people and what they bring,

I think it's been – growing up loved.

*I was really lucky to have the love that I did and throughout my career
I have had people that provided the love, nurturing and mentoring which is really
amazing –*

I don't know – just really lucky I guess.

Research partner 2017

And from another research partner, a short verse from his *'I' Poem* illustrates his ethics, values and the importance of being able to express and show love:

*I think it's your honesty, compassion, respect, being true,
the same stuff that you would do on any given day for your own family
I think you can take that a bit further – you need a part of you that loves the kids as
well, not love in the mission sense loving the fact that being able to hug kids so they
know someone is there who cares, obviously being aware of the boundaries but being
able to show you care because you do
and you are comfortable with it is really important.*

Research partner 2017

The next journal reflection clearly articulates how comfortable I am as a practitioner and how concerned I am that I won't be able to 'place' or find a home for this research in a university environment. Or maybe it is just about having the research taken seriously?

SWATCH 6

2014

I knew during interviews I had learnt to trust the central focus on interviewee's voice (as I had always done in practice – sometimes close my eyes and really listen, which I also did when playing the tapes) – their use of 'I'; and what can be identified and learnt together across the history of narrative and the Listening Guide. Within this framework, I feel comfortable all research is relational.

I now realise I am in the same critical frame as the industry – being a researcher practitioner or practitioner researcher. Is this reflection even important? It is really hard to link what I do in practice within a university environment. One partner's response to this question was about the absolute tragedy and heartbreak of a young woman dying in care. I find myself wondering if academics know children and young people are being abused every day. How does it all fit together? Why is there such an incredible gap between academia, research and practice? Why are disciplines so polarised, isolated and specialised? Practitioners would use research if it fitted practice!

I also watch research partners' faces in the interviews while they remember these incredibly painful times, many of which I shared.

The pain still shows in their facial expressions, voice tone, body language; however, they don't turn or run away from it – it reinforces commitment. Am I showing it too? Child abuse is always there. Sometimes we lose them (young people) no matter how hard 'we' try.

2017

I feel like I am two people – one is excited and can see the way forward clearly; the other drags back wanting to double check everything. Probably about moving into a creative research framework which I love but early university research learning cautioning me – pulling me back. I wonder if everyone feels the same way?

Figure 16: Swatch 6 – *Research Journal* reflections

For me it is really interesting that the fear of judgement still plays such a role in my thinking and writing. I really want this research to be something that is usable through practice outcomes. So, I think it is about trusting the flow and for the first time identifying these types of knowledge people bring to the industry through these questions and interviews. My primary school motto was 'onward and upward' with a koala climbing a tree – so maybe I need to learn from the koala.

Q3: What drew you towards working in this field?

Thirteen of the 14 research partners felt residential work was a 'calling', 'something they had always wanted to do', 'much more than a job'. They discussed that they felt a passion and commitment to working with high-risk young people and it was more of a 'calling' than just an employment decision. The research partners highlighted the importance of 'being with' their positive primary attachment person during their life development and the fact that many of these attachments were with 'professional generational carers' within their families. They described these family attachments as having provided safety, attachment, resilience and never giving up on them; really positive memories which were well integrated both within their family, culture and community.

The research partners felt their consciously cultivated or inherited/formative familial social justice principles drove and informed their belief in wanting to change the current child welfare system to gain better life outcomes for high-risk young people in care.

Eleven of the research partners stated they felt their own adverse experiences, supported by a safe and trusted adult, had developed their resilience, which they described as contributing towards the development of a 'strong sense of agency'. Further analysis of responses across interview guiding questions 1–3 identified the following emerging characteristics, values, ethics and themes:

- (Strong) Sense of agency
- Ability to self-reflect; passionate belief in change
- Able to build rapport

- Altruism
- Attachment
- Built and recognised resilience through personal trauma
- Creativity; self-efficacy (Bandura)
- Curiosity
- Emotional and social intelligence
- Experiential learning
- Flow (Csikszentmihalyi 1988); strength (positive psychology)
- Formative integrated social justice/advocacy principles
- Intergenerational calling/vocation/altruism; ethical altruism
- Mandatory experience in field (managers)
- Passion
- Positive attachment to one safe consistent person
- Self and coregulated
- Sensitivity
- Spirituality/essence
- Strong integrated practice ethics and values formed early in life
- Tacit knowledge; intuition: just knowing
- Understanding there is always a reason for behaviours

VIA personality characteristics

Peterson and Seligman (2004) developed the VIA Inventory of Character Strengths as a positive psychological assessment tool designed to identify an individual's profile of character strengths. There are 24 characteristics grouped into six broad virtue categories: wisdom, courage, humanity, transcendence, justice and moderation.

In the characteristics identified by residential workers thus far the highest strengths are in the groups of wisdom, courage and humanity followed by transcendence. Peterson and Seligman (2004) believe everyone has all 24 characteristics in varying degrees. Their original aim was to present a measure of humanist ideals of virtue in an empirical and scientific way in response to the historical focus of negative psychology.

Q4: Why have you stayed?

Overwhelmingly, all the participants discussed that through all the difficult, dangerous, happy and sad times of working with high-risk young people in residential care that they have loved working with and for the young people and their families. They felt their passion for the industry has stayed strong and had grown even stronger over time. They expressed how they wanted to affect and be part of the change for the young people who they worked with. Three partners (including the researcher) discussed that they stayed to affect systemic change within the child protection out-of-home care system. This includes the way in which bureaucracies perceive residential care and therapeutic residential care as the last option in a continuum of care.

All of the research partners discussed the importance of maintaining a strength-based 'kids focus', where workers advocate strongly for young people and where the services are designed to wrap around the young person, which does not fit with the prevailing government view. They all agreed this takes courage in leadership, where leaders must have extensive experience and knowledge of residential care and broader systems.

The importance of mentoring was another major theme; sharing the essence and wisdom with particularly newer workers and each other was a constant theme throughout all the interviews. While partners agreed that formal learning was important, all felt that 'being the right person for the job' was the single most important aspect; also, the characteristics of courage, bravery, social learning, developmental learning and artistry mentioned as essence and spirituality were important to have for the time of employment in residential care. The following excerpts from two research partners' *'I' Poems* tells their story.

Why have I stayed? Well it isn't for the glory or the money is it?

I think

I don't know what the answer is – you get sucked in to be honest you get drawn in

I feel a level of connection or commitment

I have friends that I've studied with that enjoy their roles
doing other things in other industries
I think it's about
I don't know that I would be personally fulfilled if I didn't.
I can offer for as long as I feel there is – as long as
I think as long as I feel that
I bring something or offer something or add value to what
I am doing I will stay.

Research partner 2017

And from another research partner:

I think I am the person who wants to make a difference in a kid's life
I wasn't aware of it at the time.
I think back now about why did it sit in my subconscious – not sure?
I love the work to be perfectly honest.
I followed – go back to my career as a trained (teacher)
I've never been bored in this job.
I've done youth work in many different forms
I never thought of doing anything else.
I am also extremely inspired by the people in the workforce
I have worked with some people who might not have had the experience or training
but they have this 'special something'.
I know people that have been in the field for a long time who have heaps of experience
and knowledge but don't have this 'spirituality or essence' or magic

*I think it's like an essence of some description
I have often wondered if it's not something that people have learnt or assimilated
in a totally different way to what we normally learn
I think it's something else, it's almost intrinsic to them
I think is the essence of someone there from birth, or before birth.
It's something – something about that way that person's mind works and how they
interpret that world as children.*

Research partner 2017

My concerns about presenting the data in a way residential workers will recognise and find believable has stayed with me throughout this five-year research journey. I have found reflections right through my journals regarding how important it is to me. Fortunately, I also recorded when I started feeling more comfortable with the task of data analysis in a manner they would agree with.

SWATCH 7

2017

I was extremely worried I would misrepresent the data from the interviews. Not purposely – more about lack of experience as a researcher.

Early on I made notes regarding methodology; of using Bronfenbrenner as part of framework for analysis.

When I see resilience and all the values and characteristics coming through from interviews I reflect that these are formed through the various life stages and historical contexts, so have relaxed somewhat knowing if I keep Bronfenbrenner in my mind's eye, I don't continually have to record how or why it fits – it's a fabulous framework to think with.

2018

I later discovered the similarities between Bronfenbrenner's five systems within his bioecological model and four sequential readings/listenings of the Listening Guide (July 2018), which meant I could draw from both theories and focus on the Listening Guide with *'I' Poems* for each of the research partners which are interspersed throughout chapters 4 and 5.

Figure 17: Swatch 7 – Research Journal notes

I draw excerpts from two of the research participants' *'I' Poems* to support the responses to this next question. The responses surprised me with their positive context. By that, I mean all of the research partners through their interviews discussed hardships; however, the importance of one enduring relationship was extremely significant to the research partner's development to build resilience and a powerful sense of self.

Q5: Was there a positive significant person in your life who made a difference to who you became?

All research partners described the presence of a positive significant person in their lives. As evidenced in Bronfenbrenner's bioecological model (2005), the research partners recognised the importance of positive two-way learning interactions in their micro system. This was evidenced by the person they had grown up with; the 'always there', safest, most trusting relationship who had the significant attachment and positive influence on their development and subsequent career choice during their formative years. This person, in 11 out of 14 interviews, was either a mother or grandmother who was strongly involved in caring and supporting others in the community with powerful, practicing, well integrated social justice principles. For the other three research partners, two were fathers and one was his older brother. In this sense this well-established ongoing attachment or lifelong formative experience resulted in resilience, and greatly influenced their choice of vocation into residential care and their practice artistry.

All of the participants, while experiencing numerous difficult episodes with a family or extended family member, felt they were able to use their positive attachment experiences to assist in choosing their life direction. They stated they felt safe in the context of the bi-directional primary trusting relationship and broader community systems to both manage and learn from these experiences. They utilised their negative experiences, which were with both or one parent, to decide who they didn't want to be. They built resilience with the support of their positive person regarding what life characteristics, choices, values, ethics and social justice principles they thought were important.

The responses and chosen excerpts from the research partners' *'I' Poems* for this question are very powerful and I believe require no explanation. They certainly reinforce the previous themes, particularly the importance of trusting significant and ongoing attachment / relationships and resilience and how it influences development and the formation of social knowledge, or 'the essence of a person'.

All kids should have that sort of love – someone who is crazy about them.

I can't go any further than my mother, who is a very socially driven woman, very independent, outspoken advocate for all the downtrodden in society.

You know for that period of time – for instance back in the country towns all had the ladies lounge and the women never went in the bar or saloon bar. Mum just said that was ridiculous while Dad probably thought it was a good idea Mum was sure this wasn't going to happen. The women folk would be mixing with their men folk. Some of those and her political persuasions – she was a staunch member of the ALP and she did a lot of writing in country papers and started out as a journalist.

She finished her journalistic course and met Dad through the course of the war and after the war she had developed TB and so she sort of wasn't suited to factory type work. The women were doing their bit helping the boys overseas, so she was put on the rural telephone exchanges and was working at Boort up near Kerang and Dad was up there. He was actually a returned soldier from the Middle East and was shearing sheep at the time. So that sort of blossomed so she was really supportive of a lot of things with me. She wasn't a typical parent.

I was in trouble at boarding school she always said something must be going on

I went to boarding school

I had my share of boarding school – Hick (Mum), she would always take the time to unpack things. She died at the age of 70 and she had just completed her Bachelor of Arts at Footscray University so she was a 70-year-old student and she thought that was hilarious.

I remember in response to Indigenous situations

I say she was always supportive she really was able to float through that without getting anyone off side. She started up a gun club and got the tennis courts organised and advocated strongly through the local councils. She was president of the local tennis club – all that sort of stuff. Really strong social justice conscience.

I think a bit of that must have rubbed off and my sister took up a lot of that sort of Mum's stuff.

Research partner 2017

And from another research partner:

Significant person?

Mum yeah, because when

I first read that question was there a significant person who made a difference to who you became so let me talk about how

I first responded to that. When I first responded to that

I thought he (Dad) made me he had the most significant impact – but it was my Mum who was the positive person and my father was the negative person because both equally contributed to who I am.

My Mum because she had those characteristics of who

I aspired to be and my father because he had the characteristics that

I was repelled by

I had to make every conscious decision not to be like him.

Research partner 2017

All of the excerpts from the *'I' Poems* and previous responses analysed identify the incredibly broad range of life skills and knowledge residential workers bring with them to the residential care industry. I have now identified that my concerns over interpreting the data also extend to hoping this research is able to educate people more broadly about residential work.

SWATCH 8

29 January 2014

I always have trouble getting people to understand what residential workers actually do and who they are. They are such a small workforce but so vitally important. This is possibly one of the reasons there is very little research on what makes a good residential worker. I have found lots of practice articles that

discuss this but no real answers. Need to keep original questions in mind and trust I know this industry. Where does the artistry come from? How can we better identify the right people for this incredibly difficult job? Residential workers operate in the young people and families' livespace 24 hours a day. Really, they are the only ones who do. Is this what makes the difference and is so hard to identify for us and others?

May 2014

Rereading and making notes about Dewey (E Book #852 2008) "The study of education is the study of life", "epiphanies, rituals, routines, metaphors and everyday actions".

5 June 2015

Big moment of doubt and humility about who I think I am and can I do this research justice.

I originally thought all the people I interviewed would have troubled lives and focus on that part to explain who they became and why working in this industry. This didn't happen. While they had often negative, complex trauma and issues in their lives they learnt from them and built resilience plus something I'm not sure of as yet – maybe the formation of values, ethics, social and emotional intelligence?

So, this too fits – resilience is definitely one of the higher order themes I didn't think I had. The study of resilience is not new; however, I think it's only *one part* of my outcome puzzle or the tip of the iceberg?

October 2016

I continue to see the similarities and overlays between the theories and models of narrative research (four directions) stories lived in childhood, told in adulthood, crafted by the stories of childhood (Clandinin & Connelly 2004), Dewey's (2008) understanding of experiential learning and Bronfenbrenner's bioecological model (2005) as well as the principles of *positive* psychology emerging (Seligman & Peterson 2004).

The community (developmental) journey from child to adult, resulting in specific characteristics, values, ethics and chosen direction very much is built layer by layer on one's life stages (social constructivism) and the development of self in the context of these cultures and systems.

Paul Valery's poem "The Angels of History" in Carolyn Forché's (1994) book of poems as cited in Smithies and Lather (1997) reads:

*The angel handed me a book saying,
"It contains everything you could possibly wish to know"
and he disappeared.
So, I opened the book, which was not very fat
It was written in an unknown character
Scholars translated it
but they produced altogether different versions
They differed even about the very senses of their own readings,
agreeing on neither the tops or the bottoms of them nor the ends.
Toward the close of this vision it seemed to me that the book melted
until it could no longer be distinguished
from this world that is about us.*

2017

The authors introduced the angels to their book *Troubling the Angels* to 'serve as both bridges and breathers'. They used angels to take the reader on a journey that troubles any easy sense of what living with AIDS means. I believe that child abuse and what residential workers do would also trouble the angels and I humbly hope the writers of *Troubling the Angels* would agree.

This coming together is also true of my understanding of rhizomatic research (Deleuze & Guattari 1987), crystallisation (Ellingson 2008) and '*I*' Poems (Gilligan 2008). The moving flowing multiple entry and exit points of rhizomatic research with the multi-genre (faceted) crystallisation moving towards the '*I*'

Poems seems to almost be alive and leading me rather than me trying to make things fit. Outcomes are emerging just in this process which is evidenced by the emerging themes boxes in comparison with the 74 pages of constant comparative coding tables. I think this is what [supervisor] was trying to tell me through reading Lather and Smithies' (1997) *Troubling the Angels*. Data will emerge if you are creative in your methodology and method – or it seems the method is the methodology.

Figure 18: Swatch 8 – Research Journal notes

Toward the close of this vision it seemed to me that the book melted until it could no longer be distinguished from this world that is about us.

(Valery 1997)

Apart from being deeply moved by Lather and Smithies' (1997) book *Troubling the Angels* I hope in some small way to be able to say that I have been able to integrate the artistry of residential workers' lives into an accepted terminology for residential workers.

Q6: What are the values and ethics that are most important for you and why?

This guiding question elicited the most extensive discussion and self-reflection during the interviews. Many of the research partners stated they had not reflected on their values and ethics for some time and enjoyed the opportunity. Honesty, respect, kindness, authenticity, loyalty and resilience were the most discussed ethics and values, followed closely by trust, love, creativity, genuineness and being non-judgemental.

My analysis of the responses to this question indicates the importance in trying to understand the complexity of knowledge and beliefs youth workers bring with them and where these skills come from and why. The research partners' voices in this section I believe highlight their knowledge and understanding of their field

(and perhaps educate others). This building of or steps to understanding the knowledge residential workers bring with them is demonstrated by the rhizomatic mapping crossing and enhancing multidisciplinary boundaries.

I, yes there was a hugely significant person in my life, and others along the way – my

Grandmother

I was fortunate.

I always had a person, a mentor in my life or someone that looked out for me

I guess somewhere through life It became very important for me to achieve.

I always had someone who assisted and believed in me as a mentor, still do.

I am honest, respectful, kind, authentic, always keep promises

I do what I said I would

I'm also loyal, resilient or is it stubborn? Punctual

I have a good knowledge of boundaries, integrity – respecting others

I brought with me my integrity; my ability to care and be kind; to listen; to be strong

enough to hold a line so that kids felt safe; lots of life experience and life knowledge

I think strong skills in engagement, particularly with difficult to engage young people

and their families.

I think a lot of these skills were almost intuitive

I just saw them as an extension of myself

I seem to operate as an interpreter

I am aware I don't suffer fools gladly.

I guess the artistry; it's a type of energy that is often not discussed.

I have a strong sense of my personal, professional and private self

*I am spiritual, my essence, the understandings of the types of knowledge or as many
have described it as a kind of artistry –
a knowing and the ability to use it to lead and inspire others
I learnt through my life journey and my lifetime learning/educational journey and
from my mentors*

Research partner 2017

What a task! As can be seen from the summaries of data and the linking '*I*' *Poems* thus far, keeping the integrity of the research partners' emerging themes without discounting them through subjective higher order themes was always going to be a difficult task. I had decided to rhizomatically map these emerging themes from the research thus far, prioritising or matching skills, knowledge, values and ethics integrated with culture and ethnicity. I felt in the truest sense of the rhizome having no beginning or end would mean I had interpreted the findings into a fluid explanation of the types of knowledge residential workers bring with them.

To make sense of the emerging ethics, values, knowledge, skills and types of developmental attachment, resilience and knowledge involved in mapping the lines of flight by understanding the many entry and flow points, as well as what I see as the 'in-between the between', thus in this rhizomatic map I worked to map and name the many emerging types of knowledge understanding that no 'single story' will help me find the meaning I seek.



Figure 19: Rhizomatic analysis questions 1–6

Rhizomatic design drawn from Rhizomatic Tenor Emotional Graph (tenor.com 2018; Attwell 2012)

SWATCH 9

Late 2014

I feel like “I am walking a line between joy and darkness”.

Early 2017

I now know each person has literally coded their own interviews recognisable through the *‘I’ Poems* and emerging values, characteristics and strong practice themes.

2016 (reminder to self in journal)

“We should be uncomfortable telling other people’s stories” (as researchers) (Lather & Smithies 1997).

Early 2017

Am I talking about these workers, for them or with them?

While the original purpose of this research was (for me) to gain a qualification to advocate for these workers and young people, that seems to have been taken over by the incredible importance/responsibility of the task.

I found the discussions about the importance of spirituality important – maybe that is part of the essence or the artistry?

In reading my journals I realise I spent long periods reflecting on my role as a researcher, my values, ethics and experience as a residential worker and manager; my doubts about my ability to represent and analyse this data and come up with a practice-based usable framework.

March 2017

In telling their stories every person has included a description of all of these contexts, associated ethics and values and where they feel they developed.

June 2016

Lather and Smithies (1997): “Whilst there is an effort to look for patterns and differences, our primary interest was to find a more interactive way of doing

research than is usually the case where researchers can be represented as disembodied objective knowers.”

I found this so important to keep reflecting on – they also discussed the importance of ‘not drowning the poem of others’ with our own righteous interpretations. Not setting ourselves up as researchers being the experts who decide how people make meaning or sense of their lives. I find this is a deep personal ethic of mine too. People own their stories and the privilege is to share it with them – not to fit it into a preconceived box of your own making. This must be what it means to value praxis and make research useful.

Authenticity is coming up a lot in interviews.

2017

The philosophy forums state an authentic self is a free-thinking self. Instead of unthinkingly accepting what one says and does, an authentic person thinks things through for themselves and arrives at beliefs and ways of living that she can personally take responsibility for. In that sense authenticity is a very valuable term to understand (and) the value of authenticity rebounds to the individual who has it. Authentic individuals are not heavily influenced by every social cross they encounter – they are aware of them.

Being authentic is thought to be highly desirable to relationships between and among people.

www.forums.philosophyforums.com/threads/what-does-it-meanto-be-authentic-52554.html

2018

I am so focused on ensuring the voices of the research partners are heard in the way they told their stories. So often when participating in research you don’t recognise your own voice when you read it. It’s so important this doesn’t happen, if I want residential workers to use/believe this research.

Figure 20: Swatch 9 – Research Journal notes

Q7: And can you identify the skills and knowledge you brought with you that helped you most in this work? Where and how do you think you learnt them?

Many similar responses to the importance of the developmental, trusted attachment relationship to build resilience are woven through the recorded discussions in all the questions analysed to date. Research partners were unanimous in identifying Bronfenbrenner's micro, meso, exo and macro systems with an emphasis on the impact of their bi-directional interactional relationships of the microsystem; family, community, culture, school, church, neighbourhood, friends and the demands, decisions, processes, context and time.

When responding to this question (on the values and ethics, skills and knowledge required to be a residential worker who demonstrates a kind of artistry) not one of the research partners responded with formal education. Their responses were focused on their life journeys and belief in ensuring the right person was employed first, then industry specific training. In attempting to articulate the knowledge derived from the ontological understanding of self I developed the following '*I*' Poem.

*I offer integrity it is really important that is connected with the essence –
the heart of you.*

I think my sense of humour, which was developed from very interesting circumstance.

I had a mixture of pragmatism and creativity if you like and just more open

I think it was possibly a good balance – not all the time. It became better later on.

*I think I brought some of that with me from life experience and the warmth and
connection – I would see the positive or the good in something*

*I can say quite clearly my mother's influence on me – also my father's influence – my
brother and good or bad school life.*

I think these experiences in me could have robbed me of those qualities

I just mentioned and sometimes I'm amazed that they didn't.

I can only explain that they were there somehow – they were there and it could very well be something as logical as the way my brain operates you know because we don't know everything about the brain yet.

I'll have a go with something like love for instance.

I think that's something we don't understand the complexities of either.

I believe it has its own energy and healing.

I'm not sure I could say there is a god or a spiritual whatever but that comes from

I don't understand why some people get it and others don't.

I'm not sure.

Because why is it that some people come through certain experiences one-way and someone else the other way?

I can't argue with it at all it's just there and science can tell me it's not – but it is – it just hasn't been named yet or identified.

I think my most useful skill for me is empathy and it is clarity

I would have to say that I can't think of clarity or the ability to find and define clarity – you can feel it.

I have been frightened but never of kids

I was when working in adult male prisons.

I felt in danger.

I can remember some instances at (youth prison)

I think it was more a feeling of they are out of control

I'm not quite sure what to do here so not only afraid for safety but also being afraid of not containing this group of young people by myself.

I have worked with some people who might not have had the experience or training but they have this 'special something'.

I know people that have been in the field for a long time who have heaps of experience and knowledge but don't have this 'spirituality or essence' or magic

I think it's like an essence of some description

I have often wondered if it's not something that people have learnt or assimilated in a totally different way to what we normally learn

I think it's something else, it's almost intrinsic to them

I think is the essence of someone there from birth, or before birth.

It's something – something about that way that persons mind works and how they interpret that world as children.

Research partner 2017

I think about my own learning during this research journey and find my journal reflections seem to focus equally on reflecting on my own views as a person and worker while thinking through who I am as a researcher. I had, early in life, developed a strong sense of self; a reliance on keeping myself safe and a powerful essence of resilience supported by strength, values and ethics forged through adversity.

SWATCH 10

June 2015

Interesting to reflect on research partners' thoughtful responses. I never wondered about the growth of my own resilience, courage or personal strength – this process allowed me to reflect on where my lack of fear and resilience came from. I remember times where I was mildly puzzled I was still standing; still functioning; not afraid or thinking there were difficult situations I couldn't manage. I entered into the field resilient, with courage and always able to negotiate a response or deal with a crisis, singly, in groups or with gangs. When asked how I knew what to do I was always puzzled because I believe it's there and needs managing. The fact I may be at risk or mightn't cope never entered my head.

2017

I remember in a debriefing regarding a very serious incident a psychiatrist asked me if I thought I was desensitised to dangerous situations. I could never work out a reasonable response to the question because for me it was a non-issue. I think my life journey and the various traumas I experienced prior to this work taught me a lot – maybe in steps through childhood into adolescence and then as an adult. So, I think while I became resilient quite young I built on this through my developmental stages and the 'negative textbook stepping through development'. This being, abused child, enters abusive adolescent and adult episodes and relationships and associated dramas. When I think through the interviews all the research partners had a similar experience of building on their early resilience supported by the one important relationship in their lives. Many of us had this relationship into adulthood or 'found' 'sought out' mentors with similar attributes to support them/us.

I had never thought about myself in this context until now. I didn't understand the impact of capitalism, war, government legislation policies and procedures, socioeconomic status or spirituality – I learnt how to survive well. Maybe if I'd had the opportunity for tertiary study at an earlier age I would have made sense

of it all much earlier. Interesting to ask what comes first, resilience or trauma, or do you need one to achieve the other?

When listening to research partners' stories, only two of them had thought about their resilience, values and ethics within a broader systems framework – for the rest it is just the way it is. Instinct tells them there is much more to it but the words are hard to find. Meanwhile they seem to achieve the impossible – the artistry we all find so hard to explain. This leads to the next question. [Q8]

Figure 21: Swatch 10 – Research Journal self-reflections

It's really obvious to me as I read and integrate reflections from my research journals that in many ways I survived, developed and grew from each incident in my life. I don't remember reflecting on them, or their causes at the time – it just seemed to be the way it was and there were only two choices: survive or not! It's obvious I chose survival and maybe this is my time for further reflection. This reflexive process I find myself in possibly helped frame the next question to share with my research partners.

What has been the most useful skill? And how did you know what to do?

Many of the responses to this part of the question correlated with the responses to research guide questions 2 and 6. The emerging themes and relevant points have been analysed and rhizomatically mapped as shown in Figure 22.

My journal entries cover a myriad of topics as demonstrated in the swatch below. The last research question focused on what research partners thought was their most useful skill and how did they know what to do. In the following swatch is an excerpt from my journal expressing my surprise that all the research partners had seen me as a mentor. This is not how I ever thought of myself. The swatch also states that intuition takes huge amounts of data, harvesting our entire life experience, and filters it through the human brain. This actually equates types of knowledge with intuition, not just by lifelong learning but also confirming that some skills can only be learnt watching others (Clarke 2000).

SWATCH 11

March 2017

Now that I am more at ease with the research I am beginning to think about a practical framework which will come from the research which will assist in the promotion and selection of the best possible residential workers. Being immersed in this topic for so many years has really allowed me to think what this might be.

I see a guidance or knowledge/learning framework to clarify, promote, recruit and employ residential workers that is usable. To the best of my knowledge there is only one other piece of work designed to recruit carers. It is Australian, by Meredith Kiraley (2000), and does not include understanding who these people are, where they come from and how their skills, knowledge and characteristics were formed.

I go back to a journal entry on the 12 May 2014, prior to a particular interview: “What has totally surprised me is all the people I have interviewed have seen me as a mentor. Did I do this deliberately? No, I did it because they are great with kids.”

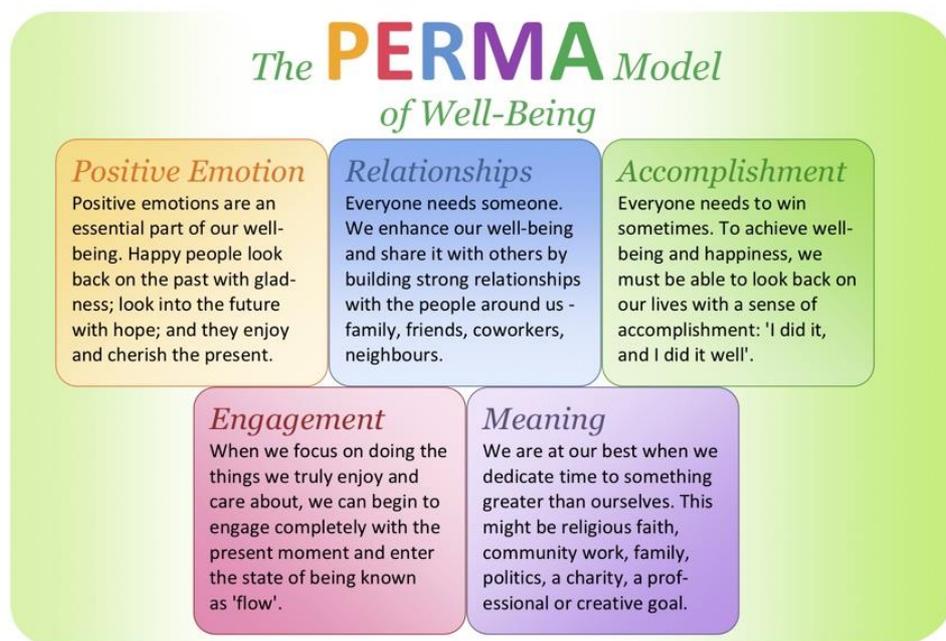
“I did not see this coming.”

“It’s always shocked me when people seem to think what I have to say is important – never ready for it.”

Goleman (on social and emotional intelligence) tells us (2013, p. 125), “After all, the best intuition takes huge amounts of data, harvesting our entire life experience, and filters it through the human brain.”

In this context though, it is heartening when rereading my journal because it helps me and my new sense of knowing and particularly confirms my direction and knowledge base to continue with this research.

Seligman’s (2011) Positive Psychology PERMA Model of Well-Being introduced me to the theory of Flow (Csikszentmihalyi 1990). Both of these theories provide a framework for emerging themes.



From Martin Seligman's *Flourish*, 2011

The concept of flow (Csikszentmihalyi 1990, p. xi) provides an amazing explanation for residential workers artistry in “the positive aspects of human experience – joy, creativity – the process of total involvement with life I call flow”. In many ways, he too confirms my emerging themes and clearly articulates the state of a residential worker in action. He also discusses the ‘autotelic personality’. His latest extensive research and subsequent book leads from flow into creativity and further frames these themes.

In becoming rhizome researchers, Clarke and Parsons (2013) discuss the journey all researchers take to ‘becoming’. They feel this type of research helps researchers develop agency – and opens new ways of thinking and really describes this process that I now feel comfortable with. In the article “Becoming rhizome researchers”, Clarke and Parsons (2013) cover all the areas I had already identified regarding my growth as a researcher.

Very affirming!

Figure 22: Swatch 11 – Research Journal notes

Clarke and Parsons (2013) in their paper on rhizomic thinking discussed a number of really relevant principles which helped inform my rhizomatic learning. A few of these were “think like a rhizome – find helpful information from anywhere” (p. 90); “see the spaces in-between: look for new networks of people and ideas” (p. 92); and “become cartographers: create maps of movement and insights” (p. 93). All of these principles constantly came to the fore by reminding me to think differently, don’t close my lines of flight, make sure I read and hear the in-between where the important stories are and constantly add to my already created rhizomatic map of outcomes. For example, if I didn’t have residential experience I may not have reframed the following question to elicit the subsequent rich responses from the research partners.

Q8: Have you ever been frightened working in this field?

I originally designed this question to prompt a discussion on the possibility of fear, courage and or bravery and how the research partners would interpret and respond to the question. As it was (my mistake) a somewhat closed question I was getting a straight answer of yes or no without any explanation or rationalisation. Being a practitioner researcher and knowing the research partners well I knew the answers I was getting were only part of the story. I added the following guiding questions to elicit a more informed response – If you identify fear does this fear affect your working and/or responding? Does fear render you incapable of working? – then included these questions in the rest of interviews.

The feedback to this question illustrated the many incredibly dangerous situations residential workers and, in this case, research partners faced. It also graphically illustrated that even if there was fear present there were kids to be kept safe and sometimes other staff and that was always the priority. Following are a selection of responses from the research partners which indicate the lifelong development of specific characteristics in context. These are courage and bravery, and confirm their well-developed social and emotional intelligence skills, ethics, values, resiliency, sense of agency, mastery and self-efficacy and the ideology and commitment of ethical altruism as a praxis base.

I also notice there is the gut feeling, essence, artistry or just knowing in all these responses and a sometimes incredulity that everyone doesn't see or feel this the same way. Also emerging is the predilection to minimise danger and use humour as a way of making sense of and coping with the circumstances surrounding the pain and dangerousness of working with high-risk young people in residential care.

Another emerging theme throughout the research is the research partners' predisposition to minimise risks and use humour when discussing the high-risk situations they can find themselves in, as articulated in the following excerpts from research partners' *'I' Poems*. This is such an understatement of what it really looks like in practice. Of interest in the research partners' responses is their total focus on ensuring the young people are safe. This is often at the expense of their own safety. Watching an experienced residential worker manage a high-risk situation, sometimes with many different things happening at once, certainly explains their reliance on gut feelings, sixth sense and the higher order sense of mastery to my overall analysis following this discussion. Following a serious incident, I have had experienced residential workers explain it as, they could feel or sense something was wrong when walking up the path to work today – "So I was prepared as I entered the house."

I couldn't say I have ever been frightened working in this field

I have been apprehensive and wary around firearms and syringes and wary when going into those situations.

Though I think the longer you have been around you learn so much about people –

I seem to assimilate learning somehow –

that and the background knowledge and understanding of kids –

I think it kind of helped being raised in my family in Sunshine with sole father and two older brothers.

I had to learn to manage; there were no other options.

I've never been scared of kids and
I am wary when
I go into a place and
I get that sixth sense of awareness as I approach.
I just know and immediately you are adapting to the environment knowing something
is not okay without knowing what has happened

Research partner 2017

Including the *'I' Poems* I think provides many strong poetic responses to the interview questions. While these are very different to each other, I hope they both explain and invite readers to understand and experience the life of residential workers in small (manageable) ways. I also hope I have included enough raw data in the body of the research to see the truth or honesty in residential work and workers.

SWATCH 12

6 September 2016

I remember reading somewhere that the presence of fear means only that fear is present and nothing more. So, I have always thought it's what you do with the presence of fear. Ties together that fear of losing possessions, including family and loved ones as a form of attachment?

So, attachment is an outcome as all these people don't really feel fear and if they do, it doesn't impact on their ability to do the work. Is it due to their positive attachments? Mix of characteristics? Resilience? So, all of these components are beginning to create an overall picture of types of knowledge and how they were formed.

Also beginning to see mastery emerge as a characteristic? Is it a higher order concept? Mastery is in *The Navajo Circle of Courage* which is a youth work theory of practice. Mastery as in Peter Senge's *The Fifth Discipline and*

Essence. I've read about mastery in a number of areas – I think altruism / self-efficacy / resilience.

Ellingson (2008, p. 111): “the bits and pieces of art and analysis work together in layers to illuminate a topic uniquely reflecting the authors’ perspectives. The woven structures, while each different, offered readers a sense of atypical order, inviting them to experience various facets of the project a little bit at a time, in contradictory ways. Each of these texts satisfies even as it mystifies and points through its layers of meaning the lack of a single, coherent core of absolute TRUTH.”

2017

In this book, Ellingson (2008) refers to the work of Lather and Smithies (2009) on a number of occasions. Of particular relevance is her discussion on the way to incorporate as raw as possible text into the research by using an ‘ingeniously non-linear’ format. They did this by prioritising ‘or making the voices more visible’ of the women living with HIV/AIDS. I think this reflects such a strong value base in regard to research and the researcher’s respect for research partners, which is my priority. So many times I have participated in interviews and the resulting transcript has little resemblance to my initial interview. I think researchers can be like journalists. “Don’t let anything get in the way of a good story, or the outcomes.”

Figure 23: Swatch 12 – Research Journal notes

Q9: What training did you have before you started?

Only two research partners had tertiary qualifications before they started in residential work; one a Bachelor of Arts in Youth Affairs and the other an Associate Diploma of Welfare. The rest of the research partners felt they had extremely broad (and sometimes colourful) life experience and had learnt social justice principles and related ethics and values in their formative years within their families and communities.

All of them had and still mixed with a range of people from all walks of life, forming really positive relationships and links when they choose to. There was also a sense of their 'calling' and journey into residential care through intergenerational or genetic influences and/or intuition, 'sixth sense' and 'gut feelings'.

The research partners started/continued their education following employment in residential and therapeutic residential care. They felt this was because they finally had a deep and important meaning and purpose within their job or calling and they wanted to learn more to be able to provide better care and support for the young people and their families. There was also discussion or sense from the partners that other disciplines 'looked down on them' and felt superior.

Twelve of the participants had successfully completed the Certificate IV in Child Youth and Family Intervention – Residential Care. This was through a specific registered training organisation to ensure the above Certificate IV and subsequent diploma training were practice and industry based. This led to all employees having to have the Certificate IV or register a commitment to undertake the course within six months of employment.

Note: 2018 – The Victorian Department of Health and Human Services has now made it mandatory to complete four units from the relevant Certificate IV prior to employment as a therapeutic residential worker or residential worker.

My own experience as stated earlier in this study was being able to quickly identify the 'right' people for residential care and then take them through the training. The following responses from the research partners embrace this analysis.

I've found for me personally it's not about them it's about me.

I probably am reasonably unflappable. Not overly heightened too early in the piece.

I tend to observe and watch situations that could potentially become a crisis.

I need to bring them to a stop;

perhaps it's me not wanting them to be in any more trouble.

I think historically this could come from me growing up in a country pub

I've sort of witnessed how that was handled so

I'm just that sort of unflappable approach –
defusing through short interventions with humour.

I don't always get it right

I think we were always inherently aware of probably triggers of the things that
potentially made these kids feel unsafe, anxious and uncertain.

Like ... I don't think this is the right time to mention that stuff

I've always been a people person

I've tried all sorts of weird things but

I had a cousin who worked at Turana and then

I had a small country hotel

I was sort of fascinated by the (residential) work

I thought hang on

I'm sort of working and hearing about troubled adolescents, angry adolescents,
other adolescents I'm thinking

I can relate a lot to those in my current client group of older drinking woodcutting
angry males and females

I think the Chaplain and the worker came to the pub and had lunch.

I got to speak to them about some of the kids and the work so gradually became more
fascinated

*I proposed to my current bride and she said well no
I pretty much had the choice to go with the bride or stay at the hotel.*

So, I decided to go with the bride and give Turana a try.

I got to that decision in 1984.

I commenced work at Turana, working with young people in custodial settings

My interest never really waned from there on with kids –

if anything it probably grew more.

Research partner 2017

Q10: What have been your greatest areas of learning since starting in this field?

All research partners had undertaken extensive tertiary study following employment as residential / therapeutic residential workers. For many it consolidated their practice, providing a theoretical framework to explain / place their practice within. They also found it beneficial to share a common theoretical language with residential workers and those from other disciplines working with young people and their families.

It is interesting to note that all research partners achieved outstanding results in their studies due I think to their passion for the industry and young people. Many of the research partners stated they learnt a lot from their young people and families and previous careers and life journeys.

Of interest were the discussions regarding the immediate availability of information on the internet and how this changes training needs.

In analysing the types of knowledge residential workers bring with them to the industry, clear knowledge 'types' are emerging. At this stage of the analysis these seem to be links to formal training, social learning, the importance of relevant and clear policy and procedures, and having allocated mentors. For example:

- the concepts and importance of social and group or collegiate learning
- the importance of a positive organisational culture of wellbeing
- the importance of good and relevant supervision that understands residential care
- the immediate availability of online courses where there are clear questions and answers; e.g. first aid, fire control, infection control, fire safety training – usually only one answer to any question
- the importance of a thorough induction within an agency group which includes all line managers
- mentoring; collegiate learning / discussion
- the importance of subject-specific training; e.g. trauma and attachment, neurobiology, mental health first aid.

The following swatch includes a quote from Deleuze and Guattari (1987 as cited in Clarke & Parsons 2013, p. 18) being careful of the “oldest weariest kind of thought” in research. I constantly reflect on not creating this black and white, binary or potted view of the world by being open to new ways of seeing and analysing data while at the same time keeping in mind the importance of having a practical model of knowledge types as part of the end result or outcome of the research.

SWATCH 13

June 2015

Reflecting on original thoughts regarding what I knew to be the balance between formal and life training/experience. I knew it had to be a balance of both.

Anecdotal evidence at this time suggests residential workers are returning to tertiary study during the journey through residential work. Unfortunately, in Australia at this time there is no specific residential care qualification above diploma level.

In 2002, we developed the first Certificate IV in Residential Work, currently called Certificate IV in Child Youth and Family Intervention, either three streams, one of which is residential care. (The others are child protection and home-based care.) Diploma developed two years following. These qualifications are part of the Community Services Training Package, which has been reviewed many times. With each review, it becomes increasingly difficult to keep the qualifications in the Community Services Training Package and not refer to a more generic discipline.

Frustrating that residential care is seen as a high cost tertiary service in the child and adolescent system. If you look at a life stages model it is actually a preventative program trying to support young people into moving towards an integrated adulthood rather than a lifetime of relying on systems.

Training needs to continue to focus on this very specialised and complex area. I think my findings to identify the right people for the job, maybe by confirming gut instincts, intuition etc. and to develop a framework for learning, development, promotion and recruitment, will greatly assist this process; useful research – but I guess it is also the way I finally complete ‘the quilt’.

September 2017 (need to keep this in mind)

Ellingson (2009) advises in coping with length limitations:

- Do your duty in surveying your field but keep your literature review and related theory selective
- Contextualise exciting new findings
- It's not true that she who cites the most wins the academic game
- Be strategic about details of your findings; offer thick rich example per theme.
- With narratives, concentrate on moments. Far better to have a piece of a great story than all of a mediocre story.

And Deleuze and Guattari (1987 as cited in Clarke and Parsons 2013, p. 18): one of the quotes I pinned above my study area early on came from this remarkable writing:

- “Rhizome book (not binary) which morphs, redirects and moves from the middle in multiple directions at once
- And in discussing the root book: depends on foundations, linear logic, imitation, potted points, fixed order and a reflected view of the world ... is the oldest weariest kind of thought.”

I have spent considerable time reflecting on my methodology and method and subsequent emerging findings in relation to these theorists. Hopefully I have achieved my interpretation, which is now very clear.

Figure 24: Swatch 13 – Research Journal notes

An outcome of this research I have sought to find is that there is artistry in residential workers and work and that there needs to be a number of different types of knowledge with an identified balance between them required to be a residential worker. Anecdotally, we in the residential care industry know that residential care is seen a constant political hotspot due to how the media portray our young people and our services. One of the most important supports residential care can have is to have a positive organisational culture which is supportive, understood and respected by their home agency.

Q11: Do you think organisational culture is important in this industry or working environment?

Overwhelmingly the response to this question was “yes”. All the research partners felt that very few of the agencies providing residential care achieve a respectful organisational culture in relation to residential care.

It is my opinion from the informants’ narratives that most of the funding bodies, decision-makers, line and on call managers/systems simply do not understand residential care. They do not understand these amazing high-risk young people or what is required to ‘share the lifespace’ with them. So, a culture of understanding the theories, practice and needs of residential care, with the ability and capacity to provide 24-hour support, becomes paramount within an organisation providing residential care.

It is equally important for associated disciplines to understand and work collaboratively with residential workers while respecting their skills. In most cases the workers know what to do but some seem to be more ably and capably supported with an understanding of the needs and environment of residential care by line managers and other disciplines and systems. The research partners articulated the need for this positive trauma informed culture as:

The single most important thing in residential care is a positive supportive trauma informed organisational culture – not just lip service so you can tick a box but one that does what it says it does 24 hours a day. It took me 30 years to implement and maintain with the help of like people, a culture that does what it says it does or whatever we do for children and young people we do for each other. A positive organisational culture is about freedom to express ideas and emotions, to be an individual within a team, to fall over because you are exhausted and have others walk beside you. In times of personal trouble everyone pitches in with families, support, income etc. whatever is required and it all just happens quietly without a fuss. An example of this is when I was renting a house and my husband was terminally ill and the house owner wanted to sell the house. My agency where I was working had a house local to the office. My colleagues spent the weekend painting, updating the kitchen, new blinds and carpet and moved me in.

(Researcher reflection 2017)

Apart from adding the importance of a positive organisational culture to the overall analysis all other themes have already been identified and articulated.

Q12: What makes good/bad residential care workers and how do you know?

This guiding question generated considerable and often heated and passionate responses. More so than other questions it raised the existence of intuition, gut feeling, sixth sense and 'just knowing' or the 'artistry'. Watching research partners who are normally incredibly outgoing, creative and articulate struggle to explain their knowing in relation to the essence of residential work certainly endorsed the complexity of this research study and the importance of integrating the concept of consilience (and resilience).

This need to research across disciplines within the scientific and more esoteric, creative sciences is more obvious in these responses, so I have included a greater variety of research partners' reflective '*I*' *Poems* to both explain and validate this view.

What makes a good resi? Who are the people we attract what do we look for?

There is just something that people bring with them and we look for.

I think it is about authenticity

you know whether someone is real or not and me doing it for the right reasons.

I have been part of that attracts people who have one all different types of jobs.

I see that in people.

I see flags pop up.

I see – something happens, is it just a feeling but I think for me

I have had to assess situations in my 25-year career.

I have had to make assessments all along so

I think what has happened for me is that in my brains I have templates

I have developed over the years – since birth?

So automatically my brain and these kick in really quickly like as fast frames clicking I and helps me with this. Something triggers it and it's the assessment skills that have happened along the way whether it's in assessing a situations safety or assessing a risk of something diabolical or even a situation you have to get out of.

I think you must develop those skills and so it looks like it just happens or you think it does but it's something that is imbedded.

I think the biggest thing I have learnt is to trust your instincts.

I have had to do this personally and professionally

I have gone against them – trouble.

I think that part of it is that lifelong learning kicks in.

I think because I have worked with high-risk families

I have made instant assessments.

I think that to be fair to staff that come to interviews they come from a good place

I think but their issues you see or sense are going to get in the way.

I have thought about it.

I get a feeling and I think is that fair that feeling?

Am I judgemental? Why do I get that feeling and why does it keep coming up?

I certainly have found out the hard way not to ignore it.

Maybe it's a balance between lifelong learning and intuition after all.

I think overall it must be about your lifelong learning.

You see my learning hasn't just been one way.

It has been really well integrated it's not just the facts, it's also the feelings.

Not just the left brain, it is also the right brain about the emotions and feelings

it's amazing

I haven't thought about it but then a while ago

I wanted to work out why

I think about it and wanted to be fair and open to people.

I wasn't ready to think about it or maybe this too is part of lifelong learning journey.

Research partner 2017

I reflect again on the enormity of the research task I have taken on. As stated below I have learnt to integrate my industry knowledge and learning into the research through this amazing research learning journey, where I am beginning to see an end in sight.

SWATCH 14

May 2017

I believe this section summarises the complexity of the research task. I think it also partially explains why little is available regarding this research topic. Each month for the past few years I have spent a day looking for up-to-date research on this topic. There has been very little available. What is available is explained further in the literature review.

The multiplicity of theories required to explain just the day-to-day work of residential work with high-risk young people without contemplating the broader systems is enormous.

July 2017

I am just so pleased (now) about my journey as a researcher – my learning is astronomical. Not just academically but about myself as well. I now know I have the skills to complete this and I deserve to be in this level of study.

I also have learnt to value and integrate my 30-plus years work in this area that I am still passionate about.

Note from supervisor, 18 July 2017

I will be interested to hear what you have to say about the use of coding with VCR and how this connects to a rhizomatic notion of assemblage with a feminist notion of crystallisation. I think these aspects require clearer articulation, as at the moment, they contest the methodological space and philosophically jar. (Vicars, supervision notes, 2017)

Self-reflection

Of course they philosophically jar. I have been trying to force them to fit for months. I realise I loved the 'rhizomatic notion of assemblage with a feminist notion of crystallisation' and wondered why I was hanging onto the more scientific data collection of CCM analysis. I have recorded so many notes about loving the emerging thematic lines of flight and the flow. This self-reflection acknowledges my fear of letting go of what I believed to be what the university might agree with/pass. I was afraid of failing. I think the early stages of this research journey had left their mark and while I now had grown in confidence and was excited about the more creative journey, I was still afraid. I had redone the 74 pages of CCM data three times – it had grown to 84 pages. It certainly did philosophically jar. It had to go and, in many ways, is such a relief as the rest makes sense to me. What a great learning journey!

What did make sense and I was so excited about, was another comment by my supervisor about what he liked, and thought was a strong point: "the voice of 'I' constituted out of a critical ontology of practice (feminist researcher, situated storyteller and embodied researcher)". (Vicars, supervision notes, 2017)

February 2018

Reading Antonia Darder – amazingly enlightening!

I HAVE MAPPED MY QUILT – the patches are complete. I just need to put the backing fabric on (findings and analysis), the layers together and bind the quilt.

There are no words to describe this feeling. I have not let my research partners down – ah yes, nor myself.

Figure 25: Swatch 14 – Journal entry and researcher reflections

Summarising the findings

In making meaning from the outcomes of my research I realised how easily I could be drawn back to the more formal research models of “the organisational structure of the root-tree system which charts causality along chronological lines and looks for the original source of ‘things’ and looks toward the pinnacle or conclusion of those things” (Deleuze & Guattari as cited in Rhizomes.net 2016). How easy it would be just to selectively group the findings and work with dualist categories and binary choices to provide a clear rationale for changing said findings to fit an existing model.

My quilting metaphor of crazy quilting, a mixture of patches and textures seemingly without a design fitting together with Deleuze and Guattari’s rhizomatic mapping, which favours a nomadic system of growth and population (1987, p. 7), confirmed my thoughts about creatively analysing, recording and mapping the themes emerging from my research:

a rhizome is characterised by ceaselessly established connections between semiotic chains, organizations of power, and circumstances relative to the arts, sciences and social struggles. Rather than narrativize history the rhizome presents history as a map or wide array of attractions and influences with no specific origins or genesis, for a rhizome has no beginning or end; it is always in the middle, between things, interbeing, intermezzo ... It resists chronology and organisation instead favouring a nomadic system of growth and population – (it is) a map.

(Deleuze & Guattari 1987, p. 7)

I believe that the complexity of understanding this thematic analysis emphasises how there can be **no single finding** to research questions. If the principle of multiplicity is that only when the multiple is effectively treated as a substantive multiplicity does it cease to have any relation to one, then my multiple findings are equal in value and are presented as such (Deleuze &

Guattari as cited in Rhizomes.net 2016). This final rhizomatic, woven, crystallised understanding is not amenable to any structural or generative model. The identified themes do form a map, not a tracing – *it is a map*; an intricately designed, balanced and mapped quilt (Deleuze & Guattari 1987).

What follows is the graphic *mapping* (Deleuze & Guattari 1987) of identified research themes into four ‘assemblages of knowledge’ to inform a practical and useful ‘model’ (Deleuze & Guattari 1987). In the first instance I have connected my seemingly ‘unconnected abstract concepts’ to both the semantic and pragmatic themes of collective acquiring of knowledge assemblages. I believe I have achieved this with a strong understanding of the underpinning capitalist, cultural, micro and macro politics impacting both the developmental life stages of the research partners and on the residential field as previously discussed.

In the search for a model to depict these assemblages I studied the original 70:20:10 Learning Framework, which as Jennings (2017) warns is a ‘reference model and not a recipe’. He feels the 70:20:10 model is an adaptable framework for strategy rather than just a reiteration of ‘what is’. I use it in this context as an adaptable map for my research outcomes. The original 70:20:10 model is, however, based on empirical research and identifies three activities: experiential learning through day-to-day tasks and practices (70%); social learning and developing with and through others (20%); and formal learning and development through structured modules, courses and programs (10%). (Brotchie, date unknown; 70:20:10 Forum 2018; Jennings 2015, 2017; Lombardo & Eichinger 1996).

In advancing how experiential and social learning occurs in the residential workplace, my research has also identified the importance of taking into consideration the person’s generational and life stage developmental influences and meaning making. These life stage developments contribute to who the people are who choose to enter, survive and grow in the residential field with high-risk young people. This generational and developmental understanding also includes the formation of their ethics, values, traits, skills and passions.

Four assemblages of knowledge

I have identified the following four assemblages of knowledge through my analysis:

- [i] **historical/developmental life stages and impacts**, which draws from attachment, resilience, self-efficacy, mastery, strong integrated values, ethics, integrated social justice principles and characteristics; including identified bioecological contexts of experiential or lived experience
- [ii] **formal education and training**; formal education / training / qualification is generally accepted as “education in a subject or skill that you receive in a school, college etc. (that can be easily assessed as a series of tasks) rather than the practical experience of it” (Longman 2017) or “learning and developing through structured modules, courses and programs” (Brotchie, date unknown)
- [iii] **social learning**; collegiate learning, mentoring, communities of practice; informal discussions and being clear about the boundaries of the personal, professional and private selves
- [iv] **confirming the existence and essential roles of ‘artistry’**; spirituality, essence, gut feelings and intuition.

The following graphic representation rhizomatically moves across the analysis and findings of this research: the four types of knowledge residential workers bring with them and learn from the residential care industry.

These four assemblages of knowledge types will in the following chapter inform industry, promotion, recruitment of the right people for the job, training and the subsequent reduction of WorkCover and sickness costs.

Note: A more structured mapping of the four assemblages of knowledge will be designed for Chapter 5 to assist in the design of appropriate resources to assist industry to both meet the original questions and answers recommended by this study.

The assemblage also provides a framework for subsequent review and evaluation and the building of a theory of artistry in further recommended research.

The findings of this study could also greatly minimise the loss of workers due to their inability to cope with high-risk residential work with troubled and troubling young people by:

- confirming and valuing the existence of artistry, gut feelings and intuition in promotion and recruitment
- the balance required between these tacit/unconscious life skills in the role and curriculum design of relevant nationally accredited training
- realising some competencies in residential care with high-risk young people can only be mentored; and the importance of planning induction and opportunities for ongoing coaching/mentoring and development accordingly
- identifying ongoing research into the balance required between competency-based training, assessment and integrating theory into practice and practice.

In Figure 26, I have rhizomatically mapped all of the themes drawn from the research, identifying and separating the themes into four integrated assemblages of knowledge.

There have been times during the analysis of the research partners' narratives and emerging themes in this multi-genre research methodology where I have despaired at ever developing any understanding of the types of knowledge residential workers bring to the field. While completing the above rhizomatic analysis and identifying and naming the types of knowledge the outcomes became incredibly clear. They crystallised!



Figure 26: Four integrated assemblages of knowledge rhizomatically mapped

Drawn from rhizomatic mapping (Vicars, supervision notes, 2018)

Chapter summary

Extensive analysis and understanding of the research partners' narrative interviews was undertaken, culminating in a rhizomatic mapping of four assemblages of knowledge. This analysis also confirms the existence of the more intuitive skills and knowledge discussed, such as artistry, gut feelings, sixth sense, and essence of a person. The analysis was also completed respecting and prioritising the research partners' narratives wherever possible. My main aim together with completing the research was to use the voices of the research partners as the analysis, without grouping them under higher order themes which lose meaning. Only then can the research findings have accepted meaning that is able to be integrated into the praxis of this previously understated, much misaligned and misunderstood profession. In summary, as will be seen by the excerpts from the research narratives, they are positive, highly gifted and intuitive people who do a magnificent job with high-risk young people the general public would rather just not know about. This chapter more than the others highlights the amazing work achieved rather than the political and media highlighting the very few that 'hit the media'.

The next chapter

Chapter 5 clearly identifies and articulates my findings, conclusions and recommendations and responds to my original research questions as a framework.

Chapter 5: Findings and recommendations

*The intuitive mind is a
Sacred gift and the
Rational mind is a faithful servant.*

*We have created a society
that honours the servant
and has forgotten the gift.*

Albert Einstein

Introduction

This study aimed to investigate the characteristics of therapeutic residential care workers with high-risk young people. It takes as its focus the types of knowledge that those who are considered as exceptional residential workers bring with them to the field, and explores the notions of ‘artistry, knowing, intuition, essence and gut feelings’ in relation to the construction of learning the ‘professional role’ ...

... and found amongst other outcomes that “**Artistry in youth residential workers: is a proven fact**”.

As examiners, supervisors and colleagues I invite you to come on this final journey with me, to share my findings and form your own meanings while “resisting the temptation to think in simplistic dichotomies – difference not conflict is foregrounded” (Denzin 1997, p. 225 as cited in Semijn, Devlieger & Loot 2008).

Restatement of original research questions

I wanted to know:

1. The types of knowledge residential workers 'bring with them' to the industry.
2. Their characteristics, ethics and values and how they developed.
3. If the multiplicities of theories and artistry demonstrated by managing complex living and crises were largely unconscious, due to life development and learning, experience or spirituality, gut feelings, essence and/or intuition.
4. If formal education / training is the most effective way of informing conscious residential youth work practice.

And be able to:

5. Confirm and value the existence of artistry, gut feelings and intuition.
6. Identify the balance required between these tacit/unconscious life skills in the role and curriculum design of relevant nationally accredited training.
7. Identify if some competencies in residential care with high-risk young people can only be mentored, to more effectively plan induction and opportunities for ongoing coaching/mentoring and development accordingly.

As a final reflection I present my own (practitioner researcher) '*I Poem*' and, together with my journal reflections, this final quilting brings together the themes, theory, concepts and findings to complete the quilting process.

Prior to introducing my '*I Poem*' and key research findings, I felt my most recent journal reflections recorded in June and July 2018 explain who I am, what I think and why I have undertaken this research. They are not referenced; they are about passion, commitment, love (the fighting kind) and advocacy.

SWATCH 15

June and July 2018

I think the fact that the role of practice in residential work is typically under researched and devalued leaves it open to criticism and interrogation. For all other human service disciplines there is a strong reliance on theories.

Traditionally residential workers and other human service practitioners have expressed little use or belief in theories of residential care seeing the gulf between practice, research and theory as far too broad and 'not particularly kind or useful.

Due to these shortcomings scrutiny by statutory funding bodies who have no one left who understands the field have been a huge barrier to researching and understanding artistry in working with young people in residential care. In an attempt to manage the difficulties and political uproar these young people bring via attention from the media and state government funding bodies the perceived moral panic results in them placing increasingly tighter and more punitive restrictions on the agencies and workers providing care. This results in less time to work intensively with the young people in building relationships, finding the reasons behind the presenting behaviour and keeping young people safe to effect change.

In many ways, the difficulties of articulating this praxis or artistry of residential work has at its base limited acceptance and understanding of artistry (or residential work) as a specific theory. Practitioners bemoan the fact that current research is of little use to them as it doesn't easily translate to practice, and in many cases follows practice; however, such research and understanding seems to be in the too-hard basket.

Practice, traditionally has received far less attention than theory, as predominantly it has been seen as not able to be articulated. This is emphasised internationally by the current shortage of 'soft skills' in all disciplines with the focus on measurable competency-based training. Soft skills

cannot be measured in traditional ways. The dichotomisation of art and science in this sense has proven artificial and misleading.

I understand there are many internal and external barriers to professionalising or even beginning to see residential praxis (or any other praxis) as a theory. One should ask what has the capitalist system to gain by refusing to acknowledge artistry in professional practice in human services generally. This unfortunate dualism or dichotomy of theory and practice is represented in many disciplines. In reality we should be progressing artistry as residential theory and residential theory equally as both have a crucial role as identified in the four assemblages of knowledge from this research.

Historically dichotomisation of artistry and science has proved to be artificial and misleading. Further research needs to articulate that binary dichotomous processes do not benefit any one discipline. What is required is to take the knowledge of consilience and look at practice wisdom as a knowledge of its own in a broader sense across disciplines. Then it can be reviewed, and workers understood and maybe limit the current onerous focus on administration and wrongful allegations. We need to see artistry across boundaries of science and stop seeing knowledge as constrained when it suits us, or in Deleuze and Guattari's (1987) words, 'the weariest kind of thought'.

As intuition is somewhat internalised I understand it makes research extremely difficult, as existing research has not been able to provide evidence it can be externalised; however, in this study I think we have begun the journey for residential care practitioners. Practitioners' voices are often lauded in research and seen as exciting, colourful, meaningful and emphasising specific contexts with content rich narratives. Often they are requested to speak or provide heartrending stories of young people's pain and achievement to 'sell the industry for funding'.

However, the same trust and respect doesn't apply to residential workers' praxis knowledge in relation to professional respect, reports, service design etc.

This study has proven there is a lack of literature supporting the many creative ways of working – the 'artistry'. While there are numerous arguments to develop

a scientific theory of practice for social work, teaching and other humanistic occupations, there are very few for residential work. My opinion is that artistry is still seen in human services as somewhat mysterious and in need of articulation. Residential work needs to stop borrowing theories from other disciplines that don't fit. These four assemblages of knowledge have identified the complexity and begun to articulate the notion of artistry and, I believe, its formation and usefulness as a theory.

The only way I know to keep supporting and changing this system and its amazing workers that care for the highest risk young people others forgot is now through education. The main purpose of this doctorate is to advocate for these young people, workers and the systems surrounding them. The other reasons are because it has been a lifelong dream, and because I can.

Figure 27: Swatch 15 – *Research Journal* reflections

Reardon, Sanzoni and Poropat (2006) discuss one of the key weaknesses of Deleuze and Guattari's rhizomatic theory (1987) as seeming to lack a method or system to operationalise the concepts from the inside out. My research methodology has been exciting and incredibly useful as a method for making sense of large amounts of somewhat disparate data. However, the concepts or findings of the research need to be designed and operationalised in a way that supports practical application / implementation and evaluation. This includes restructuring the rhizomatic framework to enable the development of relevant tools, policies, procedures and methods.

In this findings chapter, I briefly revisit my original purpose for undertaking this research. I have not lost the passion to provide the best possible care for children and young people who systems have forgotten, particularly for the really high-risk young people who are constantly demeaned, demonised and further isolated by social and public media, and isolated from education, health and other community services, usually due to their pain-based behaviours (Anglin 2002). Nor I have lost the passion to care for and support people who devote their lives to caring for these young people and their families often at the

expense of their own wellbeing. While in practice I'm clear about the best person to recruit, hire and train for the residential care field, I have been unable to articulate what this knowing is. One of the criticisms of our industry in Australia (AIFS 2012; Bath 1998, 2002, 2003; Ainsworth & Hansen 2005) is that there is very little research measuring the successful outcomes of residential and therapeutic care, and yet those working in the industry see ongoing positive outcomes of young people living more safely in the community, with many achieving their educational and relational dreams. I sincerely hope this research is only the start of my work in understanding the model of care and the amazing people who make it their life work.

Step one in this process for me was to successfully undertake this Doctor of Education, to learn how to do research and lend some weight to my credibility within state systems and academia. I have been known to 'advocate strongly without substance'. This was a criticism aimed at me by 'learned colleagues' in relation to me rather passionately requesting funding (from the state government) for a one-to-one worker response for a young woman who was injecting heroin, placing herself at huge risk to fund her addiction, and we weren't sure we could keep her alive. I was advocating on behalf of a caring team for a young woman who needed immediate intervention and I did get upset and angry. While the immediate response was negative, two weeks later the same state government department asked us to organise the response we had pleaded for earlier due to the increasing risk the young woman faced and state government ministerial involvement. Situations like this have fuelled my learning journey. Reading Darder's works, *From One Never Meant to Survive* (2018); *Bi-cultural Studies in Education: Transgressive Discourses of Resistance and Possibility* (1995); *Teaching as an Act of Love: Reflections on Paulo Freire and His Contributions to Our Lives and Our Work* (2011) and *A Dissident Voice, Essays on Culture, Pedagogy and Power* (2011) later in my studies confirmed that I want to write, and I have already been offered a number of options which I feel extremely excited by.

Key research findings

I have already described my extensive learning journey of the last five years, my rationale and high and lows of trying to understand what makes up a particular type of person who has the skills and abilities to engage and work with young people successfully. I have discussed that residential care is often in an isolated and dangerous environment when the rest of world is oblivious to the pain and trauma histories of our young people and the struggles, commitment and love our residential workers freely give. I need to balance this with the very real positives the young people show us and the outcomes of our care which keep us going. As previously stated, this might be something as simple as when a young person smiles for the first time in seven months with us; manages to stay in school for four hours; eats at the table with us trying to use a knife and fork; wants a hug or manages to sleep in their bed instead of under it or in the cupboard fully clothed; or to the other end of the continuum gets into medical or law at university. Understanding the knowledge people bring with them and where it comes from will help us to better promote, recruit and retain these incredibly special people, which in turn will benefit our beautiful kids, who surely deserve it.

All of the research has led to this important point. I think the greatest research finding is that we have proved that exceptional residential workers demonstrate artistry together with a range of other developmental, social and formal learning skills in their commitment and love for residential work and young people.

To prove artistry and the other types of knowledge described below I took all of the identified themes that emerged from the research partners' narratives and worked them into four different groups or assemblages of knowledge. Artistry was one of these. The original 70:20:10 Training Industry Model (2010) identifying 70% learning from on-the-job experiences, 20% from social sources and 10% from formal educational events, offered a framework for thinking about this information. Recent research (DDI Inc. & The Conference Board 2018) revised this ratio to "55 per cent experience, 25 per cent coaching/feedback and

20 per cent structured experiences” (Tighe 2018), which they felt was more accurate.

The Victorian State Government Department of Health and Human Services recently (2017) mandated the successful completion of four nationally accredited training units prior to employing people as residential workers. While I believe this is an ill-informed decision and is currently impacting on the availability of the right people for residential care, it also shows a lack of knowledge about employing the right people for residential work in the first instance and the training industry generally.

I believe the following identified four assemblages of knowledge and their percentages capture the balance required between getting the right person for the job in understanding their developmental life journey, characteristics, ethics, values and subsequent resilience.

Originally this research asked if the multiplicities of theories and artistry demonstrated by managing complex living and crises were largely unconscious, due to life development and learning, experience or spirituality, gut feelings, essence and/or intuition. Clearly the data indicates this knowledge is both conscious and unconscious, as defined in the four definitions and graphic mapping of the four assemblages of knowledge.

The four identified assemblages of knowledge

In identifying these four ‘assemblages of knowledge’ (Deleuze & Guattari 1987) I was fascinated to find (and finally prove) that three of the four assemblages of knowledge, residential workers ‘bring with them’ to the industry in varying degrees. These are [i] 25% historical/developmental life stages, contexts and impacts; [iii] 25% social learning / soft skills (skills that can’t be formally learnt); and [iv] 30% artistry / calling. Assemblage [ii] identifies the 20% formal learning, education and training, which covers education and training undertaken following employment in the (therapeutic) residential industry.

This following systemic graphic representation formalises the rhizomatic mapping of the findings of my research using the four assemblages of

knowledge residential workers bring with them and learn from the residential care industry. The first level across the top of the map depicts powerful 'swatches' of narratives from the research participants' interviews. The lower section crystallises and assembles these narratives into practical and meaningful thematic assemblages of knowledge through following their lines of flight across the four identified knowledge plateaus (Deleuze & Guattari 1987).

The applied percentage values across the centre of the model on each of the four assemblages are gleaned by 'hearing', really hearing, the repeated meaning, voice intensity and importance each research partner placed on their statements throughout their interviews. These four percentages also include the analysis of the research partners' 'I statements' and poems, integrated with Bronfenbrenner's bioecological model. Both of these confirmed and validated the focus on the stated percentages and final four assemblages of knowledge.

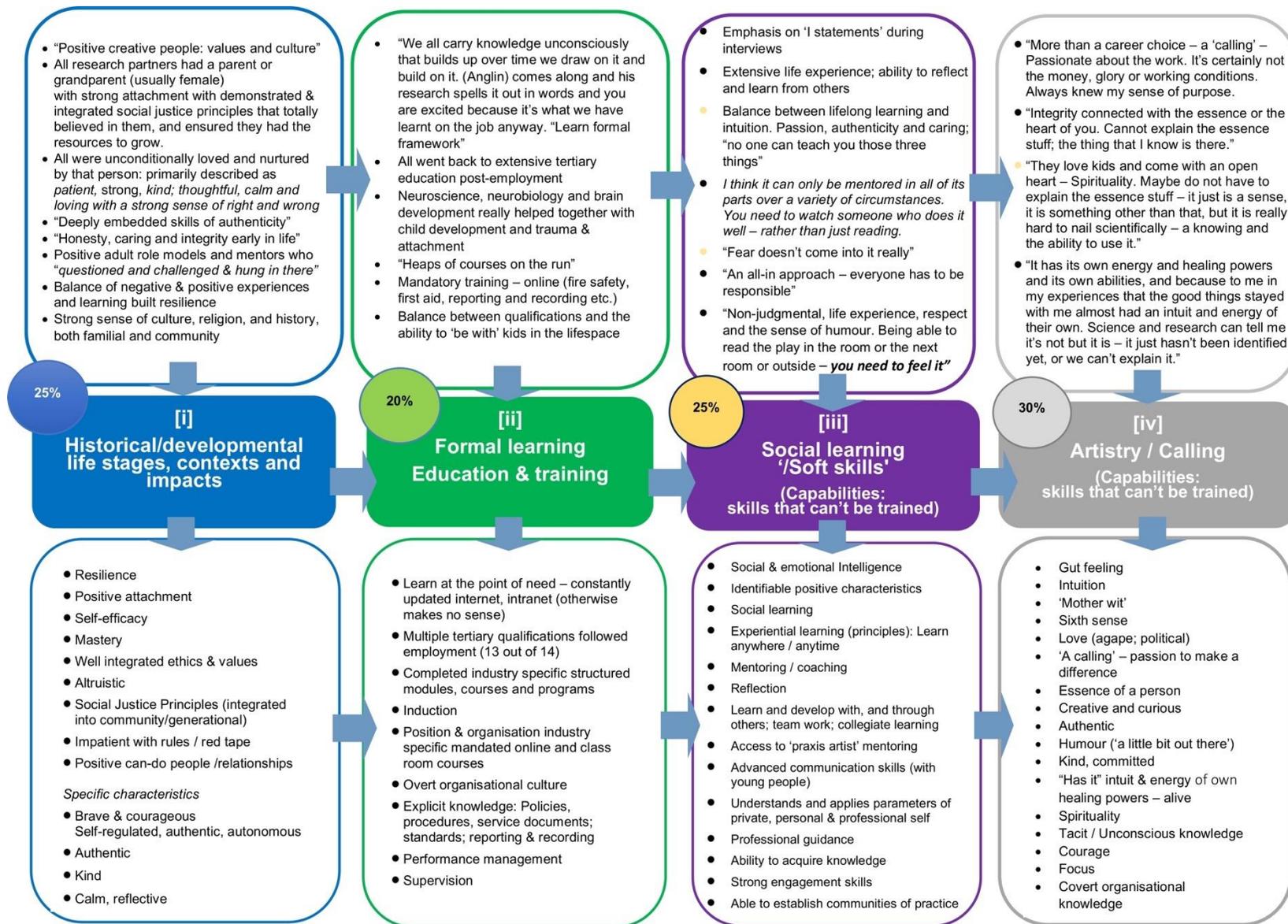


Figure 28: Residential youth workers – Types of knowledge: descriptors, contexts and percentages

I now begin to weave my own researcher practitioner '*I*' Poem throughout these key findings to link my feminist epistemologies with my own reflective ontological journey of analysing how I know what I know, and the importance as stated throughout this research of life learning.

*I didn't have any qualifications or industry experience
I was interviewed by a panel of people who thought they saw possibilities in me
I was sure they could see I didn't know anything, but
I got the job and I, I loved it
I found I could do it and do it well.
I was able to engage children and families
My Dad he died when I was young
(Somehow it seemed that) I had always known how to do this.
I feel I have always understood and known what to do in situations
others may find difficult.
I was used to violence, never frightened even as a child
I began to better understand the incredible pain
these young people and their families experienced
I understood the negative views the general community held of them
I understood their secrets and isolation
I found myself incredibly committed and wanting to ensure a better life for them
I guess then I was also doing it for myself
I imagine (then)
I wanted to save the world*

Excerpt: Researcher practitioner '*I*' Poem, 2017

Characteristics, ethics and values

During the interviews a number of the research participants (including me) found it difficult to differentiate between values, ethics and characteristics. Therefore, for the purpose of this study I use 'characteristics' described as "a distinguishing quality, attribute or trait of a person" (collinsdictionary.com 2018) to encompass all of these.

Following analysis, many characteristics, ethics and values are identified in three out of four of the assemblages of knowledge: [i] historical /developmental; [iii] social learning artistry; and [iv] social learning.

One of the very real difficulties in residential care is thinking through and being aware of just how much you share in an environment where your work shifts over 365 days a year. How much do you share of your story with young people when during the night they are sharing their pain with you? How much do you tell them about your own family/history? How do you show you love and care for them and still keep parts of yourself?

There was consistency in responses from all of the research partners regarding the importance of and need for residential workers to display specific character strengths personally, professionally and privately while being aware of their own boundaries in all three areas. They were also clear about these boundaries in relation to work colleagues. Residential workers often spend more 'awake time' at work with their team members, and while relationships develop over time they still need to be sure what each of these boundaries mean for them.

Using the VIA Classification of Character Strengths as a guide we (the research partners) identified our highest groups of character strengths as belonging to the VIA groupings of:

- Wisdom: creativity, curiosity, (non) judgement, love of learning, and perspective
- Courage: bravery, persistence, honesty and zest
- Humanity: love, kindness, social intelligence

- Transcendence: appreciation of beauty, gratitude, hope, humour and spirituality
- Justice: forgiveness, modesty, prudence and self-control
- Moderation: forgiveness, modesty, prudence and self-control
- Prudence: which is part of the VIA temperance group (and “strengths that protect against excess” was not mentioned by any research partners).

Figure 29 identifies the main ‘characteristics’ as identified by research partners. Bracketed numbers next to each characteristic indicate how many of the research partners identified each characteristic. Prior to this research I would have listed the top six characteristics identified as being paramount for residential work; these being resilience, humour, bravery, authenticity and integrity, honesty, passion and commitment (to each other and young people and their families). Apart from feeling quite pleased with myself, having my experiential learning confirmed is extremely satisfying. I know when interviewing residential workers, or getting to know them, that identifying these characteristics is extremely important and the real or only way to do this is to engage them relationally – not in a structured interview situation where everyone gives pre-organised responses. Just chatting to people allows them to be themselves without the interview anxiety most of us suffer from. So endemic in my practice is the importance of this relational approach to human service work that colleagues have often quipped when someone would inquire as to my whereabouts that ‘I had gone to have a chat with someone’, meaning interviews, funding requests, building networks or generally organising a ‘therapeutic web of supports’ for staff or young people.

The ‘four assemblages of knowledge’ identify the complex developmental formation of characteristics, ethics and values as part of the research partners’ life journey development or experiential learning. Dewey in *Democracy and Education* summarises this as:

to learn from life itself and to make the conditions of life such that all will learn in the process of living.

(Dewey as cited in Passarella & Kolb 2011)

This study indicates much can be done to choose the right person for residential care; however, it also suggests that it still needs managers or someone in the interview who is an experienced residential praxis artist who 'gets it'.

As for therapeutic residential care with high-risk adolescents, further work is required in relation to developing a praxis theory of residential work threading together the current perceived intangibles of artistry, as I believe each assemblage of knowledge mutually constructs part of the others (Stratton 2005).

Note: While I have used the VIA character strengths as a guide to inform this research, VIA (2018) states that every individual possesses all 24-character strengths in different degrees, giving each person a unique character profile. I have emailed VIA a number of times to seek permission to use this as a guide. I have not received a response or permission. A recommendation from this study will be to seek to work with VIA to undertake the Character Strengths analysis with a larger group of residential workers across Victoria or possibly nationally to research more broadly the individual or characteristics required in a residential team.

The identified character strengths in Figure 29 will provide an extremely useable focus for the development of policies and practices of understanding the right person for the job, and promotion, recruitment and retention of residential care workers. They will inform the development of targeted promotional material, guides for induction, interview and referee questions and ongoing training and development. The rhizomatic mapping of these characteristics demonstrates the importance of linking or integration of many of the character strengths identified in each person.

Further work is required to develop appropriate tools to measure these characteristics; however, in the short term the findings can be quite easily integrated into promotion and recruitment activities.

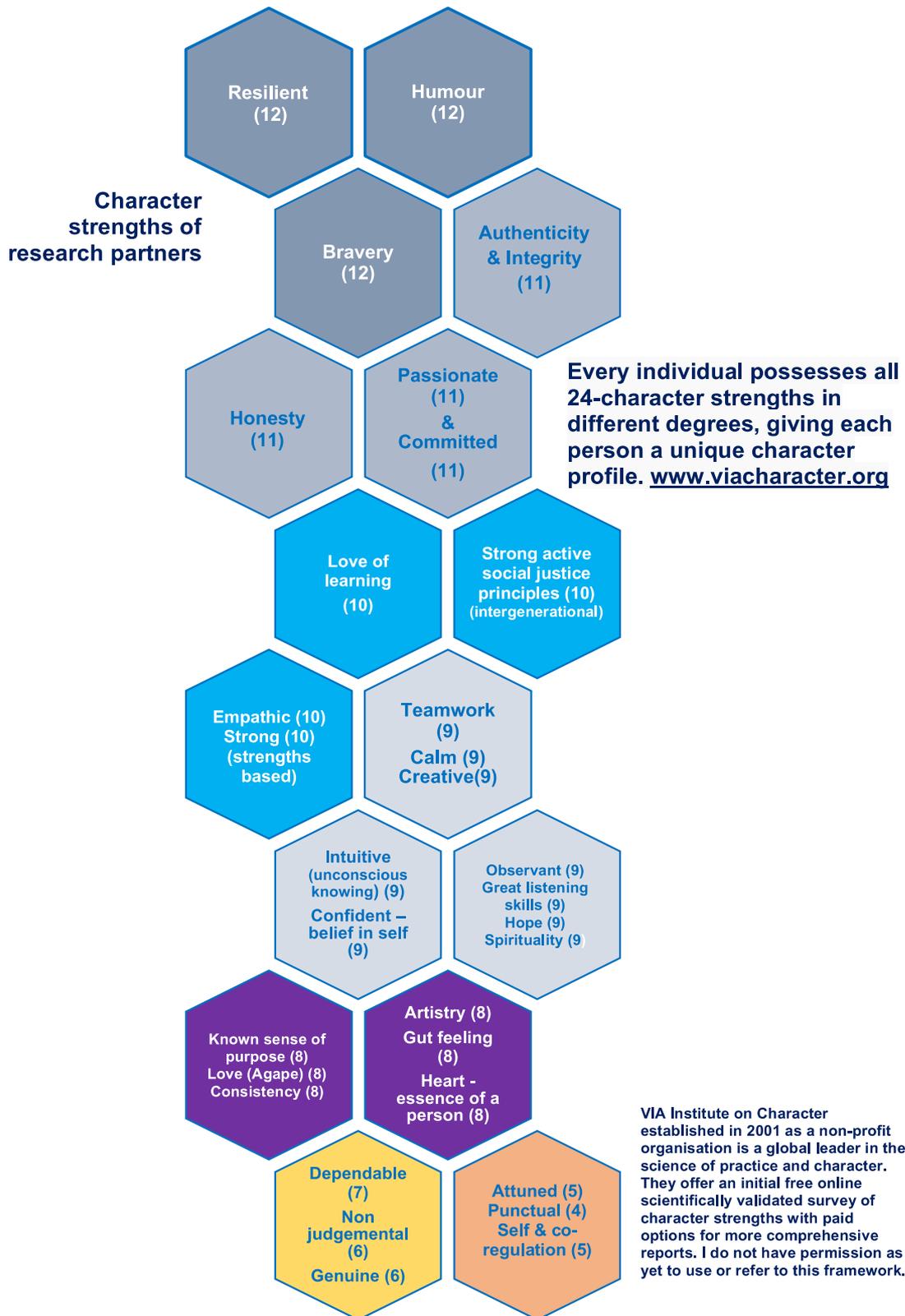


Figure 29: Paper pieced quilt of characteristics

Hierarchy (numbers) as identified by research partners.

In the following verses from my *'I' Poem*, while again linking the theories, practice and concepts of this research, I think I describe and relate to my 'sense of self' or my characteristic strengths.

I just need to think about the differences between ethics, values and characteristics

I wonder if it really matters

I am resilient, lots of staying power, energy

I bounce back quicker than most

I can walk tall and strong (except for my hip)

I have a lot of passion to get the best outcomes for these young people

I think I am kind, spontaneous and very funny

I always think that is one of the best things we can be – to be true and kind to others.

I am a good listener

I have a lot of technical or practice knowledge about the industry

I am passionate about.

I don't think you can be a good manager in residential care unless you totally understand its complexity and have experienced the environment.

I'm authentic, consistent, empathic, follow through and keep my word.

I'm brave have a lot of courage and am rarely afraid

I'm ethical and value the concept of relationships.

I'm self-aware, and perceptive, patient and dependable

I'm safe – sound like a bank

I make others feel safe.

I love the young people we work with and I'm not afraid to say so

I have an ability to improvise through necessity
I was a single Mum
I had two beautiful boys (now beautiful men)
I needed to go back to regular work – we needed to eat
I was previously a freelance artist
I found myself alone and needing to provide a living for my boys
I applied for many jobs unsuccessfully and then saw
an advertisement for relieving youth residential workers
I really didn't know what the job entailed
I thought this was something I understood and might be able to do.

Excerpt: Researcher practitioner 'I' Poem, 2017

Education and training

While the three pre-employment assemblages of knowledge were considered paramount at the point of promotion and recruitment, all of the research partners agreed formal education was paramount *following* employment. They felt the most effective way of informing conscious residential youth work practice was by recognising the differences and importance between the formal education and training required, and ensuring a balance with the informal, developmental and social learning components as identified in this research. This encompasses the identified 20% of the formal training of required skills and knowledge to successfully undertake residential work with high-risk young people. My sense is that if I had asked the question to gauge maintaining experienced workers in residential care, the formal training percentage would be much higher.

Formal training

The informants also felt formal training greatly assisted them in identifying a 'common language' to explain their current practice within specific or relevant

theories. They discussed what they called 'a-ha or light globe moments' where a theory being discussed in classroom training fitted with or explained their 'in practice' expertise and knowledge. Eight of them discussed how they felt other professions looked down on them, seeing them 'just as child carers'. This was also a strong drive to gain tertiary qualifications. They also expressed they wanted to better represent themselves and the young people in a professional manner – court, planning and care meetings as well as advocacy for funds and resources. Overall all were in agreement that the initial and major priority was getting the right person for the job, with formal education and training to follow if required.

I remember on numerous occasions I would travel to a Victorian metropolitan or regional area or agency to deliver training and would become aware of someone sitting in training but unable to concentrate and not looking terrific. Gentle confidential questioning would elicit the fact they had been assaulted during the night, had no medical or debriefing support and were told to attend training. In which case I would hold up the training and deal with the situation. I wondered how any manager or on call person knowing about these incidents could simply not deal with it. It made me angry. There is also a culture in residential care as previously mentioned of 'minimising the awful' as a coping mechanism.

(Researcher reflection 2018)

All of the research partners very successfully completed multiple tertiary qualifications post-employment in the industry. They all had, at the time of research interviews, a minimum of the Certificate IV in Child, Youth and Family Intervention – Residential Care and Diploma of Community Work. Other qualifications ranged from Youth Work Degree, Family Therapy, Masters of Youth Services Management, specialised ACF Graduate Certificate in Developmental Trauma and Developmental Psychiatry Course as a precursor to becoming a Therapeutic Specialist in Residential Care. Thirteen out of the 14

research participants stated that following employment they enjoyed learning due to their passion and commitment to their colleagues and young people; *“it now made sense”*.

As up-to-date or constantly changing information was readily available at the point of learning need via internet/intranet, some formal training was now deemed redundant. This included overt position requirements, legislation, industry and agency policies, standards, procedures, service documents, reporting and recording, performance planning and evaluation and supervision requirements.

Experiential education

All of the research partners expressed that competency-based training such as the mandatory Certificate IV in Child, Youth and Family Intervention – Residential Care needed to be delivered face to face / experientially over the maximum possible time of mandated hours. They felt workers needed this group, collegiate learning to draw and share responses from other residential workers while respecting their knowledge. They also were passionate about this training being delivered and assessed by trainers who were experienced residential workers and could constantly link or make sense of the theories in practice.

The four assemblages of knowledge undeniably identify the balance required for the formal training of residential workers. Any formal training needs to recognise the existing broad skill base of residential workers and utilise experiential learning principles, knowledge of training participants and their needs, and ensure learning environments and curriculum are creatively organised. This can only be achieved by trainers having extensive knowledge and understanding of residential care and carers.

Mentoring

The research partners felt they learnt about practice through watching experienced and skilled workers with high-risk young people managing day-to-day and crisis situations. They suggested newer workers should be matched

with a more experienced residential worker as mentor for at least two years. Considerable understanding of the matching issues is required to make this work. Often residential workers spend more time with their colleagues than their families.

Supervision

Good induction and supervision are paramount. The existing models do not work for residential workers; I know this because I spent 27 years trying to implement standard supervision models to residential care. As the residential workers told me, I was definitely a slow learner. Finally, we designed, developed and implemented The Professional Guidance Model© (Bristow, Cameron & Clements 2015) in consultation with residential workers and managers, to meet their support and supervision needs. It worked because it understood, respected and successfully utilised residential workers' experience and rostered working/living environments.

I was on call 24 hours a day over 25 years to 165 staff and many high-risk programs as well as providing clinical debriefing to residential staff and young people following serious incidents. My greatest area of learning as not to respond initially to the phone call – just to keep actively listening as at some stage the person calling would finish relating the trauma and calmly advise me what they were going to do. I just need to wait through the retelling; wait for the action response and then thank them sincerely for what they had done. Then I would decide whether I would go and physically support them dependent on the action required, the dangerousness of the incident or pending incident and whether police had agreed to come or not. Because they trusted and knew me as a practitioner and manager we had built trusting supportive relationships. They also knew I would cope with whatever the emergency might be. This was in comparison to residential workers from other agencies on call person did not

know them or the young people or their stories of pain. They often didn't understand residential care either.

(Researcher reflection 2018)

My learning journey through my '*I*' Poem, continued ...

I started reading about systems, became fascinated and enrolled in tertiary education

I wanted to change policies and systems and learn how to do it.

I still remember how scared I was starting my first tertiary study

after leaving school at 14

I found it really nerve-wracking

I finally got myself inside the door

I started chatting to everyone and we were all nervous

I think it didn't take to long for us all to feel ok

I eventually managed DHS (State Government) Placement and Support

in the West of Melbourne, Victoria

I did start to effect changes in systems, then the (State Government) Political Minister

contracted all the services out to community sector

I left the Department and joined an agency to write tenders to get as many as the

services and the people who I had previously worked with

I set up a Registered Training Organisation to provide informed nationally accredited

training to youth residential workers.

I kept learning as much as I could

I taught at TAFE and university

*I am hoping to explain here is that what kept me in the industry was that there was
always more to be done*

I was in a position through some fantastic people (mentors) to achieve change.

I still have more to do even though I retired last year.

*I am involved in the delivery of trauma and attachment training to residential workers
across the state and:*

I want to write combining passion, experience and knowledge

Significance and contribution

I believe the findings of this study will be of the benefit of the Australian residential / therapeutic residential care industry. It enables the consideration of the major role of finding the right person for this difficult and complex job in caring for our most vulnerable young people in out-of-home care. Naming and discussing the four assemblages of knowledge as the outcome of this research I believe will greatly assist in informing promotional and recruitment strategies for residential workers. The practical and workable four assemblages model will also clearly inform the development of relevant policies and procedures.

As to the significance of the formal identification of artistry, sixth sense, gut feelings and unconscious or tacit knowledge of exceptional residential workers, this outcome should resonate with all residential workers and add value to the workers who surely need recognition of their exceptional skills, knowledge, life experience and resilience. The identified characteristics will also inform and improve the recruitment and employment processes of our workers and their teams by better understanding their role, support, supervision and mentoring requirements. I believe these research outcomes will also, in the longer term, save employers' investment dollars by providing the right people for the work, thus limiting sickness, WorkCover and general loss of experienced and trained residential workers.

For researchers, I believe this study has identified and uncovered critical areas for further study in the development of a theory of artistry. Only then may we understand the often missing ingredients or patches that form the completed quilts of exceptional human services workers, teachers and particularly residential / therapeutic workers.

Limitations

Approaching the end of this amazing research learning journey as a novice researcher, I now understand the complexities in trying to get the 'right or best fit' of paradigm, literature, background and methodology for my study.

Throughout this study I have included my journal reflections (Schon 1991) while constantly asking myself if there was another way to undertake this research to better meet the expectations of and represent my research partners. I hadn't yet realised in my role as a learning or novice researcher that I needed to trust the research partners to speak their narratives rhizomatically (Deleuze & Guattari 1987) and to arrive at a point in the process that understanding notions of artistry was where and how they started to start to tell their story (Vicars, supervision notes, 2018).

I think if I did this research again I would have extended my purposeful sampling (Creswell & Plano Clark 2011) of research partners, extending the same selective criteria to other community service organisations. Doing this would have given me a broader base and also more clearly identified the importance of a positive wellbeing organisational culture for agencies operating therapeutic residential care. This would also have provided an opportunity to trace the development of workers and compare experiences and practices to understand if a certain 'type of person' was recruited by a specific agency and what that might mean. The other reason for extending this research is the current dearth of research on understanding who is going to be a good residential worker and why – to build a research base on residential care. Morally and ethically, I wondered if my knowing my research partners for over 10 years was beneficial or problematic. There were many benefits 'in knowing', such as the shared passion and a way of working with young people in

residential care and a general comfortableness. However, extending the research to other agencies would provide the ability to compare practice and lifelong development right outside my comfort and knowledge zone (Vicars, supervision notes, 2018).

While my research topic in this study necessitated researching a multiplicity (Brendtro 2010) of theories and practices, I think my inexperience as a researcher did not allow me to narrow my research gaze as soon as an experienced researcher would have. In the future I will be clearer about my parameters, assisting me to move towards developing a theory of artistry within my stated research framework.

I have drawn on my own life and practice experience in this research as well as that of my research partner colleagues. I have traversed the boundaries between the private, personal and professional (ThemPra 2014) to make this research real; to tell our story. With permission I have used all our vulnerabilities to tell this story, not out of self-indulgence but in an almost desperate bid to get others to understand the industry. I do acknowledge and own the interpretations I have developed in this research to 'trouble and work the rhizome' (St Pierre 1997a, p. 281 as cited in Grellier 2017), finally valuing my own (in)experience and major learning curve or increased scholarship as a researcher practitioner (Vicars, supervision notes, 2018).

Future research

When I was writing the summary in this findings section I came across one of my journal reflections, which clearly expresses the difficulty and frustration I was experiencing in isolating, identifying, and articulating generally getting people to understand there was a concept of artistry. The positive outcome of this research is that artistry is acknowledged as being an integral part of residential work with high-risk young people. I feel I could formulate through rhizomatic research a theory of artistry in human services which includes teaching. I believe it has taken the last five years of intensive work to even begin to understand what were previously thought of as 'praxis intangibles'. This does

offer a way forward to use this research as a base to develop a theory of artistry:

- [i] Seek research opportunities to support the development of tools / resources using the four assemblages of knowledge model, to inform the best possible promotion, recruitment and selection of residential work with high-risk young people.
- [ii] Write a research proposal to develop a 'theory of artistry' which has equal academic weight with the multiplicity of existing theoretical frameworks borrowed for residential care.
- [iii] Circulate this research broadly to national and international out-of-home care groups to request their feedback, support and ideas.
- [iv] Develop a paper from the research findings discussing the balance or percentages required between competency-based training, assessment and integrating theory into practice and practice into theory for youth (residential) work industries.

Conclusion

Artistry in residential work is a truth

The introductory and literature review chapters of this study identify the complexity of the research topic. Exploring these multidisciplinary theories through the concept of consilience discussed the significance of being able to bring together many scholarships of learning. These earlier chapters also identify the 'moral panic' surrounding therapeutic residential care and out-of-home care generally and their negative impacts on the industry, necessitating onerous administrative reporting, recording and supervision functions. These leave less time simply to be with young people.

However, as a researcher practitioner I have identified 'four assemblages of knowledge' in consultation with 14 research partners through their narratives. These assemblages of knowledge include the characteristics residential youth workers with high-risk young people bring to the field of residential work, how they developed and future training needs. They are:

- [i] historical/developmental life stages and impacts
- [ii] educational and training and bioecological contexts of lived experience
- [iii] social learning; and most importantly ...
- [iv] confirmed the existence and essential roles of intuitive 'artistry' spirituality, gut feelings, sixth sense, essence and intuition.

The four assemblages of knowledge clearly articulate the [i] developmental life stages (weight 25%); [ii] formal education and learning (weight 20%); and [iii] social learning (weight 30%) of the knowledge of residential workers. They also identified a 30% weighting of the skills and knowledge required as [iv] artistry – skills that can't be trained. Artistry confirms the very real intuitive skills and knowledge informing gut feelings, sixth sense, intuition, spirituality and the 'essence of a person'.

To find the right person for the job will keep our highest risk young people safe and maximise moral and organisational investment. This will be achieved by minimising sick leave, WorkCover and trauma, and maximising investments in worker training and development by ensuring the right people are employed for this incredibly complex and difficult job.

Further research is recommended, using these research outcomes and building on the work undertaken in education as a base to develop a 'theory of artistry' or praxis with equal weight as existing theories across many disciplines. This will be difficult in the current capitalist controlling environment of moral panic, where increasingly tighter controls restrict practice requiring more and more risk averse practices and onerous administrative requirements. However, what shines through the research is the amazing passion, humour and determination to provide the best possible care for each other and high-risk young people.

And I have come to hear, understand and know the ways is which:

I believe a supportive relational organisational culture is paramount

I would never ask anyone to do anything I wasn't prepared to do

I think the 'being there for staff teams' is the best thing you can do

I don't judge

I work hard on positive caring relationships

I want workers in this field to be valued for the magnificent work they do

I totally believe they deserve it

*I firmly believe that 'whatever we do for children and young people we must do for
each other*

Glenys Bristow, researcher practitioner (no longer practitioner researcher)

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