



# :practice

What makes a good  
**Therapeutic Residential  
Care Worker?**



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## ● ● Purpose of this guide

Trained staff and consistent rostering is an important element of therapeutic care of which therapeutic residential care is a part.

The purpose of this guide is to consider more broadly what makes a good Therapeutic Residential Care Worker and explore the interplay of intrinsic qualities, training, and mentoring.



### **THIS PRACTICE GUIDE WILL:**

- **Support the recruitment and selection of Therapeutic Residential Care Workers**
- **Validate the often-tacit skills that cannot be explained, and the balance required with formal training**
- **Capacity building for Therapeutic Residential Care Workers. Providing a platform for experiential learning and mentoring which is a critical mechanism for integrating skills and knowledge**
- **Begin to map who effective Therapeutic Residential Care Workers really are with a view to ensuring that all staff are the best fit for the role**

## Key Messages

- Therapeutic Residential Care Workers have specific skills and knowledge to be identified and valued at the point of entry to the industry to ensure the best people are recruited for this highly complex role
- An effective Therapeutic Residential Care Worker is about more than the training they receive – there is an inherent value in the existence of artistry, gut feelings, and emotional practice wisdom at play in effective Therapeutic Residential Care work
- We need to find the right balance between these tacit and often unconscious life skills in the role and curriculum design of relevant and/or nationally accredited training
- Some skills in Therapeutic Residential Care can only be developed through high quality mentoring and coaching

## Introduction

The provision of therapeutic residential care to children and young people with complex needs is reliant on the capacities, skills, and intuition of those charged with responsibility for their daily care and support. The relationship between a child and young person and their Therapeutic Residential Care Worker is a critical vehicle through which change and healing occur. This relationship is, in and of itself therapeutic. Recognising the centrality of these relationships, the capacity and consistency of Therapeutic Residential Care Workers is an essential part of Therapeutic care.

But what makes a good Therapeutic Residential Care Worker? Is it all about training? Research undertaken by Bristow (2019) suggests the answer is no; it is much more than that. Good Therapeutic Residential Care Workers are also holders of ‘ways of knowing’ that are informed by intuition, values, ethics, life experience and gut feelings. It is the complex interplay of theory (obtained through training) and what Bristow (2019) and others call ‘artistry’ that combine to produce effective Therapeutic Residential Care Workers. Munroe (2015) also refers to this interplay as ‘emotional practice wisdom’ and concluded in her report that a worker with emotional practice wisdom has the strongest foundation for robust relationship building and critical thinking skills.

Robin Clark (2000) interviewed a small sample of residential workers and managers working with high-risk young people and found 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)

Illustrating this point, a Residential Care Worker with 28 years’ experience, interviewed by Bristow



(2019) reflected:



*... 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 have a lot of courage and 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 - a 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.*

Clark (2000) concluded that ‘artistry’ could not be taught in the classroom, but rather supported through life experience, storytelling, reflective processes, mentoring and coaching. Building on the early work of Clark (2000), this practice guide is drawn from Bristow’s (2019) recent research which addresses an important gap in the literature about what makes an effective and capable Therapeutic Residential Care Worker.



## ● ● Practice Reflections

Think about the person who has had the greatest impact on your life? (It may be a parent, grandparent, other relative, close family friend or an employer.)

- What are the values you learnt from them?
- How did they feel about you?
- What difference has this relationship made in your life?
- What was different about this relationship for you compared to others?

## ● Why is it so hard to describe and identify ● what makes a good therapeutic residential care worker?

### We could ...

- describe the work of effective Therapeutic Residential Care Workers through building algorithms of their tasks using competency- based training using observations and clear assessment frameworks
- outline their roles and responsibilities
- understand, support, and supervise each worker as an individual
- discuss the fact that Therapeutic Residential Care Workers, have a language and style of their own, including their own humour and propensity to downplay risks and dangers through minimalist and casual language and actions
- think about the fact that workers in residential units often spend more time in the house with each other and the young people than at their own home, which leads to close and complex relationships that are often difficult for others to join or understand

## We need to ...

- understand this information and somehow make explicit (where possible) the tacit (often seemingly unconscious) and embodied experiences of Therapeutic Residential Care Workers

## But... does it tell the whole story – possibly not!

Therapeutic Residential Care Workers don't just have an hourly appointment once a week with young people to 'fix' one small 'swatch' of their life journey. They must have the courage to be strong enough to keep young people safe through the day-to-day experience of their lives. They must pick up the pieces twenty-four hours a day and hold the pain while the child or young person is making sense of it. They must be able to hold fast for safety while nurturing, guiding, and rebuilding a life that other people and systems have often betrayed.

They must know and firmly believe that the children and young people are not bad, sick or broken; rather they have 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). It takes a great deal of love, skill, knowledge, strength, and 'artistry' from workers who understand the privilege of sharing the life space with these children and young people. It is paramount that both workers, children and young people can share and withstand their combined experience of growing through pain-based behaviours. (Redl 1957; Redl & Wineman 1957; Anglin 2002).

Garfat and Fulcher (2012), both experienced residential care workers and academics, write that residential 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 (p 1).*

They describe residential care practice as being *“based on helping people live their life differently as they are living it”* (Garfat and Fulcher, 2012). It is focused, timely, practical and above all, an immediately responsive form of helping young people which uses *“applied learning and daily uses of knowledge to inform responsive daily encounters with children and young people”* (Fulcher 2004, p. 34).

Residential care practice is immediate and responsive to the moment. It allows for children and young people to learn and practice new thoughts, feelings and actions in the most important areas of their lives – daily life as they are living it together.

Bristow's (2019) meta-analysis on characteristics of Therapeutic Residential Care 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) and engaging
- “Are intuitive, creative, and spiritual” (Bradley 2005)
- “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)



- “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).
- “without you even realising it you get drawn in by the charisma of these workers – they are like chameleons” (Case manager unpublished discussion 2017)



## ● ● Practice Reflections

Take a moment to think of all the interactions you have over the course of a day, a week, a month, a year with all the people you share your life with.

- If you were to make a list of these things what would it look like?
- How would these people describe you?
- What qualities would they identify in you?
- What would they say is helpful about you? Why?



## **From an experienced practitioner about the young people in their care**

*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)





## ● ● Practice Reflections

How many skills or qualities can you identify in the above excerpt from the experienced practitioner?

If you are looking for measurable outcomes what would they be? They should be the time it takes to establish trust enough to be able to touch – it could be months of daily walking together, fist bumps, leaning in, asking for a massage and finally the best outcome ever – a hug! How do you measure that?

What do you think makes a good Therapeutic Residential Care Worker?  
What words would you use to explain workers who are good at their job?  
Where do you think the skills they demonstrate come from?

## ● What do young people want and need from ● a Therapeutic Residential Care Worker?

A key finding of *The Inside Out, Views of Young People, Parents, and Professionals Regarding Successful Secure Residential Care* research (2016) was that all the young people were able to provide a clear description of what they felt good group care workers should be. Their responses spoke to their need for a relational approach in which workers should:

- apply a fine balance between rules and freedom (balance between empowerment and limit setting)
- be available for support
- possess good listening skills
- be reliable and empathic

**In summarising research highlighting children and young people's perceptions about what they need from their care experience Mitchell (2008) noted the following:**

- a desire for normality
- to feel that they belonged with and connected with others

- a genuinely caring relationship
- patience from carers
- attention paid to their views and to have some influence over future plans

### **Therapeutic Residential Care Workers need to be:**

- strong enough to keep the child or young person safe by gently yet firmly 'holding the agreed line' of expectations in a nurturing, supportive and consistent way
- courageous in their presentation - this includes the warmth, sincerity and consistency in tone of voice and body language which conveys that they care and are the adult in the relationship
- able to ask for advice and help when they don't know what to do
- able to apologise or discuss and repair relationships with children and young people when they (workers) have responded in anger or without patience in a situation



## ● ● **Practice Reflections**

If you were to ask children and young people in your house to describe what they think good workers should be, what would they say? Would they agree with the above statements? Would they add anything else?

Make a time to talk to children and young people about this in your work. Share their responses with the team and talk about what it tells you about what they need from the people they share their daily lives with. What's working well? What else do you need to pay attention to?

Take some time to watch: '[Our house](#)', Trilogy of short films explores young people's views of life in social care.

- What are the children and young people conveying about what is important to them?

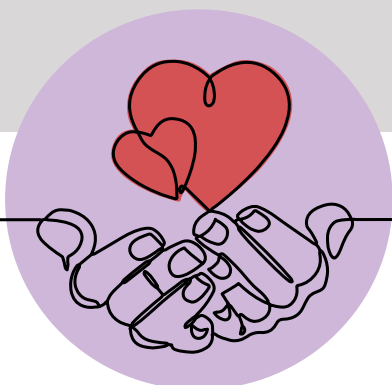
# ● Being, Interpreting and Doing - ● Characteristics of a Relational Approach

The critical work of a Therapeutic Residential Care Worker is performed within the context of relationships with children and young people and team members. So, what are the characteristics of a relational approach?

Garfat, Freeman, Gharabaghi and Fulcher (2018) believe the characteristics of a relational approach can be grouped under three headings - Being, Interpreting and Doing. They also highlight important anchor characteristics for each category to assist in planning, training and growth of workers in the field:

- **Love** – in the category of *Being*
- **Meaning making** – in the category of *Interpreting*
- **Connection and engagement** – in the category of *Doing*

● BEING	● INTERPRETING	● DOING
<p><i>“Being in relationship means that we have what it takes to remain open and responsive in conditions where most mortals – and professionals – quickly distance themselves, become ‘objective’ and look for the external ‘fix’.”</i></p> <p>(Fewster, 2004 as cited in Garfat et al 2018)</p>	<p><i>“Meaning making is the process through which each of us – worker or child – interprets everything else including, for example, what constitutes a strength of character.”</i></p> <p>(Freeman, 2013 as cited in Garfat et al 2018).</p>	<p><i>“Meaning making is the process through which each of us – worker or child – interprets everything else including, for example, what constitutes a strength of character.”</i></p> <p>(Freeman, 2013 as cited in Garfat et al 2018).</p>
<p><b>Love</b></p> <ul style="list-style-type: none"> <li>• Being in relationship</li> <li>• Participating with young people as they live their lives</li> <li>• Hanging out</li> <li>• Hanging in</li> <li>• Flexibility and individuality</li> <li>• Counselling on the go</li> </ul>	<p><b>Meaning making</b></p> <ul style="list-style-type: none"> <li>• Examining context</li> <li>• Needs based</li> <li>• Strengths based</li> <li>• Developmentally responsive practice</li> <li>• *It’s all about us!</li> <li>• Family oriented</li> <li>• Reflection</li> </ul>	<p><b>Connection and Engagement</b></p> <ul style="list-style-type: none"> <li>• Rituals of encounter</li> <li>• Intentionality</li> <li>• Meeting them where they are at</li> <li>• Purposeful use of activities</li> <li>• Doing with – not for or to</li> <li>• Rhythmicity</li> <li>• Being emotionally present</li> <li>• Using daily life events</li> </ul>





\* 'It's all about us' - refers to the fact that, ultimately, interactions with other people are profoundly influenced by who practitioners are themselves. It is only through a deep and active self-awareness that the practitioner can be reassured that their actions are in the interest of the other(s) and not simply the practitioner meeting their own needs, 'It's all about us' also refers to the fact that one is not operating alone. The more everyone is working together, unified, and not 'us and them', the more successful everyone will be in supporting developmental outcomes for the people with whom we work. (Garfat, Freeman, Gharabaghi and Fulcher 2018)

## A focus on 'soft skills' is important and often overlooked

In considering these characteristics it is interesting to note that a considerable body of international research has identified the lack of focus on 'soft skills' in formal training, often leaving workers in all disciplines under prepared, particularly in working with young people.

Cukier, laigris and Omar (2015) summarised 'soft skills' to include:

- written and verbal communication
- presentation
- listening
- critical thinking, analytic and problem-solving
- interpersonal skills
- priority and goal setting
- commitment to lifelong learning
- leadership
- information management
- entrepreneurship

Many of the characteristics of a relational approach in working with children and young people rely on these 'soft skills', raising the question of where these skills came from, if not from formal training. What are the intrinsic qualities that people bring to the role that makes them effective? What 'soft skills' have effective Therapeutic Residential Care Workers learnt through their life journey that prepares them well for the role? How do these skills or qualities complement formal training? How do we assess a person's soft skills during recruitment and supervision processes? How do we know they will have the artistry required to work with our children and young people? Keep these soft skills in mind whilst reading Emma's case study.



## ● ● Case example – Emma

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

Emma had lived with her Grandmother when she was younger. Many of Emma's Grandmother's boyfriends sexually abused her. Her family 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 violence, substance use, physical and psychological abuse, sexual abuse and possibly involved in child sexual exploitation. At 13, Emma was diagnosed with an 'emerging mental health condition' and heavily medicated. Emma was also self-medicating with illicit drugs to manage her pain. Emma refused to talk to any professionals.

Emma was referred to a newly opened Therapeutic Residential Care House where the workers began the incredibly intense work needed to build a trusting and nurturing relationship with Emma. Emma had previously assaulted two of the three workers. New workers volunteered to care for and work with Emma, aware of her behaviour towards staff but passionately believed it was due to what had happened to her – that she should be accountable but not blamed for what she had done. Emma was told by professionals that everyone was with her “for the long haul, no matter what”, which she certainly tested.

At the house Emma was extremely verbally and physically violent, with 11 serious staff assaults in a week being recorded. Emma spent time alone talking to herself and threatened and tried suicide many times, culminating in an emergency hospital stay. This took a lot of courage and perseverance from workers to remain open and responsive in conditions where most people might quickly distance themselves, become objective and look for the external fix'

(Fewster, 2004 as cited in Garfat et al 2018).

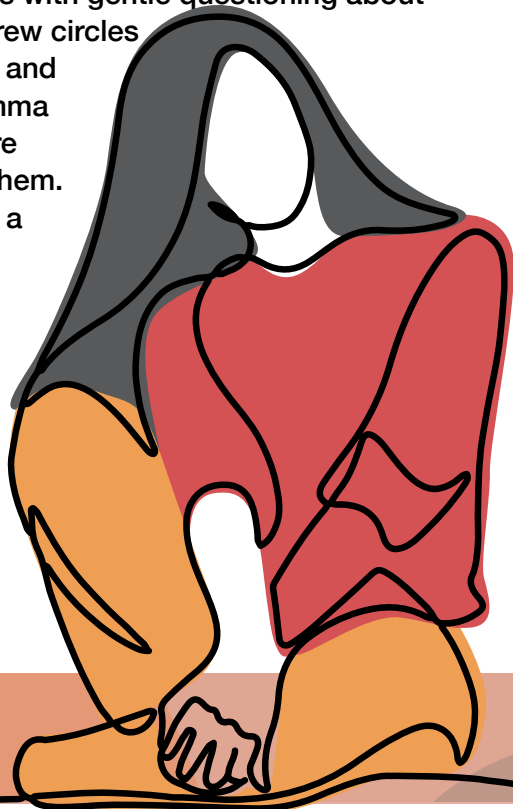
## ● ● Case example – Emma (Continued)

Emma would scream at workers in anything up to 30-minute bursts to “f\*\*\* off and leave me alone. I don’t f\*\*\*\*\* need anyone” and then engage in targeted abuse towards whatever worker was with her. This abuse included racist insults, targeted at different bodies and ages and whatever she sensed may hurt workers personally. Her behaviour was designed to push staff away and keep them away, making it incredibly difficult for them to ‘be in relationship’. They resisted her efforts and Emma slowly began to accept staff’s care of her.

It meant the staff team “hung out” and “hung in” with her using every waking moment as an opportunity for change – engaging and building trusting relationships to better get to know Emma, understand her responses and her whole of life story. Working within firm boundaries and a consistent routine and responses from workers meant they needed be clear about their limit setting. The main focus became keeping Emma safe, not letting her hurt herself or others which they explained to Emma in short simple statements such as, “We love being with you, but we don’t like being hit.” –And would explain over and over other ways of handling situations, “If this happens I (worker) will go and have a coffee and then come back in 15 minutes and talk about it - together we will see this through.”

Staff spent time reading to Emma, listening to each other’s favourite music, playing board games, teaching Emma to crochet and telling her stories using fictional characters which blended in with Emma’s life story. All this time workers were weaving through these activities with gentle questioning about Emma’s life and how she was feeling. They drew circles on butchers’ paper that resembled her family and talked about each circle in relation to how Emma felt about them and how close together, where they lived and how long since she had seen them. They built on this story every day – it was like a life story journal.

An emergency hospital stay as a result of suicidal behaviour, although exhausting gave residential workers the opportunity to enjoy being with Emma for 24 hours a day getting to know each other in a different environment. After two days in hospital, trust had begun to develop through the continual support or “hanging out” together





## ● ● Case example – Emma (Continued)

whilst sharing a difficult experience. Emma's physical restraints were removed so long as a residential worker remained with her which necessitated a 24-hour bedside / hospital stay. Emma stayed in hospital for 8 days. During this time workers saw tiny glimpses of a warm and caring person. Such as, "You must be tired – why don't you go and have a coffee". Of course, if they took one step towards the door, they would get a tirade of abuse, however workers felt heartened by these small exchanges.

The Therapeutic Specialist role was pivotal in helping Emma and the staff team begin to heal. The individually designed psychoeducation provided to the staff who undertook direct work through understanding trauma and formulating therapeutic interventions was critical – as was support of the Therapeutic Specialist and agency. Each day was carefully orchestrated with Emma with the design of the activities explained to her. Every response was designed for a purpose though many times a worker stated they just wanted to "be with her."

The early evening emerged as Emma's most receptive time to cuddle and chat often wrapped in a doona snuggling on the couch while workers carefully regulated the temperature of the room and quietly replaced the television with music.

Over time, the assaults toward staff dramatically declined and her capacity to see staff as a source of support and comfort increased. Emma tested workers' commitment to her in every way possible, and through their responses they reinforced their commitment to her in every way possible.

(Reflection from practice, Bristow 2016)





## ● ● Practice Reflections

- What do you think were the most important approaches that helped Emma?
- What do you think made the difference for Emma during this time?
- Reflect on Emma's case study and identify 3 practice examples of being, interpreting and doing approach and enter in following table.

● BEING	● INTERPRETING	● DOING

## ● Effective Therapeutic Residential ● Care is more than training

When trying to understand a child or young person and what they need, the ability to formulate and use assessments and intuition on the run is critical. A research partner in Bristow's (2019) research explained....



### What makes a good Therapeutic Residential Care Worker? (from a Therapeutic Residential Care Worker)

*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.*

(Bristow: Research partner 2014)

To understand the types of integrated knowledge or 'artistry' that Therapeutic Residential Care Workers 'bring' to the field is to understand how their personal and professional life journeys interface and are patched together to inform their residential care practice. To understand these journeys there is a need to understand the complexity or whole-of-life development in the context of their family, culture, and community.

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 truly relevant to the development and practice of people who become Therapeutic Residential Care Workers.



## ● ● Practice Reflections

- What does your organisation look for in recruiting Therapeutic Residential Care Workers? How much weight or attention is given to the 'artistry' that people 'bring' to the role in the recruitment process?
- Review the position description for the role. How could it be strengthened to include the characteristics or qualities that relate to the 'artistry' that you are looking for in a worker?
- Think about yourself or a worker you know and reflect on the qualities, characteristics, or 'artistry' you or they bring to the role that makes a difference for children and young people.
- What life experience wisdom would you draw on in making a difference for children and young people?



## ● What do effective Therapeutic Residential ● Care Workers ‘bring’ to therapeutic residential care and how does it develop?

Bristow’s (2019) research identified the following common life experiences which supports effective Therapeutic Residential Care Practice:

- the presence of a parent, or grandparent (90% female) with whom they had formed a safe and enduring, positive attachment and unconditionally gave the love and resources needed to grow the whole person. All attachment figures demonstrated strong integrated social justice principles that they totally believed in
- the experience of unconditional love and nurture by that person: primarily described as “patient, strong, kind, thoughtful, calm, and loving with a strong sense of right and wrong”
- positive adult role models who “questioned, challenged, and hung in there – gave unconditional love”
- relationships that “supported them through negative and positive experiences – this learning-built resilience”
- being connected to a “strong sense of culture, religion, and history both family and community”
- relationships that “provided and shared a broad range of experiences”
- intuitive skills and knowledge informing gut feelings, sixth sense, intuition, spirituality and the ‘essence of a person’

Bristow (2019) concluded that there are four different types of knowledge that exceptional Therapeutic Residential Care Workers bring to and demonstrate in the field of Therapeutic Residential Care (with weighting given to their relative importance):

1. **25%** the impact of their developmental life journey
2. **30%** intuitive ‘artistry’
3. **25%** social networks and social learning
4. **20%** formal learning/training

The first three groups of knowledge are learnt over a person’s life course and constitute what an individual ‘brings’ to the role. The fourth is the important area of formal learning and training which brings all of the other elements or characteristics together into more formal theories and frameworks.

Bristow (2019) expands on the four types of knowledge in the diagram below.

● **Four types of knowledge and their characteristic descriptors that make a good Therapeutic Residential Care Worker**

**DEVELOPMENTAL LIFE JOURNEY LEARNING - CHARACTERISTICS**

- Positive attachment
- Resilience
- Self-efficacy
- Mastery
- Altruism
- Strong integrated social justice principles
- Impatient with rules – red tape
- Positive can-do people
- Brave and courageous
- Self-regulated
- Autonomous
- Authentic
- Kind
- Calm
- Reflective
- Funny
- Persistent
- Spiritual
- Love

**SOCIAL LEARNING – SOFT SKILLS - CHARACTERISTICS**

- Social and emotional intelligence
- Strong social learning capacities
- Experiential learning – willing to learn anywhere – anytime. Ability to acquire and build knowledge in all walks of life
- Reflective
- Learn and develop with and through others; teamwork; collegiat learning
- Value practice mentoring and coaching
- Advanced communication and engagement skills (with children and young people)
- Provides and accepts professional guidance
- Superpowers
- Able to establish social networks with appropriate boundaries
- Love of learning
- Forgiveness
- Leadership

**ARTISTRY, DEEP COMMITMENT, INTUITION AND PASSION - CHARACTERISTICS**

- Gut feeling
- Intuition
- ‘Mother wit’
- Sixth sense
- Love
- A calling – passion to make a difference
- Essence of a person
- Creative and curious
- Authentic
- Humour
- Kind, committed
- Intuition and energy – alive
- Tacit / unconscious knowledge
- Spirituality
- Courage / bravery
- Focus
- Covert organisational knowledge (ability to pick up)
- Wisdom
- Humanity

**FORMAL LEARNING EDUCATION**

- Will learn at the point of need rather than traditional journey through education
- Learning constantly updated on internet / intranet – on
- Multiple tertiary qualifications following employment
- All completed industry specific structured modules, courses, and programs.
- Induction
- Overt organisational culture
- Explicit knowledge: Policies, procedures, service documents, standards, reporting and recording
- Performance management
- Supervision
- Reflection, Defusing, debriefing.
- Training to be delivered by trainer with practice experience in system
- Understands and applies parameters of personal, professional, and private self



*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

- The following excerpts from the research partners
- interviews summarise these characteristics as:

Extensive life and work experience; Good balance established between lifelong learning and intuition – “learnt to trust intuition”

You need “passion, authenticity and caring – no one can teach you these three things”

“I think it (residential work) can only be mentored in all its parts over a variety of circumstances. You need to be able to watch someone who does it well – rather than just reading”

“Learning about neuroscience, neurobiology and brain development really helped put everything together with formal training in child development, trauma and attachment.”

“Fear doesn’t come into it really” (life teaches you that)

“Strong team - An all-in approach – no weak links and everyone has to be equally responsible”

“Non-judgemental, life experience, respect and a sense of humour – common sense maybe?”

“Being able to read the play in the room, or the next room or outside and knowing what to do about it – you need to feel it” – you need to be able to walk in the gate and sense the play”.

“Your heart needs to be full of love that won’t just crawl away if it gets dented and battered – you need a lot of courage.”



## ● ● Practice Reflections

Identify your characteristics and how you learnt them over your life learning journey across the 4 knowledge areas as below?

DEVELOPMENTAL LIFE JOURNEY	SOCIAL LEARNING	COMMITMENT, ARTISTRY, INTUITION, AND PASSION	FORMAL EDUCATION/ TRAINING



## ● The role of mandatory minimum ● qualifications?

There is an important role for minimum qualifications for Therapeutic Residential Care workers to ensure that Therapeutic Residential Care workers have the access to evidence-informed frameworks and knowledge in the area of trauma-informed practice and therapeutic care. However, as only one form of critical knowledge types highlighted by Bristow (2019) the requirement for formal qualifications should not be overstated. Formal qualifications should form part of the approach to building an effective workforce in Therapeutic Residential Care but is not the sole determinant of what constitutes a capable worker.

## ● ● Implications for practice

Effective Therapeutic Residential Care is underpinned by relationship-based practice. It stands to reason then, that an effective Therapeutic Residential Care worker draws on who they are, how they are, what they know, the artistry of intuition and being human.

The implications for recruitment, teamwork and staff support are explored below.

### 1. Recruitment Considerations

#### Utilise an approach to recruitment that is fit for purpose

It is interesting to note that when agencies are recruiting and assessing prospective foster carers often subject to a comprehensive psycho-social assessment including their life history and relationships, family and community and the possible impact on vulnerable children who might ultimately be placed in their care. Rarely is the same approach taken in the recruitment and selection of residential care staff.

There is a need to review current recruitment and selection practices to include a more comprehensive assessment of potential carers for children and young people in residential care settings that incorporates a more psycho-social approach. Such an approach should pay attention to the candidate's journey towards the industry and the skills and knowledge they have learnt through life. An important consideration in the assessment is the candidate's motivation in wanting to provide care for a child or young person. Someone with intrinsic motivations has an altruistic and compassionate worldview and will be in the job for the right reason, to care for and love a child or young person in need. Someone with extrinsic motivations (monetary gain, social praise) would need a much more robust assessment as to whether they have the skills, knowledge and wisdom needed to provide this type care for a child or young person.

There are a range of tools and approaches that could be utilised in this process. For example, the VIA Inventory of Character Strengths for adults is a web-based free measurement tool. The study of strengths started in the early 2000s, when scientists gathered to study character more scientifically. The result was the VIA Classification of Character Strengths and Virtues (Peterson & Seligman, 2004), a classification of positive traits in human beings.



## ● ● Self-Reflections

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 initially in a structured interview situation where everyone often gives pre-organised or learnt rote type responses. Just chatting to people allows them to be themselves without the interview anxiety most of us suffer from. For this work you need to get to know the person behind the interview. This also greatly assists in getting the right mix in teams.

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 talking to young people, interviews, funding requests, building networks or generally organising a ‘therapeutic web of supports’ for staff or young people.

To find the right person for the job and having a range of strategies to exclude unsuitable candidates will keep our highest risk young people safe and maximise moral and organisational investment. This will be achieved with quality trusting relationships between staff and young people leading to minimising the costs both financial and physical of 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.

(Glenys Bristow)



## Relational/informal individual interview as part of the recruitment process

A less formal one to one ‘getting to know you’ chat in an informal setting that has guiding questions can add valued information to the interview and selection of Therapeutic Residential Workers as outlined in this guide. This could take place either prior to or following the more formal recruitment and selection processes already in place. The following guiding questions are simply that – a guide to weaving through the conversation. We also suggest some of the assessment questions in Foster Carers recruitment could be successfully utilised such as genograms and family history.

### ● Guiding Questions

GUIDING QUESTION	RATIONALE – EXPECTED RESPONSES
<p><b>What did you do before this and why?</b> First open question using prompts to explore.</p>	<ul style="list-style-type: none"> <li>• Wanting to understand their life journey to date with the various employment and life experiences</li> <li>• Better understand ‘who they really are and what brings them to the industry’</li> <li>• To identify a range of useful skills and knowledge that may not be shared otherwise</li> </ul>
<p><b>What characteristics do you think will help you the most to work well with high risk young people in residential care</b></p>	<p><i>(Explain characteristics as a feature or quality typically belonging to a person which explains who they are)</i></p> <ul style="list-style-type: none"> <li>• Discuss artistry, gut feelings, sixth sense to understand what they think they mean and to ascertain a willingness to combine this with further tertiary study</li> <li>• Would you call yourself resilient? Where do you think your resilience came from in your life journey?</li> </ul>
<p><b>What drew you towards working in this field?</b></p>	<ul style="list-style-type: none"> <li>• Does the person describe a ‘calling?’ to this work or Is it something they always wanted to do or recently decided to do?</li> <li>• Need to really understand why the applicant chose this industry</li> <li>• This is where you need to see the ‘twinkling’,’ the passion’ etc</li> </ul>
<p><b>Was there a positive significant person in your life who made a difference to who you became? Why?</b></p>	<ul style="list-style-type: none"> <li>• All research partners had a Parent, or Grandparent (90% female) with whom they had formed a strong, positive attachment with demonstrated and integrated social justice principles that totally believed in them, and ensured they had the love and resources to grow</li> <li>• Positive adult role models who “questioned, challenged, and hung in there – gave unconditional love”</li> <li>• This question is really important – to draw out the building of resilience, family, community, values, and ethics and to identify where they are in their own life journey</li> </ul>



GUIDING QUESTION	RATIONALE – EXPECTED RESPONSES
<p><b>Can you identify the skills and knowledge you could bring with you that would help you most in this work?</b></p>	<ul style="list-style-type: none"> <li>• This is based on understanding more about their life journey and what they have taken from the learning and how they think they may be able to apply it</li> </ul>
<p><b>What do you think makes a good residential worker and how do you know?</b></p>	<p>Open question but a difficult one. May need prompts such as related to the young people, environment (interior and exterior - best house in the street for our young people), beliefs about education and training, families etc, and who they really are and why they want to work with them</p>

### Providing case scenarios

Asking questions can sometimes provide a space for a candidate to offer answers which are felt to be ‘right’, which therefore does not lend itself to really authentically understand the person. A good way of really understanding a person’s world view is to provide them with case scenarios and ask them to respond on how they would react. Providing case scenarios of challenging behaviours, cultural differences, and day to day stressful situations will provide a good understanding of who this person is, how they see the world, what their temperament is, and what their strengths and challenges might be in this role.



## ● ● Practice Reflections

With a trusted colleague, take a moment to think about these questions. How would you answer them? Check in with your colleague if that is how they see you.

Ask children and young people what they think makes a good residential worker?

Ask children and young people what they think about being with you (be prepared for honesty).

### Involvement of children and young people in recruitment process

[‘Who Cares? Scotland’](#) has become increasingly involved in the preparation and support of children and young people in the important task of staff recruitment. They believe that:



*The participation of children and young people in decision-making has been an important principle since the ratification of the United Nations Convention on the Rights of the Child (United Nations, 1992). In particular, Article Twelve of the UNCRC upholds the child’s right to be heard. Children and young people can play a valuable role in the recruitment of staff and some agencies are involving them in a purposeful way. By involving children and young people in recruitment, a very clear message can be transmitted about their value and their centrality to the process. Important policy documents have called for greater involvement of children and young people in selection (e.g. Kent, 1997). Who Cares? Scotland state “research also recognises the political, legal, social and moral reasons for promoting greater participation by young people in matters which affect their lives.*

*(Sinclair, 2004)*



Who Cares? Scotland spent time with the young people prior to the interviews. The young people felt the important points were finding someone who:

- can give eye contact at interview
- has been in care
- is understanding, not patronising
- has good experience, who has training and has worked with young people
- has maturity
- is open-minded

And from a young person involved in these interviews . . .



*It's good to be involved because we have firsthand experience of care – we are the real experts.*

**(Male, aged 18)**

(McManus 2007 pp 38-39)



## ● ● Self-Reflections

I have involved young people in many interview processes. I was fascinated, on one occasion when, at the end of the day interview panel debrief discussion, the young person who had been part of the interview panel stated there were two of the six applicants we should not employ as residential care workers. The young woman looked a little embarrassed at her statement and reminded us that we had told her that honesty was important. We all agreed. She went on to explain that her whole sense of these two people left her feeling that all the kids would act out and get away with everything because they wouldn't feel safe. Interestingly enough, this mirrored the rest of the panel's feelings of being unsure about employing these two people despite their answers to the interview questions raising no concerns for the panel. Follow up interviews with more targeted questions also confirmed this amazing young woman's thoughts. She summed it up by saying *"damn – the others will think we should have employed them so they could have given them a hard time."* Phew!

(Glenys Bristow)



## ● ● Practice Reflections

- Have you used children and young people in the interview process?
- Have you been interviewed by children and young people?
- If so, what did you think of the process?
- If not, what are your thoughts about children and young people being involved in the interview?
- How would you prepare a child or young person for involvement in this process?

## 2. Building Effective Teams

Effective teamwork in Therapeutic Residential Care is critical to the success of the program. Despite this, there is very little focus on the importance of selecting staff into teams that will complement, challenge, reflect, grow, learn, and work well together. A focus on this aspect of staff teams is most likely to contribute to improved retention, job satisfaction and motivation and thus contribute to improved outcomes for children and young people in care.

Peterson and Seligman (2004) believe, 'Character strengths are different than your other personal strengths, such as your unique skills, talents, interests, and resources, because they reflect the real you—who you are at your core.' They believe every individual possesses a range of character strengths in different degrees, giving each person a unique character strengths profile. These character strengths can also be utilised as a framework for ensuring therapeutic residential care workers' fit' within existing or new teams.



### ● ● Practice Reflections

- What processes does your organisation use to create staff teams that will work well together?
- Do you have processes for reviewing the teamwork in your program?



### 3. Staff support

An awareness that staff are drawing from the four types of knowledge outlined in this practice guide – life journey, social learning, formal education and artistry or intuition – will enable processes of supervision, support and ongoing development of staff to be more integrative of what it is that staff bring to the role, how this is applied, the impacts on staff of the work, and their developmental needs in the role.

Understanding what it takes to be an effective Therapeutic Residential Care Worker ensures organisations:

- value and give legitimacy to the range of knowledges that an individual brings to and applies in their role
- understand the risks of vicarious trauma or secondary traumatic stress and what type of support will best meet the needs of the staff member

### 4. The role of experiential learning, reflection, coaching and mentoring

In the four groups or types of knowledge identified in Bristow's (2019) research, experiential learning and mentoring emerged as extremely important components in the development of the 'best person' for the job of residential care worker and their subsequent developmental learning in the industry.

#### Experiential learning and the importance of reflection

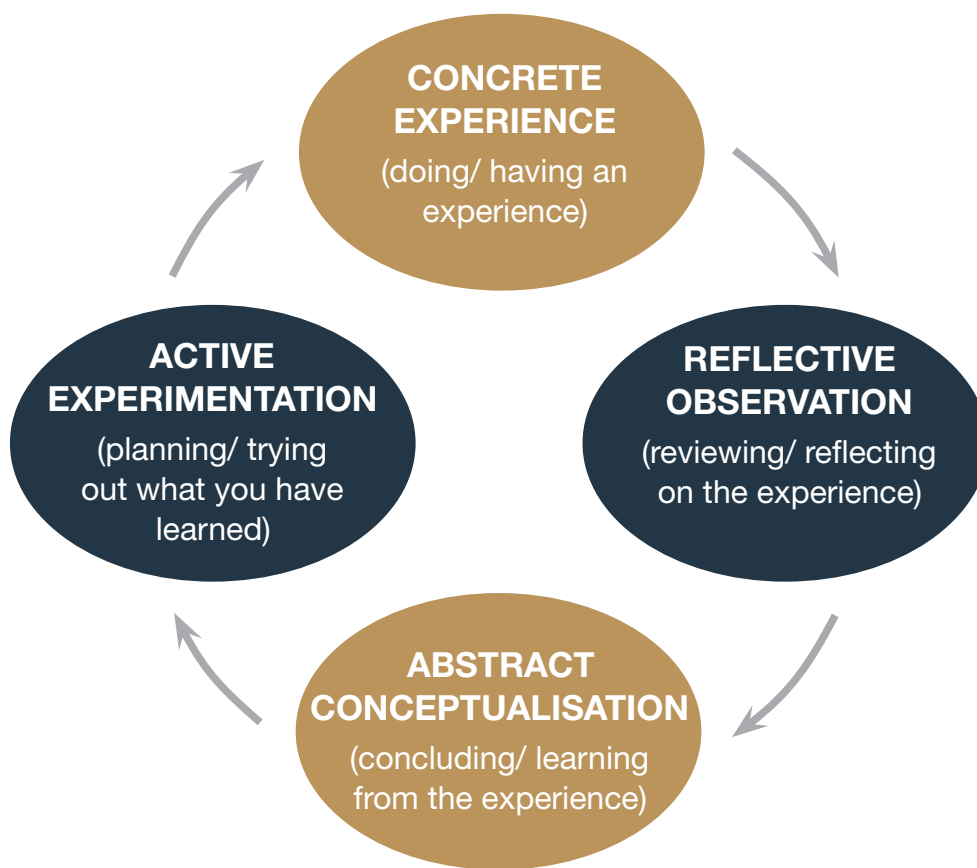
Kolb's (1984) experiential learning theory, represented in the diagram on page 34, provides a framework to understand how we learn from our life and work experiences if we have the capacity to feel, reflect and think through an experience to make sense of it. We then use the knowledge gained through this process to inform our future actions. We might not even be aware we are constantly learning from our experiences.

An important component of experiential and/or self-directed learning is the ability and willingness to critically reflect on your thoughts and actions individually and as part of your team. This can initially seem to be really difficult to do and feel quite foreign for residential workers, especially within a team context lead by a [Therapeutic Specialist](#) or Team Leader. To engage in reflection with colleagues, a mentor or therapeutic specialist provides more than just help to acquire new knowledge. It also provides a safe forum to question the validity and ongoing relevance of existing assumptions, values and perspectives. A reflective environment must also be warm and supportive to maximise this learning. Reflective practice forums can enhance the 'artistry' of the worker through reflection and exploring the use of self within their own practice.

For more information about reflective practice and Kolb's experiential learning theory refer to [Reflective Practice: Enhancing practice in Therapeutic Care](#).



Figure 1. Kolb's (1984) experiential learning theory



## ● ● Practice Reflections

Explore the use of self in your practice:

Share something with a colleague which is very important to you. Sit back and reflect on how you felt, in your mind and body after sharing this. Did you feel like they heard you? Did you feel validated and acknowledged or did you feel dismissed/ignored?

Humans are conditioned to be entwined in reciprocal emotional states. Knowing this and being aware of our emotional states when we are with children and young people will help us stay present to their needs.

## Coaching and mentoring

Often coaching, mentoring and training are identified as useful worker developmental concepts. As previously mentioned, Clark (2000) felt there were some skills in residential care that can only be mentored by an experienced practitioner. Mentoring in residential care is usually undertaken by an experienced residential worker who is committed to the development of less experienced workers. It may also be undertaken by the Therapeutic Specialist or Team Leader/House Manager.



*Sometimes you just have to watch some who knows what they are doing – it's amazing to watch and you learn so much particularly when you talk about it later with them.*

(Research partner 2016)

Coaching and mentoring must focus on building what Hawkins and Smith (2006) define as competencies, capabilities and capacity where competency is defined as the ability to use a skill or tool; capability is defined as the ability to use the skill or tool at the right time, in the right place and in the right way; and capacity defined more as human qualities of flexibility, warmth, engagement than with skills. They argue that mentoring and coaching must focus on each of these levels. They propose that competencies can be taught in the classroom, whilst capabilities are learnt 'on the job'. Capacities, they argue 'relate to one's being, rather than one's doing, they are human qualities that can be nurtured and refined' (p 206).



*A coach has some great questions for your answers; a mentor has some great answers for your questions*

(author unknown)

Cozolino and Sprokay (2006) suggested that coaching and mentoring involves questioning by the coach/mentor to facilitate reflection on the part of the staff member sometimes called a 'narrative procedure'. Within this context Schein (2006) highlighted the importance of being able to focus on the process of the interaction and the creation of a helping relationship, not just the desired outcomes. Echoing this Evans (2009) argued that although self-reflection can encourage awareness and growth, learning experiences are most effective when they take place within a supportive relationship.

Feedback is critical within this process. We all know feedback is helpful. Staff consistently say they want it. Managers rely on it to improve staff performance. As a rule, it seems that staff value feedback more when it is given by someone they respect as a role model. Appropriate feedback contributes significantly in developing staff competence and confidence in their practice.

For more information about coaching and mentoring refer to [A model for coaching staff in Intensive Therapeutic Care: A guide for Therapeutic Specialists and Supervisors](#).

For more information about giving feedback refer to [Coaching and Mentoring Staff: The art of giving feedback](#).



## 5. Getting the right person for the job



We journey alongside each other with young people, demonstrating and recognising that we have a different way of being and doing in this work. We should share and celebrate this knowledge about our industry. 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, articulate and mentor.

Recognition of the four types of knowledge that are demonstrated by effective residential care workers is central to the ability of organisations to recruit, support and develop the right people for these important roles. In equal measure attention must be paid to assessing and understanding

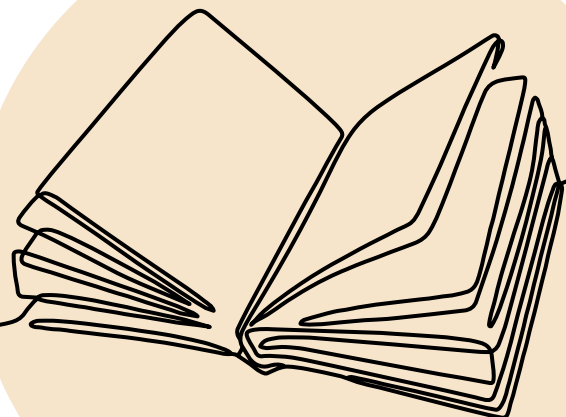
- the impact of their developmental life journey
- their intuitive ‘artistry’
- their social networks and social learning, and
- their need for formal learning/training

### **Understanding these characteristics is critical to:**

- informing the recruitment and employment processes of our workers; and
- building effective staff and teams who are able to understand and effectively respond to the needs of the young people for whom they care through processes of support, supervision, coaching and mentoring requirements

## References

- Baizerman, M. (1999). How can you recognize a youth worker? *CYC Online: eJournal of the International Child and Youth Care Network (CYC-Net)*, Issue 11, December. [cyc-net.org](http://cyc-net.org)
- Bloom, S. (2000). The grief that dare not speak its name: Part II – Dealing with the ravages of childhood abuse, *Psychotherapy Review*, vol. 2, no. 10, October.
- Bradley, J. (2005). Towards a Unified Vision of Child and Youth Services, *Relational Child & Youth Care Practice*, vol. 18, no. 3, p. 47.
- Brendtro, L., Mitchell, M. & McCall, H. (2009) *Deep Brain Learning, Pathways to Potential with Challenging Youth*, Starr Commonwealth, Albion, Michigan.
- Bristow, G. (2019). 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?” Submitted thesis Doctor of Education, College of Arts & Education Victoria University
- Clark, R. ‘It has to be more than a job’: A search for exceptional practice with troubled adolescents, Policy & Practice Research Unit, Deakin Human Services, Deakin University, 2000.
- Cozolino, I. and Sprokay, S. (2006). ‘Neuroscience and adult learning’, in S. Johnson & K. Taylor (Eds), *The Neuroscience of Adult Learning: New Directions for Adult and Continuing Education*, no. 110, Summer, San Francisco: Jossey-Bass, 11–20.
- Evans, D. (2009). *Building Leadership Capital: Reflective Practice White Paper*. Melbourne: Deakin Prime.
- Fulcher, L. (2004). Programs and Praxis: A review of taken for granted knowledge, *Scottish Journal of Residential Child Care*, vol. 3, no. 2, pp. 33–34.
- Garfat, T. (2011). The inter-personal in-between: An Exploration of Relational Child and Youth Care Practice, in G Bellefeuille & F Ricks (eds), *Standing on the Precipice: Inquiry into Creative Potential of Child and Youth Care Practice*, MacEwan, Alberta, Canada, pp. 7–34.
- Garfat, T., Freeman, J., Gharabaghi, and Fulcher, L. (2018) Characteristics of a Relational Child and Youth Care Approach, *CYC Online* October 2018
- Garfat, T. & Fulcher, L. (2012). Characteristics of a Youth and Child Care Approach, *Child and Youth Care Approaches*. Viewed 10 January 2014. <http://cycnetpress.cyc-net.org>
- Harder, A.T., Knorth, E.J. & Kalverboer, M.E. (2017). The Inside Out? Views of Young People, Parents, and Professionals Regarding Successful Secure Residential Care. *Child Adolesc Soc Work J* 34, 431–441 <https://doi.org/10.1007/s10560-016-0473-1>
- Hawkins, P. and Smith, N. (2006). *Coaching, Mentoring and Organisational Consultancy: Supervision and Development*, Berkshire, Open University Press.





Holden, M. (2009). *Children and Residential Experiences: Creating Conditions for Change*, Residential Child Care Project, Cornell University Bronfenbrenner Center for Translational Research, Cornell University.

Kolb D. (1984) *Experiential learning: experience as the source of learning and development*. Englewood Cliffs (N.J.): Prentice Hall.

McManus, K (2007) Young people's participation in the recruitment and selection process for secure care staff Who Cares? Scotland, *Scottish Journal of Residential Care*, Vol. 6 No1, 2007.

Mitchell, J. (2008). *A Case Study in Attempted Reform in Out of Home Care: A Preliminary Examination of the Introduction of the Circle Therapeutic Foster Care Program in Victoria*. Research Thesis submitted for Master of Social Work (Research), Monash University.

Munro, E. (2015). *Common errors in child protection reasoning*, Department of Social Policy and Administration, London School of Economics, London.

Nightingale, E. (2000), *Qualities of a child and youth care worker*, *CYC Online: eJournal of the International Child and Youth Care Network (CYC-Net)*, vol. 16, May. Viewed 14 April 2014. [cyc-net.org](http://cyc-net.org)

Perry, B. & Szalavitz, M. (2006). *The Boy Who Was Raised as a Dog, and other stories from a Child Psychiatrist's Notebook*, Basic Books, New York.

Peterson, C. & Seligman, M. (2004). *Character Strengths and Virtues: A handbook and classification*, Oxford University Press, New York.

Schein, E. (2006). *Coaching and Consultation Revisited: Are they the same?* in Goldsmith, M. and Lyons, L. (Eds). (2006). *Coaching for Leadership*, 2nd Edition. pp17-25, San Francisco: Wiley.

Schuneman, F. (2019) *Training*, <https://www.invistaperforms.org/sorting-coaching-vs-mentoring-vs-training/>

Trieschman, A., Whittaker, J. & Brendtro, L. (1969). *The Other 23 Hours: Child Care Work with Emotionally Disturbed Children in a Therapeutic Milieu*, Foreword by David Wineman, Aldine De Gruyter, New York.

Van der Kolk, B. (2014). *The Body Keeps the Score: Brain Mind and Body in the Healing of Trauma*, Penguin, New York.

White, J. (2007) *Knowing, Doing and Being in Context: A Praxis-oriented Approach to Child and Youth Care*: *Child Youth Care Forum* (2007) 36:225–244 DOI 10.1007/s10566-007-9043-1 <https://cyc-net.org/profession/readarounds/ra-jwhite.html>

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