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Doctorate in Professional Studies by Public Works

Influencing Child Care Social Work:

The Curiosity of an Experienced Practitioner

Arthur John Gibson

(Student Number: M00632736)

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Introduction. Residential Child Care in Northern Ireland: A Changing Landscape.

The context statement required for the Professional Doctorate by Public Works at the University of Middlesex is a personal reflection on professional development expressed in selected public works as well as other artefacts, values, beliefs and ideas. How to structure and write the context statement was a challenge, frustrating at first while I developed a structure; frustration gave way to pleasure as I began to see how the context statement acted as the container from which emerged my public works. During my struggle to develop an approach to writing the context statement, my Study Supervisor, Dr David Adams, posed a question to me, he invited me to consider how I would answer the following question, "What is the question to which your life's work is the answer?" At first the answer seemed obvious; how to help troubled children. The more I thought about it, the more I realised that in meeting children's needs I've also been meeting my own needs, thus I was reminded of Palmer's question, (Palmer ,2000 p5), "Who am I, what is my nature?".

The setting and area of work that has given me opportunity to express myself and that gave rise to the public works listed later in the context statement is that of residential childcare in Northern Ireland. Health and Social Care in Northern Ireland is delivered as an integrated service. The geographical area is serviced by five Health and Social Care Trusts that are in turn responsible to the Department of Health, Social Services and Public Safety (DHSSPS). Each Trust manages a range of services, that include social work and social care. The Health and Social Care Board (HSCB), acts as commissioner and works with the five Trusts to assess the need for services. In October 2017 there were 45 children's residential homes in NI with 269 children resident (Department of Health, 2017).

I have accumulated over 40 years' experience in the field of childcare social work, specifically in residential care and in the past five years, in foster care. During that time, I have sought to inform my work with relevant knowledge. I agree with Holmes, who, with reference to psychoanalysis points out that 'psycho-analytic virtue does not lie in the number of theories the psychoanalyst can command but the minimum number with which he can meet any contingency,' (Holmes, 2006, p 556). This context statement represents a long held personal ambition, namely, to give expression to that knowledge base in a

coherent manner, not as an end, but as preparation for further work of potential use to others committed to improving children's experience.

I believe that the listed public works, as well as other activities illustrate that over time my role, as well as working directly with children, their carers, and other professionals has included that of theory translator. Thus, a dominant feature in my public works includes interpreting and applying knowledge to the science and art of caring for troubled children.

Table 1 lists specific public works that I have selected for scrutiny. These public works reflect growth in my development and mark a professional shift from a preference for clinical / technical skills as evidenced in PW 2 to a relational approach as evidenced in all my other public works. The penultimate section of this context statement is set out as a conceptual integration where I assemble the essential core concepts and practices that have come to inform my work and that I believe are essential elements in assisting children to recover from some of the harsh and damaging realities of life that they have encountered.

Later in the text that follows, I explain how, once I located myself in the field of child care work, the task of understanding and responding to the needs of the children and young people I helped care for, piqued my curiosity and desire to learn; I set out on a knowledge quest to better understand the needs of these children and for ideas about how to apply that knowledge in ways that would be beneficial to them. The knowledge quest led to a traditional PhD registration that I had to abandon at close to the halfway point because of illness. Giving up the PhD always felt like unfinished business thus this route to the higher degree with Middlesex University was a welcome discovery.

Table 1 List of Selected Public Works (PW)

PW1	Gibson, J (2002) Anger. Troublesome Emotion or Therapeutic Challenge? *The Residential Child Care Project Newsletter Number 8*
PW2	Gibson, J and Holden, M (2008) "Therapeutic Crisis Intervention: Update; Adapting the Life Space Interview (LSI) for Proactive Aggression" RCCP Cornell University NY.
PW 3	Gibson, J (2012) Emotion Matters and Meaning Making in Residential Child Care *The Residential Child Care Project Newsletter 17*
PW4	GIBSON, J. (2013). Keeping the Child in Mind: Learning About Childhood Trauma from Personal Experience and Neuroscience *The Residential Child Care Project Newsletter* 18.
PW5	GIBSON, J. (2015) What does this child feel, need, want? *In:* DOUGLAS, D. & KENNEDY, J. A., eds. Ensuring the Rights of the Child, and Family-Centered Services, Conference Proceedings, 2015 Waterford Institute of Technology International Foster Care Organisation (Gibson, 2015)
PW6	PEARCE, C. & GIBSON, J. (2016). A preliminary evaluation of the Triple-A Model of Therapeutic Care in Donegal *Foster (Irish Foster Care Association)* 95-105 (Pearce and Gibson, 2016a)

The context statement explores my role and development as I have, in my way, attempted to influence in Ireland and beyond, the field of caring for children in alternative family care settings, including residential child care and foster care, both of which fall within the broad realm of child care social work. Standard dictionary definitions of influence include notions of indirect power or causing something to happen without direct or apparent effort. My position is as a self-employed childcare consultant / trainer. I do not hold organisational power or authority. The public works listed are examples of how I have tried to influence others.

From 1995 residential childcare in this geographical location receives its statutory mandate from the Children (NI) Order (1995). This order requires statutory social service organisations, mainly the five Trusts, to provide a range of services to vulnerable children. The first and primary goal within the Children Order is to prevent family break-up and to enable children to remain in the care of both or one biological parent/s. The range of services includes family alternative placement were necessary in either foster or residential care.

Traditionally in Northern Ireland, children's homes were provided and manage by both statutory and voluntary not-for-profit organisations. The voluntary sector was made up of faith-based and philanthropic organisations. This sector provided about 60% of all available places. Two successive five-year strategies (1987/92 and 1992/97) issued by the NI Department of Health and Social Services emphasised preservation of family placement or foster care and prevention of admission to residential care. In 1986 the voluntary sector managed 688 residential places for children from infancy to age eighteen, by 1996 that figure fell by 48% to 358. With increased provision of community-based family support services and with the tariff for referral to residential placement aimed at only those most at risk meant that children referred for placement were the most troubled in the youth population. Instead of a few children with extreme emotional and behavioural difficulties being spread throughout a larger number of homes there were now more seriously troubled children grouped together in a smaller number of homes.

The voluntary provider sector was not as well resourced with specialist services as was the statutory sector. This, along with emerging abuse disclosures (Hughes, 1986) put pressure on the voluntary sector to gradually cease operations. Thus, children's residential services in NI are now managed entirely by the five Health and Personal Social Services Trusts.

My career in residential childcare started in 1972 when I took up post as a Child Care Assistant in a Barnardos children's home in Belfast. 1980 marked a significant turning point in the delivery and quality of this social service to children. The turning point was an exposé in a Dublin Newspaper. On January 24th, 1980 The Irish Independent Newspaper published an article by the journalist Peter Mckenna in which he alleged an 'official cover-up' over the recruitment of boys for prostitution at a Belfast children's home. The establishment in question was Kincora Boys Hostel. Figure 2 is a picture of the Kincora Hostel. Looking at the picture now triggers two ironic memories for me. The irony being that the façade of normalcy and apparent respectability concealed what was later revealed as a scandal that was not fully resolved until 2017 (Hart, 2017).

Figure 1 Kincora Boy's Hostel

The first memory concerns the fact that as a young teenager I passed Kincora every day whilst travelling to and from school. From the top deck of the bus I could see into what was a dining room, a large table was set for dinner in the evenings. It looked pristine with white cloth, silverware, and glasses. I wondered what it must be like to live there? The second memory is that when I worked in the Barnardos establishment I was tasked one Friday to transport a 16-year-old boy from the Barnardos home to Kincora – it was a working boy's hostel and the boy was due to go and live there with other working boys. The lad arrived back to Barnardos on the following morning, announcing to all, "I'm not staying in that place". As far as I know he never elaborated his reasons. It seems that his dislike of it was just accepted and he opted to live in a different working boy's hostel. I was professionally naïve at that stage in my career and knew nothing better than to accept his decision not to move as a preference. This word sketch, including my segment of biography and professional naivety is more than a surface story. It reveals something about how children in care were or were not valued and it connects to a long history of the institutional care of vulnerable children and is a punctuation point for social policy change. What follows

provides a brief look back at the history of residential child care in Northern Ireland and the rest of the United Kingdom as part of the essential context for understanding the dynamic context that precipitated change in social policy and practice.

Entering the portal of a modern-day purpose-build children's home is to step into history. It is a long history mixed with noble virtue of minding waifs and strays, as well as exploitation, physical and sexual abuse, misuse of power and, certainly in Ireland, community collusion, denial, and turning a blind eye at abuse behind high walls under a veneer of 'Christian' service. It is a well documented history (Pinchbeck and Hewitt, 1969, Pinchbeck and Hewitt, 1973, Robins, 1987). At the end of an historical review of developments in residential child care spanning the period from the Middle Ages until the nineteen hundreds Corby concluded that residential services for children have 'improved considerably since the dark days of the Poor Law, however the changes are less dramatic than might have been expected' (Corby, 2001, p56). The care of the vulnerable, be they older people, children, or people who have a disability sits on a boundary between family and the state where neither seem to want to take full responsibility and where each has expectations of the other. Another dimension to this relationship plays out as the family side protesting the 'state's' right to intervene in their lives. With reference to vulnerable children Corby and colleagues go on to point out that 'it has taken major concerns about child abuse in the wider society to draw attention to this neglected sector of childcare policy and practice' (Corby, 2012, p 35-36). Revelations about the institutional abuse of boys and young men in the Kincora Boy's Hostel in Belfast illustrate the point.

Following the initial disclosures in 1980 of organized sexual abuse at Kincora, media and others alleged not only cover up but active collusion by British Intelligence and Northern Irish Police. It was alleged that the state agents knew of the abuse. However, because the three senior staff of the home, those later charged and convicted of sexual abuse, were members of a terrorist cell, the security service allowed the abuse to continue while keeping the three men under surveillance due to their alleged terrorist connection. In 2017 the Northern Ireland Historical Institutional Abuse Inquiry found that the abuse was limited to the actions of three male staff and that it happened without collusion from the state.

Once initial criminal investigations and prosecutions were completed the Government on foot of public disquiet launched The Commission of Inquiry into Children's Homes and Hostels. The inquiry was led by His Honour Judge William H Hughes. The report (Hughes, 1986) investigated sexual offences committed against children between 1960 and 1984 in nine of Northern Ireland's 65 children's homes.

The report had a significant impact on residential childcare in Northern Ireland. Some of the implications and changes that I lived through and that impacted my career included;

1. The Social Work Advisory Group became the Northern Ireland Social Work Inspectorate. Announced and unannounced inspections of children's home became a reality.
2. The development and implementation of standards of practice in residential child care
3. Stipulation that the essential qualification to work in residential child care settings should be the same as for social work in other settings.
4. The reconceptualization of the task of looking after children in residential settings from child care to social work.
5. Parity of pay, qualifications, and esteem between social workers in the residential care setting with those based in community office settings.

These were some of the structural changes that were introduced over time. By the time point five above became an operational reality, I benefited personally by secondment to University on full salary to undertake the two-year professional qualification in social work.

As I reflect on the import and impact of structural changes as outlined above there were gains and losses that had to be negotiated. Two examples; the tighter regulation and scrutiny against standards was like a two edged sword; on the one hand there was greater accountability for day to day practice however the administrators who exercised accountability did not always understand the nuances of trying to provide normalcy for children living in the unnatural environment of group care, such as, they couldn't understand why it was not possible for children to ask a hairdresser or barber for a receipt! Of course, in theory, the request could have been made but doing so singled out children in care as being different from their peers whose parents would hardly require them to bring home a receipt. Another example. Where I worked as a manager, later in my career, spontaneously organised night walks to the local forest, as part of creative group-work aimed at relationship building between workers and children were suddenly restricted.

Instead of acing in the moment staff had to carry out a risk assessment and make a phone call to the insurance company. It did not take much analysis to realise that the 'space' that I and others enjoyed doing honest and creative work with children was the same 'space' that allowed sexual predators to abuse. Greater scrutiny was indeed essential and at least where I worked led to positive dialogue between administrators and front-line care staff so that each had an appreciation of the others' role. However, it was the new intense scrutiny and sense of a service being scapegoated that, at least in part, made me leave the service. That was after twenty years.

Northern Ireland was not the only part of the United Kingdom that experienced public inquiries into the sexual and physical abuse of children in care homes. Between 1967 and 2000 there were in fact 18 such inquiries in summary these reports found:

1. The existence of poor management of residential childcare by those in authority.
2. Too wide a degree of freedom given to the home manager.
3. Lack of close inspection
4. Lack of opportunity for residents to make a complaint to an outside and neutral person.
5. Insensitivity to the needs of children and a failure to listen to them.
6. Poor standards of qualification among residential staff and insufficiently rigorous recruitment practices. Until the 1900's recruitment practices were relatively easy going, influenced no doubt by the difficulties attached to attracting sufficient numbers to a low status occupation. Such practices could result in the appointment of individuals who were temperamentally unsuited to work with deprived children or, were those who had histories of actual or suspected mistreatment (Corby, 2001, p35-36).

The similarity between these points and those from the Hughes Inquiry (Hughes, 1986) illustrates that childcare in these settings in Northern Ireland was no different than for the rest of the UK. Thus, in 1972 when I took the job as a houseparent in the Barnardos home, the social policy context of looking after vulnerable children in care homes was as it had been for many, many, decades, very slow to change (Corby, Doig and Roberts, 2001), and evidencing lack of political will, unless under pressure from public opinion, to modernise.

In the absence of real evidence of quality improvement and notwithstanding the last paragraph the provision of residential care in Northern Ireland looks quite different than when I started work for Barnardos in 1972. Following the Hughes Commission of Inquiry

(1986) service providers opted to specify a social work qualification as necessary to work in these settings in NI. However, it is interesting to note that a recent report about residential care elsewhere in the UK took a quite different approach. About qualifications Sir Martin Neary recommended,

> "The priority should be to recruit staff with the right qualities, temperament and resilience and then help them to develop and, as part of that development, to gain an understanding of the type of children they care for. That understanding can come, in part, through obtaining the mandatory level three diploma. But to work effectively in children's homes, staff do not need to be graduates or to aspire to graduate status." (Neary, 2016 p.56)

There is indeed an argument for the Neary approach as a qualification led policy excludes some gifted 'natural' carers from working in this service. In my opinion the ideal is not a binary, either or approach, a better solution is to combine qualified entry with a strong emphasis on staff development and in-service training routes at entry and post graduate level for all staff.

As outlined above the residential service in Northern Ireland did modernise and acting on the recommendations of another report, (McCoy, 1998) modernised further, such that the children's homes in Northern Ireland now provide a 'differentiated service' with each centre providing specialist care for children and teens whose development has been severely disrupted by adverse life events. Further evidence of change, modernisation and political will lies in the fact that the five Northern Ireland Health and Social Services Trusts were funded by the Department of Health, Social Services and Public Safety (DHSSPS) in 2007 (Macdonald, Millen and McCann, 2012) to adopt and implement evidence informed models of care. This initiative by the DHSSPS in 2007 is in effect a response to the point made above by (Corby, Doig and Roberts, 2001) about insensitivity to the needs of children and a failure to listen to them. An evidenced informed model of care is an agreed and shared way of thinking and responding to the needs of children with traumatic developmental histories, for example, physical or sexual abuse and or neglect. What might be called 'common sense parenting' is not enough. When bonds of trust are broken in infancy, they are not soon or easily restored. The models of care initiative just mentioned was launched on three premises

1. Children in residential care have suffered trauma and disadvantage and tend to communicate their needs through various forms of challenging behaviour
2. One core staff task is to understand and address the needs and emotions that cause challenging behaviour, rather than just responding to the behaviour
3. Informed models of care are required as a framework so that the experience of daily living in residential care is informed and purposeful as opposed to something based on the whim of the person in charge.

Each of the five Trust selected a different model of care. The project has not yet been evaluated, however each of the models is fully described along with some initial qualitative impressions from staff and children (Macdonald, Millen and McCann, 2012).

So, the landscape of residential childcare in Norther Ireland has changed from when I took up my first post. As the context statement is a reflective process, I turn now to placing the 'me' that I took into that the house parent post.

When I took that first post in a children's home in Belfast, I was aged 21. On a Friday in June I left my job as a dispatch clerk and delivery driver in a factory, and on the following Monday I started work as a house parent in a Barnardos residential children's home just outside of Belfast, Northern Ireland. My only prior experience of youth work was as a Sunday School Teacher. Having left school in 1967 without school leaving qualifications, I got the job, probably based on youthful enthusiasm, energy, and most certainly because I had stated a faith-based perspective that was in keeping with the predominant ethos of Barnardos at that time.

My only ambition from childhood was to join the police; I wanted to help people. It was a naïve ambition. Naïve but 'pure'. It took me some time to realise that by dint of personality and core values I was not destined to be a police officer. It was by happy coincidence that the house parent post was advertised just as I was about to join the police.

I worked in the home for 12 months looking after a small group of 8 children aged ten to fourteen. I was comfortable with the work but aspects of it were strange. For example, most of the children had been there for years and here was I, a stranger coming with some authority of position to look after them. I felt that I wanted to be better

equipped to do the job and chose to pursue a two-year Diploma in Youth and Community work. Entry was open to adults without school leaving qualifications. During training I undertook a three-month placement in a secure unit for adolescent girls. In my youthful opinion and on the basis of reading about good practice I observed that practice in this school and residential setting needed to change. Thus, on completion of the course I took a post in the secure unit for teenage girls. That was not a good decision. The immaturity of youth led me to think that I could bring about some positive change in this repressive regime. The girls were made to clean their living accommodation every day, the same chores, day after day. It was as though the guiding philosophy was, "cleanliness is next to Godliness". The facility was run on a points system. The girls got points for the thoroughness of cleaning, and for good behaviour. The system functioned to maintain control of the thirty-six girls but missed paying proper and full attention to their needs. For example, a girl might benefit from a home visit to see her family but if she had not earned enough points the home visit was not allowed. I made suggestions about change but came up against the power of a system that was accountable to a board of management that derived its mandate from legislation. I stayed nine months in this position and realised that when I went on duty and entered this secure world, not only were the girls under lock and key, so was I. I left, chasten, and a bit wiser, and returned to work in an open children's home.

I enjoyed the work in the children's home. In the early days of my career the professional narrative used to describe and explain the children's behaviour when they displayed aggression, anger, suspicion of adults, running away, inability to cope with school etc., was that they were 'maladjusted' or 'emotionally disturbed.' Or, that they were 'dominated by a strong superego'. I recall being confused by these terms, what part of their being, I wondered, was 'maladjusted' and how did that happen? It was a completely unsatisfactory language – it did not explain what had happened to these children to disrupt their 'normal' development and produce contradictory and at times bizarre behaviours. As Harwood points out, the language had become part of a 'familiar landscape' to such an extent, 'that there was no longer any pause for reflection (and) the words 'appeared truthful and comfortable' (Harwood, 2006, p5) I felt confused by the way these children, on the one hand, craved relationship and closeness, but on the other hand, shut down and

rejected offers of closeness. I wanted to know more and so began a knowledge quest that was in part, fuelled by a question about how to help these children and in part fuelled by personal ambition and need. I return to this theme later.

Section One – Theoretical Framework: Reflexivity, Life-space, Structure and Agency

My goal in this section is to introduce two complementary ideas that have helped me to organise, analyse, and explain my public works as acts of influence within the field of residential childcare. These are 'reflexivity' (D'Cruz et al., 2007, Archer, 2007) and 'life-space' (Gharabaghi and Stuart, 2011).

Reflexivity

The human capacity for self-observation gives rise to three similar but distinctly different terms; (1) Reflective, (2) Reflexive and (3) Reflexivity. Reflective and reflexive are sometimes used interchangeably (Alvesson and Sköldberg, 2005, White, 2001). Both involve introspection which is defined as 'a process of looking inward and thinking' (White, 2001, p101). For example, the focus of such thinking might be about the impact on feelings and thoughts generated through everyday experiences perhaps from an encounter with a non-attentive shop assistant to intimate and deeply personal relationships. Spontaneous, unplanned, and without deliberate control conveys the essence of what it means to be reflexive; the non-voluntary gasp of breath as a cup slips from the hand as it travels to the tiled floor is a reflexive act.

Earlier in the text I introduced the question, *"Who am I? What is my nature?"(Palmer, 2000)*. Clearly the question involves reflection. It is a question germane to this context statement. I cannot imagine writing it without reference to the history that has shaped me personally and professionally; this looking back, this reflection, is in fact, viewed through the lens of that very history. In other words, as I look back at my life and career, I cannot help but look at it through the lens of an accumulation of experiences and internal representations that make me a unique personality. I like the view expressed by Breuer and Roth (2003) that there is no true 'birds-eye, or Archimedean point outside the world' (Breuer and Roth, 2003 p.1) from which we can gaze objectively at ourselves and others. Reflexivity can assist with an honest 'gaze' at self.

Reflexivity, it is argued, includes a dimension that recognises a relationship of impact and influence between observer and the object of observation. In this context statement, I am both observer and observed. Reflexivity is expressed in the question, 'What is the history that I bring to the work of this context statement and how might that history influence the narrative that explains my public works?'

According to Hufford (1995), reflexivity can be thought of as a metaphor from grammar that indicates a relationship of identity between subject and object the meaning of which includes the 'actor (scholar, author, observer) in the account of the act and/or its outcomes' (Hufford, 1995, p57). Or as expressed by Bloor and Wood (2006) 'reflexivity is an awareness of the self in the situation of action and of the role of self in constructing that situation' (Bloor and Wood, 2006, p145) Thus, in interaction between researcher and research participant, the researcher on the one hand, strives for an objective report of what he or she sees, hears, and senses, whilst at the same time recognizing the subjective element of his or her own role and presence within such moments of interaction.

Margaret Archer (2007) defines reflexivity as "… the regular exercise of the mental ability, shared by all normal people, to consider themselves in relation to their (social) contexts and vice versa,' she adds that 'reflexivity in everyday life is played out as an internal conversation within the individual (Archer, 2007, p 70). She proposes four ideal types of reflexives, these are

- **Communicative Reflexives**
  Those whose Internal Conversations need to be completed and confirmed by others, before they lead to action
- **Autonomous Reflexives**
  Those who sustain self-contained Internal Conversations, leading directly to action
- **Meta-Reflexives**
  Those who are critically reflexive about their own Internal Conversations and about effective action in society
- **Fractured Reflexives**
  Those who cannot conduct purposeful Internal Conversations and thus design purposeful courses of action

My use of the term reflexivity combines notion of a metaphor that stands for a relationship of identity between subject and object (Hufford 1995) with Archer's (2007) notion that reflexivity in everyday life plays out as an internal conversation; thus, in what follows I question and converse about my innate characteristics as a unique personality combined with my life experience and how these provide explanation for why, in the first instance, I produced these selected public works. What is it that I want to influence and why? What do I bring to the analysis of the needs of troubled children? In this textual conversation I aim to illustrate meta reflexivity. I also write about a time in my life when I experienced a stress breakdown. A time of emotional collapse that lead to my writing PW4. A time that I recognise now as characterised by fractured reflexivity. A time when I could not think rationally or work. A time that lead to my learning as an adult, more about what childhood trauma must be like for children. PW4 captures that time in my life.

Adding the word 'critical' to reflexivity extends the notion into additional realms. According to Wright (2017) critical reflexivity is, "the attempt to place one's premises into question, to suspend the 'obvious', to listen to alternative framings of reality and to grapple with the comparative outcomes of multiple standpoints" (Wright, 2017a, p1). As I understand it, reflexivity involves what I term sophisticated awareness and controlling for one's biases and assumptions. Critical reflexivity involves the same act of searching and knowing within oneself but extends to acting upon to challenge and change assumptions when these are deemed to be harmful. Critical reflexivity can be regarded as 'praxis', that is, a 'balanced fusion of critical theory and practice that leads to social improvement' (Ng, Wright and Kuper, 2019, p 6). In reading the literature on critical reflexivity I conclude that critically reflexivity does not necessarily have to lead to change. Later in the context statement I apply critical reflexivity to Bloom's (2016a) treatise on empathy. His propositions certainly caused me to revaluate, but not fundamentally change my view of empathy. In the text that follows I endeavour to apply both reflexivity and critical reflexivity.

Life-Space

The concept of life-space is the second analytic concept that I bring to this personal and professional trajectory. Kurt Lewin coined the term. The introduction to a paper

written in German by Kurt Lewin (Lewin and Blower, 2009)[1] and first published in 1917 notes that Lewin 'came to understand what he would later call life-space (as) individually lived space made up, for example by movements, duration, perceptions of objects and directness.' Ralph K White (1988) was a close colleague of Lewin and he reports that working with Lewin was exciting and creative but that he did not always communicate clearly his ideas. White elucidates Lewin's notion of life-space to mean the 'person and environment interacting with each other' (White, 1988, p78) White points out, that Lewin did not just mean the physical environment but included the psychological environment or the individual's subjective view of the world. Recent writers and thinkers have provided what I consider more dynamic definitions of life-space.

Anglin (2015) defines life-space as "the combination of all the factors that influence a person's behaviour at a given moment in time. It includes a person's present thoughts, memories, needs, motives, personality, as well as aspects of the external environment – especially the other people in it to whom the child looks for safety, care and guidance (Anglin, 2015, p9).

Gharabaghi and Stuart (2011) add value to the definition of life-space in two ways. Firstly, they challenge notions of life-space as being tied to locations such as where a person lives or attends school. This is how I viewed life-space when I wrote PW 2. Gharabaghi and Stuart see it as a more dynamic concept that is suggestive of where and how life unfolds. For children who grow up with a sense of security in an intact family then life-space unfolds at a pace that matches the child's developing self. For the children I encounter directly and via discussion with carers and professionals the unfolding of their life-space is often chaotic and as I show later, not conducive to development.

The second added value factor is that these two writers weave the concepts of 'structure' and 'agency' into their analysis of life-space. They anchor their description and definition of these terms in the context of group care for children. They provide a

1 The Lewin referred to in brackets is Kurt Lewin's daughter.

traditional definition of structure as 'as the visible and identifiable building blocks in specific institutional or organisational context (for example, the group home, the child welfare organisation, the family or school)' (Gharabaghi and Stuart, 2011, p 31). They go on to say that 'the concept of structure is more complex than a simple description of particular elements. Structure not only describes how elements are arranged, but also entails the relationship between the elements' (p.31). They hold that structure is dynamic rather than static.

The complementary concept that Gharabaghi and Stuart (2011) position along with structure is that of 'agency'. The human capacity to act on their own and others' behalf equates with agency. As intelligent beings, we can act to change the nature of our environment, or we can change ourselves. Our lives do not have to be determined by the dynamic impact and influence of structure.

I have brought together 'reflexivity,' 'life-space,' 'structure and agency,' as a heuristic device to facilitate the exploration of my own life-space as defined above and that combines Anglin's (2015) notion of the totality all factors that influence a person with that of Gharabaghi and Stuart's (2011) notion of life-space as dynamic, fluid and moving as opposed to static and only about location.

I was prompted to utilise the concept of life-space for this writing as life-space is core to PW2. I had always applied life-space to children and young people and defined it as the place where life happened. That might be the foster home, the classroom, or the residential home. It has been instructive to apply it to my own life and to see it as how and where life unfolds; more dynamic than static. I return to this theme and learning in my discussion of PW2 below.

Section Two – The Reflexive Question: Who am I, what is my nature?

In the introductory paragraph to the context statement I noted that the work required to earn this qualification is a personal and professional reflection. In the section that now follows, I offer some autobiographical detail. In the process of writing, revision, and re-writing, I came to recognise the danger of writing one's self into the text as suggested by (Crotty, 2005) as a consistently moral person. My aim in this section is to tell

more than what might be an interesting or warm-hearted story[2]. I have used this opportunity to self-critique, perhaps more than I've done before and in so doing to answer the question about what has motivated me to stay in, and want to contribute to, this area of work for more that forty years.

As I look back over the time span that began in the residential Children's Home in Belfast, I do not see a route map with pre-planned and defined way-markers. Instead, I see a series of moments or staging posts, each of which has contributed to who I became and am still becoming. I see a confluence of strands that exerted a shaping influence on who and what I have become. This is my life-space. It did not all just happen to me, it involved action and agency on my part.

I look back on my life and experience with a strong sense of gratitude. I see God given opportunities that allowed me to develop from a failed school leaver, to win a distinguished social work practice medal[3] whilst training in social work, earn two Masters degrees and now to engage in doctoral studies.

I lived with my parents in protestant East Belfast. When I was 17 my father was re-located by his business to the Republic of Ireland (ROI). We lived there until I was 21 and at that point we returned to Northern Ireland.

I was the second eldest child with three sisters. I grew up longing for a brother. I pleaded with my parents to foster a brother for me. Of course, I had no notion of what that might entail. In my imagination I wanted to be an older brother. Such was the longing that it left a gap for a long time in my life. I return to this point later.

In Belfast, we lived in a middleclass neighbourhood of private housing. My father was a company director and my mother stayed at home in what was then a traditional housewife role. While wealth was not a factor, neither did we want for anything. Not

[2] It is of course for the reader to arbitrate on the extent to which the personal detail I include is interesting or warm-hearted. It is for me to take the risk of writing and sharing it.

3 I was awarded the Brian Rankin Prize and Medal in 1993 for exemplary social work practice and academic writing whilst undertaking social work training at Queens University Belfast

surprisingly for Northern Ireland, religious observance played a significant part in my early experience. I grew up with many Bible based injunctions.

Parental love and nurture were formative influences; factors I never doubted but there were undercurrents; a family that looked functional from the outside, was in fact dysfunctional in terms of healthy conflict resolution and emotional expression.

I did not do well at school. I left school at age sixteen with no educational qualifications. I cannot recall one adult in my school career ever taking an interest in me as a person. The fact that I had a learning difficulty was not understood. In primary school I suffered public humiliation at the hands of one teacher. In secondary school I was beaten by a male PE teacher, who was also a professional football player, until I wet myself because I had forgotten my towel for showers. That experience did not help me to remember my towel, rather it added to an already developed lack of confidence in ball sports, and a determination to, where possible, avoid PE. When I left school, I went to work with my father in his picture framing factory in Belfast.

On the other side of the valley from where we lived, we had a clear view of Stormont Buildings where the Northern Ireland Parliament sat. A Parliament dominated by the Ulster Unionist Party and approved by successive Westminster Governments. Northern Ireland's history tells a story of discrimination against Catholics in housing, education, employment and voting rights. I was not unscathed by this environment. I left it for a period of time and from a different location I could better see its insidious influence; I say more of this below.

I have already mentioned that I almost joined the police. I wanted to help people, that idea was blind to the reality of police work in Northern Ireland; it was a naïve thought. It tied in with another childhood imagining that I experienced. Close to our home there was a disused railway cutting. Some travelling people camped out there in makeshift tents. I recall strong feelings of pity for them in the cold weather, and my thought was, 'When I grow up, I'll help them get houses.' I think this, and my ambition to join the police as a 'helper' are some of the roots of my later career choice.

There was a side of Northern Ireland life that I did not fully appreciate until I was into my mid to late twenties. The side of life that I grew up on was sheltered by the dynamic structural elements of church, state, school, family, the RUC and other protestant

institutions such as the Orange Order. These elements did no direct harm to me or my family. On the other hand, the same structural elements that gave me shelter, protection, and privilege cast an oppressive shadow over, and seriously disrupted the lives of, as well as abusing the rights of some of the Catholic population.

When my father relocated his work in the Republic of Ireland (ROI) I moved from being part of the majority Protestant community in Northern Ireland to being in the minority Protestant community in ROI as the population was, and still is, mainly Catholic. What I learned quickly in our new location was that unlike Northern Ireland religious affiliation did not count as much. It was less significant. That was refreshing. The four years of living there acted as a challenge, for looking in at Northern Ireland from a new geographical, social, economic, religious and political position, I realised that I had in fact been influenced by sectarianism. It was not a strong influence, nevertheless it was there. The dynamic influence and relations between structural forces had to be shaken off.

With the conscious exercise of agency within my unfolding life-space I did not have to passively accept the dynamic influence of structure. I can see it now but did not realise then that I was exercising meta reflexivity (Archer, 2007, Goodman, 2017), there was an internal conversation in my mind that over time sorted out the accepted influence of significant reference groups of church and neighbourhood. This, I think, is an example of how Hufford defines reflexivity as 'a metaphor from grammar that indicates a relationship of identity between subject and object the meaning of which includes the actor (scholar, author, observer) in the account of the act and/or its outcomes' (Hufford, 1995, p57); in the time period referred to I was the subject and beliefs that impacted upon me were the object.

Whilst working in the children's home in Belfast, and as a twenty-one-year-old with a faith in God I wanted to know His direction for my life. In meditation and prayer, I looked for that direction. The answer came a short time later. In a daily Bible reading guide I read this verse from the Book of Proverbs, or the Book of Wisdom in the Old Testament, 'Open your mouth, judge righteously, plead the cause of the poor and needy,' (Proverbs Chapter 31 v 9). This experience, like some of the participants in a faith based narratives study among social work students carried out by Singletary et al (2006) has acted as career long

guiding light for me. It is from this experience that I derive my sense of vocation and purpose in life.

In a real sense I owe my professional education and development to this field of work. Once in post in the Children's home I started to read about the care of children. A new space opened in my unfolding life-space it was like a 'symbolic growth experience' (Frick, 1990, p 411); I found a motivation for learning not previously known to me that has since, and still drives, personal and professional agency. My earlier educational failure changed in this work setting. I wanted to learn more and discovered that reading led to a growing awareness about learning, something I missed out on in my school experience. A growth experience came from reading a book, "Spare The Child" by David Wills (1971). It was an account of a traditional British borstal for boys. The work described a school in transition from a punitive regime to a therapeutic community

The transition he described centred on the redistribution of authority and power from a centralised and brutalising hierarchy characterised by adult dominance. Dominance that affected staff as much as boys. Dominance that suppressed care, and human engagement between damaged teens and adults. With the passage of time and opportunities for reflection whilst training in Youth and Community work between 1973 and 1975 I made connections between the oppression described by Wills and the oppression experienced by sections within the Catholic population in Northern Ireland. It was different only by scale. I wanted no part of it. For balance it should be said that working class Protestant areas in Northern Ireland also suffered the oppression of, for example lack of jobs.

Wills reported a process that took courage and leadership and an eventual transition to a different regime. A regime in which, what the field now refers to as emotionally traumatised youth, met emotionally mature adults, secure in their role and able to provide for these young people 'good experiences of comfort, care, and control' (Winnicott, 1971, p 34), the therapeutic factor was relational and involved meeting or re-meeting primary needs (Dockar-Drysdale, 1968), and the new organisation become the facilitating environment (Winnicott, 1965).

My reading broadened as did my experience. I encountered behavioural psychology, applied behavioural analysis and behaviour modification – it grated. It is only recently that I have encountered the phenomenon of 'hot spots'. Wright describes these as "touching on what is sacred to us. They are concerned with relationships. They are created by our values. They reflect the passions we hold. If we challenge them, it can feel heart-wrenching" (Wright, 2017b, p1). Therefore, to say that reading behaviourism 'grated' with something in me, demands that to honour claims of reflexivity that I examine and articulate the sources of that irritation, that act as 'hot spots'. Behaviourism represented a different paradigm, a different ontology to that portrayed by David Wills (1971), and his colleague Richard Balbernie (1966). As I perceived it, behaviourism was impersonal, and appeared to leave out, or 'back seat' the personal engagement of the carer providing a service. It also appeared to me to treat clients as objects to be acted upon by professional experts and not as whole people, partners in reciprocal relationships. Whereas something in my nature and experience warmed to what Wills described, in equal measure, something in my nature and experience reacted against what I read about behaviourism. Much of the evidence for behaviourism comes from the study of rats and pigeons. As human beings our needs are more involved and complex and require more to satisfy than only or mainly through the gratification of immediate reinforcers as proposed by those who advocate a behaviourist approach (Herbert, 1993, Hollin et al., 1995). Application of Wright's (2017b, p2) 'hot spot' persuades me that a core value that I bring to life, living and work is relationships. In behaviourism, I did not, and do not see relationship as the vehicle of recovery for children who have been damaged by abusive relationships. The restorative factor as I see it is new and different relationships.

So 'who am I and what is my nature'? Four points provide summary, and a platform for a move into tying my personal development and public works together that provide an answer to the question posed at the outset of this context statement, 'What is the question to which your life's work is the answer'?

In the first instance I am a person of faith. I believe that God called or directed me to the vocational path that I have journeyed. "Calling" and vocation are intertwined; vocation comes from the Latin vocare, meaning calling (Singletary et al., 2006 p.188). As noted earlier in this context statement, when, as a young man, I read, 'Open your mouth, judge

righteously, plead the cause of the poor and needy,' (Proverbs Chapter 31 v 9), that gave me a sense of direction and vocation. My concern for the poor and needy has not been, and is not a patronising paternalistic mission, rather it is based on the realisation that societal structures advantage some but disadvantage others; and children in care do not have a strong voice. My mission has been and continues to be a voice for children in alternative care; not so much as a personal advocate, though I have done that, but more as a conduit that links children's needs to developing knowledge that can help to shape how needs are met. All too often, adults in various subtle, and not so subtle ways blame children for behavioural responses to the adults who then label them; my publication on the role of emotions and meaning making in residential care (Gibson, 2012) was an argument and a plea for adults involved with children to recognise their own role in producing moments of children's aggression for which the child then suffers blame. So, in these and other ways I seek and have sought to 'plead the cause of the poor and needy.'

By way of a second summary point, I think that by combination of innate personality and learning I tend towards a collaborative style of work with others. Reading Wills (1970, 1971, 1960) and later Jones (1978) shaped my thinking about relationships and 'community' as vehicles for growth and change.

My third summary point concerns curiosity. Curiosity is a complex subject that has attracted much research attention. Ryan and Deci discuss differences between '*intrinsic motivation* which refers to doing something because it is inherently interesting and enjoyable, and *extrinsic motivation*, which refers to doing something because it leads to a separable outcome' (Ryan and Deci, 2000, p55). I noted earlier that at first glance my reading and learning was for the benefit of the children. My pursuit of knowledge has not been knowledge for its own sake. I am pragmatic in my thinking and so the knowledge has been for that 'separable outcome'; how to help troubled children. Multiple layers have been part of studying. Undoubtedly another has been that knowledge is power so being quietly well read brought status and respect in the eyes of others. But there is more to curiosity than the dichotomous division of intrinsic versus extrinsic motivation, Litman (2005) provides an overview of dominant theories. Space here does not allow for a full discussion of all the elements of Litman's review, however his writing struck chords with my own experience of curiosity and learning, the core ideas are included here.

According to Litman (2005), curiosity-drive theory and optimal-arousal theory have been the dominant perspectives in relation to understanding curiosity. Curiosity-drive theory holds that humans experience discomfort in not knowing or understanding something. There is a knowledge gap, thus, curiosity seeks to reduce an unpleasant feeling of uncertainty. Replacing that feeling is held to be rewarding, thus motivating. On the other hand, there is 'arousal theory' which holds that humans are 'motivated to maintain an optimal level of arousal, which is pleasurable, whereas being under-stimulated or over-stimulated is unpleasant' (Litman, 2005 p.794). When compared, curiosity-drive theory supposedly reduces the unpleasant feelings of uncertainty whereas arousal-theory assumes core desire to know more and that feeling is held to be rewarding. I do not see this as mutually exclusive. I recognise both in my own experience of being a life-long learner but if asked to declare whether I lean more toward one than the other I tend more toward arousal theory.

I would not have written the summary points above about a faith-based worldview, about my preference for collaborative relationships, and curiosity, if the points did not ring true for me, but to leave the story there would be incomplete. Motivation to work in any of the human services is not straight forward (Hawkins and Shohet, 2012) and as I ponder the questions, "What is the question to which your life's work is the answer" along with "Who am I, and what is my nature" I must include that my own needs have also been central to the work. Writing the auto-biographical statement above helped me to see more clearly that when I ventured into residential childcare it was from an 'incomplete' family. I wanted a brother. I think that my choice of work helped me resolve that issue, not immediately, but in looking after both boys and girls I filled a gap. The area of work also opened adult education to me. I'm happy that my pursuit of knowledge and desire to develop did not get in the way of my role as a parent. The dedication of this writing project in the first few pages is to my wife, Helen. That is sincerely meant and only she knows what I've had to learn about balancing personal life and living with choices – as opposed to demands – of work.

Thus far I have set out the broad personal life-space from which my curiosity and motivation sprang. I was not motivated at school. To say it again but differently, real learning happened after I left school. There was a life inside me that went unrecognised in

childhood. I did not recognise it either. The vague and naïve feeling noted earlier of wanting to help people may have been the seeds of that hidden life; so too was the feeling of connection I experienced with teen peers brought up in care that I met in the factory in Belfast at the start of my working life. I befriended them and found that an easy and natural reaction.

The vocational path I've walked has allowed me to develop, perhaps recover, from the position of failed pupil to finding a place to authentically express myself. In that I find joy and cannot express it better that Palmer J Parker. He observes,

> *"Our deepest calling is to grow into our authentic self-hood, whether or not it conforms to some image of who we ought to be. As we do so, we will not only find the joy that every human being seeks – we will also find our path of authentic service in the world. True vocation joins self and service, as Frederick Buechner (1993 p.119) asserts when he defines vocation as "place where your deepest gladness meets the world's deep need." Buechner's definition starts with the self and moves toward the world: it begins wisely, where vocation begins – not in what the world needs (which is everything) but in the nature of the human self, in what brings the self joy, the deep joy of knowing that we are here on earth to be the gifts God created. (Parker Palmer, 2000, p.16)"*

What joy have I found in my work and in the world of work that I occupy and that has occupied me? What is that world's 'deep need?' I have found joy in learning. I have found joy in helping others to learn and change. I have found joy in the pleasure of knowing that I have helped enrich relationships between some children and their carers (Pearce and Gibson, 2016b) and between children and their educators. I have found joy in influencing organisational policy; in PW2 I saw a curriculum gap in Cornell University's Therapeutic Crisis Intervention (TCI) Programme. The Programme Director agreed, and she and I jointly authored PW2. PW6 involved me in importing The Triple-A Model of Therapeutic Care to Donegal, Ireland. The Child and Family Welfare Agency in Donegal at my request ran an initial pilot and are now two years into a three year roll out. That is a world first as it has not previously been implemented outside of Australia. I return to further discussion of these public works below.

The Triple-A Model of Care is in its infancy. It appears to be an efficacious model designed to engage carers in filling emotional gaps in children's lives and whilst I am

enthusiastic about the approach and about how the author assembled the theory base, it has not yet been subject to any evaluation as to effectiveness.

The Theoretical and Professional Context of Selected Public Works

In 1991 Eisikovits appealed to the field of youth work and childcare social work to make better use of available knowledge. He produced a knowledge matrix to plot knowledge used and known, knowledge unknown and used (intuition), knowledge not used and not known in this field.

	Known	Unknow
Used	1. Knowledge known and used	3. Knowledge unknown but used (Intuitive)
Not used	2. Knowledge known but not used	4. Knowledge unknown and not used

Table 2 Knowledge Used and Unused in Child and Youth Care Work

Eisikovits (1991) lamented the fact that the field at that time was stuck in cell 2, that is, knowledge known but not used. I have no objective way of knowing if it is still so. I want to think it is not. I want to think that in the second decade of the 21st century that use of knowledge to help children in our time is better. I am comforted a little that two interconnected fields of knowledge related to better understanding child development and how to help children now populate bookshops and online media in very accessible language, these are attachment theory (Bevington et al., 2016, Hughes, 2009, Dozier et al., 2001, Silver, 2013, Furnivall, 2011) and neuroscience (Perry, 2006, Hughes and Baylin, 2012, Gabowitz et al., 2008, Jensen, 2015). Alas, I agree with Eisikovits (1991) and his colleagues that we are still, mostly in cell 2, that is, knowledge known but not used. At this point I can begin to provide an answer to the question posed, "What is the question to which your life's work is the answer?" It is, what is the best knowledge that agents of society, e.g. foster carers, teachers, social workers, and a host of others should draw upon to provide assistance to children whose expected life trajectory has been disrupted by adverse life events? My public works draw on theory and knowledge and each of them is about applying that knowledge.

As the nineteen nineties closed, Frost (1999) asserted that the current public image of children who populate care homes is confused and reflects notions that they are 'either

victims, having been sexually or physically abused, or villains, who are beyond control, involved in prostitution, crime or going missing; almost 20 years have passed since that was written and accuracy in public perceptions remains uncertain. Who are these children and young people?

There is no definitive classification of the children who populate children's homes. In a recent study in Scotland that reviewed UK and international literature (Barron, 2017) it was reported that up to 41% of these young people experience abuse, including neglect, domestic violence, physical assault, and emotional and sexual abuse before entry to care placements.

In the list below Whitaker (1998) noted the following as common behaviours, her list is as relevant today as when it was compiled;

- Fearfulness of going to school or of the prospect of leaving care
- A sense of being lost, of having no one and having no future
- Persistent and continuing offending
- Inappropriate sexual behaviour, ranging from sexualized behaviour to prostitution
- Difficult relations with parents, ranging from concern about health, to outright rejection
- Continuing offending
- Sexual behaviour
- Chaotic behaviour and poor impulse control, including proneness to harm others or destroy property

Anglin (2002) refers to behaviours like these as 'pain based behaviours' with the felt pain being emotional. Pearce (2017 p. 80) notes the following as common behaviours among this section of the youth population, maladaptive perceptions of self, maladaptive perception of others, maladaptive perceptions of the social world, hyperarousal (anxiety), and preoccupation with accessibility to needs provision. These are children on the edge of society. They are children, who, early in life suffered repeatedly from failure of 'recognition' (Honneth, 1992, 2001). Recognition in this sense is about those accumulations of early and profound inter-subjective experiences that develop consciousness and make us human (Trevarthen, 2011, Trevarthen and Aitken, 2001). The earliest form and experience of being recognized as a person is now understood as attachment. John Bowlby is known as the 'father of attachment theory' (Holmes, 1993, p 10). Attachment is defined by Dr Helen Gogarty, an Irish researcher and attachment specialist as

"Attachment is an in-built behavioural system that each child is born with. It is instinctive from birth and may be described as nature's child protection system. The attachment system motivates children to seek out closeness with caring adults and to bond with them over time. Attachment is a lifelong process, but is most evident in early childhood when the templates for attachment are being formed through repeated interactions with caregivers that are mapped and held in memory as internal working models " (Gogarty, 2018, personal communication).

In PW 4 I outline how a personal stress breakdown led me to a deeper understanding about disrupted attachment in early infancy; or expressed another way, how a breakdown in the experience of being recognized as a person can have a profound effect on the developing person.

As a young man new to the field of work with children in residential care I quickly encountered many of the behaviours noted above. And, as I wrote earlier the dominant narrative of the time was that these children were, 'maladjusted', 'disturbed', 'truculent', 'delinquent', or 'educationally subnormal' or just 'badly behaved'. By the last decade of the 20th century and the first decade of the 21st century that narrative changed. It is out of that new narrative that my public works emerged.

The new narrative is one that illuminates child development more precisely than ever before, and that shines a light on what happens when children's developmental needs are not adequately met or are inconsistently met. PW 1 and PW 2 share a common connection in that they each were a response to curriculum gaps in the Therapeutic Crisis Intervention Programme at Cornell University. PW 3 to PW 6 represent a growing coherence in my thinking about aspects of the 'deep need' amongst children in the care system and their various carers. Public works three to seven were crafted against a background of, 1) my feeling anger about what I now call 'relational injustice' and lack of recognition by some workers in care homes of their own role most times unintentionally of provoking aggression in their young charges, 2) a personal experience of emotional breakdown that lead to 3) my drive to understand childhood trauma by exploring the latest thinking from the fields of neuroscience and attachment theory. In what follows I firstly present and critique PW1 and PW2. This is followed by a discussion of the remaining public

works in which I give expression to a coherent way of thinking about and responding to the needs of children and their care givers.

Public Work One and Two – Introduction

These works share a common connection through being part of the Therapeutic Crisis Intervention (TCI) Programme developed, led and managed by the Residential Child Care Project (RCCP) in Cornell University, New York.

I have been an external faculty member of RCCP since 1996. RCCP is part of the Bronfenbrenner Centre for Translational Research (BCTR) in the College of Human Ecology. BCTR strengthens, and speeds the connections between research, policy, and practice to enhance human development and well-being. BCTR focuses on research that informs policy issues and debates and engages stakeholders at all levels in effective partnerships. Translational Research (TR) promotes a bi-directional pathway between scientific research and community practice, bridging these two realms in effective ways. The BCTR was named in honour of Cornell's developmental psychologist Urie Bronfenbrenner who pioneered a multidisciplinary and translational approach to human development and helped create the Head Start programme.

Therapeutic Crisis Intervention (Holden, 2009) and The CARE Best Practice Model (Holden, 2009) are two main programmes that make up the work of RCCP. I deliver both of these and have been involved in their continuing research and development since 1998.

TCI is a crisis prevention and intervention programme. It is a competency based curriculum, the three core competences are; to be able to prevent crisis, to manage crisis therapeutically and to process with children, post crisis, in a way that helps them to develop more effective emotional coping skills. The curriculum teaches that a crisis occurs when, 'A young person's inability to cope results in a change in behaviour' (Holden, 2009, p22).

Crisis in this context leads to what is frequently called challenging behaviour. Many children in care settings become involved in very high-risk behaviours. Recently, Sexual Exploitation of Children (SEC) has been a headline issue (NSPCC, 2018). Such a situation is highly concerning and is clearly crisis in nature. A young person involved in SEC necessarily

removes themselves from the presence of caring adults. TCI aims to equip organisations and their staff with the skills necessary to help troubled children and young people when they are *in* the presence of their carers. In PW3 I provide a brief example to convey a picture of crisis in a foster care setting. It could just as easily have been in residential care.

TCI is delivered as a Train the Trainer model and participants are financed and supported by their employing organisations. Sponsored trainers then deliver the training in their own organisations. Trainers are required to re-certify annually by attending a one or two-day trainer update and demonstrating competence in key areas. At any one time there are between three and four thousand TCI trainers dispersed across six countries, USA, Canada, Israel. United Kingdom, Republic of Ireland and Australia.

Up until 2013 RCCP published a yearly house journal named REFOCUS. PW 1, PW 3 and PW 4 were published in it. Each print and circulation production ran to four thousand copies. REFOCUS in the first instance was distributed to TCI trainers. These were my primary audience. By influencing them I hoped to improve some childcare practice. Other interested parties such as organisational managers and policy makers were also included in the circulation. As I illustrate below the Public Works were acts of influence. Each one was an attempt to influence the childcare field by persuading TCI trainers and others to be more responsive to and informed about the needs of children and young people, unable, through no fault of their own to live with their biological parents. There is no way of knowing how many of the articles were read therefore it is difficult to gauge the impact.

Public Work One: "Anger: Troublesome or Therapeutic Challenge"

Motivation and Intention

I want to make three points as I lead into a discussion of PW1. Firstly, I wrote it from an emotional basis of personal frustration, annoyance and, yes, tinges of anger. Having earlier in this context statement committed to applied reflexivity, I am obliged to explain the source of frustration and anger. In my role as social work consultant to one particular child care organisation I read and reviewed many social work reports about children's challenging behaviour, I saw there examples of some carers writing themselves into reports as 'consistently moral persons' in other words they did not view their actions and inactions as a constituent part of the young person's acting out behaviour. The young

person was deemed to have behaved badly, or as many of the reports I read expressed it, the child 'displayed poor behaviour and did not respond when encouraged to make good choices'. After becoming aware of Honneth's (2001) work on recognition theory I began to describe some episodes in social work reports as having the character of 'relational injustice.' Here, I return to reflexivity. Through writing this context statement I can see now that my not wanting to be part of sectarian inspired community oppression in Northern Ireland acted as the same root for my annoyance at the relational injustice experienced sometimes by children in care due in part to power imbalances. So too is my school experience of relational injustice in that no adult took an interest in me, that is, outside of family.

Here is one example that was shared with me by the young man involved. I independently verified the incident. A sixteen-year-old boy in a small group home had extreme difficulty sleeping. He might fall asleep at 6am. He was not physically fit for school due to tiredness and was anxious about going anyway. On one occasion when he had managed a few hours' sleep a worker persuaded him to go to school. As he the young man were exiting the care home to get in the car, another worker shouted at the youth, "And you needn't think my lad that you'll be going out tonight because you've got consequences for keeping other people awake last night." Remarkably he went to school that day for a few hours. He kept a commitment to the other worker to at least try school that day. I make no claim that this encounter is representative of what happens in alternative care settings. There are many positive moments that serve purposes of care and relationship building. However, incidents like the one reported above seem to happen frequently enough to be a concern. It was this concern that inspired me, from a place of outrage to write public works One and Three.

The second introductory point I want to make about the specific context of PW1 is that I wrote it to contribute to an existing learning activity in the TCI curriculum. And lastly, I wrote it to try and help TCI trainers challenge and change power imbalances and 'relational injustice.' Positional or hierarchal power, that is, staff relative to child is the traditional form of power in institutions. The overuse of positional power that leads to beliefs that the staff are right, denies children legitimate opportunities to speak from their power base as the permanent occupiers of the 'institution'; because of shift work arrangements staff live off

site and so are temporary but powerful visitors. My hope for PW1 was that it might sensitise readers to misuses of power.

PW One: An Act of Influence

At the end of their training TCI trainers receive a substantial Trainers Activity Guide that contains all the required training material. The guide comprises forty-two structured learning activities and covers twenty-eight hours of training. One of these activities is Activity 7 called Knowing Ourselves. The stated objectives of this learning activity are that participants will

- Describe how self-talk can feed anger
- Identify how adults' perceptions influence intervention choices
- Identify personal triggers and negative self-talk
- Develop strategies and self-talk to reduce anger in potential crisis situations
- Choose to monitor personal stress levels and maintain a professional perspective (Holden et al., 2009, p20)

The activity addresses the need for carers in whatever capacity to manage and not react to their own anger when provoked by a child or young person who is struggling to self-regulate and whose way of coping may be hostile and accusatory. I knew from my own experience and of watching colleagues that adults in caring and educational roles could easily get caught in spirals of escalating anger. I felt that the activity while beneficial, needed something extra that trainers might add to their training. I felt that the activity lacked an element that might help new trainers grasp the seriousness of these issues. When I worked as manager in children's homes, I frequently felt that children's complaints about carer's anger were justified. Yet there was a power imbalance and children's voices were sometimes not fully heard. At times I was guilty of being more supportive to colleagues than to children.

My Response

PW 1 details how I devised an addition to the TCI curriculum and embedded it in an article that commenced by reporting a real encounter that I experienced with an adolescent girl in which I managed to extricate myself from what might have been an angry and

escalatory episode. The article presented a short literature review and then went on to report on the addition I devised to the Activity 7 in the TCI curriculum.

The addition took the form of a straw poll of participants in TCI training groups that asked them to confidentially write down the percentage of incidents in their experience in which a child might display some nuisance level behaviour. The question ended with asking the percentage of these incidents that escalated due to adults getting angry. PW1 reports that I carried this out with over 200 participants. I have continued with this activity but discontinued record keeping as the results in all groups remain basically the same.

Impact and Critique

I make no pretence that the straw poll reports on anything objective. If participants were asked to report on the number of times that they personally acted in a way that escalated a young person's behaviour, then the question that raises is would the scores be lower or higher or just the same? The point here is that there is a human tendency to see the self as better and worthier than how we see others, another factor that might add to doubts about self-report is that where people are incompetent then they are 'ill-suited to recognise their own incompetence' (Pennycook et al., 2017 p. 1774).

Given the scores as shown in PW 1 and which are found repeatedly may not be objective, then another question that arises is, if adult anger with these children is in fact a problem? I believe that it is, for, along with asking the percentage question I also asked participants for examples of two other elements. These were an invitation to comment on the reasons for the high percentage of observed incidents fuelled by their colleagues, and, what they saw colleagues do that indicted anger. The responses can be seen in PW1. Assuming the reported reasons such as 'staff stress due to working hours' and 'absence of shared philosophy or approach to work with children and young people' are accurate; assuming also that observed behaviours such as 'carrying a grudge against a young person and not speaking to them for several days' and 'sarcasm' are real, then these qualitative items may carry more weight than the quantitative question about percentages.

In the 'concluding thoughts' section of PW1 I make a passionate plea for the care of children in non-home care settings to be informed by a strong theoretical basis. I argued that the absence of such a framework leads to care staff relying on their own value base,

instinct and intuition to make responses. At this stage in my career I believed strong programming and leadership to be essential components in organising effective care for these children (Holden and Gibson, 2003). However, I was not sure what exactly that would look like or indeed what exactly was the most effective theoretical basis. Earlier in the text I mentioned that reflecting on my career does not reveal a clear route map, rather, what I see are many staging posts. PW1 is just that. In it I made contribution to the TCI curriculum, but more significantly in the closing section of the work it gave me opportunity to strongly express a conviction about informed caring for very troubled children. I have no evidence that my passionate plea influenced anyone but stating it was an important realisation for me. It helped me to give expression in a controlled and managed way to my own feelings about episodes of relational injustice. The same theme is picked up in PW3 in which I argue for a mindset shift in adults charged in whatever capacity, with the care of children. Chronologically PW 2 is my next public work and, like PW1 it is part of the Therapeutic Crisis Intervention (TCI) within the Residential Child Care Project (RCCP) at Cornell University, New York.,

Public Work Two Adapting the Life Space Interview for Proactive Aggression".

The three thousand plus (TCI) trainers worldwide recertify annually as Associate TCI Trainers. PW1 is part of a suite of annual recertification updates It comprises three written works. The three works are, a Trainer's Reference Manual, a Trainer's Activity Guide and a Student Workbook for participants. I am the principal and first named author. This is a concurrent public work. New TCI trainers are trained every year in seven countries. Many of these recertify via the LSI update. This gives them access to LSI training material that they in turn deliver to direct childcare workers and organisational managers. The following table shows the number of trainers who have used the LSI for Proactive Aggression as their annual recertification update. Unfortunately, there are no figures available for the number of direct care workers that these trainers have then delivered the training to within their organisations. There is currently no obligation on organisations to return these figures.

Table 3 TCI Trainers Worldwide

Number of TCI Trainers in these countries trained in LSI for Proactive Aggression since 2008	
Australia	12
Bermuda	1
Canada	13

UK	112
USA	356
Republic of Ireland	43

The Life Space Interview is a central plank of the TCI curriculum. The LSI was devised in the 1950s (Redl, 1959). Redl and his colleagues were clinically trained in psychology, social work and psychiatry. They provided therapy to 'maladjusted' boys using office-based therapy by appointment; the dominant medical model of the day. The boys lived in small group homes in Detroit, USA. These clinical staff realised that the carers who looked after the boys daily had more therapeutic potential than they had as one hour per week therapists. They devised tools to equip these daily carers with therapeutic skills (Redl and Wineman, 1952, Trieschman et al., 1969). The Life Space Interview, or, as originally named "The Marginal Interview" was one of these tools. The notion of 'marginal' referred to the fact that staff's interventions with the boys remained marginal and secondary to the real therapy which was done in the 'therapeutic hour'. What Redl and his colleagues got totally correct was to privilege and provide education that enhanced the central role and potential therapeutic influence of the carers who spent most time with troubled children. The LSI as originally devised was intended as a reflective tool to help children, who, because of disrupted early development and other environmental influences struggled with emotional self- regulation and were apt to respond with outbursts of reactive aggression.

Reactive and proactive aggression are two broad types recognised in the psychological literature (Dodge and Coie, 1987). The LSI in the main TCI curriculum is founded on three basic principles that remain relevant today; 1) explore the child's perceptions and meaning of the behavioural episode precipitated by a triggering event; 2) help the child to understand and own, the connection between the emotions aroused by the triggering event and their subsequent behaviour and; 3) help the child devise different coping strategies to use if they experienced the same emotions on a future occasion.

When TCI was originally conceived it included a core structure of steps that front-line staff were trained to follow to conduct an LSI. When TCI was launched in 1981 it included, and still does, a version of Redl's (1959) LSI.

As noted above TCI is designed to equip carers in a range of childcare settings to work successfully with childhood reactive aggression. That is aggression that is driven by emotions. However, not all aggressive behaviour in such settings is reactive. Some is proactive, that is intentional, planned, and deliberate. The TCI curriculum contains teaching material on both types of aggression.

Through delivery of TCI Train the Trainer events and by listening to the expressed needs of new and experienced TCI trainers I realised that the premise of the LSI for reactive aggression, i.e, emotional dysregulation, did not fit the cognitively based intentionality of proactive aggression. TCI trainers consistently reported that attempts to use the LSI framework in relation to episodes of proactive aggression failed. Not surprising, given that proactive aggression is not emotionally based.

Children who resort to proactive aggression are not deficient in emotion regulation skills, in fact their ability on occasion to regulate emotion is above par, they have learned to control emotion and intentionally use aggression to achieve a goal or meet a need. This mismatch of the LSI for reactive aggression when used to engage youth after an episode of proactive aggression amounted to a skills training gap in the core TCI curriculum. I volunteered to fill the gap by developing an adaptation of the LSI for situations in which children and young people used proactive aggression to meet needs or goals.

I drew on the work of Wood and Long (2001) to develop the required adaptations. Table Three illustrates how the LSI for reactive and proactive aggression adhere to the same core structure but differ in emphasis. The LSI for reactive aggression requires care staff or teachers to empathise with a young person's stress / distress at losing control. It requires direct empathy and a focus on helping the child to anticipate a future time when the same feeling might threaten to overwhelm them again and to try and manage the feeling differently; in other words, pro-socially. The LSI for proactive aggression also requires an empathetic understanding of the young person but it is more challenging and confrontative. A worker using the proactive LSI must sort out if the child is trying to achieve a legitimate goal or need but using intentional aggression to that end; the focus of this LSI is cognitive more than emotional.

I believe from information shared anecdotally by TCI trainers and instructor colleagues that the Adapted LSI for Pro-active Aggression is a welcome addition to the suite of updates. More critically, neither it nor the LSI for reactive aggression has been evaluated for effectiveness. It seems to be an efficacious model, that is, at face value it appears to have the potential to do what it is designed for.

Table 4 Outline of Life Space Interview

Steps of the Life Space Interview		
Steps	Reactive Aggression – Practice Tips	Pro-Active Aggression – Practice Tips
I Isolate the conversation	Let's find somewhere quiet to talk	Let's find somewhere quiet to talk
E Explore the child's point of view	Let's see if we can make sense of what happened just now. What was going on?	Find out from the young person what happened. Try to establish the goal of their behaviour – what did they want to achieve e.g. stand up for themselves, teach others to respect them. Feelings will be less obvious than with reactive aggression. The difference is that emotions may be separated in time from the event that annoyed them.
S Summarise the content and feelings	Have I got this right, you were having fun then Jimmy started to call you names and then you got angry and got into a fight with him	Develop a timeline that includes the initial emotion, goal and actions. e.g the other day in class Billy gave you a dirty look and that annoyed you. So, you waited till today to try and teach him a lesson
C Connect feelings to behaviour	When someone calls you a name you feel offended, get angry and you hit out.	Connect the feelings, actions and goals. Connect the outcome to programme values and expectations e.g. So, when you feel disrespected it upsets you and you want to teach them a lesson by fighting and that is not allowed here.
A Alternate behaviours discussed	What are other things you can do when you are angry? What might work for you in future?	Generate alternative strategies to achieve the goal. Next time you want to teach someone to respect you what will you do differently.
P Plan and practice new behaviours	Ok, so the next time someone starts calling you names you are going to walk away and come and ask one of the adults for help.	Work with the young person to develop a plan for next time and practice it.
E Re Enter back into the programme	The rest of the group are going to play football – do you feel ready to join them.	Plan to have the young person return to the group / programme

As a learning exercise the steps are not difficult to train or to learn in the controlled world of the classroom. That said, Redl noted that the LSI 'involves as subtle and important issues of strategy and technique as do the decisions the psychoanalyst has to make during the course of a therapeutic hour' (Redl, 1966, p.40). I assume that there is a world of

difference between the education of those who practice psychoanalysis and that received by front line childcare workers and other carers. The real world of encounters with real children is a different matter and in that context the effectiveness of either LSI has ever been evaluated. Recent research among TCI trainers (McCabe and Gibson, 2018), carried out in USA, UK and Ireland indicated that trainers believed that the staff they trained, in other words their colleagues, required more training in the application of the LSI. That desire for more training suggests that TCI trainers believe that there is a deficit in staffs' capacity to effectively carry out LSI.

My intention here is to apply a critique concerning the theoretical basis and level of skill required to carry out the Life Space Interviews rather than comment on its effectiveness for, as already stated it remains to be evaluated. That is a matter that I hope the RCCP will at some point take up and investigate. I turn first to the theoretical basis.

The original LSI was based on ego psychology and notions of ego weakness and ego deficiencies and defences. In his various publications Redl, who was a master observer of children's behaviour writes about the children as patients, in other words as being sick or ill, about libidinal drives and psychopathology, about the id and superego. That language is now redundant within the childcare field. Nevertheless, his observations of the children he worked with in the 50s and 60s are still relevant today,

> *"… many children have more feelings of anxiety, panic, guilt, shame and fury than they should or than the normal child would experience but also that they don't know what to do with such states of mind when they arise," (Redl, 1966p.48).*

With Redl's work and perspective on child development and 'psychopathology' as its core premise then the LSI for reactive aggression is seen as based on what nowadays is referred to as a 'skills deficit' (Greene and Ablon, 2006). Specifically, the skill deficit is emotion regulation.

The LSI for proactive aggression is based on notions of faulty learning, that is, that the child or young person has learned from her or his environment that it is acceptable to use aggression and violence as a vehicle to achieve desired goals, for example to defend family honour, or 'teach' another child to show respect, or to 'get even'. The divide between reactive and proactive aggression is not peculiar to the TCI curriculum, it also

reflects the psychological literature (Dodge and Coie, 1987). The TCI curriculum uses graphics as in Figure 2 and Figure 3 to illustrate the differences between reactive and proactive aggressions. Figure 2 illustrates behavioural escalation that includes aggression and possible violence as connected to an obvious triggering event. Figure 3 illustrates the time lapse between a triggering event and the point at which an individual chooses to use aggression or violence to achieve a desired stage or goal.

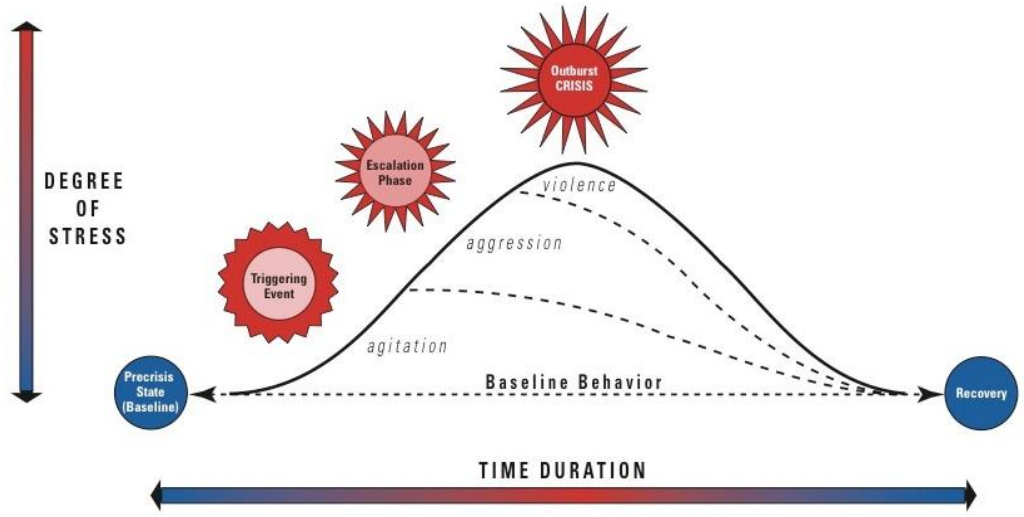

Figure 2 The Stress Model of Crisis

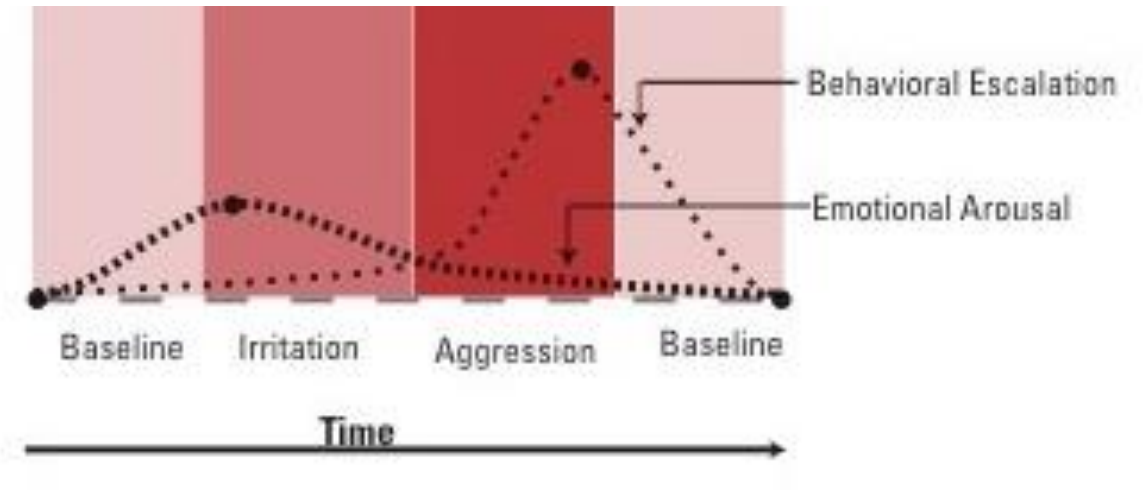

Figure 3 Mode for Proactive Aggression

The TCI curriculum teaches that reactive aggression is primarily caused by emotional flooding, whereas proactive aggression is fuelled less by emotions and more by cognition. Recent work by Carol Dweck (2017) has potential to reconfigure this dichotomous approach by basing both types of aggression on the basis of human beings involved in meeting needs as opposed to skill deficiencies or faulty learning. The issue then for childcare social work becomes how to meet basic needs. That does not rule out helping children develop interpersonal skills, but to my mind, meeting needs comes first. When needs, for example like safety are met, in the context of trusting relationships, then children are more open to learning.

Dweck (2017) proposes, '… the beginning of a theory that aims to integrate motivation, personality, and much of development under one umbrella' (Dweck, 2017, p.689). Her stated belief is that a unified theory will facilitate thinking about and planning to meet social problems that are currently viewed through different theoretical perspectives. Drawing from both classical and modern theories she makes the case that

- Motivation derives from basic human needs, including psychological needs;
- These needs give rise to goals designed to meet the needs;
- As people pursue need-fulfilling goals, they form mental representations;
- These representations (consisting of beliefs, representations of action tendencies) guide future goals;

- In doing so, they foster characteristic, recurrent patterns of action and experiences (traits) – indeed traits can be seen as styles of pursuing need fulfilling goals;
- These underlying representations and styles of goal pursuit are at the very core of personality development;
- Understanding these representations and styles of goal pursuit gives us leverage for growth and development.

Dweck goes on to review a larger literature on human needs and distils these into what she describes as core and emergent human needs, see Figure 4. She concludes that there are three core needs; acceptance, predictability, and competence. By distilling the literature on needs she argues that combinations of these conjoin to form emergent needs. Thus, the need for trust emerges from the conjunction of acceptance and predictability; the need for control emerges from the conjunction of predictability and competence; the need for self-esteem and status emerges from the conjunction of competence and acceptance. She argues that the need for self-coherence is the core to all the needs. She argues that 'outcomes from all the need related goals feeds into feelings of self-coherence and that by monitoring self-coherence we keep tabs on the wellbeing of the self' (Dweck, 2017, p 695).

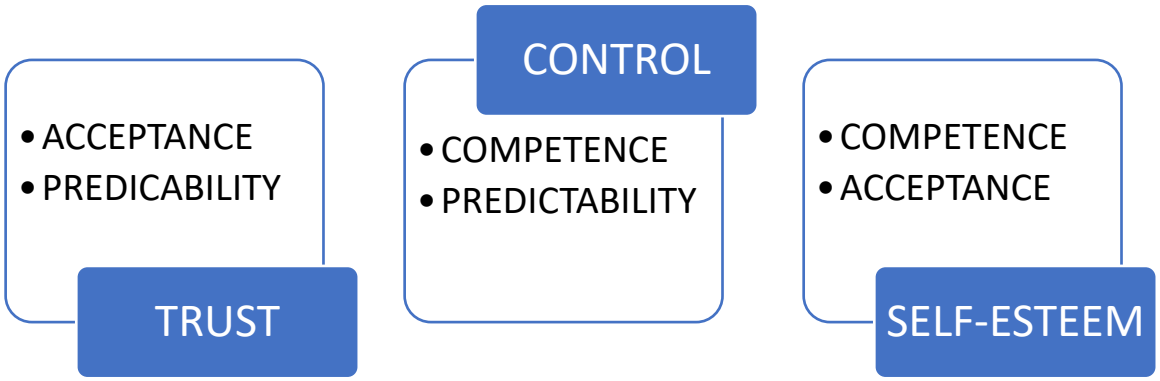

Figure 4 Dweck's Core and Emergent Needs

I propose that many of the children and young people that populate the childcare social work system do not enjoy 'self-coherence'; that all their behaviours are attempts, however awkward, to meet one or other of the core or emergent needs put forward by Dweck. I would like to see a future reconfiguration of the LSI whether based on reactive or proactive aggression that would change the focus to meeting needs. The TCI curriculum is currently at version six. The team at Cornell, of which I am a part, has just begun a literature review as a first step in taking TCI to version seven. It is in that context that some of us are reading this work by Dweck, thus I am hopeful that her work will find a place in TCI version seven and that that will lead to an opportunity to review the premises of Life Space Interview.

Public Work 3 – 6 An Overview

In this section I provide a brief overview of these public works by examining my intentions and motivation, the intended audience and the outcomes. I follow this then with a conceptual integration that represents my way of looking at and being in the world of childcare social work. The conceptual integration is further part of answering the question, "What is the question to which your life's work is the answer?" Put another way, "What is the best knowledge currently available that has most possibility of re-orienting children on to a developmental trajectory?"

Public Work 3 Emotion Matters and Meaning Making in Residential Child Care

Intention and Motivation

Like PW 1, which was about the challenge of working with and recognising the destructive possibilities of adult anger in moments of interaction with children and young people, PW 3 also picked up the theme of emotions, emotions, that is in a general sense. Also, like PW 1, PW 3 was fueled and motivated by my desire to have children treated fairly and as equals in their humanity. I accept that adults in child care and education roles carry authority and positional power. That conferment places considerable ethical responsibility on them. In writing PW 3 I was conscious of a wish that I could get child care practitioners to make a mind-set shift from what I called a structuralist view of children's behaviour that views the cause of behaviour arising from within the self to an interactional perspective that views behaviour as arising from meaning making that occurs in moments of interaction between people. To do this I drew on the theory of symbolic interactionism (SI) (Charon,

2001, Blumer, 1969). Core to SI are three notions, 1) that human beings act toward things on the basis of the meaning that things have for them. In SI 'things' have a special name and are known as social objects. A social object is anything that can be indicated, pointed at, or known by description or referenced with words or gestures; 2) that the meaning of social objects is derived from interaction with other human beings. Thus, as a child develops, they learn the meaning of objects from many others they meet, and with whom they interact. But the meaning derived can be current as well as something learned in the past. The third point is that individual's meanings are handled in and modified by an interpretative process used by each individual as they encounter social objects. There is of course more to SI than these three points, but my thinking when I wrote PW 3 was that if adults involved with children could step back and see themselves as meaning makers in children's lives, that view could make for qualitatively richer experiences for both parties.

Intended Audience

PW 3 was published in the RCCP REFOCUS magazine. The print run for each time the magazine was published ran to four thousand copies. These were circulated to TCI Trainers and others. How many read the article? How many of those who did read it took note and adopted a different approach to their interaction with children? Those facts are unknown. What I can say is that before I read about symbolic interactionism I was already possessed of an intuitive knowledge, Cell 3 in Figure 1, of moments of interaction and the importance of quality in those moments. I mentioned the boys from care homes that I met in the factory where I started working life. I believe that I acted toward them then with respect and interest. The other fact that I can cite is this, that in the training that I do with foster carers and others, meaning making figures heavily when I put this question to them, "In years to come, when the children you care for are adults , do you want them to remember you, assuming that you do, how would you like them to describe moments of interaction with you?" I have repeated that thought in many training groups. I consider it to be a public work; an act of influence. So, whilst I cannot say with certainty that PW 3 had an impact on others, I can assert confidently that writing it consolidated my thinking.

Public Work 4 Keeping the Mind of the Child in Mind: Learning about Childhood Trauma from Personal Experience

Intention and Motivation

The title for this work came from a journal article by Ironside (2012) in which he emphasises the need for the adults concerned with a child, for example, in foster or residential care, to work together. An obvious statement, but specifically, the work he advocates is to meet together to think into the mind of the child. He refers to this as a 'reflective space' (Ironside, 2012, p 29) this might sound like an ethereal mystical concept. It is not. The activity carried out within the reflective space is called mentalisation (Allen, 2014); to mentalise represents the human capacity 'to reflect upon and understand the mental state of oneself and others that underlies presenting behaviour' (Ironside, 2012 p.29). I develop the theme of mentalisation in the conceptual integration section toward the end of this work. In this immediate context I want to explain that mentalisation is one of those powerful processes that takes place intersubjectively from the moment of birth as 'good enough' parents and/or primary caregivers, by imagination, feel and verbalise emotional states and reactions that the new born infant cannot yet put into words about, for example, being hungry, or wet or having soiled or needing stimulation or for that matter, soothing. Mentalisation is fundamental to human communication and the experience of being understood by another. Reading the Ironside (2012) paper was my first encounter with the concept of mentalisation. I experienced mentalisation as a rich concept. Knowing about it has added depth to my work and including it in PW 4 was an act of influence in putting it before others.

The personal context of Public Work 4 emerged from a combination of a stress breakdown with clinical depression that led to an interest in the field of neuroscience. In 2007 my wife and I decided to relocate from Northern Ireland back to the Republic of Ireland. Not because of this, but due to an accumulation of stressors, that included pressures of self-employment and being driven by an over interpretation of the importance of work, I experienced a complete stress breakdown with clinical depression and anxiety. I wrote about that experience in PW 2. For the first time in my life I realised the frightening impact of involuntary intrusive thoughts. I had worked with teenagers who reported disturbing intrusive thoughts; I believed I was well equipped to show empathy with their experience. When I developed unwanted thoughts about suicide and irrational associations

between lengths of rope and roof beams in the attic, I realised that my attempts at empathy were probably limited! I recognised my own symptoms of panic attacks and an obsessive fear of suicide, as clinical depression. Not once did I contemplate suicide, but I developed a fear of it happening as if by accident. It took the best part of a year for me to accept that I needed to take medication; I gave in eventually and took medication for a two-year period. This experience acted to increase my empathy and focused my curiosity on brain function and on the mind.

Whilst off work and slowly recovering I began to read about mindfulness meditation (Kabat-Zinn, 2009) and about brain science (Leaf, 2009). In 2013, when I was well on the way to recovery, I attended a two-day conference on neuroscience, the main speaker was the neuroscientist, Dr Bruce Perry. I found that his work on childhood trauma suddenly answered a question that I pondered over when I started work in childcare in 1972. In 1972 and for many years afterwards I read about 'maladjusted' or 'emotionally disturbed children.' Perry's work on trauma and neuroscience provided answers to my question, 'what part of their being is 'maladjusted or emotionally disturbed'? I detail my understanding of that in the Conceptual Integration toward the end of the context statement. Like PW 1 and PW 3, PW 4 was also published in the RCCP REFOCUS Magazine, however, unlike PW 1 and PW 3 where I have no evidence of an actual readership, at least with PW 4 I know that out of the circulation list of four thousand at least one person read it. I was contacted by a TCI Trainer who thanked me for sharing my story of breakdown as it gave him hope in his recovery from a similar experience.

It was without conscious intention, and I didn't notice it till some time later, but there is a common language, sentiment or thread running between public works one, three and four. In PW1 I ended with this appeal.

> *"Individual child care workers have a responsibility to inform themselves about how to engage therapeutically with volatile and angry young people. However, the key responsibility lies at the level of agency administration and management. It is they who need to provide leadership in the design of care environments that truly support front line staff in their task of caring for and working with vulnerable young people. That task involves encountering strong emotions in the young people and in themselves. Leadership and design of care environments includes the knowledge to understand and the skill to respond to strong emotions like*

anger, not as a troublesome emotion but as therapeutic challenge that contains elements of danger as well as, or, opportunity for personal growth, development and change" (Gibson, 2002).

In PW 3 I argued for a

'mind set shift' (Kegan and Lahey, 2009, Kegan and Lahey, 2001) from predominantly 'structuralist' perspective i.e. what is in individuals that produces behaviour (including emotions) to thinking that embraces a structuralist and 'interactionalist' perspectives i.e. what happens between people to produce meaning and emotions. It seems that adopting the latter is the most difficult to do. It is easier to act on the belief that behaviours are caused from within the 'other person' than to consider that 'I' as one of the parties involved in a sequence of behaviours may also be a causative factor. The core processes of daily life and living in this form of social care are achieved via interaction (Anglin, 2002, Anglin, 2004) thus, conceptual tools that help us think about the form and nature of interaction are essential" (Gibson, 2013).

And in PW 4 I drew on the work of Perry (2006, 1995, 2010) and promoted his notion of 'biologically respectful relationships', I wrote

"The human brain is designed for a different world. Human beings were designed for a relational world. A world of community, kinship, neighbourhood, mutuality, as Dr Perry says, "the clan". It takes very little thought to construct aspects of modern living that are the opposite of a truly relational environment. Put modern technology and the cyber age at the top of the list; on the one hand, it has increased communication, but again, on the other hand, cyber communication has diminished real relational communication. Add the stress of modern living and you arrive at a recipe that is not 'biologically respectful', (Perry, 2006, Perry, 2010). Biologically respectful is a term that deserves elaboration. Return for a moment to the picture painted above (in PW 4) *of an adult gently rocking a month-old child that has just been fed, had its nappy (diaper!) changed and is satisfied. There are no demands put upon the child that it cannot 'meet' or that are not beautifully congruent with the infant's needs. The image speaks of a biologically respectfully encounter. Now step from that picture and look at another picture. In this second picture there is a child who has experienced 'complex trauma' (Arvidson and Evans, 2011) and she or he encounters relational and environmental demands and expectations that are outside the child's 'zone of proximal development' (Holden, 2009), the child's stress response system is triggered and sets off harmful body-based psycho-biological and behavioural responses that ends in restraint! I hope that these contrasting pictures give definition to the term, 'biologically respectful.'"*

My point was, and is, that sometimes adults that look after children who have experienced developmental disruption through relational trauma (defined in the sections that follow) behave toward the children in ways that are not 'biologically respectful'; there is no mentalisation, when that happens and causes a behavioural escalation it is the child that gets the blame for exhibiting a stress reaction that either the adults or the child care systems are part of. Therein lies a power imbalance and an abuse of power.

At this point, and as I write, I apply Archer's (2007) idea of reflexivity as internal dialogue and so ask myself what is it that matters to me about this theme of respectful relationships? What is it in me that points me to this particular aspect of working with and caring for troubled children? I connect it to the two self-observation points already made, firstly, not having been understood in childhood as a delayed learner, to the injustice of being beaten for poor spelling and secondly, as witness to macro power abuses in my Northern Irish upbringing. And so, I followed my life's direction "Open your mouth, judge righteously, plead the cause of the poor and needy' (Proverbs Ch 31v 9) and am on a mission to persuade others of the science and art of responding compassionately to children.

Public Work 5 "What Does This Child Feel, Need, Want?"

Intentions, Motivation and Intended Audience

In the first instance this work was presented as a PowerPoint presentation to the International Foster Care Organisation conference that was held in Waterford, Ireland in 2014, I was subsequently asked to write the presentation as a book chapter and it appeared in the conference handbook (Gibson, 2015). The international conference audience numbered close to 300 people. It was made up of an international audience of foster carers and professional staff from the world of foster care and academia. I took the title for the presentation and chapter from the Therapeutic Crisis Intervention Curriculum (TCI). One skill set from that curriculum comprises a crisis assessment framework of four questions. The framework is designed to help carers take stock of situations in which there is the possibility of emotional and behavioural escalation. The framework is also designed to help adults in whatever their child care role is, to slow down what easily can become instinctive and unproductive responses, to a more thoughtful, and as I suggested in PW 4, a biologically

respectful response. In the five-day TCI training event, the questions are rehearsed several times so that a habit begins to form. The questions for the adult's internal consideration are.

1. What am I feeling right now?
2. What does this child, feel, need, want?
3. How is the current environment affecting the situation at the moment?
4. What is my best response?

I declared the origin of the assessment framework as coming from TCI, thus the presentation and book chapter served at one in the same time to promote TCI for foster carers and also gave the audience knowledge of a skill set that they most probably would not have encountered before. In the conference presentation and in the chapter, I explain each question in turn.

As with PW 3 and PW 4 my act of influence in PW 5 included persuading others of the necessity for a mindset shift, and, as with PW 3 and PW 4 there was on my part no conscious plan to make such connections. Here is how I made the point in PW 5

> *"In trying to figure out what children in alternative family care, feel, need want, it is essential to bring knowledge to bear, knowledge that will help shape the answer to the fourth question, 'how do I best respond?' The early part of this chapter briefly set forth part of the knowledge base. But a mind-set shift is required on the part of the majority of adults in all childcaring and education roles. Amber Elliott (2008) argues convincingly that we need to see these children by using different glasses. This is the mind-set shift. Elliott challenges the old logic of behaviour management involving star chart, rewards, ignoring, time-out and other adult imposed strategies. She starts from a position of 'the new logic.' That is, she describes the complexity of neuroscience in easy to understand terms and succeeds in explaining the 'why' of children's behaviour in ways the 'the old logic' of behaviour management missed entirely. We will return to this theme shortly," (Gibson, 2015 p. 98).*

Becker and Hughes (2008) contend that children who are part of the care system, by virtue of disrupted development brought about by maltreatment, in other words, the children I have encountered all of my working life can suffer impairment in nine domains of functioning. These are;

1. Self-regulation.

2. Interpersonal relating including the capacity to trust and secure comfort.

3. Attachment.

4. Biology, resulting in somatization.

5. Affect regulation

6. Increased use of defensive mechanisms, such as disassociation.

7. Behavioural control

8. Cognitive functions, including the regulation of attention, interests and other executive functions

9. Self-concept.

I was not able to include these in PW 5 due to space restrictions in the book chapter. This list and way of thinking about impairment is potentially much more developed and helpful than the narrative of 'maladjustment' and 'disturbed' that I encountered in 1972 when I took up my first post in childcare. What I mean is that each domain and combinations of them provide focus of intervention for helping children. PW 6 which follows now addresses these domains of development.

Public Work 6 The Triple-A Model of Therapeutic Care Donegal Implementation

The Triple-A Model of Therapeutic Care is authored by Colby Pearce (2017, 2009), Principal Clinical Psychologist, Secure Start Psychological Services, Adelaide, Australia. I became aware of Triple-A via social media in 2012. In 2013 I exchanged e-mails with Colby Pearce about his model. He provided a copy of the curriculum for me to review. Pearce's (2010) theoretical basis of the work combines learning theory, attachment theory and up-to-date information from the fields of neuroscience and trauma theory. This theoretical integration appealed to me. I had not previously encountered this integration of concepts. As I saw it the conceptual arrangement built on the following hierarchy

- Attachment defines as the dependency relationship that develops between an infant and its primary caregiver/s

- Attachment is the main vehicle that enables the child's survival and development across and within all domains
- Access to needs delivered consistently via the attachment relationship promotes positive mental representations of the self and the external world.
- Predictable and consistent access to provision of primary needs calms the central nervous system such that the child learns to self-regulate
- Inconsistent needs provision and resultant maltreatment is like a biological insult
- Both consistent and inconsistent patterns of carer responses to children's needs lead to learning held by and played out by the children. Consistent patterns of needs provision lead to learning about the self as deserving of provision and the world as safe and predictable whereas inconsistency leads to learning that the self is not deserving of need provision and the world as threatening and unsafe
- Simply taking a child out of an inconsistent needs provision and putting them into a consistent environment will not in itself remove or change demanding behaviour that was learned in the inconsistent needs provision environment
- Inconsistent needs provision leads children to become inordinately and compulsively pre-occupied with having their needs met. Inconsistent needs provision increases anxiety and promotes the overactivation of the central nervous system
- New adaptive behaviour on the part of the child will be learned through experience of new relationships in which earlier missed needs are now met consistently

Triple-A stands for Arousal (anxiety), Attachment and Accessibility (to needs provision). The content of the Triple-A training is delivered via five steps that built on carers motivation to do their best for the child and added to, and expanded carer's existing knowledge about child rearing. An incremental and stepwise approach was adopted so as not to increase stress to carers and that might add to the activation of children's central nervous system. Anxiety in these children leads to demanding and compulsive behaviours, the very thing that carers find so difficult. Ironside (2004 p.41) writes eloquently and

movingly about how these children can 'get under the skin' of carers and how their often unacknowledged anxiety quickly turns to 'attitude' that is then labelled by the adult community in a way that blames the child (Harwood, 2006).

I have provided consultancy and training to the local statutory child and family social services provider in my home county for about fifteen years. That organisation is the local department of the Child and Family Welfare Agency (CFWA)[4]. Given my existing relationship there I asked if that department might be interested in running a pilot of Triple-A in Donegal. The Principal Social Worker in CFWA responded positively to that in June 2015. I delivered the pilot training commencing in December the same year. PW 6 tells a positive story about how the pilot was received by carers.

The positive response led to the Donegal office of CWFA deciding to run a three-year implementation programme aimed at training all foster carers and fostering social workers in County Donegal, Ireland. County Donegal has 200 children in foster care and one hundred and thirty-eight carers. The pilot project was delivered from December 2015 to March 2016. Thus far 90 carers have received the training and twenty-seven professional staff. The next stage of implementation is to train trainers so that the organisation does not have to rely on outside input.

Again, returning to reflexivity as an internal conversation (Archer, 2007), the question I pose to myself is, what was it about Triple-A that excited me, that stimulated me to want to bring it to Ireland? One answer is that I felt intellectual excitement at how Pearce's (2010) theorising drew learning theory, attachment and neuroscience / trauma together. I had not seen that elsewhere. The second reason resonates with the question expressed earlier, 'What is the question to which your life's work is the answer?" What connected deeply with me in Triple-A was that here was an approach to caring for children that fundamentally privileged relationship not just as the vehicle to carry technique led approaches, for example PW 2, but that emphasised relationship itself as the restorative factor in meeting gaps, disruptions and intrusions in children's developmental narrative. Why should that be important to me at a personal level? I cannot say that I am aware of it

4 CFWA is also known as TUSLA. The word TUSLA is the conjunction of two Irish words meaning 'new dawn'.

at a conscious level but something in the notion of encouraging relationships that are genuinely in the best interests of the child seems to do something that fills gaps in my own experience of growing up in a loving but dysfunctional family; it also fills a void in my childhood experience outside of family where no adult took enough interest in me to recognise that I had a learning difficulty and worked to resolve it.

I have now laid out six public works that represent growth in my thinking as a childcare social work practitioner. As indicated by their selection and by comment in the preceding text the six pieces also represent attempts to influence others. The rationale and direction of that influence is based on my belief that if colleagues and others follow and accept that influence then the lives of children removed from their biological parents can be improved and enriched. The belief expressed in the forgoing sentence is what I have come to believe is important.

In the following section, I marshal and critique that evidence in the form of a conceptual integration of ideas that excite and motivate me, not just for their intellectual appeal but because I believe and have found that the ideas act together to emphasise the importance of relationships in children's development and recovery from the trauma of maltreatment and neglect. I begin the section with a discussion of knowledge utilization in childcare work.

Knowledge, Theory, and Practice Wisdom in Child Care Work

Writing and thinking about residential childcare evokes in me both my own history of work there and the overall history of the service. In Northern Ireland provision is set in large but domestic style housing much different from the home where I commenced work in 1972. As stated thus far in this text I bring some passion to the area of work. My passion has been and is about improving the service. In this geographical location the quality of service is much better than it was when I started. I mentioned above that history shows that residential childcare remained the same for decades. Those in charge were given, and took, enormous scope to determine their own approach and philosophy and, as noted earlier, cultural values of the day set the scene (Pinchbeck and Hewitt, 1969, Pinchbeck and Hewitt, 1973). It was in that context that many of the now well-known and tragic abuses of the past could happen. The same scope allowed some to espouse their own 'practice wisdom'. I recall a self-published book available in the early 1970's called 'Mr Laywood's Answer' (long

out of print and not even listed anywhere), in which the head of a children's home reported encounters with troubled children in which this person had seemingly magical and whimsical strategies for wise responding to all manner of children's challenging behaviour.

I believe that genuine knowing what to do or how best to respond to troubled individuals derived from practice experience, is a legitimate source of knowledge and is different from 'common sense'. The latter is defined in the Oxford Dictionary as the "ability to use good judgment in making decisions and to live in a reasonable and safe way". Knowing what to do and how best to respond in the sphere of childcare work is much more than common sense. I have heard it referred to as 'informed common sense'. I believe it is also more than that. This way of knowing is referred to in the literature of professional practice across many disciplines as 'practice wisdom'. In my view it does not come from experience alone but derives from a combination of reflecting on practice against the intentional pursuit of theory and empirically based knowledge (Finlay, 2008). I do not deny that experience can be a good teacher, the risk is that repeated same or similar experience is not transformational. Even sincere personal reflection disconnected from the incorporation of other perspectives can lead to confirmation bias. The same result obtains if the pursuit of theory and empirical knowledge does nothing other than confirm personal bias. Klein and Bloom offer a definition of practice wisdom as, "emerging as a core feature in a practitioner's developed professional experience and serves to translate both empirical and theoretical knowledge and pervious practice experience into present and future professional behaviour" (Klein and Bloom, 1995, p 799). Missing from that definition is an explicit mention of future behaviour as ethical action, thought that is implied in 'professional behaviour'.

Here is an example from my own work. I worked recently with a very troubled and angry 14-year-old boy. His parents engaged me for a second time to try and help him develop better self-regulation skills. I was pleased that they sought me out a second time. I experienced that as affirmative, I had worked with the family when he was about eight. This visit was the first of this second period of engagement. I met with the boy and carried out a standardised interview. When that was concluded, I began to teach him some simple self-regulation techniques based on mindful meditation appropriate for a teenager. Toward the end of that time I suggested bringing his parents into the room. I asked the lad to explain to

his parents the meditation tasks I had set for him in the week ahead. I suggested using the stopwatch on his phone to time the short meditation times. His mother said, "But you can't have your phone because we've taken it off you as a consequence for bad behaviour." She went on to explain that his behaviour had been terrible for several days and his phone had been removed as punishment. In a split second the tone of the encounter with the boy changed from engagement to hostility and confusion. The boy's eyes welled up with tears; I felt his parents might be thinking that I did not appreciate their reality. I think I responded to a thought that I might have let them down. Almost reflexively I addressed mother, father and son by saying, with slightly raised affect, "And here I am suggesting that X does something different like meditation in the wake of a terrible time that you've all had". Communication was restored, hostility eased, the parents experience was acknowledged, and we spent some time talking about why start with meditation. It was not until later that I realised that I had engaged with one part of the family system, i.e. the boy, in isolation from the 'parental system'. It was a moment in which, theirs and my gestures, tone of voice, facial expression and motivation took on meaning, in the language of symbolic interactionism all of these verbal and non-verbal cues acted as 'social objects', that is 'anything that can be indicated' (Hewitt, 2000). I did not think of any of that in the moment, but I did recognise a rupture in the flow of the dialogue and by and empathic comment, acted to correct it.

A related field of study to that of practice wisdom is that of 'intuition' (McMahon and Ward, 1998), or 'knowing without knowing that you know'. From somewhere in that literature comes the belief that 'intuition is digested knowledge'. I think the same can be said of practice wisdom. Another short example from personal experience in residential care makes the point. The scene is a residential home for adolescents. Six teenagers were resident at the time. It was a mixed sex group. On an evening shift my colleague and I tried to have a group meeting with them to problem solve an issue of group living. The group meeting was held in the living room. As a group, they were highly agitated and unable to function as a group. They lacked cohesion. None of them stayed in the room. They were angry and behaved aggressively to each other and to us. In our post meeting reflection, my colleague and I shared that we had been vulnerable and in a high-risk situation. We noted that despite all the movement of the teen in and out of the room we stayed put. We stayed

until a point of reasonable resolution was reached. Our 'staying put' was not planned. We discovered afterwards that both of us independently were of the same mind that had we moved and left the room that complete chaos might have ensued. Our remining there seemed to be like an anchor point, a security symbol, inwardly experiencing fear but outwardly calm and working with the situation. Practice wisdom, incorporating intuition, which I think is not a mystical sixth sense but is based on 'digested knowledge' informs moments when action or decision making is required. It comes with experience and reflection and in this case, knowledge of staff and teen behaviour in groups.

Practice wisdom requires and develops in a context, within spheres of operation, including social, political, professional, cultural contexts in which they are operating at a local level. For the teacher it is the classroom, for a community based social worker who works out of an office it is interactive moments with people that use the service, either in interview rooms or family homes or case review meeting, the spheres of operation are not limited to these, it is wherever the work is done. In alternative care settings it is the life-space of a foster home or residential care home. Residential care is slowly developing an empirically informed way of knowing.

There is a drive for Evidence Based Practice (EBP) in social work (Mullen, Beldsoe and Bellamy, 2008) and an argument advanced, that for too long social work[5] and social work education has unquestionably accepted 'poorly defined practice models that have not been subjected to rigorous empirical scrutiny' (Zayas, J and Hanson, 2003 p60). I agree.

This drive has taken its lead from Evidence Based Medicine (Rosen, 2003). EBP in social work espouses an empiricist perspective and generally leads to a manualised approach (Drisko, 2014) requiring practitioners to follow set protocols (Couturier and Kimber, 2015), thus fitting the classification of 'technical or scientific application of formal knowledge' (Kondrat, 1992 p 238). The rational-logical epistemology of EBP includes techniques of enquiry associated science (Samson, 2015). This is the side of a debate that argues the split between social work as art or social work as science (Goldstein, 1990). The 'art' side of the debate sees the skill of the practitioner as being 'in the moment' and responding to human need as expressed overtly or implicitly. Over years it is this debate

[5] I include the field of childcare, residential and foster care within the broader field of social work

that has coalesced into the idea of 'practice wisdom' that combines both (Samson, 2015). It is this view that fits with my perspective.

A significant plunge for me into the empirical side of practice wisdom emerged during the period of depression that I mentioned earlier. At that time, and to understand what was happening to me I began to read into the subject of neuroscience (For example Leaf, 2009, Perry, 2006, Perry, 2010), that lead me to the developing knowledge base of mentalization (Allen, 2006) that bridges both neuroscience and the field of psychoanalytic theory and therapy. It took medication to lift me out of depression. New knowledge acquired through reading was not enough, but the experience as mentioned in Public Work 4 above, provided a richness that has added to my life personally and to my work. I have already discussed this in relation to PW4.

The potential knowledge base to draw from to inform work with troubled children is vast, much of it overlapping, for example research papers, practice papers and journal articles and book on attachment theory are legion. Some of the writing is theoretical, some of it practice wisdom, and some evidence based. Of necessity then, and for the first time in my professional life I have devised a filter, described here, designed to sift relevant knowledge to draw upon in order to best shape the approach to caring for, and meeting the needs of children who have been the focus of my life's work. This filter is not value free for as indicated above a core value that I privilege is the centrality of relationship; therefore, my choice reflects relationship preferences.

The filter comprises several core elements; firstly, do the chosen theories provide a widely accepted explanation of 'normal' child development and do they explain observable deviations from that norm, also, do they offer direction for humane, healing, and restorative relationships. The knowledge base that I draw on includes attachment theory, neuroscience and complex, or developmental trauma. Attachment theory now has an established place in answering my filter questions empirically. Bowlby's theory began a move away from Freud's speculative theorising about the impact of early child development to a more sure-footed and empirical foundation. Attachment theory draws attention to children's need for a secure base as a foundation for all other aspects of development. From neuroscience we now know that brain development is 'state dependent' (Perry, 2006, Perry, 2010) which speaks to the quality of early attachment experience. A child deprived of early and on-going

soothing and nurturing and instead is exposed to abuse and neglect will be the child who suffers complex trauma (Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre, DeRosa, Hubbard, Kagan, Liautaud, Mallah, Olafson and Van der Kolk, 2005, D'Andrea, Stolbach, Ford, Spinazzola and van der Kolk, 2012, Gabowitz, Zucker and Cook, 2008, Tarren-Sweeny, 2013, Van der Kolk, 2005). In advancing her argument for the concept of practice wisdom as the bridge between social work as science vs social work as art, Samson uses the term, 'reasonable scientific theory' (Samson, 2015, p122) as being foundational in the debate about social work as art. I think the conceptual integration I outline below comprises more than 'reasonable' scientific face value. Each of the perspectives can trace its origins to empirical works.

The fact that none of the theories and practice wisdom constructions that I describe below is weighted as 'evidence based' in terms of treatment protocols as defined in the forgoing discussion does not diminish their relevance. I conclude that each element passes the filter test that I specified above namely, that each element of the conceptual integration speaks to aspects of normal child development and to normal child development trajectory restoration, through the medium of relationships. Secondly, that each element passes a 'rigour test' that embraces either theorising and or thinking that has intellectual and academic depth (Bronfenbrenner, 1979, Honneth, 1992, Honneth and Margalit, 2001) or some grounding in empiricism and testing (Becker-Weidman and Hughes, 2008). That same drive is evident in residential care, (James, 2011).

Because residential and foster care are fluid, live, dynamic life-spaces with multiple actors, comprising adults and children, neither lends itself to a strict manualised protocol approach. That is changing a little as evidenced by Cornell University's Evidence Informed CARE[6] Best Practice Model of residential childcare, (Holden and Izzo, 2016, Holden, 2009, Holden and Sellers, 2019). CARE is a principle-based model that works collaboratively at all organisational levels to create conditions that promote a children's recovery from psychological trauma. It is evidence based as adjudicated by the California Clearing House. The training curriculum that is part of this model is manualised as one strand of ensuring

[6] I am a faculty member of the Residential Child Care Project so declare a vested interest in this model

fidelity. However, as reported by Holden and Sellers (2019) there is variation in how each organisation implements CARE. The model does not mandate or dictate a treatment protocol for how workers engage or respond to individual children, rather the model seeks to help organisations develop a culture and context within which children can recover from trauma and realise potential. Thus, CARE is an organisational intervention.

I doubt, and in fact, hope, that care work that is fundamentally delivered through relationships in 'the life-space' does not become manualised. This 'doubt and hope' echo back to my earlier exercise of reflexivity in which I recognise that relationship is a personal core value in my 'lifeworld'. However, and again to honour reflexivity I apply Wright's notion of 'blind spots' (Wright, 2017b). Wright notes that blind spots, "Are what we are *not* thinking about. They touch on what is invisible to us. They are concerned with (un)awareness. They are created by our beliefs. They reflect the paradigms we hold. If we challenge them, it can feel mind-bending". My doubt and hope remain, but I have to add 'for the time being' there is no sign of a manualised approach to alternative care but if such arrives in my life time, and if it benefits children then I will to come to it with an open mind and not let my personal preferences prevent an honest look. In other words, professional ethics will require me to exercise not just reflexivity but its companion, critical reflexivity.

As I reflect on my public works, I distill the following as essential knowledge.

Ecology of Human Development

Urie Bronfenbrenner (1979) was a Russian born developmental psychologist. He developed an ecological approach to human development and by so doing drew attention to the many influences acting upon the developing child. To illustrate he uses the example of nested Russian dolls. At core, or at the innermost level is the immediate setting containing the developing person. Examples cited by Bronfenbrenner are family and school. Within the family setting there is of course the primary maternal / nurturing relationship that can be either female or male. Bronfenbrenner refers to this first level as the 'microsystem' and includes, school and neighbourhood. Moving outwards the next level in this theory is the 'mesosystem' which comprises contacts and the quality of contacts between different units in the microsystem, for example between family and school. In expanding concentric circles the next element is the 'exosystem', Bronfenbrenner (p.7-8) describes this as the system that the developing person might never enter but that has an

impact on his or her development; for instance, a government department sets achievement standards for schools, pressure comes to bear upon class teachers for better exams results, they begin to focus on more able pupils and the struggling child gets left behind. Next in Bronfenbrenner's arrangement is the macrosystem. This is defined as the culture within which people live. School, family, neighbourhood are all part of this wider system. Socio-economic status is part of this configuration. The final construct is the chronosystem, this refers to patterning of environmental events and transitions over time or over a lifetime. An example of this bigger picture patterning could be the arrival and influence of social media and how it has changed ways of communicating; it seems impossible for us humans to spend too much time away from phones, iPad and other handfuls of technology!

Copsey (2003) provides a useful bridge from the abstract theory of Bronfenbrenner into the real world of children. She argues that adults who want to be of use to children must first see them in the various contexts of their lives and set aside their own preoccupations and be aware of cultural bias to do three things:

- Come alongside the child and see the world through her eyes;
- Build up relationships based on trust and the offer of long-term commitment
- Earn the right to be heard'

She goes on, 'If this is our starting point, then we will be better able to hear and understand the children's own stories and to stand beside them in their pain'. (Copsey, 2003, p.4) I agree. The child as an individual can easily get lost in the space and dynamic between these powerful systems, too often becoming objects to be 'acted upon by professionals' (Hardy, 2012 p.90) and others. Seeing the child in context is an important principle in my work. That is evidenced in PW 3 where I wrote to persuade others that adults need to include themselves as actors in interactional moments that can lead to a child's escalating behaviour if the adult, on occasion responds in kind and throws fuel on the fire. Foucault's (1998) perspective on power as being everywhere is crucially important, for whereas the child may not have not have as strong a position as 'certain powerful voices' (Powell and Khan, 2012) children do have a view on their own experience, in that is power.

Bronfenbrenner's text (1979) on the ecology of human development is monumental in the close argument of its text. I list it here not for its explanatory power in relation to micro aspects of child development, for in that it is limited, (Griffen, Rigsby and Zimmerman, 2018), rather I list it because it positions children in the context of wider interacting systems, within which they have no voice. An example is the rise of the private profit-making sector as providers of children's home and foster care provision. Toynbee (2014) points out the UK spending restrictions and lack of access to capital funding mean that local councils are hardly able to properly maintain existing stock of children's homes, never mind build new ones. She goes on to say that unless such an enterprise is truly based on social work values then profits being skimmed off for 'social entrepreneurs' as opposed to funding education or therapy for children is a shameful reflection on the value of children. I say more about this below.

Recognition Theory

I make no claim to conceptual mastery of Honneth's (2016) recognition theory; I understand it more through secondary reading than a detailed reading of Honneth's primary writings. Houston and Dolan (2008) note core aspects of recognition theory in terms of three conditions required to achieve self realisation 1) recognition of the subject's [sic] right to be treated with positive regard or affection; 2) recognition of the subject's right of entitlement to a wide-ranging body of legal rights; and 3) recognition of the subject's attributes or strengths. Houston and Dolan (2008, p460-461) flesh out these conditions. Recognition through positive regard and affection means that emotional needs are satiated though relationships 'forged out of love, respect and understanding'. Legal rights are defined widely and include a 'life free from misogyny, sectarianism, racial prejudice and material inequalities. More than that though is the right to respect, for, '… when respect is given, personal rights are acknowledged'. Houston and Dolan catch the essence when they write, 'having rights allows one to stand up and look another in the eye and to feel in a basic way that one is equal to everyone else'. The condition of acknowledgement by the community refers to the mutuality of recognition of being a unique individual within social groups. Here there is an echo of Mead's (1934) symbolic interactionism with the thought that becoming a 'me' comes through a recognition of 'mine' and the 'others' attributes via interactions with the 'other' and 'others'. In the discussion of PW 4 I mentioned Perry's (2006) concept of interactions with children that are 'biologically respectful.' Honneth

(1992) points to the same phenomenon when inter-subjective relationships become injurious to the self through a denial or disavowal of the rights of the other. (Honneth, 1992, p. 188-189

Recognition of the most profound kind is fundamental to human development. Thus, for children to thrive in normal circumstances recognition via primary maternal and paternal care is essential, no less so for children who have experienced developmental disruption and a break in care from their biological parents. I have mentioned already that children who populate the care system carry seriously scarred histories. In practical terms, in direct care of children and young people recognition means that adults in whatever role must strive to recognise and understand the subjective self and experience in each child; thus, when a child in foster care refuses to help with a simple chore such as helping to load the dishwasher and comments to the carer, 'Anyway, you can't make me because you're not my mother / father,' and adds some expressive expletives as an aid to making their point, discipline and socialisation should take second place to the proximal need for recognition. The skilled adult will be able to respond with a comment such as. 'It's really tough for you, not being at home with your mum, it's not an easy thing to come and live in a stranger's house and have them expect things of you that you might not be used to'. To respond with anger, annoyance or to threaten consequences results in non-recognition and perpetuates the child's existing internal mental representations.

For these reasons I include 'recognition' in this conceptual integration. The next logical concept for inclusion is that of attachment theory.

Attachment

Attachment theory describes the first social relationship meaning that, between the baby and whoever, most often its mother provides care and nurture. Mature adult relationships comprise reciprocity and mutuality; not so in infancy and the early years of life where the child needs and uniquely demands safety, security and protection from harm. Attachment is referred to in the literature as an inbuilt system that works to the child's advantage in ways that bring carers close so that needs are met. Brisch (2011) refers to it as a 'very basic and genetically anchored motivational and behavioural response that is in some way biologically performed that serves a survival function of the child, and that is activated after birth in relation to specific attachment figures' (Brisch, 2011, p15).

Attachment does not form until the child is about three months. Prior to that age the child does not discriminate in favour of particular caregivers, after that, it does and will more often than not opt for whoever is in the primary role.

The connection between infant and parent is highly subjective and when the carers provide good enough care that facilitates the child's development, then, in Honneth's (2001) terms, a profound form of 'recognition' takes place. This deep connection between child and carer is what Hughes (2009) and others (Trevarthen and Aitken, 2001) refer to as 'inter-subjective space'. Intersubjectivity is the 'process whereby the subjective experience of each member of a pair influences the subjective experience of the other' (Hughes, 2009, p 15). Thus, when parents join with their child in numberless moments throughout the day the parent helps the child to self-regulate or manage their own emotions, desires, needs and wants. The parent, through enjoying the child helps the child to discover that they are enjoyable and a person worthy of love. In intersubjectivity, the parent's experience of the child and how the child experiences the parent's experience of experiencing him, greatly influences the child's developing view of himself.

In two lists of points for the child and the parent Hughes (2009) details the intersubjective side for both parent and child. His arrangement of points is significant for work with children with scarred histories. Because PW 6 trains foster carers to provide 'back to basics care' for children who have not had consistent quality intersubjective experience and because the two lists of points serve as a qualitative checklist for assessing the quality of care for fostered children then I include the two lists (Hughes, 2009, p 20)in the following tables.

Table 5 The child's intersubjective experience

The Child's Intersubjective Experience
During Moments of Intersubjectivity facilitated by the parent the children:
1. Experience self and parent (primary) or self and object/event (secondary) at the same time as experiencing the parent's experience of the event.
2. Are able to regulate the affect associated with the experience through being joined with the parent's affective experience of self/other or the object / event.
3. Are able to re-experience self/other or the object /event through experiencing the parent's experience the parent's experience of it and co-creating a meaning influenced by both.
4. Are able to experience self / other or an event / object with less fear or shame.
5. Experience self in the context of self-and-other, in a more integrated, coherent way.
6. Develop the capacity to maintain acceptance, curiosity, and empathy toward self, with a readiness to integrate past and present events into a self-narrative. Aspects of self, associated with certain experiences are not off limits *i.e. are not split off or disassociated.*
7. Develop the capacity to enter into similar intersubjective experiences with others, co-regulating affect and co-creating meaning.
8. Are within the "zone or proximal development" (Vygostsky, 1962) whereby the intersubjective experience facilitates an emerging mastery of their social / emotional / cognitive realities
9. Begin to relate to the other in a manner in which both are subjects to each other. Neither is an object to the other in which the other's experience is not relevant

The Parent's Intersubjective Experience
Focusing now on the parent, during moments of intersubjectivity
1. The parent's central intention is to focus on the experience of her child. Her affect, attention, and intentions are fully engaged with the child.
2. The parent resonates with the initiatives and responses of her child.
3. The parent, by resonating with her child's vitality affect, is able to coregulate her child's affective state.
4. The parent maintains an accepting, curious, and empathic affective / reflective state directed toward the subjective experience of the child.
5. The parent allows her child to have an impact on her mind and heart.
6. The parent often gives nonverbal/verbal expression to the impact the child is having on her.
7. The parent experiences the uniqueness of her child. She responds in a unique manner to her child's nonverbal expression of his or her subjectivity
8. The parent actively discovers an aspect of her child that was not known / experienced before in the same unique way. She facilitates self-discovery in the child.
9. The parent actively accepts her child's current functioning while encouraging her child to take the next step in mastering his or her potential skills.
10. The parent experiences a deeper and broader sense of self through intersubjective presence of her child within her own subjective narrative.

Table 6 The parent's experience of intersubjectivity

The lists in Tables 5 and 6 represent a continuous dynamic process and I will shortly say how this connects to PW 6, "The Triple-A Model of Therapeutic Care". A mental representation of the quality and nature of the parent's interaction and responsiveness develops and is held in mind by the child. Brain development is affected by the quality of exchanges within the attachment relationship (Perry, 2010). The child's mental representations of attachment are encoded such that, children whose parents are responsive lay down brain circuits that hold ideas that others will treat them well and the view of self is positive. The reverse is also true.

Four attachment patterns or attachment styles have been found in children in relation to their parents in many studies across different cultures (Crittenden, 2008 and

many others, Prior and Glaser, 2006). These divide into two broad categories of secure and insecure. The insecure category further divides into insecure avoidant and insecure ambivalent. The fourth category is disorganised attachment. In attachment theory the concept of 'organised attachment' refers to the fact that the child has learned to adapt to the parent.

When the parent is consistently able to perform the responses in Table 4 then like as not a secure attachment develops. The child can take for granted that his or her attachment system and need for safety, comfort, nurture or protection is triggered, she or he can go to the parent with confidence that their needs will be met, and emotional balance restored. Attachment seeking behaviour is goal corrected, the child's goal is to have wellbeing restored. In short, secure attachment develops when the 'infant is cared for by sensitive and responsive parents,' (Golding, 2014 p.56). 'Secure attachment promotes brain development, development of social bonds, and development of brain structures critical for the regulation of stress' (Kliethermes et al., 2014 p. 343).

Insecure ambivalent attachment style develops in response to parenting that is 'inconsistently available and responsive' (Golding, 2014 p.60). There is miscuing or misattunement as the parents tend not to accurately read the child's need for safety, security, or nurture. Attention might be given dependent on the parent's needs, as one parent I worked with said to a young child, 'Give mummy a hug because she needs one.' Ambivalently organised children tend to increase and escalate their attachment seeking behaviour to keep the parent engaged.

Avoidantly organised children tend to minimize their need for closeness to parents because the parents have already rejected them. These children experience their parents as 'emotionally unavailable, relatively insensitive to their children's state of mind … and not effective at meeting their needs once perceived' (Siegel, 2012 p. 122). These children tend to become self-reliant and distance themselves from sources of comfort and safety.

The final attachment style category is 'disorganised'. The securely attached child does not have to adapt to parental mis-attunement to their needs because attuned responses are assured and meet the child's goal directed attempts to restore well-being.

Insecurely attached children have the burden of adapting to the vagaries of parents' moods and preoccupation with personal needs.

Disorganised children are faced with what has been described as an 'unsolvable dilemma' (Siegel, 2012 p.134). The dilemma occurs when the child experiences the need for comfort or reassurance, instinct turns the child toward the parent but as it does so it as if there is a realisation that the parent is in fact the source of discomfort. In short, these parents actively maltreat the child so are a source of fear, or, they may be afraid of the intense emotion evoked in them by the child's natural demands. In the presence of the parent these children may display odd behaviours such as approaching the parents but suddenly freezing or dropping their gaze; in that moment they literally don't know whether to approach or avoid, they are thus disorganised in their relationship to a person who they expect to care and nurture but who is in fact the source of their fear. Such child behaviours are now understood to indicate maltreatment in the child's experience (Shemmings and Shemmings, 2011) and if observed should be an immediate prompt for child protection intervention.

In the reflective personal narrative earlier in this context statement I shared confusion about my early encounters with children and young people who craved closeness but at the same time rejected it and distanced well-meaning adults who offered care. Attachment theory has a place in explaining that behaviour. All human beings carry mental representations of earliest relationships; these relationships play out over the lifespan especially in intimate relationships. Present day foster carers face the same dilemma; they are motivated to open their homes to provide a new life-space for children who bring with them their prior experience and mental representations of attachment. There is an expectation that foster parents offer themselves as new attachment figures. Merely putting a child who has experienced inconsistent care and therefor either insecure or disorganised attachment into the greater consistency and security of a foster home will not in itself remove existing mental representations. The task of establishing a new and trusting bond with a child in foster or residential care requires a thoughtful approach; an approach that recognises the child's history of disrupted primary relationships and more than likely, multiple placements. Mentalising or mentalisation (Verheugt-Pleiter et al., 2008, Allen,

2014) is the name, now given to the quality of thinking required as part of forming a new bond.

Mentalisation

As shown earlier, recognition theory includes a right and condition of being treated with affection and positive regard, a parent who bonds with a newborn infant and meets their attachment needs can be said to bestow recognition on the child. There is thus reciprocity between acts of recognition and parental responses to the child's expression of attachment needs. What brings life to recognition and attachment is the parent's ability to use their capacity to imagine what is in the child's mind and to use that knowledge to inform appropriate responses aimed at meeting needs. This process of imagination, briefly summarised is mentalisation.

Allen (2006) intentionally starts his explanation of mentalisation with this straightforward definition as, the 'idea of attending to states of mind in oneself and others', in the same location he goes on to say that mentalising might well be the 'least novel therapeutic approach imaginable' …. 'nonetheless, fostering the capacity to mentalise might be our most profound therapeutic endeavor (Allen, 2006 p. 153)' The capacity to mentalise, to apprehend one's own mind, while simultaneously, and by imagination apprehending and responding ethically to the mind of the other is profound as without it, we are not human.

Mentalising is so much part of ordinary everyday life that its significance is easily missed, it is the ability, 'when interacting with others, to continually make the assumption that, like yourself, others too have an internal world, with their own feelings, thoughts and desires' Schmeets (2008 p. 8). 'Mentalisation is a mental process by which an individual implicitly and explicitly interprets the action of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs feelings, beliefs and reasons' (Bateman and Fonaghy, 2004, p 21). This elaboration draws attention to the following characteristics; it is a meta-cognitive phenomenon as it involves the capacity to think about thinking, our own and others'; it can be implicit or explicit: it is not a 'static property' of mind but a process, a capacity or skill, which may be effective or ineffective to a greater or lesser degree.

Mentalising develops best and in a sense without effort in the context of secure attachment relationships. Developmentally it is not possible for an infant to have thoughts and desires; primary caregivers, most frequently the mother, act toward the infant 'as if' (Schmeets, 2008 p.12) the child knows what it wants, 'as if' the child has real mental states; thus begins a dance of multiple exquisite moments in which the mother non-consciously, in fact reflexively, talks to the child, for example, "You're a hungry wee thing," or "You just need a wee cuddle" etcetera, all said with appropriate prosody, that musicality that elicits infant responsiveness. Over time the child individuates, becomes a separate person and because of the mother's reading and verbalising the child's 'as if' mental states the child recognises its own actual mental states and those of the other. This intersubjective experience, repeated ad infinitum, 'organises the baby's experience, and the baby will begin to "know" what he [sic] feels' (Schmeets, 2008 p.13).

PW 6 reports on the implementation of the Triple-A Model of Therapeutic Care in County Donegal, Ireland, the author, Pearce (2017, 2016) does not specifically mention mentalisation; nonetheless it is implied. Specifically, there is a component of the programme in which carers are taught to verbalise understanding to a child based on what the carer observes. It is not a complicated skill but in my opinion is counter-intuitive and cannot be done well without mentalising by the carer. Here is an example from the Triple-A programme. At school pick-up time the child trudges wearily to the car with shoulders slumped. An instinctive response is to ask a question, "What's wrong with you?" The import of the question indicates to the child that the carer is clueless, that the child's current mental state is not recognised, that an interrogation has just begun! Most children will respond to such questions with, 'Nothing!' The alternative skill is for the carer to 'say what they see' i.e. instead of a question, say something like, 'You look really sad and upset'. That simple empathic response based on mentalising is more likely to evoke further elaboration from the child than is a question. The children and young people who populate residential and foster care have missed out on the developmental benefits of secure attachment experiences. This skill by a foster carer in PW 6 repeated many times aims to provide fostered children with enriched intersubjective experiences of being understood, the carers ability to mentalise is a necessary component of these encounters.

Impoverished mentalising contributes to insecure and disorganised attachment. Impoverished mentalisation leads to distortions in thinking, perception, emotion regulation and expression these distortions are commonplace among children in foster care.

Developmental trauma or complex trauma has now become part of the lexicon and discourse around children in out-of-home-care settings. Knowledge of complex trauma is essential in helping children recover from the effects of disrupted development and.

Complex Trauma

The American Academy of Pediatrics (2016) (AAP) point out that 'virtually all' children in foster care, and in my experience, also residential care, have experienced abuse and or neglect and for some physical injury as well. The AAP states that it should be assumed that all adopted and fostered children have experienced childhood trauma. Stress related trauma is now common parlance amongst child care professionals. While I welcome the shift in thinking and perception of children brought about by this new addition to the lexicon, unless thoroughly understood the new terminology runs the risk of simply replacing the older labels used when I started work over forty years ago. The shift in perception of children that I refer to is that injury has been done to them as opposed to them just being 'attention seeking' or 'badly behaved' or 'just behaving for effect'. I include van der Kolk's definition of complex trauma for inclusion in my conceptual integration, he says,

> *"The traumatic stress field has adopted the term "complex trauma" to describe the experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood (Van der Kolk, 2005 p.402)."*

Thus, it can be seen that the nature of traumatic events as outlined undermine fundamental trust based relationships. In 2014 a team of researchers (Kliethermes et al.) summarised the effects of complex trauma on children's development. The summary is presented below in Table 6.

Table 7 Characteristics and Effects of complex trauma on children's development

Complex trauma exposure involves chronic/multiple traumas during developmentally vulnerable periods
Exposure to complex trauma is a common occurrence for children and adolescents
Complex trauma disrupts early attachment relationships and brain development
Complex trauma outcomes involve significant difficulties with emotional, behavioural, somatic, and cognitive dysregulation
Domains of impairment associated with complex trauma include deficits in relationships and attachment, emotional and behavioural dysregulation, cognitive/attention deficits and biological changes that may affect physical health
Impairment (seems) to be more chronic and severe when trauma exposure has an earlier onset
Complex trauma is interpersonal in nature
Trauma exposure can result in structural and functional changes in brain development. Areas most affected are the structure that make up the stress response system. It is suggested that these changes in brain structure act as an alternative developmental pathway resulting from an adaptation to a high stress environment. For the child there is thus a shift from a focus on learning to a focus on survival. This survival focused brain can defend against immediate harm but does so at the expense of other brain systems that prevent exhaustion, injury and illness and that promote self-regulation and learning.
In the context of complex trauma, the attachment relationship is commonly disrupted. The caregiver overstimulates the child through traumatic behaviour or understimulates the child by neglect. Further, the caregiver does not repair this mis-attunement, fails to protect the child from stressors, and fails to help the child regulate arousal
Severe ongoing trauma has the potential to affect children by overloading their inability to cope with emotions, altering their ability to access and identify emotions, impairing their ability to tolerate emotional expression; and impairing their ability to regulate emotions
Deficits in both emotional and behavioural regulation leave these children without the skills necessary to navigate social situations and also result in behavioural reactions that put them at further risk e.g. aggression or self-injurious behaviours

With this constellation in mind Pearce (2017, 2016) poses an interesting question that I put to foster carers and professional workers when delivering the Triple-A Model of Therapeutic Care in PW 6; why not take these children from unpredictable, inconsistent and traumatising environments and place them in environments where they hear expressions of love and care? Learning theory provides the answer. Children raised in inconsistent and damaging environments will not simply be verbally convinced of the good intentions of new carers. They tend to become preoccupied with 'needs provision' (Pearce, 2016). The focus of the traumatised child is always with the adult. This is true as much as in the classroom as in the foster home. Expert opinion now is that children as described above and that I encounter directly and via discussion with their carers, first and foremost must have their safety needs met before other needs can be met (Perry, 2006, Perry and Szalavitz, 2008, Kliethermes et al., 2014, Hughes, 2008). Merely telling children that they are now loved and secure is not enough; they need to experience it consistently. It needs to resonate deeply and mean something to them that acts to restore basic trust. Meaning making is the penultimate component of this conceptual integration.

Meaning Making

By meaning making I refer to the act of making sense of an experience and that when we go on to use that interpretation to inform decision making or action then meaning making becomes learning. A core aspect of any alternative family care provision for children should provide them opportunity for making sense of their experience of entry to care and separation from their own family. That may mean that they have to adjust or give up idealised views of their birth parents. It does not mean rejecting them. For any of us as human beings, surrendering cherished opinions is a challenge. In the next paragraph I offer a personal example of meaning making before returning again to children's meaning making.

Earlier in this context statement I commented, "In a real sense I owe my professional education and development to this field of work". Reflecting on that, and by arguing the case in my public works for a mindset shift toward children in alternative family care brings to life the issue of 'positionality'. Taken from the field of social science research the concept has equal application to reflexivity in my area of work and writing. Dean (2017) discusses positionality in research activity as referring to researchers' preference for particular

methodology, theoretical perspective, form of analysis, race, gender, class, disposition; all of these represent a position or positions in relation to the object of study. As noted in this paragraph and throughout the context statement working in alternative family care has meaning for me. I have taken a position on the enterprise.

Reflexivity requires that the researcher, or in my case social worker in child care makes explicit their assumptions and beliefs, prejudices and frame of reference by which they view the object of study. My position accepts the status quo in so far as alternative family care, albeit with continual improvements, has a place in the over-all provision of social services. A critically reflexive stance however forces a different gaze. Whilst I argue for improvement in standards and a change of mindset, others have a totally different view of alternative family care that is a vociferous challenge to the status quo (Sammons, 2017). Sammons' analysis of residential care versus community support is based on a hypothetical, but realistic case example of a 16-year-old youth with the following issues; charges of aggravated assault, probation violations, & possession of substances; a formal diagnosis of PTSD and a foundation of childhood trauma & depression. He argues that if even a proportion of the funding that goes into residential care was diverted into community support then the youth could stay at home and avoid admission to institutional care. He marshals an argument, though not evidence to illustrate that dimensions of residential care can be met in community settings. Reading Sammons makes me feel uncomfortable and that, I think is a good thing. His argument does not dissuade me from thinking that residential childcare is a necessary part of the child welfare system, (Anglin, 2015). I think that in some cases he could be correct. My discomfort comes from the realisation that in my being an advocate for necessary improvements in the quality of alternative family care I have been less of an advocate for biological families of the children so accommodated.

As I wrote the forgoing paragraph, I became aware of another source of discomfort. Earlier in the text I wrote about Bronfenbrenner's ecological systems theory and stated, "the child as an individual can easily get lost in the space and dynamic between these powerful systems, too often becoming an object" to be 'acted upon by professionals' (Hardy, 2012 p.90) and others. Seeing the child in context is an important principle in my work". I think that is part of the point made by Sammons. This seems especially true, given the rise of the private and profit-making sector in the provision of residential and foster

care. I work for two private providers of residential care, I do so only because the profit motive in these particular organisations is passionately underpinned by a value system that the 'best interests of the child/children are paramount'. Nevertheless, personal discomfort persists, and I find Polly Tonynbee's (2014) critique of governmental hand-off of vulnerable children to the private sector is a powerful check on my thinking and judgement about which private companies I will work for.

Knowledge about how to help children recover from the developmental disruption caused by the experience of complex trauma is of little value without a way to apply it in practice. The work of American Clinical Psychologist, Dr Daniel Hughes provides a bridge and is an example of practice wisdom discussed above.

Working with PACE

Hughes (2008, 2012, 2000) developed a relational therapeutic methodology that implicitly includes 'recognition', and which explicitly includes building 'attachment' and working with 'meaning-making', he calls it PACE. PACE stand for Playfulness, Acceptance, Curiosity, Empathy. Hughes became frustrated when trying to do traditional talk and behaviour therapy with the children described above. He was puzzled about "why these children did not learn from good people[7]". He went back to basic infant / child care principles and looked at how primary carers interact with infants under normal circumstances. He observed four interactional components that he labelled as PACE; playfulness, acceptance, curiosity and empathy. He deduced, and with a colleague, (Becker-Weidman and Hughes, 2008, Becker-Weidman, 2006) has since shown that children who have experienced complex trauma benefit from his approach. PACE denotes the stance or orientation of the adult in whatever role they occupy as a helper to the child. PACE aims to enrich the child's experience of adults. This is the depth of richness that the children I meet directly and through consultations with carers have missed out on.

The following descriptions of PACE are taken from (Hughes, 2009, p 69-101). 'Playfulness' is not the same as playing. Playfulness denotes an open, lighthearted, optimistic, hopeful, attitude evident in early parent childhood interactions. It indicates lightness that conveys hope. It is not an avoidance of topics that might be painful to discuss

7 Comments made by Dr Daniel Hughes at training course attended by the writer.

or to face. In therapy work or care that is therapeutic in orientation it communicates hope and expectation in the joy of being with another person. Infants naturally bring that joy observable in the smiles of most stern adults as they look into the eyes and unfocussed gaze of the newborn.

Caring adults accept the reality of the infant's inner world; crying when hungry, agitated when tired, relaxed when fed and clean. As children get older it is natural and desirable that parents and others act to socialize the child. I contend though, that as they do so adults focus less on acceptance and instead focus more on determining if the child's behaviour is acceptable. What lessens over time is focus on the reality of the child's inner world of feeling, needs, wants, thoughts. I believe that the antidote is acceptance first. Here is an actual example from foster care. A 10-year-old girl was asked by a carer to bring some plates to the dishwasher. She point-blank refused saying expressively, "No, I'm not your slave and anyway you're not my real mum so why should I do what you say – and anyway you can't make me?" An argument ensued and both parties ended up in a conflict cycle. In this case the child's inner reality was not acknowledged and was worked against. An acceptance-based interaction based on PACE would have required a response like, "It's really tough for you to help me with the dishes when your head is full of thoughts of your real mum – that's hard for you." From there the carer is in a stronger position to help the child learn to comply with simple household tasks than she was when the row ensued.

Curiosity is the next element of PACE. Hughes (p. 85) points out that parents are continually curious about what their infant is doing. The child turns her gaze toward an object and the parent verbalises with interest, 'What is it you can see? Oh, I see it's the light from the glass reflecting on to the wall. You're a clever girl for spotting that and you look so pleased with yourself?" And all of this is said by the parent who communicates with a tone of interest and with raised affect. The child is still pre-verbal, but the parent is putting the child's inner world experience into words for her. In time the child develops language and meaning. As described in the text earlier children who know the experience of complex trauma have had repeated experience of their inner world being discounted. One effect is to minimise reflective thinking. Curiosity added to the example of the girl in the previous paragraph who refused to carry dishes to the dishwasher could mean that the carer, with genuine interest, sincerity and acceptance adds to her initial statement 'So is it tough like

that for you every time I ask you to help?' Or "Do you think about your real mum every time I ask you to help"?

Empathy is the last component of PACE. As with Playfulness, Acceptance, and Curiosity, Hughes' construction of empathy also comes from his infant parent interaction observations. His observation that infant's emotional states are so immediate, demanding and I think, 'commanding', that most adults can respond with empathic tones and actions. It is not difficult to visualise a scene where a pre-verbal infant gives an excited gurgle and smile in the direction of his mother. More likely than not she will respond with slightly raised affect or emotional tone and will use words that might say something like "Oh you look happy". It was Hughes creative genius to turn these insights into a therapeutic methodology that is growing in popularity in the United Kingdom.

When I read, write about, or teach others about empathy, one, or sometimes both, of the following episodes come to mind. The first short course I took once I started work in the children's home was on 'Communicating with Children'. One skill taught was on showing empathy and understanding by using reflective comments. My first attempt at using the skill was with my grandfather. He had bi-polar condition. He was on a spiral down into depression. I cannot remember exactly what he said to me, but I 'heard' the feeling he expressed, and I put that into words. He lifted his head and looked me and said, "Yes, that's right". I still recall my amazement that something different happened between us. He had been heard. It did not go further than that moment. The second episode happened when I was a student social worker. In a family therapy practice placement, I got over enamored with learning a specific technique of questioning used in family therapy, such that, after watching me work with the family my supervisor said, "You're really mastering circular questioning, just don't forget to empathise with the clients." Intellectual excitement, enjoyment in learning and a feeling of power got in the way. I was, and still am chastened by my lack of empathy on that occasion. I am glad that my supervisor gave me the feedback.

The two episodes represent something of my 'self'. In this work I have always been keen, even excited to learn, but a down side of that energy can get in the way of truly seeing the other. If it happened frequently, if it was a large part of what I am, I would probably not be retained repeatedly by the same clients who want residential staff and foster parents

trained to be sensitive to the needs of children. Empathy, truly meeting the other, is not to be taken for granted. It is a skill that requires focus and refreshing.

Though long established as a core component in all forms of counselling and therapy (Krischenbaum and Jourdan, 2005) empathy has recently been challenged by Paul Bloom a Harvard University Psychologist, (Bloom, 2016a). Bloom claims that the common view of empathy is that it is 'morally good' (Bloom, 2016 p 2-3) and that beliefs abound to say that more of it in everyday life, as well as international relations would improve the lot of all humanity. Bloom differentiates between emotional and cognitive empathy. He argues that the former is literally *feeling* what another is experiencing, while the latter implies sympathizing with the other understanding what's going on without necessarily going through the same emotional experience. In the six chapters of his book he argues in turn that, emotional empathy induces us to identify with one individual and if we are focused on one person then our judgement will be biased and partial to that person and excludes others. We might exercise empathy for a particular child, but what about the others who are not the object of our focus. He presents the case of missing Madeline McCann as a case in point. He argues that even if we do empathise with groups or communities then these are likely to be people with whom we feel some sense of identity, thus empathy can make us parochial and discriminatory. Another argument presented is that empathy can lead to aggression, violence and hatred. Unscrupulous leaders whipping up a crowd can induce a feeling of empathy for themselves and their cause that the crowd acts on. His final argument is that empathy can dilute altruism, when we feel the pain of another our actions, in some part are based on easing our own pain caused by the plight of the other. The whole tenet of Bloom's argument is that empathy is a poor guide to moral action. He is not completely against empathy but instead favours 'rational compassion' that is based on cognitive empathy; the ability to 'understand' and act on behalf of the other rather than 'feel' the plight or circumstances of the other, (Bloom, 2006, p 2-3)

Does Bloom's treatise on empathy have anything to say in relation to caring for troubled children who, as noted earlier in this context statement have deeply scarred histories (Ironside, 2004 , Ironside, 2012)? Bloom suggests that emotional empathy, that is, a carer 'feeling the pain' of another person, perhaps a child, can lead to burnout and emotional exhaustion. In his book and (2016a) and in an on-line lecture (2016b) he provides

a caricature of a therapist doing empathy, the text and video portrayal are illustrated to the point of absurdity with the therapist feeling so much what the other is feeling as to be overcome. This he claims is empathy as commonly understood. I believe he is correct in saying that empathy if exercised like that could lead to worker burnout and would not be liberating for a person seeking help.

I had read a review of Bloom's work on empathy and the catchy title of the book, "Against Empathy' caught my attention. I thought, how could anyone be against that. Reading it took me back to look critically at what Hughes (2008, 2012, 2000) means by empathy within PACE. In PACE, the skill of empathy is not presented as the adult actually feeling the child's pain and distress thereby risking being overcome by it, but by disciplined thinking and intentional imagination, thinking into the child's experience and then acting, verbally and non-verbally back to the child in such a way that the child experiences being understood. I think Bloom has something to say about child care with his idea of 'rational compassion'; he premises rational compassion on feelings of warmth, concern and care for others as well as a strong motivation to improve the other's well-being, this, as opposed to actually 'feeling' the pain of the other (Bloom, 2016, p 138).

The 'rational' aspect of Bloom's concept of and replacement for empathy to my mind suggests cognitive effort. It requires thinking. As I apply that notion to children in care it brings out several factors. Children so cared for are in fact cared for within organisations. The State through its various agents is the oganisation charged with corporate parenting. So, it is relevant to ask what it is like to be cared for by an organisation? In Honneth's (2001) terms their right to that profound experience of recognition by primary carers and others has been dislocated or was never formed. A youth of 16, who has been in care since age 8 and has five different residential placements may have encountered around 175 carers, including social workers over those years. What impact does that have on the developing person. This list could go on, suffice to make the point that Bloom's concept of rational compassion offers a different way of tuning into the experience of the other. It has the potential to create a more exacting way to think about others.

As I turn Bloom's lens back on the two examples cited above, that is, my encounter with my grandfather and the family therapy session I see that the disciplined exercise of rational compassion, once understood 'forces' a different gaze. That, I think is brought

about in the first instance by the requirement to bring thinking as opposed to just feeling about the plight of the other. The second way that it 'forces' a different gaze is that rational compassion leads to action with and sometimes on behalf of the other. My two examples involved me practicing working on a skill. In that practice, to some extent I lost sight of the people involved. That is an uncomfortable insight. I don't know if my grandfather or the family felt taken for granted. I hope not.

In this discussion I have worked to apply reflexivity. I credit Bloom's work with facilitating a different personal gaze on those past events. I now have a personal appreciation of what Cunliffe means when she refers to reflexivity as having an 'unsettling' impact (Cunliffe, 2004, p 407). I also have a keener understanding of what Mezirow (1990) means about critical reflexivity leading to change through challenging cherished values and presupposition. I hasten to add, but the reader may already expect me to say that this is not the first time I have had a cherished idea challenged. What I have learned from this re-visit to empathy is the power of turning an abstract concept like critical reflexivity back on self. I consider that doing so has added to what I previously understood by empathy. I find myself thinking now with the frame of rational compassion' in mind as I work with foster carers and others. It has not led to powerful or meaningful insights but as one carer described the challenge of trying to help an uncommunicative thirteen-year-old boy to name and verbalize emotions I think I listened to her struggle more intently than before. I did not directly empathise with her by making a comment such as 'this sounds like it is a really frustrating experience of you'. What I did do was to ask this question, "If you imagine what you'd like him to be able to do so – what would that be'? She thought for a moment, sighed and said, "I know, I'm expecting too much too soon". I agreed and added 'It's not easy for either you or him'. This carer knows that this boy, who has been in care for only a matter of months, came from family living conditions that shocked experienced social workers. The realisation she reached is accurate. I question if a traditional empathizing intervention would have enabled that. I hope in this exchange that she felt understood. Perhaps what rethinking empathy is beginning to do is to sharpen my observation and experience of others.

Critically Reflexive Conclusion.

I began the context statement by saying that, 'it is personal reflection on professional development as expressed in selected public works and other artefacts.' I submitted a draft of the context statement and duly attended the viva committee on 29th January 2019. The panel were generous in their commendations about the work reflected in the document; I appreciated that. The discussion with the panel was enjoyable and challenging and left me with the realisation that I needed to do more work in relation to critical reflexivity.

The realisation that I needed to do more on critical reflexivity grew in my thinking during the discussion with the panel and I felt puzzled and embarrassed that I had not managed to critically examine more of my own thinking at significant points during the writing period. Embarrassment was entirely my own response and not a reflection on how the panel shared their views.

It was not a huge surprise to me that the panel looked for stronger evidence of critical reflexivity as my supervisor, Dr David Adams, more than once in our work together helpfully challenged me to include more of my own thinking and values in the text. So, although I commenced this written text with a comment about it requiring 'personal and professional reflection' that task did not come easily. Thus, I came away from the viva panel asking myself questions about my struggle to include self in the text and exercise critical reflexivity in constructing the text. In this critically reflexive conclusion, my aim is to illustrate significant learning about and application of critical reflexivity post viva. In my pursuit of answering the question just posed I found the following diagrammatic representation Fig 5, of the relationship between reflection, self-awareness critical-thinking and reflective practice helpful (Finlay, 2008, p5). Finlay's discussion and representation spoke to me as it seems to embrace both reflective practice, reflexivity and critical reflection. I have attempted to include all three elements in the text that follows

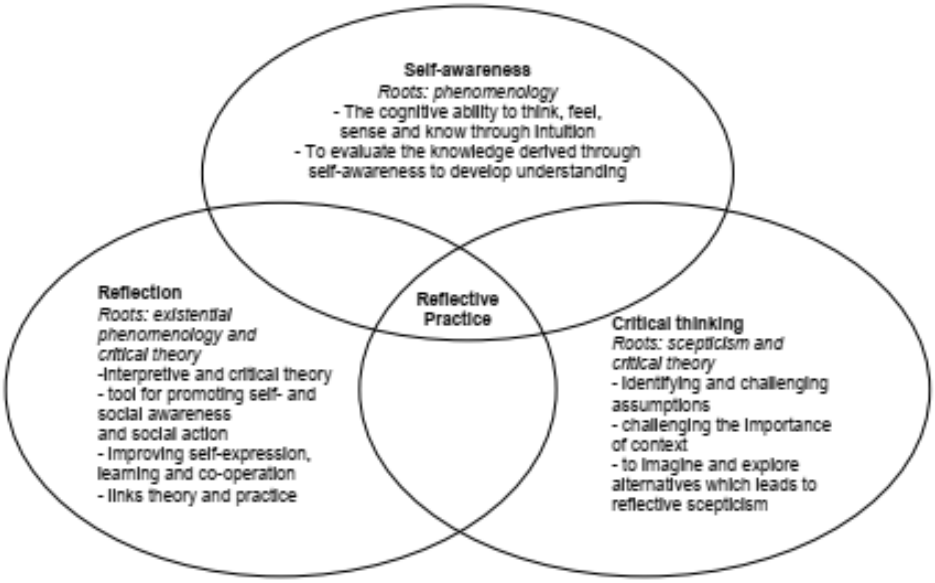

Figure 5 Reflection - Critical Reflection and Reflexivity

The answer to my question about critical reflexivity in the previous paragraph is layered. The inner layer is personality. Another adult on one occasion described me as 'diffident'. The person did not know that I heard them speaking about me. That was about twenty years ago. There are at least eleven synonyms for diffident; shy, hesitant, insecure, timid, reticent, inobtrusive, unobtrusive, reserved, self-effacing, retiring, quiet. Some of these, at that time did characterise my self-evaluation. The exercise of writing the last paragraph has quite suddenly added flesh and bones to a comment written much earlier in the text where I noted, 'that by dint of values and personality I was not destined to become a police officer'. Police work requires a confidence and assertiveness that I did not possess at the time when I considered joining the police. The overheard comment about being diffident shocked me. Shocked me into quietly doing something about. I undertook a short course on assertiveness. It helped. I did become more assertive. Whilst the synonyms for diffident in part, speak to my personality, I am 'more than the sum' of this list of

characteristics. Despite not writing myself into the text I do have a voice and am assertive in relation to my passion to see services for children constructed on a basis that is needs led.

Along with personality another layer at work is the impact of culture and social conditioning based on church based theological influences. I detailed that earlier in the text. On reflection I want to add that the influence was both positive and constraining. Humanitarian values make up the positive side as does the transcendent belief in spiritual life. That for me is rooted in the Christian faith belief about God. The negative and constraining elements were communicated in the subtle and not so subtle injunctions of church life that permeated thinking in the guise of additional 'commandments' like, 'thou shalt not have television' or if you have a television then, 'thou shalt not watch it on Sunday'. These points are not different than those made earlier, however I reflect on them now through a clearer lens. That lens is a developing and applied understanding of reflection, reflexivity, and critical reflexivity.

That last sentence takes me to the final layer that I call on to explain my lack of critical reflexivity in the forgoing text. At a conceptual and intellectual level, I did not have an applied grasp of the terms. I found it easy to write about them academically, in the abstract. It was more of challenge to write my-self into the unfolding text. These layered elements of personality, constraining social and cultural influences of not putting yourself forward combined with a greater comfort in academic writing, conspired at times in the writing in such a way as to leave out my own voice.

"Voice", whether written or spoken is not value free and emerges from an ontological perspective. Ontology is the term used to describe how we, as social beings view the world. Ontological perspectives tend to fall into one of two categories, 'realist' or 'relativist'. A realist ontology holds that 'science is able to give us a true representation of the external world' (Thompson, 2017 p36). Relativism, on the other hand holds that, 'it is impossible to have a complete grasp of social reality' (Ritzer, 2003 p19). These are the extreme ends of a continuum. Between these poles lies 'representative realism' and according to Thompson those that take this view take a step back from realism and argue that 'we can form correct representations of what exists' (Thompson, 2017 p 37).

This post viva period has encouraged me to rethink the ontological perspective behind the voice that the viva committee recognised in my context statement. It made me relook at how I view the world. Wrestling with critical reflexivity has acted as a positive but 'unsettling, an insecurity regarding the basic assumptions, discourse, used in describing social reality' (Cunliffe, 2004, p 407). Until now I think that I have tended towards a realist perspective. Thinking and reading about critical reflexivity is expanding that view toward relativism. Although I identify this shift within my thinking, I like Thompson's (1999) advice namely, 'that one should keep an open mind, recognise the validity of different approaches and judge everything by its effectiveness' (Thompson, 1999, p 42).

I have not been particularly open minded about attachment theory. I have unquestionably accepted its premises and the massive research around it is absolute terms. The relational basis of attachment theory fits with my own seeking after a relational context that provides personal meaning. I found a place and a voice in the world within care work involving troubled children; my public works have given some expression to that voice and place. For sure I want to influence others, but I can't escape thinking that part of my own professional identity is wrapped into the public works. I think there is nothing intrinsically wrong in that, but reflexivity requires an honest declaration. Above and beyond the act of reflexivity in this paragraph I move now to think critically but briefly, about attachment theory.

Critical reflection is intended to expose, for scrutiny, underlying assumptions and beliefs. A learning point for me is that critical scrutiny does not necessarily mean changing the assumptions. It can for example lead to affirmation or to adjustment of beliefs. I majored above on attachment theory and post viva I looked for critical reviews of it to challenge my acceptance of it. I found that Smith and colleagues (2017) offer a summary and critique of attachment theory and have made a case, as I have earlier in this text, for recognition theory (Honneth and Margalit, 2001) as an alternative frame to attachment for care of troubled children. I agree with Smith and colleagues that attachment theory has held center stage in British and in Irish social work for many decades. I think they are correct to point out that some attachment theorists are in danger of turning attachment theory into a manualized approach. What attachment theory does for me is that it can sensitize responses to how the child experiences relationships. Smith and colleagues (2017)

do as I did above and list Honneth's three essential points, namely, 1) recognition of the subject's [sic] right to be treated with positive regard or affection; 2) recognition of the subject's right of entitlement to a wide-ranging body of legal rights; and 3) recognition of the subject's attributes or strengths. They make a connection between the second point i.e. right to a wide body of legal rights and the obligation of the state and society to look after children. I regard this as a helpful connection. My reasoning is thus. If attachment theory alone is the guiding light in caring for children, then that can be seen as occurring in the interpersonal space between a child and its carers in whatever role that person may occupy. If it works, well and good, if not then the relationship for a variety of reasons can be deemed ineffective. However, when the second point about entitlement to a, 'wide range of rights' is part of the formula then the state as corporate parent is included in the picture. The politics of childcare then moves into a wider domain than that of interpersonal relationships and means that questions about adequacy of support for foster carers can be formulated, that is, is the State doing all it can to support carers and children?

Fook and Gardner (2007) contend that their framework for understanding critical reflexivity comprises, 'various theories that explain various cultural, economic, interactional, structural, historical, and political influences in individual lives.' They go on assert that the relationship between the individual and society is 'essentially political' and that 'from this point of view, fundamental assumptions tend to be those that are socially dominant – that is they function to maintain existing power arrangements' (Fook and Gardner, 2007 p 18). When I position myself and my work over many years in that 'political space' between myself as individual actor and society then at one level my work has been about maintaining existing power arrangements between families and the state. Others, for example, Sammons (2017) position themselves differently in that space and advocate, not for improved alternative family care provision, but for a total re-allocation of the budget for that service into community-based resources that would enable biological families to remain together. I applaud that goal, but I cannot accept it as other than an aspiration at this time in the history of Western society. I take a realist position on this issue for until there in a radical change in social policy informed by interventions across and within a thorough going analysis of how children are impacted by a total ecological understanding for their place in this world, then I agree with Anglin (2002) who points out that alternative

family care provision acts as a safety net for the child welfare system. When things go wrong in families then the State as corporate parent through its various child welfare works must have provision to directly support families in the task of raising children and when 'rescue' interventions are necessary and children need removed from abusive environments then the state must have alternatives to family placement – and in my view that needs to be the best possible care, care that is informed by and based upon relevant knowledge delivered by trained and well supported carers.

Solution Focused therapists sometimes use a 'miracle question' with their clients (Milner and Myers, 2017, Rhodes and Ajmal, 1995). They ask the person to imagine that their presenting problem, perhaps with another person has disappeared overnight. With that in mind the client is asked to say what would be the evidence of that miraculous change. In relation to my world of work the single significant change factor that I imagine is that adults in various roles would share a perspective on the importance of restorative and encouraging relationships with children whose normal development has been disrupted. In truth, I want to gain the attention of people who populate the world of children, social workers, teachers, foster carers, psychologist, police, therapists. I want them to 'stop' and think about their role in relation to how children experience them as actors in their lives, actors with more personal and positional power than children. I do not consider myself a victim of abuse as experienced by many, but I do claim a school experience in which my needs as a learner were missed.

Bruce Perry (2008) eloquently make the point that in as much as complex trauma 'cannot be understood outside the context of human relationships so too recovery from trauma and neglect is all about relationships (Perry, 2008, p.251).' But how does the list of ideas and approaches that I include in my conceptual integration act to do anything connected to helping children recover from the trauma of maltreatment, neglect or abuse? In a discussion about theoretical ideas related to human development my wife once commented that over theorizing runs the risk of becoming like 'tombstones in a beautiful meadow.' Not to take the analogy too far, but in this context the beautiful meadow might be taken to mean the nature of human relationships; which, when for example, are attuned to the needs of the infant, seamlessly continues the work of the womb and facilitates physical, neurological, cognitive and emotional development; an impressive feat. The

earliest human relationship can rightly be regarded, literally and metaphorically as a 'holding environment'. The infant is held, nursed, comforted, nurtured, stimulated and calmed through close physical contact. But the infant is also 'held' emotionally. A cooing gurgling, smiling infant is a delight for most decent people; a howling infant in a distressed state due to hunger, pain, overtiredness and fighting sleep requires different handling. The infant at this stage is a physiobiological bundle of cells expressing strong emotions that require holding. Emotional holding is achieved by the primary caregiver's receptivity to the physiological and emotional state of the infant and even though preverbal the parent will use words and melody of voice to manage the child's emotions and mental state. Could the infant speak he or she might say, 'I feel understood, I feel accepted'. The parent accepts the child's distress, manages it within themselves and gives it back in words and tone in a way that is manageable for the child, 'That dirty nappy and hungry tummy really upset you and you're feeling better now'. This is 'holding' or 'emotional containment'. All the components of the conceptual integration listed in the previous section are manifest in the multiple holding moments repeated again and again in attuned infant care.

So, what is the question to which your life's work is the answer? As posed earlier the question that I have worked to in this context statement is, "What is the best knowledge available that has most possibility of re-orienting children back onto a developmental trajectory?" The answer for me has always been the provision of new relationships in which, in age appropriate ways they re-experience what infants experience in a 'holding environment'.

Pearce (2017) who authored the work that PW 6 is based on puts it like this in his,

> *"Through enriched care we stand the best chance of promoting attachment security; reducing arousal and associated anxiety proneness and facilitating new learning that their needs will be responded to through conventional care and without them having to go to great lengths to make it so (Pearce, 2017, p 76)*

A Scottish report (Fostering Network, 2016) noted that foster carers have a low educational profile. Most have not continued education beyond secondary level. In the work that I do I have a professional responsibility to soak myself in the knowledge base outlined above and to call upon that to help carers make sense of

the challenges of acting as sources of relational enrichment for children in their care. Drawing on knowledge helps me to provide holding environments for carers. In my work I constantly draw on sources of knowledge, for example, as outlined in the conceptual framework above. When I invite a carer to 'mentalise' (without actually using that word) about what a child might have been thinking, feeling or sensing, that question acts to create a moment in 'life-space' that enables the carer and I to hold the child in mind. There are parallel processes at play in this dynamic. The child, frequently through behavioural outbursts, expresses aspects of self to the carer, the carer observers, senses and absorbs these manifestations, consciously and unconsciously into their cognitive and emotional life and then brings this experience with the child, for discussion. The discussion enables the carer to return to the child with deeper understanding that in turns helps the child feel understood and recognized as a person with a stronger sense of secure attachment to his/her carers.

I have made a claim in this context statement that individually and collectively the listed public works are acts of influence. I did not start out with an organised strategy or campaign to influence others. As I reviewed the public works and asked myself, 'What do these pieces represent,' I came to the theme of 'influence'? Three related questions are; 1) Does this work contribute to the body of knowledge about working with and caring for children? 2) Has it challenged or affirmed my assumptions about the centrality of relationships in the lives of children who have experienced complex trauma, disrupted attachment, and thus interruption of a normal developmental trajectory? 3) Has the experience of constructing the context statement changed me?

In answer to the first question, the context statement does not offer newly developed knowledge from deductive research. I had no grand hypothesis to test nor did I have a field of inquiry to explore qualitatively. The context statement reflects some of the thinking behind my specific contributions to the field of childcare over a forty-seven-year career. If I have exercised influence in relation to this first question then it has been through training activities, contributing to curriculum development, direct work with carers and children, through writing and through influencing colleagues directly as I have encouraged them, in conversations and myriad meetings, to link theory to practice so that

the needs of children and their carers are more clearly understood. In the local social work office that contracts with me for consultancy I was asked recently to undertake a piece of work with a family. I agreed and added that, 'I don't think I'll be doing anything that has not already been done by the social work team'. The manager involved said, 'That's true' and then added, 'But you do it differently'. Perhaps it is for others to judge if my work has been influential.

In answer to the second question above, and as might be expected at this stage of writing the context statement, it has acted to affirm my views on the centrality of relationships. In addition, I have a much clearer view of how the lived experiences of my life-space have contributed to the importance of how I view restorative relationships.

So, has the process of writing the context statement changed me? Dr David Adams', sensitive challenge to include my-self in the text took me in the unexpected direction of introspection and reflection about my tendency to write with an impersonal academic voice. The challenge to be more critically reflective in writing has been helpful. It has broadened my gaze to include the social and political context of childcare work, as well as the interpersonal, in adult child relationships. Being now more knowledgeable about critical reflexivity and critical reflection acts upon me, to ask of myself, as I expect of others, if my actions and interactions are congruent with my beliefs about relationships; critical reflection on this question I see as being a continuous process of questioning as opposed to a static position. The question that guided the process of writing was, 'What is the question to which your life's work is the answer?" I used the question to shine a light on how my work might have influenced others to respond to the needs of children. The question also potentially shines a light in other directions. It could for example, be turned in the direction of the transcendent, the spiritual. As stated earlier my way of thinking about that is God directed, to that end I plan to continue to "Open my mouth, judge righteously and plead the cause of the poor and needy".

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Appendices

Appendix Six - A preliminary evaluation of the Triple-A Model of Therapeutic Care in Donegal