

Beyond Safety:

ETHICAL PRACTICE INVOLVING CHILDREN (EPIC)



PHASE 2

Focus groups and interviews with
children, young people and staff

This report presents findings from Phase 2 of a three year Australian Research Council (ARC) Discovery Project (DP180100465).

The research was led by the Centre for Children and Young People at Southern Cross University in collaboration with researchers from the Australian Centre for Child Protection at the University of South Australia, Flinders University, Charles Sturt University, Children's Issues Centre at the University of Otago (NZ) and the Centre for Children and Young People's Participation at the University of Central Lancashire (UK).

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SUGGESTED CITATION:

Graham, A., Canosa, A., Boyle, T., Robinson, S., Moore, T., Anderson, D., Taylor, N. & Thomas, P. (2022). Beyond Safety: Ethical Practice Involving Children – Phase 2 Qualitative Findings Report. Centre for Children and Young People, Southern Cross University.

<https://www.scu.edu.au/centre-for-children-and-young-people/our-research/epic/>

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EXECUTIVE SUMMARY

This report presents findings from the second phase of a three-year Australian Research Council (ARC) Discovery Project entitled: *Beyond safety: Ethical practice involving children*. **The aim of the research is to strengthen knowledge, policy and practice concerning ‘child safe’ organisations by examining the role of ethical practice in improving children and young people’s safety and wellbeing.**

The research utilises a mixed method approach comprised of:

PHASE 1: *Policy review* involving four levels of analysis.

PHASE 2: *Qualitative phase* involving interviews with children, young people, staff and managers in schools, residential care and disability services.

PHASE 3: *Quantitative phase* to test the findings of Phase 2 with a larger sample of children, young people and staff in a wider range of education, residential care and disability settings.

PHASE 4: *Knowledge exchange phase* to guide resource and policy development and support professional learning in a range of settings.

This document reports upon Phase 2 of the project, which aimed to address Research Question 2:

► HOW DO CHILDREN AND PRACTITIONERS IN DIFFERENT INSTITUTIONAL SETTINGS UNDERSTAND AND EXPERIENCE ‘ETHICAL’ PRACTICE WITH REGARD TO CHILDREN’S SAFETY AND WELLBEING AND WHAT DO THEY PERCEIVE TO BE THE CHALLENGES, BARRIERS AND ENABLERS?

Semi-structured interviews were employed, either individually or in groups, to collect detailed information from children, young people, practitioners and managers in nine organisations (across schools, residential care and disability settings). These interviews explored understandings and perspectives of the ethical dimension of practices that promote the safety and wellbeing of children and young people. The sample consisted of 85 children and young people and 33 staff. The size of the qualitative sample allowed for diversity of experiences, as well as a deep understanding of ethical practice in the three sectors. Interview data was coded using Nvivo software and the accompanying analysis was informed by the theory of practice architectures, recognition theory and relational ethics.

The findings identified in this report shed important light on the nuanced ways in which young people and staff, in the three institutional contexts perceive practices that support and constrain safety and wellbeing. Several ethical practices were identified as contributing to children and young people’s felt sense of safety and wellbeing. While these were context specific, with differences across schools, disability services and residential care services, common practices included: i) building positive relationships with peers and staff; ii) promoting young people’s voice and agency; iii) being equal, fair and inclusive with children and young people; iv) building a child-centred organisational culture; v) being a ‘reflective’ practitioner; and vi) adhering to legal and compliance obligations. These ethical practices are summarised in Figure 1.

Figure 1: Enablers of Ethical Practice

ENABLERS OF ETHICAL PRACTICE



Relationships

Staff are supported to build positive relationships with children based on mutual respect and trust.



Voice & Agency

Children are encouraged to voice their opinions and contribute to, and influence, decisions.



Respect & Recognition

Staff convey interest and respect towards young people, for who they are as human beings and their associated rights.



Equality, Fairness and Inclusiveness

Children and young people are treated equally, fairly and inclusively.



Organisational Culture & Leadership

The setting fosters an authentic child-centred culture.



Values & Aptitude

Staff demonstrate personal qualities suited to working effectively with children and young people.



Reflexivity

Staff are supported to manage and critically reflect on ethical challenges.



Organisational Compliance

The organisational setting demonstrates a commitment to its legal and compliance obligations.



Positive relationships with peers and staff was the most prominent theme across the young people’s data. These relationships were described in recognition terms (i.e., being cared for, respected and valued) with young participants perceiving staff who took the time to build positive relationships with them as being more trustworthy. For leaders and staff, organisational culture was identified as the most prominent area of practice, drawing attention to the importance of a child-centred culture where young people’s needs and concerns are central in everyday routine practice.

These dimensions of ethical practice were enabled and/or constrained by various conditions at each site. These conditions were perceived to be barriers to ethical practice and are overviewed in Figure 2 below:

Figure 2: Barriers of Ethical Practice

BARRIERS TO ETHICAL PRACTICE



Lack of voice / autonomy



Lack of trusting relationships



Organisational compliance



Systemic issues



Organisational culture



Behaviour management



Abuse of power



Lack of time/staff overburdened



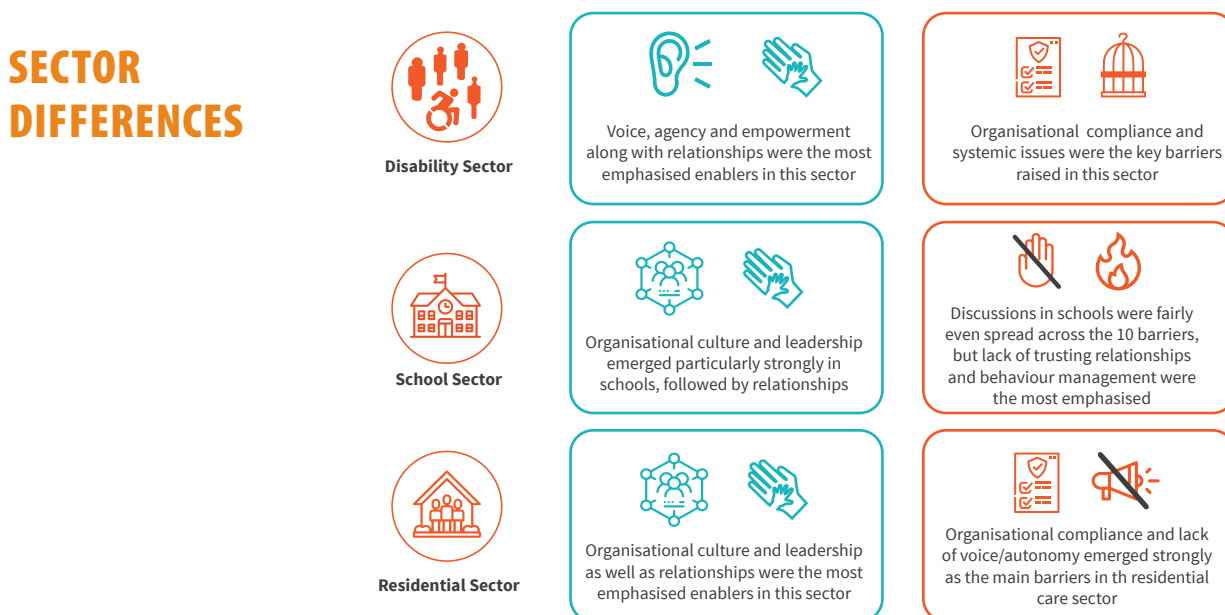
Families/ competing views



Bias or discrimination

Again, while these conditions were perceived as barriers across the different sites, some barriers were emphasised more in particular sectors. A common theme, for example, constraining ethical practice across the three sectors related to systemic issues such as funding and staff turnover. These issues were predominantly perceived as barriers by the staff participants, while young people placed a greater emphasis on lack of voice and agency, and the lack of trusting relationships with staff as the main barriers to ethical practice. Some of these key sector differences are summarised in Figure 3 (below):

Figure 3: Findings across the three sectors



Overall, the qualitative findings from Phase 2 suggest that children and young people are supported to feel safe and well when practices are in place to encourage positive relationships between staff and children; when children are empowered to voice their opinions and influence practice; when they are treated equally, fairly and inclusively; and when staff work towards an organisational culture which is child-centred. At the same time, although they concurred on the importance of equal and caring relationships, young people talked much more about voice and agency, while adults emphasised organisational culture (even more than relationships). This points to the inherent value of including different perspectives in efforts to improve safety and wellbeing since each group has access to information and understanding from their positioning and lived experience which can potentially be shared to give a more complete and rounded picture. Strong relationships, attention to young people’s views, equal inclusion and a child-centred approach clearly support each other.

These findings point to the need for a more nuanced engagement with the ethical dimensions of practice in these settings. Informed by our underlying theoretical interests in recognition, ethics and practice architectures, the findings suggest that both children and adults predominantly describe ethical practice in terms of the quality and value of intersubjective relations. Further, ethical relationality is understood, less in terms of vertical responsibilities of care (largely the domain of adults and shaped by institutional norms), and more in terms of simultaneously vertical and horizontal (interpersonal) relations.

These Phase 2 interview findings are detailed in the following report. These findings informed the development of the Phase 3 online survey (the results of which are detailed in a separate report). The findings are also integrated into professional learning workshops, based on the overall project findings, which are available at: <https://www.scu.edu.au/centre-for-children-and-young-people/our-research/epic/>





1. INTRODUCTION

This report presents findings from the second phase of a three-year Australian Research Council (ARC) Discovery Project (DP180100465), **‘Beyond Safety: Ethical Practice Involving Children’**. The research aims to strengthen knowledge, policy and practice

concerning ‘child safe’ organisations by examining the role of ethical practice in improving children and young people’s safety and wellbeing.¹ The project is guided by the following research questions:

-
- RQ1** What are the key elements of a ‘child safe’ organisation in the current Australian context and how can these be better articulated, enshrined and evaluated given similar developments in other international jurisdictions (New Zealand, United Kingdom and the Republic of Ireland)?
-
- RQ2** How do children and practitioners in different institutional settings understand and experience ‘ethical’ practice with regard to children’s safety and wellbeing and what do they perceive to be the challenges, barriers and enablers?
-
- RQ3** What elements of ethical practice contribute most strongly to children’s safety and wellbeing, and what role do relationships play in mediating ethical practice, safety and wellbeing?
-
- RQ4** What are the implications of this knowledge about ethical practice for realising the key policy objectives of building ‘child safe’ organisations within Australia?
-

The research utilised a mixed method approach, and comprised four phases which were broadly aligned with each of the above research questions. These phases focused on the following:

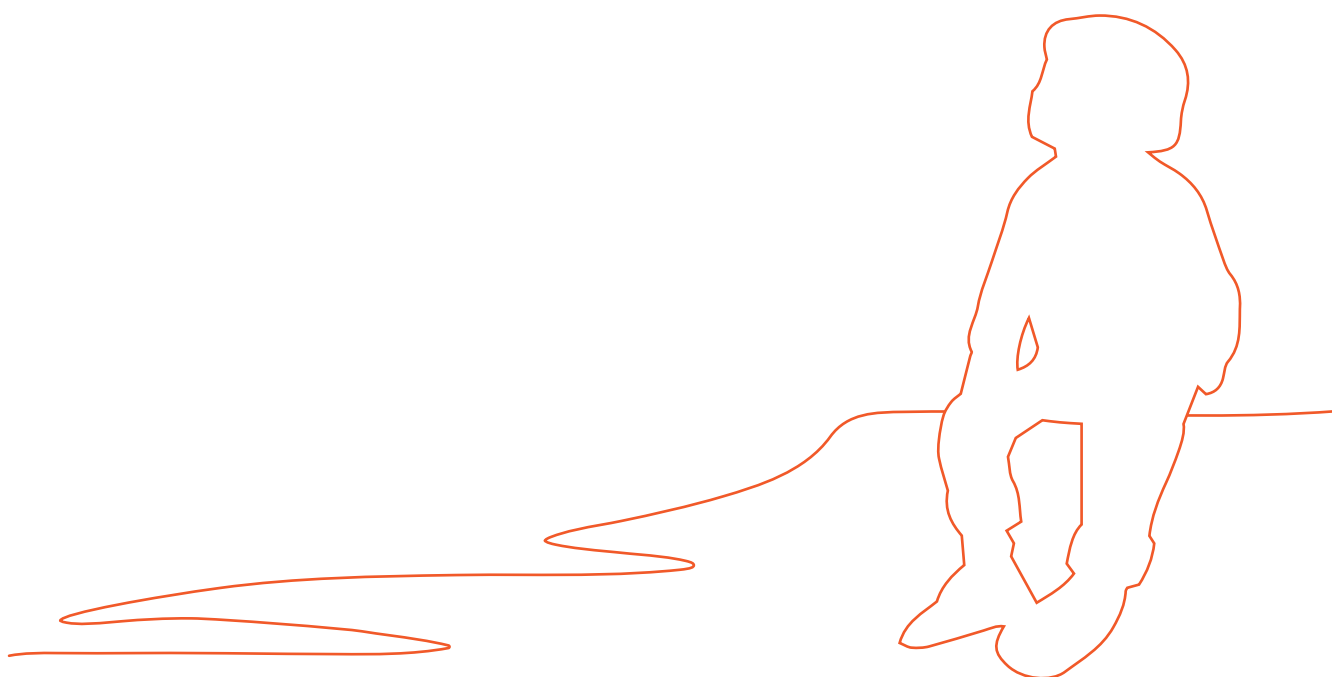
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- PHASE 1:**  A detailed comparative policy analysis revising current child safe discourse in relevant policy documents and practice guidelines (n=118) from different international jurisdictions, namely, Australia, New Zealand, United Kingdom and the Republic of Ireland.
-
- PHASE 2:**  A qualitative phase involving interviews with children, young people (n=85) practitioners and managers (n=33) in nine organisations (across schools, residential care services and disability settings) to explore understandings and experiences of ethical practice and ethical decision-making.
-
- PHASE 3:**  A quantitative phase to test the findings of Phase 2 with a larger sample of children and young people (n=1012) practitioners and managers (n=198) in a wider range of education, residential care services and disability settings.
-
- PHASE 4:**  A knowledge exchange phase to guide resource and policy development and support professional learning in a range of settings.
-

¹ In this research study, children are defined in accordance with Article 1 of the UNCRC, as “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”. The preferred terminology is ‘children and young people’ however, sometimes, ‘children’ is used for ease of reading.

This document reports solely on Phase 2 which involved interviews and focus groups with children, young people and staff in primary and secondary schools, residential care services and disability services across regional and metropolitan areas in New South Wales (NSW), South Australia (SA), and Victoria (VIC).

The research was led by the Centre for Children and Young People at Southern Cross University in collaboration with researchers from the University of South Australia, Flinders University, Charles Sturt University, University of Otago (NZ), and the University of Central Lancashire (UK).

Throughout the study, the research team was assisted by an adult advisory group and a young people's advisory group. The adult advisory group included nine members who were selected due to their expertise and employment in the three sectors relevant to the study (see [Appendix A - Table 1](#)). The young people's advisory group comprised six young people ranging in age from 11 to 18 years, recruited because of their diverse experiences in settings of interest to this research.



2. BACKGROUND

Child safety is now a national policy priority in Australia (Higgins, Kaufman & Erooga, 2016; Higgins & Moore, 2019; Commonwealth of Australia, 2009, 2011). Extensive inquiries (Swain, 2014), culminating in the recent Royal Commission into Institutional Responses to Child Sexual Abuse (hereafter ‘Royal Commission’), have highlighted institutions’ persistent failures to respond ethically and appropriately to child abuse having life-long impacts on survivors. Emerging from the plethora of inquiries, reviews and related policy developments is an emphasis on safeguarding and the development of ‘child safe’ organisations, with a burgeoning literature on how to create and maintain these (for example, Australian Children’s Commissioners and Guardians, 2013; Child Wise, 2004; Community and Disability Services Ministers’ Conference, 2005; McKillop et al., 2020). The realisation of these policy aspirations requires greater understanding of how ‘child safe’ is conceptualised and operationalised in different organisational contexts. This will help ensure current efforts are not reduced to compliance-based imperatives that protect organisations but fail to create the cultural conditions necessary to nurture, protect and respect children.

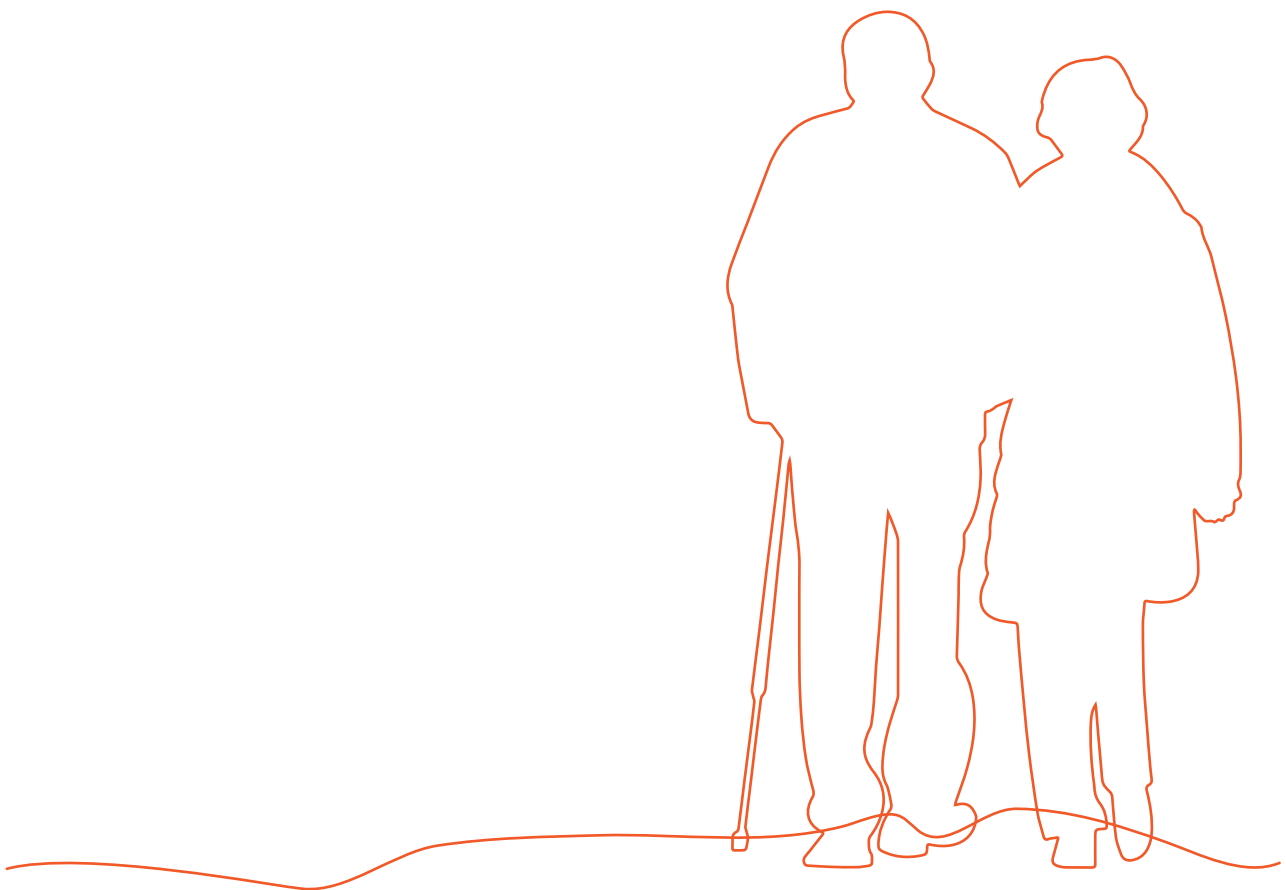
Beyond important and appropriate governance, policy and procedural responses, little is known about what constitutes ethical practice with children and young people, nor how this contributes to cultural conditions that promote their safety and wellbeing. Research shows that relationships play a key role in fostering safety and wellbeing, especially with trusted staff (Drake et al., 2019; Graham, Powell & Truscott, 2016; Graham, Powell, Thomas & Anderson, 2017; Moore, McArthur, Noble-Carr & Harcourt, 2015; Moore, McArthur, Heerde, Roche & O’Leary, 2016a; Moore, McArthur, Roche, Death & Tilbury, 2016b; Robinson, 2016; Thomas, Graham, Powell & Fitzgerald, 2016). However, much of the literature providing child safe guidance draws on adult views and focuses on improved procedures, such as reporting and responding to disclosures, selection and recruitment, staff education, training and supervision, risk management, and child empowerment. Beyond procedures, guidance is generally ambiguous about how to build and sustain a culture conducive to preventing, detecting and responding to poor treatment of children (Palmer, Feldman & McKibbin, 2016).

In a series of research projects conducted for the Royal Commission into Institutional Responses to Child Abuse (Moore, McArthur et al, 2015; Moore, McArthur et al, 2016; Robinson et al, 2016), children and young people differentiated ‘being safe’ and ‘feeling safe’ and stressed the importance of not only reducing risks (of child abuse) but also of fostering environments within which children experience psychosocial safety. This need to foster ‘felt safety’ is an imperative in many youth-serving organisations. This has been demonstrated in studies that show students’ emotional security is a precursor to learning (Janson & King, 2006; Shean & Mander, 2020), when young people in care are anxious or fearful, therapeutic interventions can be ineffective (Lanctôt et al., 2016; Leipoldt et al., 2019; Whittaker et al., 2016) and when young people with disability do not feel safe and secure their engagement with services is restricted (Robinson, 2016).

The Royal Commission drew on adult and children and young people’s views, gathered through its research, stakeholder submissions and consultation processes (Moore, McArthur et al., 2015; valentine et al., 2016), to identify 10 elements characterising a ‘child safe’ institution. Along with policy and procedural elements, some relationally-oriented themes were identified: families and communities; equity, respect, diversity; leadership, governance and culture (Royal Commission, 2016). Implicit in addressing such issues is a role for trusting, appropriate relationships. However, institutional efforts are often directed towards preventing inappropriate relationships from forming (Coady, 2014; Munro, 2011). This potentially complicates workers’ agency and ethical judgement (‘what is the right thing to do at this moment?’). Hence, practitioners’ attitudes, assumptions, values and behaviours are inextricably linked to cultural and structural change around child safety (Munro, 2011; Holden et al., 2010; Modernising Child, Youth and Family Expert Panel, 2016; Munro & Hubbard, 2011; Smith, 2016) requiring attention to both individual and organisational capacity building (Parenting Research Centre, 2015).

Previous research shows that relationships, rights and reflexivity play a critical role in ethical decision-making in a wide range of research contexts, as does the way children and childhood are understood, and ‘risk’ is constructed (Graham, Powell, Taylor, Anderson & Fitzgerald, 2013; Graham, Powell & Taylor, 2015;

Powell, Graham & Truscott, 2016). Little work has focused on applying this evidence in organisational practice contexts. This research sought to address this gap, thereby helping Australia's efforts at building and sustaining organisational cultures conducive to preventing, detecting and responding to poor treatment of children. The study was distinctive for bringing together relational ethics, recognition theory and the theory of practice architectures (hereafter TPA) to shed further light on the personal, relational, cultural and systemic issues that enhance and diminish the safety and wellbeing of children and young people in three critically important institutional contexts – schools, residential care services and disability services.



3. LITERATURE REVIEW

3.1. Child safety and wellbeing in organisations

Perceptions of what constitutes safety are subjective and hence vary considerably, but are generally related to perceptions of the nature and probability of the risk. Likewise, although reference to children’s wellbeing now pervades a considerable amount of national and international policies, it is a poorly defined and under-theorised term (Graham et al., 2017). The current focus on child safety and wellbeing in Australia was catalysed by inquiries such as the Royal Commission, but the concerns emerged within a broader social context of anxiety about risks to children. This anxiety is not unique to Australia, with other countries also focused on this, particularly in relation to child abuse and neglect. Concerns about the risk of child abuse are such that several authors have argued the response across countries is akin to a ‘moral panic’ (Forsner et al., 2021; Lang, 2015; Piper, Garratt & Taylor, 2013).

In response, children’s interactions with other people and their world are becoming increasingly governed by adults (Toros, 2021; Smith, 2014). Hood (2016) suggests that “over the last three decades, the rhetorical impact of public enquiries and case reviews has been to try and negate the tragic reality of child abuse with an imaginary world of stability, predictability and control” (p. 133). The key responses to concerns about child abuse are illustrative of this, namely attempts to safeguard children with measures including statutory child protection investigations and interventions, collaboration and agency partnerships (Collins-Camargo & McBeath, 2017; Crawford & L’Hoiry, 2017; Hood, 2016; Whiting, Scammell & Bifulco, 2008). More recently, organisations are required to meet standards and have policies in place to prevent and respond to instances of abuse within institutional contexts. This shift has resulted in organisational efforts directed toward detection, prevention and responses to child abuse, and in establishing and improving governance, policy and procedural responses, such as reporting and responding to disclosures, staff selection and recruitment, staff education, training and supervision, risk management, and child empowerment initiatives.

Alongside such actions, the *cultural conditions*, which include beliefs, values and assumptions, and the ways in which these are explicitly and implicitly enacted, are critical to the successful implementation of ‘child safe’ efforts (McKillop et al., 2020; Palmer, 2016). While there is also a more general imperative to optimise children’s

wellbeing, along with the prevention of child abuse (Holland, 2014), guidance is generally ambiguous (beyond procedures) about how to build and sustain an organisational culture conducive to preventing, detecting and responding to poor treatment of children (Palmer, 2016). There is now a growing body of evidence based on children’s views that identifies ‘keeping safe and feeling secure’ as critical to their social and emotional wellbeing (Fattore & Mason, 2017; Powell, Graham, Fitzgerald, Thomas & White, 2018). It is also now well established that caring, respectful, appropriate relationships, especially with trusted staff, play a key role in fostering the safety and wellbeing of children and young people and reducing the likelihood of them experiencing harm (Drake et al., 2019; Graham, Powell & Truscott, 2016; Moore, McArthur, Heerde, Roche & O’Leary, 2016; Moore, McArthur, Roche, Death & Tilbury, 2016; Robinson, 2016; Thomas et al., 2016). Key determinants of children’s wellbeing have been identified to include ‘positive adult-child relationships, a sense of belonging, positive self-esteem and opportunities to be given responsibility and be involved in decision-making’ (Graham et al., 2017, p. 441).

Nevertheless, institutional efforts tend to be more directed towards preventing inappropriate relationships from forming than encouraging positive and caring relationships between children and staff (Brown, Winter & Carr, 2018; Coady, 2014; Munro, 2011). In addition, research into the safety and wellbeing of children and young people has tended to focus on key indicators that do not fully capture or reflect the subjective and relational nature of children’s felt sense of safety and wellbeing.

3.2. What are the enablers to children and young people’s safety and wellbeing in organisations?

While much of the literature draws on adults’ views, findings from research that directly involves children and young people highlight the key role of relationships in fostering safety and wellbeing, especially with trusted staff (Graham et al., 2016; Graham et al., 2017; Moore et al., 2015; Moore, McArthur, Heerde et al., 2016; Moore, McArthur, Roche et al., 2016; Robinson, 2016; Thomas et al., 2016). When asked what they need to feel safe, children have identified the importance of relationships (with trusted

adults or peers); having some autonomy and control over their environments; and having opportunities to influence decisions that affect their lives (Moore et al., 2018). Moore et al. (2018, p. 84) argues that children want to work in partnership with adults and institutions to solve problems together, rather than simply being ‘beneficiaries of adult’s interventions’. Findings from this research in the residential care sector found that precisely ‘through adult-child alliances and institutional strategies that aimed to foster these relationships, children and young people believed that their vulnerabilities could be mitigated to some extent’ (Moore et al., 2018, p. 84).

Likewise previous studies in the disability sector, show that young people’s relationship with their support workers is foundational in enhancing their wellbeing, social connectedness and independence (Mason et al., 2013; Robinson et al., 2021; Romer & Walker, 2013; Wilkins, 2012). Mutual caring about, respect and valuing have been described as core qualities which build young people’s capability and contribution and address misrecognition in the working relationship (Robinson et al., 2020). Experiencing stability, having people who cared about them, receiving consistent support, being able to participate and achieve, and having support workers act in their interests, were identified as important enablers to children and young people feeling safe and well.

While schools face increasing demands connected to safeguarding procedures (Guidetti et al., 2018), acknowledgement of the critical role teachers play in fostering positive relationships with students, and in creating the cultural conditions necessary for children and young people to feel happy, safe, and connected at school, is also increasing. In the education sector, research that links caring and safety demonstrates that elementary school students and teachers in the US found three important categories in demonstrating caring:

- meeting physical needs – safety, basic needs
- fostering emotional well-being – comfort, connecting, feeling valued
- providing strategic assistance – academic, personal (Jeffrey et al., 2013).

Notably, while students perceived that teachers were displaying their care by keeping them safe, the teachers did not identify keeping students safe as a way of expressing caring (Jeffrey et al., 2013, p. 107).

Another element identified by young people as important in feeling safe and well is the support and friendship of other young people. Allnock’s (2015) research in the UK with young people who had experienced sexual, physical or emotional abuse and neglect in childhood, found that friends provided practical, moral and emotional support. Findings suggest that friends provided opportunities for emotional ‘escape’ and, often, were a conduit to adults who could help keep them safe. Importantly, friends recognised that participants were in distress even when they did not know the participants were being abused. The results highlight that ‘friends have a crucial role to play in helping children to keep safe and to feel safe, provided that they are equipped with information and knowledge of how to respond and where to seek help’ (Allnock, 2015, p. 27).

3.3. What are the barriers to children and young people’s safety and wellbeing in organisations?

In research conducted for the Child Abuse Royal Commission, children themselves identified a number of vulnerabilities which they believed increased their exposure to a range of safety risks, including child sexual abuse. These included:

- Physical – being small and lacking physical power.
- Relational and generational – adults have more power and status than children; adults’ have limiting views of the capacity of children and young people (children’s fears are often dismissed and under-appreciated).
- Organisational – child focused institutions are ultimately led by adults who control what children do and are accountable to other adults, not children. Employers are also prioritised over the wishes and needs of young people.
- Personal – lack of knowledge and experience of risks and how to avoid them; and lack of resources (such as money for getting out of unsafe situations) (Moore, 2017)

As Moore et al. (2018, p. 73) also observed, child-safe responses may, unintentionally, further marginalise children and young people when they are developed to meet organisations’ needs and external compliance regimes. They argue: ‘there is therefore a risk that children’s physical, relational, generational, and organizational powerlessness are reinforced through

child-safe practices that restrict their meaningful participation, ignore their agency and capacity and fail to respond to their felt safety needs or wishes’.

Morton (2017) argues there are several challenges to using evidence to inform and shape policy to tackle institutional child abuse. Firstly, there needs to be a process of individual, social and organisational learning to integrate new knowledge with existing knowledge, ideas and beliefs. Secondly, there needs to be a process of ‘unlearning’ and ‘letting go of previously held notions about the world’ (Morton, 2017, p. 112). There is often a strong reluctance to accept evidence when this is at odds with one’s belief, for example, in the case of institutional child abuse in the church. Finally, Morton (2017) argues that power dynamics and children’s lack of voice are barriers in the way that evidence is used to inform and shape policy. Children’s testimony is, in fact, often considered ‘unreliable, and their honesty is often questioned or subject to suspicion’ which results in abuse not being reported until adulthood (Morton, 2017, p. 113). Likewise, a recent systematic review presents evidence of children’s lack of voice and participation in the child protection system’s decision-making process, further compounding issues of safety (Toros, 2021).

Beyond concerns about safety and risk, children’s wellbeing is often directly related to their level of participation in matters that affect them. Recent research in Australian schools demonstrates, for example, the important link between student participation and wellbeing (Powell et al., 2018). Young people’s awareness of their agency and capacity to facilitate their own wellbeing was evident in this research. Powell et al. (2018) argue that students want to know if the mechanisms implemented in schools to facilitate their views and opinions are ‘authentic’ and contribute to concrete solutions. This is important for their ‘self-efficacy’ and, ultimately, their felt sense of wellbeing and safety (Powell et al., 2018, p. 527). Narrow or conventional approaches to what constitutes participation are common, and limit opportunities for participation for children and young people who require more thoughtful methods, including those who communicate without speech or neurodivergent children and young people (White, 2017).

3.4. What is ethical practice involving children?

More than a decade ago, Little (2010) argued that, while research with children is subject to intense ethical scrutiny, ‘surprisingly, save for the lip service paid to children’s rights, there is less attention to the ethics of policy and practice’ (p. 3). There appears to be widespread ambiguity and little consensus about what constitutes ethical practice, as manifested both in individual uncertainty and in this absence of group consensus (Mannheim et al., 2002). However, as discussed below, there is an evolving body of literature whereby ethical practice has been linked with relational constructs and contexts, including professionalism (Morris, 2021; Thomas, 2012) and advocacy for children’s rights (Grover, 2004; Nastasi & Nader, 2014).

Thomas (2012) highlights the association between ethical practice and professionalism, arguing that professionalisation in the early childhood sector involves expectations of ethical practice and engagement in professional relationships. In a similar vein, from a feminist perspective, Taggart (2016) proposes an approach to ethics which has relevance to professional identity in early childhood education and care. While our concern here is primarily with ethical practice at an everyday practice level involving children and young people, it is interesting to note that Fenech and Lotz (2018) argue that dominant constructions of professionalism in early childhood education can diminish educators’ advocacy role at a systems or political level. They propose an ‘ethically grounded construction of professionalism that provides space for professional practice to move beyond the classroom and into the political sphere’ (Fenech & Lotz, 2018, p. 19). Findings from interviews with childhood teachers in Australia suggest that ‘systems advocacy’ is driven by ethical concerns that ‘extend beyond the rule-based imperative, in ethical codes’ (Fenech & Lotz, 2018, p. 19).

Ethical practice has also been recognised as occurring in the relational contexts and environments in which practitioners work and care for children and young people (Morris, 2021). Turney (2012) draws on recognition theory to argue that relationship-based practices, including recognition, respect and reciprocity, are at the heart of ethical engagement and moral decision-making in the context of child protection services. The representation of ethics as a relational construct, associated with professional

relationships, then contributes to particular professional identity constructions (Taggart, 2016; Thomas, 2012). Further linking ethical practice with relationships, research including the perspectives of children clearly indicates that the relational context intersects with safety (Moore et al., 2015; Moore, McArthur, Heerde et al., 2016; Moore, McArthur, Roche et al., 2016; Robinson, 2016). When asked how to manage risks and what they need to be safe, for example, children identified the importance of relationships (with trusted adults or peers), of having some autonomy and control over their environments and of having opportunities to influence decisions that affect their lives (Moore et al., 2018).

Children's perspectives, such as those noted above, resonate with literature in which ethical practices are conceptualised as incorporating advocacy and recognition of children's rights. Professional codes of conduct generally do not include client advocacy formally or explicitly as part of the requirement for ethical practice. However, Grover (2004) argues that advocacy is an ethical and professional responsibility of the frontline child and youth care worker and needs to be incorporated in expanded understandings of professionalism. Following examination of standards for ethics, training and practice across major professional associations that influence school psychology, Nastasi and Nader (2014) call for ethical standards that are rooted in the rights of the child as delineated in the United Nations Convention on the Rights of the Child (UNCRC). They note that professional ethics (as indicated in standards) and child rights principles (best interests of the child, non-discrimination, survival and development, participation, and protection) are in agreement and thus have shared values. However, they also point out the limited specificity of such standards and, consequently, the lack of depth of professional standards in relation to children's rights, which may limit the implementation of the UNCRC.

According to Miller (2010), the prevailing Western ethical framework for children is centred on the 'best interests' standard. This reflects Article 3 of the UNCRC, stating that 'in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration'. Carnevale et al. (2015) note that this mirrors the law's approach, which aims to ensure that children benefit from the greatest possible outcomes within their respective circumstances, and (given children's vulnerability

and limited abilities) provides surrogates (typically parents) with the power to make decisions on their behalf. Typically, the application of the 'best interests' standard across disciplines relates to concerns about protecting children who are varyingly conceptualised in terms of being incapable, dependent, vulnerable and needing protection.

Carnevale et al. (2015) highlight a significant problem within, and across, disciplines that relates to how the best interests standard should be reconciled with the recognition of children as agents. In a similar vein, Wall (2010) calls for a 'profound ethical restructuring' inclusive of children's lived experiences, in which identity, diversity and difference are fundamentally recognised. Wall (2010) argues that children's views and perspectives have been historically marginalised and, hence, there is a need to re-centre understandings of ethics and ethical practice to be inclusive of children's lived experiences.

In order to understand ethics in professional practice involving children, we now explore literature in the three organisational contexts of this study, namely the education, disability and residential care sectors.

3.4.1. Ethics and Education

In the education sector, literature on ethical practice focuses on the normative ethical guidelines set out in codes of conduct and the relational aspects of teacher-student interactions. Freeman (2004) and Feeney (2010) respectively discuss the efforts to establish coherent ethical guidelines for educators. Other studies focus specifically on the ethical dilemmas which arise from teacher-student interactions in the classroom (Ambery & Steinbrunner, 2007; Andresen, 2013; Davies, 2011; Jones, & Lake, 2020; Koc & Buzzelli, 2016; Morris, 2021; Tirri & Husu, 2002; Zembylas, 2012; Wang et al., 2016) and the moral dilemma of reporting when suspected child abuse is present (Forsner et al., 2021). In research with 26 Turkish early childhood educators, Koc and Buzzelli (2016) discuss the moral dilemmas encountered by teachers in their relationships with students, parents and administrators. The study found that ethical dilemmas between teachers and students reflected a caring element, whereas dilemmas between teachers and parents, and teachers and administrators, often involved 'power struggles'. Similarly, Wang et al.'s (2016) research on Chinese teachers' ethical concerns in their relationships with students, colleagues and parents, reveals that power struggles and dominant

norms challenge teachers' moral and ethical decision-making. They argue that teachers should be equipped, through professional development, with the tools to 'transform their ethical considerations into practice' (Wang et al., 2016, p. 165). Bath (2013) highlights listening as an ethical practice in early childhood education and care settings as this can bring adults and children together in democratic care practices which challenge conceptions of childhood and reconnect ideas of care and education.

Ambery and Steinbrunner (2007) attempt to bridge the gap between principle and practice in their work on applying professional ethics to everyday problem solving in the classroom. They argue that 'understanding and practicing ethical conduct is a thinking and action-oriented process', so 'the way teachers think about ethical behaviour influences their practice' (Ambery & Steinbrunner, 2007, p. 90). They present scenarios to help teachers with ethical problem-solving techniques. Tirri and Husu (2002, p. 65) also attempt to describe the ethically sensitive moments in early childhood education by engaging in a 'relational reading of teachers' narrative'. Employing a virtue ethics epistemology, the study reveals that the ethical dilemmas in early childhood education are 'very relational and deal with competing interpretations of 'the best interest of the child' (Tirri & Husu, 2002, p. 25). Since ethical and moral conduct is context specific and situational, teachers' own interpretation of a problem is at the heart of moral judgement. Tirri and Husu (2002) present ethical conflicts as described by teachers and provide a discussion of the moral relevance of each dilemma by taking the perspectives of all the parties involved. Likewise, Forsner et al. (2021) discuss the ethical dilemmas teachers and professionals in school face when deciding to report suspected cases of child abuse. While 'moral sensitivity' is viewed as a positive personal attribute, the authors argue 'it paradoxically might lead to moral stress despite an open ethical climate' (Forsner et al., 2021, p. 559). Tirri and Husu (2002, p. 68) argue that 'it is important to engage teachers in a consideration of how the educational context, with its practical features, power issues, and responsibility relations, affects their ethical decisions and actions.'

Other studies discuss the ethical dilemmas that arise from problematic student-teacher relationships, such as in cases of educators' sexual misconduct (Knoll, 2010; Johnson, 2010; Sikes, 2010) and teachers' negative personal feelings towards students (Grossman, 2008). In the non-Western context, studies on ethics in education focus specifically on teachers'

responsibility towards students' wellbeing in situations of sexual violence in South Africa (Bhana, 2015); staff and students' unethical behaviour in the context of a corrupt educational system in Nigeria (Ojogwu, 2008); and the ethics of care among HIV/AIDS-affected children in Zimbabwe (Campbell et al., 2016).

More importantly, recent work in the education sector positions teachers' professional practice as essentially emotional labour (Morris, 2021). Building on principles of an ethics of care, Morris (2021) argues that ethical decision-making is situated and emotional and at times ethical subversion supports a care pedagogy which challenges imperfect policy that conflicts with the practitioner's professional judgement. The author demonstrates how subversive tactics to support children's wellbeing (e.g. demonstrations of physical affection) 'can positively uphold a broader set of ethical principles' in the early childhood professional practice in England (Morris, 2021, p. 137)

3.4.2. Ethics and Residential Care services

Literature at the intersection of ethics and residential care services seems to focus on three broad issues: the ethical issues encountered by professionals working with children in residential care services (Hickey et al., 2021; Holland, 2010; Leighton, 2007; Kor et al., 2022; Molin & Palmer, 2005; Scott & Duerson, 2010); the nature of the systems within which residential care is provided and how these constrain ethical practice (Bessant and Broadley, 2016; Hardesty, 2015; Steckley & Smith, 2011) and the organisational cultures which limit or facilitate a relational approach (Kor et al.; Lindhal & Bruhn, 2017; Reimer, 2017; Ward, 2016). Bessant and Broadley (2016, p. 93) argue that problems persist in Australia's child protection system (within which residential care is provided) because of the secrecy and closed cultures that characterise these organisations which 'reinforce strategies of denial that avoid acknowledging or dealing with 'uncomfortable knowledge'. They call for 'greater transparency and independent oversight' (Bessant & Broadley, 2016, p. 93).

Despite it being described as central to residential care work (Garfat et al., 2018; Taylor et al., 2011), the capacity of workers to engage in meaningful relational practice has been constrained. For example, Ward (2016, p. 102) argues that relational child and youth care approaches are being ignored in the Canadian residential care services system: 'The expertise of the CYC [child and youth care] professional requires legitimization so that a relational CYC approach to practice can lead the design of service delivery to

reduce risk to those receiving residential care services'. Reimer (2017), in an ethical alternative to working with parents and children in the Australian residential care services process, also highlights the positive outcomes when a relational approach to care is provided to parents and children.

Polkki et al. (2012) argue that children in residential care services often have no means of influencing matters that concern them and that they often hoped that social workers would take a genuine interest in them. According to the social workers in this study, lack of human and time resources poses a significant obstacle in achieving a relational approach to care. Similarly, Lindhal and Bruhn (2017) argue that children in the child welfare system in Sweden view their relationships with child welfare officers as negatively impacted by lack of time, availability and trust. A possible obstacle to staff developing close and trustful relationships with children is the prevailing institutional conditions in which they work. Little (2010), in an article on looked-after children in the UK welfare system, challenges whether the state should continue providing substitute care for children. He raises important questions around what constitutes best practice in foster care placements, arguing that often parents are not fully aware of the risks associated with foster and residential care before they agree to this service. A lack of understanding among looked-after children and young people as to the reasons for being in care, is also highlighted as a factor influencing their subjective wellbeing and felt sense of safety (Staines & Selwyn, 2020).

3.4.3. Ethics and Disability

In the ethics and disability field many studies focus on the practice of teaching children with disability or additional learning needs (Andresen, 2013; Day-Vines, 2000; Fiedler & Van Haren, 2009; Hae-Gyun et al., 2008; Mathur, 2007; McMenamain, 2018), and on the organisational cultures that impact on ethical practice (Clapton, 2008; Curran, 2010; Edwards et al., 2005; Simplican, 2015). Andresen (2013) discusses how views of children with additional learning needs and ethical practice are entangled among preschool teachers. Similarly, Fiedler and Van Haren (2009) explore the ethical dilemmas in the field of special education and how administrators and teachers possess similar, or different, levels of knowledge and application of the Council for Exceptional Children's Code of Conduct. In a study on the assessment of the professional standard competence of teachers of visually impaired students, Hae-Gyun et al. (2008) found significant

differences in communication, professional and ethical practice among the teacher groups of kindergarten, primary, junior high and high schools. Mathur (2007) also explores the ethical issues involved in the practice of teaching children with emotional and behavioural disorders. McMenamain (2018) focuses on 'justice' and 'inclusion' in the education of children with disability as an ethical imperative that requires a more nuanced approach which takes into consideration the individual needs of children and families in the planning of educational arrangements. Educators' ethical imperatives of recognising and treating children with disability with dignity and worth are also discussed in a study with African American students with disability (Day-Vines, 2000).

In an article on the organisational changes to human services practices in Australia, Clapton (2008, p. 573) argues that 'ethical transformation in regard to care is needed for contemporary human services practice for people with ID [intellectual disability]'. According to Clapton, an 'ethic of engagement,' as opposed to an 'ethic of normalcy,' is needed to reframe 'care' as a 'moral concept' rather than merely as an organisational practice within a context of managerialism. Focusing on the experiences of caregivers abused by their children with autism, Simplican (2015) employs Judith Butler's work on ethics and Kittay's work on embodied care to argue that person-centred planning approaches are needed 'to humanize unintelligible lives' (Simplican, 2015, p. 217).

Among the studies that specifically focus on organisational culture, Edwards et al. (2005) discuss the inadequacies of human service agencies in child abuse investigations concerning deaf children in home and institutional settings in the US. They argue that laws and ethical standards mandate that social workers and other key adults use communication methods that deaf clients can understand, but that many of these services rely on inadequate means of communication. As part of an action research project aimed at promoting 'listening' to children with disability in the context of social work, Curran (2010, p. 806) argues that social work operates as 'a system of exclusion and inclusion and influences disabled children's childhoods'. Foucault's approach to ethical practices is employed to explore how practitioners' conditions, discourses surrounding childhood and disability, and ethical considerations limit or enhance opportunities for children with disability.

4. AIMS

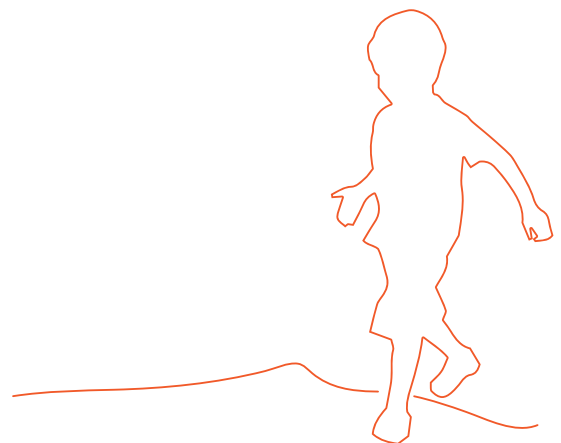
This research aimed to strengthen knowledge, policy and practice concerning ‘child safe’ organisations by examining the role of ethical practice in improving children and young people’s safety and wellbeing. Ethical understandings and practice were explored in three institutional contexts – schools, residential care and disability services. The study sought the views of children and young people about ethical practices that contribute to safety and wellbeing, and identified convergences and divergences between young people’s views and those of staff and management in these different contexts.

The qualitative fieldwork (Phase 2) aimed to respond to the following research question:

- ▶ **HOW DO CHILDREN AND PRACTITIONERS IN DIFFERENT INSTITUTIONAL SETTINGS UNDERSTAND AND EXPERIENCE ‘ETHICAL’ PRACTICE WITH REGARD TO CHILDREN’S SAFETY AND WELLBEING AND WHAT DO THEY PERCEIVE TO BE THE CHALLENGES, BARRIERS AND ENABLERS?**

To answer this overarching question, several lines of inquiry were pursued in the focus groups and interviews:

- 1** What are the practices that help/don’t help children and young people feel happy, safe and well?
- 2** Which of these practices have an ethical dimension?
- 3** What are the enablers of ethical practice?
- 4** What are the barriers to ethical practice?
- 5** What needs to change?



5. RESEARCH DESIGN

The Ethical Practice Involving Children (EPIC) research adopted the four-phase, mixed method approach previously outlined in the introduction. This overall design was underpinned by a theoretical framework linking relational ethics, recognition theory and TPA with interdisciplinary understandings of children and childhood. The research methodology has been designed to be child-informed and draw on children's unique standpoints, consistent with evidence that children's participation in the research process improves both the quality and integrity of the research (Moore, Noble-Carr & McArthur, 2016; Harcourt & Einarsdottir, 2011; Harcourt, Perry & Waller, 2011).

5.1. Theoretical Framework

Within the broader focus on children's rights, the theoretical framework informing this research is comprised of three critical participatory elements, namely relational ethics (Carnevale, 2017; Wall, 2010) recognition theory (Honneth, 1995) and TPA (Kemmis et al., 2014). Ethical practice is understood as a relational construct inextricably linked to notions of professionalism (Thomas, 2012) and advocacy (Nastasi & Naser, 2014). This research situates ethical practice alongside children's rights (Wall, 2010) by recognising children as persons worthy of dignity, status and voice (Canosa, Graham & Simmons, 2022; Spyrou, 2018). Children and young people are understood as having agency and the right to both protection and participation in accordance with their evolving capacities (Taylor, 2006). Children's understandings of ethics and ethical practice have been historically marginalised. Wall (2010) argues that ethical thinking is adult-centric and that children are measured against adult norms within a context of citizenship that excludes them based on the notion of 'dependency'. To view children as moral agents, Wall (2010) calls for a 'profound ethical restructuring' inclusive of children's lived experiences, in which identity, diversity and difference are fundamentally recognised.

RELATIONAL ETHICS

Relational ethics is related to an ethics of care and 'explicitly situates ethics within relationships and our commitment to one another' recognising that context matters in ethical decision-making (Austin, 2008, p.19). In contrast to biomedical ethics where ethical reasoning is governed by objectivity (unemotional), Austin (2008) argues that our ethical decisions should

be informed by our emotions. Following the work of Gilligan (1982), Noddings builds on the notion of an ethic of care to propose a 'relational ethics' which is centred more upon the 'moral quality of relationships than upon individuals' (Liaschenko & Peter, 2003, p. 36). Relational ethics emphasises 'the importance of communication and relationship building' in our community of practice (Boles, 2016, p. 309). Human relationships are recognised as not being between equally-informed and equally-powerful persons, but between unequal and interdependent persons, who can be simultaneously agential and dependent.

A relational ethics framework is advocated by Carnevale, Teachman and Bogossian (2017) for working with children with complex health needs, to promote clinical practices that are ethically attuned to the complexity of this population's needs. Relational ethics explicitly situates ethics within relationships and 'attention is given to the moral space created by one's relation to oneself and to the other' (Bergum, 2012, cited in Carnevale et al, 2017, p. 274). In a relational ethics framework, 'relationships are built upon the principles of engagement, embodiment, mutual respect, and environment, the latter of which is construed as a 'relational space' (Cloutier et al., 2015, p. 768). Individuals are understood to have varying degrees of dependence on and independence from another. Personal responsiveness and empathy are required for authentic connection and engagement with others; embodiment, or the interconnectedness between body and mind, is essential in extending care and nurture; respect for self and others builds trust; and the environment or relational space is important in fostering ties between individuals and networks of communities and services (Goodwin & Rossow-Kimball, 2012). Goodwin and Rossow-Kimball (2012, p. 300) argue that, from a relational ethics framework, 'the environment in which our professional practice occurs should encourage relational engagement with others and support the raising of ethical questions'. According to Austin et al. (2003, p. 45), a relational ethic approach moves away from attempting to solve the ethical 'problem' to asking the ethical 'question'. Stemming from the tradition of feminist ethics, relational ethics has been defined as an 'action-orientated ethic' (Austin et al., 2003, p. 46).

RECOGNITION THEORY

Recognition theory provides a framework for understanding how relationships foster safety and wellbeing. Honneth's (1995) recognition theory enables the inquiry to move beyond a descriptive analysis of relationships to a deeper understanding of how they potentially mediate safety and wellbeing. Recent and current research with school students (Graham, Powell et al., 2016; Thomas, Graham, Powell & Fitzgerald, 2016) and with children and young people with disability (Robinson et al., 2021), drew on Honneth's work to conceptualise recognition as fundamental to human interaction, and individual and group identity, via three dimensions: (a) being cared for, or love and relationships, which provide the individual with self-confidence; (b) being respected, or the civil or juridical recognition of dignity so as to grant self-respect; and (c) being valued, or recognition of the individual's capacities, achievements and potential contribution to social and political life, engendering self-esteem (Thomas, Graham, Powell et al., 2016).

THEORY OF PRACTICE ARCHITECTURES (TPA)

Applying a neo-Aristotelian view of praxis, understood as "action that aims for the good of those involved and for the good of humankind" (Kemmis et al., 2014, p. 26), TPA sits comfortably alongside children's rights and recognition theory, as well as relational ethics. TPA provides a site ontological perspective of practices by considering ways they are shaped (enabled and constrained) by conditions found at or brought to the site in which they unfold. From a TPA perspective, practices are comprised of words and ideas (sayings), actions and activities (doings), and relationships between others and the world (relatings) (Kemmis et al., 2014). The sayings, doings and relatings (practice elements) are bundled and co-occur within particular locations in physical space-time (Schatzki, 2002). As such, a practice cannot be reduced to any one of these elements alone (Kemmis & Grootenboer, 2008). TPA affords a theoretical and methodological resource for understanding education and professional practice - including challenging problematic practices and considering possibilities for transformative actions (Mahon et al., 2017).

5.2. Phase 2 Methodology

5.2.1. Recruitment

Participants were recruited in four organisational contexts (primary and secondary schools, residential care and disability services) across two metropolitan areas (Melbourne and Adelaide) and two regional areas (Northern NSW and Limestone Coast, SA). Selection of specific research sites was guided by a) these organisational settings, b) different states, each with particular jurisdictional policy imperatives, and c) different areas of geographical remoteness, as determined by the Australian Bureau of Statistics (ABS, n.d.). While there is now a National Statement of Principles for Child Safe Organisations (Australian Human Rights Commission, 2018), the three states selected, Victoria, New South Wales and South Australia, varied in terms of policy approach.

The school sites were chosen to represent the three educational systems – government school system (SA), Catholic school system (NSW) and Independent school system (Vic). Diversity was sought in terms of school size, socioeconomic status and geographic and cultural characteristics. A total of two primary schools, two secondary schools and one school with both primary and secondary students participated. Similarly, disability services and residential care services in three states were chosen from a purposive sample and based on interest and willingness to participate in the research in the locations identified.

A total of 11 organisations participated in the qualitative phase - involving 85 young people and 33 members of staff (see Table 1).

INTERVIEW PARTICIPANTS

Interviews were conducted with staff in the different organisational settings and with the children and young people who chose to be interviewed individually, rather than in a small focus group. In each organisation, one manager/leader and two members of staff were invited to participate in the interviews for a total of 33 adult participants across the three geographical locations. A total of 15 young participants chose to be interviewed individually rather than participate in small focus groups; generally this was more frequent in the disability services and residential care services than in the schools. The COVID-19 pandemic meant that, from March/April 2020, several of the young people and staff interviews had to be conducted remotely over the phone or via zoom.

FOCUS GROUP PARTICIPANTS

The research sought to hear from a wide range of children and young people. To achieve this aim, the nominated contacts in the participating organisations were briefed by the research team on the importance of providing information about the project to a diverse range of young people and to facilitate their engagement in the research. Consistent with the guidelines from previous studies, focus groups were conducted with young people of similar ages (Gibson, 2007).

Focus groups were most common in the schools and included students in each age category in the primary schools (Year 6 students, 11-12 years) and secondary schools (Year 7-9 students, 13-15 years and Year 10-12 students, 16-18 years). In total, nine focus groups were undertaken across the five schools. Generally, no more than seven students participated in each focus group. In total, 58 students participated in focus groups across the three states. A total of two focus groups were also conducted in the disability sector and one in the residential care sector.

Table 1: Sample size and composition across research sites

Sector	Participant Type	Majority City (Melbourne, Vic)	Inner Regional Area (Lismore, NSW)	Remote Area (Mt Gambier, SA)	Total
School	Adult staff	6	6	3	15
	Young people	21	20	17	58
Disability	Adult staff	3	4	2	9
	Young People	2	4	8	14
Residential Care	Adult staff	3	3	3	9
	Young People	2	4	7	13
Total		37	41	40	118

5.2.2. Limitations

The recruitment of participants in this study was significantly impacted by the outbreak of COVID-19 in March - April 2020 and then again in July-September 2021. Recruitment was particularly challenging in the disability and the residential sectors due to stringent organisational safety requirements during the pandemic that precluded access to these children and young people. This accounts for the relatively small sample size despite strenuous recruitment efforts. The systemic changes to the mode of delivery of services following the National Disability Insurance Scheme (NDIS) also made recruitment of young people with disability a considerable challenge.

5.2.3. Ethical Considerations

Prior to conducting the qualitative phase, ethics approval and ethics variation applications were sought from Southern Cross University's Human Research Ethics Committee (approval number: ECN-19-047). Approvals were also sought from the Department for Education in South Australia to conduct interviews in the state secondary schools (approval number 2019-7590781), the Catholic Diocese in New South Wales (approval number 2019-0611) and the Independent School Board for interviews in schools in Victoria. In the residential care sector, approvals were sought from Families and Community Services (NSW), the Department of Health and Human Services (Vic) and the Department of Child Protection (SA). In the disability sector, relevant approvals were sought at the organisational level.

Informed consent was sought from adult participants (see [Appendix B](#) for copies of the information letters and consent forms), and parental consent (see [Appendix C](#)) was obtained for the young people interviewed in schools and disability services, together with their individual informed consent (see [Appendix D](#)). In the residential care setting, blanket approval was provided from the relevant Government Department in each State in addition to young people's individual informed consent. Confidentiality and anonymity were assured to all participants and they could ask for the recording to be paused at any time if they wanted to say something 'off the record'. The core tenets of the International Ethical Research Involving Children (ERIC) Charter and Guidance (Graham et al., 2013) guided the ethical research practice throughout the study.

5.2.4. Interviews with staff

Interviews with staff and managers/leaders in each organisational context were carried out to explore the following key interests, with questions and probes adapted and contextualised for the different sectors:

1. **How are children/ young people conceptualised in this organisation?**
2. **What are the practices that are considered particularly important to support children and young people's safety and wellbeing in this organisation?**
3. **What are the ethical dimensions of practice?**
4. **What are the barriers and enablers to ethical practice?**
5. **How can practices be changed to improve experiences for children and young people in this organisation?**

The semi-structured interviews with adult participants (see [Appendix E](#)) lasted for 40-60 minutes each. They aimed to explore participants' understandings and lived experiences of practices, including the sayings (semantic space), doings (physical space-time) and relatings (social space) in their organisational setting (site). The staff were then asked to reflect on the ethical dimensions of practices, including barriers and enablers, in the organisational setting in which they worked. This site-ontological approach, which was guided by TPA (Kemmis et al., 2014), was essential in uncovering how the cultural-discursive arrangements (sayings), material-economic arrangements (doings) and social-political arrangements (relatings)

together shaped particular practices in that context. As such, in the findings we explore how organisational conditions shape ethical practice in three sectors: schools, disability services and residential care services.

5.2.5. Focus groups and interviews with children and young people

The same overarching questions listed above helped to guide the development of the scaffold for the young people's focus group (see [Appendix F](#)). With advice from the Young People's Advisory Group (YPAG) members, the phrasing and format of the focus group questions were carefully constructed and adapted for participants from diverse backgrounds, including children and young people with cognitive and/or intellectual disability. With a series of mapping activities, children and young people were asked to discuss the following topics:

MAPPING ACTIVITY 1:

Identify practices that help and don't help young people feel happy, safe and well.

MAPPING ACTIVITY 2:

For the practices identified, which ones have an ethical dimension?

MAPPING ACTIVITY 3:

What needs to change at this organisation for children to be happy, safe and well?

During the focus groups, young people were asked to map their responses on post-it notes for activities 1 and 3 which were then read by one of the researchers to facilitate group discussion. Whenever possible, two researchers co-facilitated the 60-minute focus groups.

In the disability and residential care settings, children and young people were interviewed one-on-one to accommodate their individual needs and ensure confidentiality and anonymity. The interviews followed a similar format to the focus groups with the mapping activities adapted for comprehension and interest. To provide a foundation for children with disability and in residential care and build confidence about their own experience as well as the interview process, the first part of the mapping activity focused on their interests, the people they enjoyed spending time with and the practices they engaged in at the organisation where support was provided. During these discussions, the researchers also covered the three main areas of interest specified above.

5.2.6. Data Analysis

All interviews and focus groups were audio recorded with participants' consent and subsequently transcribed, coded and analysed using QSR NVivo12, a qualitative data management and analysis software (Bazeley & Jackson, 2013). The additional written data collected through the mapping activities were also transcribed or photographed and coded in NVivo. Initial themes (identified as tree-nodes in NVivo) were developed from the questions that guided the interview and focus group schedules and were coded using the auto-code function in NVivo. This was followed by more in-depth, manual coding performed in four steps (see Figure 1):

1. **Deductive coding was employed to identify practices, following TPA these were grouped as words and ideas (sayings), actions and work (doings) and relationships and power (relatings).**

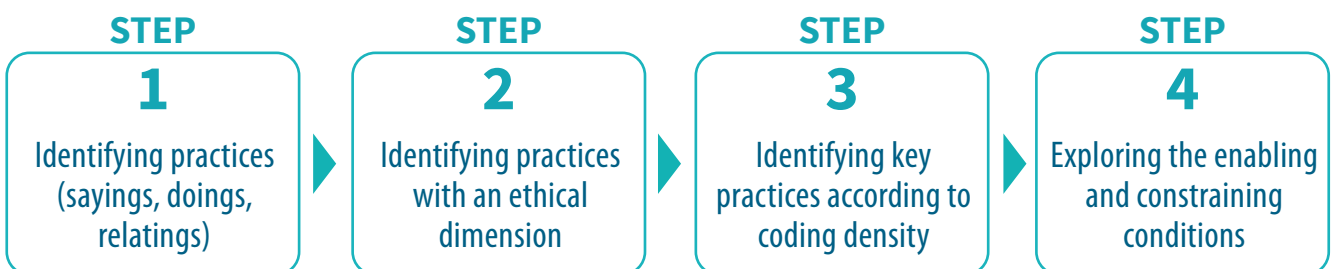
2. **Inductive coding was employed to identify practices that had an 'ethical' dimension – i.e., those identified by participants as being associated with the 'right' thing to do. This process required consideration of all three theoretical framework components.**

3. **A coding density analysis was carried out in NVivo to identify key practices – i.e., those mentioned most often by participants.**

4. **Data were then coded to identify enabling and constraining conditions facilitating or hindering ethical practice (see Table 2 Appendix G)**

Data analysis involved constant comparison and reviewing of the text assigned to each theme/node. Visual representations, such as mind maps, were also helpful for organising and refining themes and seeking feedback from the YPAG members.

Figure 4: Data analysis stages



6. FINDINGS

A coding density analysis of these practices in NVivo (Step 3) revealed several categories of practices with an ethical dimension. While these were context specific and nuanced across schools, disability services and residential care services, common practices emerged, including: i) building positive relationships with peers and staff; ii) promoting young people’s voice and agency; iii) being equal, fair and inclusive with children and young people; iv) building a child-centred organisational culture; v) being a ‘reflective’ practitioner; and vi) adhering to legal and compliance obligations. These findings are reported here according to sectors (education, disability and residential care) and participant types (children, young people, and adult staff).



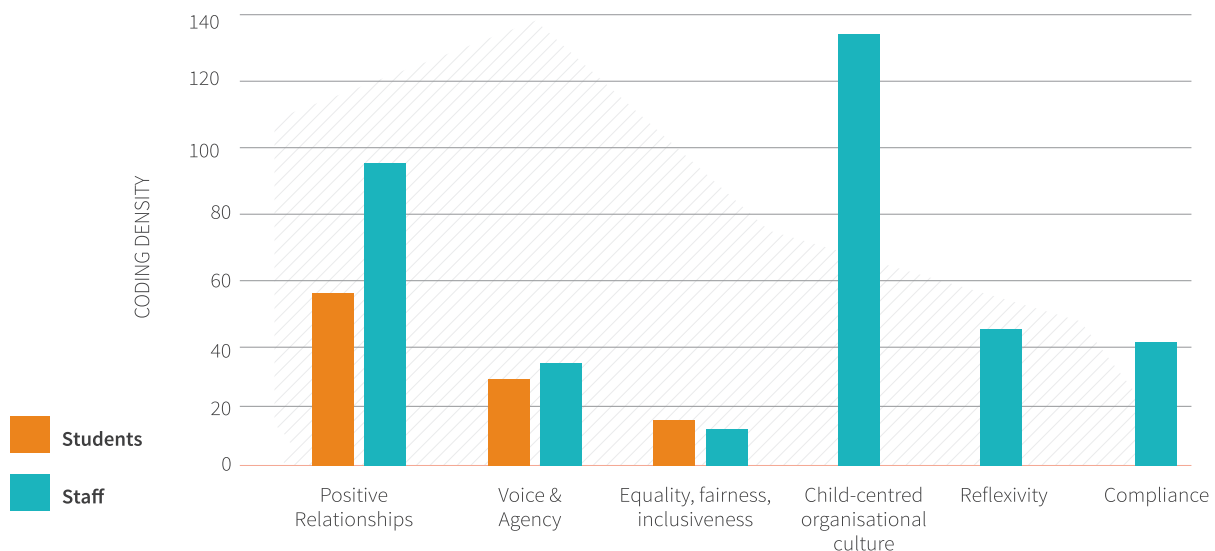
6.1. The Education Context

6.1.1. Practices with an ethical dimension – Young people’s views

Figure 2 shows the coding density by participant type and the most frequently discussed categories of practice with an ethical dimension across the adult and student data in the education sector. Given this study’s intention to ensure young people’s voices were heard alongside adult stakeholders, the student findings are presented first according to the coding density of the data (see Figure 5). Of particular importance for students were: i) building positive relationships with peers and staff; ii) promoting student voice and agency; iii) being treated equally, fairly and inclusively.

Students also identified a variety of barriers or constraints that prevented ‘good’ or ‘ethical’ practice, including a ‘lack of trusting relationships’ between staff and students and between peers (discussed mainly in reference to bullying and peer pressure). Other barriers included ‘bias or discrimination’ discussed in the theme ‘equality, fairness and inclusiveness’ and ‘lack of voice and autonomy.’

Figure 5: Coding density by participant type in schools.



Building positive relationships with peers and staff

The most prominent theme in the student data was positive relationships (see Figure 5). Students described these relationships primarily in recognition terms, aligned with being cared for, respected, and valued. Central to these relationships were trust issues: students perceived that staff who were encouraging and took the time to build relationships with students could be trusted. One younger participant described such trust in terms of feeling comfortable and safe talking to a teacher she knows well:

- ▶ **I feel that if I were to go to a teacher, I would go to a teacher that I've had in my classroom, that I know is encouraging and will be there to help me through any hard time. (Girl, 11-12 years, Primary School).**

Several students expressed views about how relationships between students and teachers, based on mutual trust and respect, were more likely to result in shared authority in the classroom:

- ▶ **Young teachers are more creative, they let you have more freedom, use your voice and how can you change things like that. (Girl, 16-18 years, Secondary school A1).**

Some students also implied that staff who are 'relatable' and have an aptitude for working with children and young people are more likely to instil trust and act in ways that positively influence their wellbeing and safety:

- ▶ **Some teachers are easier to talk to than others because other teachers are really strict and, if you say something, then they probably just disagree. (Girl, 13-15 years, Secondary school A1).**

Relationships with peers were also perceived as necessary for feeling safe and well at school. Valuing, supporting, and encouraging each other were viewed as an integral aspect of 'doing what is right' for others' safety and wellbeing, as this younger student in Year 6 explains:

- ▶ **Friends are always there for you when you need them, having a good friend group to be around that support you. (Boy, 11-12 years, Primary school A)**

Conversely, students also discussed the barriers to building relationships with staff and adults in schools, including, for example, leadership figures who neglect to 'interact' with students. Students however felt that practices that hinder children and young people's felt sense of safety and wellbeing are enacted more often by peers, including issues surrounding peer pressure and bullying. Students also identified teachers and adults in schools as being biased as a barrier to ethical practice, which is discussed later in section 7.

Promoting student voice and agency

As evidenced in the coding density illustrated in Figure 5, students perceived that being heard and being able to contribute to, and influence, decisions were also important in supporting their wellbeing and safety. They identified several existing practices designed to elicit student voice, including surveys, Student Representative Councils and Year Coordinators. They highlighted, however, that practices in classrooms that enabled them to have a voice and influence decisions were significant (see [Table 2](#)). In providing opportunities for student voice, teachers demonstrated they valued students' opinions:

- ▶ **Yesterday I was given an assignment from one of my teachers, and one of the questions was if the teacher was going to change their ways of teaching, what would be your preference on what would they do? How will they do it? I told him that he thought it was good feedback, so they might take it into account for next year. (Boy 1, 13-15 years, Secondary school A1).**

Students identified the culture within schools as enabling and/or constraining their voice and agency (see [Table 2](#)). Students felt that having a say and influencing how things are done in school contributed to a felt sense of ownership. For example, in one primary school, students underlined the importance of having the opportunity to regularly put forward ideas and work towards shared explicit goals (which might range from reducing lunch box rubbish to community outreach initiatives). Conversely, older students often discussed how prevailing conditions or arrangements in their school can sometimes constrain their voice and agency:

- ▶ **We've put forward ideas, but then like the teacher never really does anything about it. (Girl 2, 16-18 years, Secondary school A1)**

Being treated equally, fairly, and inclusively

Students flagged issues relating to being treated equally, fairly, and inclusively by teachers and peers as necessary to feeling happy, safe and well at school. This practice area was mentioned more frequently in the student than the staff data (see Figure 5). Creating a welcoming, inclusive environment was viewed as foundational and teachers' attitude was integral in enabling the cultural conditions for this practice:

- ▶ **Having a caring attitude, making sure that everyone feels welcomed and safe in the school environment and kids learning to be kind to everybody. (Girl 1, 11-12 years, Primary school A).**

Conversely, bias and discrimination – enacted by peers and/or teachers – was identified as a constraint in achieving the fairness and inclusivity necessary for a felt sense of safety and wellbeing. Examples of such bias and discrimination perceived by students included peer-bullying and/or discrimination and teachers' inappropriate use of authority in the classroom (see Table 2). In Mapping activity 2, where students elaborated on practices they perceived to have an ethical dimension, issues of recognition (notably being cared for and respected), featured strongly in enabling the conditions for equality, fairness and inclusivity:

- ▶ **Respected, included, cared for, loved by everyone; teachers care for everybody, no one is left out;... everyone is welcome and friends with each other and collaborates together; everybody needs to be included no matter how you look/are. (Mapping activity 2, 11-12 years, focus group Primary school A)**

6.1.2. Practices with an ethical dimension – Staff views

Building a child-centred organisational culture was the most dominant theme for staff and leaders when asked about the practices that help students feel happy, safe and well (see Figure 5). This was closely followed by 'building positive relationships with students'. The main barrier identified by staff in schools was a lack of time, coupled with the administrative and compliance duties, which prevent time being spent building positive relationships with students.

Building a child-centred organisational culture

For this analysis, organisational culture was perceived as the shared values, expectations and actions that are reinforced by both staff and students to shape how individuals and teams interact and relate to each other. While students did not refer explicitly to organisational culture, they often referred to the kind of school environment where they felt happy, safe and well. Such an environment was invariably tied to the importance they placed on relationships with staff and leaders, characterised by 'mutual trust and respect', 'voice and agency', 'fairness, equality and inclusivity'.

For staff, organisational culture was the most prominent area of practice (see Figure 5). The fostering of organisational cultures that promote students' safety and wellbeing encompassed several practices which collectively contribute to an authentically child-centred culture - where consideration is given to the standpoint of the child, including what they experience, may need and know, and where staff demonstrate the centrality of this in everyday routine practice. Staff underlined the importance of a child-centred culture being led 'from the top' with many suggesting that practices around developing such a culture need to be understood and shared across the school, evidenced in the ethos or philosophy (the 'way we do things around here') and promoted by leaders who challenge and empower staff to work in a child-centred way:

- ▶ **I do think it comes down to that underlying culture of the school and the leadership of the school and what's important to them and how all staff portray that. (Teacher, Primary school B).**

Similarly, school leaders pointed out that such a culture has to be supported by processes such as recruitment, induction, supervision and professional development that contribute to the same shared ethos and vision:

- ▶ **I just think if teachers have a common, known, clear vision of what we're trying to do, then it works. When you've got people operating in silos or going rogue if you like, that's when it falls down. (Leader, Secondary school B1).**

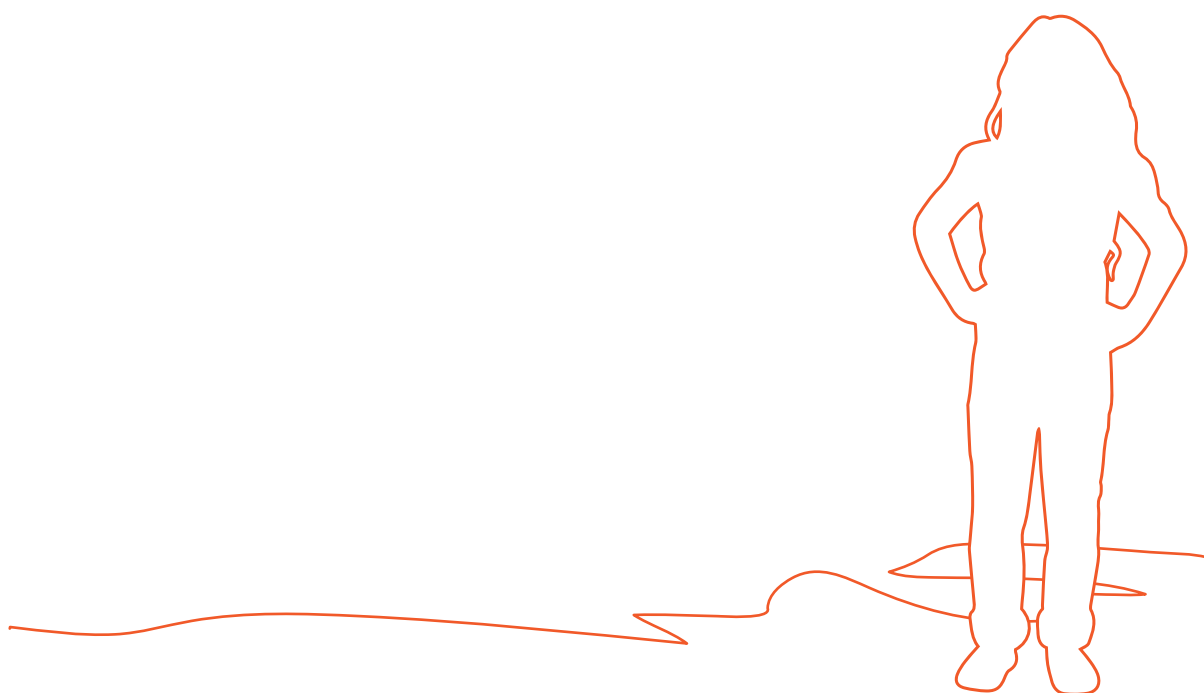
Recruitment practices, particularly, emerged as quite central in building and sustaining child-centred organisational cultures. These were inextricably bundled to practices around 'relationships' in that personal qualities of staff and their ability to work effectively with children and young people were regarded by many staff as central to ethical practice. School leaders, in particular, commented that working effectively with children and young people requires staff who are approachable, relatable and passionate about their job. Often leaders in schools discussed the difficulties in recruiting new teachers without having prior knowledge of their aptitude and disposition for working with children:

- ▶ **You want to build a team of like-minded people. We're not employing people who don't believe in what we believe in. ... A lot of applicants will have all the credentials, but if they don't have the soft skills, it's not going to work. We want team players. We want people who love teaching because, if you don't love it, all the other pressures are going to grind you down. ... The recruitment questions are around what we want and, if you don't fit that mould, well, it's not going to work. (Leader, Primary school B).**

In addition, some staff across both primary and secondary schools emphasised that having leaders and colleagues who support them to reflect critically on complex issues was essential in effectively managing ethical challenges:

- ▶ **I mean, when you make decisions around care and welfare of students, sometimes you can always ask yourself, are you doing the right thing? I always like to have a conversation with somebody else, particularly if it's a tricky case or if there's implications. I've got people in roles here that have more knowledge and experience than I do. So, I think just being able to bounce ideas and have that discussion is really important. I don't think I would be able to go in and make a decision myself in those complex situations that you're talking about. (Teacher, Secondary school A1)**

Such findings suggest that building a child-centred organisational culture incorporates practices that may not always be articulated in 'tick box' review processes but, rather, are linked to the relational context of students' learning environment. Step 4 of the analysis (Figure 1) revealed enabling and constraining conditions shaping practices with an ethical dimension (Table 2). Following TPA (Kemmis et al., 2014), changing practices is contingent on the transformation of existing arrangements (conditions) that shape and hold them in place.



Building positive relationships with students

For staff, relationships featured strongly in practices that have an ethical dimension (being the second most frequently mentioned after organisational culture - see Figure 5). Staff described solid and positive relationships with students characterised by rapport, trust and respect as central:

- ▶ **Relationships are key to everything. They're the bottom line. If you don't build those relationships, if you don't have that trust, you, me, children, nothing else will happen. (Leader, Secondary school B1).**

Often, the practices associated with building trust were described in terms of 'getting to know' children, that is, understanding and valuing every student's strengths, limitations, interests and capabilities:

- ▶ **But particularly, for me in the classroom, to know that I value them for who they are as an individual. I'm interested in them and what they do on weekends, them as an individual, not just about academics. (Teacher, Primary school A)**

Teachers and staff in schools argued that building positive relationships with families was also an important dimension of ethical practice to support students to thrive at school:

- ▶ **I think you can't make ethical decisions without having connections, and that's both to kids and families and the community. (Leader, Secondary school C1)**

The main barrier identified by staff to building positive relationships with students was a lack of time coupled with the administrative and compliance duties that need attending to. These issues were related to staff often feeling 'overwhelmed' and 'overburdened':

- ▶ **The tension is always going to be time. To be able to develop an attitude, you need time. We have a very packed curriculum and trying to fit everything in and do it justice whilst trying to maintain those relationships and have the kids have their voice, and do all that, it's hard in amongst the daily running of the classroom. Realistically, with all these other outcomes and everything on top along with your**

assessment, your reporting, and just all those compliance issues, and sometimes you get bogged down in that and forget about the little person on the other side. (Leader, Primary school A)

Being a 'reflective' practitioner

'Reflexivity' was an important theme in the adult data. The practice of 'reflexivity' is intended here as the ability of, and/or the support received from staff, to manage and critically reflect on ethical challenges. Respondents argued that having leaders and colleagues that support them to reflect critically on challenging issues was essential. When time was spent seeking that support and/or reflecting critically on such challenging issues, the outcomes for children and young people were more just and ethical:

- ▶ **Talking about it [ethical dilemma] with the principal or other staff, we're very collegiate here and support each other a lot. We're only a small staff, so they would quite often be at the port of call with a lot of those students. And sometimes, you know, you'll do things in class and then you'll just go and debrief with someone after and say, you know, this is what I did and did that work? (Staff, Secondary school C1)**

Respondents also talked about the importance of reflective practices in behaviour management situations. Remaining calm and thinking before speaking to, or addressing, young people was important in ethically addressing challenging situations:

- ▶ **So, if something's gone wrong and you're speaking to a child, I think for me personally, you've got to remain calm. You've got to clear your head. You've got to think before you speak, and for me, it's just you're aware of different things, so you don't put your foot in it. So, you don't blurt out something, where you go, 'ah, I shouldn't have said that', and that's hard. (Teacher, Primary school A)**

Promoting student voice and agency

Practices linked to ‘voice and agency’ were not discussed as often by staff (see Figure 5). When these were raised, staff mostly referred to how students are encouraged to voice their opinions. They rarely considered students’ ability or right to some autonomy or to act in their interests. Teachers primarily talked about facilitating student voice, but without reference to any need to act on this:

- ▶ **The student voice is very important to us, and we offer different opportunities for everyone to have a say in what’s happening in their learning. (Leader, Secondary school C1).**

On the other hand, several staff indicated that valuing students’ opinions is a dimension of ethical practice which contributes to safety and wellbeing:

- ▶ **I think that hearing what a student has to say is part of ethical practice – a lot of the time they just want to talk and feel like they are being heard – sometimes by the end of this they feel better and don’t even need you to ‘do’ anything. (Teacher, Secondary school C1).**

This evidence suggests that how voice and agency were understood by, and conceptualised across, students and staff differed considerably. While staff mainly discussed ways to promote student voice, young people highlighted the importance of acting on their perspectives and being invited to influence decision-making.

Being equal, fair, and inclusive with students

While less prominent in the data, staff also referred to the ethical aspects of students being treated equally, fairly and inclusively. Central to enabling an ethical approach was clear, open and transparent communication with students and respect for their dignity. Conversely, staff perceived that not treating students with fairness and dignity was unethical. As one Principal in a secondary school argued, students feel as though they are treated equally, fairly and inclusively when teachers genuinely value them and do what ‘is right’ consistently:

- ▶ **It’s about what’s right, and it’s not always popular, but I think if people hear that you are always doing what’s right, they then know that they can trust you, because when people tell you something, they want you to do what’s right. They’re scared, but they want you to do what’s right. That’s why they’re telling you because they know it’s wrong. (Leader, Secondary school B1).**

Notably, it is evident that the practices identified and discussed above are inextricably linked or bundled. Without positive relationships, student voice and agency, equality, fairness and inclusivity, the possibilities for establishing a child centred-organisational culture are significantly diminished.

Adhering to legal and compliance obligations

Commitment to legal and compliance obligations and duties was discussed by staff as a necessary part of their practice in supporting children's safety in schools. A secondary school leader referred to it as 'ammunition' for staff to be clear about the right procedures to follow in ethically challenging situations. Others talked about the importance of 'going back and reflecting on it [compliance obligations]' as a way of creating ownership of these practices among staff:

► **I feel we really delve into what we believe here so that we have that ownership so that the policy then isn't just this piece of paper, it's actually something that we do live, and we go back and reflect on it and refine if need be. (Leader, Primary school A)**

However, staff also discussed how compliance and administrative obligations within schools can sometimes prevent the development of an organisational culture that is authentically child-centred. These often included systemic issues connected to curriculum requirements, assessment, and reporting obligations. The administrative and compliance obligations were the most significant barriers to ethical practice discussed among staff participants. Often staff felt 'overworked' and 'overburdened' and unable to nurture those positive relationships that are so important to the wellbeing of children and young people in this research:

► **I feel extremely overwhelmed that I'm not able to tick all the boxes. Like, I want to talk to your parents, and I also want to talk to you individually, but there's only me, and I've also got to teach, and I've also got to do other things. (Teacher, Secondary school B1)**



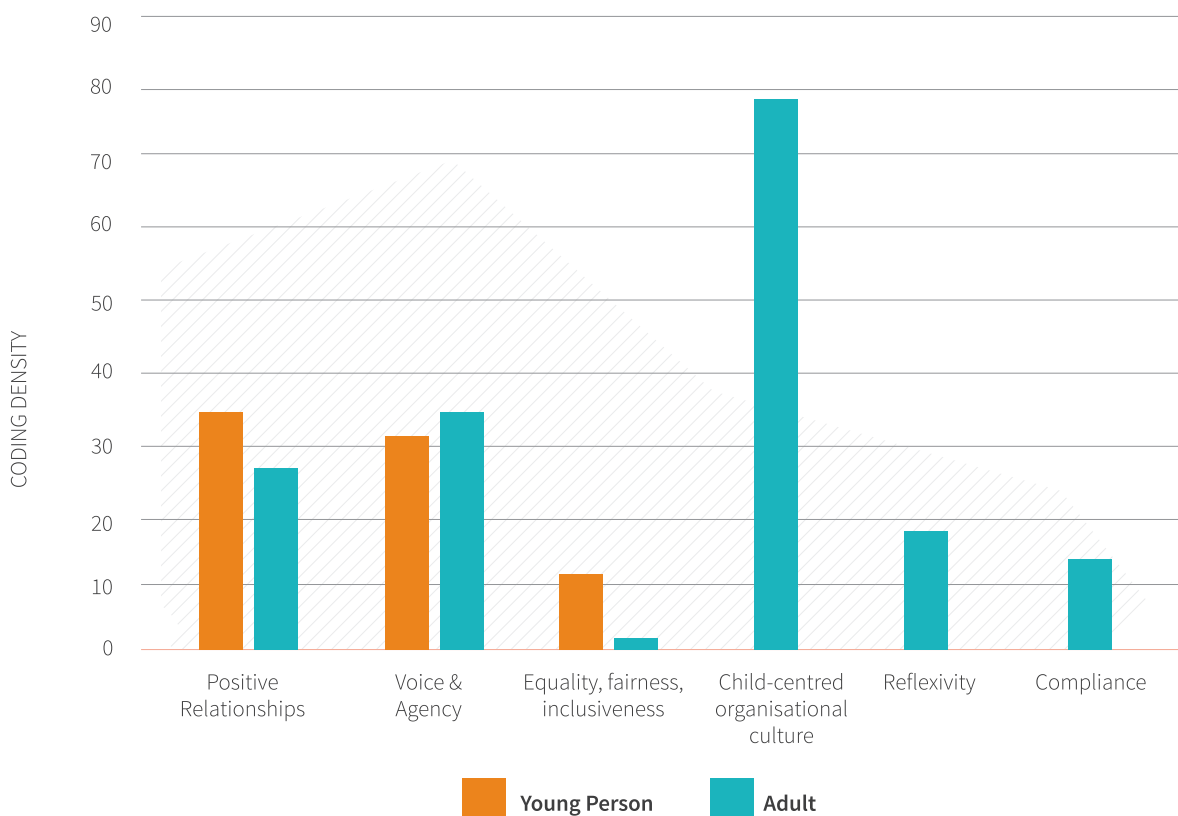
6.2. The Disability Context

6.2.1. Practices with an ethical dimension – Young people’s views

A number of important themes emerged from the young people’s data that have implications for ethical practice in the disability sector. Figure 6 shows the coding density by participant type and the most frequently discussed categories of practice with an ethical dimension across the adult and student data in the disability sector. Particularly important for young people were: i) building positive relationships with peers and staff; ii) having a say and influencing practice; and iii) being treated equally, fairly and inclusively.

Interestingly, young people reported different priorities and concerns compared to participants in the school sector. Coding density by participant type shows that for young people with disability, ‘voice and agency’ was more important than for respondents in schools. Conversely, systemic issues such as lack of funding and staff turnover were barriers to ethical practice mentioned more often by young people in the disability sector compared to the education sector.

Figure 6: Coding density by participant type in the disability sector.



Building positive relationships with peers and staff

Young people argued that positive relationships with peers and staff at the disability service they attended were the most enabling conditions that influenced feeling happy, safe, and well. Socialising with peers and meeting new people were the most frequently mentioned topics of discussion among young participants. The sense of solidarity that some young people felt from spending time with other young people who had similar lived experience was very important to them in building trust and feeling safe:

- ▶ **Amelia²: You trust what's around you, the people.**

Charlotte: And everyone can relate to each other. Yes, so it's safe in that way.

Amelia: We can all relate to each other, which at school we might not have. (Girls, 13-15 years, Focus group 1, Disability service C)

Young people also talked about the importance of positive relationships with staff based on trust and respect. Fieldwork notes (Disability service B) with a young person with autism (aged 15 years) and her support worker noted the 'genuine warmth and rapport' and 'empathy' displayed in their interactions contributing to the way she spoke about key events and activities – a signal of her felt sense of wellbeing and safety. Other young people talked about particular support workers being 'relatable' and the effect of them showing that they enjoy their work:

- ▶ **I don't know how to describe it much. He [support worker] makes me happy. He enjoys working with us. I can't exactly explain what he does. He is like a nice guy; likes hanging out with us. (Oliver, 13-15 years, Interview, Disability service A)**

Some young people identified systemic issues, such as lack of funding and high staff turnover, as constraining conditions to developing meaningful relationships and thus as a barrier to ethical practice:

- ▶ **The randomness of it has let me know a lot of people, but not too well. ... It is actually quite annoying. Sometimes it'll be just the one worker and then, a couple of weeks**

later, it will be completely random workers just being thrown in. (Noah, 13-15 years, Interview, Disability service A)

For young people with high support needs, this constraining condition had a particularly important dimension. In one interview, we met with a young person at home to explore her perspectives on her support service. While her parent felt confident in the quality of her long-term support staff, she herself was unable to speak about them when they were not there and she was away from the setting within which they interacted– she needed to be in the service context to be able to reflect on these people. If she had any problems with staff, she was unlikely to be able to come home and tell her family about it.

Having a say and influencing practice

Having a say and influencing practice was also important to several of the young people. They felt that contributing to decisions, and being consulted helped them feel safe and well. This included day-to-day decisions regarding the activities they were involved in (e.g., cooking classes, excursions, and planned games) and bigger decisions such as how to use their funding. Young people also talked about the importance of being able to tailor the support they received from practitioners at the disability service in order to learn skills they felt they weren't getting elsewhere. For example, one group of girls valued the opportunities available to them to connect with people they otherwise would not meet and learn how to navigate these social relations that happened through the focused social support provided at the disability service:

- ▶ **I like going out into the public and spending time with other people, and interacting and seeing how to handle a situation. How we can improve our interaction with others in the public. (Charlotte, 13-15 years, Focus group 1, Disability service C)**

² Young people's names in this section are pseudonyms to preserve the participants' anonymity.

It was not always easy for young people to influence practice. Some spoke about how they had asked for practices to change in the services they used, without effect. For example, several young people spoke about how they had asked to have more stability in their support workers, with little change. In one family, this was so destabilising that one child had withdrawn from the service because the uncertainty about which worker was coming to support him made him very anxious. Another spoke about his unhappiness that leisure activities at his respite service had been constrained due to funding changes:

- ▶ **Henry: Well, firstly when – well, when the money stopped, so then we couldn't go out to, like, areas which cost money.**

Interviewer: So, you can only go to places that are free now?

Henry: Yeah. ... We normally stay at the house now. (12-14 years, Interview, Disability service A)

Being treated equally, fairly and inclusively

Being treated equally, fairly and inclusively as a practice was not often discussed directly by young people, but came up in discussions around relationships and the importance of having support workers who were 'nice' and 'welcoming'. Similarly, young people were not forthcoming in discussing the constraining conditions to equality, fairness and inclusiveness, but would often refer to particular incidents in their lives, such as disputes or disagreements over rules or when they felt rules had been imposed inequitably. The reflective field notes collected during an interview with a young person with autism, for example, reveal her feelings of 'unfairness' and discrimination in relation to schools:

- ▶ **She talked about how at school they say that everyone is treated differently, because everyone is different. She finds this hard to understand. She would like fair rules – especially about having access to her technology. (Grace, 15 years, Interview fieldnotes, Disability service B)**

The effects on young people when they were treated unfairly or inequitably were both personal and systemic. For example, two young people had been excluded for periods from services because they had behaviour outbursts in response to changes to rules which restricted what they had previously been able to do in their time with the service. In one case, this was due to funding changes which restricted leisure activities; in the other, to a policy change that stopped support workers from assisting in a highly valued activity. Both young people were distressed by the changes and did not fully understand them.

6.2.2. Practices with an ethical dimension – Staff views

Similarly to the education sector, staff and leaders in the disability sector identified a 'child-centred organisational culture' as the most important aspect of ethical practice to promote young people's wellbeing and safety (see Figure 6). Interestingly, these staff placed greater emphasis on 'voice and agency' than did young people with disability. The main constraints preventing practitioners from establishing positive relationships with children and young people – which were viewed as barriers to ethical practice – included: organisational compliance; staff overburdened; families; and systemic issues. Similar to the education sector, lack of time to build positive relationships with young people due to administrative and compliance duties was the barrier mentioned most often by staff and leaders in the disability sector. However, competing 'family' interests and 'systemic issues', such as lack of funding and staff turnover, were emphasised more by staff and leaders in the disability sector than in the school sector.

Building a child-centred organisational culture

Building a child-centred organisational culture was the most dominant theme for staff and leaders when asked about the practices that help children and young people feel happy, safe, and well. Adult participants argued that a child-centred organisational culture could only be achieved through a shared ethos that values children and young people as individuals with rights and dignity:

- ▶ **So, often in our first sessions, we will have a series of conversations or activities to get out that information from the clients themselves. What would you like in your life? What would you like to be working on in our sessions? (Staff 1, Disability service C)**

Recruitment and induction were identified as important mechanisms through which a shared understanding of the organisational ethos and culture among new staff could be built. Evidence-based practices and regular training and education were identified as equipping staff to deal with ethically challenging situations in their everyday practice. Probationary periods were often mentioned as a good time for organisations to evaluate the practice suitability of practitioners in working effectively with children in a child-centred and ethical way:

- ▶ *We learn pretty fast if there are people that aren't actually really here for the children or for the support needs of the clients. So they tend to be taken out on probation because we don't want that here. (Staff 1, Disability service A)*

Effective communication was a strong theme in the data. It was discussed primarily in relation to communicating effectively with children, young people and their families by making complex information more manageable and providing, for example, easily read and accessible versions of online and print materials. This speaks to the heart of child-centred and ethical practice, acknowledging children's agency and evolving capability to understand and contribute to matters affecting them and their need to have information to understand what is going on around them:

- ▶ *I think there sometimes can be a misconception that children don't understand information, because of their age or because of their disability. ... But I can do my best to explain information in a way that's understandable to them, and use resources that are approachable, and have that information available. (Staff 1, Disability service B)*

Effective communication between staff was also referred to as an essential practice to achieve a child-centred organisational culture. Staff and leaders argued that formal processes to record information about clients were important in promoting and monitoring ethical practice and following up on children and young people's needs and interests.

Children's services provided a family-focused service, involving all members of the family in the support of children and young people with disability. While staff

and leaders discussed the importance of supporting families to navigate the often-complex landscape of NDIS, they frequently found themselves advocating for the child's needs and interests even when parents/carers might have other priorities:

- ▶ *Before the parents, the child needs to set those goals for themselves. And I know Mum wants whoever to have a lot of friends or Mum wants their child to get 'A's in school or whatever it might be. But what does the child actually want? What's big and important to them? (Staff 1, Disability service C)*

Staff often reported walking a fine line between supporting parents/carers in parenting a child with disability and advocating for the child to be treated with dignity and respect. Some staff talked about the tensions in managing difficult conversations where families wanted to discuss the challenges of parenting while children were present.

Empowering young people to have a say, to share in decision-making and influence practice

Practitioners talked at length about the role that disability services play in supporting, advocating for, and empowering children and young people with disability to articulate and achieve their goals:

- ▶ *It's not okay to exclude someone because we can't figure out how to enable them to participate - because that's our job. ... I think people have something to give to a community and to a society regardless of their ability, their age, their gender, their sex ... the natural next step of that belief is that with the right support, they can be doing the things that they really want to do. (Leader 1, Disability service A)*

Staff identified the actions involved in listening to children and young people's views as a critical practice in actioning such support aimed at improving their lives and having agency in different contexts, including support services and schools. This emphasis on listening was layered in approach, from having a say, through to providing appropriate scaffolding to participate in decisions that impact on them:

- ▶ **Our manager will often call us – if something happens, and she'll say, 'Did anyone talk to them? Did anyone actually speak to them and see what they had to say?' (Staff 1, Disability service A)**

Staff and managers in the disability field often talked about the ethical challenges of advocating for young people's needs and interests when they conflict with family wishes. Sometimes families were seen as constraining conditions to ethical practice, as shown in Figure 6 (above). In upholding children's and young people's rights to voice and agency, staff and leaders also had to grapple with legal requirements that often prioritised parental rights:

- ▶ **I find the hardest personally are the ones where the child is getting older, and their desire to direct their life is growing, and the family is really struggling to go with that. That's a really hard one to navigate because you can understand both perspectives. ... When they get to the 18-year-old point, if there's no legal guardianship in place with parents, we then have to change how we report and what we give to parents, and that's a really challenging conversation to have. (Leader, Disability service C)**

Building positive relationships with young people

Building positive relationships was the third most frequently mentioned theme in the adult data (see Figure 6). Staff and leaders referred to the importance of building trusting relationships with children, young people, and their families to meet their needs and support their development. Mutual trust, respect, and recognition of children's and young people's individual needs and capabilities was something adult participants argued takes considerable time and, as such, systemic issues like funding and staff turnover were considered constraining conditions which limit ethical practice:

- ▶ **You come into someone's life, and you build a relationship of trust. And that takes a long time. I couldn't build up someone's relationship and trust in 20 hours. (Staff 2, Disability service B)**

Another constraint to building positive relationships with children and young people was the 'burnout' rate of practitioners working in this field. This was often referred to in relation to the ethically challenging situations that staff need to negotiate on a daily basis:

- ▶ **I want to look after my staff too and stop burnout. You're managing pretty tricky stuff day in, day out. It's very hard to turn off at the end of the day. It's balancing that, what can I do, what can I control, what can I be part of for this family, and what supports can I then refer on to without feeling like I'm abandoning them? (Leader, Disability service C)**

Treating young people equally, fairly, and inclusively

‘Equality, fairness and inclusiveness’ was discussed by adult participants in reference to issues around communication. Staff felt that practitioners in the disability field were encouraged to communicate with children and young people with dignity and respect:

- ▶ **You know, some people put on different voices and stuff; you know, when people baby talk and stuff? No, we don’t do that. (Staff 1, Disability service A)**

Staff and leaders also discussed the importance of providing opportunities for young people to build peer relationships and connectedness by creating informal spaces for them to interact with other young people with lived experience of disability.

Notably, ‘bias and/or discrimination’ were discussed more often by adult participants than young people in the disability field, with a particular focus on how they navigate the ethical challenges of upholding the dignity and rights of young people with disability:

- ▶ **You can sometimes gauge how parents think of their child and the disability kind of thing, and they’re not treating them like they’re equal. ... Everyone should be treated with the same rights and respect that we’re all entitled to. (Staff 2, Disability service C)**

One evident ethical practice that staff engaged in concerned the use of language with parents and others. They discussed their awareness of the way this is used to frame disability, and the impact this has in terms of perpetuating discriminatory attitudes. Staff paid close attention to upholding children’s dignity in conversations with families by modelling language to promote inclusion and capacity:

- ▶ **Language is such a powerful thing, especially for people who are vulnerable, and have experienced discrimination. ... Language is often used to further discriminate. I’ve worked with families ... when a child is treated differently to the children who don’t have a disability, and it’s more of a negative way, or they’re not trying hard enough, or these sorts of things. It can feel a bit blunt and a bit jarring. (Staff 1, Disability service B)**

Being a ‘reflective’ practitioner

‘Reflexivity’ is understood as the ability of, and/or the support received from, staff to manage and critically reflect on ethical challenges. Reflexivity was regarded by participants as a mechanism for staff to be mindful of prejudices arising from the complex family situations of some of the children and young people they support (e.g., family violence, drug and alcohol addiction) and the impact of social and structural disadvantage on children’s lived experience of disability. Staff and leaders argued that being reflective and trying to step into the shoes of the children and young people they support was important for children’s safety and wellbeing:

- ▶ **I can’t understand, really, what that experience of that person is. But I can be reflective, and I can think about what my actions towards that person mean to them and observe their behaviour and how they’re interacting with me, and think about it from their point of view, of what they might be experiencing, and what signals of distress mean, or what signals of happiness mean, and joy, and things like that. (Staff 1, Disability service B)**

Adult participants argued that having leaders and colleagues who support them to reflect critically on challenging practice issues was important:

- ▶ **There’s a lot of debriefing that happens around the ethical side of it and what’s right and what needs to be done. I’d love to say that we have a perfect formula for it. But, a lot of the time, it’s been talking through situations and looking at where do we sit? What can we do? What can’t we do? (Leader, Disability service C)**

While reflexivity was identified as being important in supporting children’s safety and wellbeing, lack of time due to administrative and compliance obligations was considered a constraining condition to ethical practice. In particular, leaders and staff referred to systemic issues connected to funding allocations and staff turnover as constraints on practitioners’ ability to find time to critically reflect on challenging situations.

Adhering to legal and compliance obligations

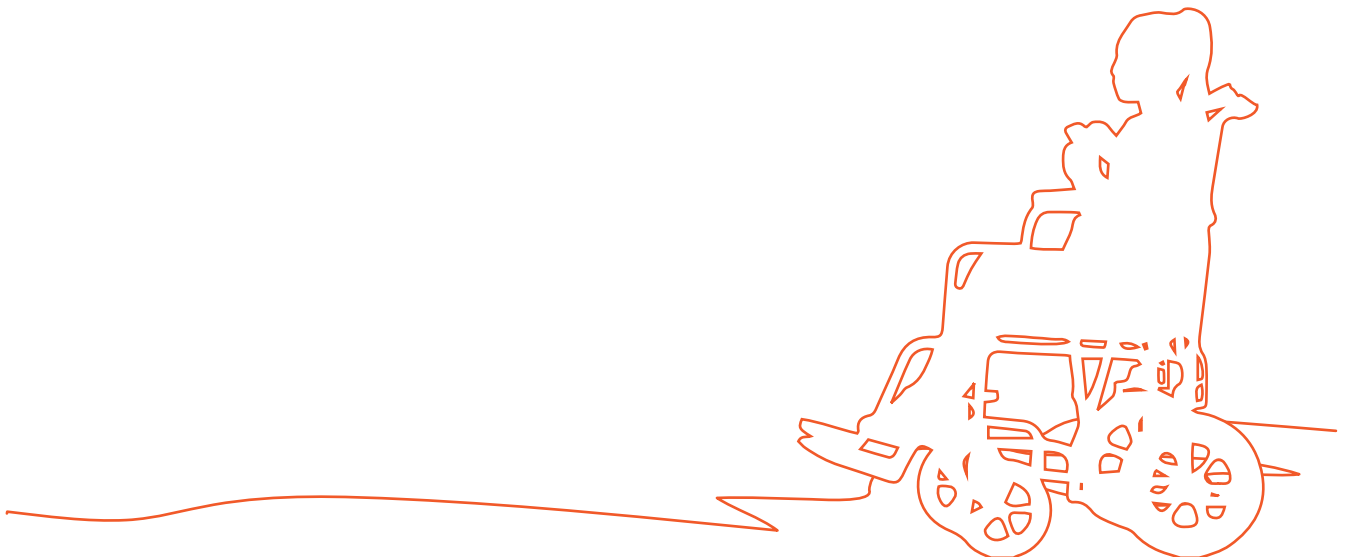
Adhering to legal and compliance obligations and duties was an important practice discussed by leaders and staff in disability services. Reporting incidents and following 'procedures' was seen as an essential element of professional practice and important for the safety and wellbeing of children and young people. While 'compliance' was identified as necessary in supporting children's safety and wellbeing, it was often referred to as a constraining condition to ethical practice. For example, staff argued that reporting incidents of concern is a practice that holds a heightened ethical responsibility. Due to the time it takes to report an incident, some staff members argued that reporting might be seen as a burden which could lead some workers to fail to act on reportable incidents:

- ▶ **The reporting side of things... it could take you three or four hours to do a report. I think it'll put people off a bit, and that's scary. It's like, 'oh well, I don't have time, I'm not going to do it', and that's a huge risk. (Staff 1, Disability service A)**

Often staff felt 'overworked' and 'overburdened' and unable to nurture the positive relationships which have been identified as being so important to the wellbeing of children and young people in this research. This was often connected to systemic conditions influencing practice, such as funding allocations and staff turnover:

- ▶ **The caseloads are high in the sense of needing to be viable under NDIS' prices. I do worry about that, and I think that there's a real risk to the staff and the pressure that they're under. (Leader, Disability service B)**

At times, legal requirements related to child protection were considered to be ethically challenging. Participants reported that it was vital that workers had trusting relationships with parents, which were sometimes corroded by their responsibility to raise concerns about their ability to provide for, or protect, their children. In one instance, a participant spoke about how their perceived obligations to report significantly damaged this important relationship.



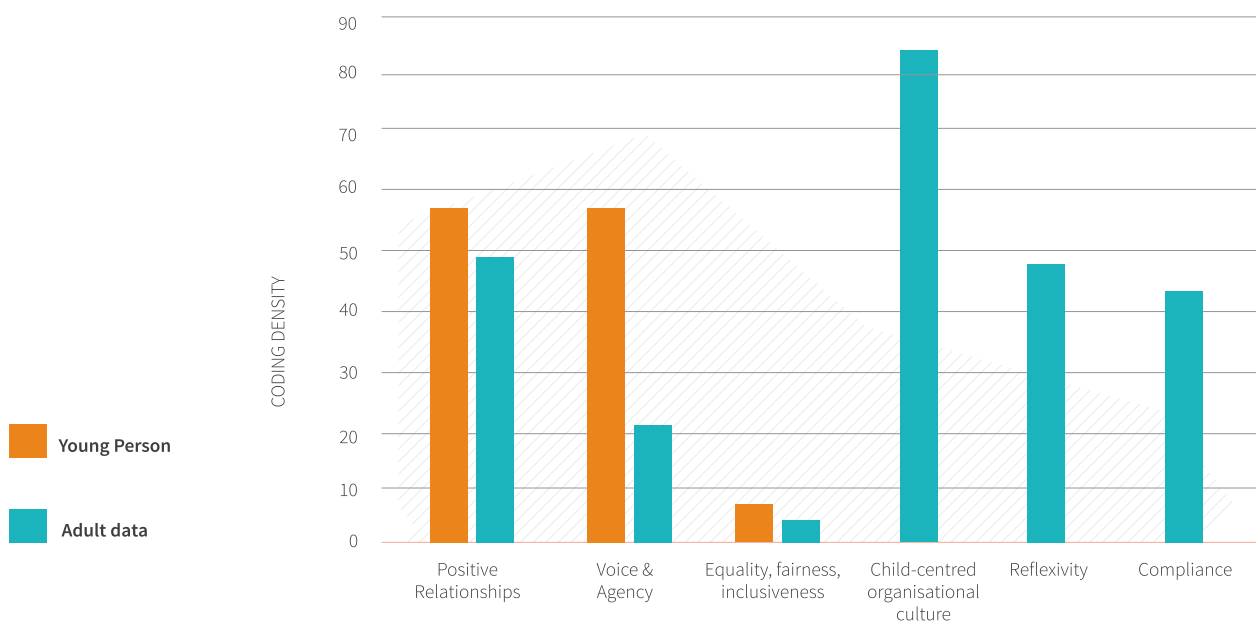
6.3. The Residential Care Context

6.3.1. Practices with an ethical dimension – Young people’s views

In the residential care sector, young people, staff and leaders identified similar practices with an ethical dimension that contribute to their safety and wellbeing. The concerns raised by young people around ‘freedom and autonomy’ broadly align with emphasis on ‘voice & agency’ in the education and disability sectors (see Figure 7). However, young people in the residential care sector placed far more emphasis on issues of freedom, choice-making and participation than in the other sectors. Coding density reveals that ‘positive relationships’ with staff was equally important while ‘equality, fairness and

inclusiveness’ were discussed less than in the other sectors. Young people reflected on the nature of residential care and pointed to the fact that practice was both enabled but also constrained by forces in and outside of units. Many decisions about the day-to-day running of units were made by child protection departments and staff who often determined who was placed into care, how long they would be in residential care placements, what type of contact young people would have with family and the level of support that individual young people would receive.

Figure 7: Coding density by participant type in the residential care sector.



Building positive relationships with staff

Overwhelmingly, young people spoke about the centrality of relationships. They valued interactions with workers during which they felt cared for, respected and supported. Valued workers were those that demonstrated that they were trustworthy, ‘truly cared’, understood young people’s needs and wishes and gave them opportunities to express themselves. Availability and presence were seen as key facilitators of relationship, with young people appreciating workers who spent time with them, to whom they could turn when they experienced a problem or issue

and who didn’t give up, even when young people pushed them away or caused them harm. They reported that a good worker could help them feel happy, safe and well while those who were unhelpful stifled their sense of independence and trust.

► **They have to be loyal, truthful, orderly, and most of all, friendly. (Boy 1, 13-15 years, Residential care service C)**

- ▶ **[A good worker is] not there because it's a job and that: they're there because they want to help and they want to give the kid a life that they had, or that they hadn't had. And that they enjoy making the kid feel safe, loved, and cared for. And that they won't go until that kid is stable.. [My worker is awesome:] she's been with me since I've been in this placement. And we had ups and downs, when I first came here. And I wasn't well behaved. But then we ended up getting along because I knew [she] wasn't going to go. And I knew that whatever I did she wasn't going to leave, because she knew that she needed to be here to help me. And then I ended up respecting her because she respects me. (Boy, 16-18 years, Residential care service A)**

Conversely, systemic issues such as staff turnover were viewed as constraining conditions to developing meaningful relationships and thus as a barrier to ethical practice.

Balancing safety concerns and young people's need for 'freedom and autonomy'

Many of the young people talked about their residential care experience, how they valued personal freedom and how they found it difficult to cope when they felt controlled or their personal liberty was curtailed. Young people often valued 'feeling normal', maintaining friends and family and being able to participate in 'normal' activities (such as football training, school camps and sleepovers). Their sense of 'normality' was shaped in relation to other children and young people who were not living in care as well as those in other care placements (i.e. foster and kinship care). They talked about the value of freedom in relation to being able to enjoy connections with others outside of residential care settings and events without constraints put in place by workers, units or the child protection system. They therefore voiced frustration when restrictions were in place that kept them from interacting with others and, as will be discussed below, when formal mechanisms to express their desires proved to be fruitless. This frustration was heightened amongst those who had experienced relative freedom in their birth families or within previous foster care placements.

- ▶ **I don't normally get to do my own thing, even when I'm out. I can't even go down the street unless there's a carer. I don't**

really want to do that. I want to go out by myself, on my own, and do whatever without stupid carers annoying me and telling me what to do. (Girl, 13-15 years, Residential care service C)

Within units, young people also talked about having little freedom over what they did within the spaces they occupied. Younger participants, for example, were disappointed that they could not spend more time playing online games or on the internet while older participants reported anger when their freedom to move around the unit was restricted. Some expressed unhappiness with a lack of privacy, in particular not being able to decide who was or was not in their personal space (i.e. bedrooms). They believed that staff were the ones who could determine what freedom they had and the privacy they enjoyed.

- ▶ **I just don't get why they don't make it like a normal household, but I guess that the government has laws and shit about, say, metal cutlery and stuff like that, and all that, okay. I know that in my house the oven has a switch in the office. So, I can't cook without staff's permission, and all the pots and pans are locked up... All of that, there's like room searches and shit. It's more like a detention centre than it is a real house. (Boy, 16-18 years, Residential care service A)**

Young people's need for freedom was often intertwined with their sense of safety. As many young people had come from unpredictable family homes where they had to fend for themselves and felt safer when they were in control, having their freedoms taken away was unsettling and could compound young people's sense of being unsafe. Young people pointed to a number of things that they did when they felt powerless and restricted. In some instances, they resisted requests, they became violent, aggressive or non-compliant or they rebelled by running away or 'absconding'.

- ▶ **So, if there is something that I have to do then I do the complete opposite or just not do it because I've always been independent before I came into [residential care]. Like I lived in a caravan by myself. It's like I am used to just doing shit and [management] then comes and tries to tell them [workers] to do that stuff for me because they won't let me do it myself. (Boy, 16-18 years, Residential care service A)**

A few young people argued that while in residential care they were not given opportunities to build their independence or the skills to equip them for when they were alone and unable to rely on others. They felt that residential care needed to provide more opportunities for young people to take control.

- ▶ **It feels great [while in care], because you don't have to do anything. You just sit back and the workers do everything. But me realising now, once you get older and you move out of the resi care system into your own house or into a foster care place, you're going to expect them, expect other people to do it for you... And then you [leave care and] realise that's not how life is. That's not how it's going to work. And then you've got to learn it by yourself, basically. That's what I had to do. I still don't know how to cook to this day. (Girl, 16-18 years, Residential care service A)**

Young people generally spoke about the value of making choices in terms of rights and happiness. Some felt that when you are given options you feel more in control over your life and generally feel happier. Interestingly, one made the link between choice and individual and collective happiness, observing that when young people feel like they can make choices they are happy and when groups of young people in care all feel happy the unit is more harmonious. A number of the young people also talked about freedom in terms of it being 'a right', but more so in terms of being a reward or something that needed to be earned.

Being treated equally, fairly and inclusively

Being treated 'equally, fairly and inclusively' was discussed by the young people in residential care services as essential to feeling happy, safe and well. Staff were described as 'bad' when this was not happening. One recalled that when he raised concerns about a worker he believed to be homophobic his agency acted immediately:

- ▶ **As soon as we had one bad worker, and we put in a report about them, they got rid of them. It was a homophobic worker. She was forcing her religion on me. Saying it's not good to be gay or bi, stop it, it's against God. I went to tell the workers, they made a report to and I didn't see her again. (Boy, 13-15 years, Residential care service Boy)**

As discussed above, young people's sense of equality and fairness often related to young people's perceptions of how their peers who did not live in residential care were treated, the freedom they enjoyed and their overall satisfaction with their living conditions.

In all services, young people, in particular were supported to make complaints when they were unhappy about what was going on in their lives, within the units or more broadly. In a number of situations, young people talked about how their residential care unit took their concerns seriously, particularly when their safety was compromised. Although most young people saw that having a complaint process was positive, they and their workers expressed dissatisfaction with the time that it took for these complaints to be actioned – often requiring parties outside of their units (i.e. case managers, child protection workers) to respond to young people's concerns.

6.3.2. Practices with an ethical dimension – Staff views

Similar to the education sector and disability sector, staff and leaders in the residential care sector identified an authentic 'child-centred organisational culture' as being essential for children and young people's felt sense of safety and wellbeing (see Figure 7). Interestingly adults in the residential care sector placed greater emphasis on 'relationships' than did adults in the disability sector. The main barriers or challenges to ethical practice identified by staff and leaders in residential care are set out in Figure 7. Similar to the disability sector, 'compliance' was the barrier discussed most often, although some viewed compliance with internal policies and practice frameworks as being helpful. Interestingly, for staff and leaders in residential care, 'systemic issues' such as lack of funding, staff turnover, and placements were the most significant challenges to ethical practice identified, more so than in the education and disability sectors. Workers also gave examples of times when decisions made by external parties (i.e. child protection departments and staff) constrained young people's safety and happiness and workers' capacity to do 'what is right'. Adult respondents in the residential care sector also identified young people's 'lack of voice and autonomy' as a barrier to ethical practice, more so than in the disability and education sectors.

Building a child-centred organisational culture

Organisations which maintain an organisational culture that places children and young people's needs at the centre of the work, and provide support to workers to assist them in their role, were considered by the participants to promote positive experiences and outcomes for all. To some extent, all participants reported that their organisation promoted 'child-centred cultures' but observed that these were not always present in previous workplaces. A child-centred culture was said to be one that prioritised the needs of children as a group, and as individuals, and acted in ways to keep them safe and respond to their wishes. As discussed earlier, child-centredness strongly relates to participants' ethics of care.

- ▶ **I think acknowledging every child is different, and one size does not fit all. That's something that most, not just this organisation, I think everyone is doing a really good job of that, in really paying attention to individuals. (Leader, Residential care service B)**

This required workers and organisations to understand how an individual's childhood experiences, particularly of trauma and abuse, affected their behaviours and their interactions with staff and peers. Participants also believed that workers did better in supportive work environments that focused on their individual needs and provided them with support to be able to manage them so they could be fully present for the young people in their care and enact practices that met their needs:

- ▶ **I think that we've built a good culture, and I think there are lots of different things we do to try and build a good culture. I think we also focused a lot on good culture amongst staff. Because, again, our staff need to be okay, because, with the constant turnover of staff, the kids are not going to be okay. (Leader, Residential care service B)**

In organisations with these 'child-centred cultures', participants perceived that there was a lower turn-over of staff, less altercations among young people and between staff and residents, and staff were given more authorisation to make decisions to respond to children and young people's needs. Importantly, supportive cultures recognised that decision-making was complex and fostered opportunities for staff to consider ethics and make good ethical decisions.

As previously discussed, participants observed tensions between 'doing what is right' and doing what is needed and what is required. It appeared that child-centred cultures enabled workers to make judgments about practices and to engage in dialogue about these tensions, particularly while making decisions. Strong leadership was highly valued within the organisations within which participants worked and leaders played an invaluable part in enabling workers to engage in ethical decision-making. Good leaders were empathetic to the needs of children and young people (who they often had a close personal relationship with) and not only set an example for others to follow, but also fostered a culture of learning and empowered teams to engage in collective decision-making.

Among the barriers to building authentic child-centred organisational cultures, staff turnover was discussed most often by staff and managers in residential care services. Residential care work involves an emotional kind of labour with a heightened level of risk due to children's hardships and mental health. A manager argued that staffing issues are a 'real ethical dilemma.' Staff work long hours and are often dealing with challenging situations, such as assault and violence. As such, they often feel 'burnt out' and leave. However, consistency in staff is essential for building positive relationships and for young people to feel safe and well:

- ▶ **I don't think it's ethical to have random staff all the time in a house, or at all, but realistically that's where we're at. I hate the idea of kids waking up and not knowing the person in their home looking after them. (Leader, Residential care service B)**

Another barrier to building authentic child-centred organisational cultures was identified by staff and leaders as being of a systemic nature. Often staff commented that placement matching was a big 'ethical dilemma' particularly when they had to negotiate departmental pressures. Managers explained how ethically challenging taking new placements was when there is a clear incompatibility between the young people already at the service and the incoming young person. Often these conversations led to managers arguing that it is important to 'advocate' for the best interest of the children already at the placement:

- ▶ **The biggest ethical dilemmas I have is matching, placement matching. And it's a really challenging one because we have kids in the system that need placements,**

there are kids that we know are going to set another kid back, but every child has a right to a placement and not be living in a hotel. (Leader, Residential care service B)

Good leadership featured prominently in discussions about child-centred cultures. Respondents often talked about good leadership being essential for child safety and, particularly, in relation to ‘transparent reporting.’ Staff in residential care services also argued that good leadership is essential for staff to feel supported and part of a team.

Recruitment and induction were identified by adult respondents in residential care as important mechanisms to build a team of practitioners with a shared understanding of the organisational ethos and culture. Staff and leaders stressed the importance of interview processes that employed real-life scenarios to understand the person’s moral values and ethics. They argued this was important in assessing whether the job applicant was suited to working with children and young people in complex and challenging situations:

- ▶ **When we do the interview to get the job, they try and understand your ethics. What would happen to you if a kid said that Jesus isn’t real? How would you feel about that? And then it’s like, well, this is how I’d cope with it. I think that’s how they get an idea of what a person is like. (Staff 1, Residential care service C)**

Practice frameworks, supported by professional development and training were also identified as essential in promoting child-centred practices. When asked how the organisation fosters good and ethical practice, respondents often referred to various practice frameworks and professional development programs and training (e.g., therapeutic crisis intervention; respecting sexual safety; healthy eating; LGBTQI+ training; Sanctuary training; PACE – playfulness, acceptance, curiosity and empathy). These resources were identified as particularly important in helping staff to deal with ethically challenging situations. The staff, however, also suggested that professional development needs to be recognised as a priority and built into the organisation’s system, including being paid to attend the training:

- ▶ **‘I haven’t worked for any other organisation, but one of the things I love about [organisation] is they offer such a range of training to further your**

knowledge. You get paid to do the training, the training is all free, and you actually get paid for the hours that you’re at training. It’s highly encouraged that you will take on extra training to always improve your skill set. (Staff 2, Residential care service B)

Effective communication was also important among staff, case managers, and practitioners from outside the organisation who work towards the wellbeing of the child or young person. Staff and leaders argued that communication strategies such as ‘practice forums’ with psychologists and other professionals were essential in achieving the best outcomes for children and young people. In addition, case managers played a vital role in sharing information, which was seen as important in ‘understanding the experiences from the child’s perspective.’

Building positive relationships and setting boundaries

Participants said that one of the areas that caused them some anxiety, and where their ethics were sometimes called into question, related to boundaries. When asked about what they most wanted for young people in their care, many reflected that they wanted young people to come away from their time in residential care feeling cared for and, in three cases, loved.

- ▶ **When a young person grows up, I want them to look back and think of me and just... know that I cared. That’s my ultimate goal, is if each young person can look back, and think, you know what, she actually cared about me. (Leader, Residential care service C)**

Leaders and staff spoke about some of the practices they used to help young people feel cared for (including small caring gestures, paying special attention to young people when they were going through difficult times, and helping them to overcome a problem they were facing). Central to their work with young people was a strong, trustworthy relationship. They reflected that when young people felt they could trust a worker, when they experienced understanding and warmth, and when they believed that the worker was acting in their best interests, young people were able to seek and receive support and guidance and begin to heal and grow.

- ▶ **Relationships are at the core of everything we do. The first thing you do when you come into a house is to try and build connection points with each young person and it might look different for one staff member. They might have a bit of a funny handshake or 'I didn't know you like dogs', so we talk about dogs together. Unless you[ve] got those connections, you're not going to be able to help them in a crisis if they can't trust you and what we do. (Staff 1, Residential care service C)**

However, they also noted that their relationships were bounded by professional expectations which discouraged them from getting too close and encouraged a level of personal distance. They observed that there was a (most commonly) shared belief that such boundaries were in place so that young people did not become dependent on individual staff, to avoid individual staff taking advantage of the closeness of the relationship and, due to the short-term nature of residential care, so that young people did not experience significant loss when they exited their placements. However, workers also acknowledged that these boundaries were often difficult to maintain, constrained their practices and, on occasion, were challenging because organisations did not always have clear expectations about what was appropriate:

- ▶ **I was told quite early on in the piece that [when] they say, I love you, we don't say that back. I said to my supervisor, that breaks my heart. When I'm knocking off shift and one of them calls out that they love me, I literally feel like I am slapping them in the face if I don't say it back. I get that I can't say it back because [of] the whole rejection thing, if I was to leave the job, that type of [thing], I get that. (Staff 2, Residential care service C)**

To establish this professional distance, participants spoke about not sharing personal details, about needing to be mindful about how they responded to young people's bids for connection (i.e., by not reciprocating when a young person tells them that they love them) and about keeping personal distance and avoiding touch (by not hugging or showing personal affection to a young person, even when they were unhappy or distressed). For some, this boundary setting felt antithetical to the parent-like role that they were trying to establish with young people.

Some felt they had to sideline their personal view that all young people need to feel loved and have a loving connection to others. On the other hand, others were critical and believed that sometimes staff, particularly those who had less experience, breached boundaries (by breaking rules, getting "too close" or having favourites) because, when they did, young people were more likely to like them and be more compliant. These boundary violations were considered unhelpful as they were inconsistent with the approach taken by young people's care teams and could cause division, instability and conflict.

Being a 'reflective' practitioner and co-reflecting with young people

'Reflexivity' arose more often in interviews with staff and leaders in the residential care sector than in the other sectors, explicitly flagging that managing and critically reflecting on challenging situations was an important dimension of ethical practice. Staff teams were often confronted by ethical dilemmas in their day-to-day practice and underlined the value of supervision and other co-reflexive practices, where they could consider the needs of individual children, understand their behaviours and manage ethical challenges that emerged. Staff also spoke about the value of team groups coming together for regular meetings, particularly after a critical incident, to share their thoughts about what had happened and how they might learn from the experience so that better decisions could be made in the future. In some settings these discussions were formal and systematised: weekly consultations with clinical staff, team meetings where the needs of individual children were discussed, and routine debriefs after critical incidents, all of which were highly valued. Staff were also encouraged to challenge themselves and their teams in relation to improving their practice.

To enable these reflexive activities, adult participants perceived that organisations needed to foster a culture of openness and learning, to provide time and space and to ensure that staff have trust in the process. While they expressed their appreciation for these co-reflexive activities, they thought that more needed to be done to create the conditions for mutual trust:

- ▶ **I think we've still got a lot of work to do ... with reflective practice and how it can be less confronting for staff and more of a positive focus. No one's in trouble. We're all going to learn from this and some really great stuff is going to come from this conversation. I don't think we're quite there yet. (Leader 2, Residential care service A)**

In many instances, leaders and staff talked about the need to be reflexive when “working in the grey” – these being times when established policies and procedures did not provide sufficient guidance on what to do or seemed antithetical to good relationship-based practice. They spoke about the need to step back from a situation, to consider what was going on for each of the players (including what they needed, what was in their best interests and what they wanted to occur), and to be aware of their own personal needs, values and biases. Such reflection was considered most effective when it was supported by leadership, organisational practices and other formal and informal opportunities to discuss scenarios:

- ▶ **We are offered supervision through meetings with our leader every six weeks. We get an opportunity to just sit in a confidential space and just say, this happens, this is on my mind, and you don't even have to wait for your supervision to come round. If I've got something, I know I can just text her and say, can we have a chat? The support is just out of this world. (Staff 2, Interview, Residential care service C).**

In relation to the latter, the leaders and staff felt that sometimes their own lived experiences, beliefs and attitudes could thwart their ethical decision-making. Several, for example, talked about how workers' own experiences of childhood trauma, their roles as parents and their work with children and young people in other settings, all played a part in how they thought about, and acted within, the residential care setting. They viewed these experiences as shaping their judgements and potentially influencing (positively or negatively) the decisions they made.

While staff described opportunities to reflect on practice with their peers and supervisors, they also highlighted the benefits of having pre-emptive and post-incident discussions with young people. They spoke about the value of debriefing with young people and giving them opportunities to reflect not only on what was going on for them during a critical incident, but also which practices they believed did, or did not, meet their needs. In some organisations, this co-reflexivity was enhanced using tools such as Life Space Interviews which encouraged both young people and workers to have an open discussion about what was happening for all stakeholders during a critical incident, what the young person wanted and needed during this experience, and what they and their workers might have done differently to achieve their

goals without conflict. These co-reflexive activities were often established and reinforced by practice frameworks.

Balancing young people's wishes, best interests, and their need for safety

Participants also reported that a key part of their role as a youth worker was to provide young people with opportunities to build confidence, to have some control and to influence decisions that were made (see 'voice & agency' in Figure 7). They spoke about practices, such as being attuned to a young person's state of mind, giving them opportunities to make decisions for themselves, and helping them achieve success. However, they also reflected that, at times, residential care work requires staff to balance young people's needs for autonomy and independence with their need to be safe. When they encountered such situations, they were required to deprioritise young people's wishes and desires in order to enhance their safety:

- ▶ **So, when it comes down to a child's safety, all of those ethical dilemmas that are in your mind, safety needs to trump [them]. (Leader, Residential care service B)**

Participants spoke about instances when young people wanted to go out, to miss school, to engage in intimate relationships or to eat unhealthily and reflected on the consequences for the young person's health, wellbeing and safety. In these situations, workers needed to intercede and make decisions that were deemed to be in the young person's best interests, but were sometimes clearly antithetical to the young person's wishes. Staff thought that young people often perceived these interventions as being unfair and as an affront to the caring relationship they had developed with their workers.

Staff also provided more extreme examples of situations where they had to balance sometimes conflicting ethical responsibilities. Three spoke about times, for example, when young people were missing from residential care: when they failed to return home or absconded from the unit. In these instances, workers said they had a duty to ensure the young people were safe and instinctively wished to go out searching for them. However, because other young people could not be left alone in their units, this was often impossible due to a lack of staff resources. The staff followed procedural requirements and practice in such cases that police be notified – which often caused problems for the young people:

- ▶ **Getting kids home is an ethical dilemma for me. What kind of parent says to kids, you need to get your own way home at night, yet the department only funds us for one active night for four kids? If you've got kids in bed, you're not waking kids up to get other kids, but we need to get them home. But there's no funding for that. (Leader, Residential care service B)**

These workers felt conflicted: they were in a situation where they were unable to meet the young person's needs because they had to prioritise the group's safety above the needs of the individual. Furthermore, the preferred practice of seeking police intervention risked criminalising what might be considered as normal adolescent behaviour.

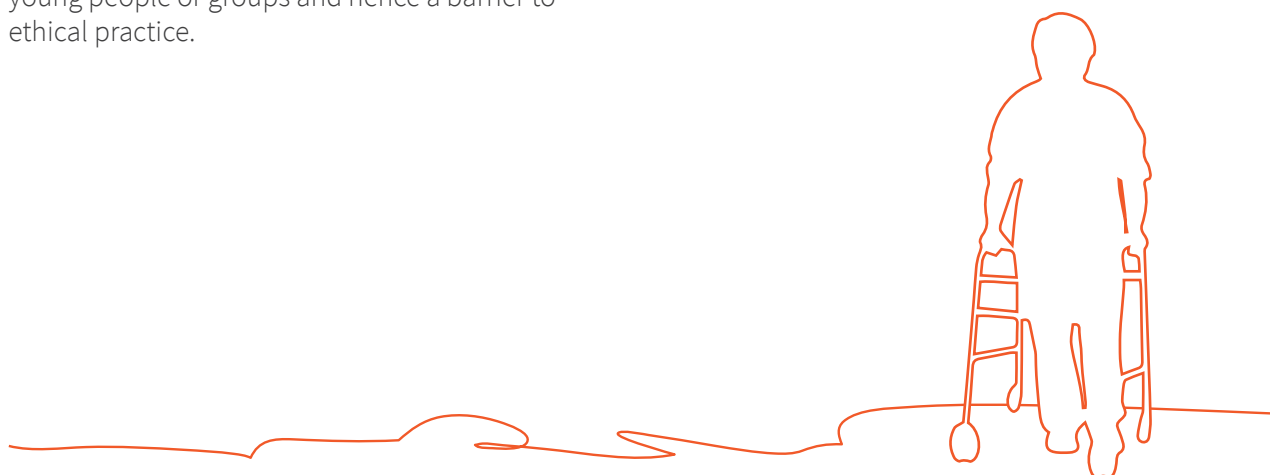
In addition, some staff observed that residential care is, at its core, a collective out-of-home care option. Young people with significant care needs are placed together. Although peers in congregate care living can provide each other with support, staff recognised that other young people were often the greatest threat to residents in their units. They noted that young people in residential care were often exposed, and victim, to the violence of their peers, were at risk of sexual harassment and assault and affected by many other antisocial behaviours. As a result, staff recognised that residential care workers needed to be able to balance the competing needs of individuals and, at times, make decisions that were detrimental for one for the benefit of another. They often described this in terms of ethics: feeling that there were times that in doing "the right thing" by one young person, others' needs were compromised. In raising placements as an ethical issue, participants were clearly concerned that, due to a lack of adequate resourcing and placement options within the broader system, decisions could often be made that were not optimal for individual young people or groups and hence a barrier to ethical practice.

Adhering to legal and compliance obligation

When considering what helped inform ethical decision-making, many participants raised compliance issues: particularly compliance with departmental policies or standards that were set by external parties. In both instances, compliance was regarded as a positive, and a restrictive, force. Sometimes, for example, workers reported that they appreciated knowing what was expected of them, what 'rules' they needed to follow and some guidance about how decisions were made within, and outside of, residential care. 'Compliance' could therefore be helpful when it was instructive and clarifying.

- ▶ **I think that sometimes a box is ticked before relationship. [There are times when we have to do what is expected by outsiders] Yes, and I guess it's more ticking the boxes, but how is that young person really feeling right now? What's happening for that young person? What can we do to help that young person right now? (Staff 1, Residential care service A)**

However, both leaders and residential care staff reflected that compliance, most often with external expectations, could sometimes be restrictive. They spoke about how completing mandatory practices, such as significant paperwork and meeting attendance, could keep them from other practices, such as being with young people and forming relationships. They also reported that, sometimes, these guidelines meant they had less freedom to make certain decisions that they believed to be in the best interests of young people (such as those related to placement, duration of stay and matching of young people). This made it difficult to do 'what was right' for individual children or groups.



7. DISCUSSION

The findings around key areas of practice identified above shed important light on the nuanced ways in which young people, staff and leaders in the three institutional contexts perceive what supports and constrains safety and wellbeing. The theoretical framework for the study provided a lens for ‘zooming in’ (Nicolini, 2012) on their lived experiences of practices and encapsulating the perspectives of young people and staff on the ethical dimensions of these. In trying to understand how these practices are enacted, we ‘zoomed out’ to explore how conditions (arrangements) found at or brought to a site work together to enable and or constrain ethical practice in organisations (Kemmis et al., 2014). This lens allowed us to apply a reflexive-dialectical perspective (Kemmis, McTaggart & Nixon, 2014) which subsequently shed new light on the ethical dimension of practices.

Practices identified by young people and staff as contributing to wellbeing and safety included those that privileged their voices; promoted positive language (moving away from deficit views of children); created opportunities to involve young people in decision-making; and supported staff to critically reflect on ethical challenges. These were enabled by certain cultural discursive conditions in their respective sites (e.g., student representative councils, debriefing time, mentoring and leadership support). Conversely, conditions identified as constraining ethical practices included: bias and or discrimination; inappropriate use of authority; an absence of young people’s voice mechanisms; and lack of time and support for staff to critically reflect on ethically challenging situations. This opens some important questions for us about ‘voice’, providing a space for young people and staff to reflect more deeply on the purpose (telos) of these spaces (sites). What do we do here, and why? Is our practice driven by what is right or what is compliant? How do/can words and ideas shape the way things are done (hegemony) in sites and who gets left behind if dominant practices/cultures prevail unquestioned or unchallenged?

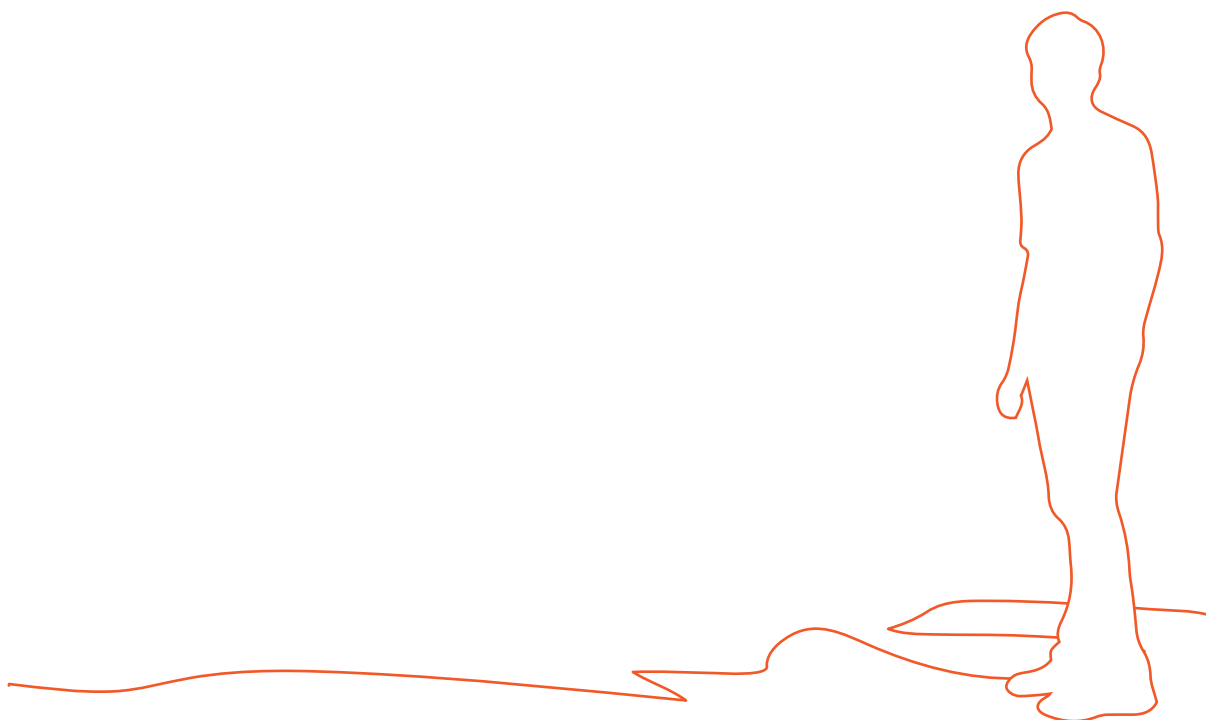
Adult participants discussed how they felt certain practices enhanced the safety and wellbeing of young people through, for example, restorative practices and classroom strategies (in schools); transparent complaint mechanisms (in disability services) and therapeutic interventions (in residential care services). Organisations with leaders who promoted a child-centred culture and empowered staff to work in child-

centred ways were more likely to use other practices to enhance children’s wellbeing and safety. Conversely, compliance and administrative obligations were regarded as necessary, but could take time away from developing meaningful relationships with young people. These systemic issues were connected with sector specific issues (e.g., placements in residential care services). Often staff felt ‘overworked’ and ‘overburdened’ and unable to nurture those positive relationships which have been identified as being so important to young people’s wellbeing (see also Fogelgarn & Burns, 2020). These findings suggest there is a need to more closely examine the intersection between individual and systemic conditions in shaping ethical practice aimed at supporting the wellbeing and safety of children and young people. In the disability sector, for example, the institutional conditions created by funding, staff turnover, and systems which made it hard for organisations to set stable rosters for staff and young people established conditions which made ethical practice fragile in important ways. Likewise, the increased administrative and compliance demands on schools, for example, have posed challenges in maintaining the personal teacher-student relationships that form the basis for learning. While not all of the sites were ‘schools’, this resonates with the idea of educational praxis - concerned with the formation of the individual and the formation of society (Kemmis et al., 2014). Such praxis gives rise to critical questions about how constraints identified here do/don’t work in terms of the greater good for all. In other words, how does praxis potentially open up an ethical dimension education? Who gets lost, left behind? How do all children and young people receive/ gain access to an education that allows them to make a positive contribution to their community / lifeworld? Who gets to decide?

The social-political conditions shaping practices were evidenced in the emphasis placed on meaningful relationships as one of the most critical dimensions of ethical practice leading to young people’s felt sense of safety and wellbeing. The ‘relatings’ that young people discussed (particularly linked to being valued, respected, cared for and treated equally) were identified as essential in feeling happy, safe and well. The social-political conditions in organisations that enabled such practices included the support (i.e., time and resources) received by staff to build positive relationships with young people based on mutual trust, respect and equality, as well as demonstrated personal qualities of staff for working effectively and ethically with young people. Growing evidence suggests that young people’s wellbeing and safety are closely linked to the positive relationships developed

with staff, friends, peers and significant others in these organisational contexts (Powell et al., 2018). Consistent with the interests of recognition theory, this study reinforces the primacy of relationships and regards them as a key mechanism through which young people's needs for recognition, respect and reciprocity can be met (Turney, 2012). While participants in the residential care sector highlighted many of the ethical tensions around relationships, they also drew considerable attention to the ways in which their roles and practices are inextricably linked with Honneth's (1995) modes of recognition - love (being cared about), rights (being respected) and solidarity (being valued) (Graham et al., 2017; Graham et al., 2016). This reflects similar theorising about the central place of recognition in care contexts by Marshall, Winter and Turney (2020), Warming (2019) and Munford and Sanders (2020). For young people with disability participating in this study, similar emphases on the importance of the tripartite modes of respect, value and care were evident, confirming and extending earlier work by members of this research team with young people with disability about support relationships within disability services (Robinson et al., 2020, 2021).

Considering this study's broader theoretical interests in children's rights, relational ethics and recognition theory, TPA was a useful analytical tool for unveiling the highly bundled nature of practices in schools, disability services and residential care services that contribute to children and young people's safety and wellbeing. We have discussed the ethical dimensions (zooming in) of key areas of practice while also identifying the enabling and constraining conditions within the cultural-discursive (sayings), material-economic (doings) and social-political (relatings) realms that shape the professional practices in schools (zooming out). This process highlights that if changes to practices are to be given effect then changes to the conditions will also be necessary (Boyle & Wilkinson, 2018). The alternative is likely short-term reactionary change (albeit well-intentioned) diluted by immutable conditions shaping 'the way we do things around here'. In this regard, we suggest closer attention needs to be given to the perspectives offered by young people concerning the ethical dimension of practices that support their wellbeing and safety and bring their perspectives into dialogue with those of adult stakeholders. As Wall (2010) argues, we need to reimagine ethics through the experiences and perspectives of children. Yet, given the historical adultcentrism prevalent in policy and practice in the three sectors explored in this study, we may still have a way to go in changing these conditions and transforming practices.



8. CONCLUSION - NEXT STEPS

This report has presented the findings from interviews and focus groups with young people, staff and leaders in Australian schools, disability services and residential care services across two metropolitan areas (Melbourne and Adelaide) and two regional areas (Northern NSW and Limestone Coast, SA). From a child rights-based perspective, it was critically important to hear directly from children and young people about ethical practices in building safety and wellbeing and to bring their perspectives into dialogue with the adult participants. These findings will contribute significantly to better understandings of current practices, and the conditions that enable and constrain these. Close attention to these findings is particularly critical as organisations currently operationalise the National Child Safe Principles in ensuring continual improvement with safeguarding requirements. For these landmark policy developments to give rise to changed practices that improve safety and wellbeing, we argue that there is a pressing need to closely examine the conditions that may constrain, as well as enable, such changes.

The findings reported here are from Phase 2 of a more extensive study. Phase 3 uses an online survey to test these findings on a significantly larger scale, by quantitatively examining which of the identified practices identified in Phase 2 are most positively associated with wellbeing and safety, and the role that recognition (being cared for, respected and valued) plays in mediating these experiences.

The overall findings are also integrated into professional learning workshops available at <https://www.scu.edu.au/centre-for-children-and-young-people/our-research/epic/>



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10. APPENDICES

APPENDIX A: PROJECT ADVISORY GROUP MEMBERSHIP

Name	Position
Prof Judy Cashmore (Chair)	Professor of Socio-Legal Research and Policy, University of Sydney and Adjunct Professor Centre for Children and Young People, Southern Cross University.
Prof Morag McArthur	ACU Institute of Child Protection Studies
Dr Lyn Gardon	Director of School Services, School Services Directorate, NSW Department of Education
Sylvana Mahmic	CEO, Plumtree Children’s Services Inc.
Dr Victoria Flanagan on behalf of Megan Mitchell	Senior Adviser to the National Children’s Commissioner, Australian Human Rights Commission
A/Prof Kylie Valentine	Deputy Director of the Social Policy Research Centre at UNSW
Dr Catherine Esposito	Principal Research officer Office of the Senior Practitioner Department of Family and Community Services
Prof John Wall	Professor and Chair, Philosophy and Religion Director, Exploring Interdisciplinary Global Studies Joint Appointment, Childhood Studies Rutgers University Camden
Gerard Jones	Director Sanctuary Institute Australia, Deputy CEO MacKillop Family Services.

APPENDIX B: STAFF INFORMATION AND CONSENT FORMS

Schools: Staff Information and Consent Form

[Date]

Dear Staff member,

Beyond Safety: Ethical Practice Involving Children (EPIC)

The Centre for Children and Young People (CCYP) at Southern Cross University is conducting a research project to explore practices that enhance children's safety and wellbeing in the context of organisations including schools, residential care settings and disability services.

The project is being undertaken in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This is important research, funded by an Australian Research Council (ARC) Discovery Grant. Your school has agreed to participate in this project.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to strengthen knowledge, policy and practice concerning 'child-safe' organisations by examining the role of ethical practice in improving children and young people's safety and wellbeing. Child safety is now a national policy priority in Australia but little is known about what constitutes ethical practice with children and young people, nor how this contributes to cultural conditions that promote their safety and wellbeing. This research seeks to address this gap and, in so doing, help Australia's efforts at building and sustaining organisational cultures that create the conditions for children to be happy, thrive and to feel safe.

WHAT ARE THE BENEFITS OF BEING INVOLVED?

Being involved in an interview will give you an opportunity to have a say about the ways you currently support children and young people, the kind of practices you perceive help them feel happy, safe and well, and what you generally consider to be the 'right thing to do' in your work with children. At the conclusion of the project you will have an opportunity to learn what staff and young people in a range of schools and other organisations had to say about ethical practice and how this contributes to children and young people's safety and wellbeing.

WHAT WILL PARTICIPATION IN THE STUDY INVOLVE?

We would very much appreciate your participation in the study. This involves a phone or zoom interview of approximately 40-60 minutes that will seek your experiences and views about the kinds of practices that support children and young people's safety and wellbeing.

With your consent, interviews will be digitally recorded (audio only) for later transcribing and coding. You can ask for the recording to be paused at any time if you want to say something "off the record". Information shared in the interview will be confidential. We will not ask for (or include) information that will identify any participants in the study. *Participation in the research is entirely voluntary and you may withdraw at any time with no negative consequences.*

HOW WILL THE INFORMATION FROM THE INTERVIEW BE USED?

The information from interviews will be coded and reviewed in conjunction with that from participants in other organisations. This information will then be used to inform the development of an online survey for Stage 2 of the study. All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

The findings will also be included in a full report for the Australian Research Council and summary 'plain English' reports (which will be made available to all participants), as well as journal articles and conference presentations. No participating child, young person, adult or organisation will be identified in any publication.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-19-047). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

WHAT SHOULD I DO NOW?

If you agree to participate in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 or 0409990653

Email: anne.graham@scu.edu.au

Consent Form for School Staff

I, have read and understood the information and I know that the aim of the research project is to explore how people working in different contexts such as schools, residential care and disability services, help children and young people stay safe, well and happy.

I agree to take part in this research project. Yes No

I agree to participate in a phone/zoom interview which I understand will last approximately 40-60 minutes. Yes No

I agree to allow the interview to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something “off the record”. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that in all written work associated with this research my privacy and confidentiality are ensured. Yes No

I am also aware I can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Disability Services: Staff Information and Consent Form

[Date]

Dear Staff member,

Beyond Safety: Ethical Practice Involving Children (EPIC)

The Centre for Children and Young People (CCYP) at Southern Cross University is conducting a research project to explore practices that enhance children's safety and wellbeing in the context of organisations including schools, residential care settings and disability services.

The project is being undertaken in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This is important research, funded by an Australian Research Council (ARC) Discovery Grant. Your service has agreed to participate in this project.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to strengthen knowledge, policy and practice concerning 'child-safe' organisations by examining the role of ethical practice in improving children and young people's safety and wellbeing. Child safety is now a national policy priority in Australia but little is known about what constitutes ethical practice with children and young people, nor how this contributes to cultural conditions that promote their safety and wellbeing. This research seeks to address this gap and, in so doing, help Australia's efforts at building and sustaining organisational cultures that create the conditions for children to be happy, thrive and to feel safe.

WHAT ARE THE BENEFITS OF BEING INVOLVED?

Being involved in an interview will give you an opportunity to have a say about the ways you currently support children and young people, the kind of practices you perceive help them feel happy, safe and well, and what you generally consider to be the 'right thing to do' in your work with children. At the conclusion of the project you will have an opportunity to learn what staff and young people in a range of disability services and other organisations, had to say about ethical practice and how this contributes to children and young people's safety and wellbeing.

WHAT WILL PARTICIPATION IN THE STUDY INVOLVE?

We would very much appreciate your participation in the study. This involves an interview of approximately 40-60 minutes that will seek your experiences and views about the kinds of practices that support children and young people's safety and wellbeing.

The interview will be audiotaped with your consent for later transcribing and coding. You can ask for the recording to be paused at any time if you want to say something "off the record". Information shared in the interviews and focus groups will be confidential. We will not ask for (or include) information that will identify any participants in the study. Participation in the research is entirely voluntary and you may withdraw at any time with no negative consequences.

HOW WILL THE INFORMATION FROM THE INTERVIEW BE USED?

The information from interviews and focus groups will be coded and reviewed in conjunction with that from participants in other organisations. This information will then be used to inform the development of an online survey for Stage 2 of the study. All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

The findings will also be included in a full report for the Australian Research Council and summary 'plain English' reports (which will be made available to all participants), as well as journal articles and conference presentations. No participating child, young person, adult or organisation will be identified in any publication.

ARE THERE ANY RISKS FOR CHILDREN AND YOUNG PEOPLE IN BEING INVOLVED?

It is possible that a child or young person may become upset or distressed during the interview. If this occurs the researcher will pause the interview and check out with them if they wish to continue. A staff member will be available outside of the focus group or interview to support the child or young person if this is required.

If a child or young person discloses abuse, neglect or serious harm, the research team will act in accordance with established project Guidelines for Responding to Disclosures and the state requirements for reporting such concerns.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-19-047). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

WHAT SHOULD I DO NOW?

If you agree to participate in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham

Director, Centre for Children and Young People

Southern Cross University

Tel: 02 6620 3613

Email: anne.graham@scu.edu.au

Consent Form for Disability Service Staff

I, have read and understood the information and I know that the aim of the research project is to explore how people working in different contexts such as schools, residential care and disability services, help children and young people stay safe, well and happy.

I agree to take part in this research project. Yes No

I agree to be participate in an interview which I understand will last approximately 40-60 minutes. Yes No

I agree to allow the interview to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something “off the record”. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that in all written work associated with this research my privacy and confidentiality are ensured. Yes No

I am also aware I can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Residential Care: Staff Information and Consent Form

[Date]

Dear Staff member,

Beyond Safety: Ethical Practice Involving Children (EPIC)

The Centre for Children and Young People (CCYP) at Southern Cross University is conducting a research project to explore practices that enhance children's safety and wellbeing in the context of organisations including schools, residential care settings and disability services.

The project is being undertaken in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This is important research, funded by an Australian Research Council (ARC) Discovery Grant. Your service has agreed to participate in this project.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to strengthen knowledge, policy and practice concerning 'child-safe' organisations by examining the role of ethical practice in improving children and young people's safety and wellbeing. Child safety is now a national policy priority in Australia but little is known about what constitutes ethical practice with children and young people, nor how this contributes to cultural conditions that promote their safety and wellbeing. This research seeks to address this gap and, in so doing, help Australia's efforts at building and sustaining organisational cultures that create the conditions for children to be happy, thrive and to feel safe.

WHAT ARE THE BENEFITS OF BEING INVOLVED?

Being involved in an interview will give you an opportunity to have a say about the ways you currently support children and young people, the kind of practices you perceive help them feel happy, safe and well, and what you generally consider to be the 'right thing to do' in your work with children. At the conclusion of the project you will have an opportunity to learn what staff and young people in a range of residential care settings and other organisations, had to say about ethical practice and how this contributes to children and young people's safety and wellbeing.

WHAT WILL PARTICIPATION IN THE STUDY INVOLVE?

We would very much appreciate your participation in the study. This involves an interview of approximately 40-60 minutes that will seek your experiences and views about the kinds of practices that support children and young people's safety and wellbeing.

The interview will be audiotaped with your consent for later transcribing and coding. You can ask for the recording to be paused at any time if you want to say something "off the record". Information shared in the interviews and focus groups will be confidential. We will not ask for (or include) information that will identify any participants in the study. Participation in the research is entirely voluntary and you may withdraw at any time with no negative consequences.

HOW WILL THE INFORMATION FROM THE INTERVIEW BE USED?

The information from interviews and focus groups will be coded and reviewed in conjunction with that from participants in other organisations. This information will then be used to inform the development of an online survey for Stage 2 of the study. All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

The findings will also be included in a full report for the Australian Research Council and summary 'plain English' reports (which will be made available to all participants), as well as journal articles and conference presentations. No participating child, young person, adult or organisation will be identified in any publication.

ARE THERE ANY RISKS FOR CHILDREN AND YOUNG PEOPLE IN BEING INVOLVED?

It is possible that a child or young person may become upset or distressed during the interview. If this occurs the researcher will pause the interview and check out with them if they wish to continue. A staff member will be available outside of the focus group or interview to support the child or young person if this is required.

If a child or young person discloses abuse, neglect or serious harm, the research team will act in accordance with established project Guidelines for Responding to Disclosures and the state requirements for reporting such concerns.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number:). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

What should I do now?

If you agree to participate in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 Email: anne.graham@scu.edu.au

Residential Care: Staff consent form

I, have read and understood the information and I know that the aim of the research project is to explore how people working in different contexts such as schools, residential care and disability services, help children and young people stay safe, well and happy.

I agree to take part in this research project. Yes No

I agree to be participate in an interview which I understand will last approximately 40-60 minutes. Yes No

I agree to allow the interview to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something “off the record”. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that in all written work associated with this research my privacy and confidentiality are ensured. Yes No

I am also aware I can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

APPENDIX C: PARENT INFORMATION AND CONSENT FORMS

Schools: Parent Information and consent form

[Date]

Dear Parent/Carer

Beyond Safety: Ethical Practice Involving Children (EPIC)

Your child (or the young person you care for) has been invited to participate in an exciting research project exploring practices that enhance children's safety and wellbeing in schools and other organisations. The research provides students with a unique opportunity to have a say about this important issue.

The project is undertaken by the Centre for Children and Young People (CCYP) at Southern Cross University in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This important research is funded by an Australian Research Council (ARC) Discovery Grant.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to strengthen knowledge, policy and practice concerning 'child-safe' organisations by looking at practices within organisations that help children and young people feel happy, safe and well. This research seeks to help Australia's efforts at building and sustaining organisations that create the conditions for children to thrive and to feel safe.

WHAT WILL INVOLVEMENT IN THE STUDY MEAN FOR MY CHILD?

Your child (or the young person you care for) has expressed an interest in being involved in this research project. If you agree, your child (or the young person you care for) will be involved in an online focus group via zoom with approximately six other young people. It is expected that the discussion may last up to 60 minutes and will explore the kind of things at their school that help students feel happy, safe and well.

With the consent of the students, focus groups will be audio recorded for later transcribing and coding. Information shared in the focus group will be private and confidential. We will not ask for any information that could identify your child.

If your child (or young person you care for) agrees to be part of the focus group, s/he has the right to withdraw from the focus group at any time.

HOW WILL THE INFORMATION MY CHILD PROVIDES BE USED?

The information will be analysed along with similar information from other young people and staff at schools and organisations involved in the research. The school will receive a summary of the overall findings, including for the students. The information will inform the development of a survey for the next phase of the study.

No individual children, teachers, families or researchers will be identified in any publication.

All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

ARE THERE ANY RISKS FOR MY CHILD IN BEING INVOLVED?

It is possible that a child or young person may become upset or distressed during the interview. If this occurs the researcher will pause the interview and check out with them if they wish to continue. A staff member will be available during the focus group or interview to support the child or young person if this is required.

If a child or young person discloses abuse, neglect or serious harm, the research team will act in accordance with established project Guidelines for Responding to Disclosures and the state requirements for reporting such concerns.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-19-047). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

WHAT SHOULD I DO NOW?

If you agree to your child (or the child you care for) participating in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 Email: anne.graham@scu.edu.au

Parent/carer consent Form

I, have read and understood the attached information and I know that the aim of the research project is to explore how people working in different organisations, including schools, help children and young people stay safe, well and happy.

I agree for my child (or the young person I care for) to participate in this research. Yes No

I understand the research involves an online focus group via zoom that may last up to 60 minutes. Yes No

I know the session will be audio recorded but my child won't be identified, including in any written reports. Yes No

I understand my child will have the option to pause the recording if he/she wants to say something "off the record". Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I am aware my child (or the young person I care for) can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Disability Services: Parent/Carer Information and Consent Form

[Date]

Dear Parent

Invitation for your child to be involved in the project ‘Beyond Safety: Ethical Practice Involving Children (EPIC)’

Your child (or the young person you care for) has been invited to participate in an exciting research project exploring how workers and peers help children feel happy, safe and well in disability services and other organisations. The research provides young people with a unique opportunity to have a say about this important issue.

The project is undertaken by the Centre for Children and Young People (CCYP) at Southern Cross University in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This important research is funded by an Australian Research Council (ARC) Discovery Grant.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to improve understanding about ‘child-safe’ organisations by looking at how practices in organisations help children and young people feel happy, safe and well. We hope the results of the project will help organisations create the conditions for children to thrive and to feel safe.

WHAT WILL INVOLVEMENT IN THE STUDY MEAN FOR MY CHILD?

If you agree, your child (or the young person you care for) will be invited to either a focus group with approximately six other young people, or if more appropriate, an individual interview or meeting. It is expected that the discussion may last up to 60 minutes and will explore the kind of things that happen at this service to help young people feel happy, safe and well.

The researchers will use child-friendly language and activities to talk with children about times that they feel happy, safe and well at their service, and talk with them about the people who support them to feel that way. We will also ask them for their ideas about their service could help them to feel happy, safe and well.

With the consent of the young people, interviews/focus groups will be audiotaped for later transcribing and coding. Information shared will be private and confidential. We will not ask for any information that could identify your child (or the young person you care for).

If your child (or young person you care for) agrees to be part of the research, s/he has the right to withdraw at any time.

HOW WILL THE INFORMATION MY CHILD PROVIDES BE USED?

The information will be analysed along with similar information from other young people and staff at organisations and services involved in the research. The organisations will receive a summary of the overall findings, including for the young people. The information will inform the development of a survey for the next phase of the study.

No individual children, workers, families or researchers will be identified in any publication.

All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

ARE THERE ANY RISKS FOR MY CHILD IN BEING INVOLVED?

It is possible, but unlikely, that a child or young person may become upset or distressed during the interview. If this occurs the researcher will pause the interview and check in with them to see whether they wish to continue. A staff member will be available outside of the focus group or interview to support the child or young person if this is required.

If a child or young person discloses abuse, neglect or serious harm, the research team will act in accordance with established project Guidelines for Responding to Disclosures and the state requirements for reporting such concerns.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-19-047). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

WHAT SHOULD I DO NOW?

If you agree for your child (or the young person you care for) to participate in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613

Email: anne.graham@scu.edu.au

Consent Form

I, have read and understood the attached information and I know that the aim of the research project is to explore how people working in different organisations, including schools, help children and young people stay safe, well and happy.

I agree for my child (or the young person I care for) to participate in this research. Yes No

I understand the research involves a focus group (or individual interview if preferred) that may last up to 60 minutes. Yes No

I know the session will be recorded but my child won't be identified, including in any written reports. Yes No

I understand my child will have the option to pause the recording if he/she wants to say something "off the record". Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I am aware my child (or the young person I care for) can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Residential Care: Carers Information and Consent Form

[Date]

Dear Parent,

Beyond Safety: Ethical Practice Involving Children (EPIC)

The young person you care for has been invited to participate in an exciting research project exploring practices that enhance children's safety and wellbeing in residential care settings and other organisations. The research provides young people with a unique opportunity to have a say about this important issue.

The project is undertaken by the Centre for Children and Young People (CCYP) at Southern Cross University in partnership with researchers from the University of South Australia, Charles Sturt University, University of Otago (NZ) and the University of Central Lancashire (UK). This important research is funded by an Australian Research Council (ARC) Discovery Grant.

WHY IS THIS RESEARCH IMPORTANT?

This research aims to strengthen knowledge, policy and practice concerning 'child-safe' organisations by looking at practices within organisations that help children and young people feel happy, safe and well. This research seeks to help Australia's efforts at building and sustaining organisations that create the conditions for children to thrive and to feel safe.

WHAT WILL INVOLVEMENT IN THE STUDY MEAN FOR THE YOUNG PERSON I CARE FOR?

The young person you care for has expressed an interest in being involved in this research project. If you agree, the young person you care for will be involved in a focus group with approximately six other young people. If more appropriate, an individual interview can be arranged as an alternative. It is expected that the discussion may last up to 80 minutes and will explore the kind of things that happen here to help young people feel happy, safe and well.

With the consent of the young people, interviews/focus groups will be audiotaped for later transcribing and coding. Information shared will be private and confidential. We will not ask for any information that could identify the young person you care for.

If the young person you care for agrees to be part of the research, s/he has the right to withdraw at any time.

HOW WILL THE INFORMATION THE YOUNG PEOPLE PROVIDE BE USED?

The information will be analysed along with similar information from other young people and staff at organisations involved in the research. The organisations will receive a summary of the overall findings, including for the students. The information will inform the development of a survey for the next phase of the study.

The findings will also be summarised into a report (which will be made available to all participants), journal articles and conference presentation. No individual children, workers, families or researchers will be identified in any publication.

All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

ARE THERE ANY RISKS FOR CHILDREN AND YOUNG PEOPLE IN BEING INVOLVED?

It is possible, but unlikely, that a child or young person may become upset or distressed during the interview. If this occurs the researcher will pause the interview and check in with them to see whether they wish to continue. A staff member will be available outside of the focus group or interview to support the child or young person if this is required.

If a child or young person discloses abuse, neglect or serious harm, the research team will act in accordance with established project Guidelines for Responding to Disclosures and the state requirements for reporting such concerns.

WHAT ELSE DO I NEED TO KNOW?

The ethical aspects and evaluation of this study have been approved by the Southern Cross University Human Research Ethics Committee (approval number:). If you have concerns about the ethical conduct of this research or the researchers, you may contact the Committee through the Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au. All complaints are investigated fully and according to due process under the National Statement and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

WHAT SHOULD I DO NOW?

If you agree to the young person you care for participating in the study, we would be grateful if you could complete the attached consent form.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613

Email: anne.graham@scu.edu.au

Residential Care: Carers consent form

I, have read and understood the attached information and I know that the aim of the research project is to explore how people working in different organisations, including schools, help children and young people stay safe, well and happy.

I agree for the young person I care for to participate in this research. Yes No

I understand the research involves a focus group (or individual interview if preferred) that may last up to 80 minutes. Yes No

I know the session will be recorded but this young people won't be identified, including in any written reports. Yes No

I understand the young person will have the option to pause the recording if he/she wants to say something "off the record". Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I am aware the young person I care for can withdraw from the study at any time. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

APPENDIX D: CHILDREN AND YOUNG PEOPLE INFORMATION AND CONSENT FORMS

Student Information and Consent Form

[Date]

Dear Student,

Beyond Safety: Ethical Practice Involving Children (EPIC)

You are invited to participate in an exciting research project. The project is about the kind of things happening at this school that help students feel happy, safe and well.

WHY IS THIS RESEARCH IMPORTANT?

We would like you to be involved because young people don't often get to have a say about the kinds of things that help them feel happy, safe and well.

WILL THE STUDY MAKE A DIFFERENCE?

What you tell us may help to make things better for children and young people in schools and other places. We can't promise this but we will certainly be telling some important people about the ideas we've found out in this research that might help others.

HOW WILL I BE INVOLVED?

Our researchers will organise an online meeting via zoom with a small group of students called a 'focus group'. The focus group will bring together 5-7 students and will involve activities and discussion about what teachers say, what they do, and how they relate to young people. We are especially interested in finding out what both you and your teacher think is the right way to work with young people. The focus group may last up to 60 minutes.

If you decide you do not like being a part of the focus group you can decide to stop whenever you want.

If there is an adult who usually helps you, it is OK for that person to come to the focus group to support you, if you would like them to.

HOW WILL THE INFORMATION FROM THE FOCUS GROUP BE USED?

We won't be telling anyone your name and we won't be sharing any information about you. Anything you tell us won't have your name. Instead, we will gather up all the ideas we've heard so that we can see what many children have said, not just you. To do this, we would like to audio record what you say. If you agree, the things you say will not be able to be identified in the recordings. Once we write down what we've heard, we store this in a safe place at the University where no one else can find or use it.

What we find out from all the children, young people and adults in this project will be put into a report. We will find out the best way to share these ideas with you.

WHAT ELSE DO I NEED TO KNOW?

If you or another child become unhappy or distressed we will stop the conversation and check out if you want to continue. A teacher will be able to support or help you if you need it.

If you are not happy with any part of this research, there is someone you (or your parent) can tell at the University. You can write to the:

Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480;
Email: ethics.lismore@scu.edu.au.

People there will listen to your concerns and do something about these.

WHAT SHOULD I DO NOW?

If you agree to be part of the focus group please fill out the form and give it to [name of designated contact at the school].

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 or 0409990653 Email: anne.graham@scu.edu.au

Student Consent Form

I, have read the information about this research and I know that researchers want to find out about the kind of things that help children and young people stay safe, well and happy.

I agree to take part in this online focus group via zoom. Yes No

I understand it will last for about 1 hour. Yes No

I agree to allow the discussion to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something "off the record". Yes No

I can change my mind and leave the focus group at any time and go back to class. Yes No

I understand that information about me will be kept private and my name won't be used. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Disability Sector: Easy Read Information sheet for children and young people

WOULD YOU LIKE TO BE IN OUR PROJECT?



Is there someone who helps you to feel happy and safe at your service?

What do they do that helps you feel happy and safe?

If you have answered those questions, we want to talk to you!

In our project, we are finding out about how adults can help young people to feel happy, safe and well.

We want to ask you how support workers help you to feel happy and safe.

Who is doing the project?



Our names are Sally and Antonia.

We work at Southern Cross Uni as researchers.

WHY DO WE WANT TO DO THIS?



- We would like to know about what helps you to feel happy, safe and well.
- Not many young people with disability have had a say about this.
- We think it would be great to know more about what you think.

WHAT WOULD YOU NEED TO DO?

We would like to come and meet you, and:



- Meet in a group with some other young people.
- In the group we can talk and do some fun things together.
- We will talk about the people and places that help you feel safe and happy.



- If you don't want to meet in a group, we can come and talk to you on your own about the people and places that help you feel safe.



- Our talk will go for one hour.
- You can stop when you want to.
- You can bring someone with you if you want some support.

HOW WILL MY INFORMATION BE USED?



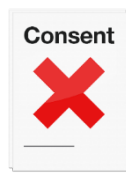
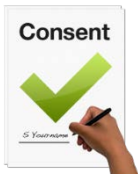
- We are talking to lots of people. When everyone has finished, we will add up what they say and write some reports. We can send you one.
- We will make the report easy to read. We will also give some talks about the research at the end.
- We will tell the government about what young people think is important about being happy and safe.

WHAT SHOULD I DO NOW?



If you would like to be in this project, can you tell the person who gave you this letter?

They will show you a form with boxes to tick and some questions.



It's called a consent form.

It tells you the rules that we have to follow to make sure that research is fair for you.



If you say these rules are OK with you, we will make a time to come and meet you.

You don't have to be in this project – we won't be upset if you say no. We understand that you are very busy.

Thanks for reading all this. If you have a question, please give me a ring. I'd love to talk about the project with you! My phone number is 02 6620 3613.

Best wishes



Professor Anne Graham

Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 Email: anne.graham@scu.edu.au

Disability Sector: Easy Read Information sheet for children and young people

Invitation to be a part of our project

This project is about the things that support workers do to help young people feel happy, safe and well. We would like to talk with you to get your ideas about this.

WHY IS THIS PROJECT IMPORTANT?

You can have your say and share your ideas. Then we will tell a lot of people about the ideas we find out from you and other young people. This might help others to feel happy, safe and well.

WHAT WILL I HAVE TO DO?

We will ask you to talk to [researcher's name] in a group with some other young people or on your own in an interview.

We will do some activities together and talk about how adults work with you. We will talk about what support workers say, and what they do that helps you feel happy and safe. We want to know what you think is the right way for adults to work with young people.

The interview may last about an hour. It is OK to stop whenever you want.

If you don't like it, we will stop the interview.

If there is an adult who usually helps you, it is OK for that person to come along to support you, if you would like them to.

HOW WILL THE THINGS I SAY BE USED?

We will gather up all the ideas that you and other young people tell us. We would like to record what you say and then write it down. But we won't tell anyone your name and we won't share any information about you. We store what we write down in a safe place at the University where no one else can see it.

We will write a report about what we find out from all the children, young people and adults in this project. We will find out the best way to share these ideas with you.

WHAT SHOULD I DO NOW?

If you want to take part in the project, please fill out the form with your family or guardian and give it to your support worker at [insert name of service].

If you are not happy with any part of this project, you (or your parent or carer) can call Sally or Anne or write to the: Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480; Email: ethics.lismore@scu.edu.au.

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 Email: anne.graham@scu.edu.au

Consent Form

I, have read and understood the information about this research and I know that researchers want to find out about the kind of things that help children and young people stay safe, well and happy.

I agree to take part in this interview/focus group. Yes No

I understand it will last for about 60 minutes. Yes No

I agree to allow the discussion to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something “off the record”. Yes No

I can change my mind and leave the interview/focus group at any time. Yes No

I understand that information about me will be kept private and my name won't be used. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

Residential Care: Child/Young Person Information and Consent Form

[Date]

Dear Young Person,

Beyond Safety: Ethical Practice Involving Children (EPIC)

You are invited to participate in an exciting research project. The project is about the kind of things happening here that help young people feel happy, safe and well.

WHY IS THIS RESEARCH IMPORTANT?

We would like you to be involved because young people don't often get to have a say about the things adults, like support workers, do to support and keep children safe.

WILL THE STUDY MAKE A DIFFERENCE?

What you have to tell us may help people who make important decisions improve children's lives so that they are happy, safe and well in schools, residential care, disability services and other places.

HOW WILL I BE INVOLVED?

You'll be invited to an interview either in a small group (called a 'focus group') or on your own, if you prefer. The focus group will bring together 5-7 students and will involve activities and discussion about what adults here say, what they do, and how they relate to young people. We are especially interested in finding out what you think is the right way to work with young people. We will be asking adults about this, too.

The interview/focus group may last up to 80 minutes.

If you decide you do not like being a part of the interview/focus group you can decide to stop whenever you want.

If there is an adult who usually helps you, it is OK for that person to come to the focus group to support you, if you would like them to.

HOW WILL THE INFORMATION FROM THE INTERVIEW/FOCUS GROUP BE USED?

Everything you say will be private or confidential, unless you tell us that someone is harming you and there are concerns about your safety. If this happens we will need to tell someone [the person in charge of your organisation] who can help you.

If you agree, researchers will audio-record the interview/focus group session.

All data collected in this project will be stored safely and securely at Southern Cross University for a minimum of 5 years after publication.

You and the things you say will not be able to be identified in the recordings.

What we find out from all the children, young people and adults in this project will be put into a report. We will find out the best way to share these ideas with you.

WHAT ELSE DO I NEED TO KNOW?

If you or another young person are unhappy or become distressed we will stop the conversation and check in with you to see if you wish to continue. A worker will be able to support or help you if you need it.

If you are not happy with any part of this research, there is someone you (or your carer) can tell at the University. You can write to the:

Ethics Complaints Office, Southern Cross University, PO Box 157, Lismore NSW 2480;
Email: ethics.lismore@scu.edu.au.

People there will listen to your concerns and do something about these.

WHAT SHOULD I DO NOW?

If you agree to be part of the research please fill out the form and give it to [name of designated contact].

Yours sincerely,



Professor Anne Graham
Director, Centre for Children and Young People
Southern Cross University

Tel: 02 6620 3613 Email: anne.graham@scu.edu.au

Residential Care: Child/Young Person consent form

I, have read and understood the information sheet and I know that the aim of the research project is to find out how people here help children and young people stay safe, well and happy.

I agree to take part in this interview/focus group. Yes No

I understand it will last for about 80 minutes. Yes No

I agree to allow the discussion to be audio-recorded. Yes No

I understand that I can ask for the recording to be paused if I want to say something “off the record”. Yes No

I can change my mind and leave the interview/focus group at any time. Yes No

I understand that information about me will be kept private and my name won't be used. Yes No

I give permission to members of the EPIC research team to listen to and transcribe the digital recordings. Yes No

I understand that all information gathered in this research will be stored safely and securely at Southern Cross University for a minimum of 5 years from the date of publication. Yes No

I understand that this research project has been approved by the SCU Human Research Ethics Committee (ECN-19-047). Yes No

I understand I can contact Anne Graham on 02 66 203613 during work hours with any queries that I have. Yes No

Signed:.....

Date:.....

APPENDIX E: INTERVIEW SCHEDULES FOR LEADERS AND STAFF

INTERVIEW SCHEDULE FOR LEADERS / MANAGERS /PRINCIPALS

<p>Introduction</p>	<p>Overview of the project – aim, why it is important, what we will be doing, what difference we think the project will make and where the practitioner interview fits in. Re-confirm consent to record interview and clarify confidentiality. Specify they can ask for the recording to be paused if they wish to say something “off the record”.</p> <p><i>Our research is interested in the practices in different settings that support children and young people’s wellbeing and safety. In our interview we are going to talk firstly about the kinds of practices that might be observed here [within your organisation], and others that might not be quite so obvious. Then we will explore the idea of ethical practice and discuss the practices you’ve identified in light of this interest. We’re also very interested in what you perceive helps and hinders the practices we engage in our work with children and young people.</i></p> <p><u>Turn recorder on...</u></p> <p>Just to set the scene, can you tell me a little bit about this school? If I were a new colleague coming here what would you want me to know about this school?</p> <p>Can you tell me a little about yourself – role in this organisation, number of years in leadership, kind/level of engagement with children and young people in this and/or previous positions?</p> <p>Can you also tell me a little about the current major work priorities, interests or challenges etc. of this organisation?</p>	
<p>Constructions of children</p>	<p>Some people suggest the way we work with children is influenced by how we, and the organization we work in, view them.</p> <ul style="list-style-type: none"> • Who is the child / young person you work with here? What words might you use to describe them? • Is this a shared view - with everybody working here? 	
<p>Unpacking practice</p> <p><i>Mapping what staff say about practices related to CYP wellbeing and safety in their setting</i></p>	<p>In this research we think about practices as being made up of the things people say (sayings) the things they do (doings) and the way we relate to each other (relatings)</p> <p>So, in terms of your role:</p> <ul style="list-style-type: none"> • Are there practices that you consider particularly important in the work you do with CYP here? • Which do you think are the most important (in terms of CYP’s wellbeing and safety)? • Are there practices involving CYP at this [school/organisation] that you think don’t help young people feel safe, happy and well? 	<ul style="list-style-type: none"> • Is your practice here the same or different from other places you have worked? In what ways? • What do you think are the main influences on practices here and the way you currently approach your work with CYP? • Do CYP have a role in influencing those practices? • How do you think policy contributes to shaping practices here?

INTERVIEW SCHEDULE FOR LEADERS / MANAGERS /PRINCIPALS

<p>Ethical practice</p> <p>Identifying which practices have a potentially ethical dimension</p>	<p>Particular interest in ethical practice – what comes to mind when you think of ethical practice?</p> <p>Some people suggest that ethical practice is concerned with actions and decision-making around ‘the right (or most right) thing to do’ in often complex and challenging situations.</p> <ol style="list-style-type: none"> 1. Are there particular aspects of practice here (with/for CYP) that you perceive have an ‘ethical’ dimension? 2. Can you think of a time when you or one of your staff had a challenge or dilemma around the right thing to do in a difficult situation? [Be prepared with back up practice dilemma example if none come to mind for participant] 3. Reflecting further on the idea of ‘ethical practice’ in describing work with CYP, what do you think are the key elements/ingredients? 	<p>Ethical dilemma:</p> <ul style="list-style-type: none"> • What happened? What course of action did you take? Why? • What factors (internal and external to this site) helped shape your decision-making and practice? • Would there have been agreement between your staff, the young person and yourself about what the right thing to do was? With the value of hindsight what might you/your staff have done differently? <p>Reflecting on ethical practice:</p> <ul style="list-style-type: none"> • What do you think the CYP you work with would consider to be the key ingredients of ethical practice?
<p>Barriers and enablers to ethical practice</p>	<ul style="list-style-type: none"> • What are the things that help/ support your practice here? [What is working well?] • And what are the things that constrain/hinder your practice?[What isn’t working so well?] • Are there other practices that you consider important in working with CYP that are/aren’t generally a part of your work here? 	<ul style="list-style-type: none"> • Who or what in the organisation supports/ challenges your (and others’) practice? • Are there any shared ‘unspoken’ understandings that influence your approach to working with CYP? <p>[If these don’t come up unprompted ... How does the current compliance environment impact on practice? Do the rules here support or challenge ethical practice? Do ethical guidelines play a role in supporting practice? How does interagency collaboration (or lack of collaboration) impact on practices here?] Do you think the ways in which CYP are seen here and/or the way that CYP see the workers and organization impact on practice?</p>

INTERVIEW SCHEDULE FOR LEADERS / MANAGERS /PRINCIPALS

<p>Future practice</p> <p>How practices might be changed to improve experiences for CYP in organisations.</p>	<p>In order to create optimum conditions for CYP to do well here, where their safety and wellbeing is enhanced, what advice about practice might you give to others coming to work in this context?</p> <ul style="list-style-type: none"> • What do you think needs to change to better support ethical practice [excluding more time and money – which is likely a given!]? • How do you anticipate things will look in the future in relation to practice with CYP [in sites like this]? 	<p>What do you imagine this might mean/require for preparation of professionals / people coming into this kind of work in the future? What might it mean for recruitment, training, induction of staff?</p> <p>What might it mean for leading and managing an organisation like this?</p>
<p>Closing</p>	<p>Key ‘headline’ or ‘take home’ message about ethical practice involving children and young people?</p> <p>Conclude by explaining we will be analysing the data from the interviews and providing organisations with a ‘snapshot’ of the key findings so they have the option of continuing the conversation within the organisation. Explain the next stage of the research (development of interactive on-line survey), encourage their involvement and indicate the project will culminate in the development of a PD package for interested organisations so staff and CYP can benefit from the research findings.</p>	

INTERVIEW SCHEDULE FOR STAFF

<p>Introduction</p>	<p>Overview of the project – aim, why it is important, what we will be doing, what difference we think the project will make and where the practitioner interview fits in. Re-confirm consent to record interview and clarify confidentiality. Specify they can ask for the recording to be paused if they wish to say something “off the record”.</p> <p>Our research is interested in the practices in different settings that support children and young people’s wellbeing and safety. In our interview we are going to talk firstly about the kinds of practices that might be observed here [within your organisation], and others that might not be quite so obvious. Then we will explore the idea of ethical practice and discuss the practices you’ve identified in light of this interest. We’re also very interested in what you perceive helps and hinders the practices we engage in our work with children and young people.</p> <p><u>Turn recorder on...</u></p> <p>Just to set the scene, can you tell me a little bit about this school? If I were a new colleague coming here what would you want me to know about this school?</p> <p>Can you tell me a little about yourself – role in this organisation, kind/level of engagement with children and young people in this position.</p>	
<p>Constructions of children</p>	<p>Some people suggest the way we work with children is influenced by how we and the organization we work in view them.</p> <ul style="list-style-type: none"> • Who is the child / young person you work with here? What words might you use to describe them? • Shared view - with everybody working here? 	
<p>Unpacking practice</p> <p><i>Mapping what staff say about practices related to CYP wellbeing and safety in their setting</i></p>	<p>In terms of staff role:</p> <ul style="list-style-type: none"> • Are there practices that you consider particularly important in the work you do with CYP here? • Which do you think are the most important (in terms of CYP’s wellbeing and safety)? • Are there practices involving CYP at this school/organisation that you think don’t help young people feel safe, happy and well? 	<ul style="list-style-type: none"> • Is your practice here the same or different from other places you have worked? In what ways? • What do you think are the main influences on the practices and the way you currently approach your work with CYP? • Do CYP have a role in influencing those practices? • How do you think policy contributes to shaping practices here?

INTERVIEW SCHEDULE FOR STAFF

<p>Ethical practice</p> <p>Identifying which practices have a potentially ethical dimension</p>	<p>Particular interest in ethical practice – what comes to mind when you think of ethical practice?</p> <p>Some people suggest that ethical practice is concerned with actions and decision-making around ‘the right (or most right) thing to do’ in often complex and challenging situations.</p> <ol style="list-style-type: none"> 1. Are there particular aspects of practice here (with/for CYP) that you perceive have an ‘ethical’ dimension? 2. Can you think of a time when you had a challenge or dilemma around the right thing to do in a difficult situation? [Be prepared with back up practice dilemma example if none come to mind for participant] 3. Reflecting further on the idea of ‘ethical practice’ in describing work with CYP, what do you think are the key elements/ingredients? 	<p>Ethical dilemma:</p> <ul style="list-style-type: none"> • What happened? What course of action did you take? Why? • What factors (internal and external to this site) helped shape your decision-making and practice? • Would there have been agreement between the young person and yourself about what the right thing to do was? With the value of hindsight what might you have done differently? <p>Reflecting on ethical practice:</p> <p>What do you think the CYP you work with would consider to be the key ingredients of ethical practice?</p>
<p>Barriers and enablers to practice</p>	<ul style="list-style-type: none"> • What are the things that help/ support your practice here? [What is working well?] • And what are the things that constrain/hinder your practice? • Are there other practices that you consider important in working with CYP that are/aren’t generally a part of your work here? 	<ul style="list-style-type: none"> • Who or what in the organisation supports/ challenges your (and others’) practice? • Are there any shared ‘unspoken’ understandings that influence your approach to working with CYP? <p>[If these don’t come up unprompted . . . How does the current compliance environment impact on practice? Do the rules here support or challenge ethical practice? Do ethical guidelines play a role in supporting practice? How does interagency collaboration (or lack of collaboration) impact on practices here?] Do you think the ways in which CYP are seen here and/or the way that CYP see the workers and organization impact on practice?</p>

<p>Future practice</p> <p><i>How practices might be changed to improve experiences for CYP in organisations.</i></p>	<p>In order to create optimum conditions for CYP to do well here, where their safety and wellbeing is enhanced, what advice about practice might you give to others coming to work in this context?</p> <ul style="list-style-type: none"> • What do you think needs to change to better support ethical practice [excluding more time and money – which is likely a given!]? • How do you anticipate things will look in the future in relation to practice with CYP [in sites like this]? 	<ul style="list-style-type: none"> • What do you imagine this might mean/ require for preparation of professionals / people coming into this kind of work in the future? What might it mean for recruitment, training, induction of staff?
<p>Closing</p>	<p>Key ‘headline’ or ‘take home’ message about ethical practice involving children and young people?</p> <p>Conclude by explaining we will be analysing the data from the interviews and providing organisations with a ‘snapshot’ of the key findings so they have the option of continuing the conversation within the organisation. Explain the next stage of the research (development of interactive on-line survey), encourage their involvement and indicate the project will culminate in the development of a PD package for interested organisations so staff and CYP can benefit from the research findings.</p>	

APPENDIX F: FOCUS GROUP/INTERVIEW SCHEDULES FOR CHILDREN AND YOUNG PEOPLE

Focus Group/Interview Schedule for Children and Young People

Inquiry point	Questions	Process	Prompts/Notes for facilitators
<p>1. Introducing the Study (5 minutes)</p> <p>Overview of the research</p>	<p>Introductions and icebreaker activity (name tags/pseudonyms).</p> <p>What kind of research; talking with you about the kinds of things happening here at [insert name of site] that help C&YP feel happy, safe and well. These might be things that people say or do, or it might be how they relate to each other.</p> <p>Overview of process; Reiterate ethical responsibilities</p> <p>Just to get us started, can you tell me a little bit about this [name of org] If you had a friend who was coming here what would you want them to know?</p>		
<p>2. Defining practice (5 minutes)</p> <p>Identifying what workers/ teachers do here in their work with CYP, that help CYP feel safe, well and happy</p>	<p>We are interested in finding out what young people and workers/teachers here at [name of site] do and say, and how they relate with you that helps you feel safe, happy and well</p> <p>We can think about practices as the things people say (sayings) the things they do (doings) and the way we relate to each other (relatings).</p> <p>For example ... [Interviewer provide examples of practices that might help you feel safe, happy and well]</p>		<p><i>Remind young people they are the experts</i></p> <p><i>Remind young people their experience may be different and that's okay</i></p>
<p>3. Unpacking practice (20 minutes)</p> <p>Capturing what children and young people say about practices in their setting</p>	<p>Activity: Identifying practices</p> <p>Ask young people to share their thoughts on post it notes and place on the two corresponding A3 sheets or butcher paper (helpful/unhelpful):</p> <ol style="list-style-type: none"> 1. What are some of the things that workers/teachers and other young people do or say here at this school/ organisation that help young people feel safe, happy and well (examples: listen to each other; use positive words) 2. Are there things that people do or say here at this [school/organisation] that don't make young people feel safe, happy and well? <p><i>Read out the post-it notes and ask prompts (right)</i></p>		<p><i>Are there things that are supposed to help (you feel happy, safe or well), but they don't?</i></p> <p><i>Who gets to decide the things that happen here that are intended to help children feel happy and safe?</i></p> <p><i>How much influence do students have on these things?</i></p>

Inquiry point	Questions	Process	Prompts/Notes for facilitators
<p>4. Ethical practice (15 minutes)</p> <p>Identifying which practices have a potentially ethical dimension</p>	<p>Activity: Exploring ethical practice</p> <p>We are particularly interested in the idea of ethical practice. Are you familiar with the word ethical? What do you think it means?</p> <ul style="list-style-type: none"> Looking at the practices you have identified here, choose one you think that might require you to think or act in an ethical way? Is there sometimes a right or wrong way to act in this situation? Each CYP chooses one of the post it notes; facilitator asks following questions of each: <ul style="list-style-type: none"> Why do you think this happens (or is done) this way here [at site]? Do you think this is the right way to go about this? Why might it sometimes be difficult for this to happen the right way [or the way you would like]? 		<p><i>Are there things that make it easy for this [practice] to happen here?</i></p> <p><i>Are there things that make it hard for this [practice] to happen here?</i></p>
<p>5. Future practice – Imagining great organisations (15 minutes)</p> <p>How practices might be changed to improve experiences for CYP in organisations.</p>	<p>Activity: Your ideal [school/organisation]</p> <p>OUR FINAL ACTIVITY IS TO IMAGINE WHAT AN IDEAL [SCHOOL/ORGANISATION] FOR BEING HAPPY, SAFE AND WELL MIGHT LOOK LIKE</p> <p>Before we get to the ideal school/organisation, what do you feel this school/organisation’s priorities are? How important is your safety and wellbeing?</p> <p>Ask young people to map their thoughts on post it notes and place on corresponding A3 sheet or butcher paper to answer the following questions (written on the paper):</p> <p>So in your ideal [school/organisation]:</p> <ol style="list-style-type: none"> How would you want to be treated? What needs to change [to help this happen]? 		<p><i>Who would decide how things happen here?</i></p> <p><i>How much influence would C&YP have on these things?</i></p> <p><i>How much influence would teachers/workers have on these things?</i></p>
<p>6. Closure (5 mins)</p>	<p>Thank the participants for their contributions; Remind them that once all the information is collected from CYP it will be put together in a summary and the ‘big ideas’ sent back to the organisation to share with them; Invite any final questions or comments.</p>		

Focus Group/Interview Schedule for Children and Young People in Disability Services and Residential care Services

Focus group			
Inquiry point	Questions	Process	Prompts/Notes for facilitators
<p>1. Introducing the Study (5 minutes)</p> <p>Overview of the research</p>	<p>Introductions and icebreaker activity (eg favourite tv shows).</p> <p>What kind of research; talking with you about the kinds of things happening here at [insert name of site] that help C&YP feel happy, safe and well. These might be things that people say or do, or it might be the way that you work together to each other.</p> <p>Overview of process; Reiterate ethical responsibilities</p> <p>Just to get us started, can you tell me a little bit about the kind of support you get through [service]? If you had a friend who was thinking of getting the same kind of support here what would you want them to know?</p>		
<p>2. Defining practice (5 minutes)</p> <p>Identifying what workers/ teachers do here in their work with CYP, that help CYP feel safe, well and happy</p>	<p>We want to know what helps young people feel happy and safe.</p> <p>For example, other young people have said that when a support worker says things like ‘great job’ or ‘I really like the way you do that’, this makes them feel happy.</p>		<p><i>Remind young people they are the experts</i></p> <p><i>Remind young people their experience may be different and that’s okay</i></p>
<p>3. Unpacking practice (20 minutes)</p> <p>Capturing what children and young people say about practices in their setting</p>	<p>Activity: Identifying practices</p> <p>Mapping exercise: ask young person if they would like to draw their own ideas or have the interviewer do this.</p> <ol style="list-style-type: none"> Can you tell me a little bit about what it is that you do at [site/service]? Who do you do this with (e.g. friends, support worker)? Can you tell me about some times when you are feeling happy and safe? [try and focus these around the context of the support the young person receives through the service] Is there anything that your support worker says or does that makes you feel happy and safe? (examples: listen to each other; use positive words) Is there anything that other young people say or do that make you feel happy and safe? Are there things that don’t make you feel happy and safe? Why? How? 		<ul style="list-style-type: none"> What [<i>practice</i>] Who [<i>is involved</i>] How [<i>to enrich the understanding of what is happening in this particular part of the practice that helps the YP feel happy, safe, well</i>]

Focus group			
Inquiry point	Questions	Process	Prompts/Notes for facilitators
<p>4. Ethical practice (15 minutes)</p> <p>Identifying which practices have a potentially ethical dimension</p>	<p>Activity: Exploring ethical practice</p> <ul style="list-style-type: none"> • What is one thing that you like about this service/support? • What is one thing you don't like so much about this service/support? • [If it's something negative] Have you ever told someone about that? • Who would you tell if you could? What do you think they would do to help? • How much of a say do you have about the support you get – what you like and don't like or what works best for you? • If you could change anything what would it be? 		<ul style="list-style-type: none"> • <i>Are there things that are supposed to help (you feel happy, safe or well), but they don't?</i> • <i>Who gets to decide the things that happen here?</i>
<p>5. Future practice – Imagining great organisations (15 minutes)</p> <p>How practices might be changed to improve experiences for CYP in organisations.</p>	<p>Activity: OUR FINAL ACTIVITY IS TO IMAGINE WHAT THE BEST KIND OF SUPPORT MIGHT LOOK LIKE FROM SERVICES LIKE (XX)</p> <p>So in your ideal service/organisation/support:</p> <ol style="list-style-type: none"> 1. How would you want to be treated? 2. What needs to change [to help this happen]? 		
<p>6. Closure (5 mins)</p> <p>Where to from here?</p>	<p>Use the map to summarise the key points made and confirm that you have listened carefully and accurately. Ask whether you have missed anything or whether the YP would like to add anything new.</p> <p>[NB If the YP has indicated in Section 4, they wish they could talk to someone about a problem it is important to check in with them again to see whether they want or need help with doing this.]</p> <p>Thank the participants for their contributions; Remind them that once all the information is collected from CYP it will be put together in a summary and the 'big ideas' sent back to the organisation to share with them; Invite any final questions or comments.</p>		

APPENDIX G: TABLE 2

Table 2: Exploring ethical practice through the Theory of Practice Architectures.

ETHICAL PRACTICES	CONDITIONS THAT IMPACT SAFETY AND WELLBEING	
Sayings: words and ideas (cognitive)	Cultural discursive	
	Enabling	Constraining
Using positive and encouraging language	Growth rather than deficit language in interactions with young people Appropriate behaviour management strategies and therapeutic care	Adult bias, peer bullying and/or discrimination; staff's inappropriate use of authority/power
Encouraging young people to voice their opinions and contribute to, and influence, decisions	Appropriate mechanisms in place to encourage young people's voice and participation in decision-making	Absence of young people's voice mechanisms; organisational culture stifles voice and agency
Being reflective when making ethically challenging decisions that may impact on young people's wellbeing and safety	Staff are supported to manage and critically reflect on ethical challenges (e.g. debriefing time, mentoring, leadership support)	Lack of time to critically reflect; lack of support from leadership and/or other staff
Doings: actions and work (physical)	Material economic	
	Enabling	Constraining
Implementing child-centred and therapeutic care programs including behaviour management strategies	Designated welfare/wellbeing officer and/or Year Coordinator in schools; restorative practices and effective communication with families in the disability and residential care sectors	Inconsistent behaviour management practices; lack of communication with young people and families
Creating safe spaces for students	Consistent classroom routines; small classes with same teachers; year groups; libraries	Staff turnover; resourcing; compliance obligations; placements in the residential care sector
Contributing to an authentic child-centred culture by placing the child at the centre	Leaders who promote a child-centred culture and empower staff to work in child-centred ways. Co-creation of values with young people and staff to promote joint ownership. Recruitment, induction and professional development that contributes to child-centred cultures	Compliance and administrative obligations that prevent the development of a child-centred organisational culture; lack of training and professional development for staff.
Relatings: relationships and power (affective)	Social political	
	Enabling	Constraining
Building positive relationships with young people	Staff are supported to build positive relationships with young people based on mutual trust and respect. Staff demonstrate personal qualities suited to working effectively with young people. Leaders model positive relationships with young people	Lack of time, feeling overburdened; staff turnover; staff not suited to working with children.
Valuing, caring and respecting young people	Staff convey interest and respect towards young people, for who they are as human beings and their associated rights.	Lack of time, feeling overburdened; staff turnover; staff not suited to working with children.
Being equal, fair and inclusive with young people	Staff are encouraged to treat young people equally, fairly and inclusively	Adult bias; peer bullying and/or discrimination; staff's inappropriate use of authority/power

Beyond Safety:

ETHICAL PRACTICE INVOLVING CHILDREN (EPIC)

PHASE 2 – Focus groups and interviews with children, young people

We would like to thank members of our Project Advisory Groups who helped guide each phase of the research.

