Received: 1 November 2023 | Revised: 15 August 2024 | Accepted: 6 September 2024

DOI: 10.1002/ajs4.372

ORIGINAL ARTICLE

WILEY

How is therapeutic residential care constructed within key policy documents ?

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Funding information
Australian Research Council, Centre for Excellence in Therapeutic Care, Grant/Award Number: LP210100177

Abstract

Therapeutic residential care (TRC) is a mode of delivering out-of-home care (OOHC) that can help meet the needs of some of Australia's most vulnerable young people and their families. TRC programmes aim to support young people to develop positive relationship experiences in a safe and stable environment. Given that TRC is a relatively new model of intervention, to date, the alignment between its aspirational aims and the existing and evolving policy environment in which it is located has not been analysed in any depth. This paper reports on a national policy analysis exploring how TRC is constructed in policy documents. One hundred and thirty-two relevant policy documents were analysed to identify the practices and the conditions that facilitate the development of relationships and connections. The aims of the policies underpinning TRC were consistent with the literature outlining promising trauma-informed approaches. Findings show how the policies support the development of beneficial relationships for children and young people; however, there were also several discrepancies and silences identified, including a limited conceptualisation of children's participation.

KEYWORDS

Australia, children, relational practice, therapeutic residential care, trauma

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1 | INTRODUCTION

Residential care is often described as placement of "last resort" for children and young people who demonstrate highly challenging pain-based behaviours due to their traumatic experiences, relational breakdowns with families and kin, familiar abuse and neglect, parental substance abuse and mental health issues, domestic violence or their overall inability to provide safe parental care (Holmes et al., 2018; Moore et al., 2018). Children and young people in residential care have accumulated lived experiences where they may have learned that relationships with adults are a source of threat rather than safety. Subsequently, they may struggle to form relationships that are trusting, culturally safe and have lasting impacts on their life trajectories.

Young people leaving the residential care system (care leavers) are more likely than others to have a complicated life trajectory with poorer educational outcomes and significant and prolonged mental health and substance abuse problems, higher risks of unemployment, homelessness and involvement with the criminal justice system (Fernandez & Atwool, 2013; Gypen et al., 2017; Moore et al., 2017; McPherson et al., 2018; Muir & Hand, 2018; Welch et al., 2018). Outcomes are particularly poor for Aboriginal and Torres Strait Islander care leavers who are overrepresented in the out-of-home care (OOHC) system in Australia, particularly in residential care (Australian Institute of Health and Welfare, 2022; Gatwiri et al., 2019; Mendes et al., 2019) in view of colonial Australia's damaging interventionist policies (Bamblett et al., 2014).

In response, a raft of policy and programme interventions have been developed internationally to respond to these poor outcomes. In Australia, the therapeutic residential care (TRC) model of care was developed to address the complex needs of children and young people in care who have had experiences of adversity by "actively facilitating healing and recovery. It offers care based on several guiding principles for understanding and responding to young people's needs; adopting clear models of practice; and recruiting and staffing of therapeutic residential care homes" (McLean, 2018, p. 2). This model aims to provide a relational and therapeutic approach to children and young people in residential care who manifest "attachment difficulties, relationship insecurity, sexual behaviour, trauma-related anxiety, conduct problems, defiance, [and] inattention/hyperactivity" due to their trauma histories (Tarren-Sweeny, 2008, p. 345). Critical to the success of any TRC intervention, then, is to understand the practices that might potentially interrupt the trajectory toward isolation, poor social connections and fractured trust, as well as the policies that frame and support those practices and related conditions.

This paper, which sits within a broader project, sought to explore how TRC is constructed within select policy documents in Australia in order to ascertain whether the recent policy shift to prioritise "therapeutic relational practices" has translated into a marked improvement in efforts to guide staff and organisations in supporting young people to develop trusting relationships and connections while living in residential care. The policy analysis was important for identifying high-level policy intent or aspirations, although it is not indicative of on-the-ground practice.

2 | RESIDENTIAL CARE IN AUSTRALIA: BACKGROUND AND CONTEXT

Australia's history of institutional care for children has been well documented as being largely provided by the government, churches and charitable organisations with problematic oversight or regulation, rendering them potentially powerless as they experienced their journey through care (Fogarty, 2008; Swain, 2014). For almost two centuries, residential care in Australia was characterised by large dormitory-style institutions where children's connections to their families, kin and culture were routinely severed. Australian inquiries, including Royal Commissions, coronial inquiries and government investigations, into the experiences of

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children in OOHC from the 1860s onward revealed a dark and shameful history, where concerns raised about children experiencing sexual and physical abuse were rarely recognised or acted upon (Fogarty, 2008; Swain, 2014).

Additionally, within Aboriginal and Torres Strait Islander communities, colonisation legitimised the forced removal of children from their families—a practice, often justified under the guise of "civilising" and "protecting" Black children. This practice disproportionately targeted children from sole-parent and economically disadvantaged families, underpinned by racist protectionist policies that undermined Indigenous social structures in an attempt to assimilate Indigenous populations into the dominant white colonial child-protectionist culture (Newton, 2020; Krakouer et al., 2018; Gatwiri et al., 2021). In 1997, the ground-breaking National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, culminating in the *Bringing Them Home* report, told countless stories of the devastating impact of forced child removals on families and communities (Australian Human Rights Commission, 1997).

In the late 20th century, large residential care institutions began to be replaced by smaller "group home" arrangements and home-based foster care in Australia. While this trend is not universal, the shift away from this type of institutional care reflects an international trend.[i] For example, in Ireland, where institutional care for marginalised children was heavily relied upon, there has been a "virtual collapse" of institutional care in the wake of widespread deinstitutionalisation and public inquiries, which highlighted entrenched institutional abuse and neglect within those facilities (Gilligan, 2023). Recent reports suggest that just 6 per cent of Ireland's children living in OOHC are in residential care, with the overwhelming majority in home-based (foster or kin) arrangements (Gilligan, 2023). Similarly, most children in OOHC in Australia are now placed with families, with the largest proportion in relative or kinship care (AIHW, 2022). This growth of statutory kinship care in Australia represents a significant shift in this nation's OOHC system. Recent national figures show that there are more than 46,200 children in OOHC, with 91 per cent of those living in a home-based care placement (54 per cent in relative or kinship care, 36 per cent in foster care, and 1 per cent in other forms of home-based care) (AIHW, 2022).

Where state and territory data are available (acknowledging this data may be limited and inconsistent), kinship placements are reported to be most commonly with grandparents or aunts/uncles (AIHW, 2022). This paradigm shift highlights a growing belief that a "family-like" arrangement is the preferred model for children in care settings. While it is difficult to trace the origins of the policy shift that has facilitated the growth of formal kinship care, it has coincided with a growing awareness of the importance of community and family connections for all children. The overall impact of this policy shift which coincides with the strong commitment to deinstitutionalisation made by governments decades earlier, is that a very small minority of children and young people are currently placed in residential care. Nationally, only 7.3 per cent of the OOHC population are placed in residential care (AIHW, 2022) and within New South Wales, this figure is 5.1 per cent (NSW Department of Communities and Justice, 2023).

Residential care in Australia generally involves care being delivered in a suburban house where three or four children are cared for by one or two, minimally qualified, youth workers (McLean et al., 2011). Most often it is funded by the relevant state or territory government and provided by a non-government charitable organisation. The intersection of young people's challenging, pain-based behaviours, group living arrangements, and staff who are not adequately trained and supported to be responding therapeutically to vulnerable young people, however, have produced extremely negative results (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Problematic outcomes for young people in residential care settings have consequently led to the introduction of policy and programme interventions that are informed by a therapeutic and trauma-informed lens (Ward, 2023; Whittaker et al., 2023) as outlined in the next section.

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3 | THERAPEUTIC RESIDENTIAL CARE: A BRIEF OVERVIEW FROM NEW SOUTH WALES

Newly developed models of TRC were initially introduced to replace the traditional residential care model and are now offered in a number of states and territories. They are delivered by government and non-government organisations and funded by the relevant state departments to address the aforementioned poor outcomes in residential care and to create "positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs" (McLean et al., 2011, p. 1). While specific programmes may vary slightly, TRC is generally understood to be a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others, and other forms of severe adversity (Mitchell, 2019; Mitchell et al., 2020). This is achieved through the provision of a care environment where relationships are at the centre of the approach to facilitating healing.

In addition to being strongly relational, the TRC approach is intended to be trauma- and evidence-informed, and culturally responsive. A foundational principle of trauma-informed practice is underpinned by an understanding that traumas experienced in relationship, can be ameliorated in trusting, reparative relationships (Courtois, 2008; D'Andrea, et al., 2012). TRC focuses on the carer–child relationships where there is appropriate empathy and compassion, while maintaining a deeply respectful position that advocates for children's rights and needs to be met (Tucci et al., 2024). Emerging research in Australia has found that therapeutic care, which prioritises a safe relational milieu, was associated with "improvements in the domains of placement stability, educational outcomes, arousal and self-regulation, formation of healthy relationships and, ultimately, in their overall life trajectory" (Gatwiri et al., 2019, p. 396).

Therapeutic models of care place significant value upon a child or young people's need to build safe and trusting relationships, and their capacity to participate meaningfully in decision-making processes that impact on their lives (McPherson et al., 2021; McNamara & Wall, 2023). TRC, therefore, represents a shift from deficit-based models of service delivery where, for example, assumptions were made that children in the care system lacked capacity to overcome adversity and required adults to be responsible for making judgements about what they needed. Instead, it aims to provide positive, safe, and healing relationships and experiences to address the complexities of trauma, adversity, attachment and developmental needs (McPherson et al., 2019).

In New South Wales, the (now known as) Department of Communities and Justice (DCJ) developed Intensive Therapeutic Care (ITC) and Intensive Therapeutic Care—Significant Disability (ITC-SD) models to replace residential care from 2018. The significant investment in this approach commenced with the commissioning of an international literature review (NSW Family and Community Services, 2016) and the development of the NSW Therapeutic Care Framework (NSW Family and Community Services, 2017). This was followed by the engagement of Verso Consulting, an independent subject matter consultancy tasked with reviewing the state of the residential care system in NSW and developing a conceptual therapeutic care model (Verso Consulting, 2016). Reforms led to the establishment of ITC as a system of care to ameliorate trauma for children and young people. These reforms were seen to reflect an understanding that young people in TRC require careful trauma-informed, culturally sensitive assessment, understanding and management and that the provision of care should respond to the identified individual need (Bath, 2015).

The literature outlined above underlines that safe and trusting relationships are a critical element of such therapeutic care. However, to date, the alignment between the objectives of TRC and the existing and evolving policy environment in which the model is situated has not been analysed and reported on. To understand whether this relational focus is recognised and enacted in policy, the analysis that follows examines how TRC is constructed in policy

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documents. An analysis that reviews the extent to which relational practices are prioritised in policy documents will contribute to understanding how the broader policy environment in which TRC is situated influences the actual practices or day-to-day *doings, relatings* and *sayings* (Kemmis et al., 2014) in residential care environments that aim to strengthen relationships and connections. The next section sets out the distinctive approach taken for this policy analysis.

4 | METHODOLOGY AND EPISTEMOLOGICAL APPROACH

The policy analysis examined the relational practices that facilitate positive trusting relationships and social connections for young people living in TRC. Specifically, it aimed to address the following research question: "How is Therapeutic Residential Care constructed within key policy documents?" The Theory of Practice Architectures (TPA) was employed to "zoom in" and investigate how the policy landscape conceptualises the practices and conditions in TRC in Australia. TPA examines the cultural-discursive (*sayings*), material-economic (*doings*) and socio-political arrangements (*relatings*) that shape and limit practices (Kemmis et al., 2014; Kemmis & Edwards-Groves, 2018). Epistemologically, the suitability of the framework reported in this paper is its practice-oriented view of social reality which enables examination of how practices are created and maintained in specific contexts. This enabled the research team not just to describe and understand practices and their architectures (or conditions) but to suggest ways to improve them (Grootenboer & Edwards-Groves, 2024).

An examination of policy documentation can aid the theorising of how policy language influences the interactions that make up the practices and the conditions within TRC. A TPA theoretical lens in this paper focused on how policies, that form the foundational structures that instruct care practices, affect the *sayings*, *doings* and *relatings* within TRC settings. In addition, reflecting the critical theoretical tradition within which TPA is located, it has the capacity to inform analysis of the underlying structures, dominant ideologies and social constructs that may impact the implementation of a social programme such as TRC (Grootenboer & Edwards-Groves, 2024). For example, we were able to note how neoliberal language and arrangements might inform managerialism featured in the promotion of efficiency over effectiveness within an overall risk-averse policy context (Powell et al., 2020).

While the strength of TPA as an analytical framework was to bring to light the relationship between policy and practice, identifying opportunities for enhancement and change in TRC environments, it also has its limitations. While it was useful to deconstruct the cultural-discursive, material-economic and socio-political arrangements, it is important to remember that they do not operate in isolation and need to be considered as a whole in enabling or constraining practices in a particular context, which also includes the agency of practitioners and clients, and the practice traditions within the practice landscape. As Grootenboer & Edwards-Groves (2024), p. 46 argue "while we try to label and describe things as static or fixed, we can actually only capture a snapshot representation of them at a particular time and place." As such this policy, analysis is just a snapshot in time of how TRC is constructed in the key policy documents analysed.

4.1 | Scope of the sample of policy documentation

A broad definition of policy documents was adopted and included: legislation, policies, strategies, programmes/programme interventions, practice guidelines/frameworks, regulations, guidelines and statements used to articulate goals and expected outcomes (Committee

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on the Rights of the Child, 2016), documented positions, rules and regulations that take shape in the strategies, frameworks, plans, policies and legislation that articulate desired outcomes (Crammond & Carey, 2017). The scope was limited to policies within the NSW and national jurisdictions only, with relevance to the development and implementation of TRC in NSW.

In this policy analysis, **132 documents** were gathered from government agency policy libraries that were publicly available and through reference chaining from these documents. These were identified from an initial sample of over 150 policies and screened for information on the conditions in TRC in NSW that enabled and/or constrained positive relational practices. The policies were then classified by the research team according to their common characteristics, which included jurisdiction, author, audience, policy portfolio, policy type, cohort of children and young people, and exclusions. A classification sheet was developed, in which each policy was coded to these attributes, which included consideration of the policy actors who had authored the documents (see Table 1 for the classification of policies and Appendix S1 for the full list of policies).

4.2 | Coding and analysis

Policy documents were coded using thematic content analysis and drawing on the TPA as a lens to identify relational practices, as well as, the cultural-discursive (i.e. language),

TABLE 1 Classification of policies.

Year of publication	Ranged from 2011 to 2022, with the average year of publication being 2019.
Audience	Included children and young people themselves (two documents); therapeutic care workers (26 documents); therapeutic residential care management (23 documents); the general public or community (22 documents); other funded service providers (42 documents); therapeutic specialists or supervisors, such as house leaders (eight documents); parliament or other government (seven documents); and two which were excluded (one duplicate and one with unclear audience).
Authorship	NSW Department of Communities and Justice was the primary author (66 documents); state and national parliament (five documents ranging from legislation to media announcements communicating new policy); NSW Office of the Children's Guardian authored six documents; other government department or agency (16 documents); the NSW intermediary third party within the ITC system, a non-government organisation known as Australian Childhood Foundation (18 documents); other NGOs (12 documents); academics and consultants (eight documents); and one document was unassigned, authored by a working party. Twelve items in the sample were authored by First Nations people or organisations.
Cohort	All children and young people (eight documents); all children and young people living in out-of-home care ([OOHC], 65 documents; all young people in therapeutic residential care (35 documents); First Nations children and young people (17 documents); young people with disability (five documents); and one which was unassigned.
Policy type	Two pieces of legislation; 11 policy documents, 18 reports of inquiries, evaluations or consultation; six practice frameworks; 38 practice guides or principles documents; 14 practice tools; 40 documents communicating about policies; and three advocacy documents.
Policy portfolio	Statutory child protection including child safety, protection or OOHC (37 documents); care planning (eight documents); cultural care (seven documents); education (two documents); general children and young people's policy (four documents); health (three documents); permanency (21 documents); transitioning or leaving care (eight documents); and 42 documents in the portfolio of therapeutic residential care.

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material-economic (i.e. resources) and socio-political conditions (i.e. relationships and systems) that framed such practices. Analysing the discourses around both practices and conditions mentioned in the policy documents was critically important to identify any gaps or shortcomings. Rather than simply discussing those practices and conditions that were most frequently identified in the policy documents analysed, the research team also critically examined the discrepancies or gaps warranting further discussion or research. Kemmis et al. (2014) argue practices cannot be improved if the conditions that keep them in place are not likewise transformed. A codebook was developed to guide the coding of key terms, including:

Relational practices[ii] are used to support young people's relationships within settings and beyond settings. Practices are socially constructed human interactions comprised of actions and activities (doings), words and ideas (sayings), and relationships between others and the world (relatings), which "hang together" and cannot be reduced to any one of these elements alone (Kemmis et al., 2014).

Intensive therapeutic care "is a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others, and other forms of severe adversity. This is achieved through the provision of a care environment that is evidence-informed, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, adversity, attachment and developmental needs" (NSW Department of Communities and Justice, 2019).

Practice architectures are the conditions or arrangements in a site that enable and constrain practices. They prefigure practices or set the preconditions for the conduct of practices (Kemmis et al., 2014). They take the form of cultural-discursive, material-economic and socio-political conditions or arrangements.

Cultural-discursive conditions are the resources that make possible the language and discourses used in and about this practice; these arrangements enable and constrain the sayings characteristic of the practice (e.g. constraining what it is relevant to say, or—especially—what language or specialist discourse is appropriate for describing, interpreting and justifying the practice) (Kemmis et al., 2014).

Material-economic conditions are the resources that make possible the activities undertaken in the course of the practice; these arrangements enable and constrain the doings characteristic of the practice (e.g. by constraining what can be done amid the physical set-ups of various kinds of rooms and indoor and outdoor spaces in a school or care setting) (Kemmis et al., 2014).

Socio-political conditions are the resources that make possible the relationships between people and non-human objects that occur in the practice; these arrangements enable and constrain the relatings of the practice—for example, by the organisational functions, rules and roles in an organisation, or by the communicative requirements of the lifeworld processes of reaching shared understandings, practical agreements about what to do, and social solidarities (Kemmis et al., 2014).

In the first analytic step, the NVivo 12 software was used to load each policy as a case, and to code the classifications identified. Coding then highlighted *relational practices* as they were described or prescribed in the policy text. The *construction* of relational practices was identified by highlighting text that reflected the espoused policy goal and the practice architectures extant in the policy text that arranged, prefigured or bundled together the sayings, doings and relatings characteristic of each relational practice. Coding also highlighted definitions of relational practice, where this was evident in the text. While the NVivo coding and analysis were performed by one team member, the interpretation of results was consolidated by all team members in an intensive, collaborative workshop.

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5 | OVERVIEW OF FINDINGS

5.1 | Relational practices

A wide range of relational practices were evident across the policy documents, reflecting the importance of supporting young people's relationships within TRC models, and the range of ways this can be achieved. Thirty-seven types of relational practices were identified; 28 of these were focused on *promoting and enabling* TRC practices and were referred to a total of 2200 times. The most frequently referenced relational practices in terms of coding density were: (i) "case managing" with 258 references; (ii) "engaging family" with 253 references; (iii) "keeping and sharing new information" with 218 references; (iv) "responding to young people's behaviour" with 173 references; (v) "recruiting, retaining, training staff" with 170 references; (vi) "leading, coaching and mentoring staff" with 168 references; (vii) "planning for leaving care" with 159 references; (viii) "supporting safety" with 123 references; (ix) "supporting health" with 121 references; and (x) "monitoring and evaluating" with 117 references (see Table 2).

TABLE 2 Relational practices.

Relational practices	Practice descriptions	References
Case managing	Planning care, case planning, casework, and case management, assessing, creating goals, reviewing care plans, coordinating care and exit planning.	258
Engaging family	Connecting, engaging or involving family, parents, siblings, significant others and caregivers. Includes providing support to families, prevention through engagement especially where young people are parents.	253
Keeping and sharing information	Documenting and keeping records, sharing information and records about children and young people and the services provided to them.	218
Responding to young people's behaviour	Practices related to supporting, managing and responding to young people's behaviour, including emotional regulation, setting boundaries and limits, positive behaviour support and restrictive practices. (Note that prohibited practices and responding to harmful sexual behaviour are separate but related practices).	173
Recruiting, retaining, training staff	Staff recruitment, training and retention other than supervision and mentoring.	170
Leading coaching and mentoring	Developing organisational culture, policies, procedures and systems, mentoring and coaching staff, for therapeutic outcomes.	168
Planning for leaving care	Planning and casework to support transitioning and leaving care, including family restoration.	159
Supporting safety	Protecting children and young people from harm and ensuring their safety and privacy.	123
Supporting health	Making sure young people are healthy and well, accessing medical assessments and treatment, including mental health services.	121
Monitoring and evaluating	Monitoring and evaluating casework and performance; includes investigating practice. This includes individual planning processes and monitoring, evaluation and accreditation by third party.	117

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The initial analysis shows an emphasis on a way of practising in TRC that privileges direct engagement with young people to support their safety and well-being ("case management," "supporting safety," and "supporting health"); engagement with their families ("engaging with families"); fostering a well-trained workforce ("recruiting, retaining, training staff" and "leading, coaching and mentoring"); and involving young people in their transition planning ("planning for leaving care"). On closer examination, however, the way the practices are described in the documentation and the discourses surrounding them are more closely aligned to regulated planning mechanisms, compliance with case management requirements and coordination.

From a critical analytical perspective, it is not only what is presented and prioritised in the documentation that is of importance. It is also critical to consider the nuance of the language used, as well as, the silences that emerge. Interestingly, "being caring" and "being respectful", for example, which are considered key relational practices in OOHC, only featured 29 times and 6 times, respectively, and did not feature in the top 10 practices described in Table 2. While the second most referenced relational practice is "engaging with families," the policies analysed spoke in aspirational terms about the principles of valuing family and family connection rather than describing the necessary practices that youth workers and case managers should employ to strengthen young people's connection to their families. No documentation explicitly discussed how practices could promote or enable young people to connect to community.

Planning to leave care was another important relational practice identified in the analysis of policy documents. The "The Practice Guide: The 10 Essential Elements of Intensive Therapeutic Care in NSW" recognises the importance of preparing young people for leaving care: "practical and emotional support throughout the process should begin early and include the young person … enabling young people to actively participate and involve themselves in decision-making can help them in managing their future. Most importantly, professionals need to work in strengths-based ways to support the aspirations of young people during this transitional period of their lives" (CETC, 2019, p. 15).

NSW has joined other Australian jurisdictions in increasing financial assistance for statutory care leavers aged 18 to 20 (NSW Department of Communities and Justice, 6 November 2022). New allowances were introduced for carers who continue to support young people in their homes after turning 18 and for care leavers living independently. These allowances are in addition to existing financial and non-financial support for care leavers for up to 25 years on a case-by-case basis, approved by the Minister in the Children and Young Persons (Care and Protection) Act 1998, Part 6, 165[1] (NSW Government, 1998). What remains to be seen is if these supports are sufficient to supporting all care leavers given the considerable limitations on who is eligible and the fact that the Independent Living Allowance (ILA) is significantly lower in NSW compared with other States (NSW Department of Communities and Justice, 2024).

5.2 | Practice architectures

Thirty-two conditions were identified that constructed relational practices in certain ways, enabling them in certain situations and constraining them in others. Of the 10 conditions with the most frequent references, seven were identified as cultural-discursive arrangements, with a total of 1281 references; two were socio-political arrangements, with 470 references; and one was identified as a material-economic arrangement, with 137 references (see Table 3).

An analysis of the *cultural-discursive* arrangements holding the practices in place was consistent with the strong discourse promoting relational practice (see Table 3). The top three conditions were "participation" with 203 references, understandings of "developmental trauma and attachment" with 201 references, and the "NSW Intensive Therapeutic Care (ITC) Framework" with 200 references. The overarching framework for the reforms associated with the implementation of ITC and discussions about the body of knowledge underpinning the

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TABLE 3 Conditions or arrangements of practices.

Condition or arrangement	Description	References
Authority or obligation to act (socio-political)	Legal authority or obligation to practice in certain ways (and not others), that is the legal authority given by the Children and Young Persons (Care and Protection) Act 1998.	286
Participation (cultural-discursive)	Children and young people's right to participate as an enabler of certain practices and constraining others.	203
Developmental trauma and attachment (cultural-discursive)	Trauma-informed practice, the body of knowledge around developmental trauma and attachment disruption that enables or constrain practice.	201
ITC Framework (cultural-discursive)	The discourse of NSW Intensive Therapeutic Care Framework driving practices; includes the 10 essential elements and the 16 common principles in the TC framework.	200
Right way for practice with First Nations CYP (cultural-discursive)	Right way of practising with First Nations children and families, includes the push to build ACCO in OOHC sector and evidence about the protocols for appropriate, responsive, culturally informed care.	186
Standardising care (cultural-discursive)	Standardisation of care across providers and the need to set/meet standards.	184
Workforce development and quality improvement (socio-political)	Development of the TRC workforce driving or enabling certain practices, includes quality improvement.	184
Outcomes (cultural-discursive)	Outcomes where certain practices (and non-practices) are arranged or held in place by their association with certain outcomes for young people in TRC.	179
Funding and time (material-economic)	Funding/costs/packages that enable and constrain the provision of care; also includes references to the efficient use of those funds, for example the relationship between funding and time spent.	137
Inclusion and diversity (cultural-discursive)	Goals of inclusion and diversity enabling and constraining practice, for example, those that aim to achieve inclusion for CALD, LGBT, disabled children and young people.	128

reforms, including "developmental trauma and attachment" disruption, were dominant discourses in the policies analysed (referenced a total of 401 times). Together, they shine a light on the critical paradigm shift that the introduction of TRC in New South Wales sought to achieve; that challenging, pain-based behaviours caused by complex trauma can be treated in and through trusting, reparative carer–child relationships in stable and safe environments.

Participation was a frequently referenced condition associated with TRC practices (203 references) and was understood as a fundamental human right of children and young people. Several policies referred to young people's participation, including personalising their room, house routines and structures, particularly with regard to menu planning, community-based outings and social events, establishing systems for feedback and complaints management processes (NSW Department of Communities and Justice, 2019). The policies analysed, however,

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did not appear to conceptualise participation as a "collective" endeavour that involves group advocacy and young people's involvement in the design, delivery, evaluation and policy framing but rather as an individual act. This limited conceptualisation of participation may need to be expanded to more fully reflect the National Child Safe Standards and Article 12 of the Convention on the Rights of the Child (UNCRC). In addition, while there was a strong emphasis on the right way to practice with First Nations children and young people (186 references), there was limited attention to the notion of "cultural safety" relating to other racially and culturally minoritised young people, as well as, the intersectional challenges for young people in care facing structural disadvantages connected to class, sexual orientation, age, religion, disability and gender.

In the context of *Socio-political conditions or arrangements*, there was a strong pivot to the legal authority or obligation to practice in certain ways, for example, the legal authority held by the state and mandated by the Children and Young Person Act 1998 (286 references). References to the development of the TRC workforce also featured in the top 10 conditions with 184 references. This socio-political arrangement arguably enables or constrains certain ways of practising with children and young people in TRC settings (i.e. a consistently well-trained workforce enables practices that are intentionally relational and trauma-informed).

The *material-economic conditions* arranging relational practices referred to funding arrangements that enabled individualised "packages" to address the identified needs of the children and young people in TRC (137 references) while acknowledging the constraint that very high demand pressure could outweigh the availability of resources. This possibly reflects the design of TRC in NSW, which attempted to recognise that flexible funding arrangements to address individual needs would be required.

In summary, the findings show that while the aspirational aims of the policies analysed are consistent with growing evidence suggesting trauma-informed, relational practice is conducive to enabling young people in TRC to heal and develop healthy social connections and relationships, there are discrepancies in the way these aims are then translated into concrete practices that are truly "relational" as discussed further below.

6 | CRITICAL DISCUSSION: WHAT CAN WE LEARN FROM THIS POLICY ANALYSIS?

As aforementioned, this analysis reviewed 132 policy documents identified as informing or related to TRC in New South Wales, Australia, with a view to understanding how TRC is constructed within key policy documents. Based on our analysis, there were critical discrepancies in the documents analysed, yet overall congruence between the intent of the TRC reforms and the volume of policy documentation supporting new ways of working.

The initial level of analysis suggested, at the micro-level of practice, a strong emphasis in policy on relational practices for young people living in TRC. On closer examination, many of the practices cited as relational were in fact features of case coordination and surveillance functions required by the child protection system. The intent of TRC is to offer stability, consistency and continuity of relationship between carers, other members of the care team and the young person (Tucci et al., 2024). These policy documents, while apparently responding to relational issues appear to be more oriented toward a monitoring and compliance function. The direct guidance relating to the creation and maintenance of a therapeutic milieu within a residential home, and the complexity of building safe and stable relationships with individuals and groups who have experienced trauma, was not a dominant feature of the policy documentation that was reviewed. Similarly, organisational arrangements or conditions that frame TRC, holding practices in place, rarely speak to the nuance of therapeutic care, including

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responding to "pain-based behaviours" (Bath, 2015). The implications for the whole of organisational requirements for change, in order to successfully implement this "paradigm shift" (McPherson et al., 2019) in the conceptualisation, design and delivery of residential care, are largely undocumented. Various peculiarities, discrepancies and gaps in policy documents that might impact practice are summarised below.

6.1 | Relational practices beyond "management" and "risk"

We found that over 500 references to "case managing" and "engaging families" appeared mostly in aspirational terms; however, further "zooming in" on these practices raised some important questions. That is, TRC did not appear to document explicitly a way of working that promotes the direct practice of engagement with young people in the context of their families and communities. Interestingly, too, relational practices such as "being caring" and "being respectful" had fewer references in the documents analysed. Interestingly, while these intentionally relational practices are not referred to as often as case management and planning, the cultural-discursive conditions that support them, such as children's right to participate and trauma- and culturally informed care, are high priorities in the policy documents analysed. This may suggest a need for greater clarity around what relational practices actually constitute within a therapeutic environment and for frontline staff beyond the case management practices currently conceptualised in TRC policies.

Another example of a discrepancy that may have implications for practice is that while the coding density was strongest in relation to case management practices, these practices are dominated by descriptors such as planning care, case planning, casework and case management, assessing, creating goals, reviewing care plans and coordinating care and exit planning (see Table 2). Far from describing relational practices that are trauma-informed and promote professional relationships (Tucci et al., 2024), the policy documents suggest regulated planning mechanisms, compliance with case management requirements and coordination. Rather than describing practices that seek to develop and maintain a professional therapeutic relationship with a young person who has experienced adversity, these practices appear to be more about planning, coordinating and efficiently managing workload.

6.2 | Individual and collective participation practices need more attention

There is already existing evidence that young people's participation extends only so far as their everyday, somewhat superficial life decisions, rather than major decisions like which school to attend and whether and how they interact with family (McPherson et al., 2021). Our analysis of policy documents supports this claim. The gap between the rhetoric and the reality of children's and young people's participation is widening in policy (Graham et al., 2018), suggesting the need for greater emphasis on the implementation of relational practices of listening, engaging, and taking children's and young people's participation seriously in every decision that affects their lives. Meaningful participation may require a deep investment in staff training and support that is not currently evident in the policy literature.

In terms of *collective participation*, there was no evidence amongst the thousands of pages of the policy sample that group work, group advocacy or involvement of young people in the design, delivery, evaluation or policy framing of ITC services in NSW, was prioritised. There is some discord around the interpretation of Article 12 of the UNCRC regarding children and young people's participation in collective decision making (Cantwell, 2011) and the Australian Institute of Health and Welfare surveys of children and young people in care in Australia (2019,

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2016) reflected this conceptualisation of participation as an individual concern rather than a collective one (Vosz, 2021). Yet Byrne and Lundy (2019) emphasised that children's rights should not only be upheld in policies, laws, administrative decisions and programmes but also through policy-making that is child rights-based for the benefit of all children.

6.3 | Indigenous practices of care need to balance Indigenous knowledge and Western knowledge for first nations children and young people living in TRC

The disproportionate representation of young First Nations people in residential care and the low proportion of First Nations staff suggests that an emphasis on the recruitment, retention and training of First Nations staff is needed to guide relational practices between non-Indigenous staff and First Nations young people. This may include, for example, how workers are trained to understand and implement practices that facilitate Aboriginal and Torres Strait Islander people's participation "in the care and protection of their children and young persons with as much self-determination as is possible" (NSW Government, 1998). Furthermore, there is evidence that participatory decision-making processes involving First Nations families are vastly under-resourced in NSW (Davis, 2019).

In this policy analysis, there was a focus on *Right-way practice* which is part of engaging with Indigenous knowledge (IK) systems. There needs to be a consideration, however, of how Indigenous youth in urban, remote, and rural areas live within the two worlds informed by IK and Western knowledge systems. More work clearly needs to be done to strengthen the capacity of institutions to balance the two systems so that they respectfully co-exist. This positioning is to avoid further burdens and complications for any young person navigating these systems. A seamless balance is required as complexity can create distress and discomfort if not governed the right way. Such change would involve ensuring cultural safety and providing staff with cultural training. Best practice would involve privileging the voice of Elders in all areas of policy design and implementation within the institutions for Aboriginal and Torres Strait Islander youth.

6.4 | Racially and culturally minoritised children and others with intersectional identities are a clear gap

There were no clear or explicit guidelines and policy documents that focused on children and young people who are non-Indigenous but from racially and culturally minoritised backgrounds. Additionally, intersectionalities due to various personal and structural disadvantages, such as class, race, sexual orientation, age, religion, disability and gender, were not given much attention in the policy documentation analysed. This is concerning given children and young people in care are already significantly disadvantaged and issues of diversity and structural disadvantage may further compound children's experiences of oppression. Since TRC is situated within a Eurocentric context, culturally safe and responsive initiatives are integral for addressing complex, layered and compounding experiences that shape the lives of racially and culturally marginalised children and young people in residential care. Interventions that employ decolonial, antiracist and anti-oppressive frameworks grounded in principles of self-determination and cultural safety are particularly critical. Cultural safety means creating "an environment that is spiritually, socially, physically, and emotionally safe for people; where there is no assault challenge or denial of their identity, or of who they are and what they need" (Fernando & Bennett, 2019) and where embedding diverse experiences is seen as standard.

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6.5 | Processes and practices of engagement with families and communities need to be explicit and supported

The most frequently referenced practices that directly or indirectly addressed engaging and working with families focused on "case managing" with 258 references and "engaging family" with 253 references. This suggests that policies are oriented toward encouraging and enabling relational practices through managing how engagement with family is conducted. As indicated earlier, there is a clear reference to the "right way" to practice, specified in the Aboriginal and Torres Strait Islander Placement Principle, and the need to provide culturally informed care. For both Indigenous and non-indigenous children and young people, however, policies spoke in aspirational terms about the principles of valuing family and family connection, rather than presenting the necessary practices youth workers and case managers should employ in order to strengthen young people's connection to their family. Documents reviewed in terms of connection to the community were quite sparse, with no documentation explicitly discussing how practices could promote or enable young people to connect to the community. In light of the literature espousing the potential value for young people of being connected to their community by, for example, accessing local sporting clubs, opportunities for connection to local and voluntary employment and the importance of local, accessible friendships (Gilligan, 2005), this was a noteworthy finding requiring further attention.

6.6 | Processes and practices of planning for leaving care need to be clear

Planning for leaving care was held in place by a range of conditions in the policy sample, with the most dominant being *children and young people's independence, funding and time*, and *authority or obligation to act*. Given the recent changes in financial and non-financial support for care leavers discussed in the findings, research is needed to understand the ways that planning for leaving care is happening within TRC, and the contributions of young people's relationships and connections to improved outcomes in their lives. The relative isolation and weaker social networks associated with young people leaving care have been noted to contribute to housing instability, disengagement from education and work, and poorer health (Melkman & Benbenishty, 2018), suggesting that there is significant work to be done to identify and support practices that help to establish long-lasting, trusted relationships and a network of social capital on par with other young people at age 25. Support for transitioning from care is only one of several major barriers young people face, alongside issues with caseworkers, carers, placement stability and safety (McDowall, 2018). At the time of writing, there was limited information publicly available on the extension of support for young people leaving TRC in NSW, and the $250 independent living aftercare allowance is likely to be subsumed by decreasing rental affordability in the state.

7 | LIMITATIONS

This policy analysis has some clear limitations. The analysis took a case study approach focusing on the state of NSW in Australia. It is not suggested that the findings are generalisable beyond TRC within NSW. That said, each state and territory, as well as the majority of OOHC systems internationally, have adopted child protection legislation that is heavily influenced by the UNCRC, with policies that are congruent with both a therapeutic and child rights orientation (Whittaker et al., 2023). A second limitation is that, as a policy analysis, there is no information to suggest that the actual day-to-day practices and conditions reflect the policies designed to support implementation. Additionally, not all policies, in particular policy

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prescribing practice, are publicly available. This study drew only from publicly available documents. This meant that where agencies had developed and implemented their own models of care, or alternatively had purchased a licenced model, that the nuance of individual variations in implementing the Ten Essential Elements informing ITC may not have been captured. That said, the core documentation informing the requirements to implement the reforms, is reflected in this analysis.

8 | CONCLUSION

This policy analysis aimed to explore how TRC is currently constructed within key policy documents. The analysis has revealed a fertile landscape on which to build relational practice within TRC contexts. There appears to be constructive alignment, broadly, between the espoused policies informing relational practices and the contemporary literature presenting trauma-informed approaches to TRC (Whittaker et al., 2023). Nevertheless, the analysis itself gives rise to further questions about the extent to which the existing policy landscape might be leveraged to achieve further change in relational "happenings" at these sites. In particular, there is a lack of clarity around what constitutes truly intentional relational practice in TRC beyond the managerialist requirements of case coordination, case monitoring and case planning.

In summary, findings show that in aspirational terms, current discourses in the policies analysed seem to pivot toward the cultural-discursive conditions necessary to promote relational practices, which is consistent with a child-centred human rights approach, privileging the right of children and young people to participate in decision making about matters that impact on their lives. There are, however, discrepancies in how these aspirational aims are then translated into practices that are truly "relational" beyond the managerialism of case management. While the documentation reviewed promotes a discourse of a therapeutic environment or milieu that aims to promote healing within TRC via trauma-informed relational practice, there is still a lack of emphasis on the key indicators that would suggest children and young people are experiencing relational practice such as, for example, feeling cared for, valued and respected.

What is also not clear is whether the everyday demands within residential care settings constrain what can be achieved. The findings may, in fact, reflect a dissonance between practice as articulated in policy discourses and actual happenings in everyday residential care settings. The focus on hearing directly from young people with a lived experience of life in TRC settings, during the next phase of the research will be essential in clarifying this issue.

AUTHOR CONTRIBUTIONS

Lynne McPherson: Conceptualization; investigation; funding acquisition; writing – original draft; writing – review and editing; formal analysis. **Antonia Canosa:** Visualization; writing – review and editing; data curation. **Kathomi Gatwiri:** Conceptualization; funding acquisition; writing – review and editing. **Donnah Anderson:** Conceptualization; funding acquisition; writing – review and editing. **Kylie Day:** Writing – review and editing. **Robbie Gilligan:** Conceptualization; funding acquisition; writing – review and editing. **Anne Graham:** Conceptualization; funding acquisition; writing – review and editing. **Janise Mitchell:** Funding acquisition; writing – review and editing; conceptualization. **Tim Moore:** Conceptualization; funding acquisition; writing – review and editing. **Meaghan Vosz:** Investigation; methodology; writing – review and editing; formal analysis; data curation; visualization.

ACKNOWLEDGEMENTS

This research was funded by the Australian Research Council (LP210100177) and the Centre for Excellence in Therapeutic Care (CETC), a division of the Australian Childhood Foundation.

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We would like to thank our young people and adult Advisory Groups for their guidance with this phase of the research. Open access publishing facilitated by Southern Cross University, as part of the Wiley - Southern Cross University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST STATEMENT

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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ENDNOTES

[i] In Portugal, for example, 96 per cent of young people in OOHC live in residential units.

[ii] Note that these "relational practices" are textual or discursive representations within policies, rather than the intersubjective happenings in a particular site and setting.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: McPherson, L., Canosa, A., Gatwiri, K., Anderson, D., Day, K., Gilligan, R. et al. (2024) How is therapeutic residential care constructed within key policy documents ? *Australian Journal of Social Issues*, 00, 1–20. Available from: https://doi.org/10.1002/ajs4.372

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