



Strengthening Relationships and Connections in Therapeutic Residential Care

Phase 1 Policy Analysis

cetc centre for
excellence in
therapeutic care

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and Young People

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 **NSW**
GOVERNMENT

Aims

Young people in residential care face major challenges that can prevent them from forming healthy relationships and a strong personal identity, which are critical building blocks for their wellbeing and safety. For the first time in a large-scale mixed-methods study, we are listening to young people living in therapeutic residential care, staff and managers across NSW about current practice and how it can be improved. This project aims to understand the practices that help young people living in therapeutic residential care to form strong, healthy relationships and have a positive self-identity.

The research was undertaken in four phases:

Phase 1

POLICY & DOCUMENT ANALYSIS

Addressing **RQ1**: How does current policy construct relational practices within therapeutic residential care?

Phase 2

QUALITATIVE INQUIRY

Interviews with young people and focus groups with practitioners.

Addressing **RQ2**: What are the interpersonal and institutional practices that enable and constrain the experience of positive, trusting relationships within TRC?

Phase 3

QUANTITATIVE ONLINE SURVEY

With young people and practitioners.

Addressing **RQ3**: What is the association between interpersonal and institutional practices in TRC settings with young people's recognition, positive social connections, safety and wellbeing?

Phase 4

COLLABORATIVE DISSEMINATION

Co-development of policy guidance, professional learning and evidence informed tools for improving practice.

Addressing **RQ4**: What are the implications of this knowledge for developing evidence informed policy guidance, practice tools and professional learning to support therapeutic residential care?

Our project was co-designed with a group of young people with lived experience of life in the residential care system and guided by an adult advisory group comprised of international academics, policy actors, providers of intensive therapeutic care in NSW and cultural advisors.

This document provides a brief summary of the findings of the Phase 1 policy analysis.

What did the policy analysis involve?

This phase explored how current policies construct relational practices within therapeutic residential care. The analysis involved:



COLLECTING – 132 relevant and available state and organisational policy documents and practice guidelines linked to therapeutic residential care in NSW were collected.



CLASSIFYING – The policies were classified according to year of publication, audience, authorship, cohort, policy type and policy portfolio.



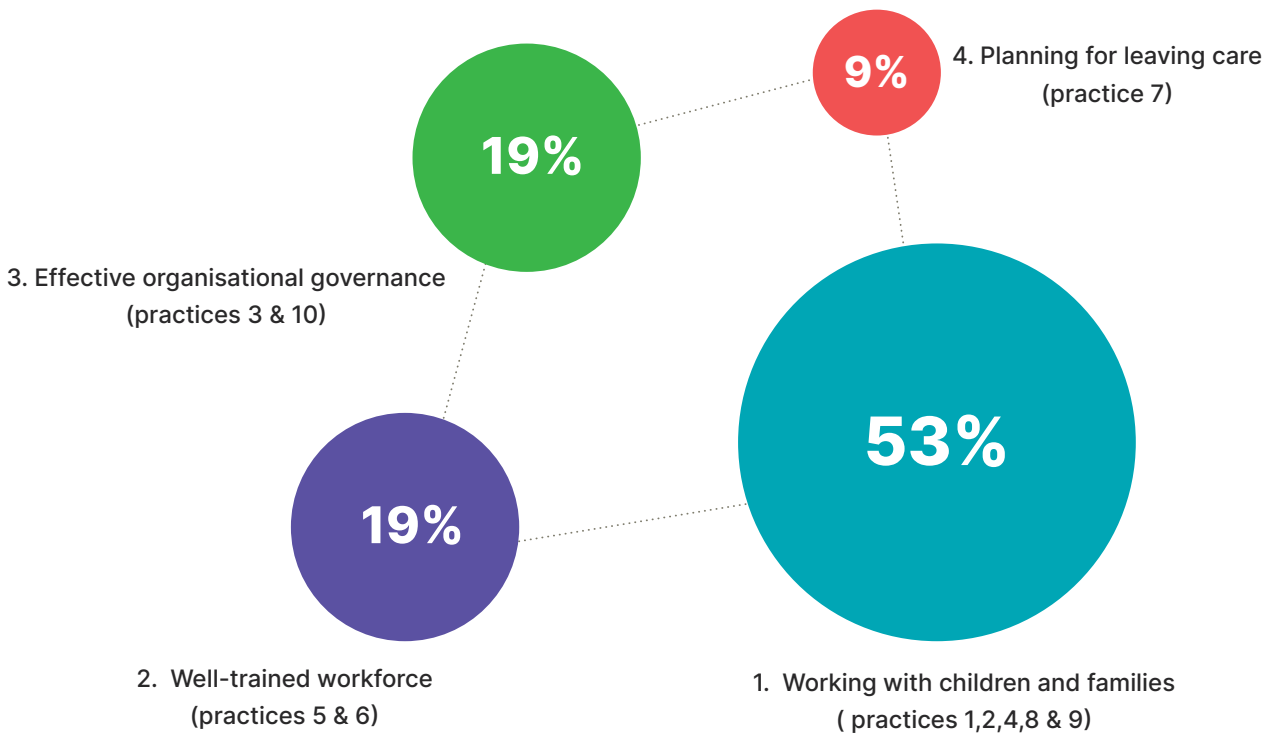
ANALYSING – The documents were analysed using thematic content analysis and drawing on the Theory of Practice Architectures (TPA) as a lens to code the relational practices identified, and the conditions that enable or constrain practices.

What did we find out?

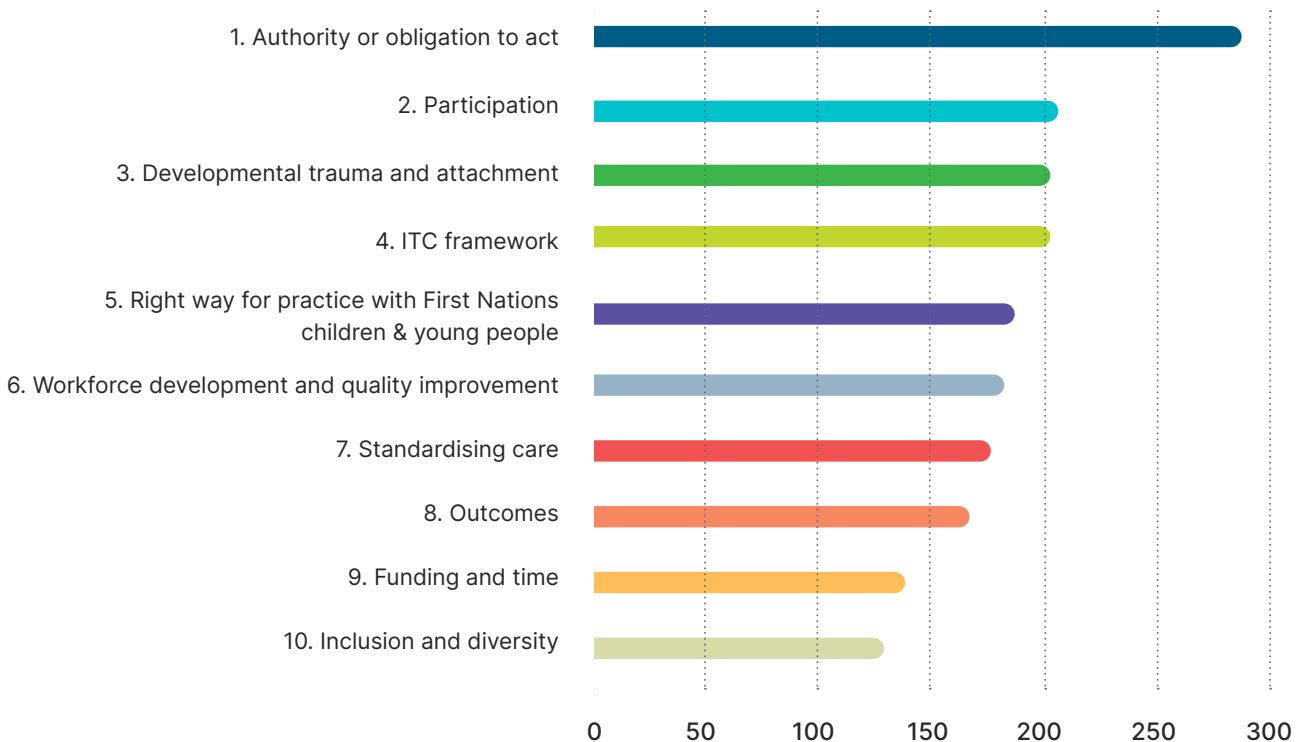
36 relational practices were identified of which 28 were focussed on enabling therapeutic residential care practices and were referred to a total of 2,200 times. The top 10 relational practices identified in terms of frequency of reference were:



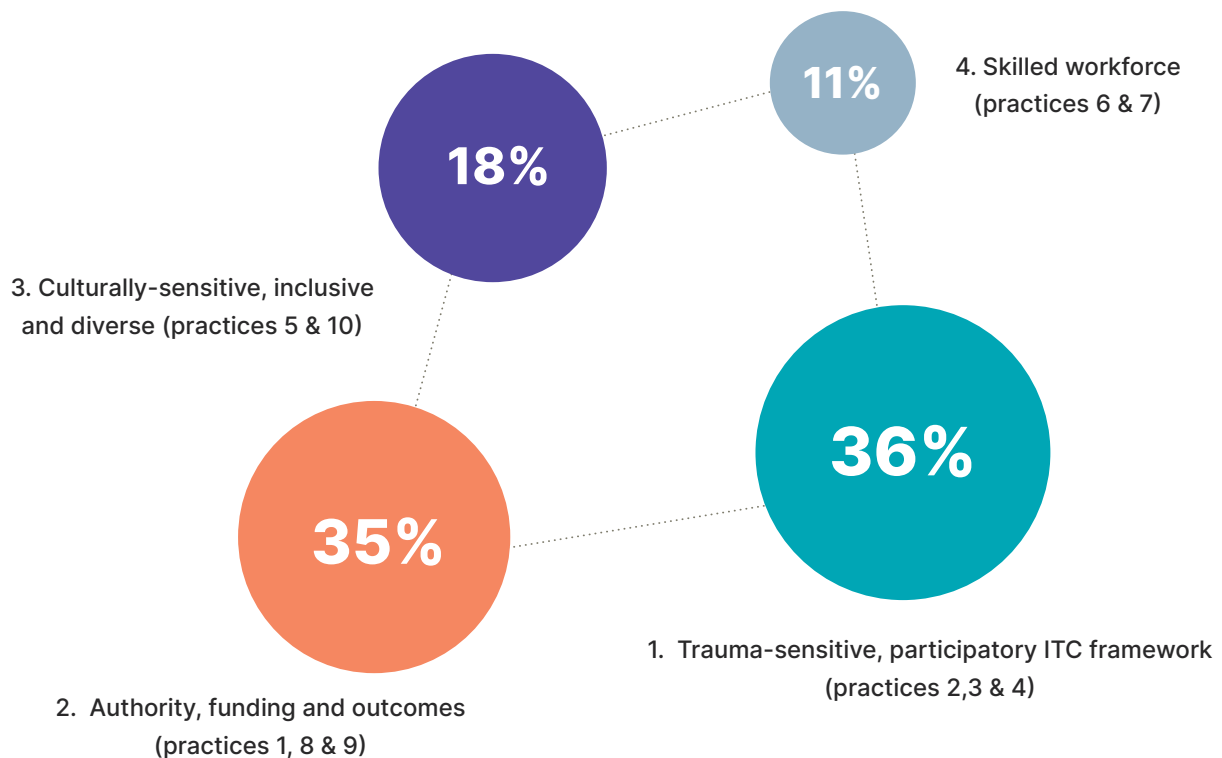
These practices broadly align to 4 clusters



32 conditions were also identified that constructed these practices in certain ways, and either enabled or constrained them in certain situations. The top 10 conditions identified in terms of frequency of reference were:



These conditions broadly align to 4 clusters



Key critical insights

Based on this analysis **six critical areas of policy** emerge as warranting further discussion:

► The ITC Framework



- The intent of Therapeutic Residential Care in NSW is to respond to the needs of children and young people as survivors of complex trauma rather than focus on their challenging behaviours.
- It yet remains to be seen how this intent has actually been operationalised.

► Participation



- The policies only referenced young people's participation in everyday life decisions such as how to personalise their room, menu planning and social events.
- More needs to be done to extend participation in major decisions such as which school to attend, how to interact with family, and the design, delivery and evaluation of Intensive Therapeutic Care services (ITC) in NSW.

► First Nations children and young people



- More work needs to be done in strengthening the capacity of institutions to balance the Indigenous Knowledge System (IKS) and the Western Knowledge System (WKS) so that they respectfully co-exist.
- The *right-way practice* may enhance the recruitment and retention of First Nations staff, providing cultural safety for Indigenous and non-Indigenous youth as a whole.

▶ Racially and culturally minoritised children



- Limited attention to issues of diversity and structural disadvantage beyond issues related to First Nations children and young people.
- Notions of 'cultural safety' need to be extended to include 'anti-oppressive' interventions that recognise the personal and structural disadvantages connected to class, race, sexual orientation, age, religion, disability and gender.

▶ Engaging families and communities



- Although the policy documents placed a strong emphasis on 'engaging with families,' there was little mention of how staff in ITC might foster engagement with community.
- Clearer guidelines need to be developed on how to facilitate access to, for example, local sporting clubs, employment opportunities and accessible friendships in the community.

▶ Planning for leaving care



- More research is needed to understand the ways that planning for leaving care is happening within therapeutic residential care in NSW, and the contributions of young people's relationships and connections to improved outcomes in their lives.

Summary

Strong alignment between policy documentation underpinning ITC and contemporary available literature outlining promising trauma informed approaches to the provision of a safe, healing environment and relational practices in this type of care arrangement.

Despite a strong emphasis on compliance and risk approaches in Australian child safety policy, relational practices involving standardisation and compliance did not dominate the policy landscape in this particular policy analysis.

Where to next?

Phase 2 qualitative interviews and Phase 3 quantitative surveys are critically important as they seek to hear the perspectives of children, young people and staff currently in ITC settings, to assess how well these aspirational policy documents translate into practices and conditions in therapeutic residential care within NSW, Australia.



This document provides a brief summary of the findings from Phase 1 of this research project funded by the Australian Research Council (LP210100177) and the Centre for Excellence in Therapeutic Care (CETC), a division of the Australian Childhood Foundation.

The study is being undertaken by an expert team led by Professor Lynne McPherson working with Professor Anne Graham, A/Prof Kathomi Gatwiri, Dr Antonia Canosa, Dr Meaghan Vosz and Dr Kylie Day at the Centre for Children and Young People at Southern Cross University. They are joined by leading international researchers Associate Professor Tim Moore (ACU), Dr Donnah Anderson (Charles Sturt University), Professor Robbie Gilligan (Trinity College, IRL), Dr Joe Tucci & Adjunct Associate Professor Janise Mitchell (Centre for Excellence in Therapeutic Care) and Professor Stuart Barlo (Gnibi College, SCU).



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