

“They just want people in their lives that will be there forever”: A conceptual model of permanency for children and young people in therapeutic residential care[☆]

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ABSTRACT

In Australian child protection systems, permanency outcomes are primarily equated with stability in a child's living and caring arrangements. For some children this will mean restoration to family, but for many others it will involve long-term Out-of-Home Care (OOHC), including with extended family. When viewed through the lens of living and caring arrangements, permanency policies by necessity exclude children and young people in residential care, for whom their caring arrangement is intended to be time-limited – that is – impermanent. However, for some children and young people, residential care is the only ‘permanent’ placement option that is available. Understanding whether and how permanency is considered and operationalised within residential care contexts is therefore an important, but largely absent area of research and policy. This paper describes a conceptual model of permanency for children and young people in therapeutic residential care programs in four Australian states. In-depth interviews and focus groups were conducted with 21 participants from therapeutic residential care providers in New South Wales, Victoria, Queensland and South Australia. Using Reflexive Thematic Analysis, we propose a conceptual model that places a child and young person's sense of connection and belonging at the centre of permanency. This necessitates creating safe, stable environments that foster safe and enduring relationships with unpaid carers and other key people who are meaningful to the child. We discuss the implications of embedding a relational understanding of permanency within therapeutic residential care programs to improve the wellbeing of children and their families.

1. Introduction

All Australian states and territories have emphasised the centrality of permanency when a child enters Out-of-Home Care (OOHC). Most children (81 %) who come into contact with child protection systems in Australia do not enter OOHC. Permanency for them is usually achieved by supporting families to keep their child/ren at home (Australian Institute of Health and Welfare (AIHW), 2023). When a child is placed in

OOHC, 20 % achieve reunification, and an additional 2 % exit OOHC into alternative permanent care arrangements (AIHW, 2023). For approximately 78 % of children in care therefore, ‘permanency’ means long-term OOHC, including residential care.

Residential care in Australia is the least preferred form of OOHC, with family-based approaches being given priority. Across all Australian states and territories in 2023, 33.4 % of children in care were in a foster care placement, while 54.2 % were in a relative/kinship care

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arrangement (AIHW, 2024). This contrasts to only 8.5 % of children living in residential care placements across Australia¹, reflecting the contested nature of this model of care within the OOHC continuum (Ainsworth & Hansen, 2018). Despite accounting for the smallest component of the OOHC population, children in residential care exhibit the most complex needs (McNamara & Wall, 2023). Drawing on longitudinal data from 4,126 children who entered care for the first time in NSW between May 2010 and October 2011, Lau and Hopkins (2023) found that 56 % of children in residential care in 2020 were 10 years old or older at their first entry into care and close to 30 % were First Nations² children. Further, 62 % of children had been diagnosed with a developmental delay, and 80 % showed borderline or clinically significant challenges in their socio-emotional wellbeing as measured through the Child Behaviour Checklist. Contact with the youth justice system was also quite prevalent, with 23 % of children having been arrested and/or attended court for a criminal matter. A smaller, but not insignificant proportion (17 %) had spent time in a juvenile detention centre (Lau & Hopkins, 2023).

The positioning of residential care as the ‘option of last resort’ is in part supported by numerous independent inquiries highlighting significant problems with the way residential care operates (see Commission for Children and Young People, 2019 for a Victorian example). The main issues identified through these inquiries relate to the absence of genuinely therapeutic models of care, an on-going reliance on a contracted, casualised and poorly trained/qualified workforce, an over-reliance on police to manage challenging behaviours, and a lack of safety within residential care environments (Commission for Children and Young People, 2019; McFarlane, 2018; Paterson-Young et al., 2024). National and international research further reinforces the view that residential care is considered traumagenic and criminogenic, resulting in the worst outcomes for children in the OOHC continuum (Águila-Otero et al., 2020). This has resulted in OOHC policies in various Australian jurisdictions specifically *excluding* children in residential care from permanency considerations. While this is consistent with a policy focus that views residential care as a time-limited and ideally intensive intervention to assist children to ‘step-down’ to less restrictive and more stable placement options (see for example, Departments of Communities and Justice (DCJ), 2024), it also reflects a narrow conceptualisation of what permanency can mean, and how it can be achieved when restoration, living with extended family, long-term foster care, or adoption are not viable options.

There is a substantial body of literature identifying that permanency is a multifaceted concept, comprised of at least three primary elements – legal, physical/ placement, and relational permanency (see for example, Burge, 2020; Moran et al., 2020). In Australian child protection policy, there is also growing recognition of the centrality of cultural permanency (Conley-Wright et al., 2022) particularly for First Nations children. This is in recognition of the ongoing impacts of colonisation that have resulted in the over-policing and consequently over-representation of First Nations people, including children, in Australian carceral systems that include child protection and OOHC (Krakouer, 2023a).

Despite an explicit recognition that permanency for children in OOHC must extend beyond having a permanent and safe place to live (Moran et al., 2020; Walsh, 2015), there remains a reluctance to extend the goal of permanency to children living in residential care settings. This paper extends on existing literature by proposing a conceptual model of permanency that is fundamentally relational and grounded in therapeutic models of care that emphasise holistic, individualised, child

and family centred practice, and that can therefore address the permanency needs of children in residential care.

2. Background

The relevance of alternative conceptualisations of ‘permanency’ in residential care remains under-theorised. This is partly due to the way that permanency is equated with long-term care arrangements that can provide children with safe, stable and nurturing environments (Conley-Wright et al., 2022), which runs counter to an understanding of residential care as a time-limited intervention of last resort (Giraldi et al., 2022; Holmes et al., 2018). This can be seen in the way that child protection policies in most Australian jurisdictions prioritise stability of care arrangements, while simultaneously noting the importance of a multidimensional understanding of permanency. For example, in both NSW and Victoria, official permanency policies focus on achieving a “permanent, safe and loving home” (Permanency Support Program Learning Hub, 2022), and on “enduring care arrangements” (Commission for Children and Young People, 2019, p. 42), equating permanency with the primary goal of a permanent home. The desirability of other aspects of permanency, including cultural and relational are recognised in such policies, but not given primacy. Child protection and OOHC policy therefore reflects the assumption that relational and cultural elements of permanency are either secondary to, or follow logically from, having a safe, stable, and ‘permanent’ place to live. This view is reinforced by research with caregivers and professionals within the child protection system, who tend to place greater importance on the certainty provided by legal and physical permanency, viewing relational permanency through the narrow prism of contact with a child’s family (Freundlich et al., 2006), or the development of cultural support plans for First Nations children (Cripps & Laurens, 2015).

The exclusion of residential care from permanency policies is inconsistent with research showing that for a substantial number of children, residential care is the only viable permanent placement option. For example, Schofield et al.’s (2007) research on the permanency trajectories of ‘long-stay’ children in various UK OOHC placements (including residential care) found that close to 30 % of the children in the residential care group had been in the same residential care placement for two or more years, with five of these children having been in the same placement for six years or more (Schofield et al., 2007). As Schofield et al., (2007, p. 637) state,

The picture of practice emerging from the detailed case histories...is not so much inactivity and drift, but of much activity and plans for permanence which did not work out, largely because of the combinations of disabilities and emotional and behavioural difficulties which made these children both ‘hard to place’ and ‘hard to parent’.

Notwithstanding the self-evident cross-national differences between the UK and Australian contexts, these findings indicate that for some children residential care represents the most stable and long-term care option, and therefore would appear, at a *prima facie* level at least, to equate with a form of permanency. Those dimensions alone, however, do not account for other ways that permanency can be conceptualised and applied within residential care settings. For example, research on children’s experiences of permanency in OOHC reflect themes associated with identity, belonging, connections/ relationships, and physical and psychological safety (Biehal, 2014; Moran et al., 2020). Permanency, therefore, can be viewed as a deeply psychological construct associated with not just representations of family but also ‘home’.

Furthermore, current conceptualisations of permanency fail to account for the way this construct is understood by First Nations Peoples. In Australia, First Nations communities have consistently argued that permanency must be viewed through the lenses of self-determination and the right of First Nations Peoples to care for and raise their children in community (Hermeston, 2023; SNAICC, 2016). In this context, permanency is inextricably linked with a child’s continuity of culture, something that cannot be achieved within colonial child protection and

¹ Australia has six states and two territories, each with individual jurisdiction for child protection an OOHC. As such, there is significant variation across states and territories in the size of the OOHC population.

² We use the term First Nations here to refer to the Aboriginal and Torres Strait Islander traditional custodians of the lands of the continent known as Australia.

OOHC systems (Krakouer, 2023b).

Despite efforts to broaden definitions of permanency to include relational and cultural elements, there is little evidence that child protection policy or practice across Australia places sufficient emphasis on these elements. This can be seen in permanency data collected by the Australian Institute of Health and Welfare (AIHW, 2023) which focusses exclusively on legal (i.e., the number of children placed on third-party parental responsibility orders) and physical elements of permanency (i.e., the number of children who have been reunified, and stability of care arrangements). In current data collection frameworks, relational elements of permanency are only measured indirectly and only for First Nations via a focus on whether First Nations children in OOHC are living with relatives or kin (AIHW, 2023). Moreover, despite a growing emphasis on the importance of child protection systems ensuring First Nations children remain culturally connected, there is evidence that this form of permanency is also not being prioritised. As the most recent data shows, less than half (47.6 %) of First Nations children in care in NSW in 2021 were living with First Nations relatives or kin, or with other First Nations carers. In Victoria, the proportion was even lower at only 40.9 % (AIHW, 2023). These data show that a policy commitment to broadening the conceptualisation of permanency to include relationships and cultural connection is not sufficient to bring about meaningful change in the way permanency is defined. This has significant implications for children in residential care, who are excluded from permanency considerations simply by virtue of being in residential care.

Despite the significant challenges associated with residential care systems, it is important to acknowledge that considerable heterogeneity exists in the way it operates in practice (Holmes et al., 2018). In the Australian context, the distinction between ‘standard’ and therapeutic models of residential care is a notable contributor to this heterogeneity³. In most states and territories, therapeutic models are the exception, with only a limited number of placements available for the most vulnerable children in the system (National Therapeutic Residential Care Alliance, 2023). Further, the core distinctions between standard and therapeutic models of residential care tend to be limited to the latter being supported by increased funding for a part-time therapeutic specialist, and higher staff to client ratios. As such, therapeutic models in the Australian residential care system often lack a coherent or clearly articulated conceptual framework to guide the development, implementation, or delivery of therapeutic residential care (Ainsworth & Bath, 2023).

However, there is an emerging body of literature highlighting that under the right conditions and with the appropriate funding, therapeutic residential care has the potential to improve children’s outcomes (Kor & McNamara, 2020). For children and young people experiencing long stays in residential care, that placement must take on the role of a ‘home’ in their lives. This necessitates the development of therapeutic environments that promote safety, stability and the development of healthy and enduring relationships through provision of targeted, specialist services that are based on in-depth individualised assessments of children’s need. It also requires an explicit commitment to holistic and family-inclusive practices, in recognition that families also carry significant trauma and that children’s wellbeing is often inextricably linked with the wellbeing of their family (Geurts et al., 2012; Whittaker et al., 2016). Therapeutic residential care, therefore, represents a model that can support alternative conceptualisations of permanency grounded in relationality.

³ This is further complicated by the blurring of concepts associated with therapeutic residential care. In NSW for example, the entire residential care program is referred to as *Intensive Therapeutic Care* with little publicly available information about how different organisations are interpreting the core elements of therapeutic residential care. A comparable situation is unfolding in Victoria, where the government has committed to ensuring that all residential care is classified as therapeutic.

2.1. Rationale

Ensuring that children and young people in OOHC are provided with stable, consistent, safe, and nurturing caring environments is fundamentally important. In Australian child protection policy and practice, this has resulted in permanency becoming one of the paramount considerations when determining children’s best interests (see for example, the Section 10.3 of the Children, Youth and Families Act, 2005 [Vic]). However, for children in residential care permanency cannot be equated with stability or continuity of care arrangements and therefore alternative conceptualisations of permanency should be explored.

A conceptualisation of permanency that draws specifically on the principles of therapeutic residential care appears most likely to achieve the best outcomes for this highly traumatised group of OOHC children and young people. The core tenets of therapeutic residential care would appear to provide the necessary scaffolding for developing a conceptualisation of permanency that prioritises the development of enduring connections, family inclusivity and children’s sense of belonging.

The potential for capitalising on the therapeutic residential care milieu as a context well placed to promote permanency has for too long been under-acknowledged and under-investigated. It seemed critical then, that permanency as a concept and the achievement of positive permanency outcomes for vulnerable children in residential care, be explored with experienced practitioners. It was anticipated by the research team and their industry partners that such an investigation had the potential to platform the development of an evidence-based conceptual model of permanency, specifically tailored for children growing up in therapeutic residential care.

2.2. Aim

The aim of this project was to explore how practitioners managing and working within therapeutic residential care programs understand the concept of permanency, and the factors that they consider need to be addressed to support permanency for children in residential care.

3. Method and analysis

3.1. Participants

Twenty-one participants across three service providers operating in four Australian states (Victoria, NSW, Queensland, and South Australia)

Table 1
Participant characteristics.

Participant code	Role and jurisdiction
Participant #1	Director – NSW
Participant #2	Director – NSW
Participant #3	Director – Victoria
Participant #4	External researcher – Victoria
Participant #5	Researcher – NSW
Participant #6	Disability specialist – NSW
Participant #7	Therapeutic specialist – NSW
Participant #8	House manager – NSW
Participant #9	Family search and engagement – NSW and Victoria
Participant #10	Family search and engagement – NSW and Victoria
Participant #11	Therapeutic specialist – NSW
Participant #12	Therapeutic specialist – Victoria
Participant #13	Psychologist – NSW
Participant #14	Senior Manager – Victoria
Participant #15	Director – Queensland and South Australia
Participant #16	Senior Manager – South Australia
Participant #17	Senior Manager – national
Participant #18	Director – NSW
Participant #19	Therapeutic Specialist – NSW
Participant #20	Cultural Therapeutic Specialist – NSW
Participant #21	Therapeutic Specialist – NSW

took part in this study (see Table 1). Participants self-selected into the study based on their experience and knowledge of the provision of therapeutic residential care across Australian jurisdictions. Most participants were involved in service delivery, and represented different levels of seniority, from executive managers to house coordinators. Two participants were experienced researchers in child and family welfare. Both participants also have significant practice experience.

3.2. Procedure/ data collection

The agency which initiated the project provided relevant staff with a Plain Language Statement and a Release of Information form that included the first author's contact details. Staff who wished to participate in the project were invited to contact the first author directly. The three other agencies which participated in this study were individually approached by the first author who introduced the study and invited a senior representative from each agency to contact the researcher if they were interested in participating. Each participant was provided with a Plain Language Statement and Consent Form prior to their interview.

Participants were given the option of individual or group interviews. In total, five focus groups and four individual interviews were undertaken. Interviews followed a semi-structured format and explored: 1) stakeholders' understanding of the concept of permanency, including what permanency means in the context of residential care and how it can be achieved or demonstrated and 2) *how* staff work towards permanency for children in residential care. Interviews were kept flexible to enable staff to explore definitions and conceptualisations of permanency, and to link those conceptualisations to their practice.

All interviews were conducted online via Microsoft Teams or Zoom and were recorded for transcription with participants' consent. Interviews lasted between 23 and 90 min. Audio recordings were imported to a secure, online transcription system (Otter.ai) and reviewed for accuracy. Interview transcripts were then imported to QSR NVivo (Release 1.6.1). All interview transcripts were de-identified prior to analysis. The project received ethics approval from the Monash University Human Research Ethics Committee (Project ID 31083).

3.3. Analysis

Data was inductively analysed using Braun and Clarke's (2022) Reflexive Thematic Analysis, which included a deep reading of all transcripts prior to coding. Coding proceeded over multiple, iterative steps, to identify the latent constructs that define permanency for children in residential care according to agency and program staff. To ensure that the latent constructs were an accurate reflection of participants' experiences, themes were checked against interview transcripts. As the analysis progressed towards greater abstraction of themes, the first author – who was also the lead researcher – relied on memos to ensure that a) latent themes accurately reflected the data, and b) biases, and assumptions were made explicit and that data contradicting or countering these biases was included in the analysis. Preliminary themes were shared with the project Reference Group for feedback. The analysis resulted in the development of a conceptual model of permanency in residential care, that is comprised of four main elements: *A place to grow, individualised responses, promoting connections and belonging through relationships, and supporting children's agency, self-worth and empowerment.*

3.4. Findings

The findings described in this section do not address *how* practitioners implement strategies or processes to improve permanency for children in residential care – rather, the focus is on the way that permanency is conceptualised within a context where permanency is not considered a viable outcome. Our findings are organised around the elements that program and agency staff use to define permanency for children in therapeutic residential care programs.

3.4.1. 'A place to grow'

For a child or young person to have 'a place to grow' they need safety and stability. Participants spoke of stability as multifaceted and influenced by a range of factors often outside of their control. Lack of consistency in staffing combined with multiple placement breakdowns were seen to erode staff and young people's capacity to effectively work towards permanency. As one participant noted "*every placement is trauma. Every placement is grief and loss*" (Participant #3).

Despite these constraints, participants identified that stability in children's placements and relationships is a foundational component of permanency. It is through stability that children can develop a sense of safety, predictability and where the development of healthy relationships can be promoted.

I think in the context of resi... safety is first and foremost, because they're only in the system because there are some safety aspects [sic] I presume in most cases.... Then beyond safety, there's stability, and having a stable base that you can manage, and that helps with education, relationships, and finance going into adulthood. And then beyond that, it's about wellbeing and being able to be a fully functioning member of society who is able to engage and connect at that level as they exit into independence or adulthood (Participant #17)

For many participants, emotional and relational safety were considered crucial to an understanding of permanency.

Given a lot of the young people's backgrounds and history, I think nurturing their emotional safety [is important] too. Ensuring that they feel comfortable and safe enough to be able to express their emotions. I think that's probably the second most important [thing] to provide them with; an environment where they feel safe to let out their emotions (Participant #19)

Stability was also perceived by participants as a pre-requisite condition to enable "*higher growth needs to be addressed in their lives*" (Participant #5).

By any definition, our kids in residential care are less stable for a whole number of reasons... So, I think that's absolutely one of the key barriers. No one knows how long they're going to be there. Where are they going to go? Are they going to go from placement to placement, from worker to worker, all this is not allowing the higher growth needs to be addressed in their lives – like belonging for instance (Participant #5).

Ensuring that children in residential care can feel safe and have at least a degree of certainty about their lives and their futures would appear to require a commitment to understanding the individualised needs of each child/young person. Participants in this study argued that it also requires a commitment to providing individualised and flexible responses. As discussed in the next section such responses must be able to adapt to children/ young people's needs as they change over the time.

3.4.2. Individual responses to individual children

Participants noted that 'permanency' in residential care must be grounded in flexibility and an understanding of children's unique needs. As such, they argued that a conceptualisation of permanency that can be applied within residential care programs must be able to:

- Accommodate different developmental needs.
- Reflect a strong understanding of the impacts of trauma and its developmental disruptions.
- Be defined by the child or young person, consistent with their life histories, trajectories, needs and desires.
- Reject rigid definitions, focusing instead on the multiple, individualised pathways that can lead to a sense of permanency as defined by a child or young person.

The flexible conceptualisation of permanency suggested incorporates

an understanding that permanency is not only context dependent, but also shifts over time, as highlighted in the following quote:

A sense of permanency is quite an abstract thing. What helps me have a sense of permanency might change over time and might also differ from everyone in this room. And if I were to extrapolate from my own experiences, when I've been in states of transience, or difficulty, relational permanence has got me through, closely followed by that sense of physical permanence. But then that physical permanence is also graded as well in how permanent it is. But even if it's a bit permanent, it's better than what it might have been before (Participant #13).

Participants emphasised that a truly individualised understanding of permanency must be grounded in what matters to young people – what they perceive contributes to a genuine and meaningful sense of permanency *for them*. From the perspective of service providers, children in residential care ultimately define what permanency means to them. The onus is then on the service provider to ensure that the child is adequately equipped to navigate and manage their own version of permanency.

I think what we need to take into consideration when children become adolescents is their sense of agency and sense of self determination, and that we simply can't apply the same approach to permanency as we might apply with a younger child. And bringing their voice into what that looks like for them. And I think we should really be allowing young people to define what that looks like for them and hearing their voice in that conversation. And also, the voices of significant people in their life. (Participant #16)

For participants in this study, the foundations of permanency for children in residential care were safety and stability, but these foundations needed to be adapted to suit the individualised needs of each child. Permanency, therefore, was viewed as something fluid, rather than the more static approach inherent in much policy discussions of permanency outcomes. However, at the centre of practitioners' conceptualisation of permanency was the importance of relationships, connections and a child's sense of belonging.

3.4.3. 'If you belong, you grow': The intrinsic value of relationships and connections for permanency

A child's sense of belonging is generally considered to be the defining feature of permanency in the context of therapeutic residential care. Practitioners conceptualised belonging as entailing two interrelated elements: feeling cared for and valued, and feeling a sense of fit with family, community and/or peers. The importance of a sense of belonging for children in residential care was powerfully articulated by multiple participants, as exemplified in the following:

If you look at the Circle of Courage⁴ [and those universal needs] – belonging, mastery, independence, and generosity, it all starts with belonging. You don't start with mastery. But if you belong, you grow. And if you don't belong, you can't grow. (Participant #1)

Given that children in residential care often report feeling rejected and abandoned by family and within the system (Biehal, 2014; Edwards et al., 2023; Woodall et al., 2023), supporting these children to feel that they belong somewhere and are consistently supported by strong, enduring relationships with 'significant others' was viewed by participants as central to assisting them in building a sense of permanency.

I think the other part of permanency for me is that which fundamentally every child needs, regardless of whether (they are) in care or not, is at least one single person – who's generally an adult or a person who has sort of reached close to adult age – who gives a shit about them unconditionally, unrelentingly and is there for them when the world collapses. (Participant #17)

Closely related to a child's sense of being cared for and valued was a perception that a child's understanding of where they 'fit' was an important component of belonging. In this context, 'fitting' was directly linked to an understanding of a child's history, and their place within their family, community, and cultures.

Children don't just pop out of the sky and jump into care. They've had a whole life and a whole network and a whole family of people around them prior to us being here. So, when we think about permanency, it needs to be from the people who can provide that long term. And that's not us, as paid service providers. (Participant #10)

It also reflected awareness of the developmental imperatives that influence the way belonging is experienced at different life points:

[Adolescents will] talk about connections. They'd talk about identity. Maybe they won't talk so much about identity, but I think they'd feel 'who are my peers? Who do I feel the same as? Who accepts me as I am?' (Participant #5)

Relationships, connections and connectedness were viewed as not only central for children's adjustment to and outcomes from residential care, but importantly for this project, as key mechanisms that facilitate belonging as the core element of permanency. For many participants, non-contingent, healthy and long-term relations, or 'free and forever' connections were particularly important:

It's such a valuable thing for those young people to feel like someone actually wants them. Coming back to that term, for free and forever, it's not a paid worker, it's actually someone who says, 'No. I want to do this. I care about you. And maybe you can't live with me, but I want to stay involved'. (Participant #18)

The presence of genuine, trusting, and healthy relationships with people who will be in the child's life for 'free and forever' requires that a child be supported to develop meaningful *connections*. The idea of 'free and forever' connections is grounded in Kevin Campbell's Family Finding Model (Campbell & Borgeson, 2016) and becomes a powerful framework from which to ground an understanding of permanency. Connections should occur across multiple domains that are significant to a child/young person, including family, community, and culture. It is through these connections that children can be supported to develop enduring relationships, which in turn, increase their sense of belonging. A connection to family, community and culture therefore necessitates an understanding that a child in care has a history – an identity – that existed before their entry to care. Even for very young children, their family represents who they are and where they have come from, and therefore permanency is about "*understanding that that child or young person does have a family and it's who they are. It defines them as a person as well*" (Participant #2). As one participant noted:

Our young people, they're taken from mum or dad or whatever environment it might be where they've been so unsafe, but that connection and that love that they feel for them... [The children] love them regardless... no matter what they've been through, they still have that connection. (Participant #19)

However, connections also need to extend beyond the immediate family to a broader community of people that love, value and care for the child or young person (Bruner & O'Neill, 2009). This is particularly important for First Nations children, where Indigenous epistemologies define family through complex kinship systems that are not easily understood within western knowledge systems (Beaufils, 2023). As a First

⁴ The Circle of Courage is a theoretical and conceptual framework for healthy development in adolescence (Brendtro & Mitchell, 2015). It is grounded in Native American conceptualisations of children rearing practices, child development and healthy communities, with a focus on strengthening the capacity of adults (and communities) to create nurturing environments where children and young people can achieve the fundamental needs of belonging, independence, mastery, and generosity.

Nations participant indicated, permanency for First Nations children is about knowing, feeling, and having connection and belonging to family, First Nations ancestry and to Country.

They're always in the middle of (their family) and the people around them...but around that circle is their family, brothers, sisters, mum, and dad, then outside that, next circle is extended family, cousins, grandparents, community members. Then outside that outer circle, is [sic] the sports, community, the schools. That's the permanency visualised for me.

Despite a broad consensus of the importance of 'free and forever' connections there was also a recognition that for some young people in residential care, having a sense of belonging to a service provider/organisation, and feeling cared for and valued by workers, was also important. While acknowledging that family is always the preferred option in building a child's understanding of their identity, history and sense of belonging, for some children in residential care having *someone* whom they believe cares about them, even if that connection is impermanent (such as that with a worker), can be extremely important.

Overarching there is a feeling within the placements that they are wanted, that they are cared for that... there is something. For me, knowing some of these kids' history, sometimes that is permanency, that they feel connected to something..., that they feel that we care about them. (Participant #14)

According to workers and agency staff, permanency for children in residential care is fundamentally relational, reflecting the importance of supporting children to build enduring 'free and forever' connections that will form the basis of meaningful relationships to promote a sense of belonging. The belonging that can be found within networks of people that can provide a child with a sense of identity, and a feeling of being valued and cared for, may in turn promote children's sense of agency, self-worth and empowerment.

3.4.4. Promoting children's agency, self-worth, and empowerment

In conceptualising what permanency means for children and young people in residential care, participants spoke of permanency as being able to provide a basis for children and young people to develop the capacity to manage their relationships and to navigate the world post-care.

I think a measurement of that is the young person's presentation, you know? Do they have self-worth? Are they confident? Do they show that they're able to lean on those connections in times of difficulties or [in times of] significant events for them or times of happiness or things like that. (Participant #19)

As conceptualised by participants in this study, children's sense of empowerment, self-worth and agency are supported *through* the relationships and connections a child has formed that increases their sense of belonging. A child's sense of agency and self-worth are likely to shift over time, depending on where they derive their strongest sense of belonging. This was articulated by one participant, speaking specifically about a First Nations young person whose sense of belonging was grounded in their Country, but also in their peers who were off-Country⁵⁵.

He's made his choices, and he knows who's safe and who's not safe. And he's developed that over going back to Country. And he knows dad's still on the [drugs]. But he knows he's got a safe place at his auntie's house and there's all 20 cousins and whatnot, that he goes

and connects with them. That's his belonging. So, he has that network up there but [he also has] a network down here where he feels safe and heard. (Participant #20).

4. Discussion

The ideal of ensuring that children are provided with safe, nurturing, and stable caring environments in a timely manner is uncontroversial, particularly when families are adequately supported to care for their children. However, Australian child protection policies continue to prioritise permanency through *placements*, which effectively excludes children in residential care which is, by definition, a time-limited and intensive intervention to assist children to 'step-down' into less intensive (and presumably more permanent) placement options (Ainsworth & Bath, 2023; Conley-Wright et al., 2022). The conceptual Model proposed here (see Fig. 1), proposes an alternative conceptualisation of permanency that is fundamentally relational. This is distinct from a *broadening* of permanency to accommodate relational elements. Instead, our model proposes that for permanency – as an aim of child protection policy and practice – to be genuinely inclusive of all children in care, necessitates a fundamental reconceptualization that shifts the focus from placements to relationships. This would enable the concept of permanency to be extended to children in residential care.

While there is a large body of literature identifying the importance of relational permanency (see for example, Boel-Studt & Landsman, 2017; Pérez, 2017), this Model departs from extant literature in arguing that *permanency* itself should be understood as a relational concept. That is, rather than viewing relational permanency as one component of a multidimensional construct, findings from this study suggest that the basis of permanency is in relationships that promote children's sense of belonging, and their connection to the people, places and cultures that further enhance their sense of belonging. The current focus on long-term, stable 'permanent homes' and care arrangements once reunification is no longer a viable option is clearly important. However, this does not adequately capture the centrality of children's relationships with family and significant others. The latter is consistent with research showing that for children in long-term care, ongoing relationships with their family and other significant people in their lives remains a key element of their understanding and lived experience of permanency (Biehal, 2014; Cushing et al., 2014; McNamara, 2020; McNamara & Hurley, 2020; Moran et al., 2020). Further, enduring relationships with birth family and/or a parenting figure have been found to be protective for young adults with a history of OOHC (Cushing et al., 2014). Conversely, the absence of these relationships has been linked to increased risk of substance use, poor mental health, and a higher level of engagement with the criminal legal system. The protective nature of enduring relationships with family and/or parenting figures is seen in young adults' sense of belonging and their perceptions of care and support from family and/or parenting figures. It is these relationships, more so than legal permanency, which appears to support improved post-care outcomes (Cushings et al., 2014).

Reconceptualising permanency as a fundamentally relational construct is also consistent with meta-theories of human need, particularly Self-Determination Theory (Deci & Ryan, 2000) and the sub-theory of Basic Psychological Needs (BPNT, Ryan & Deci, 2000). Under the BPNT, relatedness is one of three fundamental human needs that when met, predict a person's overall sense of wellbeing, but when thwarted or frustrated, can lead to a range of negative well-being indicators, including mental health challenges and externalising behaviours (Ryan & Deci, 2000). Under the BPNT, relatedness "denotes the experience of warmth, bonding, and care, and is satisfied by connecting to and feeling significant to others. Relatedness frustration comes with a sense of social alienation, exclusion and loneliness" (Vansteenkiste et al., 2020, pg. 3). Relatedness and belonging are inextricably linked, reflecting "strong needs that are basic, nonderivative and, growth promoting" (Ryan &

⁵⁵ First Nations people in Australia belong to various Nations that are defined by unique languages, cultures, law and lore, and kinship networks that are fundamentally grounded in the land to which a Nation belongs (Salmon et al., 2019).

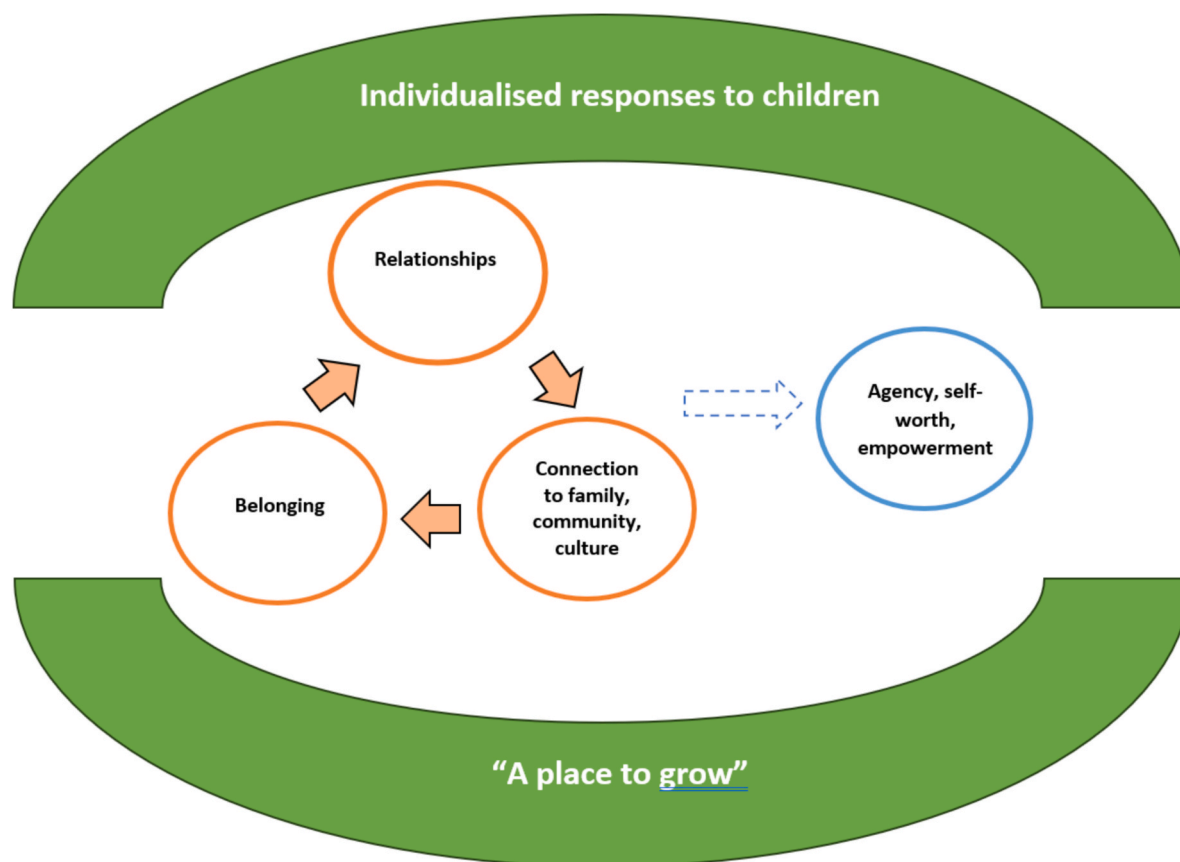


Fig. 1. Conceptual model of permanency in residential care.

Deci, 2000, pg. 322). A person's sense of belonging can be compromised in needs-thwarting contexts, including interpersonal relationships and/or environments characterised by high levels of control, neglect and chaos (Ryan & Deci, 2000; Vansteenkiste et al., 2020). In this context, properly resourced and consistently applied models of therapeutic residential care become central to a reconceptualization of permanency.

Defining permanency as an inherently relational construct may help to address children's experiences of loneliness, isolation, and lack of autonomy (Côté & Clément, 2022; Edwards et al., 2023). Our permanency model is centred on the mutually reinforcing role of belonging, relationships, and connection (see Fig. 1). Belonging is recognised as a fundamental human need with deep evolutionary foundations (Allen et al., 2022; Baumeister & Leary, 1995). The need to belong is implicated in human behaviour, affect, cognition, mental and physical well-being, learning, communication, and the continuation of knowledge through culture (see for example, Allen et al., 2022). There is now a large body of literature showing that a thwarted sense of belonging is associated with a range of negative outcomes across multiple life domains (see for example, Allen et al., 2021). In the context of OOHC, children's sense of belonging has been found to mediate wellbeing and psychological distress in emerging adulthood (Corrales et al., 2016), but to also embody complex tensions and contradictions associated with disenfranchised grief, ambiguous loss, and loyalty conflict (Biehal, 2014). For example, Biehal (2014) found that children's sense of belonging in long-term foster care was linked to their feeling valued and loved within a family environment. For some children belonging was qualified or provisional, where they did not perceive that they had a long-term 'family' with their foster carers but also felt abandoned and rejected by their biological family. Relationships and relatedness were therefore inextricably linked with these children's understanding of belonging (Biehal, 2014).

Recently, Côté and Clément (2022) argued that children in

residential care could be differentiated based on their level of affective and physical anchorage, reflecting their connection to a key worker and a connection to their residential placement. Examining the way that children understand the concept of love and being loved, particularly in relationships with key workers, Côté and Clément (2022) found that 85 % of the 22 children in their study had no affective anchorage, meaning that they could not identify an adult who they perceived could provide them with love, support and nurturance. For some of these children, love was equated with betrayal and pain (Côté & Clément, 2022). In contrast, children who were high on both physical and affective anchorage had experienced stability and consistency in their placement and key worker, had ongoing contact with their family, felt safe and secure in their physical environment, and felt that their key workers cared for and valued them. This is consistent with our model of permanency, which emphasises the conditions that are needed for both physical and affective 'anchorage' – namely, safe and stable living arrangements with consistent workers who value and care for a child or young person, and who work to promote ongoing and meaningful relationships between the child and their family.

Understanding permanency as a relational construct that prioritises strengthening children's sense of belonging through enduring relationships is particularly important in the Australian context, where First Nations children continue to be removed from family, community, and culture at alarming rates (SNAICC, 2024). For these children, permanency is inextricably linked to their connection to culture, which can only occur when they are with family (Krakouer et al., 2018). Current child protection policies and practices often emphasise cultural support plans as a central pillar of permanency practices. However, too frequently the development of cultural support plans is under-resourced, resulting in static documents that are inadequate, inaccurate, or not implemented. As Australian First Nations scholars have argued, tokenistic adherence to the Aboriginal and Torres Strait Islander Child

Placement Principles (Beaufils, 2023; Hermeston, 2023) fail to adequately address the inherent *disconnection* that is built into removal policies and practices (Krakouer, 2023b). Emphasising the relationality inherent in permanency is more consistent with First Nations' epistemologies that focus on connections, relationality, reciprocity, and cultural responsibilities (see for example Davis, 2019).

As shown in Fig. 1, our conceptualisation of permanency as a relational construct is premised on children feeling safe and having a sense of stability. Safety in our model includes physical, emotional, cultural, and spiritual safety, and stability extends to having stable relationships *within* and beyond the care environment. Under the model proposed here, permanency is also supported through an individualised assessment of children's needs that incorporates an understanding of developmental imperatives. These assessments can include psychological and behavioural indices, but should also include assessments to support family finding, engagement and connection.

This approach to permanency is consistent with the broadly accepted principles of *therapeutic* residential care (Whittaker et al., 2016). These principles not only emphasise the importance of children's experiences of safety – physical, emotional, and psychological – but also the importance of supporting children *and their families* through restorative practices and programs that can support healing. Respecting the role of a child's family and supporting the development and/or maintenance of strong, enduring relationships between a child and their family is a central element of high quality, therapeutic models of care that can contribute to improved outcomes (McIlwaine et al., 2020). Research on family finding, engagement and connection programs for example, supports the contention that the foundations of permanency are inherently relational. Boel-Studt and Landsman's (2017) evaluation of an intensive family finding program with children in residential care found that the likelihood of achieving relational permanency outcomes was the same for children in residential care who had participated in the family finding program as OOH children who had never been in residential care, regardless of whether they received family finding support. The opposite was true for physical permanency, whereby having a history of residential care significantly decreased the odds of achieving physical permanency outcomes, regardless of whether intensive family finding had occurred (Boel-Studt & Landsman, 2017). A review of children's case files highlighted the importance of understanding permanency as *relational* over prioritising 'permanent' places. As Boel-Studt and Landsman (2017, pg. 206) state.

[...] our results... compel us to question traditional conceptualizations of permanency based on legal status or physical placement rather than emotional connectedness or a holistic view of child well-being... In some situations children with severe and pervasive mental health challenges may best be served with a foundational focus on strengthening emotional connections with family and natural supports, followed by thoughtful and comprehensive planning for physical permanency that avoids traumatic and repeated cycles of placement.

4.1. Limitations

There are some limitations to this study. Firstly, our project was based on a convenience sample of service providers in four Australian states (Victoria, New South Wales, South Australia, and Queensland). All participants had extensive experience in managing, delivering, and implementing therapeutic residential care programs and services. This is significant in the Australian context given the absence of a coherent or consistent approach to the provision of therapeutic residential care (Ainsworth & Bath, 2023). However, as there is substantial jurisdictional variability in the OOH sector across Australian states and territories, and given that that our sample is relatively small, we make no claims that our findings are representative of all residential care service providers in these states.

Secondly, while significant attempts were made to gain care-experienced young people's perspectives of permanency in residential care, only four young people agreed to participate. Given the very small sample size, and concerns about the young people's privacy, the decision was made to exclude their data from the development of this model. The young people's perspectives were, however, included in a large report that was made available to funders of the project. This means that the model presented here has been developed exclusively from the perspectives and experiences of service providers and does not represent the views of care-experienced young people. Similarly, the model does not account for First Nations knowledges and belief systems. While First Nations people participated in interviews, the project was not Indigenous-led nor did it attempt to understand permanency from a First Nations perspective.

Finally, this paper presents a *conceptual* model of permanency, rather than *how* practitioners implement the different elements of the model. While this may be viewed as a limitation, it was not the aim of this study to explore the practice that underpins permanency work in therapeutic residential care across Australian states and territories. Rather, the aim was to understand how the concept of permanency can be applied to a cohort of children who are currently excluded from permanency policies and practices.

4.2. Implications

There are three key implications from this project. First, as a concept, permanency is important for all children in care, regardless of their legal status or long-term care arrangements. The priority for all child protection systems should be on supporting families to care for their children. Where this is genuinely not possible, permanency needs to be understood as more than a long-term home or a permanent care arrangement. Understanding permanency as a relational construct emphasises that *relationships* should be centred in all child protection and OOH practice, with a specific focus on those 'free and forever' relationships that will support children regardless of their physical and/or legal permanency outcome. This is important for all children in care, as it places a child's sense of belonging and their understanding of 'home' and 'family' at the centre of permanency policies and practices.

Second, while the push for permanency is understandable, in some Australian jurisdictions it also comes with the risk that children's connection with their families will be significantly curtailed to 'prepare' them for the transition to their 'permanent' home (Conley-Wright et al., 2022). This reflects a narrow view of permanency that positions relationships as by-products of stable care arrangements. It also underacknowledges the reality that 'permanent' placements can breakdown, particularly as children enter adolescence (see for example, Schofield et al., 2017). Reconceptualising permanency as a relational concept where a child's relationships with and connection to their natural supports are prioritised, may result in improved wellbeing for children, families, and carers, thereby contributing to an improved sense of belonging for children, and a decreased sense of grief and loss.

Finally, implementing a relational conceptualisation of permanency necessitates significant shifts in practice, both within child protection and the OOH sector. Therapeutic models of residential care are aligned with the view that permanency is fundamentally relational, as these models emphasise the importance of providing safe environments to build and maintain networks of healthy relationships to support children in and post-care (Whittaker et al., 2022). While there remain significant challenges to the implementation of therapeutic residential care as the *standard* model for all children, these models hold the greatest potential for increasing children's sense of safety, stability and ultimately, permanence.

5. Conclusions

Children in residential care have typically experienced multiple

relational losses throughout their life which can influence how they understand and internalise ‘permanency’ within a context that is often far removed from a ‘family-like’ environment. As practitioners and service providers noted in this study, permanency can and should be applied to children in residential care, but this can only be done when permanency is reconceptualised as an inherently relational construct that is grounded in connections and belonging. When viewed in this way, ‘permanency’ within the OOH sector can meaningfully apply to children in residential care. This necessitates a commitment to therapeutic models of residential care that can support safety and stability as the foundations from which permanency – as a relational construct – can be facilitated.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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Legislation

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