Residential care – Can we do better

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In the 1970’s and 1980’s Australia reduced or closed entirely their residential houses with the aim of children being placed in family based care.

International data suggests that Australia deinstitutionalised at a faster rate than many comparable western countries (Bath 2008).

Moving towards a system that was based on providing every child with a family was seen to be the best way to ensure stability, security and a attachment figure for a child.
In recent years Foster care has been seen as the more preferable option as it can offer better quality of care.

Barber & Gilbertson (2001) noted that outcomes for foster care & residential care, in terms of health & wellbeing were broadly comparable.

Bath (1998) stated that residential options may be a more realistic alternative for children who exhibit major emotional or behavioural issues.
Residential models

There are a number of different residential models which are discussed in the literature.

- Residential Treatment model
- Family group models;
- Therapeutic model – based on Trauma informed practice
- Sanctuary Model®
- Residential Farm model
Residential Treatment Centres

- Residential Treatment centres are therapeutic in their intent however often have a strong mental health focus
- Interventions are based on individual & group programming (Hillan 2005)
- They offer short term intensive supports for children & young people (DoCS NSW)
- Aimed at bringing about behavioural & attitudinal change (DoCS NSW)
Family Group Models

- Small group houses which house smaller groups of young people
- Children and young people in these service often have less intense needs
- Generally do not offer in house services, but link into community
Therapeutic Residential Care

- Often based on a trauma informed theoretical framework
- Interactions with children are intentional
- Staff are supported to ensure day to day events are therapeutic
- Environment supports the child's needs
- Staff are well trained and supported by a team who have specialist knowledge
Sanctuary model®

- US model that is being adapted worldwide as an approach to therapeutic care
- The Sanctuary Model® is a trauma informed method for creating or changing an organisational culture.
- Not a specific intervention – but a full systems approach focussed on helping people deal with recovery from trauma.
Rural residential

- Two models in Victoria
  - Typo Station – rural Victoria
    - Outdoor recreational
    - Narrative Therapy approach
  - Hurstbridge Farm short term therapeutic residential
    - Has a defined theoretical approach
    - supported by organisational structures
    - Hurstbridge farm also has an educational facility
Key Features of a healing model

- Congruent with organisational values
- Grounded in theory
- Staff trained
- Ongoing training – ongoing regular supports
- Specialist supports – therapists who work
- Specialised comprehensive assessment of the child
- Promote resilience
- Care team Approach
- Develop individual therapeutic approach for every child
Challenges

- Anglin’s (Hillan 2005) study of group care residences in Canada, reveals the competing claims of different aspects of the organisation of a residential care facility.

- He describes this struggle taking place through three psychosocial processes:
  - the need to create an ‘extra familial’ home which is not a family home;
  - the challenge of day to day recognising and responding to ‘pain and pain–based behaviour’;
  - and ‘developing a sense of normality’
Do we need residential services

- Systems that have tried to exist without residential care have failed to provide stability and continuity for children and young people in care. (Hillan 2005)

- Out of home care system needs a variety of responses to meet the different needs of children & young people
What can we do?

- Clear definition of what is meant by “Therapeutic Residential Care”
- Osborn & Bromfield (2007) state there is a need for research into effectiveness of residential care
- In 2010 there was a national conference on Therapeutic Residential services, and unfortunately South Australia was the only state not progressing new models of care
“Residential care cannot be seen as a last resort as this is a grossly unfair message to young people. It indicates that it is their fault they are in care and residential care and does not provide a sense that residential care is a positive option for them, a decision they made in the best interest of their life chances” (Hillan 2005)
References:

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