**Children Australia**
Volume 39 | Number 3 | pp. 169–176 | © The Authors 2014 | doi:10.1017/cha.2014.22

# Healing Complex Trauma through Therapeutic Residential Care: The Lighthouse Foundation Therapeutic Family Model of Care

Pauline J. McLoughlin[1,2] and Rudy Gonzalez[1]
[1] *Lighthouse Institute, Melbourne, Victoria, Australia*
[2] *Centre for Youth Mental Health, University of Melbourne, Australia*

Therapeutic Residential Care (TRC) has attracted increasing interest in Australia, as a specialised out-of-home care option for children with complex needs. Extending beyond the limitations of traditional residential programmes, TRC aims to address the impact of trauma and promote positive development and wellbeing. The Lighthouse Foundation is a not-for-profit organisation based in Melbourne, providing a long-term programme of TRC to young people aged 15 to 22 at intake. The organisation has developed an attachment and trauma-informed therapeutic community approach, embodied in the Therapeutic Family Model of Care. This discussion paper explores how the therapeutic community approach taken by Lighthouse provides a different experience of the cultural 'sites' in which early traumatic experiences occur – including the home environment, experiences of family, and the wider community. In doing so, we propose that an important dimension of TRC is the capacity to challenge traumatic relational blueprints of abuse and neglect. This, in turn, supports children to form and sustain positive and reciprocal relationships, and to live inter-dependently in the community.

■ **Keywords:** trauma-informed care, child development, therapeutic residential care, therapeutic communities, family therapy

## Introduction

Therapeutic Residential Care (TRC) has attracted increasing interest in Australia in recent years, as a specialised out-of-home care option for children with histories of abuse and neglect. Standard residential care programmes have struggled to address the complex needs of this vulnerable group. Research in Australia demonstrates that children in residential care have significantly poorer health and life outcomes, and are at risk of a range of behavioural, relational and psychological issues (Herman, Susser, & Struening, 1994; Mendes, Johnson, & Moslehuddin, 2011; Osborn & Bromfield, 2007; Osborn & Delfabbro, 2006). These children are further disadvantaged by a lack of long-term, appropriate care tailored to their specific needs, exacerbated by shortcomings in funding, resources, staff support and practice standards, as well as a lack of supported transitions from care (Australian Institute of Family Studies (AIFS), 2007; Bromfield & Osborn, 2008; Bromfield, Osborn, Panozzo, & Richardson, 2005; McLean, Price-Robertson, & Robinson, 2011; Ward, Kasinski, Pooley, & Worthington, 2003). Institutional abuse and maltreatment in residential care have also contributed to poor outcomes (Parliament of Australia Senate (PAS), 2004). Unsurprisingly, residential care programmes have attracted a 'culture of reluctance' (McNamara, in press) and are typically viewed as a 'last resort' option (Australian Institute of Health and Welfare (AIHW), 2010; McLean et al., 2011).

Young people with trauma histories need consistent care that is capable of addressing complex trauma and disrupted attachment, and promoting social integration (Bloom, 2005; McLean et al., 2011). By contrast to the acknowledged limitations of traditional residential care programmes, the goal of TRC is to specifically address the impacts of abuse and neglect on the physical, emotional and behavioural development of the child (McLean et al., 2011; Winnicott, 1984). Although diverse in terms of models and implementation, all TRC programmes aim to provide a healing, consistent and supportive environment for children in

ADDRESS FOR CORRESPONDENCE: Rudy Gonzalez, Executive Director, Lighthouse Institute, Victoria, Australia. E-mail: rudyg@lighthouseinstitute.org.au

out-of-home care. They are focused not only on 'stabilising the incipient chaos in some children and families' (Ward et al., 2003, p. 10) but also fostering positive psychosocial development and healthy ways of relating. This bears important similarities with related fields of therapeutic care, such as therapeutic foster care; however, the key difference is that TRC applies this therapeutic approach to the context of a residential (small group home) setting with professional, remunerated live-in carers.

The Lighthouse Foundation is a not-for-profit organisation based in Melbourne, Victoria, which provides a long-term programme of TRC for children and young people aged 15 to 22 at intake. Applying the principles of a 'therapeutic community' the Lighthouse Therapeutic Family Model of Care™ (TFMC) applies empirically supported attachment and trauma-informed care practices, as well as a psycho-ecological model of wellbeing and human development which situates the organisation as a therapeutic environment (Becker-Weidman & Shell, 2005; Bloom, 2003; Bowlby, 1969; Dockar-Drysdale, 1990; McMillan & Chavis, 1986; Perry, 2005, 2006; Prilleltensky & Nelson, 2000; Scharff & Scharff, 1991).

The aim of this discussion paper is to highlight the applications of an attachment and trauma-informed therapeutic program of residential care. Drawing on illustrative accounts and descriptions provided in a recently published book on the TFMC, we propose that an important dimension of TRC is the healthy attachment with live-in carers, and a broader sense of group connectedness in the homes, which supports young people to (re)build a sense of family and belonging. By focusing on this particular dimension of care and describing how it works in practice, we demonstrate how TRC provides a healing experience that challenges the cultural 'sites' in which early traumatic experiences occur. This recognises that abuse and neglect occur within the context of a family, a home, institutions and the wider community, and these contexts need to be addressed as sites of both trauma and recovery (Prilleltensky, 2005). Our discussion is further supported by a body of literature indicating that stability of care, a sense of belonging and 'family', enriching and supportive environments, and consistency of care significantly improve life outcomes and healthy development (Bromfield et al., 2005; Knorth, Harder, Zandberg & Kendrick, 2008; Riggs, Augostinos & Delfabbro, 2009; Schofield, 2002; Schofield & Beek, 2005). This, in turn, supports children to form and sustain positive and reciprocal relationships, and to live interdependently in the community when they transition from care.

## Overview of the TFMC

The TFMC incorporates attachment theory, psychological wellness approaches, trauma-informed organisational practice, and a sound understanding of child development (Barton, Gonzalez, & Tomlinson, 2012). The TFMC works by accommodating young people in residential homes in suburban and regional areas. Each home caters for up to four young people and provides 24-hour, 7 days a week psychosocial support and care, while connecting young people with a day programme that incorporates school, work/training engagements and access to sports/leisure. There are currently ten homes in the programme (with an additional transition-from-care home and a mothers-and-babies' home).

Homes are managed by an experienced, professional live-in primary carer with the assistance of a professional support carer (also live-in). Both primary and support carers are remunerated for their role, and share a 70/30 split of the care in the home, with support carers also working day shifts on the roster. Adding to the circle of care, young people are supported by a small pool of trained respite carers who visit the home on an as-needed basis (when live-in carers are on sick leave or annual leave). Offsite, another layer of care is provided by a team of clinical and community professionals – including psychologists and community care workers, who provide specialist support (ensuring that young people's core needs are being met by their relationships with carers, and that specific health, education, psychological and emotional issues are addressed). Additional detail on these aspects of the programme, including a typical living and learning day, can be found in the book (Barton et al., 2012) and other publications (Gonzalez, Cameron, & Klendo, 2012; Gonzalez, Klendo, & Thorpe, 2013; Gonzalez, Tomlinson, & Klendo, 2012)

On average, each young person stays in the same home for between 18 and 24 months. However, length of stay is guided primarily by an ongoing assessment of the developmental needs of the young person, rather than organisational or funding needs (Barton et al., 2012). This focus on the child's needs is maintained through regular reviews of developmental outcomes and Individual Development Plans for each young person (guided by staff and self-directed assessments of development across eight domains, including social and physical needs, learning, identity, attachment and connectedness, and autonomy/life skills) (Gonzalez & McLoughlin, 2013)[1]. There is also an ongoing process of educating funders and staff about the critical importance of building the programme around the young person's individual level of need and to provide life-long outreach. This enables us to offer consistent, long-term security of care, and to develop a programme tailored for each individual young person, which is fundamentally attachment and trauma-informed.

By focusing on young people aged 15 to 22 at intake, the programme fills a significant need for residential care and support services for vulnerable young people in the transition from care/leaving care age groups (Osborn & Bromfield, 2007). Many young people in the programme

[1] This outcomes assessment process has culminated in the development of a therapeutic assessment tool, which is currently undergoing a formal evaluation.

have been in multiple out-of-home care placements and have experienced, or are at risk of, homelessness. As a result, most come into the programme with histories of complex trauma, a ‘type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts’ (Courtois, 2004, p. 412). This includes experiences of abuse, neglect and/or violence within the caregiver setting, typically beginning in infancy and early childhood (Cook, Blaustein, Spinazzola, & van der Kolk, 2003). Disruptions in young people’s attachment to caregivers often accompany complex trauma (Bowlby, 1988). These experiences have a profound impact on the emotional and relational development of survivors, undermining sense of safety, affect regulation, attachment, trust, belonging and identity (Gonzalez, Klendo, & Thorpe, 2013; Herman, 1997). This vulnerable group of young people is at risk of a range of adverse outcomes, including mental illness, physical health problems, substance abuse, suicide risk and self-harming, long-term unemployment, limited education, life and social skills, anti-social behaviour, and difficulties building and maintaining healthy relationships (Lamont, 2010; Parliament of Australia Senate (PAS), 2004).

## Methodology

This paper draws upon some of the descriptions, accounts and experiences contained in the book *Therapeutic Residential Care for Children and Young People* (Barton et al., 2012), written by key practitioners involved in the programme since its establishment. The descriptions offered by the book are grounded in anecdotal accounts and an explication of the underlying theoretical frameworks informing the practice of the organisation, with a particular focus on the programme approach, the young people the program works with, and reflections on key outcomes. In the book, as in this paper, these are illustrated in part through nuanced personal accounts and narratives from young people and carers who had once been in the programme. All written accounts from young people, some of which are quoted here, were drawn from those with a long-standing connection with the organisation and who were approached by the Director of Care Services to seek their interest in contributing to the book. Many young people in the program had transitioned out of the live-in care programme and had been in outreach for more than 5 years.

Prior to submitting their written accounts, these contributors were provided with clear information on the purpose of the book, and signed a written consent form to approve having their accounts published and reproduced in a range of different media. When asked to provide their accounts, young people involved in the book were prompted with three open questions to guide their stories: what was their experience prior, during and after care? To protect anonymity, the names of young people were changed to pseudonyms, as were the names of carers. As such, the reflections contained in this paper are reflective and nuanced, but are not based on a formalised evaluation or substantive case-study design. At the present time of writing, however, we are anticipating the roll-out of a formalised longitudinal programme of evaluation with university partnership. This will generate baseline and longitudinal data that will be a basis for future reflection and analysis of the programme outcomes.

## Therapeutic Parenting: The Importance of Healthy Attachment

A key touchstone of TRC is its focus on addressing the multiple layers through which trauma and disrupted attachment have occurred. In responding to the complex care needs of young people in the programme, the TFMC operationalises a therapeutic community, emphasising the healing potential of the organisation and community as a whole (Bloom, 2003; Ward et al., 2003; Whitwell, 1998). This approach recognises that trauma recovery takes place in a broader social context, embedded in multiple sites – including ‘family’, ‘home’, ‘institutions’ and ‘community’ (Bloom, 2003, p. 3). It also focuses the organisational, therapeutic task on promoting wellbeing ecologically, by addressing the totality of a young person’s ‘personal, relational, and collective needs and aspirations’ (Prilleltensky, 2005, p. 54).

In achieving this, one of the core elements of the programme is for young people to build positive and supportive attachment relationships with a primary carer, which support recovery from trauma and positive development across multiple dimensions (Barton et al., 2012). The young people at Lighthouse have typically lived through a profound lack of safety, nurture and consistency of care in the family setting. These pre-care experiences of family life are often compounded by significantly disruptive, distressing and alienating experiences of out-of-home care systems. As Colleen’s story shows:

> “My time in care was brief but substantial enough to leave an impression. Yes I was safe now from physical, sexual and emotional abuse, but I was constantly moved from house to house . . . Foster care to Residential care, to Hospital, to Secure Welfare, I even stayed with some of my extended family for a stint, but this just led to more abuse.” (Barton et al., 2012, p. 72)

As a result of these disrupted care experiences, young people have often developed a lack of trust or safety in their relationships with significant others, as well as being denied the resources necessary to develop coping and living skills. For these young people it is important that the care environment provides ‘opportunities to experience attachment relationships which offer consistency, nurture and predictability’ (Tucci, Mitchell, & Goddard, 2010, p. 5). In traditional residential care programmes, it can be a challenge to achieve this. For young people to build a sense of family and belonging there needs to be a strong element of placement security. This requires one-on-one relationships with attuned,

empathetic carers and other young people in the residential setting. It also requires long-term consistent care, which creates a supportive physical and emotional 'holding space' (Scharff & Scharff, 1991, p. 156). As Hannon, Wood and Bazalgette (2010) point out with their research:

> Several of the children we spoke to who had experienced placements in residential care explained that they found the changes in staff destabilising and that it was more difficult to form attachments than in foster families. The children who described positive experiences of residential care attributed this to the close relationships they had been able to form with staff: "some of them treated me like their own" or with other children: "My children's home was good and me and the kids there got really attached together and none of us wanted to separate anymore because we were all we knew and that's what we thought was family". (p. 86)

Through a long-term model of care, Lighthouse supports each young person to create a different relational blueprint from the traumatic and confusing family relationships they may have experienced. This begins with the one-on-one primary attachment relationship between the young person and their live-in primary carer. This relationship is supported by a secondary live-in (support) carer. Together, these carers live in the home on a continuous basis, and act as 'therapeutic parents', by role modelling a consistent, positive and trusting relationship with each young person in their care (Barton et al., 2012; Bowlby, 1988; Pughe & Philpot, 2007; Winnicott, 1984).

Out of this primary attachment relationship, the programme aims to provide a supportive family environment for young people in the homes, enabling young people and their carers to spend time together daily, sharing meals and routines. These shared "rituals of family life" (Riggs et al., 2009) provide a sense of security and predictability, as well as vital emotional and practical supports. This is crucial given that many of the young people in the programme "have missed out on many of the basic experiences of childhood that we take for granted, like being put to bed and woken up by the same person. When the child comes home at the end of the day, he knows who is going to greet him" (Barton et al., 2012, p. 82).

In addition to living with young people in the home on a daily basis, primary carers spend allocated weekly one-on-one quality time with each young person they care for, focusing on their developing relationship and what they enjoy doing together. As Carol's account highlights below, this experience of sustained and consistent individual time with young people, where the carer can build rapport and develop a sense of safety, is essential in building trust and enabling the young person to draw on emotional resources:

> "Over my 5 years of living with Lighthouse, I not only had the time and space to grow up but I also had the love and support I needed to deal with my past experiences. It is amazing what comes up when you are finally in a safe environment . . . On many occasions at the beginning I just sat with disbelief; 'these people actually cared about me'. They showed interest in my schooling, asked what I would like for dinner, wanted to take me to appointments and help me with homework. I would have a bad day at school and they would try to cheer me up. I would have a flashback and they would sit with me for hours. They wanted to spend time with us. Yes, they had a wage, but trust me, it wasn't what they came or stayed for. I would cry with pain and they would sit with me, hug me, and sometimes even cry with me until I fell asleep . . . I formed many different relationships at Lighthouse. These relationships then helped me gain independence." (Barton et al., 2012, p. 84)

In turn, carers provide a positive role model for healthy family relationships at large, providing the basis for young people to form new ways of relating to others. For this reason, carers (both primary and support) are carefully selected and assisted in their role by a team of clinical professionals and organisational supports. They generally commit to stay for at least a period of 2 years, which is also the average length of stay of a young person in the programme. This is the core relationship through which challenging behavioural and emotional issues can be addressed as they arise (Barton et al., 2012). This attachment relationship builds a 'secure base' for young people, becoming the core relationship through which they learn to access positive emotional supports and negotiate boundaries.

Often when young people settle at Lighthouse, they begin to reconnect with their family, as the supports provided by carers and the programme provide a safe space for them to do so. It is important to recognise and assist young people to negotiate the connections that may maintain with their birth and/or foster families. This is highlighted in Jacinta's reflections:

> "I remember knowing innately that my parents were welcome and were not excluded. That Lighthouse guys were not trying to replace my parents (who were unwell). It was like having support for both myself and my family, enabling us to build those relationships again in a healthy way . . . The most important thing for me was the emotional support." (Barton et al., 2012, p. 196)

Given that the developing attachment relationships are inherently complex for young people, it is important that the therapeutic work does not attempt to create a 'replacement' family. Rather, therapeutic programmes should aim to provide a safe, consistent emotional 'holding environment' (Miller, 1993) which supports young people to manage and create their own healthy relationships and boundaries, even with biological family members. This approach recognises the importance of 'felt security' in residential care (Cashmore & Paxman, 2006); a crucial element in achieving placement stability for young people who have experienced family life as traumatic and confusing. Achieving this requires the care team and the organisation to be mindful and sensitive to the young person's needs and emotional experiences, and the unique relational dynamics they establish

with carers and their own pre-existing relationships with biological family or foster carers (Barton et al., 2012).

For some young people, it is especially important to work through complex relationships between biological family and carers. Jamie, who dealt with issues of grief and loss in the initial stages of the programme, related this kind of experience with an older primary carer, whose parenting style initially raised Jamie's anxieties about his attachment to his own biological parents. In response to this, initially raised anxiety about his attachment was re-situated in another home with a younger primary carer, whose parenting style was more suited to his personal development at the time. This enabled him to work through his feelings of grief and loss, and form new ways of negotiating the different relationships he had with his primary carer and biological family:

> "I didn't like that the older [primary] Carers were trying to play the role of the parent. I found that the younger [primary] Carers were more open, and you could talk to them about things . . . [My younger Carer] was more like a friend. If you needed help she would be there. A child needs to make its own path . . . Everyone has their own two parents. I felt like the older Carer was saying that I should let go of my parents. It wasn't anything she said, it was more what I felt. It was too smothering. My parents might have done wrong but nobody will ever let go of their parents. They are your flesh and blood. Having to let go of your family makes you feel bad. I like the Carers that are not really Carers. I like Carers to be friends, not being there to replace." (Barton et al., 2012, p. 196)

## Therapeutic Sense of 'Extended Family'

In addition to the core therapeutic parenting provided by the primary carers, young people's support networks are expanded through a sense of 'extended family'. Adding another therapeutic layer to the circle of care at Lighthouse, this sense of family is experienced through the process of everyday group living, sharing, learning and growing together. Again, this applies principles of therapeutic communities and therapeutic foster care to the small-group home residential care setting. Young people are supported to develop their own naturally formed relationships with other carers, and with children in other homes. Our homes are close geographically, through a cluster model, with each cluster consisting of five homes in a local area. The homes spend time together celebrating birthdays, Christmases and achievements, such as graduations and other events. The clusters are also supported by a senior carer and an extended care network of psychologists, community care workers and community committees, which connects young people with a therapeutic support base. Respite carers, who are familiar to the young person, are an added connection to a sense of extended family. This interconnectedness provides the opportunity to bond across homes, and to develop a sense of being integrated within a family network or system (Barton et al., 2012). Over time, we have seen children transition from the programme and remain connected to the carers and other children that they lived with, as Colleen's recollections show:

> "One of the most beneficial things about Lighthouse is the family environment. Two Carers live with you at the house, you have brothers and sisters, all with their own unique personalities . . . I made many friends, some I still keep in contact with, who I shared experiences with . . . we actually felt a connection with the people that were looking after us, who we lived with. We actually loved them and cared for them and worried about them, like they worried for us. I often had sleepovers at other [homes] with the other children who were like 'cousins', we watched movies etc. I knew the other Carers like aunties and uncles and they knew me, we had a bond, a strong bond that allowed us to be kids, heal and gain independence." (Barton et al., 2012, p. 195)

There are also more formal processes that bring young people together in a sense of extended family. For example, the homes have a regular system of 'family meetings', which are designed to create a safe space for young people to communicate their thoughts and views in a family environment, and to participate in decision making about how their home is managed. Family meetings occur on a regular basis – not just when a problem emerges – and are generally conducted on the same night of the week and at the same time (Barton et al., 2012).

Our experience is that young people's sense of family in the programme is very strong for them; they feel connected to carers, other young people they live with as part of family system and also the young people in other homes that are part of their extended family. Values such as being loved, cared for and protected are strongly communicated and enacted through everyday relationships within the programme. Crucially, this challenges the idea that out-of-home care can only provide an 'artificial' or institutional experience of family and belonging. It is this thinking about the out-of-home care environment which limits looked-after children's capacity to heal and provide loving relationships in future. Contemporary concepts of family and family formations are increasingly diverse; the issue of importance is young people's own emotional experience. Working from an attachment perspective, the therapeutic care approach values young people's capacity to attach to carers and build their own meaningful sense of family and group belonging. In this way, the sense of family experienced within the programme is deeply personal for each young person, does not replace other relationships and serves as a therapeutic tool for young people to re-work relational blueprints. As highlighted by Jacinta's account, this family 'habitat' or environment is a resource for secure attachment and developing new ways of relating to others:

> "In time I learned to avail myself of all the opportunities and support that this environment offered. It is like Lighthouse is its own habitat. It does not encourage . . . being away from the world . . . you learn to attach and when you are attached

> you are much more resilient to interact with the world and know that you have a safe place to return to – but mostly I learned to be with myself, to self soothe, – if you can't do that you can't even identify your own goals or move forward." (Barton et al., 2012, p. 78)

Together, these dimensions of the programme provide a shared history and interconnectedness. Young people feel connected to a range of adults, have a variety of role models, and are supported within a family-like context of belonging, safety and mutual connections. Research into long-term foster care supports the value of this approach in residential care settings, suggesting that carers who encourage a strong sense of family belonging, integration and shared history are more likely to generate longer-term placement security for looked-after children (Riggs et al., 2009; Schofield & Beek, 2005).

## The Home Environment: Sense of Safety, Belonging and Community

For traumatised young people, the home has often been a site of trauma rather than a 'site for wellbeing' (Prilleltensky, 2005, p. 54). As Sibley (1995) argues, 'those who are abused and violated within the family home are likely to feel "homeless at home" and many subsequently become homeless in an objective sense, in that they escape – or are ejected from – their violent homes' (pp. 96–97). In providing therapeutic care for traumatised children, it is crucial that the home environment is enriching, supportive and safe, while also promoting a sense of inclusion and connection that does not separate or 'mark off' young people from the broader community. It is also important that the home environment directly communicates the value of the individual young person, and their relationships with others (Barton et al., 2012).

In the programme, the home is a constant factor in young people's lives, providing a sense of permanence and stability. The homes are situated in residential neighbourhoods and are indistinguishable physically and geographically from any other residential, family home. The built environment is warm, friendly, calming and nurturing (Barton et al., 2012). The homes are places where positive memories can be made and lifelong relationships established. In carrying out daily activities and routines, the goal is to emulate the stability, nurture and consistency of care that comes from supportive relationships with family. This includes the way that ordinary aspects of home life are managed, such as having guests over, doing household chores, managing finances, grocery shopping and the like. In turn, these daily routines and physical dimensions of the home have a powerful symbolic and relational quality, as a site through which carers help to build a fundamental sense of wellbeing, openness, trust and safety:

> A central component to the model of care is that we don't have any locks on bedroom doors . . . This is an important symbolic demonstration of trust. Many of the children have previously lived in institutional settings with internal security systems. This reinforces a belief that that those living in the home cannot be trusted. The absence of locks on bedroom doors and the message that the home is a safe place, slowly deconditions children out of their hypervigilance, allowing them to relax and engage with fellow children in a trusting way . . . Children are encouraged to take responsibility for their home and on occasions when there are breaches of trust there are processes, such as 'family' meetings, where discussions about trust take place . . . We work to assist children with internalizing a sense of safety . . . through their experience of a trusting environment that validates their individual worth. (Barton et al., 2012, p. 139)

Drawing on the leadership of community committees, a great deal of community work also goes into the establishment of the homes, and garnering ongoing community support and involvement in the programme. This adds an additional, community layer of care and value (Barton et al., 2012). In this sense, therapeutic communities such as Lighthouse focus on fostering a home and community environment where young people feel valued, cared for and safe. This environment supports young people to grow emotionally, drawing on secure and trusting attachments with carers, and preparing for transitions to independent community life.

## Conclusion

The growing interest in TRC programmes in Australia is timely and fills a significant gap in our care systems. A multi-layered, therapeutic approach is crucial in assisting this vulnerable group of young people in their own journeys to confront and recover from traumatic relational blueprints of abuse and neglect. Drawing on the TFMC we have explored how TRC programmes provide a healing environment that addresses the cultural 'sites' in which early traumatic experiences occur or are supported. A key dimension of TRC programmes is the work of supporting traumatised young people to develop healthy, safe and supportive relationships of attachment, and to access new 'sites of wellbeing' in their lives, which challenges the deficits of traditional residential programmes (Prilleltensky, 2005, p. 54).

The Lighthouse TFMC considers the totality of the child's needs and experiences at the individual, relational and social level. The ultimate goal is for traumatised young people to heal, and to achieve autonomy and the capacity to live inter-dependently in the community. This is done by establishing healthy attachment relationships with carers, other young people and the broader community; providing a safe and affirming living environment; helping to build support networks and resources, and developing coping and life skills. This approach supports traumatised young people to (re)build their sense of self, learn new ways of trusting and relating to themselves and others, and develop positive social connections within their broader communities. By focusing on developmental, emotional and relational needs, this also

enables the principles of the programme to be adapted to other groups of people with complex trauma histories, potentially working across a range of different care settings.

## References


Australian Institute of Family Studies (AIFS) (2007). *Outcomes for Children and Young People in Care, Research Brief, No. 3.* Melbourne: National Child Protection Clearinghouse.

Australian Institute of Health and Welfare (AIHW). (2010). Child protection Australia 2009–10. *Child Welfare Series*, *51*, 44.

Barton, S., Gonzalez, R., & Tomlinson, P. (2012). *Therapeutic residential care for children and young people: An attachment and trauma-informed model for practice.* London, UK: Jessica Kingsley Publishers.

Becker-Weidman, A., & Shell, D. (2005). *Creating capacity for attachment.* Oklahoma City, OK: Wood and Barnes.

Bloom, S. L. (2003). *Creating sanctuary: Healing from systematic abuses of power*. p. 4. Retrieved from www.sanctuaryweb.com/PDFs_new/Bloom%20Creating%20Sanctuary%20Healing%20From%20Systemic.pdf

Bloom, S. L. (2005). The Sanctuary Model of organizational change for children's residential treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations*, *26*, 65–81.

Bowlby, J. (1969). *Attachment.* London: Hogarth Press.

Bowlby, J. (1988). *A secure base: Parent–child attachment and healthy human development.* New York: Basic Books.

Bromfield, L., & Osborn, A. (2008). Australian research investigating residential and specialised models of care: A systematic review. *Developing Practice*, *20*, 23–32.

Bromfield, L., Osborn, A., Panozzo, S., & Richardson, N. (2005). *Out-of-home care in Australia: Messages from research.* Melbourne: Australian Institute of Family Studies.

Cashmore, J. A., & Paxman, M. (2006). Predicting after-care outcomes: The importance of 'felt' security. *Child and Family Social Work*, *11*, 232–241.

Cook, A., Blaustein, M., Spinazzola, J., & van der Kolk, B. (Eds.). (2003). *Complex trauma in children and adolescents: White Paper from the National Child Traumatic Stress Network Complex Trauma Task Force.* Los Angeles, CA: National Child Traumatic Stress Network.

Courtois, C. A. (2004). Complex trauma, complex reactions: assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, *41*, 412–425.

Dockar-Drysdale, B. (1990). *The provision of primary experience.* London: Free Association Books.

Gonzalez, R., Cameron, C., & Klendo, L. (2012). The Therapeutic Family Model of Care: An attachment and trauma informed approach to transitional planning. *Developing Practice*, *32*, 13–23.

Gonzalez, R., Klendo, L. & Thorpe, S. (2013). Complex trauma, mental health and youth homelessness: The facts, the gaps and what works. *Parity*, *26*, 3.

Gonzalez, R., & McLoughlin, P. (2013, 2 August). Developing outcomes based practice in therapeutic care: The Lighthouse Therapeutic Outcomes Assessment. Centre for Excellence in Child and Family Welfare 3rd Annual Sector Research & Evidence Forum.

Gonzalez, R., Tomlinson, P., & Klendo, L. (2012). Trauma informed care for homeless young people: An integrated systems approach. *Parity*, *25*(7), 28–29.

Hannon, C., Wood, C., & Bazalgette, L. (2010). *In loco parentis: 'To deliver the best for looked after children, the state must be a confident parent . . .'.* London: Demos.

Herman, D. B., Susser, E. S., & Struening, E. L. (1994). Childhood out-of-home care and current depressive symptoms among homeless adults. *American Journal of Public Health*, *84*, 1849–1851.

Herman, J. (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror.* New York: Perseus Books Group.

Knorth, E. J., Harder, A. T., Zandberg, T., & Kendrick, A. J. (2008). Under one roof: A selective meta-analysis on outcomes of residential child and youth care. *Child and Youth Services Review*, *30*, 123–140.

Lamont, A. (2010). *Effects of child abuse and neglect for children and adolescents.* Melbourne: National Child Protection Clearinghouse.

McLean, S., Price-Robertson, R., & Robinson, E. (2011). Therapeutic residential care in Australia: Taking stock and looking forward. *National Child Protection Clearinghouse Issues*, No. 35.

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, *14*(1), 6–23.

McNamara, P. (in press). A new era in the development of therapeutic residential care in the State of Victoria. In J. K. Whittaker, J. F. Del Valle & L. Holmes (Eds.), *Therapeutic residential care with children and youth: Developing evidence-based international practice.* London: Jessica Kingsley Publishers.

Mendes, P., Johnson, G., & Moslehuddin, B. (2011). *Young people leaving state out-of-home care: Australian policy and practice.* Melbourne: Australian Scholarly Publishing.

Miller, E. J. (1993). *The healthy organisation: Creating a holding environment: Conditions for psychological security*. London: The Tavistock Institute.

Osborn, A., & Bromfield, L. (2007). Outcomes for children and young people in care. *Australian Institute of Family Studies Research Brief*, *3*, 1–15.

Osborn, A., & Delfabbro, P. H. (2006). An analysis of the social background and placement history of children with multiple and complex needs in Australian out-of-home care. *Communities, Children and Families Australia*, *1*, 33–42.

Parliament of Australia Senate (PAS). (2004). *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children.* Community Affairs References Committee. Canberra: Commonwealth of Australia.

Perry, B. D. (2005). Maltreatment and the developing child: How early childhood experience shapes child and culture. Margaret McCain lecture on September 23, 2004, Centre for Children and Families in the Justice System. Retrieved from www.lfcc.on.ca/mccain/perry.pdf

Perry, B. D. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N. Boyd (Ed.), *Traumatized youth in child welfare*. New York: Guilford Press.

Prilleltensky, I. (2005). Promoting wellbeing: Time for a paradigm shift. *Scandinavian Journal of Public Health*, *66*, 53–60.

Prilleltensky, I., & Nelson, G. (2000). Promoting child and family wellness: Priorities for psychological and social interventions. *Journal of Community and Applied Social Psychology*, *10*(2), 85–105.

Pughe, B., & Philpot, T. (2007). *Living alongside a child's recovery: Therapeutic parenting with traumatized children*. London: Jessica Kingsley Publishers.

Riggs, D., Augustinos, M., & Delfabbro, P. H. (2009). Role of family belonging in recovery from child maltreatment. *Australian Psychologist*, *44*, 166–173.

Scharff, D., & Scharff, J. S. (1991). *Object relations family therapy*. New Jersey: Jason Aronson.

Schofield, G. (2002). The significance of a secure base: a psychosocial model of long-term foster care. *Child and Family Social Work*, *7*, 259–272.

Schofield, G., & Beek, M. (2005). Risk and resilience in long-term foster-care. *British Journal of Social Work*, *35*, 1–19.

Sibley, D. (1995). *Geographies of exclusion: Society and difference in the West*. London: Routledge.

Tucci, J., Mitchell, J., & Goddard, C. (2010). *Response to National Standards for Out of Home Care*. Melbourne: Australian Childhood Foundation.

Ward, A., Kasinski, K., Pooley, J., & Worthington, A. (Eds.). (2003). *Therapeutic communities for children and young people*. Community, Culture and Change Series 10 (pp. 187–204). London: Jessica Kingsley Publishers.

Whitwell, J. (1998). What is a therapeutic community? *Emotional and Behavioural Difficulties*, *3*(1), 12–19.

Winnicott, D. W. (1984). Residential care as therapy. In D. W. Winnicott (1984). *Deprivation and delinquency*. London: Tavistock Publications.