

Policy Review

A Consensus Statement About Therapeutic Residential Care for Children and Youth

Residential Treatment for Children and Youth (2016), 33, 2, 89–106. Publisher: Taylor and Francis.

Reviewed by Dr Frank Ainsworth, Senior Principal Research Fellow (Adjunct), School of Social Work and Community Welfare, James Cook University, Townsville campus, Queensland 4811 and James K. Whittaker, Charles O. Cressey Endowed Professor of Social Work Emeritus, University of Washington, Seattle. E-mails: frankainsworth@hotmail.com; jinw@uw.edu

doi [10.1017/cha.2017.43](https://doi.org/10.1017/cha.2017.43)

Introduction

In April 2016, an international work group on therapeutic residential care (TRC) met at Loughborough University in England (see Appendix A for the list of 32 participants from 11 countries). The purpose was to plan and endorse a definition of TRC, to develop key principles stemming from that definition and to promote a consensus statement about TRC that had international standing. Given the current world-wide discussion about TRC and its place in the continuum of child welfare services this was an important goal.

The Definition of Therapeutic Residential Care

The definition that was again endorsed was first published in 2015 and is as follows:

Therapeutic residential care involves the purposeful use of a purposefully constructed multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support and protection to children and youth with identified mental health or behavioural needs.

(Whittaker, del Valle, & Holmes, 2015, p. 24).

Principles of Therapeutic Residential Care

The five key principles of therapeutic residential care are as follows:

1. We are acutely mindful that the first principle undergirding therapeutic residential care must be 'primum non nocere': to first, do no harm. Thus, our strong consensus is that 'Safety First' be the guiding principle in the design and implementation of all TRC programs.
2. Our vision of therapeutic residential care is integrally linked with the spirit of partnership between the families we seek to serve and our total staff complement – whether as social pedagogues, child or youth care workers, family teachers or mental health professionals. Thus, the hall-

mark of TRC programs – in whatever particular cultural expression they assume – is to strive constantly to forge and maintain strong and vital family linkages.

3. Our view of therapeutic residential care is one in which services are fully anchored in the communities, cultures and web of social relationships that define and inform the children and families we serve. We view TRC programs not as isolated and self-contained islands, but in every sense as contextually grounded.
4. We view therapeutic residential care as something more than simply a platform for collecting evidence-based interventions or promising techniques or strategies. TRC is at its core informed by a culture that stresses learning through living and where the heart of teaching occurs in a series of deeply personal, human relationships.
5. We view an ultimate epistemological goal for therapeutic residential care as the identification of a group of evidence-based models or strategies for practice that are effective in achieving desired outcomes for youth and families, reliable from one site to another, and scalable, i.e., sufficiently clear in procedures, structures and protocols to provide for full access to service in a given locality, region or jurisdiction.

Dimension of Therapeutic Residential Care: Pathways for Future Research

The consensus statement also draws attention to the range and variability of service that come under the umbrella term 'residential care', as well as the multiplicity of theoretical frameworks that underpin these services. This points to a need for a clear conceptual model of TRC that distinguishes it from other forms of residential care (Ainsworth, forthcoming). For far too long, quality residential care has suffered from being lumped together with poor quality services under this generic title that has then allowed all forms of residential care to be judged as ineffective and even harmful.

What are Some Promising Pathways for Future Research in Therapeutic Care?

In a recent 2017 special edition of the *Journal of Emotional and Behavioural Disorders* that focussed on TRC, Whittaker provided a commentary on the five papers in this edition that were written by the core US national TRC researchers. This commentary draws attention on the consensus statement and offers suggestions for future TRC research.

Whittaker's (2017) agenda starts with the need for renewed funding for research designed to support the development of new program models. Of the current models, he specifically selects the teaching family model (TFM) from Boys Town in Nebraska (Thompson & Daly, 2015) as a prime candidate for research attention given that Boys Town hosts the National Research Centre for Child and Family Studies and has existing university partnerships. Another candidate, not noted by Whittaker, is children and residential experiences (CARE) from Cornell University (Holden, Anglin, Nunno, & Izzo, 2015).

Both of these programs are rated by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) (www.cebc4cw.org) as 3 on a 5-point scale as supported by scientific evidence and high for systems relevance. These are the highest ratings given by the CEBC to any models of residential education and treatment programs in the US.

Promising small steps, now we need a firmer and faster leap forward.

Final Comment

Since the initial publication, the consensus statement has been published in Spanish and Dutch and it will shortly be published in Israel, presumably in Hebrew. The statement warrants wide dissemination in the Australasian region given the importance of its content.

References

- Ainsworth, F. (2017). A conceptual model of therapeutic residential care for children and youth. *Forthcoming*.
- California Evidence-Based Clearinghouse for Child Welfare (2017). Retrieved from www.cebc4cw.org.

- Holden, M. J., Anglin, J. P., Nunno, M. A., & Izzo, C. V. (2015). Engaging the total therapeutic residential care program in a process of quality improvement. In J. K. Whittaker, J. F. del Valle, & L. Holmes (Eds.), *Therapeutic residential care for children and youth. Developing evidenced-based international practice* (pp. 301–315). London: Jessica Kingsley.
- Thompson, R., & Daly, D. (2015). The family home program. An adaptation of the teaching family model at Boys Town. In J. K. Whittaker, J. F. del Valle, & L. Holmes (Eds.), *Therapeutic residential care with children and youth: Developing evidenced based international practice*. (pp. 113–125). London: Jessica Kingsley.
- Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., . . . Zeira, A. (2016). A consensus statement about therapeutic residential care for children and youth. *Residential Treatment for Children and Youth*, 33(2), 89–106.
- Whittaker, J. K. (2017). Pathways to evidence-based practice in therapeutic residential care: A commentary. *Journal of Emotional and Behavioural Disorders*, 25(1), 57–61.
- Whittaker, J. K., del Valle, J. F., & Holmes, L. (Eds.) (2015). *Therapeutic residential care for children and youth. Developing evidenced-based international practice* (p. 24). London: Jessica Kingsley.

Appendix A

Work Group Participants

Whittaker, J.K. (USA); Holmes, L., (GBR); del Valle, J.F (ESP); Ainsworth, F. (AUS); Andreassen, T. (NOR); Anglin, J. (CAN); Bellonci, C. (USA); Berridge, D. (GBR); Bravo, A. (ESP); Canali, C. (ITA); Courtney, M. (USA); Currey, L. (USA); Daly, D. (USA); Gilligan, R. (IRL); Grietens, H. (NLD); Harder, A. (NLD); Holden, M. (USA); James, S. (USA); Kendrick, A. (GBR); Knorth, E. (NLD); Lausten, M. (DNK); Lyons, J. (USA); Martin, E. (ESP); McDermid S. (GBR); McNamara, P. (AUS); Palareti, L. (ITA); Ramsey, S. (USA); Sisson, K. (USA); Small, R. (USA); Thoburn, J. (GBR); Thompson, R. (USA); Zeira, A (ISR).

The consensus statement has also been endorsed by the European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF), International Association for Outcome-Based Evaluation and Research for Family and Children's Services (iaOBERfcs), the Association of Children's Residential Centers (ACRC) and the Centre for Excellence for Looked after Children in Scotland (CELCIS).

□