Evidence Based Review of Therapeutic Residential Care Models – Executive Summary

PREPARED FOR THE WESTERN AUSTRALIAN DEPARTMENT OF COMMUNITIES

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CONTENTS

BACKGROUND

Research, policy, and practice consistently reinforce the finding that children and young people living in Out of Home Care (OOHC) are a highly vulnerable population with significant needs. Most children in care will have experienced violence, abuse and/or neglect prior to their removal. Many will experience removal and separation from family, community and Country as further trauma, and some children will experience additional trauma and disruption while in care.

There are many different types of care arrangements, each with varying complexities and concerns, such as kinship family placements, foster care placements and group home environments. Some children and young people with complex psychological, emotional, and behavioural challenges require a higher level of intervention and support than what standard care arrangements provide. For these children and young people, Therapeutic Residential Care (TRC) is necessary.

TRC models represent specialised frameworks within the continuum of care services, promoting wellbeing, development and resilience of individuals who have experienced abuse, trauma, and significant challenges. However, residential care providers often struggle to balance the immediate care needs of children and young people requiring such care with the long-term goals of enhanced wellbeing, safety, and healing. Acknowledging the need for effective, trauma-informed, and therapeutic models of residential care, the Western Australian Department of Communities commissioned the Australian Centre for Child Protection (ACCP) to review the evidence base of TRC models.

> Therapeutic Residential Care includes "*... the planful 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 in partnership with their families and in collaboration with a full spectrum of community based formal and informal helping resources*". (Whittaker et al., 2014, p. 24; also see Whittaker et al., 2016).

This review of TRC models and their evidence base includes five sections:

1. Introduction - setting the scene.
2. What the evidence says – A rapid review of the evaluative literature, highlighting the available outcome and implementation reviews.
3. What does practice look like in Australia - Exploration of current practices in Australia and comparable international contexts (New Zealand) in the form of a jurisdictional scan highlighting distinctive elements, models used and their impacts.
4. What do the dominant models look like? – An overview of dominant TRC models in use across Australia and highlighted in the literature, providing unique elements and theory of change information.
5. What makes a difference in the implementation of these models - Implementation considerations for TRC models to enhance practice outcomes.

Throughout the review, additional consideration has also been given to models specific to the Western Australian context and, specifically;

- children and young people who have displayed or who are at risk of displaying harmful sexual behaviours (HSB); and
- Aboriginal and Torres Strait Islander children and young people.

WHAT THE EVIDENCE SAYS

To assess the current state of the TRC evaluation literature, a rapid evidence assessment of the literature on the evaluation of TRC models and related interventions was undertaken for peer-reviewed literature in English from the previous ten years. Twelve peer-reviewed articles were identified, which highlighted six organisation-wide, TRC models:

- The Sanctuary Model®
- Children and Residential Experiences (CARE)
- The Life Model of Residential Care for trauma-affected children and young people
- The Teaching Family Model (TFM)
- Emotional Warmth Model of Professional Childcare
- Trauma-Informed Care

The table below provides a high-level overview of the peer-reviewed journal articles identified in this review, which evaluate TRC models.

Table 1: Overview of peer reviewed evaluative research into the effectiveness of Therapeutic Residential Care models

Therapeutic Residential Care Program	No. peer-reviewed journal articles	High level overview of the studies
The Sanctuary Model®	3	These studies offer a multifaceted understanding of the Sanctuary Model's implementation, providing valuable insights from indirect care staff, decision-makers, and residential care staff.
Children and Residential Experiences (CARE)	2	One research study investigates the impact of a setting-level intervention on preventing aggressive or dangerous behavioural incidents among youth living in group care environments. Another study examines whether the CARE intervention improves the quality of relationships between children and caregivers. Both studies collectively highlight the importance of targeted interventions in enhancing safety and relationship dynamics within group care settings.
The Life Model of Residential Care for trauma-affected children and young people	1	This study examines the implementation of the Life Model and evaluates its effectiveness in helping youth achieve the intended outcomes. The research focuses on how well the Life Model is integrated into practice and assesses its impact on the youth's progress toward their goals.
The Teaching Family Model (TFM)	4	These studies explore various aspects of the TFM and their outcomes for children and young people. One study compares the effectiveness of TFM with other models in group homes. Another examines long-term outcomes for young people in TFM homes, finding that those who stay for six months or longer achieve better outcomes than those with shorter stays. A third study investigates the relationship between youth ratings of treatment fidelity, the quality of the therapeutic alliance, and symptom severity, providing insights into factors that contribute to successful treatment outcomes. Additionally, there is an examination of a framework for assessing quality in therapeutic residential care.
Emotional Warmth Model of Professional Childcare	1	This study evaluates the model's impact on children's and young people's outcomes.
Trauma-Informed Care	1	This study evaluates the implementation and effects of trauma-informed care on staff, with a focus on vicarious trauma.

Note: No. of peer-reviewed journal articles identified in relation to this study.

Despite the increasing popularity of many of these practice models over the past decade, the evidence base supporting their effectiveness remains limited. The review showed that implementing TRC can reduce destructive behavioural incidents (such as property damage, aggression toward staff, and children missing from placement) and enhance personal and interpersonal development. However, staff implementing therapeutic care often express uncertainty about how to effectively implement TRC, prompting concerns about the operationalisation of principles in practice. In general, the review highlighted that while TRC models show promise and align with theoretically accepted constructs such as applying trauma informed and culturally safe practices to OOHC settings, significant gaps in research for evaluating the efficacy of TRC models persists.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) rated three of these models (The Sanctuary Model®, CARE, and Teaching Family Model) as having promising research evidence. However, the evidence base supporting their effectiveness remains limited. The remaining three models have not been rated on the CEBC scientific rating scale. Gaps in the research evidence may be due to the operational challenges of implementing a model with fidelity and consistency that is based on high level principles and common elements rather than clear, practical, operationalised elements or activities.

The review reveals that while TRC models can reduce destructive behavioural incidents and enhance personal and interpersonal development, there are concerns about the operationalisation of principles in practice and gaps in evaluating efficacy.

Cultural models and practice

In Australia, Aboriginal and Torres Strait Islander Children aged 0-17 years represent 42.8% (56.8 per 1000 children) of all children in OOHC (AIHW, 2022; Productivity Commission, 2022). Australia's history of colonisation and subsequent policies has inflicted trauma upon individuals, families, and communities, which has frequently led to the loss of family connections, language, land, and culture (Lindstedt et al., 2017).

Among the six organisation-wide models reviewed, only one (The Sanctuary Model®), was found to embed cultural components into their overarching program model to support Aboriginal and Torres Strait Islander children and young people. However, several supplementary interventions were noted within the review to enhance cultural healing and promote the therapeutic environment. Four interventions and one policy designed to support Aboriginal and Torres Strait Islander children in OOHC in the Australian context were identified:

1. Cultural Safety Plans (CSP);
2. The Koorie Tiddas Youth Choir;
3. The Connecting to Sea Country;
4. Return to Country; and
5. Wrapped in Culture (Lindstedt et al., 2017).

Each were noted as interventions or programs for First Nations children and young people living in residential OOHC which aimed to increase cultural connection, as connection to culture has been recognised as an essential aspect of a healing environment for First Nations children (The Healing Foundation, 2021; SNAICC, 2023).

Harmful Sexual Behaviours related models

Unfortunately, the literature review did not reveal any TRC models or related programs specifically for children and young people who have displayed HSB. However, a review of the practices and models in use across Australia, (highlighted below) identified several models or approaches designed for implementation within a service system or specifically in OOHC settings:

- Power to Kids – The Power to Kids program is a psychoeducation-based model established by Mackillop Family Services and commonly implemented alongside their Sanctuary TRC model. It focuses on upskilling staff to enable greater discussion and communication with at risk, vulnerable young people in residential care settings. The program targets those at risk of sexual exploitation, absconding, and HSB.
- WA Department of Communities Framework for Understanding and Guiding Responses to HSB in Children and Young People – this framework provides a layered continuum to support frontline workers within OOHC and across child protection services. It helps recognise and respond to sexual behaviours across a continuum from appropriate through to concerning and harmful. The framework includes a set of guiding principles and is accompanied by companion training.
- New Street – In New South Wales, New Street offers a comprehensive therapeutic program for children and young people who have displayed HSB. Delivered by health, this program addresses behaviours across a continuum and age range, working with all children and young people in OOHC exhibiting concerning behaviours.

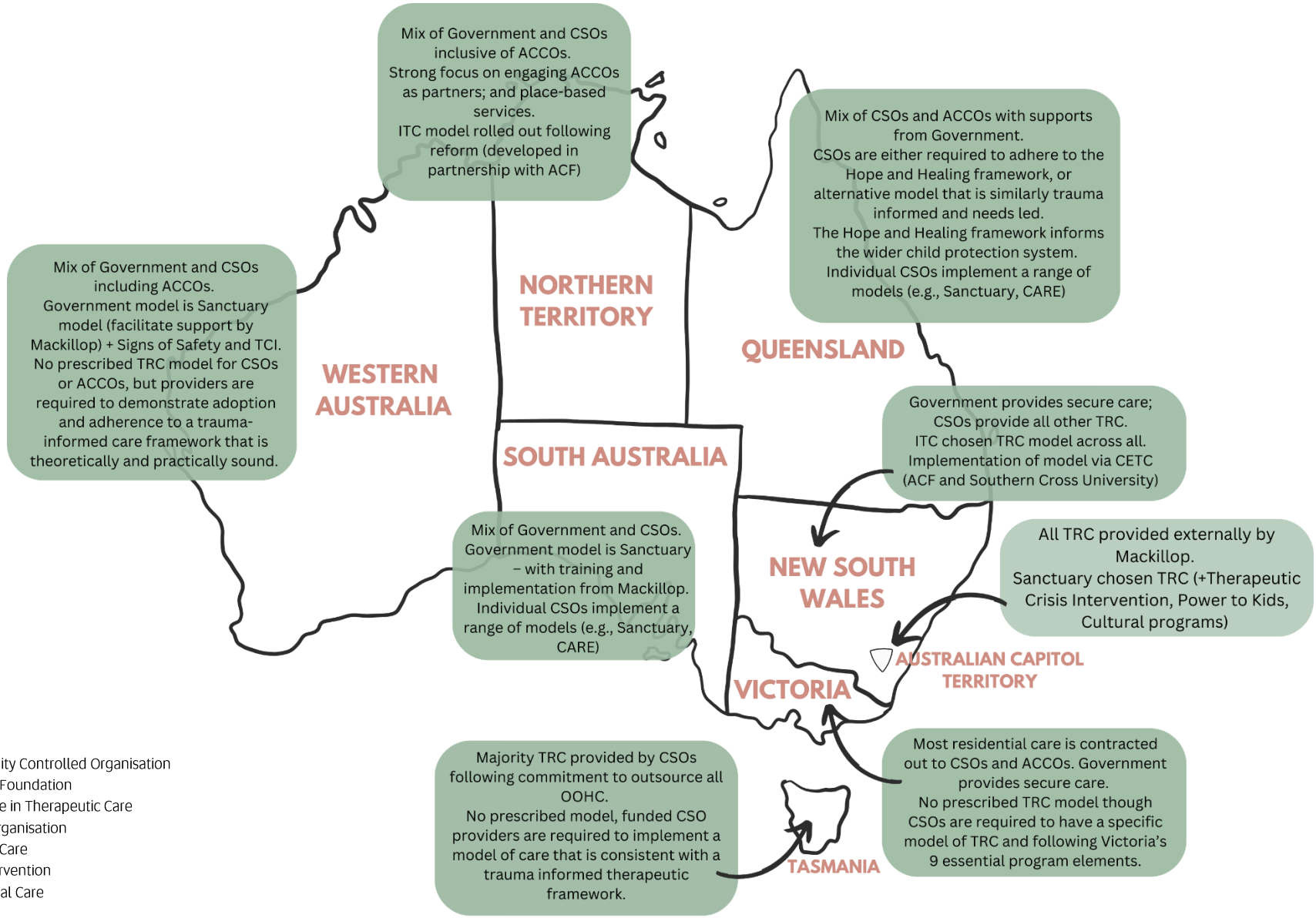
Despite their sound theoretical underpinnings and some evidence reviews, none have been evaluated within the peer-reviewed literature for their effectiveness within a TRC setting to enhance responses for children and young people who have displayed HSB. Other streamlined referral pathways and programs connected with OOHC do exist in other jurisdictions but fell outside the scope of these reviews and were not identified as specific responses to HSB within OOHC or TRC.

WHAT DOES PRACTICE LOOK LIKE IN AUSTRALIA

Across Australia, several prominent models being used within residential care, such as CARE, Sanctuary, and Intensive Therapeutic Care. These TRC models are often implemented broadly across a system of care rather than just within residential care environments. The nature of TRC models, being more akin to frameworks, lends itself to this broad system or organisation wide approach to implementation. However, given the significant variability of OOHC providers and structures across the country, the implementation of even the same model of TRC can look very different.

The objective of the jurisdictional scan was to canvas what models of TRC are currently utilised across national and international child protection sectors. The scan process relied heavily on a rapid review of publicly available material, associated grey literature, brief targeted consultations (where available), and a systematic review of this information.

The jurisdictional scan examined current TRC models across various Australian regions, highlighting diverse practices and the integration of therapeutic approaches within child protection services. TRC typically occurs in residential settings, including group homes and therapeutic communities, where professionals collaborate to help children overcome trauma. Each jurisdiction is committed to trauma-informed care, though approaches and specific program implementations vary widely, reflecting local needs and resources. Figure 1 highlights the jurisdictional variances between TRC models and their implementation formats.



ACCO – Aboriginal Community Controlled Organisation
ACF – Australian Childhood Foundation
CETC – Centre for Excellence in Therapeutic Care
CSO – Community Sector Organisation
ITC – Intensive Therapeutic Care
TCI – Therapeutic Crisis Intervention
TRC – Therapeutic Residential Care

Figure 1: Overview of Australian Therapeutic Residential Care models in practice

WHAT DO THE DOMINANT MODELS LOOK LIKE?

Prominent TRC models used in Australia include CARE, Sanctuary, ITC, TFM and Bunjil Burri.

The CARE model emphasises a competency-based curriculum to create therapeutic environments for children in OOHC, drawing on child development, trauma, and systems theories. It involves comprehensive staff training and a structured implementation process supported by the Residential Child Care Project at Cornell University. Life Without Barriers has successfully implemented the CARE model across multiple states, integrating it with additional evidence-informed interventions to address individual needs. This has improved relationships between children and staff, reduced behavioural incidents, and enhanced organisational capacity.

The Sanctuary Model®, developed in the United States, aims to facilitate organisational change by educating all staff on trauma impacts and fostering a supportive environment. It is based on four pillars: a) Trauma theory, b) the Safety, Emotion, Loss, and Future (S.E.L.F) framework, c) the Sanctuary Toolkit, and d) the Seven Sanctuary Commitments. Mackillop Family Services and the Mackillop Institute has adopted this model across multiple jurisdictions, supplementing it with programs like Power to Kids and Therapeutic Crisis Intervention (TCI). The model is praised for improving staff knowledge of trauma, enhancing client self-perception, and fostering a collaborative organisational culture, though its implementation requires significant time and resources.

Intensive Therapeutic Care (ITC) is a principle-based service system model that draws upon trauma, systems, and child development theories. It is specifically designed for young people over 12 years of age who have the most severe forms of trauma and subsequently extremely high and complex needs. Based on ten elements developed by the Centre for Excellence in Therapeutic Care (CETC) at the Australian Childhood Foundation and Southern Cross University. ITC proposes more effective and holistic safety, permanency, and wellbeing outcomes for young people through person-centred funding packages and consistent therapeutic care. It is considered a temporary measure aiming to achieve placement permanency and 'step-down' placements as a young person's needs become less intensive.

The TFM like the other models, is an organisation wide model of care that draws upon social learning and trauma informed theories whereby a family style setting is created. Currently provided by Berry Street within Australia, via an accreditation and training program under the Teaching Family Association, the TFM has four critical delivery systems (staff selection and training, competency-based management, quality assurance, and facilitative administration). The TFM aims to address behavioural concerns, improve social skills, and enhance emotional regulation capacity of the children and young people within placement as well as improve healthy family relationships.

The Bunjil Burri model, developed by the Victorian Aboriginal Child Care Agency (VACCA), focuses on providing culturally tailored TRC for Aboriginal and Torres Strait Islander children and young people. It integrates mainstream TRC elements with cultural pillars such as cultural safety, family and kinship structures, and resilience through cultural understanding. The model includes comprehensive culturally informed assessments, social networking maps, and cultural support plans, prioritizing connection to culture as the primary agent for healing from trauma. The Bunjil Burri model underscores the importance of cultural identity in achieving positive outcomes for Aboriginal and Torres Strait Islander children and young people in residential care.

WHAT MAKES A DIFFERENCE IN IMPLEMENTATION OF THESE MODELS

The rapid evidence review, and jurisdictional scan, have highlighted various prominent models across Australia with varying levels of evidence base. In many respects, the lack of evidence base for models is not necessarily due to their lack of efficacy, but rather a lack of purposeful peer-reviewed evaluations published in the literature. Across Australia, the most common models are the CARE and Sanctuary models of TRC. Both appear to have equal evidence base, though the CARE model generally has evaluative literature focused more on outcomes for children and young people related to behaviour changes. In contrast, the Sanctuary model's evaluative research mainly focuses on carer/staff and children/young people perception and feedback of implementation. They are implemented at both the organisational and jurisdiction-wide levels in many jurisdictions.

Not surprisingly, regardless of their widespread use, they vary significantly in terms of their implementation. Several enablers and barriers to implementation have been identified in the literature through closer review of evaluative literature and from discussions with participating CSOs and jurisdictions. This leads us to articulate some key enablers for successful TRC implementation. While several elements have been identified from both literature and practice reviews across jurisdictions, these have the potential to both facilitate success and impede outcomes if not carefully considered. Figure 2 below provides an overview of these elements.

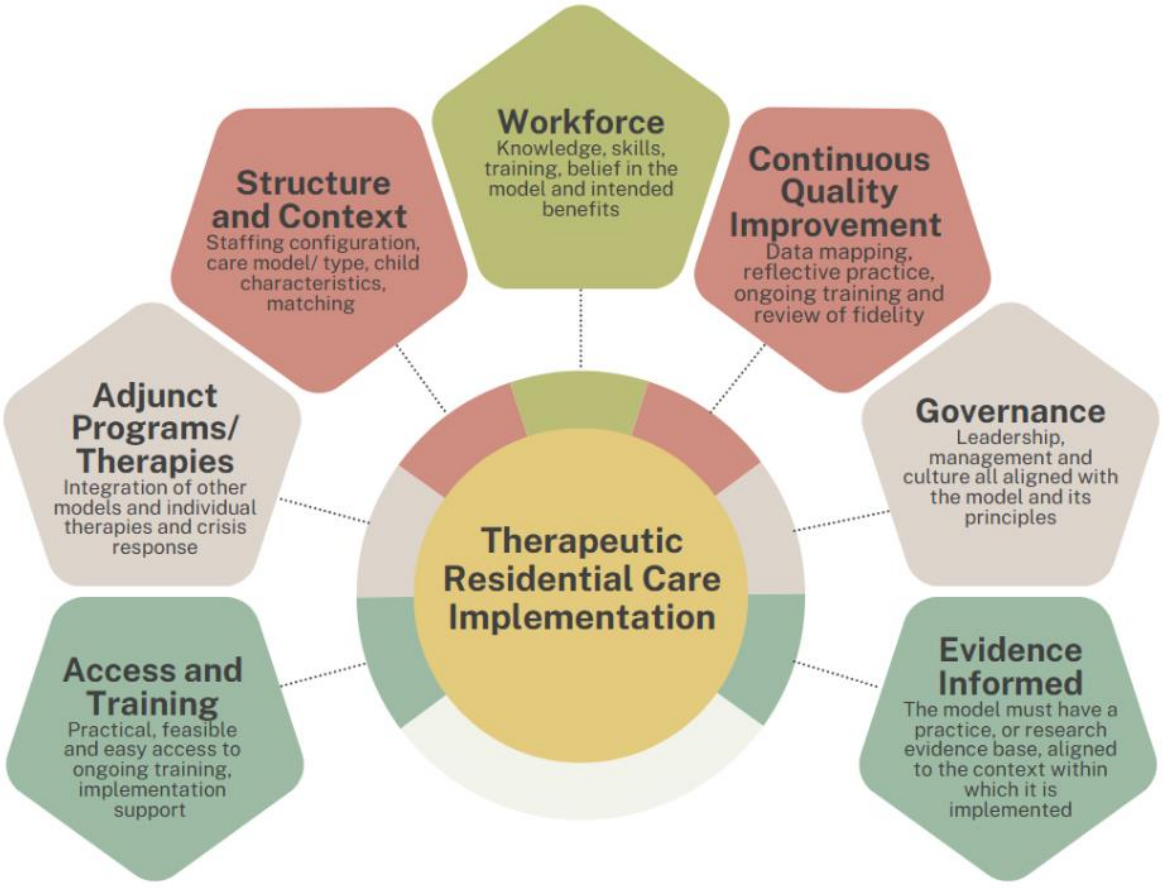


Figure 2: Key elements required for effective implementation of Therapeutic Residential Care models

SUMMARY

Children in residential care often exhibit high needs stemming from a myriad of complex factors, including histories of trauma, abuse, neglect, or familial disruption. TRC represents specialised frameworks within the continuum of care services that offer elevated levels of intervention and support to more effectively meet the intricate needs of children and young people who manifest complex psychological, emotional, and behavioural challenges.

Implementing TRC models in Australia presents various challenges and opportunities, with significant differences in evidence bases for these models. The lack of peer-reviewed evaluations often stems from ethical considerations in research involving vulnerable populations and the difficulty of uniformly defining and assessing models based on guiding principles rather than prescriptive activities. While emerging models tailored for Aboriginal and Torres Strait Islander children and young people show promise, there is a gap in specialised TRC models for those displaying HSB. The CARE and Sanctuary models are the most commonly used across Australia, each with its strengths and evidence bases, though they differ significantly in implementation across jurisdictions.

Despite the increasing popularity of TRC models over the past decade, the evidence base supporting their effectiveness remains limited. Further evaluative research into TRC models remains a critical priority for the field. The evidence base for TRC which is available continues to show that TRC models show promise for improving both staff knowledge and confidence and the outcomes of children in residential care. However, it is not possible to draw generalisable conclusions about the effectiveness of specific TRC models to compare commonalities, or the relative strengths or limitations of different approaches. There continues to be limited evidence in the studies identified on the specifics of how TRC models, which are often articulated in terms of high-level principles or common elements, are operationalised on the ground. Cultural safety and connectedness are critical elements of a therapeutic environment for First Nations children and young people (Krakouer, 2023; Krakouer et al., 2018; The Healing Foundation, 2021; SNAICC, 2023). Although evaluative research into Aboriginal and Torres Strait Islander designed and implemented interventions to improve cultural connectedness were encouraging, only one paper was identified examining four programs, and one policy highlighting an urgent need for more research in this area. The findings from the rapid evidence review do not enable definitive inferences or conclusions to be drawn in relation to 'best practices' in TRC, however TRC models continue to demonstrate promising evidence as a mechanism for providing a more healing and less damaging care environment for children in residential care.

Review of TRC across Australia led to several take home messages which align with the literature findings:

1. TRC is available in OOHC across jurisdictions, though there is a lack of operationalisation which presents a challenge.
2. There is a mix of recognised models and bespoke TRC in use across the jurisdictions. Several recognised models of TRC appear dominant to others, though their increased presence across jurisdictions is, in part, due to their use by national agencies and lack of available accreditation schemes for some TRC's in Australia.
3. There is a lack of clear, publicly available implementation procedures for any model or TRC framework.
4. There are limited tailored TRC options for Aboriginal and Torres Strait Islander children and young people; and for children and young people who have displayed HSB.

5. There is growing recognition that a reliance on a sole TRC model often falls short of adequately addressing the comprehensive care requirements of children and young people in TRC. Flexible frameworks of guiding principles and layering of additional programs are being used to overcome identified gaps

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