



# Therapeutic approaches to social work in residential child care settings

## Key messages

- 'Therapeutic approaches' can help residential child care staff to use a therapeutic perspective in their day-to-day social work with children and young people.
- Staff in Northern Ireland trained in a variety of therapeutic approaches reported that it had enhanced their practice, particularly their relationships with young people and the consistency of approach taken by staff.
- Staff reported that there were some limitations to the models, particularly in dealing with physical aggression. Other models such as therapeutic crisis intervention therefore remained an important part of practice.
- Young people in residential child care were often not aware that a new approach was being used, but had noticed an improved 'atmosphere' and decreased use of sanctions for managing poor behaviour.
- Factors for effective implementation included the provision of training and supporting materials, and wider systems working in a supportive manner, for example careful planning when a young person is first admitted to a home.

## Introduction

Children and young people in care are among the most vulnerable in society. Across the UK, a small but significant proportion of looked-after children are cared for in residential settings such as children's homes.

Compared to the looked-after population in general, children and young people in residential child care have some of the highest levels of need, including increased emotional and behavioural difficulties (Ward and Holmes, 2008). It is therefore crucial that staff have the right skills and support available to them.

Following a regional review of residential child care in 2007, the five health and social care trusts in Northern Ireland have introduced 'therapeutic approaches' in a number of children's homes, and in the regional secure units, with the aim of improving staff skills and outcomes for young people. This At a glance briefing summarises an evaluation of the approaches conducted between May 2010 and February 2012. The full details can be found in SCIE Report 58 (Macdonald et al, 2012).

## What are therapeutic approaches?

The term 'therapeutic approaches' is used here to describe ways of working in which residential child care workers use a therapeutic perspective in their day-to-day social work with children and young people. This includes having a better understanding of how young people's experiences affect them, considering their emotional needs and fostering resilience. Each trust has put this into practice using a different specific model (described below).

This does not replace specialist therapeutic interventions such as trauma-focused and cognitive-behavioural therapy, counselling and so on. These specialist services remain a crucial part of the support that should be available to looked-after children and young people.

It is also important to see these approaches within the context of specialist psychological and educational therapeutic wraparound services that are in place in several trusts.

## The models: hallmarks and evidence base

The health and social care trusts have piloted different models:

- Belfast Health and Social Care Trust – social pedagogy
- Northern Health and Social Care Trust – Children and Residential Experiences (CARE) model
- South Eastern Health and Social Care Trust – Sanctuary model
- Southern Health and Social Care Trust – Attachment, Self-Regulation and Competency (ARC) model
- Western Health and Social Care Trust – Model of Attachment Practice (MAP)

Although the details of each model differ, they have many shared features. For example, underpinning concepts such as theories of attachment, trauma and neurodevelopment are shared across most models.

The models focus on various areas of practice, including non-confrontational approaches to working with young people, creating a 'trauma-informed' environment to maximise development and wellbeing, modelling positive behaviours and skills, and building competency in executive functions and social skills. Some models also aim, where appropriate, to increase contact between the young person and their family.

A review of the literature on the models found few studies that empirically investigate their effectiveness. Lack of evidence of effectiveness is not the same as evidence that the models are ineffective. It does, however, highlight the importance of attempting to assess the impact that these models have.

## Implementing the models

The models were implemented in different ways across the trusts. Some trusts implemented the

## Factors in successful implementation

The evaluation asked home managers and residential child care workers about what factors helped and hindered implementation of the models.

Factors that helped included:

- comprehensive training with supporting materials
- other systems working in a supportive manner, for example placement panels, planned admissions, low numbers of children in each home
- the opportunity for reflective practice and emotional support for staff
- a good fit of the model with existing culture and language in the home.

approach in all homes, whereas others focused on just a few, with the aim of extending the approach to more homes in the future.

Training for staff was a key component of each trust's implementation plan. Staff in selected homes received training tailored to their trust's model. In some trusts this was delivered by external trainers, with some participants later taking responsibility for cascading training throughout the trust.

For some models, training was delivered to all staff within a particular home, including catering and administrative staff. Other training focused on residential child care workers and their managers.

## Impact on staff

Interviews were conducted with 18 home managers and 38 residential child care staff in homes where training had taken place. A further 116 residential child care staff responded to an online survey about the approaches.

Overall, the evidence from those interviewed was that all of the models had enhanced

practice in some significant ways, effecting changes in the way that staff view and respond to the children in their care, and in particular to challenging behaviour.

Key areas where practice was reported to have improved included:

- a positive culture change within the homes, and improved staff confidence
- a change in perspective from managing behaviour to trying to understand children's life experiences and respond appropriately
- a different approach to challenging behaviour, with less emphasis on sanctions
- improvements in consistency in the practice within and between staff teams.

‘I think it's had a positive effect. It's meant that everyone is singing from the same hymn sheet, it has provided us with a more formal framework.... I feel that it has created a more measured, more balanced way of working with your colleagues.’

Residential child care worker, Northern Health and Social Care Trust

This picture was confirmed in the staff survey. Eighty per cent of staff said that their practice had shown either some improvement or had improved significantly as a result of the model-specific training they had received. Survey responses indicated that, since the introduction of a therapeutic model, the largest improvement had been in relationships between staff and young people, followed by consistency of approach taken by staff.

## Perceived limitations of the models

During interviews, staff in all of the trusts identified some limitations of the model they had been trained to use. Particular limitations identified included using the model when young people were being physically aggressive.

Despite considerable enthusiasm for the models, staff were of the opinion that no one model could accommodate the entire range of behaviours or situations that they faced in their day-to-day practice.

All of the homes were also practising either restorative practice or therapeutic crisis intervention, or both, alongside their chosen models. Respondents felt that by using aspects of each in their practice, it equipped them with the most effective tools to deal with situations as they arose.

## Children and young people's views

Interviews were conducted with 29 young people living in homes where models had been implemented.

As expected, most young people were not aware that a new approach had been implemented in their home. Young people in some homes did, however, comment that the general atmosphere in the home was now 'more relaxed' and others noticed that there were fewer sanctions.

Young people also emphasised what aspects of residential care were important to them. Relationships with staff were highly valued, as was the fact that they had been supported to deal with emotions and past issues during their time there.

‘They helped me with my past and they help me with all my plans for the future.’

Young person, Southern Health and Social Care Trust

## Analysis of monitoring data

As another way of exploring the effectiveness of the models, monitoring reports from a sample of

homes were analysed. Monitoring reports record a number of events such as young people running away from the home, and how staff handle these. The analysis compared homes that had received training in a therapeutic approach with those that had not.

This analysis was challenging: overall numbers of untoward events were low, and could be greatly skewed by the actions of one or two individuals within a home. These results should therefore be interpreted with caution.

The results did suggest that staff responses to certain incidents changed after the introduction of the approaches. Homes with staff trained in a therapeutic approach were more disposed to manage incidents such as substance abuse within the home rather than calling on other agencies.

The analysis also suggested that after staff were trained in a therapeutic approach, the likelihood of assault on staff was lower than before training took place.

## Limitations of the research

This study has explored the implementation of therapeutic approaches to social work in Northern Ireland and the self-reported impact on staff and young people. It has, however, been less able to examine issues of effectiveness and impact due to the limited opportunity for comparisons over time, or between test and control groups.

Future research in this area would benefit from implementation strategies that allow for

before-and-after comparisons or control groups. It would also be useful to explore further objective measures of impact on staff, for example staff retention.

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## References/further information

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