

Book review

Whittaker, J.K., del Valle, J.F., and Holmes L. (Eds). (2015). Therapeutic residential care for children and youth: Developing evidence-based international practice. London: Jessica Kingsley. 392pp, ISBN 978 1 84905 792 9, £29.99

Corresponding author:

Jonathan Stanley, Principal partner, National Centre for Excellence in Residential Child Care (NCERCC), England and currently acting as CEO, Independent Children's Homes Association (England)

The authors of this edited book 'believe that properly designed and monitored Therapeutic Residential Care represents *one* critical form of specialized mental health treatment' to be located in a broader array of child and family services' (p.25). To make this a reality, this book shows the need for providers/practitioners to deploy multiple evidence-based interventions; whether for a specific or milieu setting, there needs to be diagnostic-specific, efficacious interventions enabling the right placement for the right child the first time he or she requires substitute care.

Concerns about Therapeutic Residential Care are summarised as follows: an absence of clear cut diagnostic indicators for therapeutic placement; concerns about attachments; fear of abuse and neglect; questionable effectiveness; lack of consensus on critical intervention development; atrophy of Therapeutic Child Care theory and development; rising costs; and growing preference for family-based treatment alternatives.

The book's grounding in current evidence will do much to dispel any mystique, miscommunication and misunderstanding, from baselines that are secure and extensive, with targets that are both ambitious and strategic, providing a clear ability to answer the question: 'How do you measure and report progress?'¹. This can provide practitioners with the kind of information to strengthening their advocacy and increase their confidence.

¹ Shiela Yaxley HMI speaking about education assessment – NASS conference October 2014).

Robbie Gilligan's challenge for 'therapeutic residential care' in the Foreword is for an expansive view, 'systematic (true to well-informed principles) rather than programmatic (meticulously implementing the detail of a care curriculum)' (p.17). Insight into but some of the variety of approaches and settings is well achieved in Section 2: 'Promising program Models and Innovative Practices in Therapeutic Residential Care', which would suggest itself for further expansion in a second volume, with more to draw from many other countries as well.

It is clear Therapeutic Child Care is not one thing but is necessarily many. As for Social Pedagogy, Therapeutic Child Care has 'haltung', a stance, an approach, naming it as one thing is to deny its reason, its dynamism, and misreading its achievements.

The book can be taken as a response to Adrian Ward's penetrating question, 'If it's not therapeutic ... what is it?' The introductory chapter by Whittaker opens up the primary task for Therapeutic Child Care, citing Courtney and Iwaniec, noting that a 'body of evidence is necessary to support care choices' (p.23). They see an 'imprecision' that needs correcting. The Residential Child Care task has to become even more explicitly methodical and reflective, working not from personal preference or experience. Assessment and evidence tells us the best way to be using every moment of time with this young person at this time.

The book is an enormous asset of contemporary research references, with 13 studies of needs-specific evidence based practices (p.146) and five studies of milieu (p.149). This is a good place to start if any provider were looking for examples of evidence based practice. Due caution is sagely given concerning the difficulties of transporting and implementing practice. Also noted is that 'it is essential for research to gain more insight into *how* results are achieved instead of merely investigating the results that are achieved' (p.223). One chapter notes that of 110 outcome studies, 91% neither sufficiently described the contents of care nor focussed on the association of contents of care and outcomes.

Various chapters consider the use of outcomes measures. A recent study group of the Independent Children's Homes Association in England considered all available standardised measures that could be practicably used in residential settings without other professionals needing to be involved². The conclusions were that there were few, and any that were used needed to be used in a structured way.

Research in Practice, a UK-based organisation bringing together research and practice expertise in children and families services, has observed that rather than 'best evidence', evidence that is 'most fit for purpose' is what is needed, triangulating research evidence, practice wisdom (professional expertise) and service user experience 'to construct new knowledge' (Holmes, 2015, n.p.). The

² Report available on request from admin@icha.org.uk

'notion of best evidence should be broadened and levelled ... the criterion of relevance should become a primary consideration alongside the criterion of evidential quality' (Mullen, cited in Holmes, 2015, n.p.). This seems especially important regarding Therapeutic Child Care being able to define itself, not as one thing but necessarily many things.

Using a lens provided by Gilligan in the Foreword, we can see a steady movement from the 'pragmatic and benign' to the 'principled and programmed' over time, from various volumes by Winnicott to Bettelheim to Dockar-Drysdale to today's excellent contemporary primers Hardwick and Woodhouse, and Tomlinson.

The challenge is not only to providers but also to governments to create space to pioneer today. Gilligan makes a valuable observation: 'Compliance is a close relative of caution, so it may be difficult for innovation and imagination to gain access to a house where compliance has charge' (p.18). It is possible to do this in an evidenced-based world; it requires clear sightedness by providers and government. This book is a vital read for policy makers and commentators.

There is a need to clarify the term 'Therapeutic Residential Care'. Neither Winnicott's 'facilitating environment' (1965) or 'healing', used by various recent authors, would meet Gilligan's 'expansive' criterion. Whittaker (1995, p.24) offers a definition towards a consensus:

TRC [Therapeutic Residential Care] involves the playful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and young people 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.

In undertaking this book review, I asked 20 providers in England for their definition of the term 'therapeutic'. Some were more 'interventionist', delivering definitions involving clinical mental health treatment; others' definitions looked to create 'systemic change for effective and sustainable outcomes'; yet others offered a psycho- social model based in dynamics and relationships. All agreed that, as one put it: 'The development of a therapeutic relationship/ alliance needs to be at a pace that the child/ young person can manage'.

This book offers the start of a fertile opportunity for dialogue around the richness of the term and practice of Therapeutic Child Care, one that includes provider experience and research evidence.

Responses to my question showed clearly referenced theory, practice and evidence. They included references to: admission matching; care planning; recognition of 'the everyday' as efficacious; psychological and emotional

containment for growth; a safe, warm and inviting living environment; the clinical and intimate meeting harmoniously; thoughtfulness and deliberating permeating communication and other actions; the informal made formal; a multi-agency approach to assessment, formulation and diagnosis; direction and overview of planning by an external consultant; the use of selected assessment tools to provide baseline data; the tracking of progress; the use of group data to monitor trends, provide child profile of need and to continually refine intervention approaches to maintain placement progress; open communication; a positive culture, viewing 'problem behaviours' as adaptive responses to past events and responding by supporting alternative learning and skills. Examples were given of accredited workforce development that includes didactic and experiential training and ongoing consultation to build staff knowledge, confidence and competence in applying skills. Maybe these strands too can be explored in further volumes, melting away the mystique, miscommunication and misunderstanding.

The book concludes with questions as opposed to definitive answers or templates, but throughout it offers greater understanding of a rich and varied field of residential child care practice.

References

Holmes, D. (2015, July 14). *All that glitters...*[blog]. Retrieved from: <http://project-oracle.com/news-and-events/blog-all-that-glitters-5/>

Whittaker, J.K. (2005). Creating 'prothetic environments for vulnerable children: Emergent cross-national challenges for traditional child and family services practice. In H. Grietens, W. Hellinckx and L. Vandemeulenbroeke (Eds.) *In the best interests of the child and youth: International perspectives*. Leuven, Belgium: Leuven University Press.

Winnicott, D. W. (1965). *The maturation Process and the facilitating environment*. London: Hogarth Press.

This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)