



Submission to the Narey Review of Residential Childcare

Introduction

The Consortium for Therapeutic Communities (TCTC) is a membership charity which supports, promotes and develops the application of relationship based, therapeutic community practice across a range of settings. These include health, prison, community, schools and residential interventions for both adults and children.

www.therapeuticcommunities.org

Over half our membership is made up of specialist therapeutic residential provisions for children and young people. We provide training opportunities, practice networks, conferences, academic links and communication for those working within this specialist field of practice. Our Quarterly TCTC Childrens Sector Group met in November and part of our agenda was to consider messages that we wanted to collectively communicate and submit to your review.

The group spent time considering the consultation questions posed by Sir Martin Narey in his review of residential care for government. Discussion followed and the following points were felt to be important descriptors of residential care and elements of good practice.

We hope that this is helpful in supporting this important task

Kevin Gallagher
Chair/ Director – The Consortium for Therapeutic Communities

Submission and Key Messages

- Residential care is not a single thing, but a segmented sector or spectrum of different types of specialism responding to different needs through different theoretical models.
- The sector is made up of different types of organisational provision – 66% of services operate up to 2 homes, a third of the available beds are operated by large national providers, often with underpinning venture capital investment. These different structures engage with local authorities in very different ways and have different organisational cultures which impact on the values and application of practice day to day.



- Residential care is working with the most vulnerable young people in our looked after system. We contain, understand and respond to high levels of emotional trauma, abuse and distorted development which shows itself in a range of physically and emotionally challenging behaviour.
- Residential care with its use of a team of carers (as opposed to family placements) is able to absorb high levels of distress. The team approach brings an array of skills and relationships to take the fore at different stages of a young person's needs. This brings a "stickability" that is continuous and strong and which has degrees of intimacy, but not as intimate and focussed as a family (which some young people cannot manage)
- Residential care is a specialist intervention in its own right – it needs to be afforded status, research and investment as other areas of practice receive
- Residential placements should be based on robust assessment both within social care/ health but more importantly within the residential provision. These assessments, using evidence based tools can provide baseline data and inform measurable intervention goals as well as creating data sets for the future to make better analysis of what works and to compare models.
- Residential care works best where there is a very clear model of practice – this then sets the shape of roles and organisational structures to support the delivery, it informs the workforce competencies required, it clarifies the different functions and integration of care, education and therapy input and it allows robust quality assurance
- There is much confusion (in local authorities and within providers) about what therapeutic care constitutes and therefore what features to look for in provision. Therapeutic care is a continuum of different models and approaches which can be applied for different groups of children. There are existing quality frameworks e.g. Therapeutic Service Standards at the Royal College of Psychiatry quality network "Community of Communities" but these do not suit every setting. Greater understanding of how theory is applied in practice will improve commissioning, matching and outcomes.
- The way that local authorities use and access residential care needs support and focus – this will allow local authorities to understand the breadth of placement types that are available, to commission the right placements at the right time and to understand what measurements of effectiveness are appropriate for different types of provision
- Direct dialogue between social workers, commissioners and residential practitioners should be encouraged. Relationships of trust and confidence with each party understanding the roles, responsibilities, strengths and pressures will lead to better placement matching.
- Workforce development needs focus – both in the career pathways available but also in the funding and models of delivery. Career progression needs to provide status to residential practitioners but also routes to progress in practice/ intervention and not only into management roles.



- Leadership of residential care is a highly specialised task drawing on management skills, but also deep understanding of practice, coaching and developing staff, reflective supervision and ongoing self-development activity. Registered Managers are THE most important layer/ role in the delivery of quality care to children.
- There is a high level of use of arts, creativity, vocational training and experiential learning applied in residential settings (and their often associated education). More should be done to develop and harness this as it is highly conducive to relationship based working.
- Care leavers voices should have greater prominence in shaping what works. Capturing the activities and relationships which made the difference may bring very different insights than focussing only on regulatory outcomes.
- Regulatory inspectors need support, training and opportunities to better understand the breadth of residential care. Only then can they be prepared to make judgements on the effectiveness of operating models for specific groups of children.
- Residential care is based on a strong value base and using the range of skills and resilience available in a team around a child, it is able to build a cumulative scaffolding that help to hold children as they recover from past trauma and progress through stages of development (often delayed)
- Residential care provides intervention which can be highly individual and tailored, it can deliver personalised outcomes and provide a solid foundation from which young people can progress into families or into independent living.
- Transitions on leaving care need more attention. Young people often face a “cliff edge” where they leave highly structured and supported environments and transition into community placements with fragile support packages. This is damaging to the individuals but also a waste of the resources deployed on the residential placements to that point.

End.

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