



:practice

Creating **positive
social climates** and
home-like environments
in therapeutic care.



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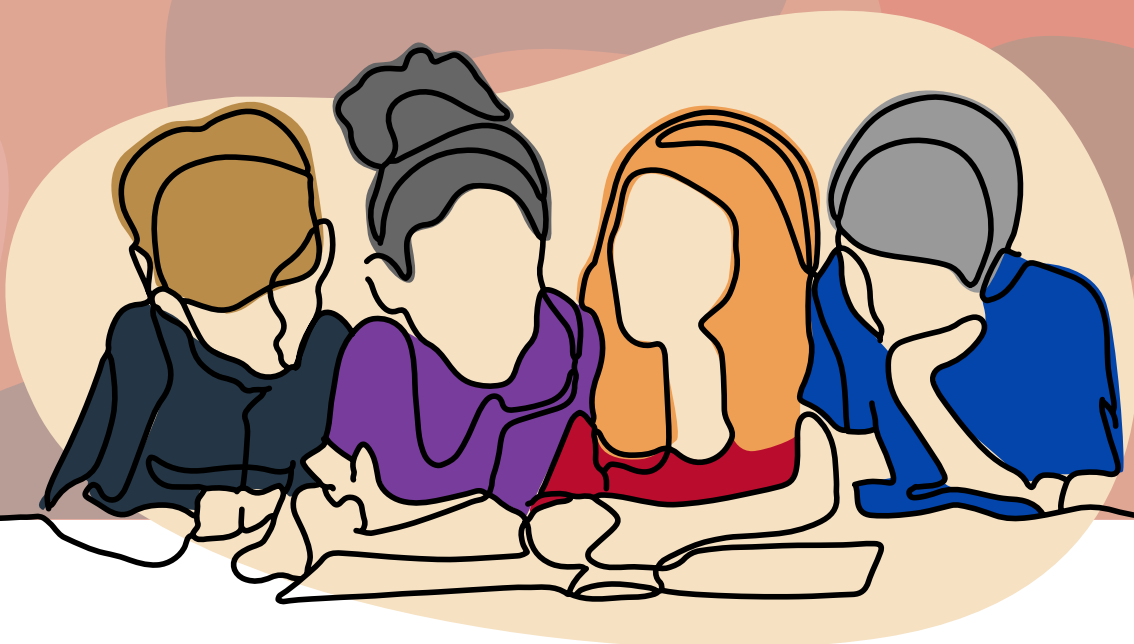
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● ● Purpose of this guide

This guide explores how to create therapeutic care contexts based on considerations about the notion of 'home', key features of the physical environment and the core aspects of the social climate which are critical to establishing a home-like environment and a sense of normality for young people in care.

● ● Key Messages

- The meaning of home as applied by individual children and young people needs to be considered in developing a therapeutic care environment that aims to create a sense of normality
- The sensory dimensions of the physical environment promote connection, regulation and belonging when they are developed with intentionality
- The culture of care, or social climate is of equal importance to the physical environment, each profoundly influencing the other
- When children and young people contribute to the way in which the care environment is configured and structured, its potential to exert a positive impact is optimised
- Research highlights the central role of a positive social climate in contributing to improved behaviour and adjustment among children and young people and the creation of an atmosphere that allows higher levels of safety, improved relational dynamics and lower levels of aggression and violence between children and young people in the home



● Introduction

The requirement to provide a physical environment that is home-like and reflective of a sense of normality is a critical element of effective therapeutic care practice (Anglin, 2002). There is also evidence which demonstrates the critical relationship between the social climate of the environment and the well-being, development and functioning of children and young people in care (Pinchover et al, 2014).

Drawing the physical and social domains together, Bailey (2002) suggested



...the culture at a residential facility and the philosophy of its program is the most important factor in promoting health and wholeness in the children who live there. However, the physical environment in which that culture and philosophy exists can be one of the greatest tools of its symbolic expression. Although such a therapeutic setting is not to take the place of a child's home, it will only be truly therapeutic in nature when it is comfortable and "home-like," thus giving the child a sense of safety and belonging... (p 25)

This guide explores how to create therapeutic care contexts based on considerations about the notion of 'home', key features of the physical environment and the core aspects of the social climate which are critical to establishing a home-like environment and a sense of normality for children and young people in care.

● ● What is 'home'?

The meaning of 'home and 'home-like' cannot be assumed. The construction of what feels like 'home' or feels 'home-like' is dependent on a range of factors including the child or young person's history and experience of 'home', cultural constructions of 'home', as well as the physical and relational dimensions of 'home'. Children and young people are likely to 'have had a fractured sense of home' (Clark et al, 2014) before arriving in Therapeutic Care.

Mallet (2004) provided a thoughtful review and critical reflection on the ways 'home' is understood and discussed in the literature and questioned



...whether or not home is (a) place(s), (a) space(s), feeling(s), practices, and/or an active state of state of being in the world... (p 62)

Mallet noted that 'home' is variously described in the literature as related to house, family, haven, refuge, self, gender, and journeying alongside ideas of being-at-home, creating or making home and the ideal home. She summarised that home can

- have boundaries that are permeable and/or impermeable
- be singular and/or plural
- be fixed and stable and/or mobile and changing
- be associated with feelings of comfort, ease intimacy, relaxation and security and/or oppression, tyranny and persecution
- be associated with family or not associated with family
- be an expression of one's identity and sense of self; and
- constitute belonging and/or create a sense of marginalisation and estrangement

Reflecting on the cultural construction of home, Mallet also reflected on the limited relevance of nuclear family and the nuclear family house to the meaning of home and family for many collective cultures where kinship and place are central to the experience of 'home'.

Finally, she noted the experience 'being at home in the world' where the experience of home is in the shared activity, contribution and voice you have in shaping your environment. As Jackson (cited in Mallet) noted



...we often feel at home in the world when what we do has some effect and what we say carries some weight... (p 80)



● ● Practice Reflections

- Explore the notion of 'home' reflecting on the range of ways in which 'home' is conceptualised and experienced in your life.
- Consider how can you come to understand more about what 'home' means to a child or young person, including the cultural construction of 'home'?
- How can you support the child or young person to experience 'home' across multiple dimensions (eg care environment, family, Country, through activities, having a voice)?
- How does thinking about what home means to you and the children and young people you care for help to inform the creation of a home-like environment?



● ● Physical environment



All aspects of the physical environment have an effect on the behaviour, mental health and well-being of the young people who occupy it (Docherty et al, 2006) not least because the physical environment mediates the interactions between young people and staff

(Bailey, 2002).

As a reminder to involve the views of children and young people in the creation of physical environments, Docherty and her colleagues (2006) found that what staff perceive to be a homely environment may not be what young people would choose. In their research, children and young people tended to focus on the aesthetic qualities whilst staff commented more on the functional aspects of space or features. Children and young people wanted to be able to personalise their bedrooms as well as other communal areas of the house. The personalisation of spaces is important for the experience of safety (Verso, 2011), the development of both autonomy and connection and as symbols of young people's developing identities, giving expression to who they are, what they like and are interested in (Dorrer et al, 2010). At issue is the sense of ownership of the living environment. Whose home is it? (Clark et al, 2014).



● ● Practice Reflections

- Consider who is involved in decision-making about what furniture and decorative objects are displayed in the shared spaces of the house. Is this the decision of staff, children, young people or others?
- Does the house reflect the children and young people living in the home at any point in time or is it more anonymous?



Whilst young people relate personalised spaces to the experience of safety (Verso, 2011), consultation with young people regarding the interior design of houses, both personal and communal spaces, must be carefully managed in relation to expectations and the changing nature of the population in the houses (Docherty et al, 2006).

In the physical environment, both structural and aesthetic qualities holds symbolic meaning for children, young people and staff in relation to the experience of care and control (Bailey 2002). It communicates a range of important messages to children and young people such as:

- You are important and valued
- We care about you
- This is a safe place
- What you think and feel matters
- This is somewhere we can have fun together
- We respect you

Maier (1987) pointed to the tensions that still exist today between the creation of a home-like environment with the physical environment being both a home and a workplace needing to encompass public/communal, private and professional spaces. As such, consideration must be given to who can access public/communal and professional spaces (Clark et al, 2014) – children, young people, family members, professionals and other visitors. The creation of safety for children and young people is enhanced by knowing who has permission to enter their home and the circumstances and processes through which this happens. Similarly, the notion of restricted access to public or communal spaces by children and young people is also of concern to them (Clark, 2014) and detracts from the experience of a home-like environment (eg locked doors and cupboards in the kitchen).



● ● Practice Reflections

- Consider who can access public/communal and professional spaces – children, young people, family members, professionals and other visitors.
- What is the purpose of locking parts of the living environment?
- How do you balance the need to address safety concerns and other possible broader goals required to place controls over the environment with the need to create a home-like environment?
- How can the environment be organised in a way that reflects both the needs of staff and the needs of children and young people who call this place home?

In a therapeutic environment, the physical structure plays an important role in helping children and young people to feel safe, contained and supported to develop control of their behaviour, emotions, and lives rather than be controlled (Bailey, 2002). Thus, the physical environment must be developmentally and culturally sensitive and support the meeting of developmental and cultural needs.

Meeting children and young people's need for privacy must be carefully balanced with safety concerns. Clear guidelines and expectations are required in the negotiation between staff and children and young people in relation to private spaces – who can enter them, under what circumstances – so that the experience of trust and safety can be preserved.

The notion of privacy is more than having a bedroom that is their own. A child or young person's experience of privacy may be different from having a bedroom that is private. It is important to consider the child or young person's views about what privacy means to them – it may be a bedroom that is just their own, it may be a space away from others where they can engage in an activity on their own, it may be a quiet space where they can withdraw and be on their own, or it may be that the experience of privacy is culturally unfamiliar or frightening as it evokes feelings of isolation or separateness that are intolerable.



The communal spaces of kitchen, dining room and bathrooms also play an important symbolic role in communicating care, warmth and comfort

(Bailey, 2002).

The notion of proxemics, or how space is configured to define physical distance between people, is an interesting and important environmental consideration. For example, in areas of the environment where people are brought close together by the architecture or the arrangement of furniture, children and young people may find the closeness either threatening or comforting. Conversely, in areas of the environment where people are kept far apart by the architecture or the arrangement of furniture, children and young people who are beginning to form connections may find such distance isolating (Akamas, 2007).

The external spaces are as important as the internal spaces in communicating care and belonging. Verso (2011) highlighted the importance of the outside of houses looking like other houses in the street as important to children and young people. Access to outdoor areas and recreational equipment is critical for children and young people and staff to have fun, to expend energy or as strategies for calming and regulating. Curtis et al (2007) have highlighted how outdoor space can be psychologically beneficial for a child to find a sense of calm. The therapeutic use of gardens, trampolines, and sporting equipment all provide opportunities for connection, shared activity and regulation.

● Sensory dimensions of ● the physical environment

The physical environment has a powerful effect on the sensory stimulation and stress regulation.

Many children and young people have difficulty self-regulating and have a limited 'Window of Tolerance' as Dan Siegel (1999) and others have termed it. This describes the optimal zone for processing and integrating experiences where the "width" of the window is directly related to the degree to which a child or young person can manage emotional and physiological arousal. Often children and young people who have experienced trauma have a very narrow window and are often operating outside this optimal zone (Gay, 2015).

Gay (2015) also highlighted that individuals can unconsciously utilise strategies to assist them to feel better when they are distressed and upset, returning them to their optimal zone. These strategies are usually sensory based, because as Winnie Dunn (2001), an Occupational Therapist said "...the experience of being human is embedded into the sensory events of our everyday lives". Whether it be listening to music, talking to a friend, doing exercise or any other sensation based activity, individuals seek this sensory input as a way of changing and soothing their emotional and physiological states. The sensory dimensions of the physical environment become a powerful tool in supporting children and young people to change how they are feeling.

Each of the senses is involved in processes of stimulation and relaxation. Sensory experience that engages the sympathetic nervous system produces stimulation. Sensory experience that reduces arousal in the sympathetic nervous system and engages the



parasympathetic system produces soothing. In general, traumatised children and young people are reactive through the sympathetic nervous system, even to stimuli that in others would elicit parasympathetic responses. It is this hypersensitivity that can be soothed through environmental changes (Akamas, 2007).



The use of colour and furnishings, in addition to the use of texture, smell, sound, light and dark in interior and exteriors space must be carefully considered (Akamas. 2007).

For example:

- **touch** - baskets of tactile and manipulative hand held games, lotions to rub on their skin, pillows to arrange for comfort, weighted blankets body stockings
- **smells** – different bottles of scents to spray on pillows at night
- **taste** - different types of sweets or chewing items for taste
- **hearing** - a surround sound system with a variety of relaxation music; and
- **visual** - many different types of lighting that the residents can manoeuvre however they find helpful (Warner et al, 2013)

Robinson and Brown (2016) adapted a Sensory Environment Checklist initially developed for people with Autism Spectrum Disorders by Bogdashina (2003) and later adapted by Simpson (2009) for use in the residential care environment. The tool (Appendix 1) provides a useful starting point for thinking about how best to provide an environment that will enhance engagement, meet the sensory needs of children and young people and reduce behavioural problems which are often sensory driven. The Environmental Checklist is split into 3 sections: sensory, escape and other. The sensory section is further sub-sectioned into tactile, visual, olfactory, auditory and vestibular systems. You may wish to further adapt this tool to your specific needs.

In residential care settings there is a growing interest in the use of sensory rooms. There are multiple types of sensory rooms and purposes for use that have been created and implemented in different practice areas to date.

According to Tina Champagne, Occupational Therapist and researcher, sensory rooms can:

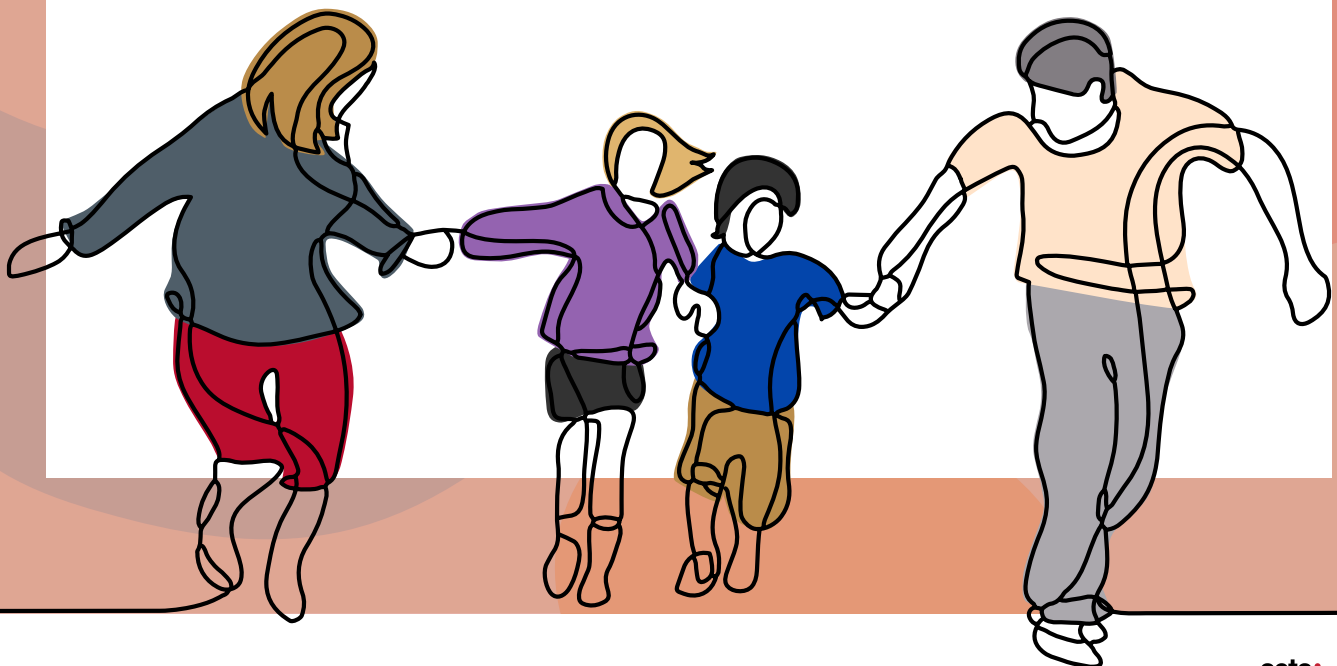
- Help to create a safe space
- Facilitate the therapeutic alliance
- Provide opportunities for engagement in prevention and crisis de-escalation strategies, as well as a host of other therapeutic exchanges (for example, to teach skills, offer a variety of therapeutic activities)
- Promote self-care/self-nurturance, resilience and recovery

‘Sensory tool boxes’ are an alternative approach for children and young person to have in their rooms for use when they are dysregulated and/or sensory rooms that included a range of items geared towards the five senses.



● ● Practice Reflections

- What does the physical environment of the house you work in communicate to the child or young person about how important they are?
- How does the physical environment you offer children and young people convey warmth and nurture?
- How does the physical space you offer support children and young people's needs for privacy and connection?
- How is public, private and professional space defined in the home that you offer? What involvement did children and young people have in how this is negotiated and accessed?
- How do you foster a sense of shared ownership in shared spaces with children and young people? How are children and young people living in the home at any point in time reflected in the creation of shared spaces?
- How are approaches to property maintenance and property damage supporting the experience of care in the physical environment for children and young people?
- Use the Sensory Environment Checklist for Children's Residential Homes adapted from Simpson (2009) in Appendix 1 to undertake a sensory audit of the home. What other elements would you include in an audit of the living environment? How can you involve children and young people in deciding what is important to audit?





● ● The social climate



...An agency can have the most wonderfully designed buildings that are developmentally and symbolically appropriate, however, unless the appropriate culture is in place to make proper use of the facilities, the power of the design and its symbolism loses its positive impact... (Bailey, 2002, p 24).

Whilst the physical environment is important, it is not the only determinant of the child or young person's experience of a home-like care environment. The culture of care, or social climate is of equal importance to the physical environment, each profoundly influencing the other.

The care environment must create relationships of care and support in an



...an atmosphere that is one of mutual enjoyment and respect, diverse interests and opportunities to develop and clear, calm firm expectations for the child's behaviour... (Hughes 1997, p.194).

Research highlights the central role of a positive social climate (Refer Table 1) in contributing to improved behaviour and adjustment among children, young people and the creation of an atmosphere that allows higher levels of safety, improved relational dynamics and lower levels of aggression and violence between children and young people in the home (Eltink et al, 2015; Pinchover et al, 2014; Cantora et al, 2014; Attar-Schwartz, 2013; Bailey, 2002).

Table 1: Critical Elements of the Social Climate

POSITIVE SOCIAL CLIMATE	NEGATIVE SOCIAL CLIMATE
Staff are empathic, friendly, warm and supportive	Staff are emotionally distant and unfriendly
Children and young people are encouraged to seek help from staff who are viewed as resources and supports	Staff show disinterest in children and young people
Children and young people feel safe to share their thoughts and feelings with staff who are viewed as responsive	Staff are not seen as approachable or understanding
Staff have the capacity to tolerate and safely contain psychological distress	Staff are intolerant and rejecting
Open and supportive of growth, personal autonomy and change	Repressive and focussed on power and control
Children and young people experience fewer behaviour difficulties	Children and young people display higher levels of emotional and behavioural disturbance with staff using punitive rather than relational approaches to support them to regulate emotions and manage behaviour
Strong relational connections between staff and young people	Absence of relationships between staff, children and young people
Children and young people feel that they belong or can come to belong	Higher rates of absconding and absence of children and young people
Children and young people and staff share activities, mutual enjoyment and fun	Staff are disengaged from children and young people
Staff morale is high	Staff morale is low
Staff feel well supported and trained	Staff feel unsupported and are poorly trained
Limits, boundaries and expectations are negotiated, understood, accepted and calmly applied	Rule based approach that is not negotiated and often not well understood. Application of punitive consequences, often arbitrarily or haphazardly applied.
Routines and daily rituals are able to be flexible to meet the changing needs of young people	Strong emphasis on rigidity and adherence to institutionalised process to structure the daily care experience
Mutual respect is shown between staff, children and and young people	There is a lack of respect shown in interactions between staff, children and and young people
High levels of engagement and hopefulness	High levels of boredom, disengagement and hopelessness

POSITIVE SOCIAL CLIMATE	NEGATIVE SOCIAL CLIMATE
High levels of motivation shown by children, young people and staff	Low levels of motivation are shown by children, young people and/or staff
Children and young people have a right to physical and psychological privacy	Children and young people feel exposed in a climate of surveillance and monitoring
Staff are reflective and use a problem-solving approach to responding to the difficulties and needs of children and young people	Staff are reactive and crisis oriented
Staff are able to consistently and effectively use authority	Staff are focused on control and authoritarian approaches to responding to children and young people
Consistent and stable workforce	High levels of staff absenteeism and turnover

(Eltink et al, 2015; Pinchover et al, 2014; Cantora et al, 2014; Attar-Schwartz, 2013; Bailey, 2002, Hughes 1997, Colton, 1989)



● ● Practice Reflections

- How does your team find a balance between the desire to create a normalised, home-like setting and the requirements for maintaining safety and minimising risk?
- How would you describe the social climate of the home? How would children and young people describe it?
- How do children and young people have a voice in the daily routines and practices in the home or is the balance in favour of being staff led?
- How are children and young people's right to privacy respected in the communication of information about them between staff and/or others?
- How can the Therapeutic Specialist support the enactment of a positive social climate? Consider the role of mentoring, coaching, psycho-education, reflective practice, working with the leadership, staff and children and young people to review existing process and approaches that work against a positive social climate.



● ● Useful links and resources

Starting up a sensory room

https://www.ot-innovations.com/wp-content/uploads/2014/09/Starting_up_sensory_Room_web.pdf

A range of useful ideas for sensory rooms and tool boxes is available from Tina Champagne's website:

<https://www.ot-innovations.com/clinical-practice/sensory-modulation/sensory-rooms-in-mental-health-3/>

Clark, A., Cameron, C. and Kleipoedszus, S. (2014). Sense of place in children's residential care
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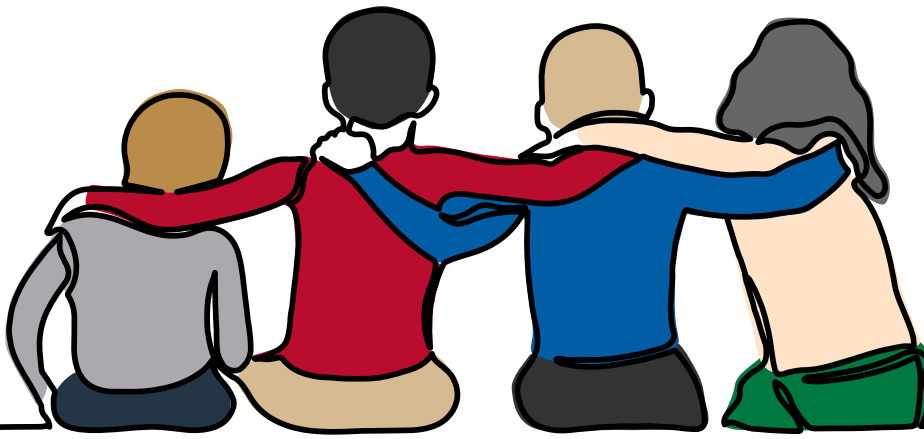
The use of food and food practices in residential care in Scotland <https://vimeo.com/38027535>

Appendix 1

Sensory Environment Checklist for Children's Residential Homes adapted from Simpson (2009)

Robinson and Brown (2016)

1	SENSORY – TOUCH-TACTILE QUESTIONS	Y/N	COMMENTS
1.1	<p>Are there sensory materials for children and young people to play with/use in the environment? Eg. Toys, games, televisions.</p> <p>Are there a variety of materials for each child and or young person who wants stimulation?</p>		
1.2	<p>Are there opportunities for soft play/rough and tumble for children and young people to access?</p> <p>Consider how often and whether the opportunities are appropriate.</p>		
1.3	<p>Are there spaces where children and young people can go if they want to be away from the group?</p> <p>Consider of furniture positioning could facilitate this.</p>		
2	SENSORY – SIGHT-VISUAL QUESTIONS	Y/N	COMMENTS
2.1	<p>Are the colours in the environment low arousal, such as cream and pastel shades, and not red or vibrant. Consider whether all rooms/spaces need a change of paint or wall paper.</p>		
2.2	<p>Is the environment cluttered with furniture?</p>		
2.3	<p>Does the environment have fluorescent or harsh lighting rather than dimmable or subtle lighting?</p>		
2.4	<p>Is there sunlight form windows or skylights?</p>		
3	SENSORY – SMELL-OLFACTORY QUESTIONS	Y/N	COMMENTS
3.1	<p>Does the paint or wallpaper smell? Are there other background smells?</p>		
3.2	<p>Does the environment smell of cleaning materials (eg air freshener/)</p>		
3.3	<p>Does the environment smell of individuals (including pets) (eg deodorants, body odour, perfume)</p>		
3.4	<p>Do smells drift around the building from room to room?</p>		



4	SENSORY – HEARING/AUDITORY QUESTIONS	Y/N	COMMENTS
4.1	Is there a general noise level in the environment?		
4.2	Have people with hypersensitive hearing been considered with respect to specific noises such as ticking clocks, humming from lights, road noises, noises in the distance?		
4.3	Is there noise from flooring that can be deadened?		
4.4	Are there different noises at different times of the day?		
4.5	Have you any specific silent areas?		
5	SENSORY – BALANCE/VESTIBULAR QUESTIONS	Y/N	COMMENTS
5.1	Is the environment appropriate for children and young people who seek movement (eg lots of space, trampoline)?		
5.2	Are there opportunities to go indoors and outdoors?		
6	ESCAPE QUESTIONS	Y/N	COMMENTS
6.1	Is there a system to know when a child or young person needs to escape from a situation?		
6.2	Is there a room/space for escape?		
6.3	Is this room/space used solely for this purpose?		
6.4	To what extent is this room/space low stimulus and safe?		
6.5	Is there an alternative to the escape room/space (eg garden)?		
7	OTHER QUESTIONS	Y/N	COMMENTS
7.1	Can changes be made to the sensory background? (Eg are there practical or financial limitations?)		
7.2	To what extent is the background safe for the young people?		

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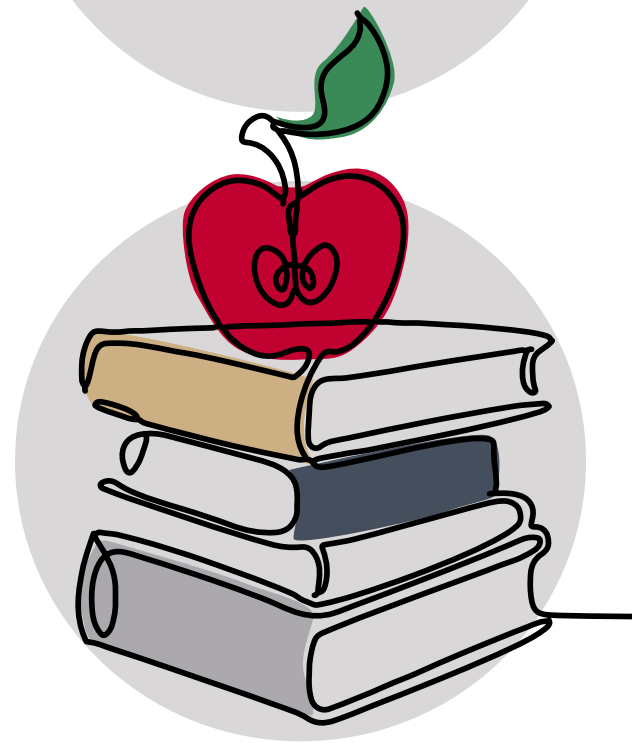
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cetc ● centre for
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therapeutic care

cetc@childhood.org.au
www.cetc.org.au



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