



**Australian
Childhood
Foundation**

**Centre for
Excellence in
Therapeutic Care**

Delivered in Partnership with Southern Cross University

Practice Guide

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

Published: February 2019

Centre for Excellence in Therapeutic Care





Suggested citation: Mitchell, J. (2019). Practice Guide: Creating positive social climates and home-like environments in therapeutic care. Centre for Excellence in Therapeutic Care: Sydney NSW.

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The Centre for Excellence in Therapeutic Care is a partnership between the Australian Childhood Foundation and Southern Cross University. Its function is to support the evolution of the newly reformed Intensive Therapeutic Care system being rolled out in NSW. The Centre integrates up to date research evidence with cultural knowledge, practice wisdom and the voices of young people in care to produce reports, practice resources and training to support the provision of high quality, evidence informed therapeutic care. The Centre works in collaboration with the Intensive Therapeutic Care Agencies, the Department of Family and Community Services (FACS), Education, Youth Justice, Peak Bodies and other important stakeholders throughout NSW. Given the nature of the resources it produces, they may also be relevant to other organisations and systems of care in Australia and internationally.

Purpose of this guide

This guide has been developed to support the implementation of Essential Element: Physical Environments from the Ten Essential Elements of Therapeutic Care.

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 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 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 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 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 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 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 young person's history and experience of 'home', cultural constructions of 'home', as well as the physical and relational dimensions of 'home'. Young people are likely to 'have had a fractured sense of home' (Clark et al, 2014) before arriving in Intensive 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.



How can you support the young person to experience 'home' across multiple dimensions (eg care environment, family, Country, through activities, having a voice)?



Consider how can you come to understand more about what 'home' means to a young person, including the cultural construction of 'home'?



How does thinking about what home means to you and the 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 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, young people tended to focus on the aesthetic qualities whilst staff commented more on the functional aspects of space or features. 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, young people or others?



Does the house reflect the 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 young people and staff in relation to the experience of care and control (Bailey 2002). It communicates a range of important messages to 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) – young people, family members, professionals and other visitors. The creation of safety for 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 young people is also of concern to young people (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 – young people, family members, professionals and other visitors.



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?



What is the purpose of locking parts of the living environment?



How can the environment be organised in a way that reflects both the needs of staff and the needs of young people who call this place home?

In a therapeutic environment, the physical structure plays an important role in helping 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 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 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 young person's experience of privacy may be different from having a bedroom that is private. It is important to consider the 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, 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, 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 young people. Access to outdoor areas and recreational equipment is critical for young people and staff to have fun, for young people 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 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 young person can manage emotional and physiological arousal. Often 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 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 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 the girls spray on their pillows at night;
- **taste** - different types of candies 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 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 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 young person about how important they are?



How does the physical environment you offer young people convey warmth and nurture?



How does the physical space you offer support young people's needs for privacy and connection?



How is public, private and professional space defined in the home that you offer? What involvement have young people has in how this is negotiated and accessed?



How do you foster a sense of shared ownership in shared spaces with young people? How are the 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 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 young people in this 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 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 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 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
Young people are encouraged to seek help from staff who are viewed as resources and supports	Staff show disinterest in young people
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
Young people experience fewer behaviour difficulties	Young people display higher levels of emotional and behavioural disturbance with staff using punitive rather than relational approaches to support young people to regulate emotions and manage behaviour
Strong relational connections between staff and young people	Absence of relationships between staff and young people
Young people feel that they belong or can come to belong	Higher rates of absconding and absence of young people
Young people and staff share activities, mutual enjoyment and fun	Staff are disengaged from 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 and young people	There is a lack of respect shown in interactions between staff and young people
High levels of engagement and hopefulness	High levels of boredom, disengagement and hopelessness
High levels of motivation shown by young people and staff	Low levels of motivation are shown by young people and/or staff
Young people have a right to physical and psychic privacy	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 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 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 young people describe it?



How do 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 young people's right to privacy respected in the communication of information about young people 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 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. Sense of place in children's residential care home: perceptions of home? *Scottish Journal of Residential Child Care*, Vol.13, No.2. https://www.celcis.org/files/3814/3817/9601/2014_Vol_13_2_Clark_Sense_of_Place.pdf

Punch, S., Dorrer, N., Emond, R. and McIntosh I. (2009). *Food practices in residential children's homes: The views and experiences of staff and children* (PDF), Stirling: University of Stirling. https://dspace.stir.ac.uk/bitstream/1893/17007/1/ncercc_stirling_food_staffhandbook.pdf

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	Yes/No	Comments
1.1	Are there sensory materials for young people to play with/use in the environment? Eg. Toys, games, televisions. Are there a variety of materials for each young person who wants stimulation?		
1.2	Are there opportunities for soft play/rough and tumble for young people to access? Consider how often and whether the opportunities are appropriate.		
1.3	Are there spaces where the young people can go if they want to be away from the group? Consider of furniture positioning could facilitate this.		
2	Sensory – Sight-Visual questions	Yes/No	Comments
2.1	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.		
2.2	Is the environment cluttered with furniture?		
2.3	Does the environment have fluorescent or harsh lighting rather than dimmable or subtle lighting?		
2.4	Is there sunlight form windows or skylights?		
3	Sensory – Smell-Olfactory questions	Yes/No	Comments
3.1	Does the paint or wallpaper smell? Are there other background smells?		
3.2	Does the environment smell of cleaning materials (eg air freshener/)		
3.3	Does the environment smell of individuals (including pets) (eg deodorants, body odour, perfume)		
3.4	Do smells drift around the building from room to room?		



4	Sensory – Haering-Auditory questions	Yes/No	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	Yes/No	Comments
5.1	Is the environment appropriate for young people who seek movement (eg lots of space, trampoline)?		
5.2	Are there opportunities to go indoors and outdoors?		
6	Escape questions	Yes/No	Comments
6.1	Is there a system to know when a 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	Yes/No	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?		

References

Akamas. (2007). About healing environments. This article is extracted from “*Working with Traumatized Children*” Level 4 BTEC Qualification available online from Akamas.

Anglin, J. (2002). *Pain, Normality and the Struggle for Congruence – Reinterpreting Residential Care for Children and Youth*. Binghamton, NY: The Haworth Press.

Attar-Schwartz, S. (2013). Runaway behaviour among adolescents in residential care: The role of personal characteristics, victimization experiences while in care, social climate, and institutional factors. *Children and Youth Services Review*, 35, 258-267.

Bailey, K. (2002). The Role of the Physical Environment for Children in Residential Care, in *Residential Treatment for Children and Youth*, 20:1, 15-27.

Cantora, A., Mellow, J. and Schlager, M. (2014). What About Nonprogrammatic Factors? Women’s Perceptions of Staff and Resident Relationships in a Community Corrections Setting, *Journal of Offender Rehabilitation*, 53, 35–56

Clark, A., Cameron, C. and Kleipoedszus, S. (2014). Sense of place in children’s residential care Sense of place in children’s residential care home: perceptions of home? *Scottish Journal of Residential Child Care*, Vol.13, No.2.

Colton, M. (1989). Foster and residential children’s perceptions of their social environments. *British Journal of Social Work*, 19(1), 217–234.

Curtis, S., Gesler, W., Fabian, K., Francis, S. & Priebe, S. (2007). Therapeutic landscapes in hospital design: A qualitative assessment by staff and service users of the design of a new mental health inpatient unit. *Environment and Planning C: Government and Policy*, 25, 591-610.

Docherty, C., Kendrick, A., Sloan, P. and Lepiniere, J. (2006). *Designing with Care: Interior design and residential child care*, Edinburgh: Scottish Institute of Residential Child Care.

Dorrer, N., McIntosh, I., Punch, S. and Emond, R. (2010). Children and food practices in residential care: Managing ambivalence in the institutional home, *Special Edition of Children’s Geographies*, 8 (3), 247-260.

Dunn, W (2001) The Sensations of Everyday Life: Empirical, Theoretical and Pragmatic Considerations. *American Journal of Occupational Therapy*, Vol. 55, 608-620.

Eltink, E., van der Helm, P., Wissink, I. & Stams, G. (2015) The Relation between Living Group Climate and Reactions to Social Problem Situations in Detained Adolescents: “I Stabbed Him Because He Looked Mean at Me”, *International Journal of Forensic Mental Health*, 14, 2, 101-109.

Gay, J. (2015). Trauma and Sensory Interventions – A view from the Occupational Therapist’s mat, Prosody, Australian Childhood Foundation. <https://professionals.childhood.org.au/prosody/2015/02/trauma-and-sensory-interventions/>

Glisson, C. and Green, P. (2006). The Effects of Organizational Culture and Climate on the Access to Mental Health Care in Child Welfare and Juvenile Justice Systems Administration and Policy, in *Mental Health and Mental Health Services Research*, Vol. 33, No. 4, 433-448.

Hughes, D. A. (1997). Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioural Change in Foster and Adopted Children. Lanham, Maryland: Rowman and Littlefield Publishers.

Maier, H.W. (1987). *Development Group Care for Children and Youth*. New York: The Haworth Press.

Mallett, S. (2004). Understanding home: a critical review of the literature, Editorial Board of *The Sociological Review*.

Pinchover, S. and Attar-Schwartz, S. (2014). Institutional social climate and adjustment difficulties of adolescents in residential care: The mediating role of victimization by peers. *Children and Youth Services Review*, 44, 393–399.

Robinson, C. and Brown, A. (2016). Considering sensory processing issues in trauma affected children: The physical environment in children’s residential homes, *Scottish Journal of Residential Child Care*, Vol.15, No.1.

Siegal, D. (1999). *The Developing Mind*. New York: Guilford Press

Verso Consulting. (2011). *Evaluation of the Therapeutic Residential Care Pilot Programs: Final Summary and Technical Report*. Melbourne: DHS.

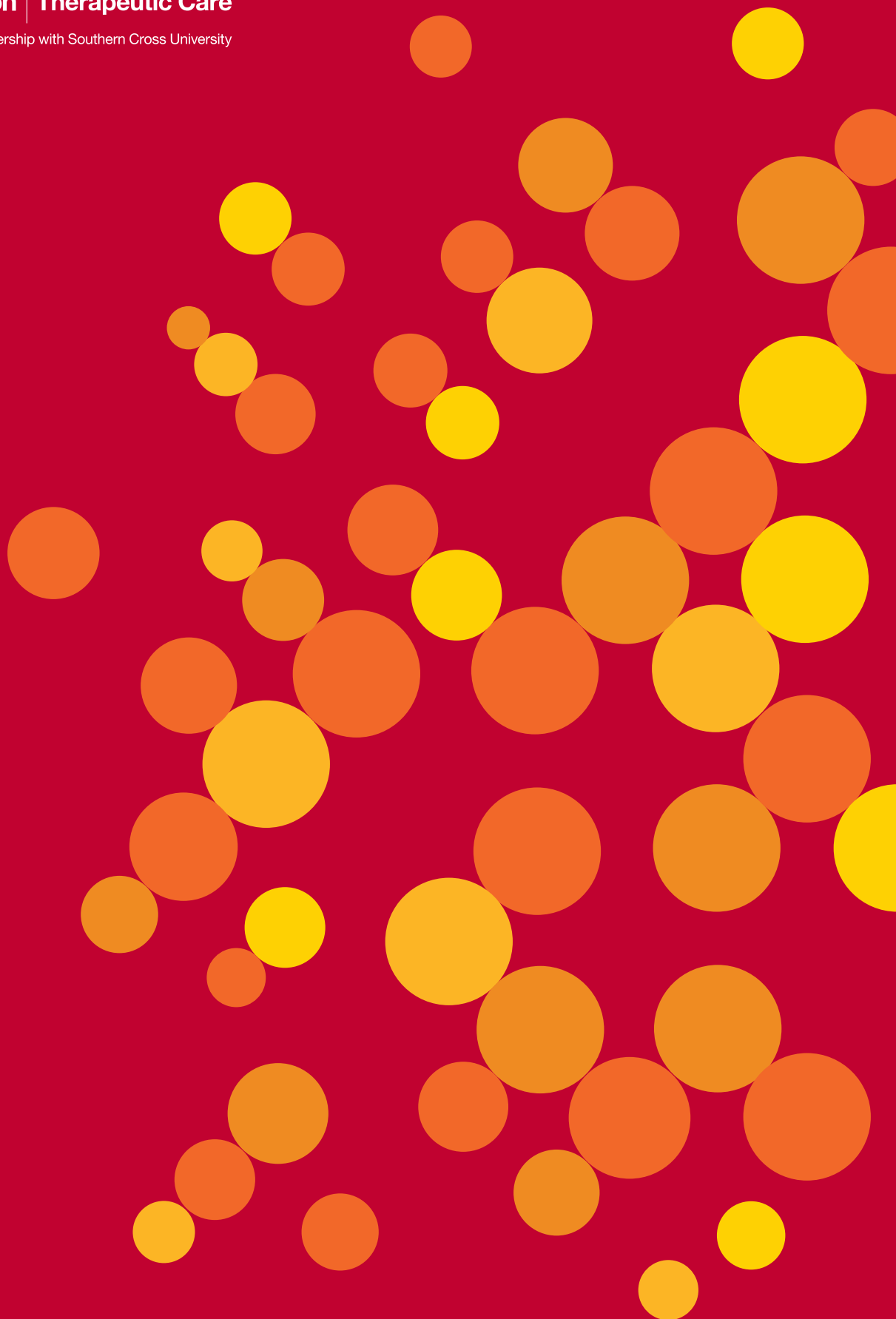
Warner, E., Koomar, J., Lary, B. and Cook, A. (2013). Can the body change the score? Application of sensory modulation principles in the treatment of traumatised adolescents in residential settings, *Journal of Family Violence*, 28, 729-738.



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