

## NCERCC Distinguishing Residential Child Care, Therapeutic Child Care, Treatment, and Trauma-informed Residential Care Models ©

- **RCC** is the broad foundation: safe, stable, relational care.
- **TRCC** is RCC with an embedded therapeutic framework.
- **Treatment care** is clinical, structured, and specialist—closer to health care than social care.
- **Trauma-informed care** is not a “type” of placement but a **lens** that should inform all the above.

| Model                                     | Core Purpose  | Primary Focus   | Staff Skills & Approach  | Young People’s Needs  | Environment & Culture  |
|---|---|---|--|---|--|
| <b>Residential Child Care</b>             | Safe, stable, nurturing day-to-day care for children who cannot live with a family, length of stay can vary | Daily living, relationships, routines, safety, development,                       | Skilled carers offering consistency, boundaries, emotional warmth, and social learning   | Broad range of needs: attachment disruption, instability, behavioural challenges, developmental needs                           | Homely, stable, relationship-centred; emphasis on belonging and everyday life  |
| <b>Therapeutic Residential Child Care</b> | Integrates therapeutic thinking into everyday care to support longer-term healing and development           | Emotional regulation, relational repair, address developmental trauma, attachment | Staff trained in theory and practice of psycho-social therapeutic models; planned environments; reflective practice; clinical consultation | Children with multiple, co-occurring interacting social, emotional, psychological needs, dysregulation, relational difficulties | Highly reflective, relational, structured around therapeutic principles; consistent, attuned, predictable              |
| <b>Treatment Care</b>                     | Often short-term, structured, formalised clinical interventions within a residential setting                | Diagnosed mental health conditions, behavioural disorders, clinical risk          | Multidisciplinary team: psychologists, psychiatrists, therapists; evidence-based treatment plans; clinical governance                      | Young people requiring targeted clinical treatment (e.g., eating disorders, severe self-harm risk, complex psychiatric needs)   | Clinical-led environment with integrated therapy programmes; higher levels of monitoring, assessment, and intervention |
| <b>Trauma Informed Care</b>               | Ensure all practice is shaped by understanding the impact of trauma   | Safety, trust, empowerment, choice, collaboration                                 | Staff trained in trauma theory, triggers, regulation, de-escalation, and strengths-based practice; avoids re-traumatisation                | Any child with trauma experiences (explicit or implicit); not limited to those with clinical diagnoses                          | Culture of emotional safety, predictability, empowerment; whole-system aware of trauma impact                          |

