

A Community-Integrated, Family-Driven, Anti-Racist Approach to Residential Treatment: New Priorities for the Post-Covid 21st Century

While this moment of pandemic may well call for targeted, immediate and innovative solutions to acute problems and challenges in residential treatment, it also provides an opportunity to re-set the meaning of residential treatment such that it responds to the social world of the 21st century. To do this, we need new approaches to research, new themes to focus on, and a willingness to acknowledge that the new scientism of residential treatment, complete with evidence and outcome-focused industries, has changed very little: We are still *housing* young people, who are overwhelmingly *Black and racialized*, at some *distance from family* and with *controlled access* from and to community, in *security and surveillance*-focused buildings. We are still using the same mix of expertise, comprised of the surprisingly uniform disciplines of psychiatry, psychology, social work, nursing and youth work, and we are still asking families to come and engage with us – we are, in other words, still the centre of our own universe, and we are actively protecting our position and that universe.

The residential care and treatment sector in the United States and in Canada comes with many strengths and a history of overcoming adversities: Smart, hardworking people; flexible and innovative responses to changing policy directives; the ambition to change lives. Say what you want, but it is *this* sector that continues to engage with young people and their families for whom no one else is providing options and hope.

What if we were to take this time of exceptionalism, of interruption, and invested in re-conceptualizing how we are with communities, families and young people? What if we understood anti-racism not as something we ought to address so as to protect what we have, but as the starting point of creating something entirely different that might help us stop perpetuating the very social relations that create the need for our services in the first place? And what if we de-prioritized treatment scientism and ideology and focused instead on community care practices that pool and integrate rather than divide and separate the social capital embedded in communities?

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Professor and Chair of Social Innovation & Entrepreneurship at Ryerson University in Toronto, Dr. Kiaras Gharabaghi provides a hard-hitting, critical perspective on where we are at in residential treatment and a hopeful and optimistic perspective on where we can go if we dare to do so. Author of *A Hard Place to Call Home: A Canadian Perspective on Residential Care and Treatment for Children and Youth* (2019), Dr. Gharabaghi advocates for a reckoning with our own oppressive practices so as to find space for an emergent ethic of care desperately needed in the 21st century.