Two's company, three's a crowd?

What about 1, 4, 6, 8 or 10+?



Size and 'task' in therapeutic residential homes

Exploring the chapter by Dr Kevin Gallagher

dialogue

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Defining therapeutic residential care

- A purposefully constructed living environment, matched to identified needs.
- Emotional and relational growth through everyday care and education.
- Families and wider resources contribute to the therapeutic task.
- A coherent model gives daily relationships and routines their purpose.
- It also allows regulatory and contractual clarity (external) and allows practice governance and workforce support (internal)



Whittaker et al. (2015, p. 24); Gallagher et al. (2022)
As cited in Gallagher, Chapter 3

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“Smaller is better?”

- Historical experiences of institutions and abuse influence how residential care is imagined.
- Economic as well and social policies set the context for this work over periods of time
- Ideas of “family-style” care can obscure the professional task – this operates at social and political level
- Size alone tells us little about the model, relationships or quality of practice.
- 'Planned and purposeful’ means deliberate choices about size, linked to children’s needs.

Henderson (2024); Holmes et al. (2018, p. 215)
As cited in Gallagher, Chapter 3

A wider network of relationships

- Children may seek different kinds of support from different adults at different times.
- Peers can offer belonging, recognition and mutual support – lived and shared experience.
- A diverse team and group creates a range of relational possibilities. (Opportunity Led Work)
- Continuity and quality determine what these relationships can offer – reflection is essential
- We have 'emotional weather' within an 'emotional climate' (Laura Steckley, Uni. Of Strathclyde)



Furnivall (2011); Smith et al. (2017)
As cited in Gallagher, Chapter 3

Therapeutic Communities: foundations of group therapeutic care

- Group living and care as a deliberate mode of practice – several decades of practice and other evidence
- Psychodynamic thinking about feelings, anxieties and relationships.
- A holding environment supports children and staff through emotional intensity.
- Systems thinking connects relationships, roles and the whole setting.
- These principles can occur in lots of sizes, layouts, settings and client groups

Ward (2003); Winnicott (1953)
As cited in Gallagher, Chapter 3

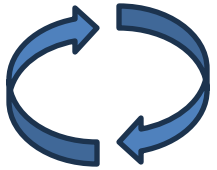
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Five “quintessences” – a therapeutic journey

Attachment	A sense of belonging
Containment	Safety and reliable boundaries
Communication	Feelings can be expressed and understood
Participation	A meaningful part in shared life
Agency	Choice, responsibility and growing autonomy



Haigh (2013, p. 6), as cited in Gallagher, Chapter 3

How group size changes the experience

- We have huge oversupply of homes and places, and still insufficient access – this is about practice not premises
- The most common registrations are solo and esp. 2 bed ‘EBD’, research shows that new homes and solo homes are the least stable for children (Rick Hood, 2025)
- Every arrival or departure changes the group for everyone.
- For example, in a group of three, an established pair may leave one child outside the relationship.
- Larger groups can widen the available relationships and roles – but they have to be planned and purposeful
- These possibilities need thoughtful structures, boundaries and skilled facilitation.

Opportunity-led work

- Therapeutic moments arise in ordinary interactions.
- A disagreement, shared activity or informal conversation can reveal feelings and meanings.
- Attuned staff notice these moments and respond thoughtfully.
- A planned structure creates room for spontaneous relational work.
- This requires real development of practice competence and confidence to create, spot and use opportunities
- It also requires significant ongoing maintenance – reflection individually and in groups

Ward (2002, pp. 111–124), as cited in Gallagher, Chapter 3

The group as a source of learning

- Peers can offer support and model new possibilities.
- Children witness adults negotiating and seeking help.
- Daily life offers practice in repair, responsibility and participation.
- Peers get to powerfully witness and contribute to relational work as it unfolds and changes over time



Edmond (2003); Kasinski (2003)
As cited in Gallagher, Chapter 3

Belonging, authenticity and love

“I felt loved, because I felt my voice in that home”

Young adult, quoted in Gallagher (2023), p. 198

- Closeness can coexist with an honest understanding of professional roles.
- In order to share authority, there has to be containment and safety, that uses relationships to build trust

Gallagher (2023, p. 198), as quoted in Chapter 3

Relationships, risks and restrictions

- Risk anxiety can narrow opportunities for relational work.
- High levels of supervision can coexist with isolation or limited choice.
- Solo settings may be needed for some children and particular tasks.
- Their purpose, specialist support and pathway into wider relationships need to be explicit – they mostly aren't at present.
- We have seen a general drift towards smaller and smaller – largely driven by risk and assumption. It has countless negative consequences for children and the system

Cahill et al. (2016); Brown et al. (2018); Roe (2023)
As cited in Gallagher, Chapter 3

The workforce sustains the culture

- A shared task and model connects the work of a diverse team.
- Use of self, attunement and reflection underpin relational practice.
- Supervision and clinical consultation help staff work with emotional intensity – there are structural questions here about what clinician, doing what activities?
- Protected learning time and organisational support enable skilled care. The organisational context and culture is just as important as what is happening in a home.

Gallagher, FEVACA (2025), slides 6, 8–13
Baker & Mendez Sayer (2026), executive summary, pp. 5–8

Transitions and life beyond the home

- Progress and departures affect the child and the wider group.
- Peers can see possibilities and uncertainties in each other's journeys.
- There are anxieties and frustrations in staff teams to manage too
- Life and independence kills need practice in wider relationships, with continuity and aftercare.



Curry (1991); Gallagher (2023)
As cited in Gallagher, Chapter 3

What the evidence can tell us

- De Swart et al. (2012) cites evidence favoring defined treatment models over non-specific residential care.
- Hood (2025) evidences the positive impact of residential care in stabilizing following trauma and allowing a range of positive outcomes across domains – it works for those for whom it is intended
- The DfE workforce review drew on 58 sources and nine stakeholder interviews. The evidence remains fragmented, with limited direct workforce research.
- These sources do not establish a single best home size – it has to be purposeful and practice led.

De Swart et al. (2012), as cited in Gallagher, Chapter 3
Baker & Mendez Sayer (2026), executive summary, pp. 5, 7

Planned and purposeful provision

- A continuum of homes with different tasks and forms of care – sufficiency, local, sub-regional, regional, national – RCCs are the new vehicle for this
- Children's assessed needs (tools?) matched to a clearly described model – SoPs much more technical, overhaul of CH Regs
- Size considered alongside relationships, education and specialist support – integrated systems of governance
- Quality of practice and relational experience at the centre of the discussion.
- Therapeutic Service Standards – Royal College of Psychiatrists

Gallagher et al. (2022); Holmes et al. (2018, p. 215)
As cited in Gallagher, Chapter 3

Sources and Links

Dr Kevin Gallagher (via Dialogue) 2026
Two's company, three's a crowd? What about 1, 4, 6, 8 or 10+?
Size and 'task' in therapeutic residential homes. Supplied Chapter 3.

FEVACA Conference presentation 2025

Dr Kevin Gallagher. Therapeutic Workforce Development.
Concepts and practice examples, principally slides 3–13.

DfE Workforce Review Baker and Mendez Sayer, September 2026

Children's homes workforce knowledge and skills: Rapid evidence assessment.
Executive summary, pp. 5–8.

- www.therapeuticcommunities.org
- https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/community-of-communities
- https://ncercc.co.uk/

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