Dear Sir/ Madam

I am writing as a director/trustee of a practice charity www.therapeuticcommunities.org (known as TCTC) where ½ the membership are therapeutic residential care and education services – virtually all small services with between 1-4 homes and representative of the bulk of the provision in the UK

I also sit on the Advisory Group for a quality improvement network at the Royal College of Psychiatrists (this is called Community of Community, C of C https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/community-of-communities) – within this network, again over ½ the members are children's therapeutic services, predominantly homes and some schools. There is significant overlap in the membership of these two networks and they have formal links as the share underpinning Core Values.

In my 'day job' I run a small, specialist therapeutic residential care and education service – boys, 11-18 who have displayed harmful sexual behaviour. We have two fully accredited therapeutic communities, an hour apart, one in England, one in Wales.

The C of C network has a suite of peer developed, therapeutic service standards – some for Therapeutic Child Care specifically, some for Therapeutic Communities (a more formal group living model) which are also used in children's residential care, but also well established in prisons and adult mental health. In essence – Ofsted regulates people and premises…these standards sit alongside and provide a framework to quality assure practice. There are plenty of services making use of these – none of the larger organisations…in fact when a smaller service using the standards is bought by a larger operator, the membership and involvement in the practice networks almost always cease.

These standards allow providers of services to have a robust framework to design, operate, describe and quality assure their practice. They can be applied to a wide range of different shapes and sizes of provision, shaped in bespoke ways to respond to specific needs…e.g. services for harmful sexual behaviour need to be a different shape and design to services for borderline mental health (for example).

For local authorities, these could be specified in commissioning arrangements – it would allow them to have some common language and approaches to engage with the diverse shape of residential provision 'out there' – and to be more demanding of services to be clear about their provision, how it is structured, the underpinning theory and evidence based for practice and more defined structured and

components – i.e. how is education systemically integrated, therapy in house or bought in? what model or discipline, what's the theoretical approach to risk, or intervention….all these vary based on the profile of children the service is designed to help.

This has application for local, regional and national shaping of services – there will be some cohorts of need (step down from psychiatric care for example) where national need is low volume but high acuity – regional centres for this work would be far more appropriate for specific interventions – this would also apply to other categories of need.

This also has application for different shapes of services – for example, some profile of need can be worked with effectively in larger groups – formal therapeutic communities have a long and rich evidence base – these have application for children/ young people who display harmful sexual behaviour for example – they are not intended to be 'forever homes' – but to do targeted and technically informed interventions with intended pathways into lower tariff provision.

I hope that this is useful – there is a very large network of practice provision 'out there' that is outside the strictures of the large national providers – many of this smaller network are small, practitioner owned services that have been involved in the work for decades.

TCTC and C of C are networks that I would encourage you to engage with as a vehicle to get access to other perspectives and models that are already working effectively.