

Community of Communities

A Quality Network of Therapeutic Communities



Service Standards for Communities for People with Learning Disabilities

First Edition

2007

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Foreword

Universal standard setting has always caused me problems, fearing the limitations that are implicit in citing the approved way of doing things. Communities set up with the intention of including people with learning disabilities have generally grown out of radical thinking and action, not from a desire to conform to the standards of the time.

Why then should such communities give consideration to the service standards produced by the Royal College of Psychiatrists' Centre for Quality Improvement, when the logical response might be to spurn them as yet another attempt to stifle the very creativity that gave communities their life? The answer lies, I think, with the changed and changing social environment that presents such communities with challenges never envisaged by their founders; challenges that require a new way of negotiating the world around them.

The evolution of community care brought to an end the old "ideal practice" of enormous gated estates for those whom we could not comprehend. But in so doing it has taken up a new certainty; that of living independently within the local community. Anything not reflecting this view tends to be regarded as part of the old order and therefore to be deplored. Communities that include people with learning disabilities find themselves criticised because they persist in being different, in asserting different values, seeing interdependence rather independence as being the goal and, on the surface at least, in offering a faint echo of the hated Victorian institution.

The advance of community care has also brought with it a requirement for greater transparency in the running of services, including giving proper attention to the views and experiences of those with a learning disability. This requirement may often be more an aspiration than a fact but remains a challenging target for all - the communities included - who involve themselves in the lives of others.

It is in this context that communities should consider adopting the Royal College service standards. They can provide the communities with an externally validated means of:

- demonstrating a willingness to be accountable and the capacity to change when necessary.
- supporting the growth of links with the host community and the involvement of community members in decisions affecting their lives.
- providing the opportunity to meet their critics (or at least those prepared to engage in honest enquiry) on common ground.

The standards have been developed with the participation of people living in communities and use language that is straightforward and not easily capable of misconstruction. As such they have the capacity to reflect clearly the intentions and methods of the communities and something of the experiences of those who live within them.

But remember, today's "ideal practice" may be tomorrow's wrong thinking. The future of these standards lies as much with the communities themselves as anyone. Use them now and contribute to their change and improvement tomorrow.

Richard Grover

Member of the Advisory Group for Communities for People with Learning Disabilities

Co-founder and Director of Trigonos and Author of Communities that Care: Intentional communities of attachment as a third path in community care

Introduction

The Community of Communities for people with Learning Disabilities is one of four networks within the Community of Communities (C of C) programme of quality improvement based at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI)¹. The network is a systematic, standards-based, quality improvement process that incorporates self- and peer-review and brings together Learning Disability Communities in the UK. These standards are the foundation for the annual cycle (appendix 3 & 4) and a basis for staff and clients to share best practice.

Learning Disability Communities were developed in the 1940's and were, originally, known as Intentional Communities. Interdependence is at the heart of community life and members of the community live and work together as active participants in their own and others' lives. These communities provide an environment of engagement to people labelled as having a disability and those without disability on an equal basis and emphasise the value of everyday relationships and activities. Members often make a home for life, and they are staffed by volunteers who often live within the communities. Learning Disability Communities are mostly based on a spiritual model providing members who may otherwise be marginalised with a valid place in society and a 'family like' environment. There is no formal therapy, and most of the activities involve ordinary day-to-day tasks and non-verbal work is often very important.

The Development of the Standards

An advisory group was established (appendix 7) to develop the standards. Their work was informed by a review of the key literature and information from visits to Learning Disability Communities.

The first task of the group was to identify and describe the values that guide the work of Learning Disability Communities. Where appropriate, other standards within the field were also consulted including Camphill standards, the *Service Standards for Therapeutic Communities, 5th Edition* (www.communityofcommunities.org.uk), Supporting People Standards, Residential Care Standards and Reach: Standards for Supported Living (2002).

The draft standards were sent to 70 communities and Learning Disability services for consultation. Communities were asked to rate the standards as 'not important' 'important' or 'very important' to providing a good quality service. They were also asked to provide more detail comments and suggest any new standards.

There was generally a good consensus with most standards being rated as either very important or important to the quality of the service. Low rated standards were removed or reworded. Other editing criteria included ease of measurement; achievability, and local adaptability. Contentious issues raised were discussed and resolved within the Advisory Group. The terminology used within the standards was agreed as part of this process.

¹ Visit www.rcpsych.ac.uk for more information

The consultation has helped this first edition reflect contemporary practice and represent developing views on the central elements of community practice in the UK.

The Standards

The standards are the basis for self reviews and external peer reviews. The aim of the reviews is to improve the quality of services using an annual cycle of self- and peer-review, to share best practice and to develop links with similar communities.

The standards are written in straightforward language intended to be accessible, but in such a way so as not to compromise the integrity or meaning of this complex work.

The standards are organised around five sections or themes:

1. Core values
2. Community membership
3. Community living
4. Involvement and integration
5. Organisational support

The Core Values section outlines the values and principles underpinning the work of these communities. These values guide the subsequent sections. Each section begins with a statement that gives a rationale for the standards that follow. These standards attempt to be generic but may not apply well to all learning disability services.

Each section contains general statements as standards written in bold text, and more specific statements as criteria within these. Each standard has a number of criterion statements. Criteria are not comprehensive, but are generally given as examples of good practice relating to the standard.

Finally, the standards have been allocated unique identifier numbers, indicated in the right hand column. These are in addition to the standard numbers that are indicated in the left hand column.

Using the Standards

These standards are not intended to replace any existing statutory requirements, but describe the specialist practice of communities working with people with Learning Disabilities.

The standards represent ideal practice and it would be unusual if services met every standard.

This document is provided for reference and not for data collection. Data collection tools adapted from these standards will be provided with guidance notes to members. A selection of the standards will be measured.

Core Values

There are clear set of values and principles underpinning the work of the community which are shared amongst the community

1

In order to have a sense of personal growth, individuals need to have a sense of belonging

2

Interdependence is the key element of community life. This is developed through members sharing responsibilities, actively engaging in matters affecting the life of the community and building positive relationships

3

The community provides an environment that respects the individuality of all members and aims to increase capabilities through contributing to the well-being of the group

4

The variety of abilities, qualities and backgrounds amongst members are seen as positive ingredients to community life

5

The community recognises that difficult experiences and problems can be necessary for personal growth and community maturation

6

The community promotes a culture based on honesty and openness

7	The leadership and structure of the community is clearly defined and reflects the objectives of the community
8	Involvement with the local neighbourhood, family and friends supports personal and community development

1: Community Membership

ID No.

In order to grow, people need to have a sense of belonging. The community aims to maximise the potential of each member and does not set a limit to the nature or quality of that development.

1.1	<i>We share responsibility for helping new members join the community</i>	1
1.1.1	We help new members to understand and get used to the community culture and practices	2
1.2	<i>We all help to make decisions that affect the life of the community</i>	3
1.2.1	There are ways to express our views and opinions when decisions need to be made	4
1.2.2	We have clear criteria for selecting non-disabled members based on community values and principles	5
1.2.3	We are involved in the process of selecting members to jobs and responsibilities within the community	6
1.3	<i>We are part of every-day community life and feel a sense of belonging to our community</i>	7

1.3.1	We share the day-to-day tasks of the community	8
1.3.2	We take part in the traditions and celebrations of the community	9
1.4	<i>We share responsibility for helping members leave our community</i>	10
1.4.1	We mark an individuals' leaving the community with an event	11
1.4.2	We discuss the impact of members leaving our community	12

2: Community living

ID No.

Interdependence is the key element of community life. This is developed through members taking up responsibilities, building positive relationships and generally being active participants in their own and others' lives.

2.1	<i>We take part in some responsibilities in the community and are assisted in fulfilling them</i>	13
2.1.1	We recognise that different people take different levels of responsibility within the community. This does not affect our equal rights	14
2.1.2	We recognise that all roles and responsibilities contribute to the running of the community	15
2.2	<i>We are encouraged to form relationships with other members and get together with one another as a significant part of community life</i>	16
2.2.1	We take part in community activities which helps us to form a variety of relationships with others	17
2.2.2	We are supported to form the relationships we choose	18

2.2.3	We have a network of people within the community who we like to spend time with	19
2.2.4	There are many opportunities for me to get together with other members of the community to share interests	20
2.2.5	Mealtimes are an opportunity for my household and other members of the community to get together	21
2.2.6	I am supported to understand that there are different types of relationships; positive and negative	22
2.2.7	We understand that living in a life-sharing environment requires respect for individual privacy	23
2.3	<i>We recognise that living in a community setting will involve some compromises</i>	24
2.3.1	We are supported to understand any difficulties involved in living with other members	25
2.3.2	We are encouraged to participate regularly in discussions about life in our home	26
2.3.3	As household members we are encouraged to discuss any difficulties involving other residents in the house	27

2.4	<i>We recognise that we are all givers as well as receivers</i>	28
2.4.1	We are supported by other members of the community	29
2.4.2	We support other members of the community	30
2.5	<i>We value the learning opportunities in everyday interactions</i>	31
2.5.1	We talk to each other about our behaviour and the way that it affects other members	32
2.5.2	We offer each other advice on constructive ways of coping with conflict and frustration	33
2.6	<i>We treat each other with respect and consistency</i>	34
2.6.1	We value and accommodate the different abilities and backgrounds of all members and are sensitive to these differences	35
2.6.2	We have opportunities to learn about individuals' cultural & religious beliefs; and their customs & practices	36

2.7	<i>Positive risk taking is seen as essential to my personal development and growth</i>	37
2.7.1	We safely manage the tension between risk and opportunities for development, and this is used as a learning process	38

3: Involvement and Integration

ID No.

Involvement with the local neighbourhood and family and friends supports personal and community development.

3.1	<i>We build relationships with a variety of people outside of the community and participate in activities outside of our homes</i>	39
3.1.1	We actively encourage opportunities for building friendships in the local neighbourhood	40
3.1.2	We are supported to see places and people outside of the community and to take our entitled holidays	41
3.1.3	We are encouraged to invite family, friends and other visitors to the community and take the lead in arranging and hosting the visits	42

4: Organisational Support

ID No.

The leadership and structure of the community is clearly defined and reflects the objectives of the community

4.1	<i>Group and individual support is provided for us in different ways</i>	43
4.1.1	My support can be provided by trained professionals as well as my peers	44
4.1.2	My support plans can be developed in formal and informal settings	45
4.1.3	There is someone to talk to about issues and pressures arising from group living. Regular meetings take place to do this	46
4.2	<i>We have a clear organisational structure for the communication of issues that affect the community</i>	47
4.2.1	We discuss all matters relating to the day to day running of the community	48
4.2.2	We have groups to address and discuss different aspects of the community and discussion is then fed back to all members	49

4.2.3	We have regular business and managerial meetings attended by community members	50
4.3	<i>We carry out research to support and promote the work of the community</i>	51
4.4	<i>We have an active programme, involving members in publicising and promoting the work of the community to referrers and other professions</i>	52

Appendix 1 – Bibliography

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Appendix 2 – Glossary

Interdependency: Acknowledgement that each of us is part of an integral network, each with a level of reliance on others.

Living-learning environment: A shared commitment to the goal of learning from the experience of living and/or working together.

Appendix 3 - What is the Community of Communities?

- Community of Communities (C of C) is a standards-based quality improvement network which brings together Therapeutic Communities (TCs) in the UK and internationally.
- Member communities are located in Health, Education, Social Care and Prison settings. They cater for adults and children with a range of complex needs, including:
 - Personality Disorders
 - Mental Health Problems
 - Offending Behaviour
 - Addictions
 - Learning Disability
- C of C is part of at the Royal College of Psychiatrists' Centre for Quality Improvement and works in partnership with the European Federation of Therapeutic Communities (EFTC), Association of Therapeutic Communities (ATC), the Charterhouse Group (ChG) and the Planned Environment Therapy Trust (PETT).
- Funding is from members' subscriptions and a Big Lottery grant.

What do we do?

- Develop specialist service standards in an annual consultation process with members.
- Manage an annual cycle of self- and peer-review where the emphasis is on engagement as opposed to inspection.
- Provide detailed local reports which identify action points and areas of achievement.
- Publish an annual report which presents an overview of collective performance, identifies common themes and allows for benchmarking.
- Host a number of events and opportunities for members to share their experiences, learn from others and gain support.

What are our aims?

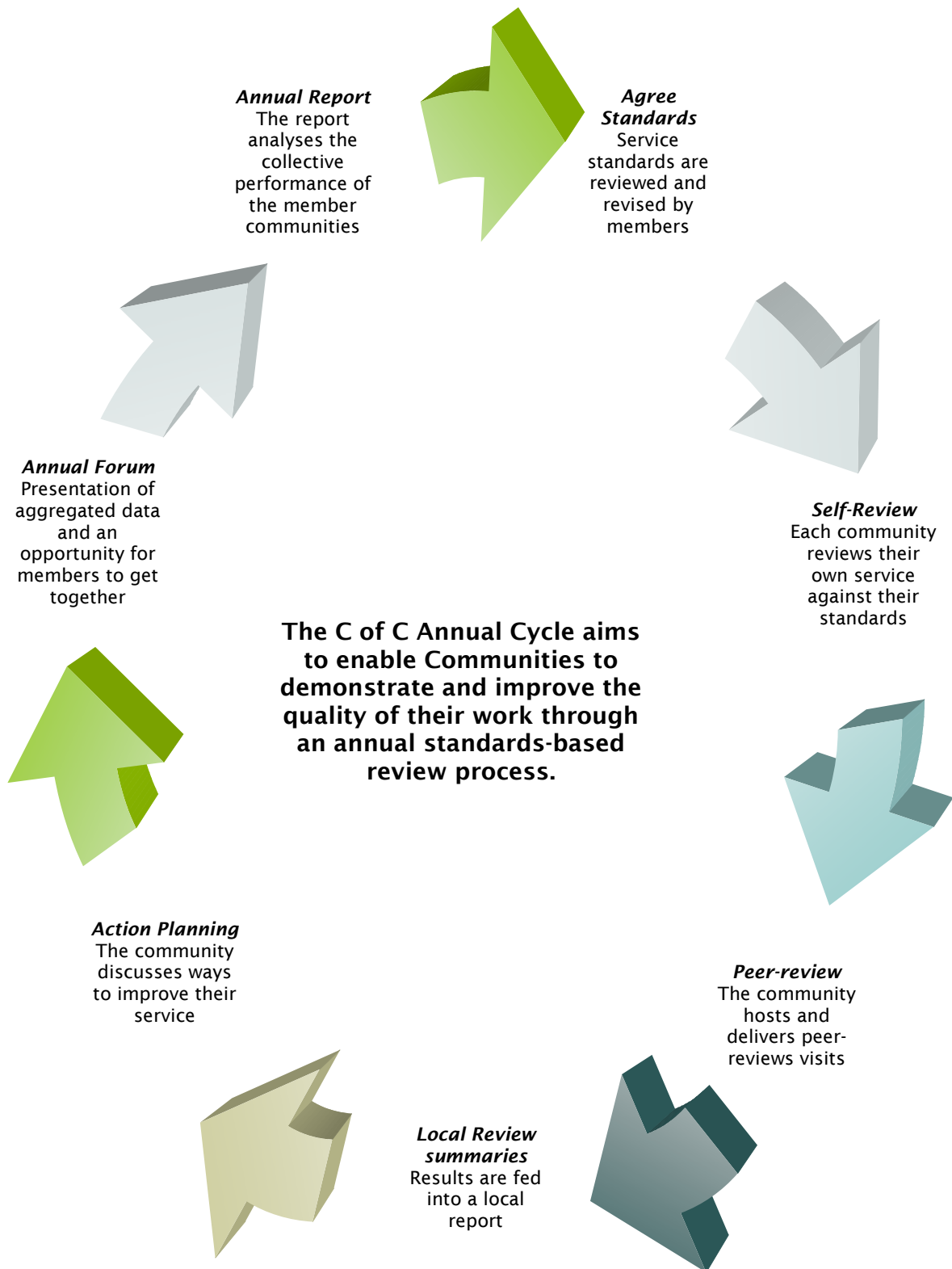
- Provide specialist service standards which identify and describe good TC practice and provide a democratically agreed definition of the model.
- Enable therapeutic communities to engage in service evaluation and quality improvement using methods and values that reflect their philosophy, specifically the belief that responsibility is best promoted through interdependence.
- Develop a common language which will facilitate effective relationships with commissioners, senior managers and the wider world.
- Provide a strong network of supportive relationships.
- Promote best practice through shared learning and developing external links.

Members Feedback

“Instead of professionals coming together...there was a real sense of whole communities being involved, with staff, current and ex-community members sharing and discussing their experiences...It felt right, healthy, like a therapeutic community on a very large scale.”

“Useful (process) because it makes you question how you are performing, what you are actually working toward and face up to shortcomings. It is important to keep asking why things are being done the way they are”

Appendix 4 - The Annual Cycle



Appendix 5 - Standards Feedback Form

We hope you have found the Service Standards for Communities for People with Learning Disabilities useful and we would appreciate your feedback. Your comments will be incorporated, with the approval of member Communities, into future editions of this publication.

1. Have you found these standards useful? Yes No

Comments:

2. Do you have suggestions for new sections/topic areas or new standards or criteria you would like to see included in future versions?

3. Do you have any general suggestions about this document that would improve its usefulness?

4. What is your interest in these standards e.g. service user, carer, professional?

Thank you for taking the time to complete this form. Your comments will be considered carefully.

Please photocopy and return to: The Community of Communities for People with Learning Disabilities, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA.
Tel: 020 7977 6697 Fax: 020 7481 4831.

Appendix 6 - Community Information

Name of Community:		Telephone Number:
		Email:
		Website:
Address:		First Contact:
		Telephone:
		Email:
		Second Contact:
		Telephone:
		Email:
Sector e.g. NHS, Social Care:	Programme e.g. day, residential:	Parent Organisation:
Number of Places:	Age range:	Catchment Area:
Length of Stay:	Affiliations e.g. ATC, ETFC:	
Form Completed by:		

- I would like to receive further information about joining Community of Communities

Please photocopy and return to: The Community of Communities for People with Learning Disabilities, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA.
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Appendix 7 – Acknowledgements

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