



Community of Communities
A Quality Network of Therapeutic Communities



Service Standards for Therapeutic Communities

5th Edition

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CRTU037

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Foreword

I am pleased to be asked to write the foreword to the 5th edition of the Service Standards for Therapeutic Communities. The Association of Therapeutic Communities values these standards as a way to engage individual communities in a process of continuing a “culture of enquiry” into the delivery of best practice within our services.

In this past year I have been involved in and learnt from review visits to communities within the NHS, the voluntary sector, the prison service and independent communities. There is such diversity within the network and each community faces its own unique challenges, yet the similarities between us are more evident than our differences. This is set to become increasingly the case with the expansion of the Community of Communities to work with communities for learning disabilities, children and young people and addictions. The new “core standards” and the development of three new sets of service standards are set to increase our understanding of the value base underpinning the use of “community as care” which will benefit TCs across all sectors.

It is a turbulent but exciting time for therapeutic communities, especially those within the National Health Service. New services are being developed and older services are being encouraged to explore their relevance in the 21st century. The Community of Communities have continued to support NHS TCs to meet the demands of the environment by implementing a self-review of the Five Fives (Standards to Support the Commissioning of Therapeutic Communities), the results of which will be published in the 2005-2006 local reports. Most importantly, a proposal for a system of accreditation was presented at the annual forum this year and members voted overwhelmingly in favour of piloting this process in 2006-2007. TCs in the voluntary sector are equally excited by the prospect of accreditation and will work with the Community of Communities team to develop this process.

The Association of Therapeutic Communities and the Community of Communities are dedicated to promoting the Therapeutic Community model and to developing a coherent strategy for research and development. The coming year promises to be a challenge for all members as we open our arms to embrace accreditation and welcome our colleagues from other community settings.

Kevin Healy
Director of the Cassel Hospital
Chair of the ATC

The Development of the Standards

Introduction

The Community of Communities (C of C) quality network was established in 2002 by the Royal College of Psychiatrists' Research Unit (CRU) and the Association of Therapeutic Communities (ATC) with support from the Community Fund. C of C brings together member TCs in the UK and abroad, in a systematic, standards-based, quality improvement process that incorporates self- and peer-review. The service standards are the foundation of the annual cycle (see Appendix 1) and a basis for staff and clients to participate in the evaluation of services and share best practice.

The Service Standards for Therapeutic Communities were originally developed through a number of consultation exercises during the year 2001. Over the past 5 years the standards have been reviewed and consulted on by members and experts as a key part of the annual cycle. This process enables members' ownership of the standards and ensures the standards continue to reflect contemporary TC practice. However, it has led to an increased number of standards, poor clarity and lack of logical structure. It was agreed that the standards required dedicated review and revision which was conducted by the Community of Communities' expert advisory group in the last cycle.

The expansion of the Community of Communities and the development of three new sets of therapeutic community standards for learning disabilities, children and young people and addictions have increased the relevance of "Core" standards for Community of Communities' members. It is hoped that whilst TCs working with different client groups require specialist standards, each group will be able to sign up to a central "core". It is envisaged that these standards will be reviewed as new communities join the network.

Core Standards

Provisional 'core standards' were included as an appendix in the last edition of the Service Standards¹. These standards reflect the views expressed at standards working groups in addition to feedback given during reviews and at the Annual Forums. The project team reviewed the standards on several occasions throughout January and February 2006, focussing on their current theoretical relevance (e.g. Haigh, 2005²). It was proposed that the standards would provide the necessary and sufficient conditions for being a therapeutic community.

A questionnaire was designed to rate the importance of the proposed standards and this was sent to all participating therapeutic communities. 14 communities responded. In the case of 15 of the 16 standards, 95% of respondents rated that standard "somewhat important" or "very important". The communities also answered an open-ended question about what a therapeutic community should be. In response to this, most communities generally referred to a 'living learning experience' and to a 'culture of enquiry'. Following the consultation, the standards were reviewed and agreed by the advisory group.

¹ <http://www.rcpsych.ac.uk/pdf/CCstandards4thEd.pdf>

² Haigh, R. (2005). Charismatic Ideas - Coming or Going? *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26 (4, Silver Jubilee Issue): 367-385

Service Standards for Therapeutic Communities

This year the standards have undergone a major revision and have been streamlined into 5 overarching sections: Physical Environment, Staff, Joining and Leaving, Therapeutic Environment and External Relations. The intention was not to fundamentally change the existing standards but rather to ensure they are measurable, achievable and adaptable to a range of service settings. The standards have also been made more accessible by omitting unnecessary jargon and by grouping them according to meaningful common themes. This has allowed for a greater logical progression of the standards through each section.

An expert working group was held on the 3rd of March to undertake the revision. The group comprised members of the Community of Communities' advisory group and the project team. The participants were asked to consider each section of the standards, focussing on ambiguous language, categorisations, repetition, omissions and theoretical relevance. Suggestions and alterations were recorded by a scribe. The edited version of the standards was then sent to all advisory group members including those absent at the working group. All feedback on this version was compiled and brought for verification at the second advisory group meeting.

Unique Identification Numbers

The unique identification numbers used in the 4th edition of the standards (<http://www.rcpsych.ac.uk/pdf/CCstandards4thEd.pdf>) have been retained, allowing for accurate cross-referencing with earlier editions. All standards are identified by a letter which is followed by a unique identification number. 4th edition standards are numbered from 1- 207. New standards developed this year are numbered from 208. The letter coding system is as follows:

“U” = Standards that are new or have not been altered in any cycle

“Q” = Standards that have been altered every cycle

“M” = Standards that have been modified. The number(s) in front of the letter relates to the corresponding cycle in which the change was made, e.g. if a change was made in the second and third cycle but not the fourth, then the unique ID would be: 2.3.M152, if it was changed again in the 5th edition it would be: 2.3.5.M152.

Standards for Better Health

The Service Standards for Therapeutic Communities have been mapped to the Healthcare Commission's Standards for Better Health³. Each standard has been reviewed and the corresponding Standard for Better Health is noted in the far right column. This is to help TCs, primarily in the NHS, to use Community of Communities' local reports as evidence of compliance to the Standards for Better Health. Where the column is left blank there is no obvious corresponding standard.

³ Healthcare Commission (2005). *Criteria for assessing core standards: Information for mental health services and learning disability services.*

Core Standards			
Number		Unique ID No.	Standards for Better Health
CS.1	The whole community meets regularly	U218	C17
CS.2	All community members work alongside each other on day to day tasks	Q125a	
CS.3	All community members share social time together	U219	
CS.4	All community members share meals together	U220	
CS.5	Community members take a variety of roles and levels of responsibility	U221	
CS.6	Informal aspects of everyday living are integral to the work of the community	Q125b	
CS.7	All community members can discuss any aspects of life within the community	Q137	C7e C17
CS.8	All community members regularly examine their attitudes and feelings towards each other	2.4.5.M65	
CS.9	All community members share responsibility for each other	U222	C7e
CS.10	All community members create an emotionally safe environment for the work of the community	Q139	C1a C7c

CS.11	All community members are involved in some aspect of the selection of new staff members	5.M82	C17 C7b
CS.12	All community members participate in the process of a new client member joining the community	3.4.5.M95	C17 C7b
CS.13	The whole community is involved in making plans for a client member when he or she leaves the community	2.5.M108	C6 C16 C13a
CS.14	There is an understanding and tolerance of disturbed behaviour and emotional expression	U223	C7e C13a
CS.15	Positive risk taking is seen as an essential part of the process of change	U224	C7a C7c C13a
CS.16	The therapeutic community has a clear set of boundaries, limits or rules which are understood by all members	U142	

Number	1: Physical Environment	Unique ID No.	Standards for Better Health
	PHYSICAL ENVIRONMENT		
1.1	<i>The therapeutic community has the necessary environmental facilities and resources</i>	3.M1	C21
1.1.1	The internal and external physical environment is comfortable and welcoming	2.3.5.M2	C21
1.1.2	There is a room large enough for community meetings where everyone can see and hear each other	2.M3	C21
1.1.3	There is a kitchen for preparing shared meals, available for use by all community members	2.3.M5	C21
1.1.4	There is a dining area big enough for all community members and visitors to sit together	2.3.5.M6	C21
1.1.5	There is suitable recreation space indoors	3.4.5.M7 a	C21
1.1.6	There is suitable recreation space outdoors	3.4.5.M7 b	C21

1.1.7	The environment is clean and well maintained	U208	C21
PERSONAL SPACE			
1.2	<i>Client members' personal space is respected</i>	2.M18	C20b
1.2.1	Single, shared or dormitory sleeping accommodation allows members to have personal privacy	U19	C20b
1.2.2	Residential client members can wash and use the toilet in privacy	2.3.M20	C20b
1.2.3	There are quiet areas in the community	2.3.M21	C21
1.2.4	Client members have use of a telephone in private	2.5.M22	C20b
INVOLVEMENT			
1.3	<i>All community members share responsibility for maintaining the physical environment</i>	3.4.5.M1 67	

1.3.1	Community members decide on appropriate décor and furniture	3.4.5.M1 68	
1.3.2	Community members can personalise the private and shared spaces	2.3.M169	C21
1.3.3	Community members are involved in maintaining a safe physical environment	5.M141	C20a

Number	2: Staff	Unique ID No.	Standards for Better Health
NUMBERS			
2.1	<i>There are enough staff members for the community to operate effectively</i>	2.5.M23	C11a
2.1.1	During informal therapeutic activity there is at least one member of staff available and others available if needed	2.M24	C11a
2.1.2	During the formal therapeutic programme there is at least one member of staff in each group and activity and others available if needed	2.M25	C11a
2.1.3	At night, in a residential therapeutic community, there is one staff member available	2.M26	C11a
2.1.4	The therapeutic community has input from a range of relevant professionals	2.M29	C11a
RECRUITMENT			
2.2	<i>Vacant posts are filled as quickly as possible, ideally with suitably qualified and experienced candidates</i>	4.5.M78	C11a
2.2.1	There are clear criteria for staff selection based on therapeutic community principles	U79	C11a

CLINICAL SUPERVISION			
2.3	<i>Staff receive regular clinical supervision from a person with appropriate experience</i>	2.5.M53	C5b
2.3.1	All staff members attend regular group or individual supervision	2.4.5M54 a	C5b
2.3.2	Supervision involves discussion of client material in which theory, practice and experiential learning are integrated	2.4.5M54 b	C5c
2.3.3	Staff who have been working in the TC for less than six months have additional support and are also able to contact a senior colleague as necessary	4.5.M55	C5b
REFLECTIVE PRACTICE			
2.4	<i>There are regular forums for all staff to reflect on their experience of the work</i>	2.M59	C5b
2.4.1	There are regular meetings to examine how the community is dealing with events/ issues	2.4.M36	C5b
2.4.2	There are regular staff business meetings	U34	C5b
2.4.3	There is a daily handover process	U37	C5b

2.4.4	There is a regular staff sensitivity or dynamics group	2.4.5.M6 0	C5b
2.4.5	There are staff after-groups following all therapeutic, community or group meetings to discuss issues that have arisen	4M56	C5b
TEAM WORKING			
2.5	<i>Therapeutic community staff work effectively as a team</i>	2.M32	C5b
2.5.1	The staff team explore the relationships that exist between them and the impact these have on their work	2.4.M62	C5b
2.5.2	Staff members, as a group, tolerate the expression of conflict among themselves	U63	C5b
2.5.3	Staff challenge each other's perceptions of events in the therapeutic community and work to understand the difference between them	2.4.M64	C5b
2.5.4	The staff team examine their relationships to the employing organisation and external professionals	4.5.M68	C5b

TRAINING SUPPORT			
2.6	<i>There is a budget for training relating to therapeutic community work</i>	U38	C5c
2.6.1	The training needs of all staff members are assessed in supervision and appraisals.	2.M75	C5bC8b
2.6.2	A skills audit of the staff group is conducted and reviewed regularly	4.5.M77	C11a
2.6.3	All staff participate in continuing professional development	2.4.5.M5 7	C5b
2.6.4	There is suitable TC training for support and administrative staff	4.5.M76	C8b
2.6.5	Staff have access to material to support their professional development (e.g. internet, books, journals, video tapes)	2.4.M73	C5cC11c
2.6.6	Members should provide TC awareness training to all relevant non-TC staff and agencies	U209	C22a

THEORY			
2.7	<i>Staff receive theoretical training appropriate to their role in the therapeutic community</i>	2.4.5.M3 9	C5cC11a
2.7.1	Training provided should include the theory of therapeutic communities, including history and defining principles	4M40	C5cC11a
2.7.2	Training provided should include models of human development as relevant to the community's client group	4M41	C5cC11a
2.7.3	Training provided should include psycho-dynamic concepts including the unconscious, transference, counter-transference, and defence mechanisms, such as projection and splitting	3.4.M42	C5cC11a
2.7.4	Training provided should include the theory of group and organisational dynamics, including issues about authority, power and democracy	4M43	C5cC11a
2.7.5	Training provided should include socio-political theory and the cultural context in which the community operates	4.5.M44	C5cC11a
PRACTICE			
2.8	<i>Staff receive clinical training appropriate to their role in the therapeutic community</i>	4.5.M46	C5c
2.8.1	Induction training is provided for all temporary and permanent staff, including students and volunteers, before they have unsupervised contact with client members	3.M70	C11a

2.8.2	Training should be provided in a range of appropriate therapeutic interventions	2.4.5.M4 7	C5cC11c
2.8.3	Staff know the evidence and theory underpinning the therapeutic intervention	2.3.M48	C5cC11c
2.8.4	Training should be provided in group facilitation skills	4.M49	C5cC11c
2.8.5	Training should be provided about the effects of medication (where medication is used in the community)	4.5.M50	C5c
2.8.6	Training should be provided in risk assessment and management	2.4.5.M5 1	C5cC11b
2.8.7	Training should be provided in the management of imminent and actual violence	4.M52	C5cC11b
EXPERIENTIAL			
2.9	<i>Staff receive experiential training appropriate to their role in the therapeutic community</i>	U210	
2.9.1	Staff have the opportunity to experience being a client member of a therapeutic community (e.g. ATC 'Living-Learning' Residential Workshop)	U61	C5C11a C11c

2.9.2	Staff are encouraged to undertake their own personal therapy	U211	C5cC11a C11c
2.9.3	Induction training includes a visit to at least one other therapeutic community	U71	C5cC11a
QUALITY			
2.10	<i>Appropriate methods are used to ensure the quality and effectiveness of staff training</i>	2.M69	C7a
2.10.1	Trainers have suitable professional qualifications and/or experience, e.g. social work, psychiatry	4.5.M72	C11a
2.10.2	The training provided has clear criteria of assessment corresponding to learning outcomes for each component	U74	C7

Number	3: Joining and Leaving	Unique ID No.	Standards for Better Health
	INFORMATION		
3.1	<i>Community members provide written material about the community which is informative for prospective client members, referrers and other relevant professionals</i>	2.4.5M8 4	C16
3.1.1	Written information provided contains a clear description of community life, including rights and responsibilities	2.5.M86	C16
3.1.2	Written information provided contains a simple description of therapeutic community philosophy, principles and their rationale	2.5.M87	C16
3.1.3	Written information provided contains a clear description of the aims of the community and the current programme and modes of treatment	2.3.5.M8 5	C16
3.1.4	There is written admission criteria	5.M111	C6C16
3.1.5	There is a written procedure for joining the community	U88	C16
3.1.6	There is a written procedure for leaving the community, which includes those clients who leave prematurely	U103	C16

JOINING			
3.2	<i>Community members share responsibility for helping new client members join the community</i>	U94	
3.2.1	Prospective client members can visit the community before joining	Q93	C13b
3.2.2	Prospective client members are involved in the process of deciding whether they join the community	3.4.M92	C13b
3.2.3	Community members help new members to understand and adapt to the therapeutic community culture and practices	2.4.M96	
3.2.4	New client members are provided with a 'buddy', 'mentor', 'host' or similar support	4.M97	
ASSESSMENT			
3.3	<i>All client members are properly assessed for their therapeutic needs</i>	2.M98	C6C16
3.3.1	It is made clear to prospective client members when and how their therapeutic needs will be assessed	2.3.M99	C16
3.3.2	Client assessments takes into account relevant history, problems, issues and risks	2.5.M100	C6

3.3.3	There are written records of assessments	3.M101	C6
3.3.4	All assessments are made in collaboration with the client member	U102	C16C13a
LEAVING			
3.4	<i>Community members share responsibility for helping client members leave the community</i>	U212	
3.4.1	Prior to all client members leaving, the community holds a planning meeting	2.M107	C6
3.4.2	Before leaving the therapeutic community, client members' continuing needs are reviewed	4.M104	C6
3.4.3	The community is involved in identifying a support network beyond the community before planned leaving	4.5.M109	C6C13a
3.4.4	The community marks the planned leaving with an event or ritual	U213	
3.5.5	Community members are expected to discuss premature leaving with the whole community	U214	

	LIFE AFTERWARDS		
3.5	<i>The TC has effective links with multidisciplinary agencies which supports the transition from the TC</i>	<i>U215</i>	<i>C6</i>
3.5.1	When client members are referred back to local services (e.g. to social services, prison services, or voluntary organisations) for further treatment, the community engages relevant professionals to plan ongoing support	2.4.M105	C6
3.5.2	When a client member needs to transfer to other mental health or social care services, a joint review is undertaken with the client to ensure effective handover takes place	4.M106	C6
3.5.3	Provision is made for support and follow-up for those client members that leave the community prematurely	4.M110	C6

Number	4: Therapeutic Environment	Unique ID No.	Standards for Better Health
SENSITIVITY			
4.1	<i>Community members treat one another with respect and consistency</i>	2.3.5.M133	C7e
4.1.1	The community is sensitive to all diversity issues and respects and accommodates difference	2.3.4.134	C7e
OPENNESS			
4.2	<i>The therapeutic community promotes a culture of openness</i>	U216	C7b
4.2.1	The therapeutic community promotes an open, blame-free culture for reporting incidents	U159	C7b
4.2.2	Confidentiality and its limits are understood and respected by all members	2.M148	C13c
4.2.3	Staff and client members' complaints are initially dealt with in community and group meetings	U153	
4.2.4	Individual client members are involved in all decisions about their own care and treatment	3.4.M136	C17

4.2.5	Client members have access to all their records	2.5.M151	C13c
CULTURE OF ENQUIRY			
4.3	<i>The therapeutic community promotes a culture of enquiry</i>	U143	
4.3.1	Problems and their solutions are discussed in the community before action is taken. The discussion is regarded as a learning opportunity	2.4.M145	
4.3.2	Potentially difficult topics can be openly discussed	3.M146	
4.3.3	Managerial information and issues that affect the community are shared with the whole therapeutic community	U147	
DEMOCRACY			
4.4	<i>The community is managed democratically</i>	2.3.5.M1 66	
4.4.1	All members of the community share the task of the day-to-day running of the community	Q161	C7d

4.4.2	Client members are involved in the process of allocating members to community roles and jobs	2.3.M162	
4.4.3	All community members are involved in the decision making process	5.M163	
4.4.4	Community members are involved in the process of agreeing the therapeutic community's operational policies and procedures.	2.3.5.M160	C17
4.4.5	All community members are involved in reviewing each others care and treatment	U217	
BOUNDARIES			
4.5	<i>Community members are responsible for identifying, maintaining and changing community rules</i>	2.5.M171a	
4.5.1	Community members are responsible for addressing breaches of community boundaries	2.5.M171b	
4.5.2	The therapeutic community has a written complaints procedure known and understood by all members	5.M152	C14a

STRUCTURE			
4.6	<i>The community has a planned therapeutic programme</i>	2.4.5.M1 12	
4.6.1	There is a structured and consistent daily schedule of group activities	3.4.5.M1 13	
4.6.2	There are regular community meetings attended by all available community members	3.4.5.M1 14	
4.6.3	Time each working day is spent in therapeutic groups, as well as in community meetings	2.3.M115	
4.6.4	A range of therapeutic opportunities are available	4.5.M124	
4.6.5	There is provision for crisis meetings, with a recognised procedure for calling one, that can be used by all community members	5.M116	
LIVING-LEARNING			
4.7	<i>Discussions take place from which members learn and gain understanding from everyday living</i>	2.5.M11 7	
4.7.1	Members are encouraged to put their thoughts and feelings into words rather than to act on them	2.5.M118	

4.7.2	Community members are encouraged to identify parallels between their relationships, behaviour and perceptions and similar situations within the community	2.3.5M11 9	
4.7.3	Community members offer each other advice on constructive ways of coping with conflict and frustration	2.3.4M12 0	
4.7.4	Members give each other feedback about their behaviour and the way that it affects others	Q121	
4.7.5	Members encourage each other to share their life experiences with the community	5.M122	
4.7.6	Members encourage each other to talk openly about issues arising in the life of the community that generate strong feelings	3.M123	
4.7.7	The tension between risk and therapeutic opportunity is safely managed by the whole community, and is used as a learning process	2.3.M140	C1aC7c
QUALITY			
4.8	<i>There is a regular process for the community to review the quality and effectiveness of the therapeutic community process</i>	5.M172	C5dC14a
4.8.1	The review should take into account the views of external people or agencies (e.g. families, carers, multidisciplinary teams, commissioners)	4.M173	C14aC17

4.8.2	The review includes key information about the community (e.g. accident and incident records, key performance data such as drop-out rates, waiting times, referral information, occupancy, non-attendance, the findings of key audits)	2.4.M174	C5d
4.8.3	There is a written record of the review	U175	C5d

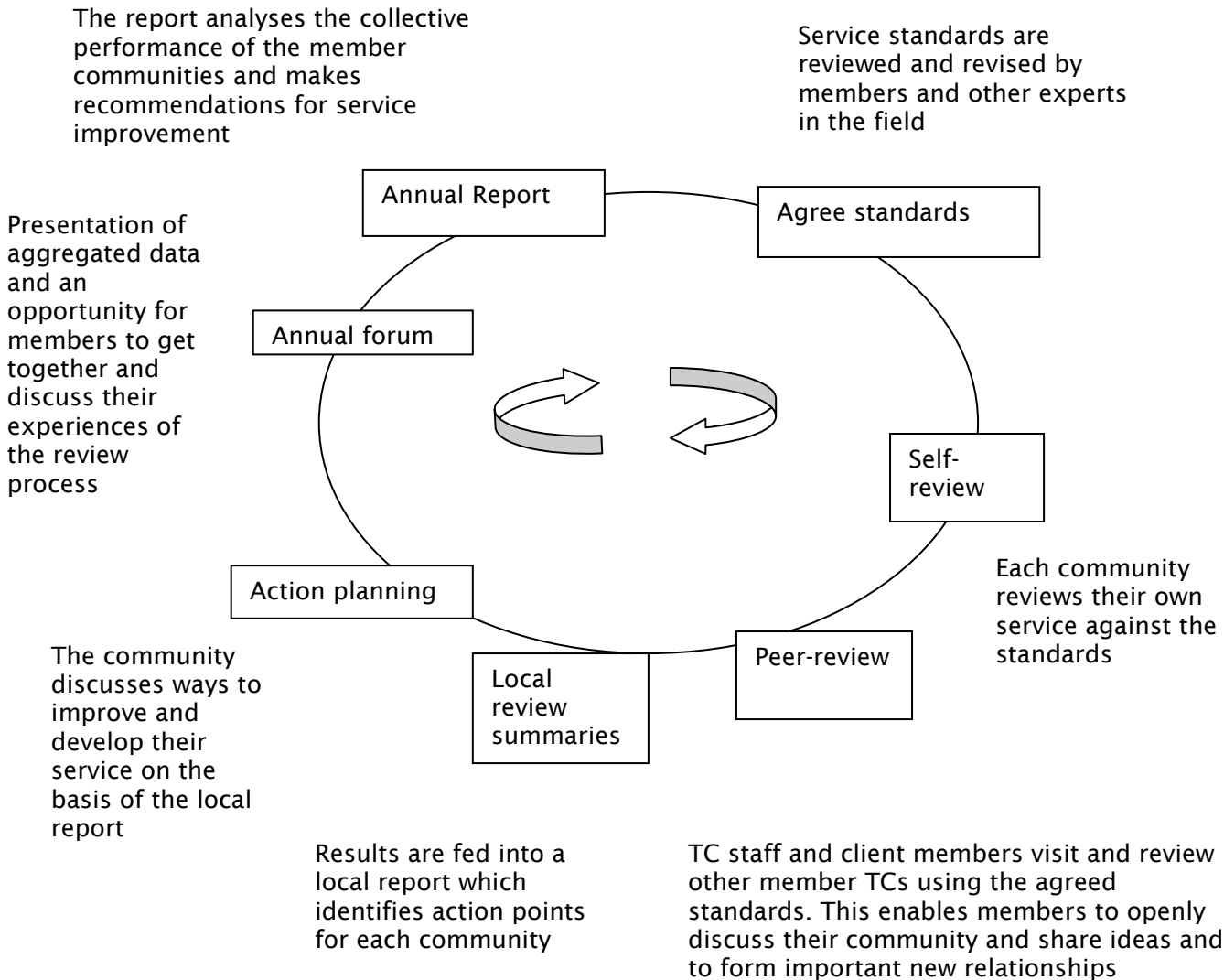
Number	5: External Relations	Unique ID No.	Standards for Better Health
NETWORKING			
5.1	<i>The therapeutic community contributes to effective multidisciplinary and multi-agency working, between health, education, probation services, social services and voluntary organisations</i>	2.M185	C6
5.1.2	The community liaises with other relevant services and has a good working relationship between disciplines and departments to enable continuity of client member care	2.3.4.M186	C6
5.1.3	There is an active programme, involving client and staff members, for publicising the work of the community to referrers and other professions	U187	C16
5.1.4	The community belongs to a national body of therapeutic communities (e.g. Association of Therapeutic Communities, Charterhouse Group)	U188	C10b
5.1.5	The community provides training placements for students and post-qualifying professional development opportunities for qualified practitioners	2.3.4.M190	
INSTITUTIONAL CONTEXT			
5.2	<i>Members of the community regularly meet with managers of the employing organisation</i>	2.3.M191	C7a
5.2.1	Members of the therapeutic team regularly meet with commissioners.	4.5.M192	C7a

EFFICACY			
5.3	<i>Managers and/or the employing organisation support research about therapeutic communities</i>	3.4.M19 7	C5d
5.3.1	The community is currently participating in a research project concerning effectiveness as a therapeutic community (e.g. outcome and process research using qualitative and/or quantitative methods)	U198	C14a
5.3.2	The community routinely collects and collates basic data on client members and their social background, in order to evaluate equity of access to the community (e.g. age, sex, ethnicity, religion, marital status, housing circumstances, education, employment, health history, disability)	4.M199	C18
5.3.3	The community routinely collects psychometric data in order to demonstrate severity and complexity of client member problems (e.g. C.O.R.E., Brief Symptom Inventory, PDQ, SCID, IIP)	U200	C5d
5.3.4	The community routinely collects data via environmental measures in order to demonstrate therapeutic qualities of the community (e.g. WAS/COPEs, GAS, RESPPi)	U201	C5d
5.3.10	At least one member of staff is responsible for research	U207	C5d
PARTICIPATION IN RESEARCH			
5.4	<i>The community is part of a research network</i>	U202	C5d

5.4.1	There is a process for ethical and methodological scrutiny for all research	U203	C12
5.4.2	The community has a structure for considering and disseminating current research	U204	C12
5.4.3	There are opportunities for client members to become actively involved in research	U205	
5.4.4	Staff and client members are given time to write and publish papers concerning therapeutic communities, and present at and attend conferences	4.M206	C11a

Appendix 1 - The Annual Cycle

Community of Communities is a quality network of therapeutic communities (TCs). The project was established in 2002 and is managed by the Royal College of Psychiatrists' Research Unit and the Association of Therapeutic Communities. The aim is to enable TCs to demonstrate and improve the quality of their work through an annual standards-based review process. The methods and values underpinning the project mirror the central philosophy of TCs. Staff and client members and ex-client members of participating communities are fully involved at each stage of the process.



Appendix 2 - Acknowledgements

Project Team

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Adrian Worrall Programme Manager

Cassel Hospital
Mulberry Bush School
Community Housing and Therapy
Friends Therapeutic Community

College Research Unit

Cassel Hospital
HMP Grendon C Wing
Association of Therapeutic
Communities
Threshold
Community of Communities
The Red House

Dovegate Premier Custodial Group
College Research Unit

Appendix 3 - Member Therapeutic Communities Cycle 4

UK

- | | |
|---|---|
| 1. Acorn Programme | 26. HMP Grendon A Wing |
| 2. Aylesbury Young Offenders Institute | 27. HMP Grendon B Wing |
| 3. The Brenchley Unit Psychotherapy Service | 28. HMP Grendon C Wing |
| 4. Buckinghamshire | 29. HMP Grendon D Wing |
| 5. Cassel Hospital | 30. HMP Grendon G Wing |
| 6. Cawley Centre | 31. HMP Send |
| 7. Chikara House | 32. Home Base (CHT) |
| 8. Christ Church Deal | 33. Intensive Psychological Treatment Service |
| 9. Clearwater House (Threshold) | 34. Khara-Minn |
| 10. Connect Therapeutic Community Ltd | 35. Lancaster Lodge (CHT) |
| 11. Coolmine Therapeutic Community | 36. Lexham House (CHT) |
| 12. Dainton House (CHT) | 37. Ley Community |
| 13. Diverse Pathways | 38. Lytton House (CHT) |
| 14. Dumbarton House (Threshold) | 39. Main House |
| 15. Francis Dixon Lodge | 40. Mandala Therapeutic Community |
| 16. Glencarn House (Threshold) | 41. Mount Lodge (CHT) |
| 17. Henderson Hospital | 42. North Cumbrian PD Therapeutic Community |
| 18. HMP Blundeston | 43. Oxford Therapeutic Community |
| 19. HMP Dovegate Assessment Unit | 44. Pele Tower |
| 20. HMP Dovegate therapeutic community A | 45. Red House |
| 21. HMP Dovegate therapeutic community B | 46. Royal CornHill Hospital |
| 22. HMP Dovegate therapeutic community C | 47. Sophia House (Threshold) |
| 23. HMP Dovegate therapeutic community D | 48. Willowgrove House |
| 24. HMP Gartree | 49. Winterbourne House |
| 25. HMP Grendon Assessment Unit | 50. Young People's Service |

Abroad

51. Ashburn Clinic (New Zealand)
52. Athma Shakti Vidalaya (India)
53. Daily Psychotherapeutic Community, OPC (Greece)
54. Gruppcenter (Sweden)
55. Phoenix House (Bulgaria)
56. Raymond Gledhill (Italy)



Community of Communities

A Quality Network of Therapeutic Communities

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