Community of Communities Annual Report 2015-2016

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Artwork: Together a Community by Kerrie, (Appletree Treatment Centre)

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Foreword

Let me introduce myself, - I am John Turberville and have been Chair of the Advisory group for Community of Communities for a year. The advisory group comprises an impressive range of talent and expertise which we hope supports the direction and development of the quality improvement and accreditation networks.

I am also the Director of the Mulberry Bush Organisation. The charitable services of the Mulberry Bush have grown around the work of the school which is a national resource for severely traumatised children and their families from across England and Wales. The school provides residential therapeutic care, treatment and education as well as working with the families of the children. More recently the outreach services developed through the training department have taken on national Teaching School status and so MBOX Teaching School was born. This service works with schools and organisations to develop their capacity to work with challenging and traumatised children and their families. Being a therapeutic community is at the heart of how the charity functions and this informs all outreach programs.

Bringing the experience of both roles together as a TC specialist, I enjoy supporting the audit and accreditation process of prisons.

Where has the last year gone? I am now one year into my tenure as chair of the Advisory Group for Community of Communities and want to thank the project team for all their hard work in managing the Community of Communities and their work with Therapeutic Community members over the 2015 - 2016 period.

We are all managing change, - it is the core of our work in our TC's, but the pace of change in our sectors can feel relentless at times. I know for the Community of Communities team there has been a huge amount of change in the CCQI and I want to congratulate the team for their commitment and focus during this difficult time. Change is hard!

It seems so important when we are all managing so much change that there are systems to help us remain focussed on the quality of the services we provide. The peer review process continues to challenge and support members in their service development and their ambitions to become more effective as TC's. It is during these pressurised times very easy to fall into standardising what we offer to satisfy inspectorates or commissioners yet we all know that our members benefit from the relationships, community involvement and sense of family that therapeutic community membership provides.

The advisory group have been discussing how we might extend the benefit of the quality improvement process to a wider range of services. There are a number of networks that have been born from or created through thinking about the TC standards and what they have to offer. Bringing this diversity together under a 'family of networks' seems a sensible next step and we are at the early stages of thinking what this might look like. Your thoughts on this possible development would be welcomed. We will be using the annual forum to explore this idea further. A family of 'Positive Environments'?

Over this last year we have tried a different approach to encouraging participation in the Reference Groups for the different networks, with them meeting four times a year during the

morning, sharing a lunch together and then with the themes from the morning feeding into the advisory group in the afternoon. All member organisations have been invited to attend. Attendance has been disappointing and so we have moved more recently to an open forum during the morning for members from any network to share thoughts and ideas. Members attending have said that this new structure provides an opportunity to learn about Community of Communities. It would help to hear from members how they would like to participate, so the network can support and influence their work?

This National report brings together the findings from across the different TC networks and shares areas of collective strength and areas where perhaps more focus is needed. Comparing the performance of networks against the different standards provide a useful reminder of the value of getting involved in the peer review or accreditation of other networks within Community of Communities. We have a great deal we can learn from one another.

Two strong strands highlighted as needing more focus by communities in the report are various issues around staffing (recruitment, retention and sickness absence) and another is clarity about the therapeutic model or framework. These seem interesting challenges for us all to focus on in the year ahead.

Our staff are always our greatest asset and perhaps we need to think together about how best to recruit, nurture, train and support them, in order to enable them to deliver the quality of service and environment we know they can. We have the TCTC Core Competencies to aid this – How many members are using it?

A key part of delivering a quality service is staff and service users knowing what they are doing, - having clarity about the therapeutic model or framework and being able to articulate it. Although we often meet with a TC model in mind, the reality is that there are many creative TC models being adapted by network members to meet the needs of their community members. We should celebrate this diversity, but to do this we need to talk about them!

Please have a careful read through this document and feedback to the team your thoughts, observations and ideas! They are keen to hear from you and your wisdom will help strengthen the quality improvement system for all members into the future.

Finally I would like to thank you all for your ongoing participation and commitment to this quality improvement process. We are very aware of the challenging circumstances facing our areas of work and greatly value your membership and involvement.

Thank you!

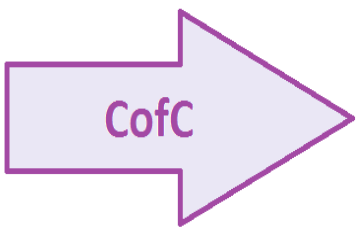
John Turberville
CofC Advisory Group Chair

Project Update

An executive summary of the 2015-2016 Annual Report including an update on action points from the previous Annual Report.

Artwork: *Venetian Colour*, by Finley (Appletree Treatment Centre)

Throughout this report you will see the three symbols below. The **Star** asks, 'Did you know?' The **Arrow** helps to explain, 'Why are we reporting this?' The **Thought Bubble** wonders, 'What do you think?'
The aim is to help us reflect on the results of the work that has been carried out over the past year.



Membership of the Network

This section includes a presentation of the following: a breakdown of the overall membership of the network; the 2015-2016 Community of Communities (CofC) review cycle activities; and service user and staff data analysis. The data demonstrates the composition of services, service users and staffing levels of all members during this review cycle. This data illustrates the wide variety of Therapeutic Communities (TC's) who make up the 'network of peers' that is Community of Communities and highlights the diversity and richness of the year just gone.

Network Performance

Analysis of the standards demonstrates a continued high performance overall, with significant improvement from the last cycle across the majority of standards. The breakdown by service user population shows that NHS Personality Disorder (PD) services and Offender services are performing highly across all 10 core standards, meeting and exceeding average scores. There is less variation in performance against the standards in the Staff section than last cycle and on the whole the staff standards are being met to a high standard. However, staff selection processes remain an area for improvement across the network. A reduced number of members chose to cover the Therapeutic Framework and External Relations sections of the standards during their peer-reviews.

Performance over Cycles

A comparison of performance across the members for the past two cycles (2014-2015 and 2015-2016) has revealed and overall improvement in the number of standards being met. There has been an overall improvement across all the standards within the membership. A greater number of standards were recorded as being met by over 90% of the membership than last cycle, with a reduced number of standards scoring lower than 60%. Areas of achievement and areas for improvement have been identified in this section to continue to encourage quality improvement across the network.

Feedback

CofC have received positive feedback this cycle. Responses to feedback stated that the most positive outcome of being part of the project was the amount of support given and received. Peer review teams often fed back that the most enjoyable part of the review day was hearing from the service users. Over this cycle, CofC have received complementary feedback about our lead reviewers and peer reviewers. This has in turn inspired others to wish to train as peer and lead reviewers, so allowing CofC to increase the numbers of experienced and trained reviewers, as well as TC specialists. Additionally, CofC have also taken into account feedback on ways to improve the skills of our peer review teams. This will be incorporated into the two peer/lead reviewer training sessions which will be held over the following cycle.

Action points:

- **To enable services to use Patient Owned Database (POD) to make comparisons between patient/ service user improvements and the improvements of their services against others in the Annual Report (Advisory Group Suggestion)**
- **To continue to develop and implement 'SpaceHouse' for Children's Services to encourage greater involvement from children in the CofC process**
- **To train a greater number of members to become peer-reviewers and to increase our pool of Lead Reviewers in time for the next cycle**
- **To deliver a workshop on Core Standards to help members demonstrate how standards can be met in an effective way for self- and peer-reviews**
- **To deliver a workshop on the ways in which members can utilise their membership with CofC, both in regard to the project and their involvement but also for the benefit of commissioners and external stakeholders.**

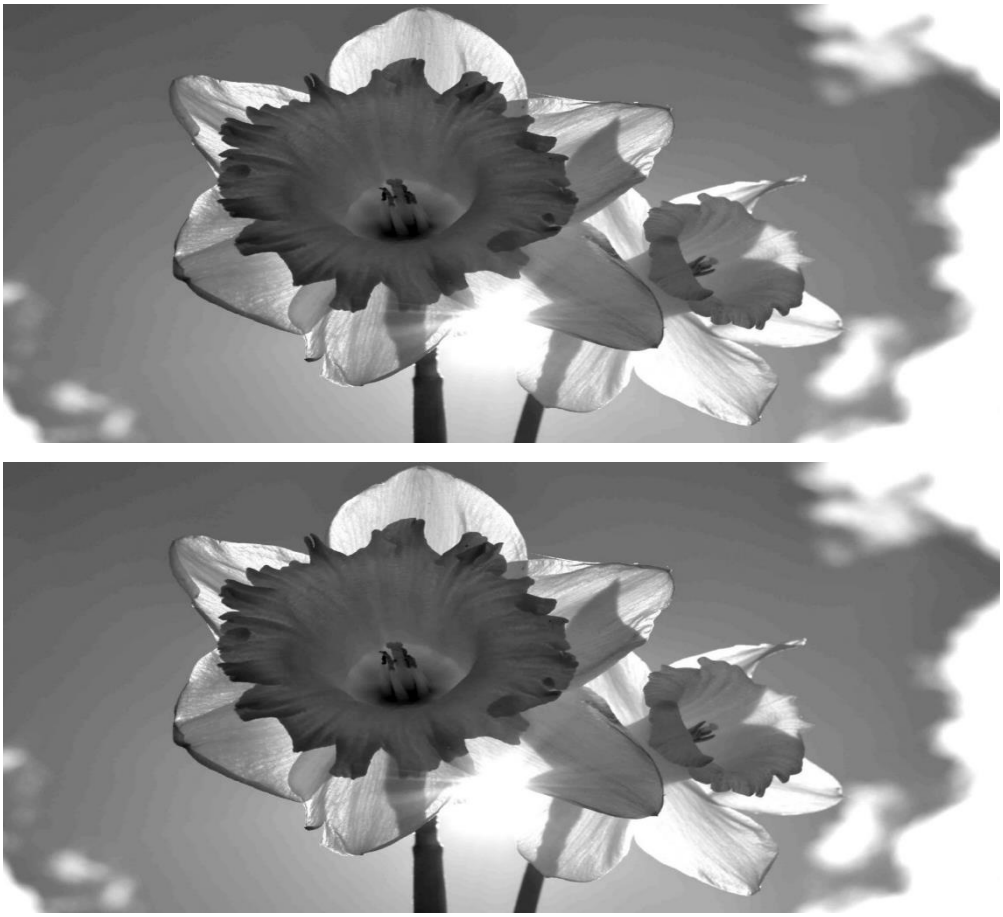
Action Points and Outcomes from the previous Annual Report 2014-2015

Action Point 2014-2015	Outcomes during cycle 2015-2016
To develop an executive summary of the report.	This has been done and can be seen in our 'Project Update' section above
To distribute the new child friendly data collection tool, *SpaceHouse*.	*SpaceHouse* is under development and members from Children's Services have been encouraged to use the demonstration tool and to provide feedback to CofC. This will continue to be worked on in 2016-2017.
To review feedback methods and look to improve the number of feedback forms, especially for visiting peer-reviewers.	In cycle 2015-2016 the peer-review team feedback forms were updated with some questions removed and replaced; others adapted and the overall order of the form altered. The focus on collecting feedback from teams has been emphasised more so this cycle.
To distribute the new outcome data collection tool to accreditation members.	This continues to be under development. An event re-launching the use of Patient Owned Database (POD) will take place in April 2016.
To deliver a workshop to help members complete their self-review and prepare for the peer-review day.	A Self-Review Workshop was run on 11 August 2015 which was aimed at assisting members in completing their self-review workbooks. This event was run jointly with the Enabling Environments project and encouraged cross-sector and cross-project networking.
To look at delivering a workshop related to group supervision.	An Introduction to Group Work event ran on 30 September 2015, with an additional Group Work for Intermediates running on 11 December 2015 in Leicester.

CofC

Why are we reporting this?

The action points above demonstrate the work that is done behind the scenes and the work that will continue to take place, to improve the project for the benefit of all its members.



Artwork: *Light and Shadow*, by Elisha (Northleigh House)

Setting the scene

An introduction to the Community of Communities review network, the service standards and a guide to reading the report.

Did you know?

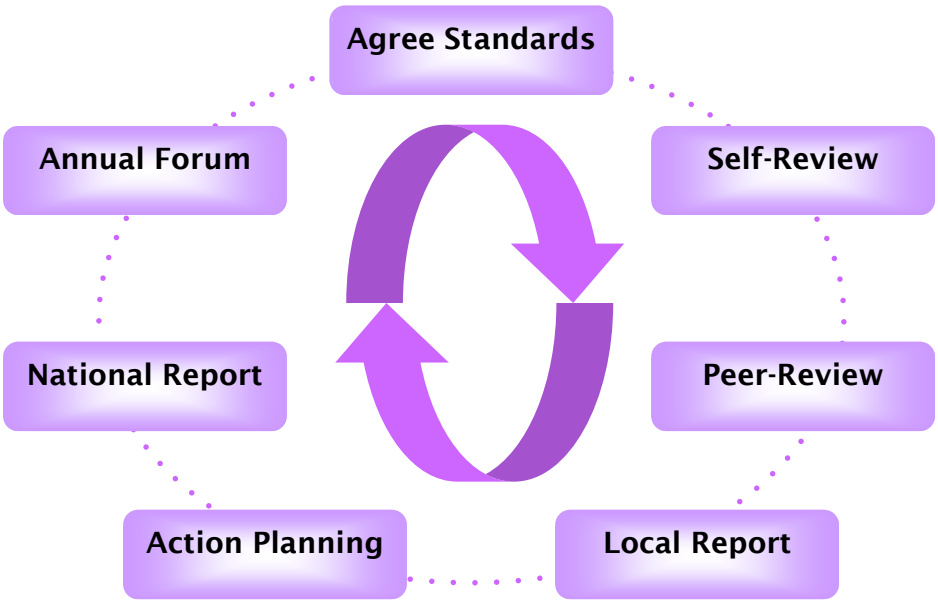
The CofC network has services based across the UK and Ireland, as well as members in New Zealand, Dubai, India, and Italy!

Introduction

The Community of Communities is a quality improvement network for Therapeutic Communities which uses a systematic, standards-based quality improvement process, developed around self- and peer-reviews (see Appendix 1). The project aims to engage TC's in quality improvement, through developing external links with other TC's to promote best practice, improve knowledge and share learning.

An accreditation process for Adult NHS Therapeutic Communities was introduced in 2006. This was rolled out to Children and Young People's (CYP) Therapeutic Communities in 2010 and Addiction Therapeutic Communities in 2011. The CofC accreditation process provides recognition of compliance with nationally agreed standards essential to being a TC. A compliance audit process for HMP Therapeutic Communities was established in 2004 through collaboration between National Offender Management Service (NOMS) and CofC (see Appendix 2).

The Annual Cycle



The Standards

Since the last Annual report, the service standards for Therapeutic Communities have been updated to the 9th edition of the standards. This provides clearer standards which were developed in consultation with members and the advisory group. The majority of the Service Standards 8th edition have remained consistent with the Service Standards 7th edition to allow for continuous performance to be measured.

The structure of the standards was also revised. The Service Standards now contain a total of 127 Elements, broken down into 30 Standards and 97 Supporting Criteria. Each standard has typically three or four criterion statements. Criteria are not comprehensive, but are generally given as examples of good practice to demonstrate meeting the standard. Communities are able to demonstrate additional ways they meet the standard during the self-and peer-review process. The service standards are organised into five sections: *Core Standards, Staff, Joining and Leaving, Therapeutic Framework, External Relations and Performance*.

All communities are asked to complete a self-review of the 97 Criteria, scoring them as either met, partly met or not met. To increase the depth of discussions at the peer-review, the standards

were focussed on, reflecting on comments in the self-review. When scoring for this cycle, peer-review teams gave an overall score for each standard, taking into account the criterion for each.

The Service Data

Members were asked to complete a section in their self-review workbooks which covered a range of questions about their service. This provides a picture of the nature of the service which might not be captured specifically within the standards, e.g. the number of service user places, the catchment areas, and the length of treatment programme.

This also included questions about staffing levels and service user referrals, admissions and leavings during an annual period. To ensure the data was captured in the same time frame for all members, figures were requested from the previous cycle, 1 April 2014 – 31 March 2015.

Reading this report

Community of Communities currently has 82 members which includes services from all sectors and service user populations (such as Children and Young people, adult NHS, prison service). CofC offers a range of memberships, including developmental, accreditation, and associate membership (see Section 1).

Associate and developmental members complete a self-review of the standards and do not receive a peer-review. Accreditation members also do not receive a peer-review following a successful accreditation visit. This report summarises data from 58 scheduled reviews and accreditation visits that took place between July 2015 and February 2016.

Section One provides a summary of the network and reviews the service data for staff and service users which was submitted during the cycle.

Section Two analyses the performance of the membership against the Service Standards for Therapeutic Communities 9th Edition.

Section Three compares performance of services over time, tracking standards which have remained consistent throughout the past three cycles.

Section Four reviews the feedback submitted during the cycle, considering areas of achievement and areas for improvement for the next review cycle.

Notes:
Results from individual TC's have been anonymised. Data analysis denotes the number of communities involved in each analysis, where this differs is due to data being excluded as it was not provided through the self- or peer-review.

Each Standard is scored as either met (score = 2), partially met, (score = 1) or not met (score = 0) by the peer-review team. Each Criteria is scored in the same way by the community. Where a standard or criteria is not applicable a score of 9 is awarded, which is not included in the numerical analysis. Percentages represented throughout the report are based on met standards or criteria, (those scored as a 2).

Areas of achievement and good practice are identified from those standards or criteria where compliance was greater than 80%; while key challenges are identified from those standards or criteria where compliance was less than 60%. Differences of 5% or less are not considered significant as these are likely due to chance.

Data tables and charts list the number of responses included (*n*), where this differs it is due to some members not providing completed self-review scores or service data. Where this occurs, the number of cases included are listed as a range.

Artwork: *Play,* by a Community Member (Ash Eton Therapeutic Community)

Section One – Membership of the Network

This section reports a breakdown of the membership and presents data about the types of services across the network.

Did you know?

The majority of services have been members of CofC 10 years or more, with the majority of these services being accreditation members.

Review Breakdown:

CofC had a total of 81 members during the 2015-2016 cycle. The majority of members are full members (see Table 1 for details on membership types). Membership has decreased from 90 members in 2014-2015, which the project team believe to be due to difficulties with the current climate and conflicting demands on services. The membership data is analysed both as a whole and also broken down into service user population groups: Children and Young People (CYP), NHS for Personality Disorder (NHS), severe and enduring mental health problems (MH), prison services or offender service (HMP/ OFF), and addiction services (ADD) (see Appendix 8 for a list of members).

Table 1: Membership 2015-2016

Membership Type	Total Count	CYP	NHS	MH	HMP	ADD
Total Members	**81**	**37**	**10**	**14**	**16**	**4**
Accreditation	**25**	6	6	0	11	2
Full	**41**	24	2	13	2	0
Developmental	**7**	6	1	0	0	0
Associate	**5**	1	1	1	0	2
Pilot Audit[1]	**3**	0	0	0	3	0

Table 1 breaks down members into the different membership types, while Table 2 lists the different review types within each service user category. Communities with developmental membership, associate membership or those accreditation members in their interim year do not receive a review and are included within the data below under 'Self-review stage'.

Table 2: Reviews conducted 2015-2016

Review	Total Count	CYP	NHS	MH	HMP	ADD
Total Scheduled Reviews	**58**	**27**	**6**	**9**	**16**	**0**
Peer-review	**42**	26	5	9	2	0
Accreditation Visit	**13**	0	2	0	11	0
Pilot Audit	**3**	0	0	0	3	0
Total Non-Visits	**12**	**4**	**2**	**4**	**-**	**2**
Self-review stage or developmental/associate member	**11**	3	2	4	0	2
Cancelled Review	**1**	1	0	0	0	0

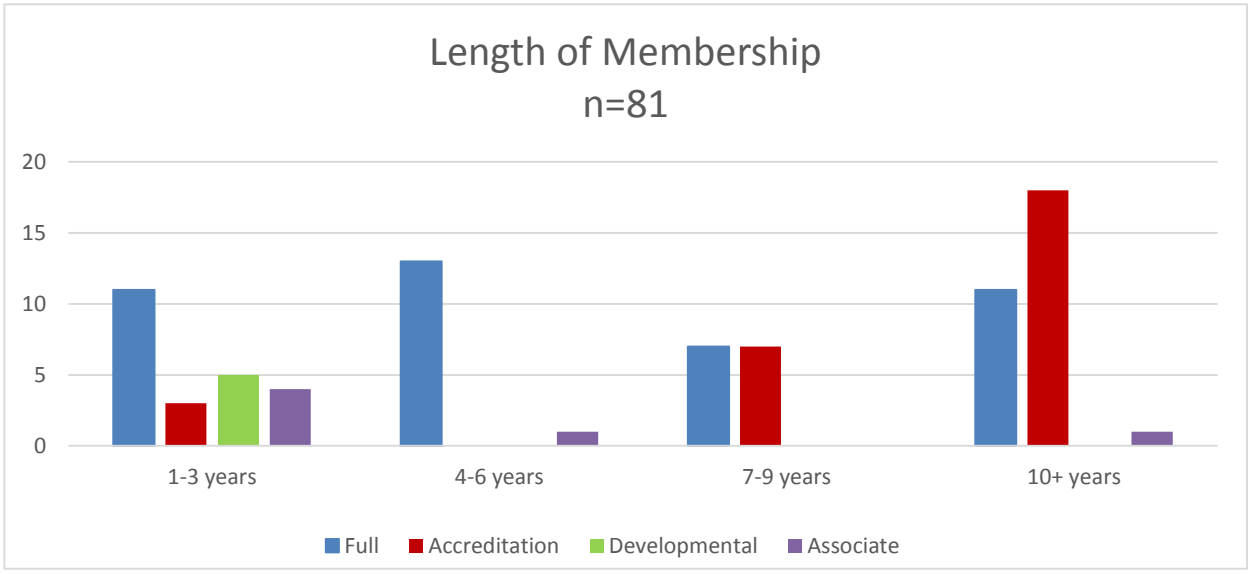
[1] Please note, that the pilot audits conducted refer to the TC+ (HMP Therapeutic Communities for Learning Disability).

Within the 2015-2016 cycle, one member cancelled their review which was not rescheduled. This was due to the community not feeling able to host a visit. There were a select few who withdrew their membership at the beginning of the cycle, therefore cancelling their review visit. These services are not included in the numbers above.

Table 3: Length of membership

Number of years of membership	Number of members	% Total	Full	Accreditation	Developmental	Associate
1-3 years	23	28%	11	3	5	4
4-6 years	14	17%	13	0	0	1
7-9 years	14	17%	7	7	0	0
10+ years	30	37%	11	18	0	1

Table 3 shows the length of membership for all our communities, broken down by type of membership held in 2015-2016. Graph 1 shows the distribution of members based on length of stay and type of CofC membership. The number of services opting for accreditation has remained stable over the last few cycles, with three of our HMP TC+ Audit members being our newest members to go through a pilot accreditation. Developmental and associate members have trialled the process by completing self-review workbooks. The developmental members are then required to upgrade their membership with us to become full members.



Graph 1: A breakdown of the length of membership for CofC

CofC

Why are we reporting this?

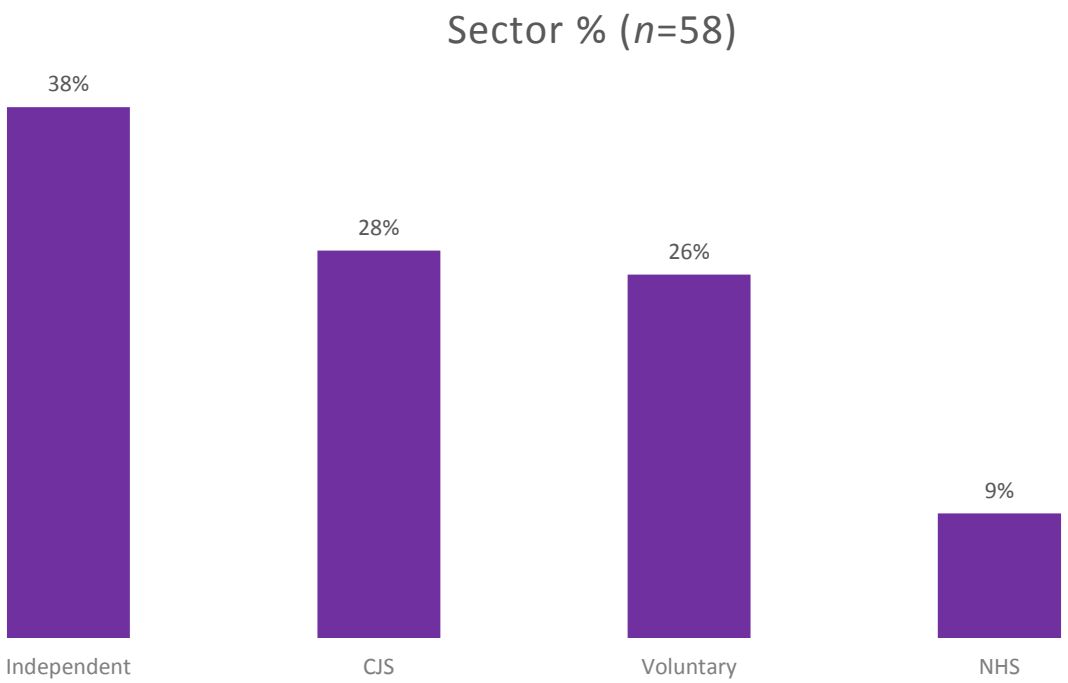
This allows CofC to monitor the progression of membership through the different types of membership available, from developmental to accreditation. This informs the CofC team of additional support members may need – for example, to support developmental members to progress to full membership and ensure that they do not remain static.

Service Data:

CofC requests that members provide additional information to describe the nature of their service provision, service user population and staffing team. All members were asked to complete this data, however not all members submitted a completed data set. The data presented here is based on information provided by the community[2]. CofC members have been asked to complete service data for the last four years, which enables CofC to create a picture of changes to the formation of TC's.

The Membership:

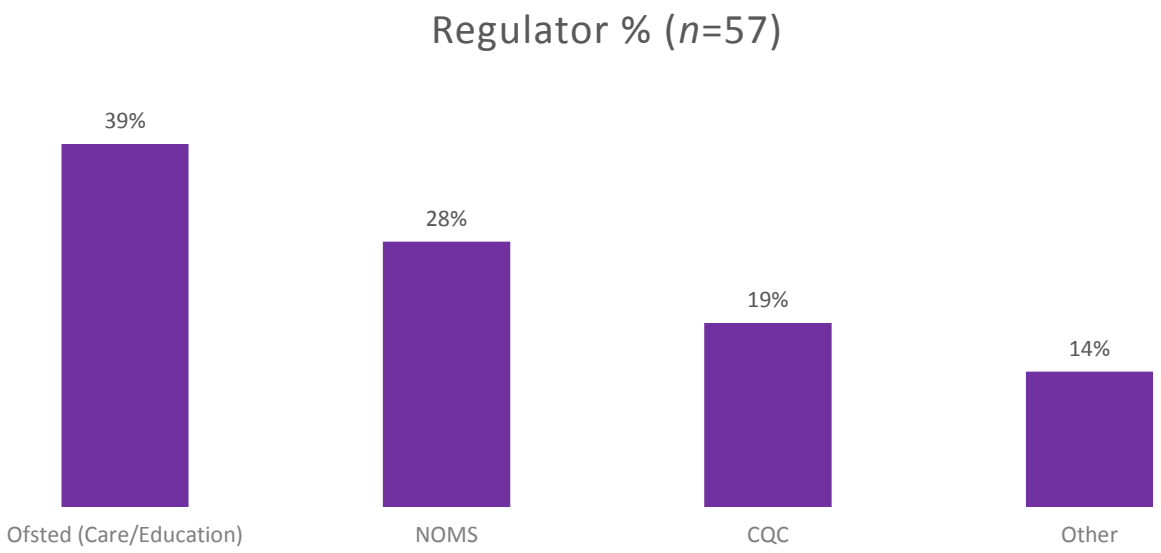
CofC has a wide and diverse membership supporting services in a variety of settings. The majority of members operate within the independent sector, closely followed by Criminal Justice Sector services (see graph 2). The membership has the least amount of services based within the NHS.



Graph 2: Sector break down

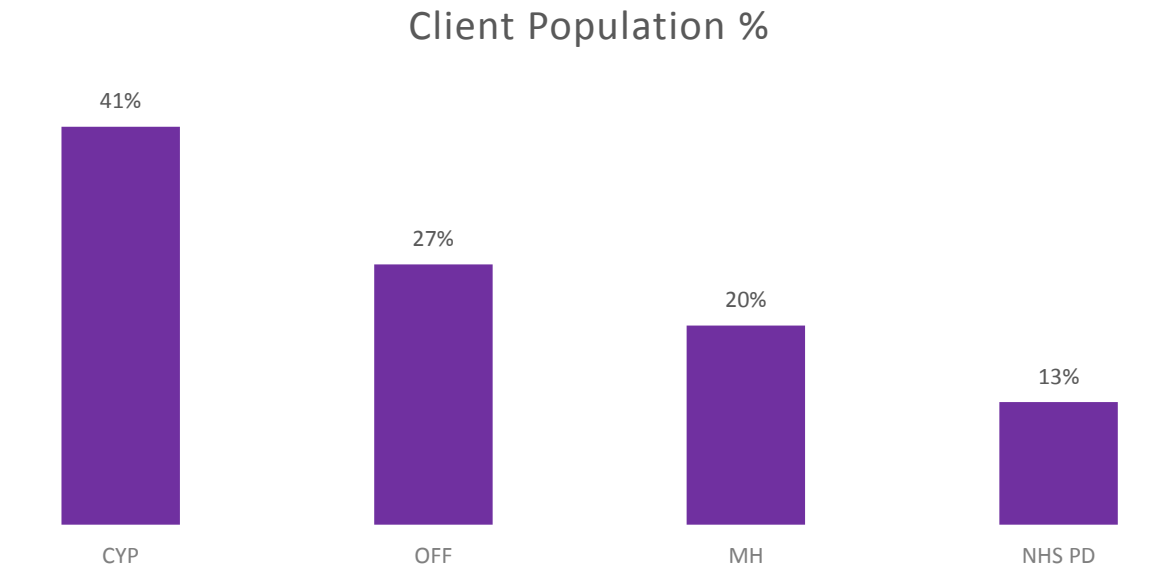
[2] *n*=number of communities that have provided completed information

Members are expected to comply with the minimum standards in their sector prior to their involvement with CofC. CofC standards are additional to the standards set by regulatory bodies and focus on the Therapeutic Community model. There are a variety of external regulatory bodies with which the TC must comply (see graph 3), demonstrating multiple demands on the communities in the network.



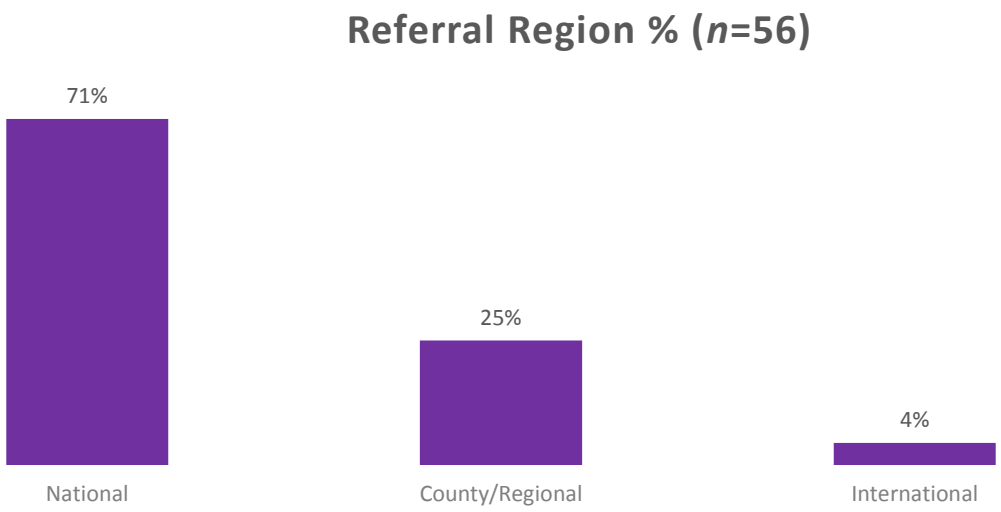
Graph 3: Regulatory body break down across the CofC membership.

Service user populations within the CofC membership also vary. Members are categorised into five broad categories (see graph 4). However within this, many communities specialise further to provide a service for the specific needs of their service users, for example communities specifically for young women who have suffered from trauma. Twenty seven percent of the membership are services who work with an offender population (OFF), this is comprised of 16 prisons and one NHS service. Although this particular service is NHS, it does not come under the 'client population' of NHS Personality Disorder (of which the membership comprises 13%). The remaining 20% of the membership work with service users who have severe and enduring mental health illness.



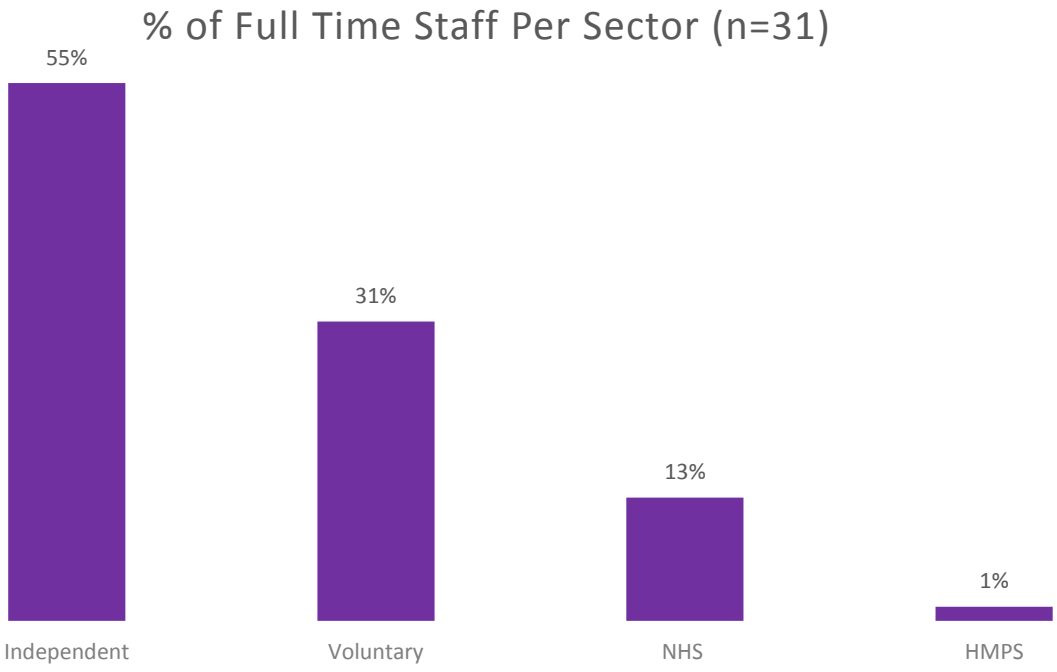
Graph 4: Service user population break down

The services in the CofC network take referrals from a range of areas and these have been arranged into three regions (see graph 5). The majority of services accept referrals nationally while just over a third (34%) only accept referrals from specific regions. A very small number of members accept international referrals.



Graph 5: Referral region breakdown

Members are asked to provide information regarding the number of full time staff they employ, which has been organised into sectors. (Please note, only services who provided completed data regarding full time staff are presented below). Social Care (Charity) have the highest number of staff employed on the 01 April 2015 (see graph 6). Voluntary services had the least amount of full time staff on the 01 April 2015, with a small difference between NHS services and Social Care (Private).



Graph 6: Percentage of Full time staff (on the 1-04-2015) broken down into sectors.

Did you know?

The children and young person's Therapeutic Community at The Old Barn have a therapy dog. This is not their only pet!

Service user Data:

CofC requested members submit service user data with their self-review. This included the number of service users referred and admitted and the number of planned and unplanned leavings during the previous cycle, 1 April 2014 – 31 March 2015.

In some cases, the data was not completed fully by all members, which affects the review of the data, however Table 4 presents an overall picture of the service user data collected. Please note the '*n*=' that corresponds to each sector when considering the data.

Table 4: Service user data (averages)

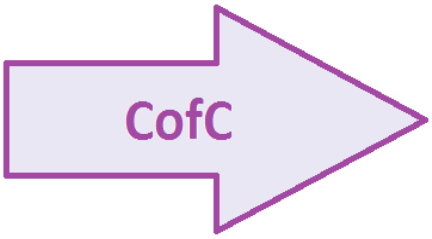
Averages of service user data	**Overall (*n*=36)**	**CYP (*n*=15)**	**NHS (*n*=4)**	**MH (*n*=7)**	**OFF (*n*=10)**
Average number of service user spaces	**18**	8	12	16	35
Average current number of service users	**15**	7	6	13	32
Average age on admission (years)	**25**	13	29	30	36
Average number referred	**83**	69	13	12	181
Average number admitted	**13**	5	6	7	33
Average length of placement (months)	**23**	26	15	21	25
Average number of planned leavings	**8**	3	3	4	18
Average number of unplanned leavings	**4**	1	3	1	12

The service user data provides a clear summary of the service provision within the network of member TC's and demonstrates the differences in services. On average CYP services and those in the NHS have a similar number of current service users in placement, although the actual number of spaces available differs. Prison TC's on the whole have larger communities and tend to have higher numbers of spaces available, which also mirrors the higher number of residents in placement at the time of this data analysis. Importantly, the average number of service user

spaces (capacity) available across all the services is higher than the current number of service users in placement across all sectors.

The average number of referrals varies across the membership, with CYP and OFF services receiving a greater number of referrals than NHS and MH services. Prison TC's see a very large number of referrals across a 12 month period. With overall numbers of referrals across services remaining high this suggests there is a continued demand for the treatment provided through the TC approach.

It is also encouraging to see that for the most part service users are leaving TC's in a planned approach across the sectors with lower averages for unplanned leavers.



Why are we reporting this?

The above data provides a picture of the experiences of TCs within the membership, both highlighting the current climate for TCs – the demand, capacity and provision – as well as displaying the activity and practices of TCs through number of referrals, admissions and leavings.

Staff Data:

CofC members were requested to provide staffing figures for the previous cycle, 1 April 2014 – 31 March 2015 (see table 5). This data included the number of full time staff working within the service; the number of full time staff joining and leaving the service and the total number of sick days across the service for full time staff (see Appendix 3 for part-time figures).

Table 5: Full time staff data (averages)

Full time staff data	Overall (*n*=46)	CYP (*n*=16)	NHS (*n*=5)	MH (*n*=10)	HMP (*n*=15)
Average number of full-time staff on *01-04-2014*	**14**	18	14	11	11
Average number of full-time staff on *01-04-2015*	**16**	21	19	13	11
Average number of full-time staff *joining* between 01-04-2014 & 31-03-2015	**4**	8	3	3	2
Average number of full-time staff *leaving* between 01-04-2014 & 31-03-2015	**4**	6	5	2	2
Average number of full-time recorded staff *sick days* between 01-04-2014 & 31-03-2015	**64**	100	58	35	64

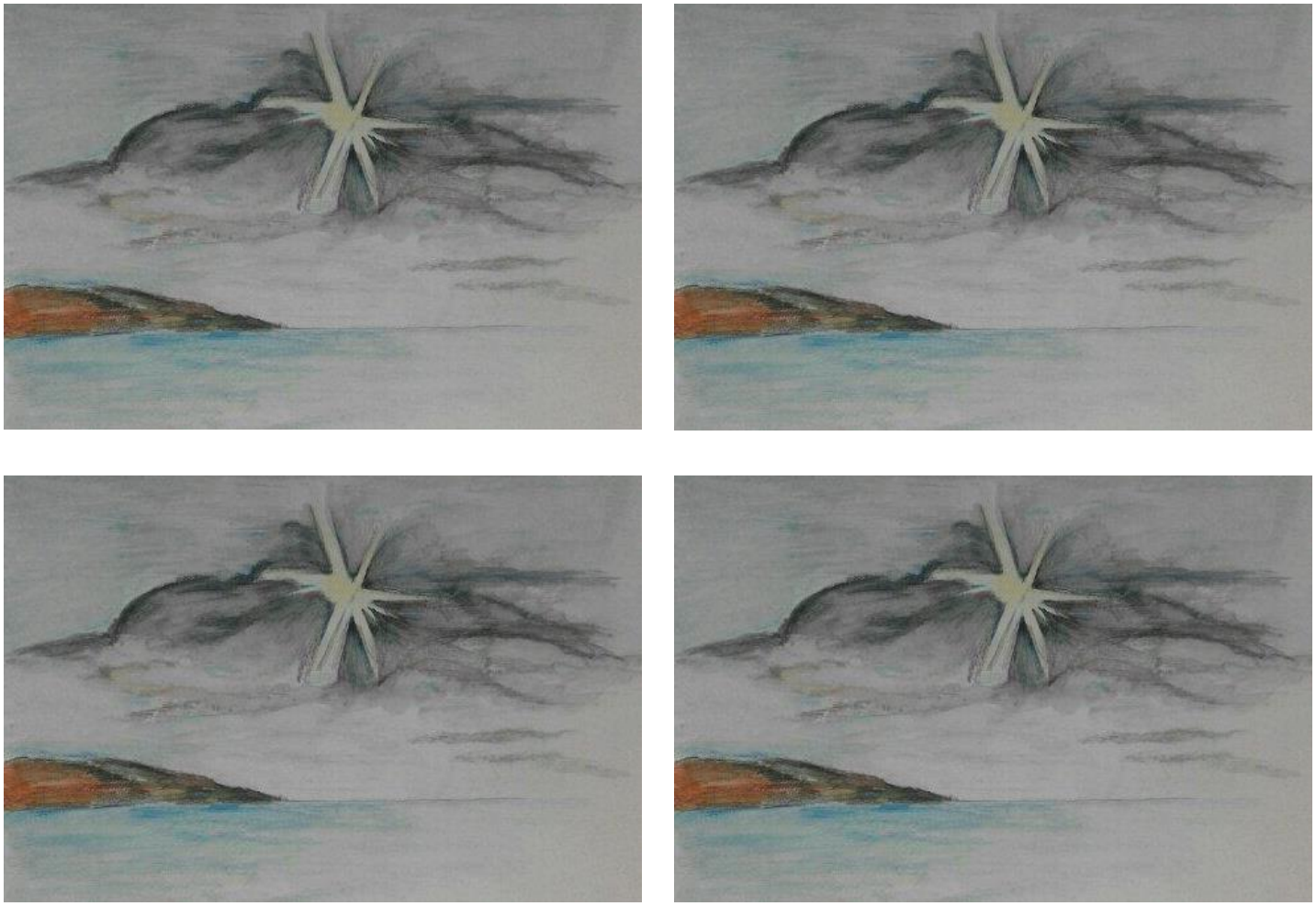
The average number of full time staff has remained consistent across the past two cycles (see Appendix 4 and the 2014-2015 Annual Report[3]). CYP communities reported the highest number of recorded sick days for full time staff during 2014-2015. Overall, there is a significant increase in the average amount of reported sick days during the 2014-2015 cycle compared to the 2013-2014 cycle, with this average more than doubling. In reference to the recorded full time sick days for CYP services, this has increased from 48 in the 2013-2014 cycle, to 100.

Furthermore, despite the number of recorded sick days increasing by such a large amount, the average scores of services meeting the Core Standards has improved (see Appendix 5). For example the average number of services meeting Core Standard 6 (*'all behaviour and emotional expression is open to discussion within the community'*) was 75% in 2014-2015, but this has increased to 93% this cycle. Additionally, half of the Core Standards completed by CYP services were met above average, despite the increase in reported sick days. However, CYP services have scored below average on Core Standard 1 (*'there is a clear Therapeutic Community model of practice that is consistently applied across the service'*); Core Standard 2, (*'community members are aware of the expectations of community membership'*); and Core Standard 10, (*'community members are active in the personal development of each other'*), whereas last year they scored above average. Please see graph 8 and the analysis in Section 2 for more details.

What do you think?

Why do you think the Core Standards have been met, across the membership, on average, higher than last year despite the increase in reported sick days by full time staff? Can you relate to this finding in your service?

[3] http://www.rcpsych.ac.uk/pdf/CofCAnnual%20Report%20Community%20of%20Communities%202014-2015%20Final.pdf



Artwork: *Silver Lining* by Community Member at Ash Eton Community

Section Two: Network Performance

This section reviews performance against the standards and criteria and pulls out the areas of achievement and areas for development across the network.

CofC

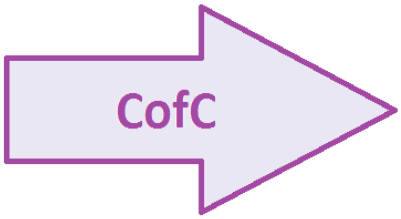
Did you know?

Acorn Programme (The Retreat) was originally opened in 1796 by William Tuke.

2015-2016 Review Cycle

Performance against the standards

Full and accredited members are required both to self-review against the standards and also host a peer-review/audit combined visit. The peer-review/audit process is in place to validate the self-review provided by the community. This section reviews the data from reviews across each section of the standards.



Why are we reporting this?

Analysing member's performance against the standards allows CofC to understand the areas in which services are performing well and areas which require improvement or attention. The team can support the network and individual services to action plan and engage in quality improvement based on factual data. This information also guides CofC's training events and standards revisions.

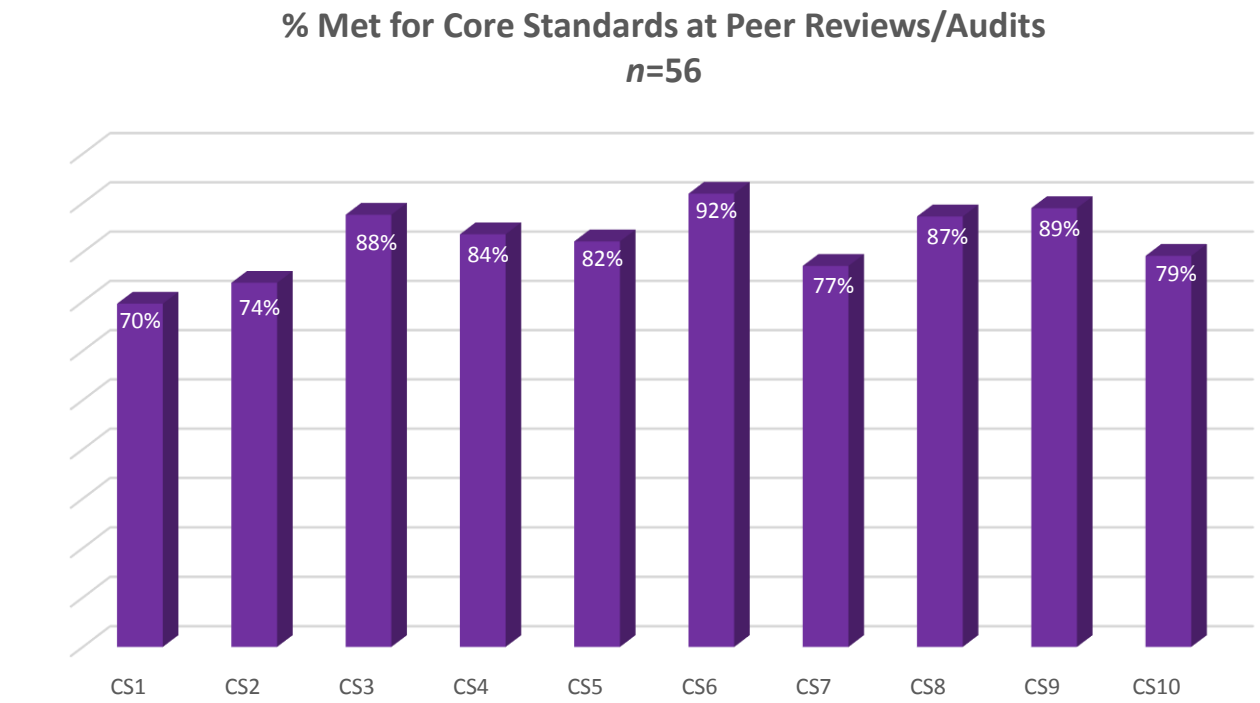
Core Standards

The 10 Core Standards are listed below. These were developed using the TC Core Values[4] as a basis. They identify the common core beliefs of the TC model and describe the fundamental factors that underline the nature of TC's. The standards are not intended to be prescriptive and the statements of criteria attached to each standard are used to further explore the different elements of TC's.

Table 6: Core standards 2015-2016

CS1	There is a clear Therapeutic Community model of practice that is consistently applied across the service
CS2	Community Members are aware of the expectations of Community Membership
CS3	Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life
CS4	Community Members work together to review, set and maintain Community rules and boundaries
CS5	There is a structured timetable of activities that reflects the needs of Community Members
CS6	All behaviour and emotional expression is open to discussion within the Community
CS7	Community Members take part in the day to day running of the community
CS8	Everything that happens in the Community is treated as a learning opportunity
CS9	Community Members share responsibility for the emotional and physical safety of each other
CS10	Community Members are active in the personal development of each other

[4] http://www.rcpsych.ac.uk/PDF/CSCV%20Final%20Briefing%20Paper.pdf



Graph 7: % of core standards met across all services who completed the Core Standards section during their peer review/audit.

The graph illustrates that overall, there is good performance against the 10 Core Standards across the membership, with none of the standards scoring less than 70% met by all members. This is an improvement on last year's results. Core Standard 1 was found by members to be most challenging to fully meet. Areas of high achievement across the network include Core Standards 3, 6 and 9

Did you know?

Accreditation members are expected to meet 100% of Type 1 standards, with 42% of the criteria in the Core Standards being a Type 1 standard.

Diagram 1 indicates how members have performed again the individual standards within the Core Standards Section. (Please see Appendix 6 for more). The membership have performed well regarding the informal time spent between staff and service users. It is encouraging to see that the vast majority of services work together to maintain a clean physical environment. Areas identified as in need of improvement include communities working towards implementing a better understanding and application of expectations set out by membership to services; as well as encouraging the involvement of staff and service users in each other's reviews and appraisals.

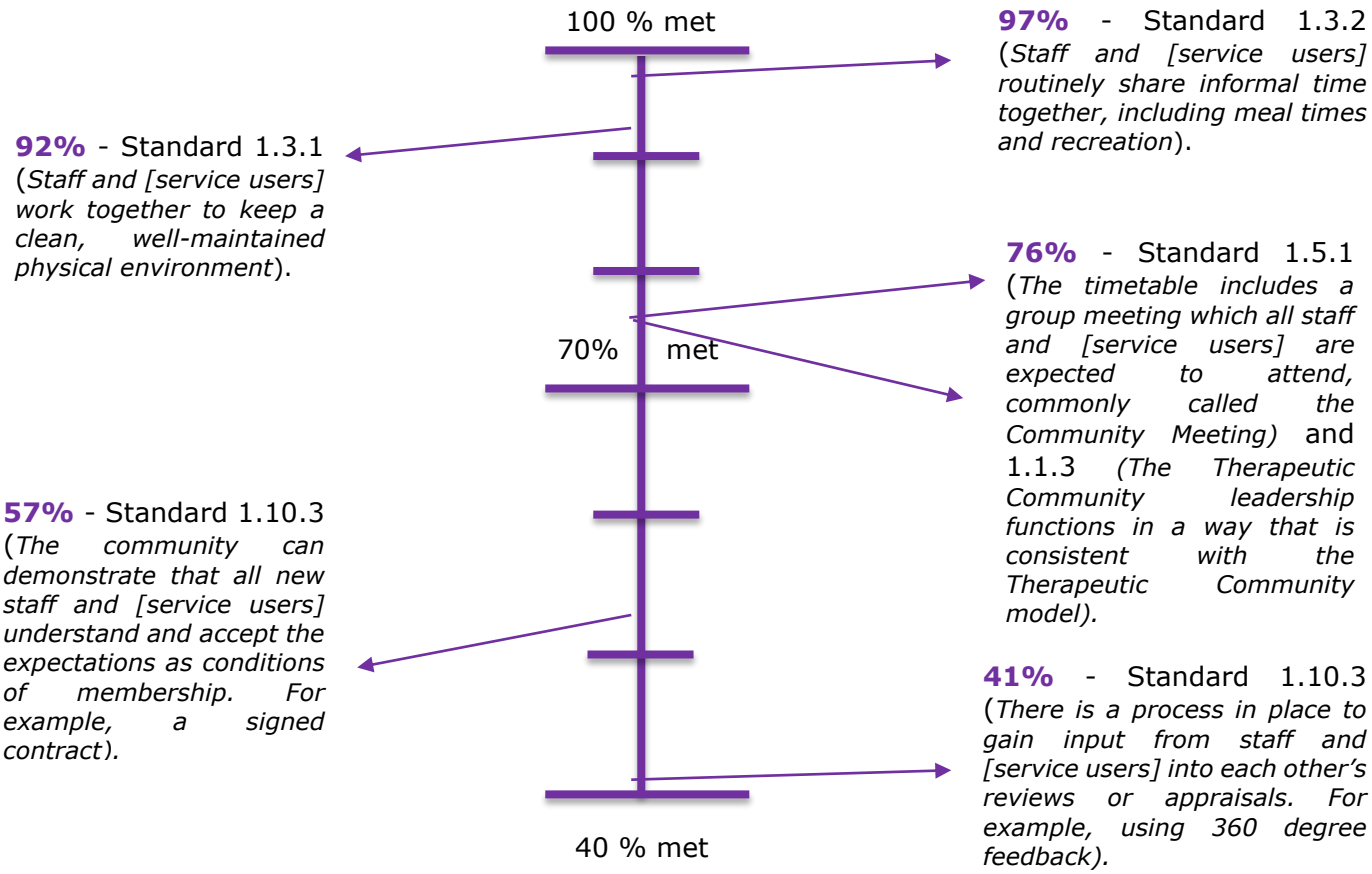
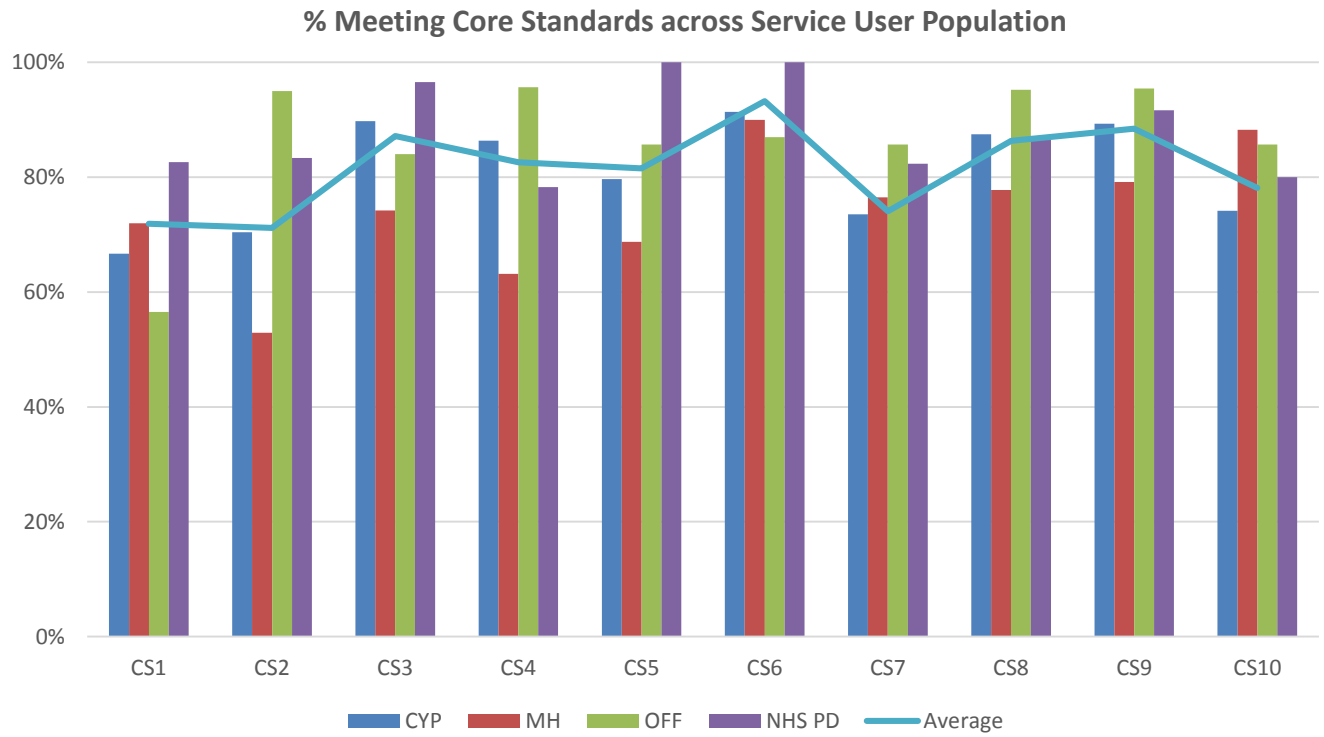


Diagram 1: This diagram shows the Core standards which had the highest % met, and those that had the lowest.

What do you think?

In your local report, what was the highest scored Core Standard for your community?
What is the Core Standard that needs the most improvement?
How does your community's performance compare to the rest of the CofC membership?

Graph 8 shows the percentage of communities meeting the Core Standards, broken down by service user population, as well as the average scores across the membership.



Graph 8: Percentage of communities meeting the Core Standards across service user population (CYP, *n*=25, MH, *n*=8, OFF, *n*=17, and NHS, *n*=6.

This graph shows the range at which communities with differing service user populations are performing. Overall, NHS PD services perform highly, closely followed by the offender (OFF) services. NHS PD communities continue to perform highly across all 10 standards, fully meeting two standards. However, MH communities demonstrate difficulties in meeting the average across all standards except for CS1, CS7 and CS10, with low scores most notably for CS2 and CS4. CYP communities also demonstrate under performance in meeting the average score for CS2, CS5, CS7 and CS10, showing a decline from last year's statistics[5].

CYP communities formed a larger proportion of the CofC members during the 2015-2016 cycle and these communities have underperformed in meeting some areas of the core standards. This may be due to the CofC standards being applied to this type of service, who may benefit from the development of child friendly standards. With the rise in CYP members over the last few cycles, the project team at CofC have recognised the need for a more child-friendly approach in the peer-review process. Feedback has suggested that a number of members have found it difficult to include children and young people in the self-review and peer-review processes. In response to this, the CofC team are looking to develop Therapeutic Child Care standards in cycle 2016-2017 and conduct a pilot with a selection of member services. Additionally the project will be developing and further implementing the use of *SpaceHouse*, a child-friendly data collection tool for children and young people to use during the self-review process, to encourage and enable greater input from children and young people.

[5] http://www.rcpsych.ac.uk/pdf/CofCAnnual%20Report%20Community%20of%20Communities%202014-2015%20Final.pdf

CofC

What does this show? Why are we reporting this?

The graph above can tell us how successfully each sector meets the Core Standards. In this case, NHS services have performed the most highly, and CYP services show the greatest need for improvement. This has allowed CofC to consider additional resources CYP services may need to bring about more effective quality improvement.

The average across the network for meeting core standards is relatively stable, however an overall underperformance can be seen against CS7. In comparison to the 2014-2015 Annual Report[6], the averages are very similar and the decline in scoring for this standard remains consistent from previous years. The similarity in averages from last year's cycle suggests that communities are delivering consistent services against the values of the core standards over the course of 24 months.

The summary of performance against the Core Standards suggests communities need to continue to think about how they involve their service users in the day to day running of the TC's, as well as the consistency in which they implement their practices throughout their service. This is a continuing challenge for members, especially those who operate within much larger organisations who may not work consistently with or provide support for TC Core Values themselves.

Staff Standards

The graph below shows the percentage of peer-review scores for communities meeting each standard within the Staff section of the standards. (Please note: audit scores are not included in the following analysis of standards due to the difference in their standards).

Graph 9:% Staff standards met in peer-reviews across all communities, *n*=20-27.

[6] http://www.rcpsych.ac.uk/pdf/CofCAnnual%20Report%20Community%20of%20Communities%202014-2015%20Final.pdf

The graph shows that there is varied performance across this section. Service have scored highly against 2.6 (*'there is a process for reviewing and recording staff attendance at support and training groups')* and 2.2 *('staffing levels are sufficient to deliver and participate in the therapeutic programme')*. It is commendable that the staffing levels and the methods of reviewing and recording staff attendance at training have scored highly. This reflects the hard work of the staff teams of our membership, which is often reported on by the review team.

More specifically, 2.3.1 (*'all staff undertake continuing professional development of at least two days per year relevant to the Therapeutic Community model'*) had the highest percentage met across the membership, at 93% (see Appendix 6). This is encouraging and plays a vital role in the quality of the services.

Standard 2.1 (*'the staff selection process reflects the Therapeutic Community model')* has performed significantly lower than the rest of the standards in this section, as was also the case in the previous cycle[7].This suggests that across the CofC membership, services need to work towards implementing a more effective selection process and to make sure that the TC model is included throughout.

Moreover, 2.5.4 (*'the staff dynamics or sensitivity group should be facilitated by an external experienced TC practitioner*)' was the lowest scoring criteria in the Staff standards, scoring 53% (see Appendix 6). Therefore, this is the area in which the members of CofC should be working towards improving the most.

Joining and Leaving Standards

The graph below shows the percentage of peer-review scores (excluding audits) for communities meeting each standard within the Joining and Leaving standards section.

Graph 10:% Joining and Leaving standards met in peer-reviews across all communities, *n*=25-35.

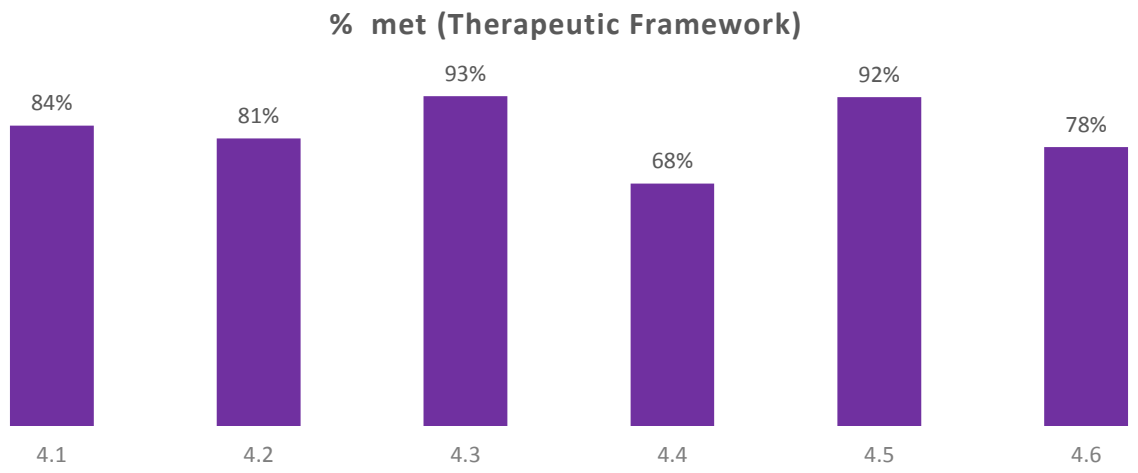
[7] http://www.rcpsych.ac.uk/pdf/CofCAnnual%20Report%20Community%20of%20Communities%202014-2015%20Final.pdf

Services performance on this section is also varied. Communities performed well on 3.4 (*'there is a leaving process for Community Members which is understood by all'*); 3.5 (*'there is a process to support residents that leave or wish to leave the TC prematurely'*); and 3.1 (*'the TC is suitable for the needs of its members'*). This would suggest that amongst the CofC membership there is a good level of understanding of the TC model in reference to leaving. Specifically, 3.4.3 (*'recognition is given to the achievements and contributions of a staff or service user during their time with the Community as part of the leaving process'*) has the highest percentage score, being met by 93% of services (see Appendix 6).

Standard 3.3 (*'there is a planned joining process for prospective Community Members'*) has the lowest percentage met across the membership, and therefore needs the most improvement and attention by services. In particular, 3.3.3 (*'there is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all'*) is the most notable area for development for the network, as this was met by only 43% of services (see Appendix 6).

Therapeutic Framework

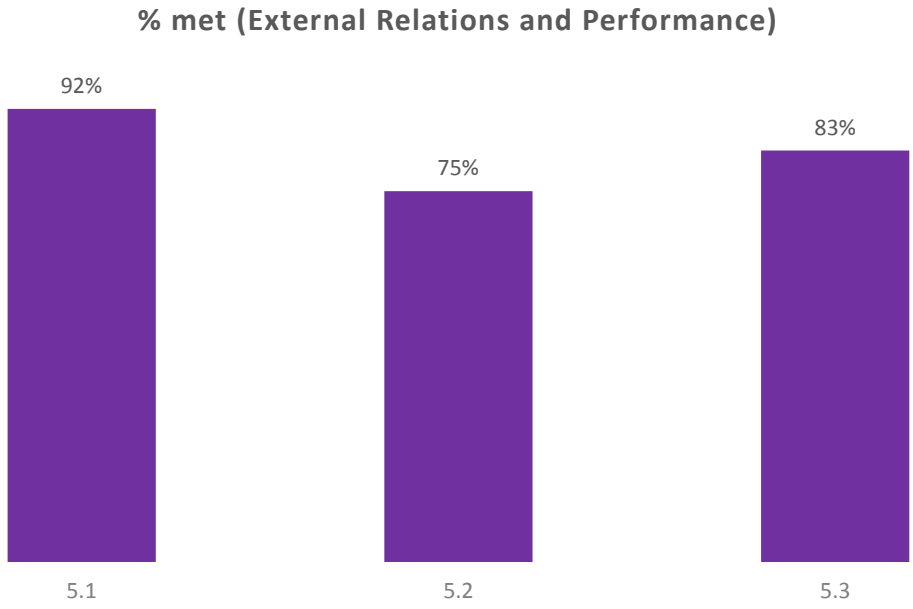
The graph below shows the percentage of peer-review scores (excluding audits) for communities meeting each standard within the Therapeutic Framework standards section.



In this section that 4.3 (*'each resident has a plan that highlights their therapeutic/educational needs and how they can be met through engagement with the Community'*) and 4.5 (*'the TC has an approach to risk that supports members to test out new ways of thinking and doing'*) have the highest percentage of met scores across the services. However, 4.4 (*'the Community has a confidentiality policy that relates directly to the work of the TC'*) has a significantly lower percentage of met criteria. Services in the CofC membership should work to improve the confidentiality policy which they hold, in order to ensure it relates to the work of the TC and is applied widely and upheld. This is the case especially for 4.4.3 (*'the confidentiality policy is reviewed regularly, minimum annually, with input from current staff and service users'*) which was the lowest scoring criteria at 39%; compared to criteria 4.3.3 (*'the therapeutic plan is reviewed regularly using all available information. For example, attendance at groups, engagement in community life, and feedback from staff and service users*') and 4.5.2 (*'staff and service users can describe examples of how they are supported to take positive risks and find their limits'*) met by 100% of the membership.

External Relations and Performance

The graph below shows the percentage of peer-review scores for communities meeting each standard within the External Relations and Performance section (excluding audits). This section looks at how communities interact with external organisations and individuals, and in turn how they evaluate their own practice. It is of interest to note that only a small number of communities decided to review this section on the peer-review day.



Graph 12:% External Relations and Performance standards met in peer-reviews across all communities, *n*=10-16.

Standard 5.1 (*'the TC is committed to an active and open approach to all external relationships'*) scored 9% higher than Standard 5.3 (*'the TC is committed to sharing good practice').* In particular, criteria 5.1.2 (*'all service users reviews involve input from professionals and relevant others, external to the Therapeutic Community'*) has been met by 100% of services who chose to peer review this section. Standard 5.2 (*'the TC is committed to demonstrating the effectiveness of its work'*) has scored the lowest, although at 75% met this is still a high score. Standard 5.2 is the lowest scoring standard for this section, with criteria 5.2.3 (*'the Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences'*) only being met by 50% of services. Overall the members who opted to review against this section of standards have highly which shows a good level of commitment to external relations and performance specifically for those services. The membership as a whole would benefit from looking more closely at these standards to improve upon demonstrating the effectiveness of their own work within a wider external context.

What do you think?

The section 'External Performance and Relations' was chosen to be covered least on the peer review days.
Why do you think this was?
Which standards will your service be looking to cover next cycle?

Achievements and Developments

The Core Standards are supported within the full edition by additional standards which look more specifically at staffing, joining and leaving processes, the therapeutic framework and external relations and performance. Looking in more detail at performance across the full set of standards, the review scores have been analysed against standards to specifically highlight areas of achievement. Areas of achievement are defined by those scores over 90%. Areas for improvement, defined by those scores under 60%, are also highlighted below (*n*=41). Table 7 shows the standards met by over 90% and below 60% of all communities in the 2015-2016 cycle.

Please note data from HMP communities who have had an audit during this cycle have only been included in the analysis of the core standards. This is due to the audit process reviewing a selection of CofC standards, and not all.

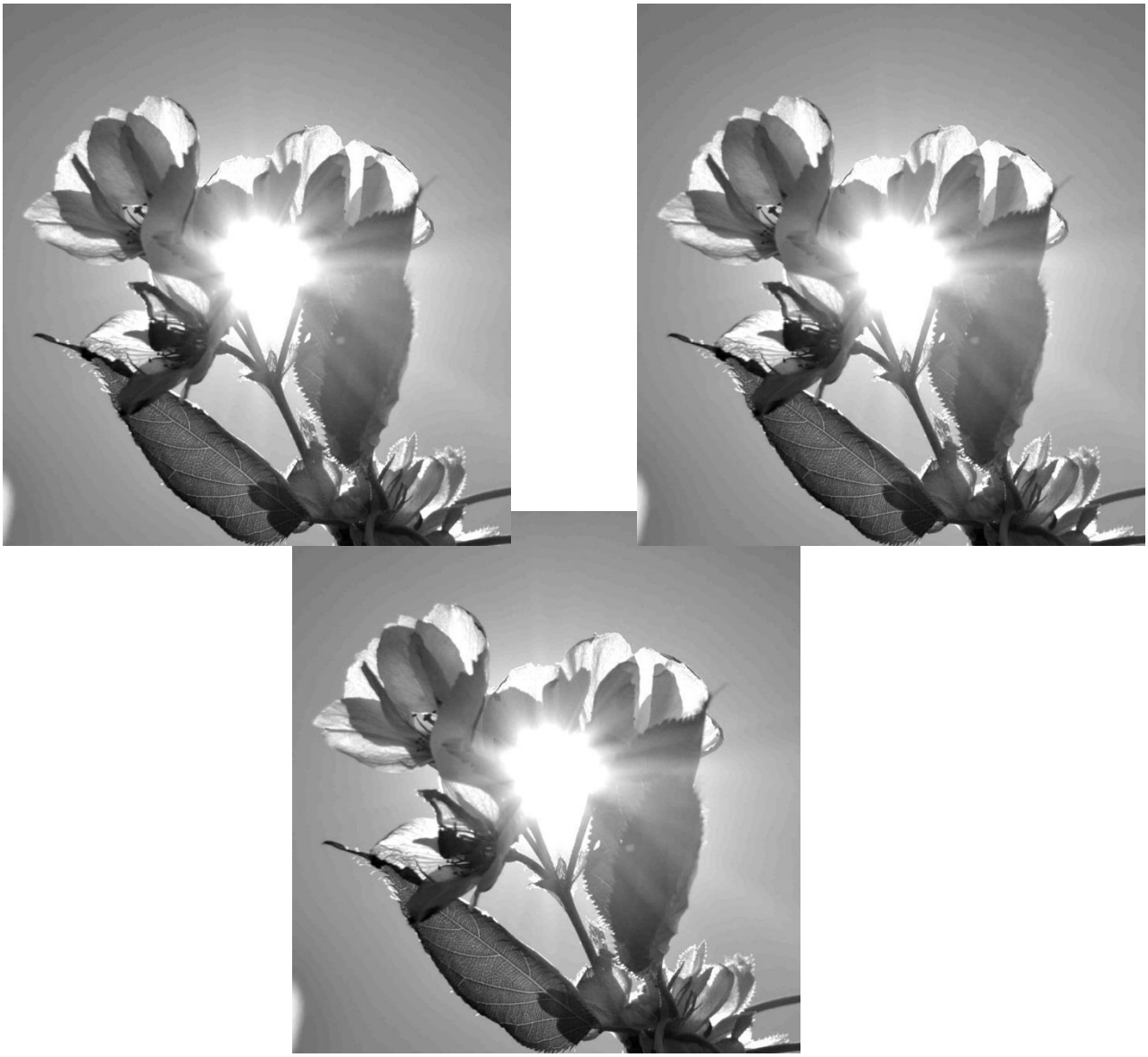
Table 7: % standards met in total above 90% and below 60% across all service user populations for 2015-2016

	2014-2015	
Standard	**Std. No.**	**No. % met**
Staff and [service users] work together to keep a clean, well-maintained physical environment	1.3.1	**92**
Staff and [service users] routinely share informal time together, including meal times and recreation	1.3.2	**97**
All staff undertake continuing professional development (of at least two days per year) relevant to the Therapeutic Community model	2.3.1	**93**
There is record of any action taken following a review of staff attendance at groups	2.6.2	**90**
All [service users] are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining	3.1.1	**91**
Recognition is given to the achievements and contributions of a staff or [service user] during their time with the Community as part of the leaving process	3.4.3	**93**
The Community marks an individual leaving with an event or celebration	3.4.4	**90**
There is an expectation that a [service user] wishing to leave prematurely will discuss this with staff and [service users]	3.5.1	**92**
The leadership has a comprehensive understanding of the Therapeutic Community Model	4.1.2	**95**
There are written records of groups that reflect on process and decision making	4.2.4	**91**
There are regular written updates of how engagement in the community is helping the [service user] to address the needs identified in the therapeutic plan	4.3.1	**94**
The therapeutic plan is reviewed regularly using all available information. For example, attendance at groups, engagement in community life, and feedback from staff and [service users]	4.3.3	**100**
All staff and [service users] can describe examples of the limits of confidentiality, for example with regard to information shared in groups or how to use social media	4.4.1	**90**

Staff and [service users] can describe examples of how they are supported to take positive risks and find their limits	4.5.2	**100**
Staff and [service users] support members to work through risks and risky behaviour as part of the daily therapeutic programme	4.5.3	**94**
All [service users] reviews involve input from professionals and relevant others, external to the Therapeutic Community	5.1.2	**100**
Difficult relationships with the external world are reflected on and addressed by the Therapeutic Community	5.1.3	**91**
The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve the work of the Therapeutic Community	5.2.1	**90**
The community can demonstrate that all new staff and [service users] understand and accept the expectations as conditions of membership. For example, a signed contract.	1.2.2	**57**
There is a process in place to gain input from staff and [service users] into each other's' reviews or appraisals. For example, using 360 degree feedback.	1.10.3	**41**
There is a written set of Therapeutic Community core competencies to assess the suitability of staff for working in the Therapeutic Community	2.1.2	**58**
The staff dynamics or sensitivity group should be facilitated by an external experienced Therapeutic Community practitioner	2.5.4	**56**
There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all	3.3.3	**43**
The confidentiality policy is reviewed regularly (minimum annually) with input from current staff and [service users]	4.4.3	**39**
The Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences	5.2.3	**50**

Table 7 uses a traffic light key to highlight the top 18 standards (green) which are being met to a high standard by the whole network and the bottom 7 standards (red) which are not being satisfactorily met by the whole network. The table illustrates the overall network performance (n=41) across the 31 standards in the 9th edition of the CofC standards. None of the Core Standards scored averagely below 60% which shows an overall increase in performance across the network from last year's cycle. In particular, Core Standard 3 ('*Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life')* scored a consistently high average percentage score.

Despite the overall improvement of the membership, areas in which standards are scoring less than 60% are defined by the project team as being areas for continued development and improvement. In total, seven of the 31 standards fall in to this category. These are the areas in which the membership need to focus on in the coming annual cycle. It should be noted however that standards scoring between 60%-80% are also areas in which the membership should continue to work on and develop to strive to improve service delivery across the board.



Artwork: *Light and Shadow* by Elisha, (Northleigh House)

Section Three: Performance over cycles

Reviewing performance over three annual review cycles.

CofC

Did you know?

Overall for the 2015-2016 cycle, the core standards were met at a higher % than before.

Quality Improvement over Time

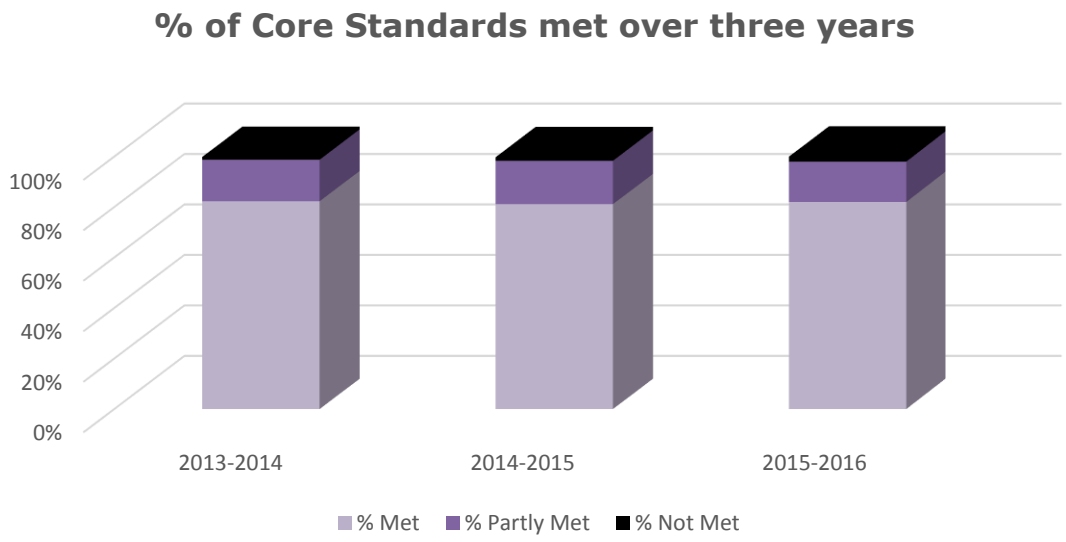
It is important to look at quality improvement over time and consider whether the membership of CofC have improved year on year, as well as to identify areas for continued development and growth. Measuring quality improvement in this way for CofC can be difficult, due to standards having been revised and changed over the last three years. It is worth noting however that the 9th Edition Standards have been used for the past two cycles, with very minimal change (some standards have been re-worded for greater clarity).

Table 8 and graph 13 illustrate performance against the Core Standards over the last three cycles.

Table and graph comparing: % standards met of Core Standards over the past three annual cycles

Cycle	% Met	% Partly Met	% Not Met
2013-2014	82%	16%	1%
2014-2015	81%	17%	1%
2015-2016	82%	16%	2%

Table 8: Comparison of % standards met across the past three cycles

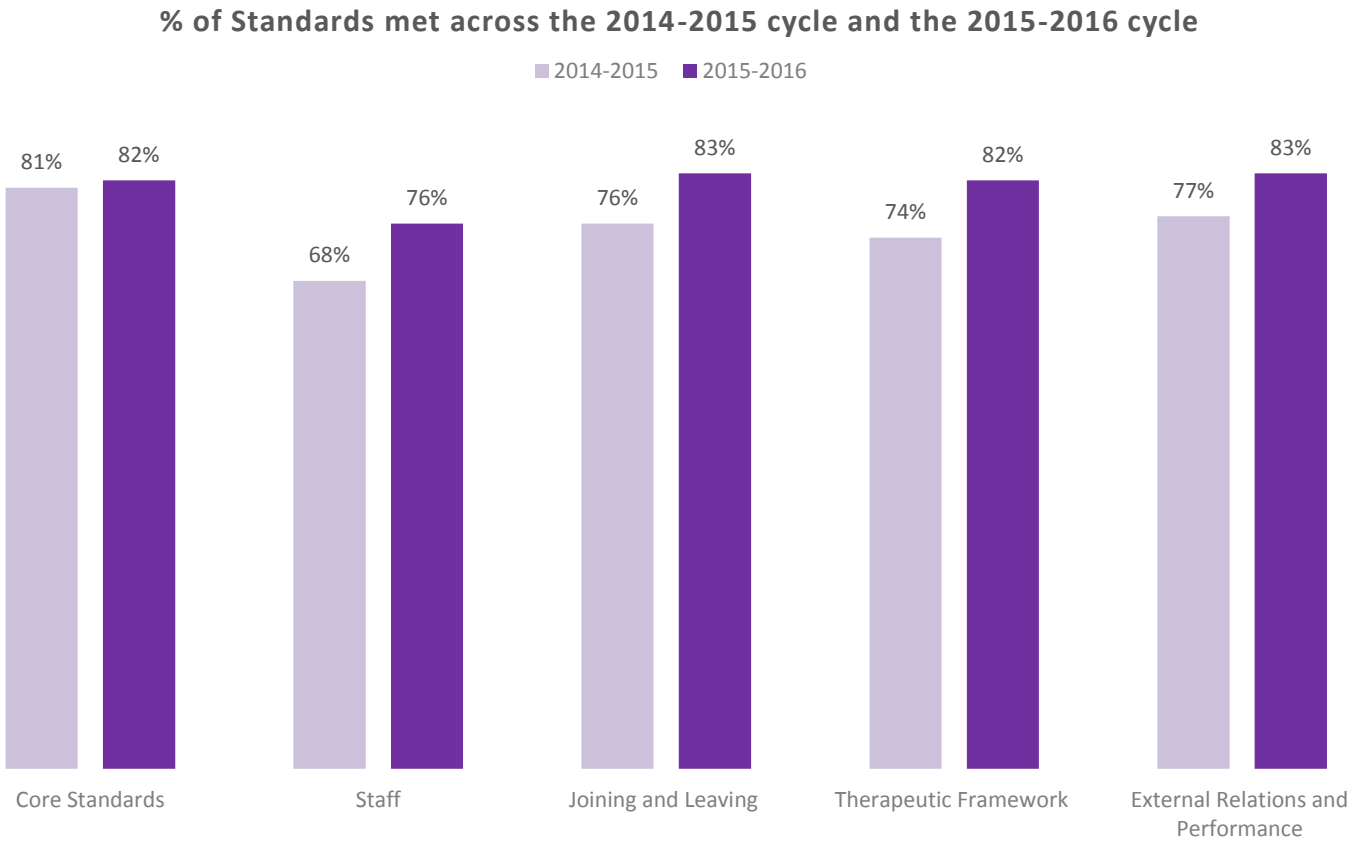


Graph 13: % Core standards met, partly met, not met in 2013-2014, 2014-2015, 2015-2016

Overall, the performance of member services against the Core Standards has remained consistent over the past three years. There has been no significant change in the percentage of Core Standards fully met, with a 1% drop in cycle 2014-2015. The Core Standards are continuing to be met to a high standard, which suggests long standing quality improvement.

Section Comparisons

As the Standards have been grouped into similar sections for the past two years, it allows for the past two cycles (2014-2015 and 2015-2016) to be compared directly. Graph 14 compares the percentage of standards that were fully met in the 2014-2015 cycle, compared to the 2015-2016 cycle. The scores below are collated from peer review scores, and in the case of the Core Standards, this has been compiled from peer review and audit score data.



Graph 14: The percentage of standards which were met in the 2014-2015 cycle compared to the 2015-2016 cycle.

There has been an overall improvement of our membership from last cycle. Although the overall performance of the Core Standards has increased by 1%, the Staff standards and Therapeutic Framework standards have both increased by 8%. Again, this should be acknowledged as an achievement for the whole of the membership of CofC.

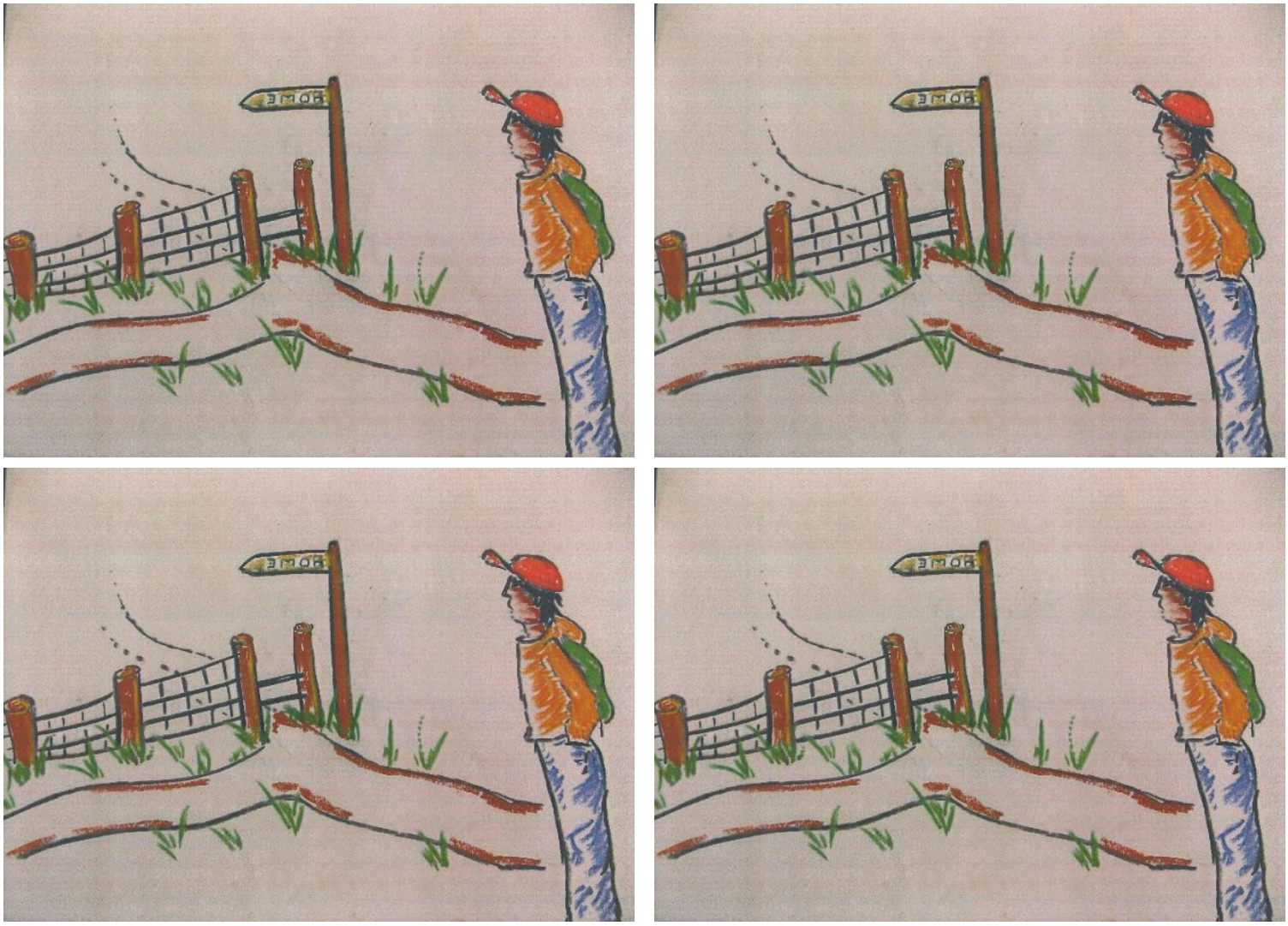
Improvement since the Last Cycle

Table 9 shows the percentage of standards or criteria scoring below 60% in the previous cycle, 2014-2015, against the relevant scores this cycle.

Table 9: Percentage of standards met in total below 60% for 2014-2015 compared with relevant scores for 2015-2016.

	2014-2015		2015-2016	
Standard	**Std. No.**	**All % met**	**Std. No.**	**All % met**
Staff members receive training related to working in a Therapeutic Community	2.3	**59%**	2.3	**79%**
The Therapeutic Community is committed to demonstrating the effectiveness of its work	5.2	**56%**	5.2	**75%**
There is an information pack for all potential new staff and [service user] members	3.2	**55%**	3.2	**82%**
There is a clear Therapeutic Community model of practice that is consistently applied across the service	CS1 (1.1)	**53%**	CS1 (1.1)	**72%**
All staff regularly attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity) (minimum one session per month)	2.5	**52%**	2.5	**70%**
The Community has a confidentiality policy that relates directly to the work of the Therapeutic Community.	4.5	**46%**	4.5	**92%**
The staff selection process reflects the Therapeutic Community Model	2.1	**44%**	2.1	**61%**
Staff members receive training related to working in a Therapeutic Community	2.3	**59%**	2.3	**79%**
The Therapeutic Community is committed to demonstrating the effectiveness of its work	5.2	**56%**	5.2	**75%**

The table shows that all criteria listed have been improved upon and are being met by a greater number of members than last cycle. Communities should be commended for significantly improving the availability of an information pack for all new services and staff members joining a community (3.2), as well as the development of a confidentiality policy that relates directly to the work of the TC (4.5). Members should continue to look to improve areas of practice around staff selection processes and how this reflects the TC model (2.1); the way in which the TC model is applied in all services to ensure consistency (Core Standard 1 (1.1); and finally the provision for staff to attend a regular group to explore staff relationships (2.5). With continued quality improvement and attention given to the above areas of development, the membership will continue to see overall improvements in meeting standards set by the CofC team.



Artwork: *Going Home,* by Holly (Appletree Treatment Centre)

Section Four: Feedback from the network

A summary of feedback from host communities and peer reviewers about their review experience.

CofC

Did you know?

The children and young person's Therapeutic Community at The Roaches Independent School is based on a farm and they keep pigs!

Host Community Feedback

CofC collects feedback on many aspects of the review cycle, both from host communities and visiting peer-review teams. Community members were asked to complete a feedback form at the end of the review day, giving their views on their experiences of preparing for the review visit and taking part in the review day. A total of 24 feedback forms were completed from host communities during the review cycle and a breakdown of the feedback can be seen below.

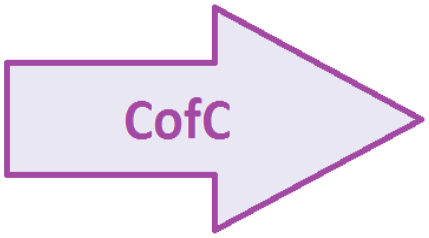
Table 9: Host community feedback summary

Feedback statement	% Agreement
We felt the review went well	83%
We were able to join in as much as they wanted to	79%
We enjoyed taking part in the review day	67%
We have learnt something new from the review day	63%
We enjoyed preparing for the review day	57%
We enjoyed completing the self-review workbook	38%

Overall, host communities provided very positive feedback on their review day experience. The majority of the communities felt the day went well and that they were able to join in. A lesser amount of communities felt they learnt something new from the day but still spoke positively about the overall experience. Members did not find completing the self-review workbook enjoyable or preparing for the day as enjoyable as the day itself.

Members were also asked to provide comments about which aspect of the review they enjoyed the most. The majority of anecdotal responses were positive, with communities citing the feedback given by review teams as '*reaffirming that we are doing good work*' and '*being listened to'*. Communities also appreciated the involvement service users had in the self- and peer-review, as well as the discussions and opinions that were encouraged and circulated throughout the process.

Members were also asked to reflect on what they enjoyed the least about the review process. Comments included not feeling as if there was enough time to speak with the review team outside of scheduled meetings; and the evidence review part of the day.



Why are we reporting this?

CofC use feedback to implement changes to the review process and identify ways in which to further support our members.

Some examples include:

- The implementation of SpaceHouse to further involve Children and Young People
- Providing Self-Review workshops and training
- Being in regular contact with our members leading up to their review visit

Peer-review Team Feedback

CofC collects feedback from peer-review teams after they have attended a review. A total of 28 feedback forms were completed during the 2015-2016 review cycle. All statements are scored on a 5-point scale (5 = strongly agree, and 1 = strongly disagree).

Feedback statement	% Agreement
I received the current workbook with enough time to prepare	60%
I was able to fulfil my role as a peer-reviewer/lead-reviewer	59%
The review went well	58%
The review process provided an opportunity for learning	49%

Feedback from our peer-reviewers suggests that more can be done to better the experiences being had on reviews by teams. Peer-reviewers were positive about having enough time to prepare for their reviews, but with increased numbers of peer-reviewers withdrawing from visits due to constraints, a number of reviewers feel less prepared if they are asked to be a replacement reviewer.

Less peer-reviewers found the opportunity to learn from peer-review visits and this is reflected in less than half agreeing to this statement. However, over half of the CofC peer-reviewers felt that review days generally went well.

The CofC project team have scheduled peer- and lead-reviewer training over the summer and autumn months in 2016 to try and increase the quality, experience and learning outcomes for all peer-reviewers in cycle 2016-2017.

What do you think?

How many members of your Community attended peer – reviews this cycle?
What did they learn from the review day?
What improvements could be made?

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Appendices

Community of Communities
Annual Report 2015-2016

C OF C
COMMUNITY OF COMMUNITIES
CCQI

Appendix 1 - What is the Community of Communities?

- Community of Communities (CofC) is a standards-based quality improvement network which brings together Therapeutic Communities (TC's) 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
    - Attachment Disorders
    - Mental Health Problems
    - Offending Behaviour
    - Addictions
    - Learning Disability
- CofC is based at the Centre for Quality Improvement within the Royal College of Psychiatrists' Research and Training Unit and works in partnership with The Consortium for Therapeutic Communities (TCTC) and the Planned Environment Therapy Trust (PETT)
- Funding is from members' subscriptions.

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.

Appendix 2 - Types of Membership Offered by Community of Communities

There are three kinds of membership offered by the network, depending on each community's needs. A report is produced for each review, detailing areas of achievement and areas to work on to improve the community's performance.

Developmental Membership

Developmental Members will receive:

- A self-review workbook based on the relevant Service Standards
- A local report summarising self-review with action planning template
- Opportunity to send a staff member to the peer-review of another service
- Support and guidance from the CofC team.

Developmental membership is available for one cycle only, with the exception of international members unable to take part in peer-reviews.

Full Membership

Full Members will receive:

- A review workbook based on the relevant Service Standards
- A facilitated peer-review visit from another service to ratify self-review and share learning
- A detailed local report summarising self- and peer-review scores and comments and identifying areas of achievement and areas for improvement and an action planning template
- Participation in a peer-review of another members
- Support and guidance from the CofC team
- Certificate of CofC Membership
- Use of membership logo for commitment to quality improvement.

Accreditation Membership

CofC provides accreditation using the Service Standards for Therapeutic Communities 9thed. Whilst the standards for accreditation remain the same across service user populations, within different service user populations the accreditation types of the standards differ. Standards are typed as 1 - essential, 2 - expected and 3 - desirable. Therefore what is type 1 for CYP communities is tailored to suit the needs of the service user population and is different to what is type 1 for NHS communities. To be accredited a service must be able to demonstrate they achieve all type 1 standards, the majority of type 2 standards and most type 3 standards, for their service user population.

Accreditation runs through a 3 year cycle:

YEAR	SELF-REVIEW	PEER-REVIEW	REPORTS PUBLISHED
Year 1 Accreditation	Core Standards Service Standards Production of a portfolio of evidence	Accreditation visit: Core Standards Specific Service Standards	Local Accreditation Report Annual Report
Year 2 Post-accreditation	Core Standards Service Standards	No peer review(participation in the review of another community)	Local Self-Review Report Annual Report
Year 3 Pre-accreditation	Core Standards Service Standards	Peer review	Local Peer-Review Report Annual Report

Members will receive all advantages of Full Membership plus:

- An accreditation review workbook
- A facilitated accreditation peer-review visit from another service accompanied by a TC specialist
- Submission of reports to the Therapeutic Community Accreditation Panel (TCAP) for an Accreditation decision
- A comprehensive report detailing performance against the standards, areas for improvement and areas of achievement as well as feedback from TCAP
- Participation in an accreditation review visits of other services
- Certificate of Accreditation
- Use of accreditation logo for demonstrating quality
- Evidence of adherence to critical standards for the commissioning of services (NHS)

Democratic Prison Therapeutic Communities Integrated Audits
Introduction

The Integrated Audits for Democratic Therapeutic Communities in prisons (DTC's) is a collaboration between the National Offender Management Service (NOMS) and the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI), in particular the CofC network which is a Quality Improvement and Accreditation Service for Therapeutic Communities. The Audit Process (previously known as the joint-review) is an iterative cycle of self- and peer-review and specialist verification based on the Joint Standards for Democratic Therapeutic Communities (DTC's) in Prisons (4thedition) and the Service Standards for Therapeutic Communities, 7th Edition. The process takes place over two years.

Aims and Objectives

- Provide a system for measuring the performance of TC's against the accredited HMP Service Democratic Therapeutic Communities Core Model, which reflects the nature and philosophy of the units
- Engage prison TC's in a network of TC's from different settings whilst recognising and incorporating the specific requirements of TC's within a prison
- Assist in improving the quality and effectiveness of TC's within the prison service and the clinical skills and knowledge of TC staff
- Involve TC staff and service users in setting standards and in evaluating the service they provide
- Provide a strong network of supportive relationships
- Promote best practice through shared learning and developing external links

Appendix 3 – Part-time and full-time staff figures

Part-time staff data (average)

Part time staff data	Overall (*n*=42)	CYP (*n*=17)	NHS (*n*=5)	MH (*n*=5)	HMP (*n*=15)
Average number of *part* time staff on 01-04-2014	**4**	7	2	4	3
Average number of *part* time staff on 01-04-2015	**4**	7	2	5	3
Average number of *part* time staff joining	**2**	3	1	1	1
Average number of *part* time staff leaving	**2**	3	1	1	1
Average number of *part* time recorded staff sick days	**24**	17	75	2	1

Full-time staff data (average)

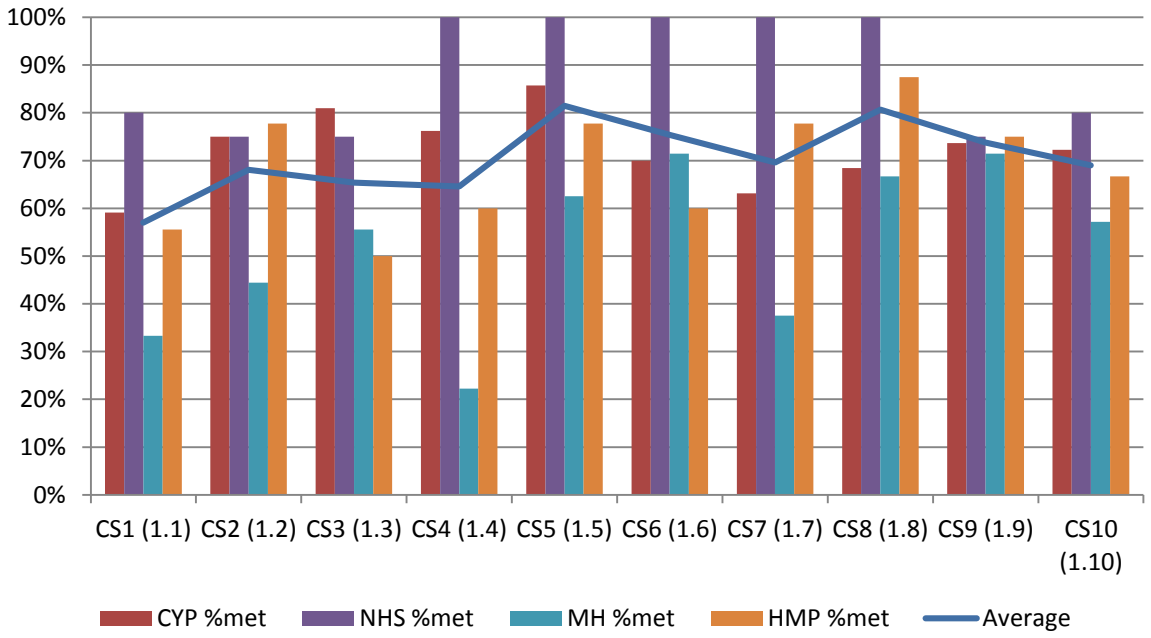
Full time staff data	Overall (*n*=46)	CYP (*n*=16)	NHS (*n*=5)	MH (*n*=10)	HMP (*n*=15)
Average number of full-time staff on *01-04-2014*	**14**	18	14	11	11
Average number of full-time staff on *01-04-2015*	**16**	21	19	13	11
Average number of full-time staff *joining* between 01-04-2014 & 31-03-2015	**4**	8	3	3	2
Average number of full-time staff *leaving* between 01-04-2014 & 31-03-2015	**4**	6	5	2	2
Average number of full-time recorded staff *sick days* between 01-04-2014 & 31-03-2015	**64**	100	58	35	64

Appendix 4 – 2014-2015 Annual Report Full Time Staff Data (Average)

Full time staff data (average)

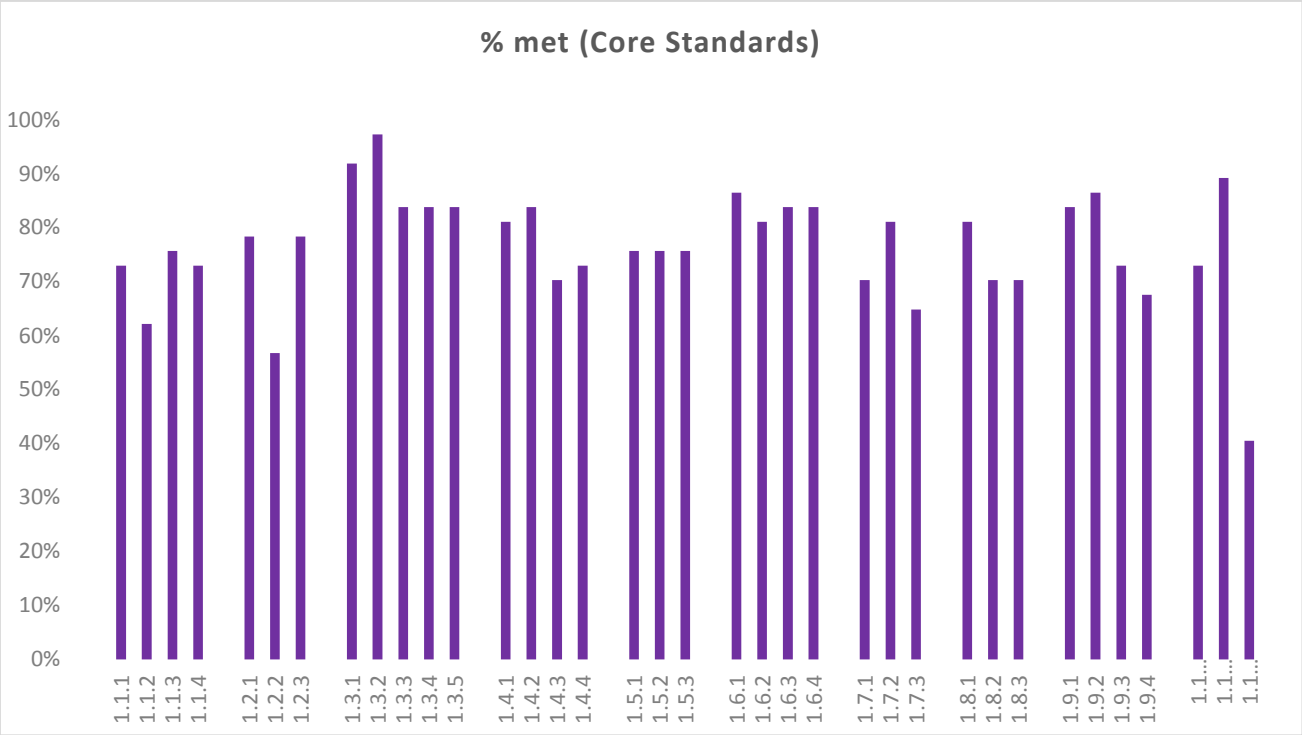
Full time staff data 2014-2015 cycle	Overall	CYP (*n*=21)	NHS (*n*=6)	MH (*n*=7)	HMP (*n*=8)
Average of full-time staff on 01-04-2013	**16**	23	17	9	9
Average of full-time staff on 01-04-2014	**17**	26	13	7	11
Average of full-time staff joining	**6**	10	3	3	4
Average of full-time staff leaving	**4**	6	4	3	2
Average of full-time recorded staff sick days	**31**	48	17	16	26

Appendix 5- 2014-2015 Annual Report Graph comparing: % meeting Core Standards across the network and within service user population categories

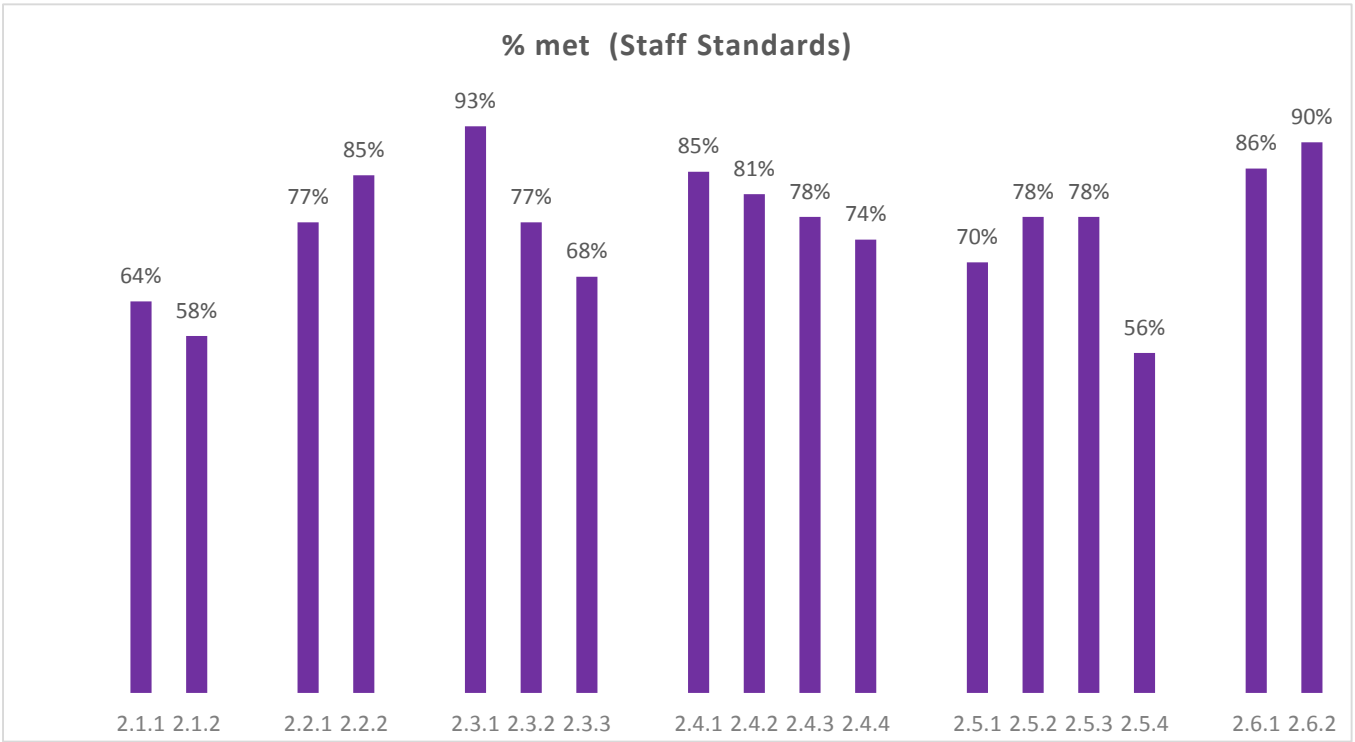


Appendix 6 – Peer-review scores % met

% criteria met for Core Standards in peer-review scores across all communities (*n=56)*

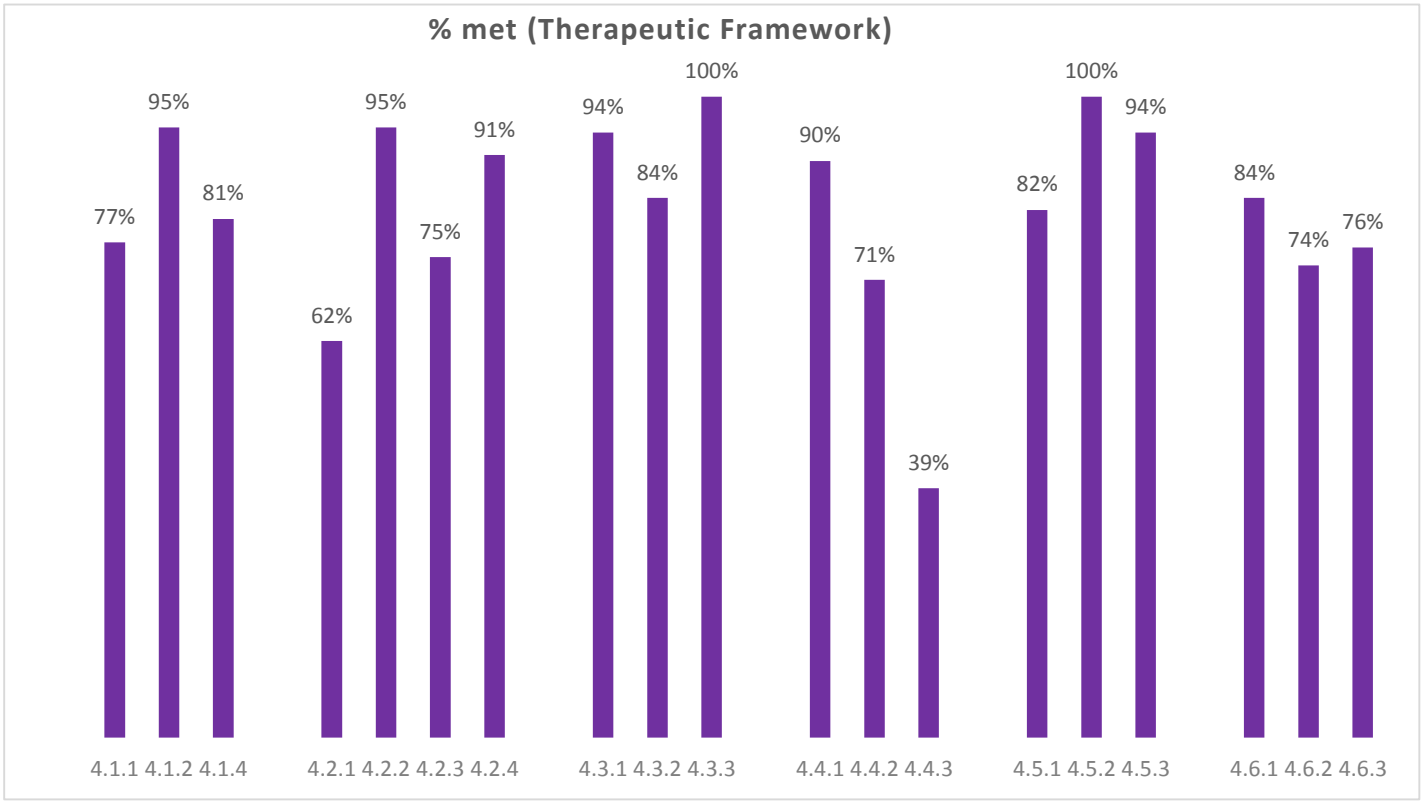


% criteria met for Staff Standards in peer-review scores across all communities (*n*=20-27)

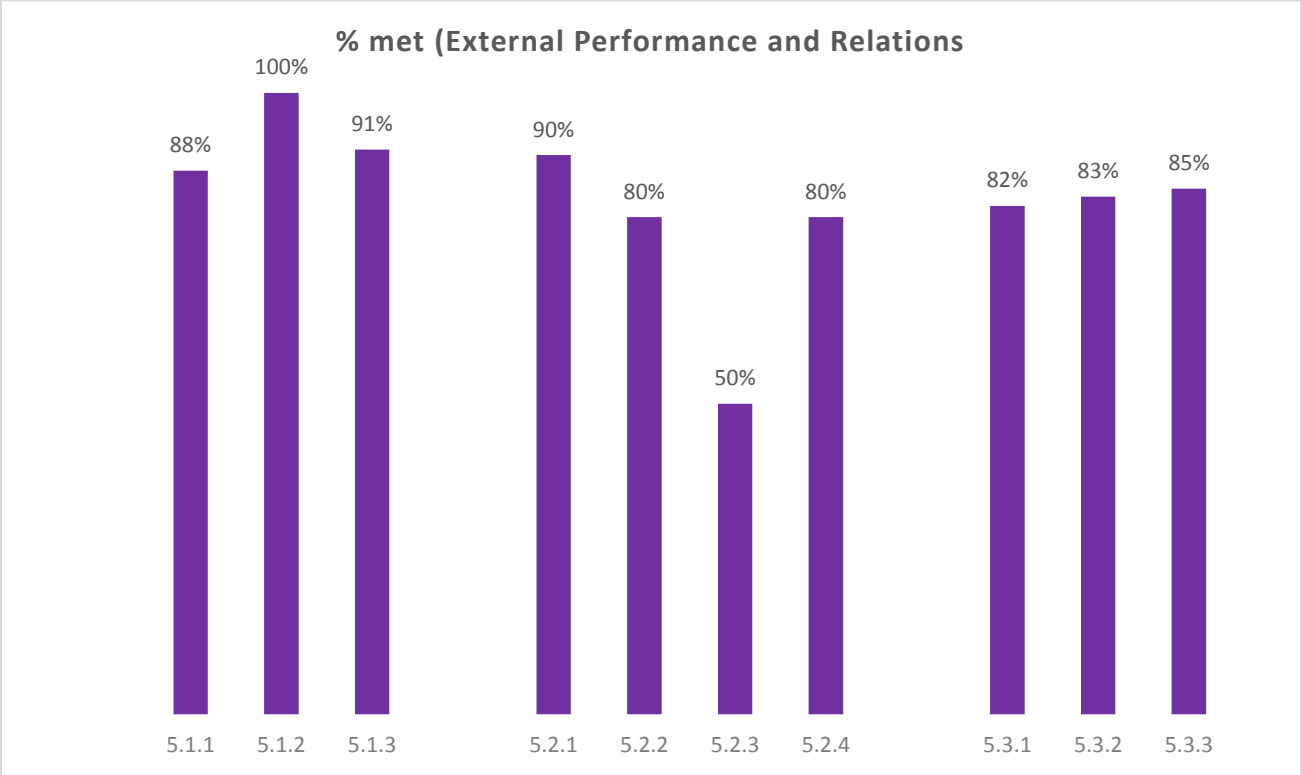


% criteria met for Joining and Leaving Standards in peer review scores across all communities (*n*= 25-35).

% criteria met for Therapeutic Framework Standards in peer review scores across all communities (*n*=17-24).



% criteria met for External Relations and Performance Standards in peer review scores across all communities (*n*= 10-16)



Appendix 7 – Standards met above 80% and below 60%

Standard No.	Standard	% Standards Met
CS1 (1.1)	There is a clear Therapeutic Community model of practice that is consistently applied across the service	72%
CS2 (1.2)	Community Members are aware of the expectations of Community Membership	71%
CS3 (1.3)	Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life	87%
CS4 (1.4)	Community Members work together to review, set and maintain Community rules and boundaries	83%
CS5 (1.5)	There is a structured timetable of activities that reflects the needs of Community Members	82%
CS6 (1.6)	All behaviour and emotional expression is open to discussion within the Community	93%
CS7 (1.7)	Community Members take part in the day to day running of the community	74%
CS8 (1.8)	Everything that happens in the Community is treated as a learning opportunity	86%
CS9 (1.9)	Community Members share responsibility for the emotional and physical safety of each other	88%
CS10 (1.10)	Community Members are active in the personal development of each other	78%
2.1	The staff selection process reflects the Therapeutic Community Model	61%
2.2	Staffing levels are sufficient to deliver and participate in the Therapeutic Programme	86%
2.3	Staff members receive training related to working in a Therapeutic Community	79%
2.4	Staff receive regular group supervision (minimum one session per month)	80%
2.5	All staff regularly attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity) (minimum one session per month)	70%
2.6	There is a process for reviewing and recording staff attendance at support and training groups	88%
3.1	The Therapeutic Community is suitable for the needs of its members	86%
3.2	There is an information pack for all potential new staff and [service user] members	82%
3.3	There is a planned joining process for prospective Community Members	73%

3.4	There is a leaving process for Community Members which is understood by all	89%
3.5	There is a process to support [service users] that leave or wish to leave the Therapeutic Community prematurely	88%
4.1	The Therapeutic programme is overseen by appropriately qualified leadership	84%
4.2	There are structures in place to facilitate the safety of all group meetings	81%
4.3	The overall effectiveness of the Therapeutic Programme is regularly reviewed	93%
4.4	Each service user has a plan that highlights their therapeutic/educational needs and how they can be met through engagement with the Community	68%
4.5	The Community has a confidentiality policy that relates directly to the work of the Therapeutic Community.	92%
4.6	The Therapeutic Community has an approach to risk that supports members to test out new ways of thinking and doing	78%
4.7	There is a physical restraint policy and procedure that relates to the Therapeutic Community Model	84%
5.1	The Therapeutic Community is committed to an active and open approach to all external relationships	92%
5.2	The Therapeutic Community is committed to demonstrating the effectiveness of its work	75%
5.3	The Therapeutic Community is committed to sharing good practice	83%

Appendix 8 – 2015-2016 Members

Community Name	Service User Group	Membership Type
Acorn Cottage	CYP	Full
Acorn Programme	NHS PD (ADTC)	Accreditation
Amicus Community	CYP	Accreditation
Appletree Treatment Centre	CYP	Full
Ash Eton Community	NHS PD (ADTC)	Full
Ashburn *	PD (ADTC)	Associate
Ashley Lodge	CYP	Full
ASV	MH (ADTC)	Associate
Avon House	CYP	Full
Bartram *	CYP	Developmental
Belgravia Terrace	MH (ADTC)	Full
Benjamin UK – The Old School House *	CYP	Full
Bluebell Cottage	CYP	Full
Brenchley Unit *	NHS PD (ADTC)	Accreditation
Channels & Choices	CYP	Full
Cheltenham TC	CYP	Full
Christ Church Deal	MH (ADTC)	Full
Clearwater House *	MH (ADTC)	Full
Coolmine Ashleigh *	ADD	Accreditation
Coolmine Lodge *	ADD	Accreditation
Dainton House	MH (ADTC)	Full
Dumbarton House	MH (ADTC)	Full
Footsteps to Futures Ltd	CYP	Full
Francis Dixon Lodge	NHS PD (ADTC)	Accreditation
Glebe House	CYP	Accreditation
Glencarn House	MH (ADTC)	Full
Glendun House	MH (ADTC)	Full
Glensilva	CYP	Full
Golfa Hall	CYP	Full
Grasmere **	CYP	Full
Heather Lodge	CYP	Full
Highams Lodge	MH (ADTC)	Full

HMP Dovegate Assessment Unit	[8]OFF	Full
HMP Dovegate Avalon	OFF	Accreditation
HMP Dovegate Camelot	OFF	Accreditation
HMP Dovegate Endeavour	OFF	Accreditation
HMP Dovegate Genesis	OFF	Accreditation
HMP Dovegate TC+	OFF	Accreditation
HMP Gartree	OFF	Accreditation
HMP Gartree TC+	OFF	Accreditation
HMP Grendon A wing	OFF	Accreditation
HMP Grendon Assessment Unit	OFF	Full
HMP Grendon B wing	OFF	Accreditation
HMP Grendon C Wing	OFF	Accreditation
HMP Grendon D wing	OFF	Accreditation
HMP Grendon TC+	OFF	Accreditation
HMP Send	OFF	Accreditation
HMP Warren Hill	OFF	Accreditation
Hopedale House	CYP	Full
Kypseli	MH (ADTC)	Full
Lancaster Lodge *	MH (ADTC)	Full
Lawrence House *	CYP	Full
Lilias Gillies House	MH (ADTC)	Full
Lily House	CYP	Developmental
Manor Farm Cottage	CYP	Full
Millfields Medium Secure Unit	NHS PD (OFF)	Accreditation
Monteagle	CYP	Full
Mount Lodge	MH (ADTC)	Full
Mulberry Bush School	CYP	Accreditation
New Horizons *	NHS PD (ADTC)	Accreditation
Newton House **	CYP	Full
Northleigh House *	CYP	Developmental
Oasis Young People's Care Services	CYP	Full
Odyssey House *	ADD	Associate
Oxford TC	NHS PD (ADTC)	Accreditation
Pele Tower	NHS PD (ADTC)	Full
Poppy Lodge *	CYP	Developmental

Racefield	CYP	Full
Rosa Dei Venti *	CYP	Associate
Sacre Coeur	CYP	Full
Seafields Therapeutic Children's Home	CYP	Accreditation
Sequoia	NHS PD	Developmental
Sophia House	MH (ADTC)	Full
Special Care Centre (SCC) *	CYP	Associates
Springfields Therapeutic Children's Home	CYP	Accreditation
Steps	CYP	Full
The Bluestone (Cornerstone) Community *	CYP	Developmental
The Forge *	CYP	Developmental
The Old Barn	CYP	Full
The Roaches Independent School	CYP	Full
Tumblewood	CYP	Full
Westfields Therapeutic Children's Home	CYP	Accreditation
Windana *	ADD	Associate

* This service did not provide data to be included in the Annual Report.

** This service did not complete the 2015-2016 cycle.

Artwork Contributions

CofC ran an art completion for members during 2015-2016. Members were asked to submit photographs of any pieces or forms of artwork they had produced, on a topic or theme of their choice. The artwork used throughout this report has come from the members submissions:

Together, a Community, by Kerrie (Appletree Treatment Centre)

Venetian Colour, by Finley (Appletree Treatment Centre)

Light and Shadow, by Elisha (Northleigh House)

Play, by a Community Member (Ash Eton Therapeutic Community)

Silver Lining by Community Member at Ash Eton Community

Going Home, by Holly (Appletree Treatment Centre)

Notes

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