Artwork: "Waterfront" by David Evans, HMP Dovegate

Community of Communities Annual Report 2016-2017

Artwork: Waterfront, by David Evans (HMP Dovegate)

Contents

Foreword

By Jane Wackett

May I start by introducing myself. My name is Jane Wackett and I have been involved with therapeutic communities in various ways for about 6 years. My initial experience was as a service user, in need of help to make sense of life experiences in a safe place. I benefitted first hand from the unique culture that a TC offers to enable people to do such a thing. My experience of that special 'everydayness' that is found in a good TC; the availability of time, space and other minds allowed me to explore what it was like to trust and be trusted. I believe it was this experience that literally saved my life and brought about such transformation for me and consequently, my children.

Amazingly, since that time I have graduated with a Degree in Social Science, done a year at Oxford on a post graduate course and secured work as a sessional researcher. I have continued to be involved with all things TC and am both an independent peer reviewer and Enabling Environments assessor - roles I am hugely proud of. Since 2015 I have also been a director for The Consortium for Therapeutic Communities, a charity that is concerned with supporting and promoting the work of Therapeutic Communities. A key event in TCTC's calendar is the Windsor conference; it is wonderful to be part of an event where people from a whole range of sectors can come together for encouragement, challenge and refuelling – I love that I am able to be part of organising something that celebrates the amazing work that goes on in all sectors, a chance to give something back to the TC's.

It is hard to believe the change that has taken place in my life; I could never have envisioned myself doing what I do now. At the end of our time at the Brenchley TC we were given an acorn, representing the real start of our growth as we leave and take the reins of our own life. The work doesn't end when you leave, it's then that we get to grow and expand into a new space. Becoming a peer-reviewer has helped shore up that growth for me. It was exciting to see so many people with lived experience at the recent peer-reviewer training; for me this was a great next step and I would encourage people to try it. There is a great team at CofC, hard-working, knowledgeable, always supportive, and enthusiastic about the work of Therapeutic Communities. I have really enjoyed getting to know them and appreciated the genuine interest they have had in my achievements. I was touched that they asked me to write this forward, it is a real privilege.

I remember being part of my first peer-review as a member of a TC. To be honest I couldn't have verbalised many of the TC concepts prior to this, and certainly had no sense of who 'CofC' were – the cult leaders of this strange place I found myself in?! But over several weeks as our community went through the self-review process I began to understand a little bit more of what I had been experiencing. I was more able to articulate what a TC was and therefore my experience; the hope I was being offered began to dawn on me. The review process is another opportunity to open a conversation within your community. On one visit, a community used the review visit as an opportunity to discuss a recurring conflict that had become a bit stuck; they clearly saw the value of brining other minds to the conversation.

I think it is this culture of enquiry that allowed me to find my own voice and do the work I now do. It is such a shame that there are not more TCs within the NHS, it can be so discouraging to hear of closures; perhaps it is time we started celebrating the successes. A highlight of my visits was to a relatively new TC, it was exciting to see and feel the enthusiasm and commitment there. I also had the privilege of being up close when two very established TCs in Kent fought for their survival; it was amazing to see how staff, and both current and previous members (for some many years prior), came together to speak out and work to save their community. It was at times a bruising experience, but they won through! There are good news stories out there, we need to talk about them more.

As I read through this report I could see so much to celebrate, and perhaps the challenge for many TC's is to use the review process as a way of showcasing to commissioners and the like, the 'quality' work that goes on every day.

It is encouraging to see that there continues to be a commitment to openness not only within communities but also to developing open external relationships, there is often misunderstanding about what happens in a TC - openness gives a great opportunity to dispel myths. The challenge now is for communities to increase their commitment to finding ways to demonstrate their effectiveness. Especially in the current climate where all mental health services are being expected to 'do more for less', being able to show their worth will help secure the future of TCs, particularly within the NHS. There was an excellent session this year at the annual forum that provided ideas about how to use the review process and the relationship with CofC to good effect.

Another challenge seems to be around 360 degree feedback, I wonder if some contexts make this a harder criteria to meet, and perhaps there needs to be a creative approach to finding ways of improving this. This is a difficulty for the CYP sector, as they continue to work on developing an appropriately designed method for generating feedback from their young members. Members across the network continue to see supervision as a priority, but again in some contexts securing an external supervisor is proving difficult. Perhaps this is compounded by the reduction in staff in communities, it is hard to release people to go to other communities when staff teams are depleted. Another indicator of the negative impact of austerity, a problem I have seen in other mental health services.

What is reassuring about this report is the overall consistency of the outcomes of the self-reviews compared with the outcomes of the peer-reviews. This shows how valuable the self-review process is and by validating communities' scores through peer-review it should give communities confidence in the process.

The CofC team have provided some great opportunities for different communities to come together, the annual forum is a good opportunity for members to come and share ideas and for new members to learn a bit more about therapeutic communities. I learn something new each time I come! It would be so encouraging to see both staff and service users at these events.

Finally, can I not only encourage you to read this report, but also to make a point of sharing it with your members; there are some challenges, but also many encouragements. Members have invested their time and effort into the review process, often giving up therapy time to get it completed. The peer review can easily slip into the distance, it may help for people to understand what it is their contribution becomes part of. I know the CofC team would welcome any feedback, ideas and thoughts you might have on reading this report.

Artwork: 'Them on that' by Richard Hallam- HMP Dovegate

Project Update

An executive summary of the 2016-2017 Annual Report including an update on action points from the previous Annual Report.

Project Update

Membership of the Network

This section provides a breakdown of the overall membership of the network within the 2016-2017 Community of Communities (CofC) annual cycle; a breakdown of the review cycle activities; and service user and staff data analysis within services. The data demonstrates the composition of services, service users and staffing levels of all members during this review cycle. This data provides an overview of the composition of the Therapeutic Communities (TCs) within the Community of Communities network and their involvement in the quality improvement process.

Network Performance against the Standards

For the 2015-2016 analysis, only peer reviewer data was taken into account for the majority of the analysis. The 2016-2017 analysis includes a combination of both self and peer review data, allowing for all review data to be analysed.

Analysis of the standards demonstrates a decrease in performance against the standards overall during the 2016-2017 cycle. It can be seen that there are significant improvements in some standards, and a steady level of improvement across the Core Standards. The data shows that there are a some standards which the network are finding challenging; standards around 360 feedback and having staff dynamics groups being facilitated by external facilitators in particular. The decrease in performance since last cycle could be due to the data which has been included for the analysis this cycle, but was not included last cycle.

Peer review teams validate the self-review data submitted by a community when they review standards with the host community; this creates validated data. Communities who only needed to complete a self-review during the cycle, this data is automatically not valid data as it has not been reviewed by peers, which can create potential problems with data. Within this report there is a section which looks specifically at self-review scores against peer-review scores, to try to establish the reflective skills of the network when it comes to self-reviewing. We can see from this that overall, there is a high quality of self-reviewing, with most of the time the peer review team in agreement with the self-review score given by the community. We can conclude from this that although the self-review data submitted by the network is not validated, the communities who have only submitted self-review data, have self-reviewed accurately.

Quality Improvement over Time

A comparison of performance across the members for the past three annual cycles (2014-2015, 2015-2016 and 2016-2017) has revealed consistent levels of performance in the number of Core Standards being met. An analysis of the standards being met across the past two cycles for all other sections showed consistent levels for *Staff* and *Joining & Leaving* standards and a slight decrease in performance in the *Therapeutic Framework* (5%) and *External Relations & Performance sections (6%).*

Feedback

Community of Communities have received positive feedback across the membership in relation to the peer reviews. 34 communities completed the 'host feedback form' which asked for feedback in relation to the peer review day and self-review. Of these communities, the majority reported that the most enjoyable part of the process was taking part in the review day, but the least enjoyable part of the process was completing the self-review. CofC are always looking for feedback about how to improve the process and potentially allow for more creative self-review methods. 36 peer reviewers completed feedback forms in relation to the peer review, and all of them enjoyed the review day and found that it provided a learning opportunity. This is very encouraging and indicates the work the CofC team have focused on promoting the learning opportunities to be had on peer reviews has been successful.

Action points from 2016- 2017 Cycle:

- ❖ To coordinate a review of the CofC Standards and implement an updated version

- ❖ To support all services taking part in a peer review to look at the Core standards in order to measure and report on the network's performance against these crucial standards

- ❖ To use the data collected from the core standards work to inform development and training opportunities for next cycle in order to support services' work towards the Core standards
- ❖ Continue the development of Spacehouse and encourage further uptake of its' use.

- ❖ Respond to feedback by reviewing the process of completing the self-review workbook and make this a better experience for the services. This may be by implementing the CARS system.

- ❖ Respond to feedback by aiming to get review information out to review teams earlier so that they have more time to prepare for the review.

Action Points and Outcomes from the previous Annual Report 2015-2016

Action Point 2015-2016	Outcomes during cycle 2016-2017
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).	An event re-launching the use of Patient Owned Database (POD) took place in April 2016. The project continues to encourage services to utilise POD.
To continue to develop and implement 'SpaceHouse' for Children's Services to encourage greater involvement from children in the CofC process.	The use of SpaceHouse is continually being reviewed. CofC will be encouraging members to make use of SpaceHouse as part of the self-review process. Feedback generated will allow the team to look at ways to develop SpaceHouse in the future.
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.	The project ran two peer reviewer and lead reviewer training sessions this cycle, which generated a larger pool of trained reviewers (both lead and peer). The team also recruited independent peer reviewers, of whom the majority have fully completed their training.
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.	The Core Standards workshop was delivered in January 2017.
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	This workshop was delivered as part of the Core Standards workshop which was held in January 2017.

Artwork: *Cockrall*, by Kieran D (Golfa Hall, Amberleigh Care)

Setting the scene

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

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. The CofC accreditation process was rolled out to Children and Young People's (CYP) Therapeutic Communities in 2010 and Addiction Therapeutic Communities in 2011. This 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
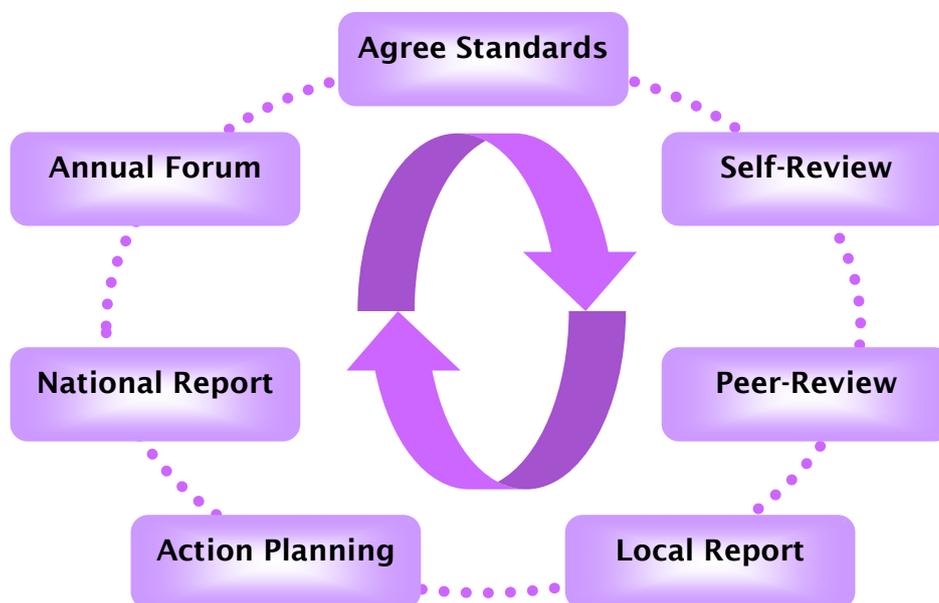
The Standards

The service standards for Therapeutic Communities are the 9th edition of the standards. This provides clear 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 Service Standards contain a total of 31 standards, with each standard being broken down into 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 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 2015 – 31 March 2016.

Reading this report

Community of Communities had 78 members who participated on the 2016-2017 cycle, 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 59 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 analyses performance within the network, taking into account areas of achievement, development and the accuracy of self-and-peer review scores.

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

Section Five 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. **The data presented in this report is accurate as of April 2017.**

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 90%; 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.

Artwork: *'Untitled'*, by Community Members at Kypseli

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.

Membership and Review Breakdown:

CofC had a total of 78 members during the 2016-2017 cycle. The majority of members are full members (see Table 1 for details on membership types). 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 services (OFF), and addiction services (ADD) (see Appendix 7 for a list of members).

Table 1: Membership 2016-2017

Membership Type	Total Count	CYP	NHS	MH	OFF	ADD
Total Members	**78**	**32**	**10**	**15**	**17**	**4**
Accreditation	**27**	4	7	0	14	2
Full	**40**	22	2	13	3	0
Developmental	**5**	4	1	0	0	0
Associate	**6**	2	0	2	0	2

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'. This is also the case for communities who are full members but with an interim year every other year of membership in which they complete a self-review only.

During the 2016-2017 cycle, the Community of Communities Project team began to organise the Therapeutic Child Care (TCC) Pilot, which aimed to pilot the TCC Standards over the summer of 2017. Due to this, two communities (full members) did not complete a review with the Therapeutic Community service standards, but instead chose to focus on the TCC pilot. These are included in 'Review Cancelled' below.

Table 2: Reviews conducted 2016-2017

Review	Total Count	CYP	NHS	MH	OFF	ADD
Total Reviews	**59**	**23**	**7**	**10**	**17**	**2**
Peer-review	**53**	20	4	10	17	2
Accreditation Visit	**6**	3	3	0	0	0
Total Non-Visits	**18**	**9**	**3**	**4**	**0**	**2**
Self-review stage or developmental/associate member	**16**	7	3	4	0	2
Review cancelled	**2**	2	0	0	0	0

Data used in the report:

The analysis of the data is conducted at various levels, often being split by varying factors (such as analysing communities based on their client population). The data analysed for this report is calculated from the self-and –peer reviews members have completed over the 2016-2017 cycle. It should be noted that not all communities reviewed against the standards. Of the memberships 78 communities, two communities did not review against the Therapeutic Community service standards, and three communities did not submit a self-review; therefore we are unable to use any data for these services. Due to other circumstances, an additional community were not able to have their review data included in this report. In conclusion, the 2017-2018 Annual Report takes into account self-and-peer review data from 72 of its member services. In addition to this, of the 72 communities who submitted review data, 5 communities completed the Core Standards only. This has been noted in the relevant analysis.

Contextual information is also gathered by CofC when a member first joins the network, and again at the beginning of each cycle. Each year the project 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 information; 81% of the network returned this, however the majority of the information was not complete. Overall, this allows the project team to analyse performance against the standards, and also to create a picture of not only performance over the years, but a picture of how TCs are changing based on the contextual information reported.

Service User Data:

Overall, 35 communities submitted data in regards to the members of their communities; number of referrals, length of placement and number of leavings to name a few. The below table, Table 3, shows the averages across the collected data for each section. Please note the '*n=*' that corresponds to each sector when considering the data.

Table 3: Service User Data 2016-2017

Averages of service user data	Overall (*n*=35)	CYP (*n*=16)	NHS (*n*=5)	MH (*n*=6)	OFF (*n*=7)	ADD (*n*=1)
Average number of service user spaces	**21**	15	17	17	29	81
Average current number of service users	**25**	13	13	47	26	68
Average age on admission (years)	**26**	12	37	37	35	33
Average number referred	**152**	226	49	58	115	620
Average number admitted	**24**	7	11	29	29	212
Average length of placement (months)	**25**	21	17	31	35	11
Average number of planned leavings	**10**	5	8	15	13	30
Average number of unplanned leavings	**9**	1	4	9	12	109

This table reveals some interesting data, in particular the very high number of referrals to the communities within the network. The number of referrals reported ranged from just two, to over five thousand. Those services reporting a very high number of referrals are children's and young people's communities in which the community is part of a school, and addiction services. This could account for the high average or referrals, as these communities have a larger number of service user spaces.

Staff Data:

CofC members were requested to provide staffing figures for the previous cycle, 1 April 2015 – 31 March 2016 (see table 4). 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). The table reports on data provided by 36 services only and therefore is based on information provided by a limited sample across the network.
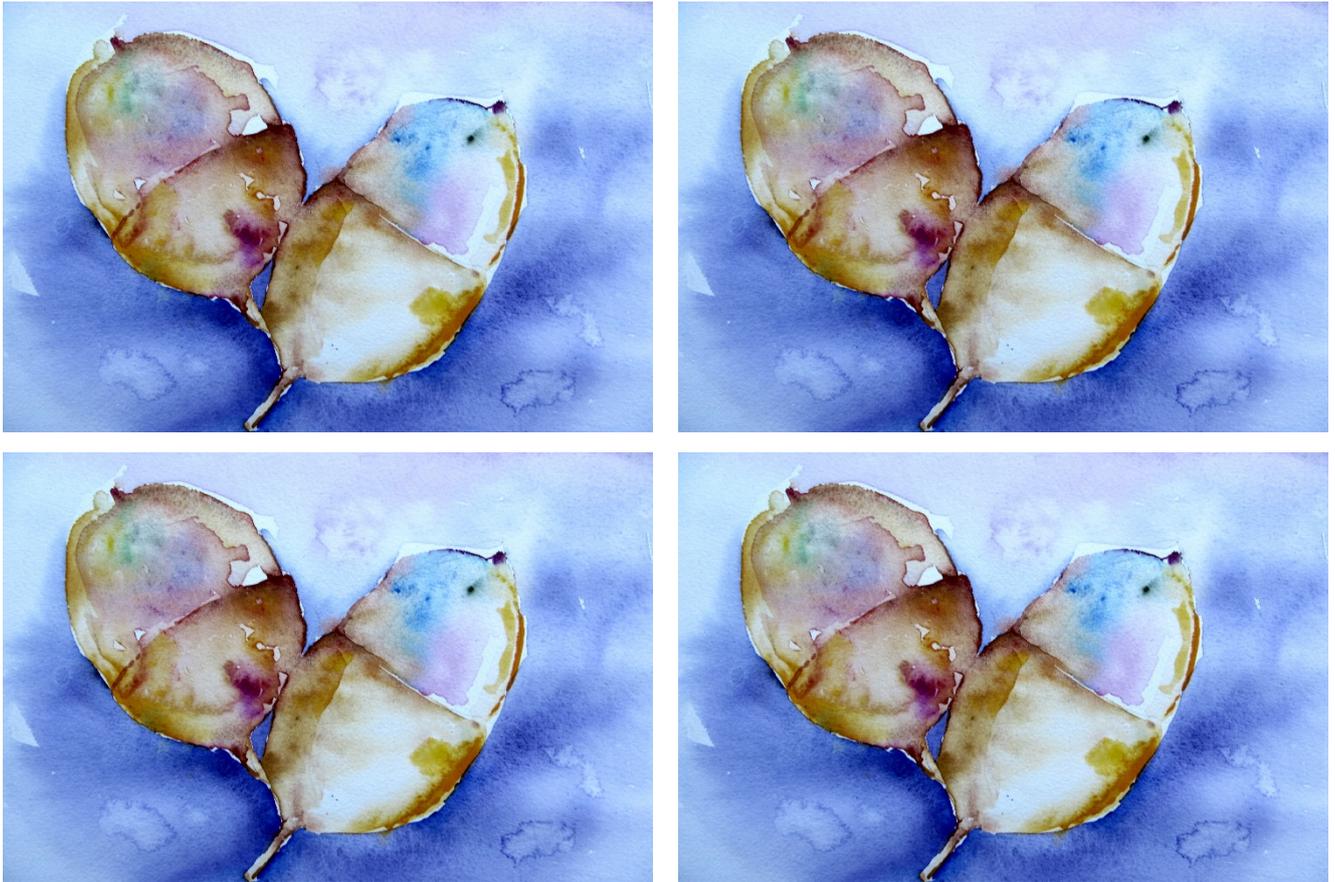
Table 4: Full time staff data (averages)

Full time staff data	Overall (*n*= 36)	CYP (*n*= 16)	NHS (*n*= 5)	MH (*n*= 7)	OFF (*n*= 7)	ADD (*n*= 1)
Average number of full-time staff on *01-04-2015*	**17**	25	4	12	14	21
Average number of full-time staff on *01-04-2016*	**18**	25	4	14	14	24
Average number of full-time staff *joining* between 01-04-2015 & 31-03-2016	**5**	7	2	4	2	5
Average number of full-time staff *leaving* between 01-04-2015 & 31-03-2016	**5**	7	2	2	2	2
Average number of full-time recorded staff *sick days* between 01-04-2015 & 31-03-2016	**118**	152	19	105	118	150

The average number of full-time staff has remained consistent overall across the past two cycles (see the 2015-2016 Annual Report[1]). CYP communities reported the highest number of recorded sick days for full-time staff for both 2015-2016 and 2016-2017. It is important to note that there has been a 50% increase in recorded sick days within CYP communities since the last cycle. One factor to consider is that 30% more CYP communities returned data this cycle, which may give reason for a higher average number of recorded sick days.

Generally, the average number of full time staff on 1 April 2015 and the number of full time staff on 1 April 2016 have remained consistent. Despite services often reporting cutbacks to services and resources, it is positive to see that staff numbers are not being taken away. On the other hand, with the significantly larger proportions of recorded sick days being reported, this may suggest that services are understaffed and this could lead to staff becoming unwell and needing to take time off work.

---

[1]
http://www.rcpsych.ac.uk/pdf/Annual%20Report%20Community%20of%20Communities%202015-2016%20FINAL%20.pdf

Artwork: *Seeds*, by Kate from the Brenchley Unit

Section Two: Network Performance against the Standards

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

2016-2017 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 analyses the data from reviews across each section of the standards. During the self-review and peer-review process, communities score each criteria (which inform the overarching standard). The scores of the criteria for each standard are then grouped together. This has happened for both self- and peer review data in order to analyse the whole membership.

Core Standards

The 10 Core Standards are listed below. These were developed using the TC Core Values as a basis (see Table 6). They identify the common core beliefs of the TC model and describe the fundamental factors that underline the nature of TC's. The Core Values do not map directly onto the Core Standards, but rather encompass the integral aspects of a Therapeutic Community. They provide context as to why each of the Core Standards have been created.

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.
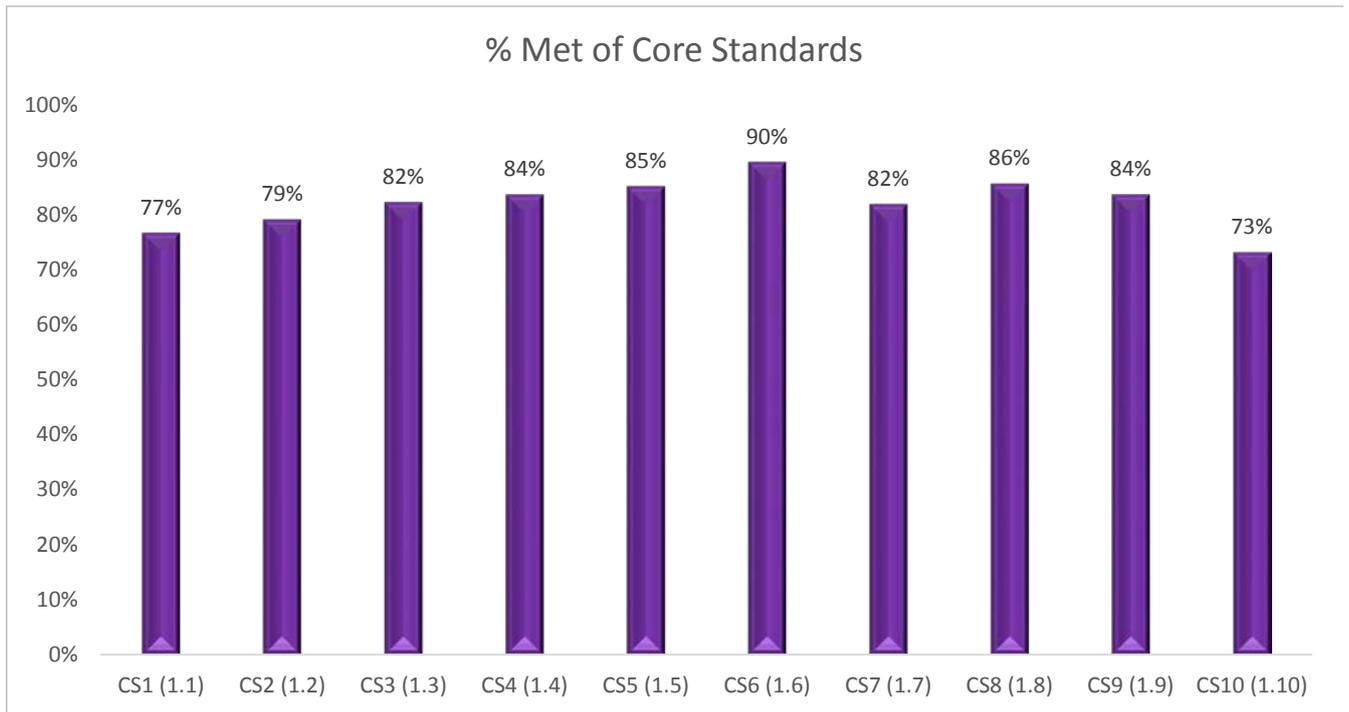
Table 5: Core standards 2016-2017

Core Standards	
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

Table 6: Core Values

Core Values	
CV 1	Healthy attachment is a developmental requirement for all human beings, and should be seen as a basic human right
CV 2	A safe and supportive environment is required for an individual to develop, to grow, or to change
CV 3	People need to feel respected and valued by others to be healthy. Everybody is unique and nobody should be defined or described by their problems alone
CV 4	All behaviour has meaning and represents communication which deserves understanding
CV 5	Personal well-being arises from one's ability to develop relationships which recognise mutual need
CV 6	Understanding how you relate to others and how others relate to you leads to better intimate, family, social and working relationships
CV 7	Ability to influence one's environment and relationships is necessary for personal well-being. Being involved in decision-making is required for shared participation, responsibility, and ownership
CV 8	There is not always a right answer and it is often useful for individuals, groups and larger organisations to reflect rather than act immediately
CV 9	Positive and negative experiences are necessary for healthy development of individuals, groups and the community
CV 10	Each individual has responsibility to the group, and the group in turn has collective responsibility to all individuals in it

This is demonstrated in graph 1 below, which indicates the percentage of members who have fully met each Core Standard. This shows that across the network, the most consistently met standard is CS6. This states that '*All behaviour and emotional expression is open to discussion within the Community*', showing that the within the projects network of Therapeutic Communities, there is a great deal of work going on around ensuring that community members discuss and express their emotions, thoughts and feelings within their communities. The graph can also show us that CS10, '*Community Members are active in the personal development of each other*', requires improvements across the network. Having noted this however, it is a brilliant testament of the work of the members that all of the Core Standards have been met by over 70% of the network.
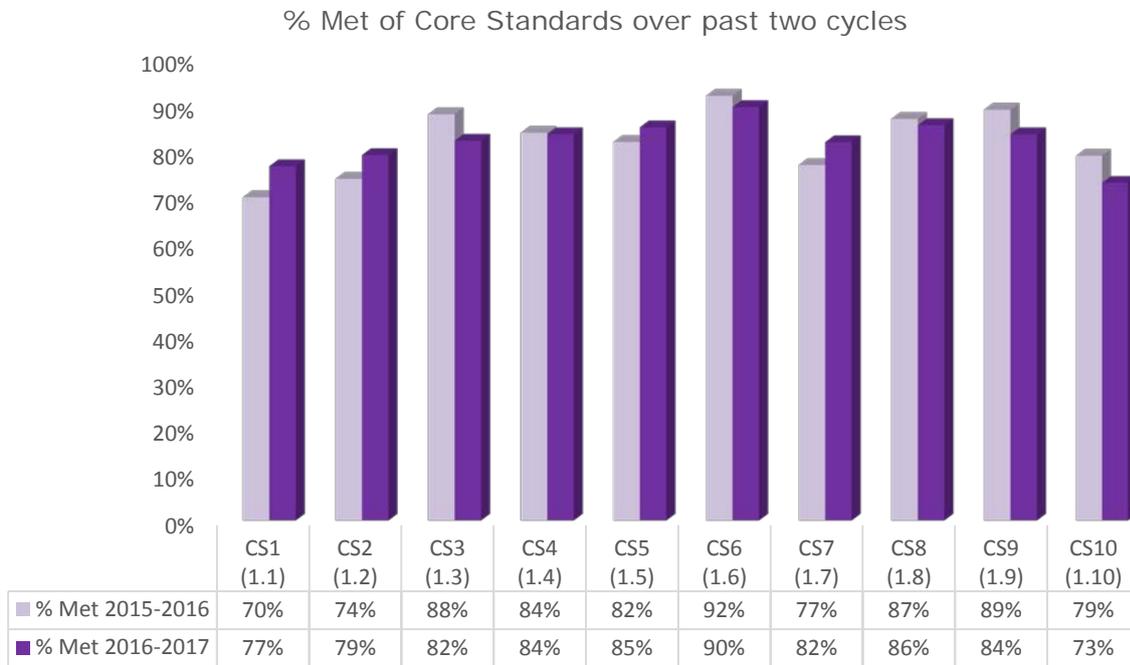
Graph 1: Core Standards 2016-2017

% Met of Core Standards

Standard	%
CS1 (1.1)	77%
CS2 (1.2)	79%
CS3 (1.3)	82%
CS4 (1.4)	84%
CS5 (1.5)	85%
CS6 (1.6)	90%
CS7 (1.7)	82%
CS8 (1.8)	86%
CS9 (1.9)	84%
CS10 (1.10)	73%

From this analysis, we are able to look further into each of the standards, to see which criteria within the standards might need more attention, and which are being fully met. We know that CS10 needs the most support for the network to be able to meet, and we can show that within this standard, the network find criteria 1.10.3 challenging. Criteria 1.10.3 (*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*), has only been met by 44% of the network, whereas criteria 1.10.2 (*staff and service users are encouraged to give feedback to each other*) was met by 92% of the network. This can be seen in appendix 5. By knowing this, it informs us that in general although communities are successful at providing feedback to each other, many communities are not yet ensuring a 360 degree style feedback process for appraisals/reviews.

Despite the high scoring of the Core Standards this cycle, five of the Core Standards have seen a reduction in the % met compared with last cycle (see Graph 2 below). However, four Core Standards, (CS1, CS2, CS5 and CS7) have been met by a greater percentage of the network this cycle in comparison with last cycle.

Graph 2: *% Met of Core Standards over past two cycles*

% Met of Core Standards over past two cycles

	CS1 (1.1)	CS2 (1.2)	CS3 (1.3)	CS4 (1.4)	CS5 (1.5)	CS6 (1.6)	CS7 (1.7)	CS8 (1.8)	CS9 (1.9)	CS10 (1.10)
■ % Met 2015-2016	70%	74%	88%	84%	82%	92%	77%	87%	89%	79%
■ % Met 2016-2017	77%	79%	82%	84%	85%	90%	82%	86%	84%	73%

Graph 3 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 3: *% of Communities meeting Core Standards across service user population (CYP n=27, MH n=14, OFF n=17, NHS PD n=10, ADD n=4)*

% Meeting Core Standards across Service User Population
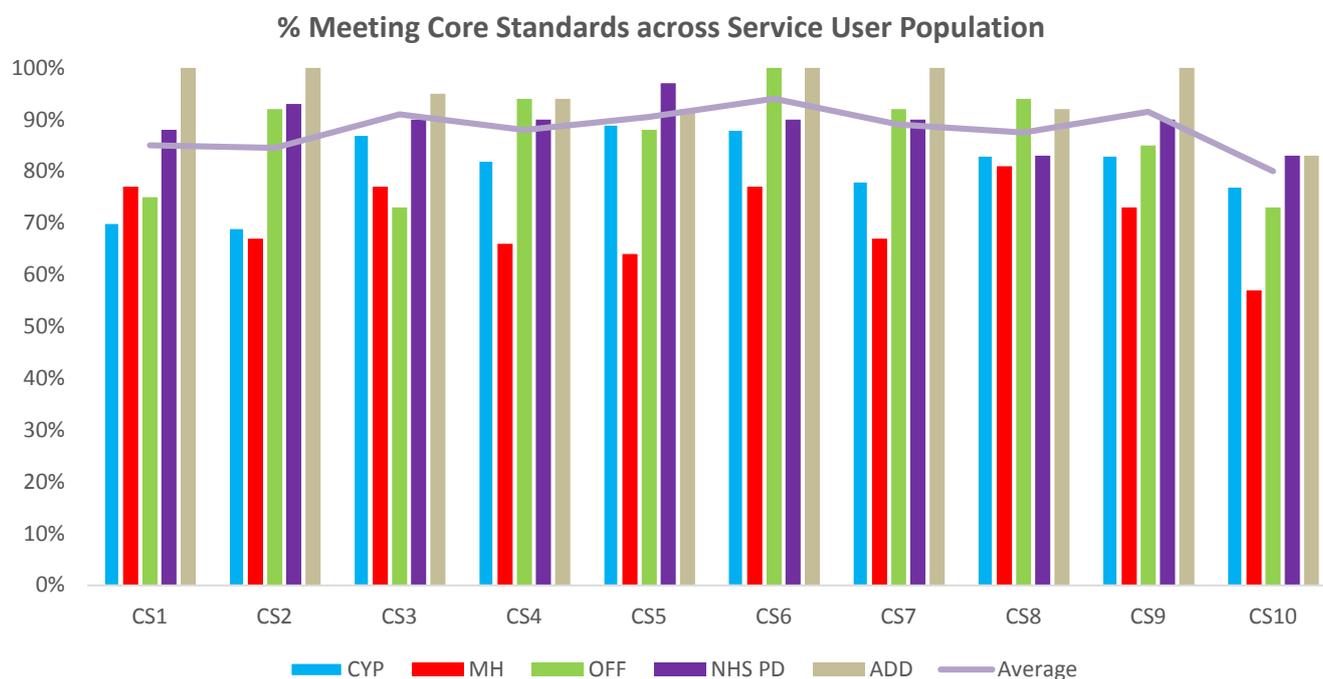
This graph shows the range at which communities with differing service user populations are performing. It combines scores from self-reviews as well as peer-reviews. It also shows the average for each Core Standards across the network. Overall, Addiction (ADD) services have continually met the highest % of Core Standards. This is a great achievement, however it must be noted that within the network there are four ADD communities, all of whom had their data available for use with this analysis. Of these 4 communities, two are accredited members who received a peer review, and 2 are associate members and therefore have not received a peer review in order to validate their self-review scores.

NHS PD (NHS Personality Disorder) services continue to perform highly across the 10 Core Standards. Within the Community of Communities network there are 10 communities with the client population as NHS PD. Of these 10, all had their data analysed for this report and 8 received a peer review or accreditation visit during the 2016-2017, meaning that their data has been validated. More NHS PD communities met CS5 than the other communities from different client population groups. CS5 (*there is a structured timetable of activities that reflects the needs of Community Members*) indicates that these services have a thorough understanding for the needs of their community members, in terms of activities.

Offender based communities (OFF) have also performed highly across the Core Standards and in general have improved their performance against them. In particular, in comparison with the 2015-2016 cycle, OFF communities have met CS1 by 13% more, and CS6 by 19% more (see appendix 5). Of the 17 OFF communities who participated in the 2016-2017, all underwent peer-reviews and therefore have submitted peer-review data for this report.

MH communities demonstrate difficulties in meeting the average across all standards, scoring below average for all of the Core Standards. A reason for this could be because the average of the % met for the Core Standards has increased over the 2016-2017 cycle. However, since last cycle, MH communities have significantly improved CS2 (*Community Members are aware of the expectations of Community Membership)*, meeting this standard by 10% more this cycle. In

addition, MH services have shown that meeting CS10 is a challenge, with only 57% of TCs with a MH population meeting this standard, compared with 88% last cycle. Of the 14 MH communities, 10 experience a peer-review visits this cycle.

This analysis shows that Children and Young People (CYP) communities found it challenging to meet many of the standards, in comparison with the rest of the network. Similarly to the 2015-2016 cycle, these communities have underperformed in meeting some areas of the Core Standards. However, this is comparing their achievement against the average of the network which has increased. It should still be noted that none of the standards have been met by less than 68% of the CYP network, which is a big achievement. CYP communities found meeting CS1 and CS2 the most challenging, and CS5 the least. Reasons for CS1 and CS2 being more challenging could be that there is difficulty in gaining input from the children at the communities to demonstrate that they understand the model of practice or the expectations of community membership. To address this, community of communities are continuing to look into the development of *Spacehouse* which is 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. It must also be noted, that of the 27 CYP communities included in the analysis above, 5 submitted self-reviews and did not receive a peer review.

The average across the network for meeting core standards is relatively consistent, however it is clear to see that there is a challenge for members to meet CS10. In comparison to the 2015-2016 Annual Report[2], the averages have increased overall. The 2015-2016 report indicated that CS1, CS2 and CS7 were met the least throughout the membership, however the average for all of these have improved by over 10% this cycle, which is a significant achievement. This shows that over the past cycle, there has been a great amount of work undergone by the network to improve on those three core standards (see also appendix 5).
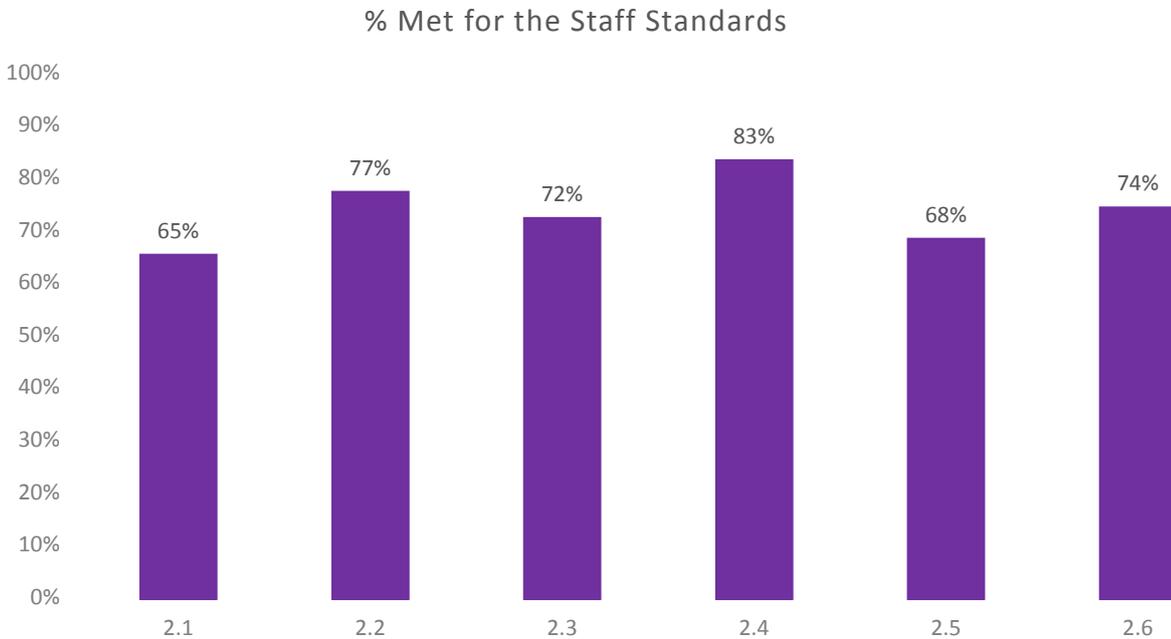
Overall, the summary of performance against the Core Standards suggests communities need to continue to think about how they involve their community members in contributing to feedback to other community members and staff. It also shows that since last cycle, the network have improved upon involving community members in the day to day running of the TC's.

---

[2] http://www.rcpsych.ac.uk/pdf/Annual%20Report%20Community%20of%20Communities_2015-2016_FINAL.pdf

Staff Standards

The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the Staff section of the standards. *Please note*: there is reduction in number of OFF communities submitting data for this section of the analysis (OFF *n*= 12).

Graph 4: % Met of Staff Standards

% Met for the Staff Standards

The graph shows a varied performance against the Staff Standards from across the network, and also a varied performance in comparison with the 2015-2016 cycle (see appendix 5). Overall, there has been a decrease in performance across the Staff Standards, with only 2.1 (*the staff selection process reflects the Therapeutic Community Model*) and 2.4 (*staff receive regular group supervision*) showing improvements from last cycle. The network's performance has dropped most significantly with Standard 2.2 (*staffing levels are sufficient to deliver and participate in the Therapeutic Programme*), which could be an indication of the challenging austerity measures that are effecting Therapeutic Communities. However, within Standard 2.2, the criteria have all been met by above 70% of the network, still showing it is a high performing standard (see appendix 5).

By analysing the criteria within the Standards further, it tells us that the membership are finding meeting criteria 2.5.4 the most challenging which relates to the staff dynamics or sensitivity group being facilitated by an external experienced Therapeutic Community practitioner, only being met by 43%. This is in comparison with the highest met criteria within the Staff Standards which was met by 85% of the network (criteria 2.4.3 - *group supervision helps staff members explore their interactions with all staff and service users*). It is encouraging to see that staff within the therapeutic communities in the CofC network are able to use supervision to explore their interactions with their community members.

Joining and Leaving Standards

The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the Joining and Leaving section of the standards. *Please note:* there is reduction in number of OFF communities submitting data for this section of the analysis (OFF *n*= 12).

Graph 5: % Met of Joining and Leaving Standards

% Met of Joining and Leaving Standards

Overall, the membership has not performed as well against the Joining and Leaving Standards as they did during the 2015-2016 cycle. Standard 3.5 (*There is a process to support service users that leave or wish to leave the Therapeutic Community prematurely*) is the only standard within this section that has shown improvement since last cycle, where it was met by 88% of the network. Communities have struggled to meet standard 3.2 (*there is an information pack for all potential new staff and service users*) this cycle, with only 69% of the membership fully meeting this in comparison with 82% last cycle (see appendix 5). It is difficult to determine why this is such a significant difference in comparison to last cycle. Having noted this, it is worth mentioning that it is still an achievement that the majority if the Joining and Leaving standards were successfully met by at least 80% of the network, with standard 3.5 being met by 90%.

When this is broken down into the criteria which supports each standard, the 91% of the membership have 3.4.4 (t*he Community marks an individual leaving with an event or celebration*) and 3.5.2 (*Staff and service users support each other to remain engaged with the community*) which is encouraging; this shows that there is continued support throughout the journey of a community member, not only throughout their journey, but also when they are ready to leave.

The criteria the least percentage of the membership met was 3.3.3 (*There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all*). This may be because this particular criteria is not applicable to all therapeutic communities, in particular CYP communities, as they may not take emergence placements. We can analyse this further to see that of the 66 communities who self-reviewed and/or peer reviewed against this criteria, 30% of them marked it as not applicable to their community. Of the 70% of communities who *did* mark this criteria as applicable (those that do accept emergency placements/admissions), 53% of them met the criteria (see appendix 5). This could provide some explanation as to the lower % met of this criteria.

Therapeutic Framework

The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the Therapeutic Framework section of the standards. *Please note*: there is reduction in number of OFF communities submitting data for this section of the analysis (OFF *n*= 12).

Graph 6: % Met of Therapeutic Framework Standards

% Met of Therapeutic Framework standards

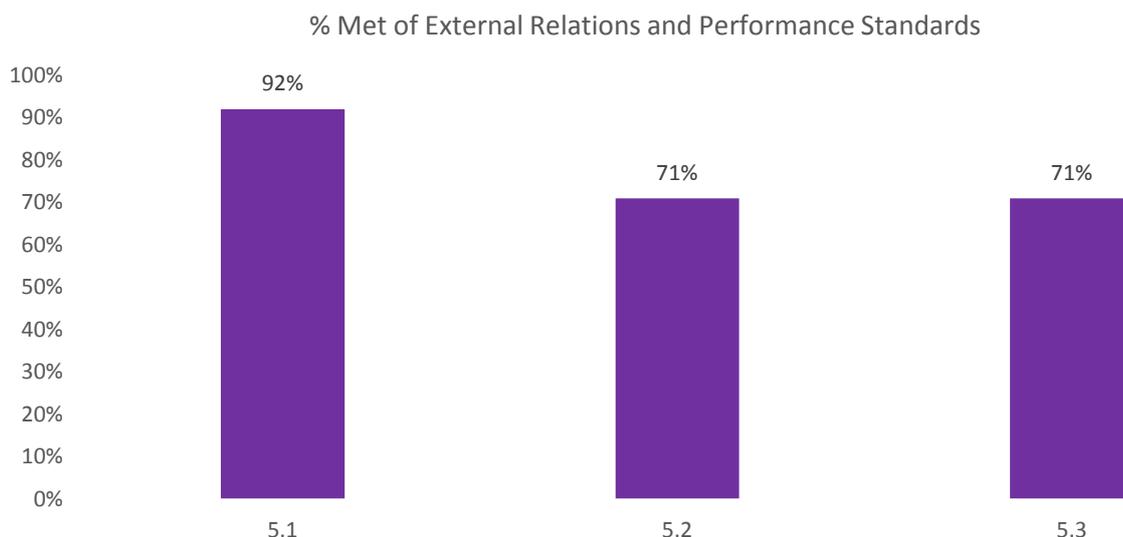| Standard	% Met
4.1	86%
4.2	81%
4.3	79%
4.4	71%
4.5	82%
4.6	64%
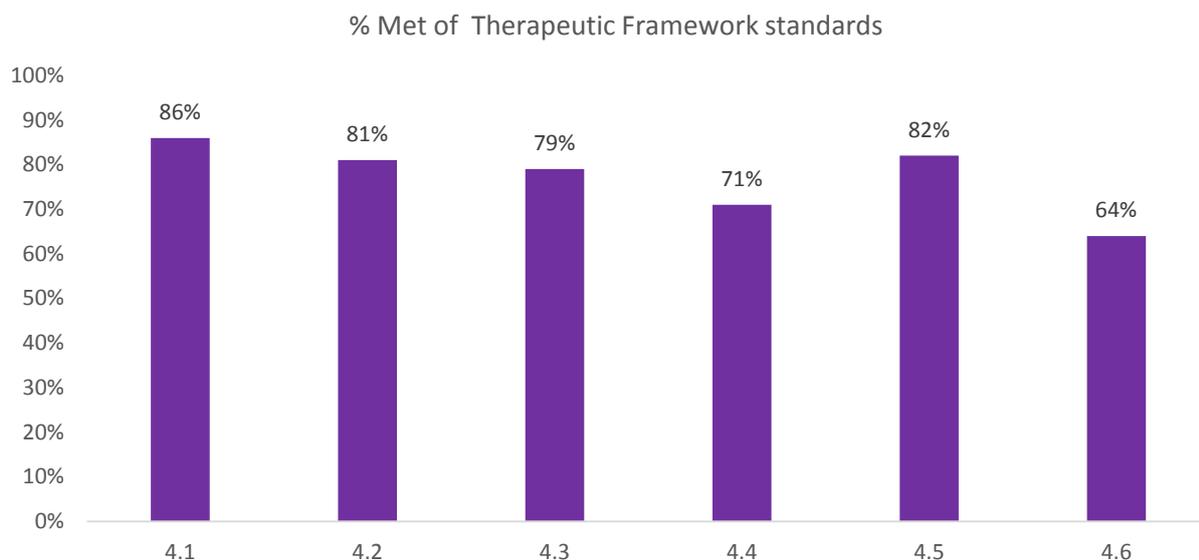
There has been a varied performance across the Therapeutic Framework Standards, and an overall decrease in the number of standards met since last cycle. Standard 4.1 (*the Therapeutic programme is overseen by appropriately qualified leadership*) has been met by the highest percentage of the membership which is an improvement since last cycle. This is in comparison with Standard 4.6 (t*here is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model*) which was met by 64% of the membership, which is a decrease in performance since last cycle in which it was met by 78% of the membership (see appendix 5).

There is quite a significance when looking at the criteria that supports this set of standards, between and the highest achieving standard and the lowest achieving standard. 93% of the membership met criteria 4.2.2 which relates to all group meetings having an agreed purpose and task, in comparison with 58% of the network meeting criteria 4.4.3 (*the confidentiality policy is reviewed regularly (minimum annually) with input from current staff and service users*). Communities within the network have consistently struggled to meet criteria 4.4.3, with the confidentiality policy regularly being picked up in peer reviews as an area for development, and in particular involving service users in the review of the policy.

External Relations and Performance

The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the External Relations and Performance section of the standards. *Please note*: there is reduction in number of OFF communities submitting data for this section of the analysis (OFF *n*= 12).

Graph 7: % Met of External Relations and Performance Standards

% Met of External Relations and Performance Standards

Standard 5.1 ('*the TC is committed to an active and open approach to all external relationships*') scored significantly higher (21%) higher than Standard 5.3 ('*the TC is committed to sharing good practice*') and standard 5.2 (*the TC is committed to demonstrating the effectiveness of its work*). Standard 5.1 was also the highest performing standard in this section for last cycle (see appendix 5). It's commendable that 5.1 is met by 92% of the membership, which is the highest met standard within the Therapeutic Community Service Standards as a whole, showing a strong commitment from the network for maintaining healthy relationships with external parties.

Within standard 5.2 and 5.3, the criteria which are met the least are 5.2.3 (*the Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences*) which was only met by 48% of the network. This is a decrease since last cycle, in which this criteria was met by 50% of the network (see appendix 5). Within standard 5.3, the lowest scoring criteria is 5.3.1 (*Staff and service users are involved in external conferences, teaching or research*) which was met by 64% of the membership.

Overall, this section is the highest performing section of standards within the Therapeutic Community Service Standards (9th ed) and it is encouraging to know that there is a great deal of hard work being done, and things being achieved in relation to the external relations of the therapeutic communities within the network, and their performance.

Addiction

The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the Addiction section of the standards. Within the Community of Communities network, there are only four addiction communities, two of which completed self-reviews during the 2016-2017 cycle, meaning that their data is not validated by peer-review. 95% of the four communities who completed the addiction standard (*There is a clear treatment model applied consistently across the Therapeutic Community*) met the standard.

Graph 8: % of Addiction Standard Criteria Met

% Additcion Standard Criteria Met
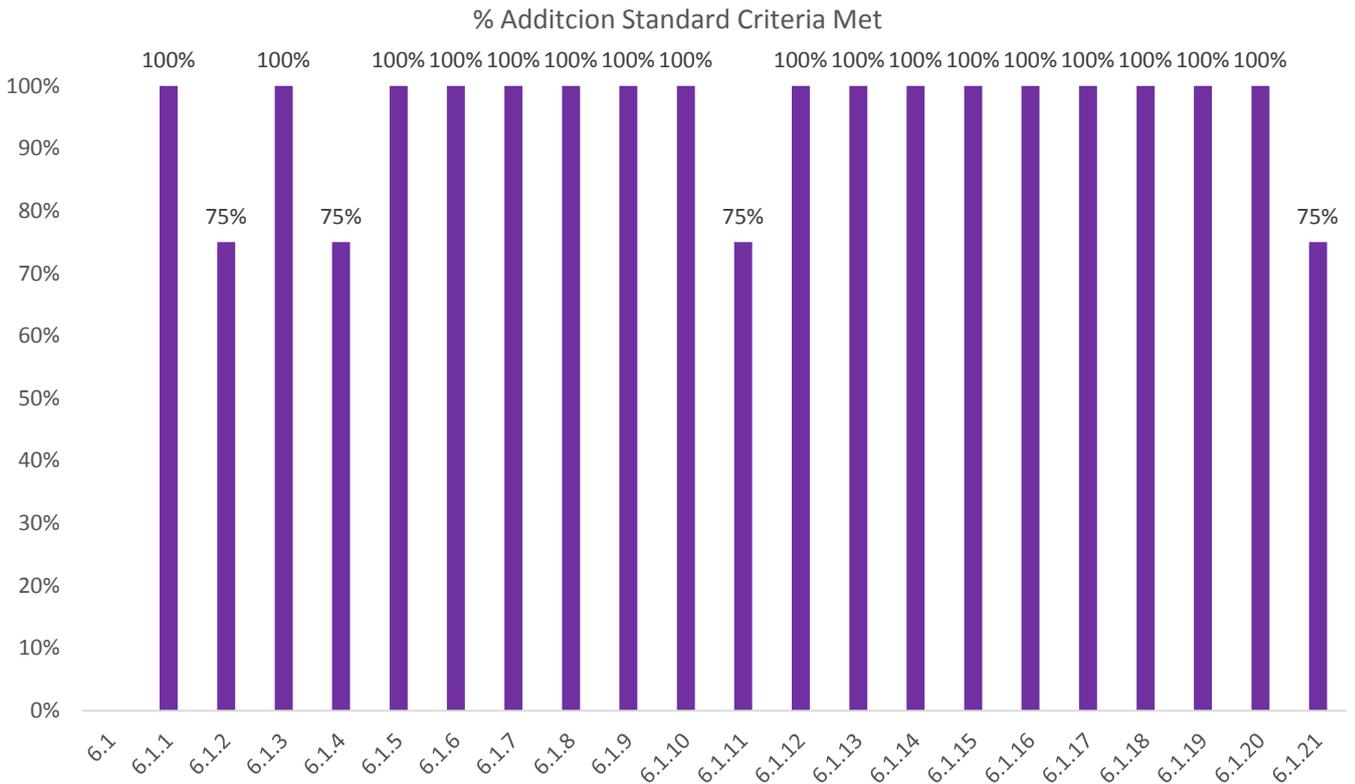
To have 100% of the majority of criteria within the standard as scored as met, is a great achievement. Only 4 out of 21 criteria were partly met, ensuring that the criteria are fully met by 75% of the communities. All the criteria within the standards were deemed applicable, and none of the communities failed to meet at least part of the criteria (see appendix 5). Having noted the achievement of the communities within the net
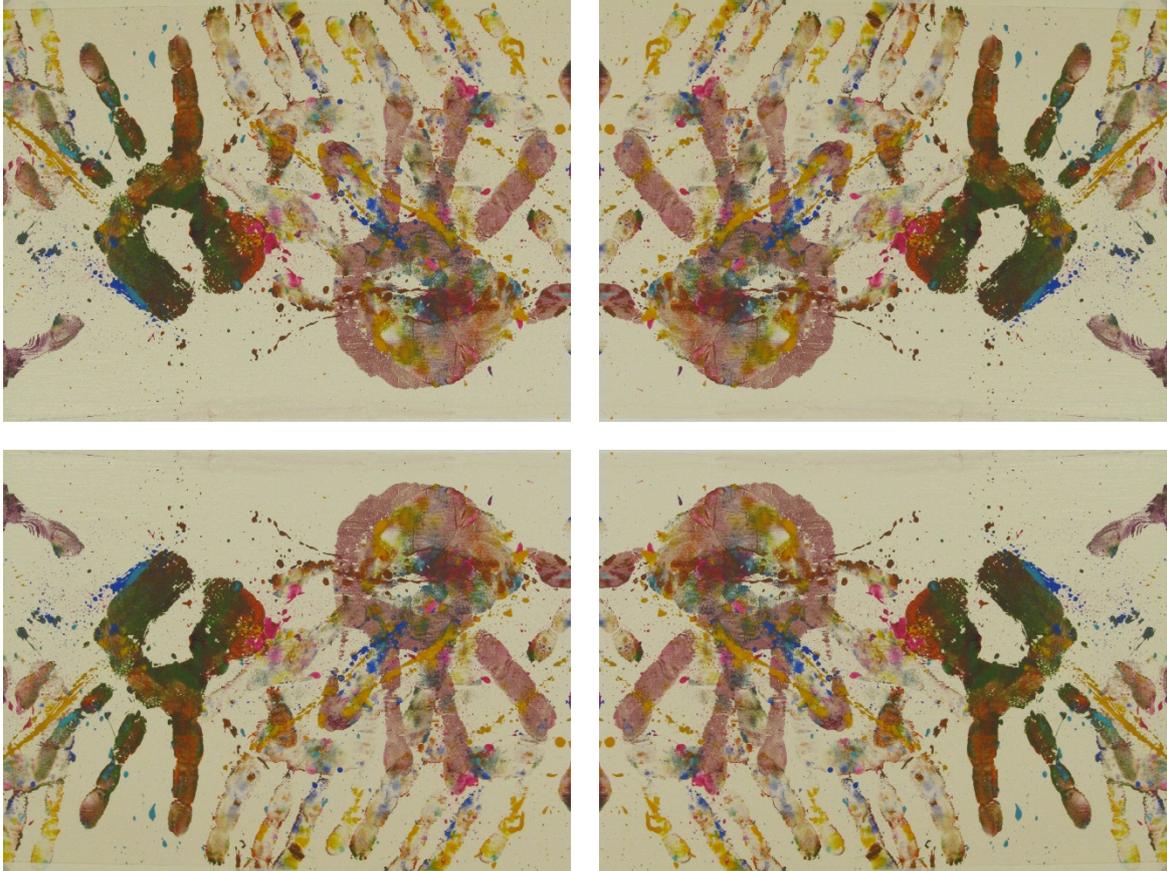
Artwork: *Handprints* by Unknown Artist, HMP Dovegate Endeavour

Section Three: Performance within the network

Reviewing performance during the cycle and making comparisons between self-review and peer-review scoring.

Achievements and Developments

The Core Standards are supported within the full edition of the Community of Communities Service standards by sections 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 to specifically highlight areas of achievement and improvement. Areas of achievement are defined by those scores over 90%. Areas for improvement, defined by those scores under 60%. Table 7 shows the criteria within the Core Standards that were deemed fully met by over 90% and below 60% of all communities in the 2016-2017 cycle (n=72).

Please note: Data from some HMP communities who have had specialist visits this cycle have only been included in the analysis of the core standards. This is due to the visits reviewing a selection of CofC standards, and not all. Data for the Addiction standards section have been omitted from this section as the data could not be validated. Data for this section are collated from combined scoring from peer review scores and self-review scores, and in the case of the Core Standards, this has been compiled from peer review and audit score data.

Table 7: % Core Standards criteria met in total above 90% and below 60% across all service user populations for 2016-2017, n=72

Standard	2016-2017	
	Std. No.	No. % met
Staff and [service users] support each other to be reflective and non-judgemental when responding to issues raised in the Community	1.6.2	92
Staff and [service users] offer one another advice on ways of coping with conflict and frustration	1.9.1	94
Staff and [service users] are encouraged to give feedback to each other	1.10.2	92
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	44

Table 7 uses a traffic light key to highlight the top three criteria (green) which are being met to a high standard by the whole network and the bottom criterion (red) which is not being met by the whole network within the Core Standards section.

This also indicates that the network scored on average above 61% and below 89% in the criteria within the Core Standards section, showing that there is generally good performance across the majority of therapeutic communities within the network in the 2016-2017 cycle. More specifically, Core Standard 6 *('All behaviour and emotional expression is open to discussion within the Community')* averaged at 90% across the network. Last cycle (2015-2016), this standard scored 84% across the network, demonstrating continued increase in performance across the standard in the cycle.

There has been generally poor performance in criterion 1.10.3 (*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*). This suggests that the membership have struggled to ensure both staff and service users are given an opportunity to provide feedback or comment for one another's reviews or appraisals. Although this is a *Desirable standard*, it is important for communities to ensure all community members are able to comment on one another's reviews or appraisals. This could be achieved through discussions in a community meeting or using feedback slips which can be fed in to formal meetings.

Table 8: % of criteria met in total above 90% and below 60% across all service user populations for 2016-2017, n=67

Standard	Std. No.	2016-2017 No. % met
Staff and [service users] support new members to understand, adapt and contribute to the Therapeutic Community culture and practices	3.4.4	91
Staff and [service users] support each other to remain engaged with the community	3.5.2	91
All group meetings have an agreed purpose and task	4.2.2	93
Visitors are welcomed and staff and [service users] explain the work of the Therapeutic Community	5.1.1	94
Difficult relationships with the *external* world are reflected on and addressed by the Therapeutic Community	5.1.3	96
The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve the work of the Therapeutic Community	5.2.1	94
Staff have the opportunity to attend experiential training (e.g. Living-Learning Workshops, group relations courses)	2.3.3	54
The staff dynamics or sensitivity group should be facilitated by an *external* experienced Therapeutic Community practitioner	2.5.4	43
The information pack is reviewed regularly (*minimum annually*) with contributions from current staff and [service users]	3.2.2	57
There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all	3.3.3	53
The confidentiality policy is reviewed regularly (*minimum annually*) with input from current staff and [service users]	4.4.3	58
The Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences	5.2.3	48

Looking at last cycle's annual report (2015-2016), standard 3.3.3 ('There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all'), averaged at 43% across the network. This cycle, the standard has increased to 53%. Despite this standard still scoring below 60% on average, this standard has increased significantly (10%) across the network demonstrating that the communities are continually working to improve the process by which an unplanned admission to the community is supported.

Comparing the accuracy of self-review scores

All members of the Community of Communities network are required to complete a self-review against the standards. Full and accredited members are also required to host a peer-review or accreditation visit. The peer-review process is in place to validate the self-review provided by the community. This section makes comparisons between the self-review scores and peer-review scores for 59 services across each section of the standards. Comparing self-review scores against peer-review scores can help to identify how accurately services are able to recognise whether they are fully meeting criteria within standards. This can help to identify general patterns in the criteria or whole standard that services feel they are struggling with.

Core Standards

Graph 9 below shows the comparison between the self-review scores and peer-review scores across the network in the Core Standards section.

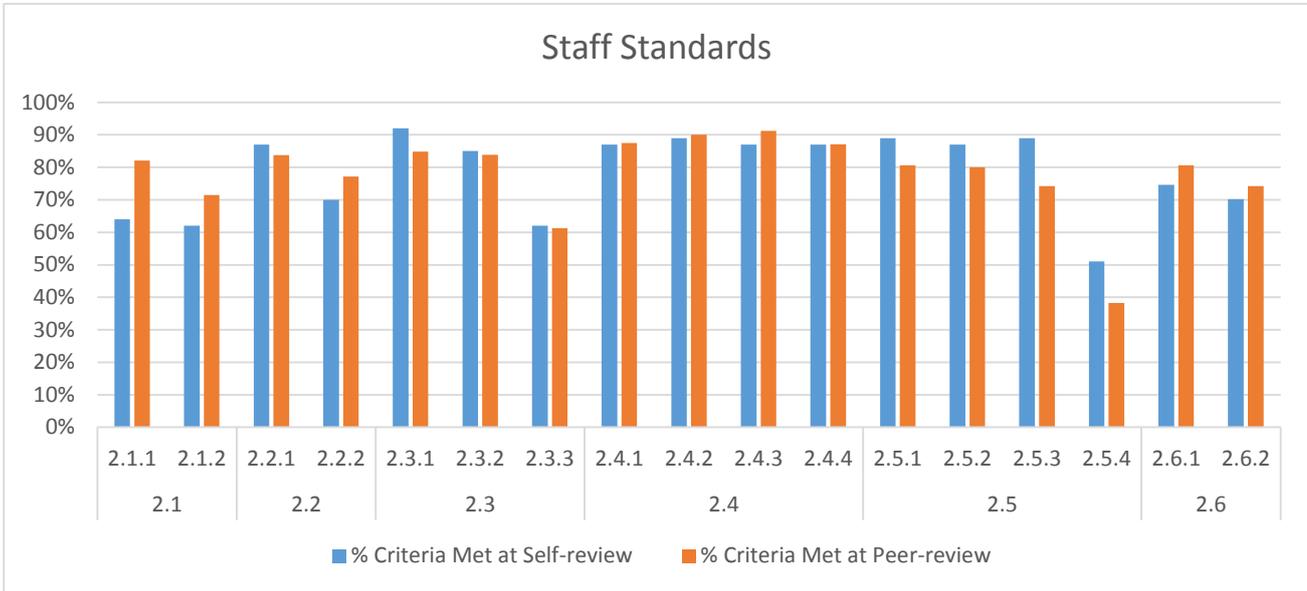Graph 9: Self-review scores and peer-review scores for the Core Standards section
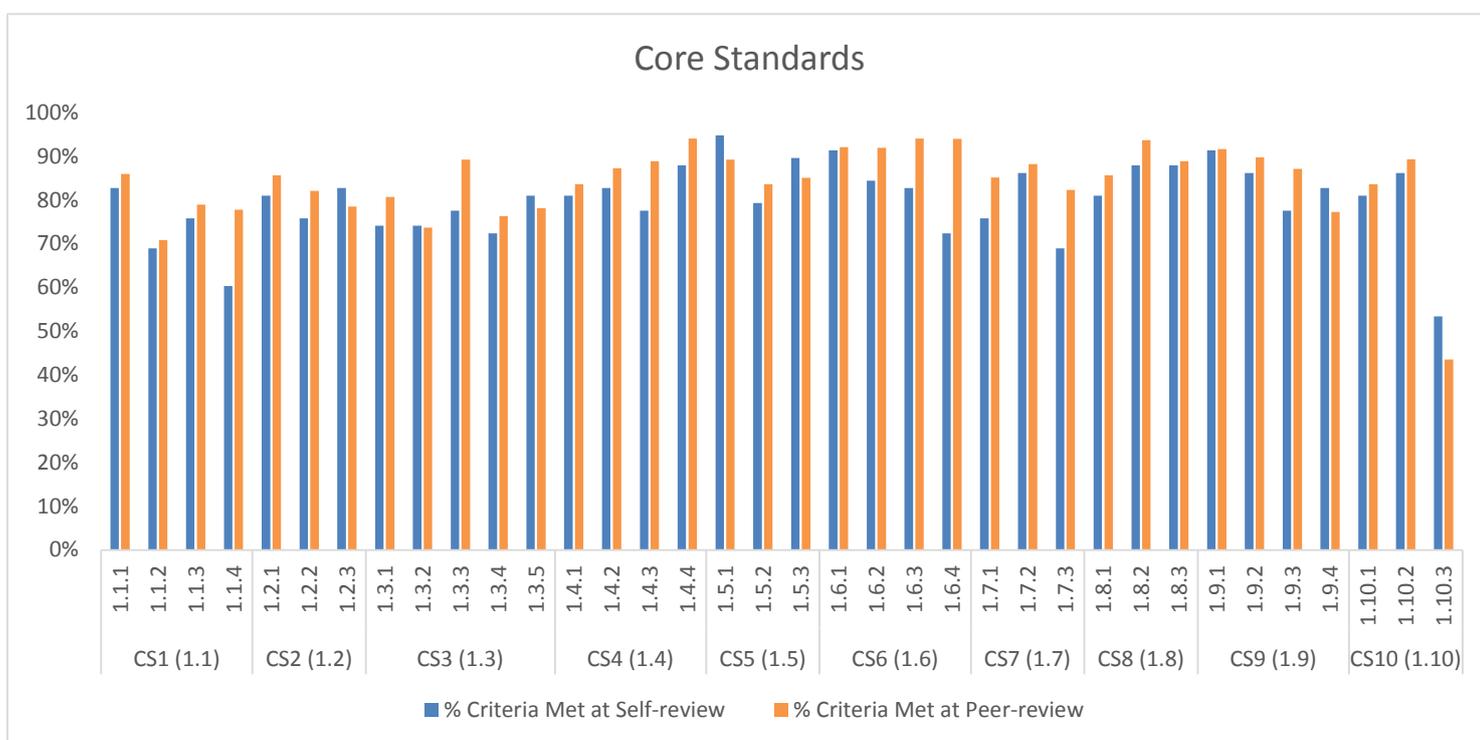
Generally, most of these criteria do not show a significant difference between self-review and peer-review scores. This suggests that the peer-review process accurately validates a host community' self-evaluation (self-review). The most significant difference can be seen in 1.6.4 (*Staff and [service users] consider and discuss their attitudes and feelings towards each other)*, peer-review teams have scored this standard as fully met 22% more often than the host services. This may suggest that some therapeutic communities feel that there is more work to be done in ensuring they consider and discuss one another's attitudes and feelings towards each other or have underestimated the work already being done in their community in relation to this standard.

In contrast, standard 1.10.3 (*There is a process in place to fain input from staff and [service users] into each other's' reviews or appraisals. For example, using 360 degree feedback*) was scored fully met 10% less often than the host communities. It should be noted that both the host TCs (53%) and peer-reviews (44%) have generally scored around or below 50% in this criterion.

Staff

Graph 10 below shows the comparison between the self-review scores and peer-review scores across the network in the Staff section.

Graph 10: Self-review scores and peer-review scores for the Staff section

Over half of the standards in this section did not show a significant difference between the self-review scores and peer-review scores. Communities were scored fully met 18% more often during the peer-review than their self-review score for standard 2.1.1 (*Staff and [service users] are involved in the recruitment of new staff members*). This may suggest that Communities may be demonstrating that they are able to meet this standard during discussions in the peer-review.

In contrast, the communities have struggled to demonstrate that they are fully meeting standard 2.5.3 (*The staff dynamics or sensitivity group should be planned and take place at consistent times and for a clear duration*) during the peer-review. This standard was scored fully met 15% less during the peer-reviews.

Standard 2.5.4 (*The staff dynamics or sensitivity group should be facilitated by an external experienced Therapeutic Community practitioner*) was also scored fully met 13% less often in the peer-reviews. It is important to note that whilst there is a significant difference in this standard, half (51%) of the entire network stated that they were meeting this standard in their self-review. This suggests that the membership may find it difficult to source an experienced Therapeutic Community practitioner external to the TC to facilitate staff dynamics or sensitivity groups.

Joining and Leaving

Graph 11 below shows the comparison between the self-review scores and peer-review scores across the network in the Joining and Leaving section.

Graph 11: Self-review scores and peer-review scores for the Joining and Leaving section


Communities across the network have scored particularly well during the peer-review in criteria relating to standards 3.1 (*The Therapeutic Community is suitable for the needs of its members*) and 3.4 (*There is a leaving process for Community Members which is understood by all*). At least two criteria within each of these standards were scored significantly higher than at self-review.

Less than half of the network (44%) scored standard 3.3.3 (*There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all*) as fully met at self-review and at peer-review. This suggests that the communities may need to develop further how the whole community can best support an unplanned admission to the TC that is unavoidable.

Therapeutic Framework

Graph 12 below shows the comparison between the self-review scores and peer-review scores across the network in the Therapeutic Framework section.

Graph 12: Self-review scores and peer-review scores for the Therapeutic Framework section
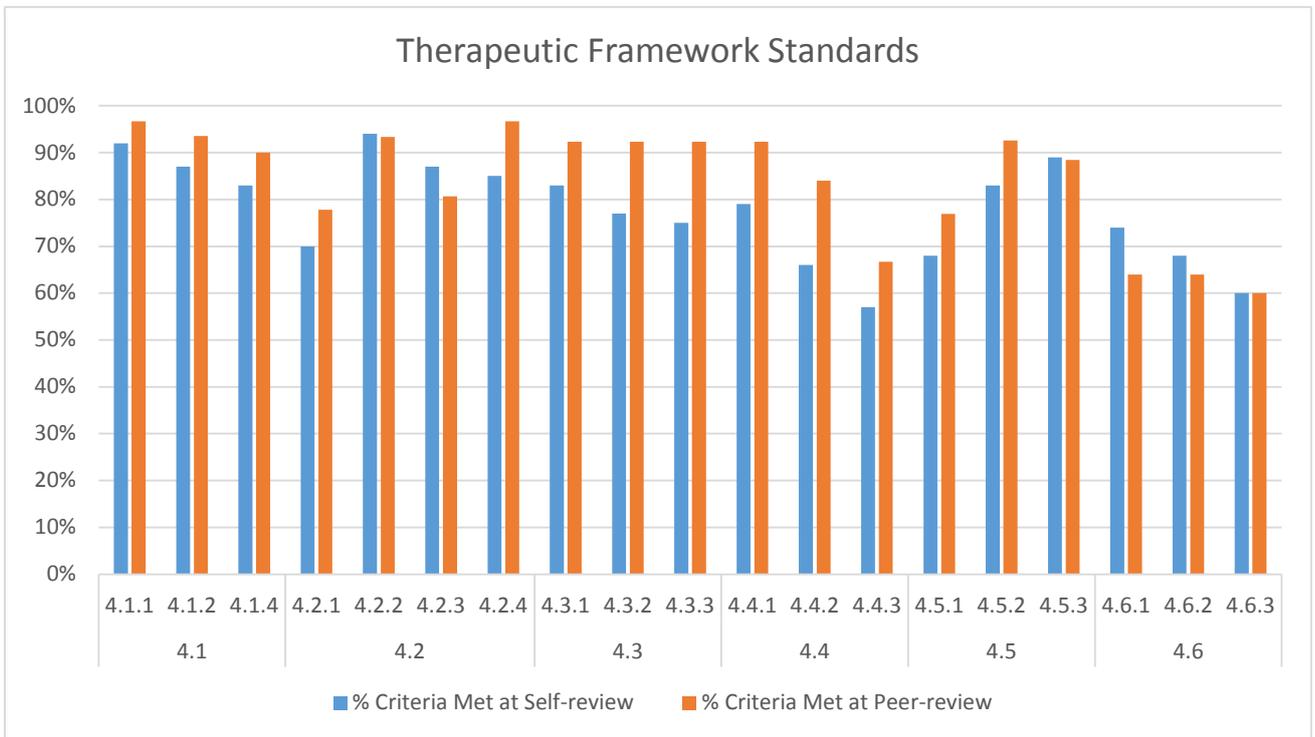

The network has scored significantly better at peer-review across a large proportion of criteria in this section. More specifically, criteria relating to standard 4.3 (*Each [service user] has a plan that highlights their therapeutic/educational needs and how they can be met through engagement with the Community*) and standard 4.4 (*The Community has a confidentiality policy that relates directly to the work of the Therapeutic Community*) have been scored 14% higher on average.

In comparison, criteria 4.6.1 (*Staff and [service users] understand when physical restraint might be used*) was scored fully met 10% less during the peer-review (64%) than the self-review scores (74%). This may suggest that communities may need to work to ensure that all staff and service users have a good understanding of when physical restraint might be used.

External Relations and Performance

Graph 13 below shows the comparison between the self-review scores and peer-review scores across the network in the External Relations and Performance section.

Graph 13: Self-review scores and peer-review scores for the External Relations and Performance section
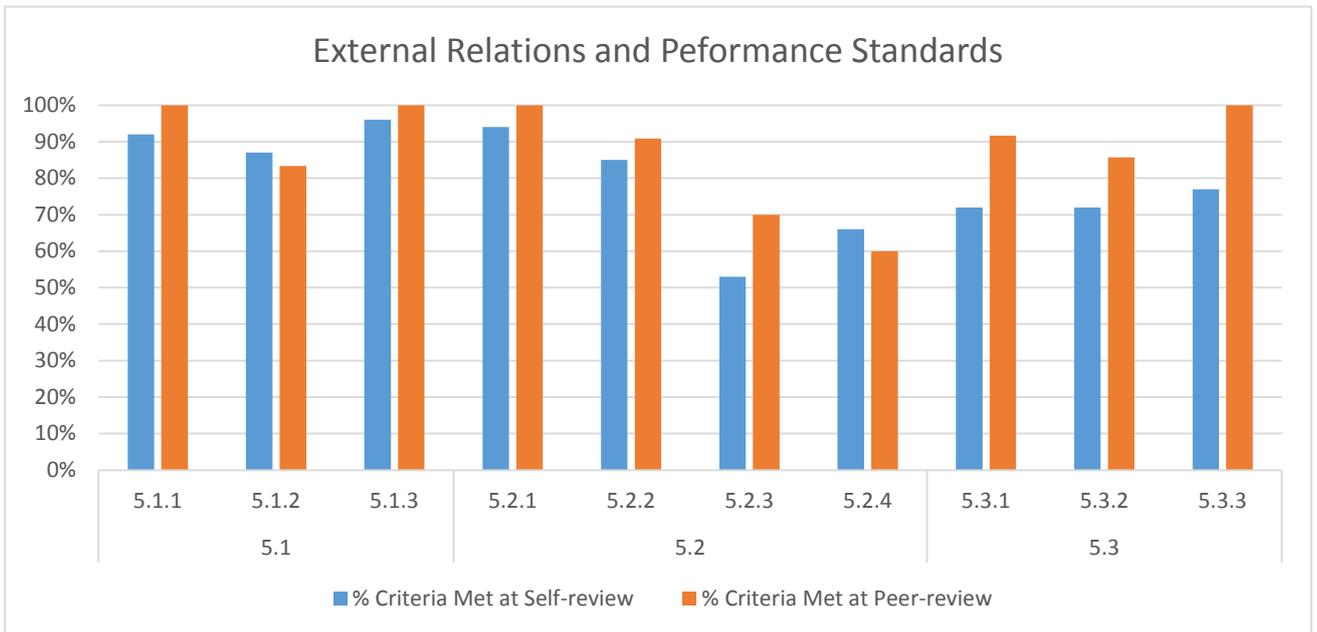
Criteria within this section were generally scored higher during peer-reviews than self-review scores. In particular, the three criteria relating to standard 5.3 (*The Therapeutic Community is committed to sharing good practice*) have each scored significantly greater during the peer-reviews than during the self-reviews.

Artwork: *Ghost in the Machine,* by Sean Donoher, HMP Dovegate

Section Four: Performance over cycles

Reviewing performance over three annual review cycles.

Quality Improvement over Time

It is important to look at quality improvement over time and consider whether the membership of Community of Communities have improved year on year. It is also helpful to identify areas for continued development and growth. Measuring quality improvement in this way for CofC can be difficult due to changes and revisions to standards over the years. It is worth noting however that the 9th Edition Standards have been used for the past two cycles, with very minimal change.

The table and graph below shows the performance against the Core Standards over the last three cycles

Table 9: Comparison of % standards met across the past three annual cycles

Cycle	% Met	% Partly Met	% Not Met
2014-2015	81%	17%	1%
2015-2016	82%	17%	1%
2016-2017	82%	16%	2%

Graph 14: % Core Standards met, partly met, not met in 2014-2015, 2015-2016 & 2016-2017
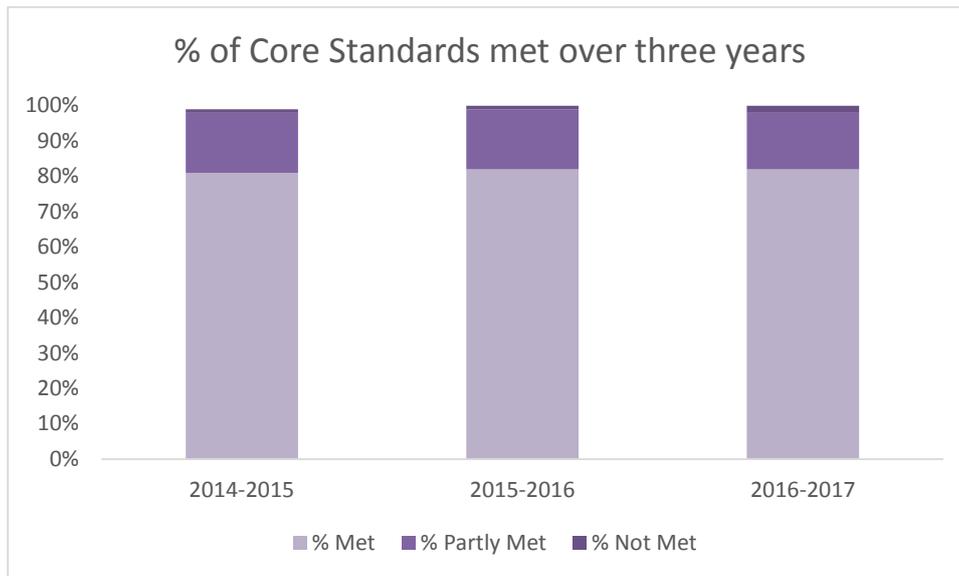
Similar to last year's annual report, the performance of member services against the Core Standards has remained consistent over the past three years. There has been no change in the overall percentage of Core Standards fully met since the last cycle (2015-2016). The Core Standards have continued again to be met to a high standard. As the standards have not changed much over the past few years, this suggests that member services have a good understanding of the Core Standards and are able to maintain their performance over the years.

Section Comparisons

The sections for standards have not been changed for the past few years. This allows for direct comparisons to be made across the past two cycles (2015-2016 and 2016-2017) to be compared directly. Graph 15 compares the percentage of standards that were fully met in the 2015-2016 cycle, compared to the 2016-2017 cycle. The scores used in the graph below are collated from combined scoring from peer review scores and self-review scores, and in the case of the Core Standards, this has been compiled from peer review and audit score data.

Graph 15: % of standards met across the 2015-2016 cycle and the 2016-2017 cycle
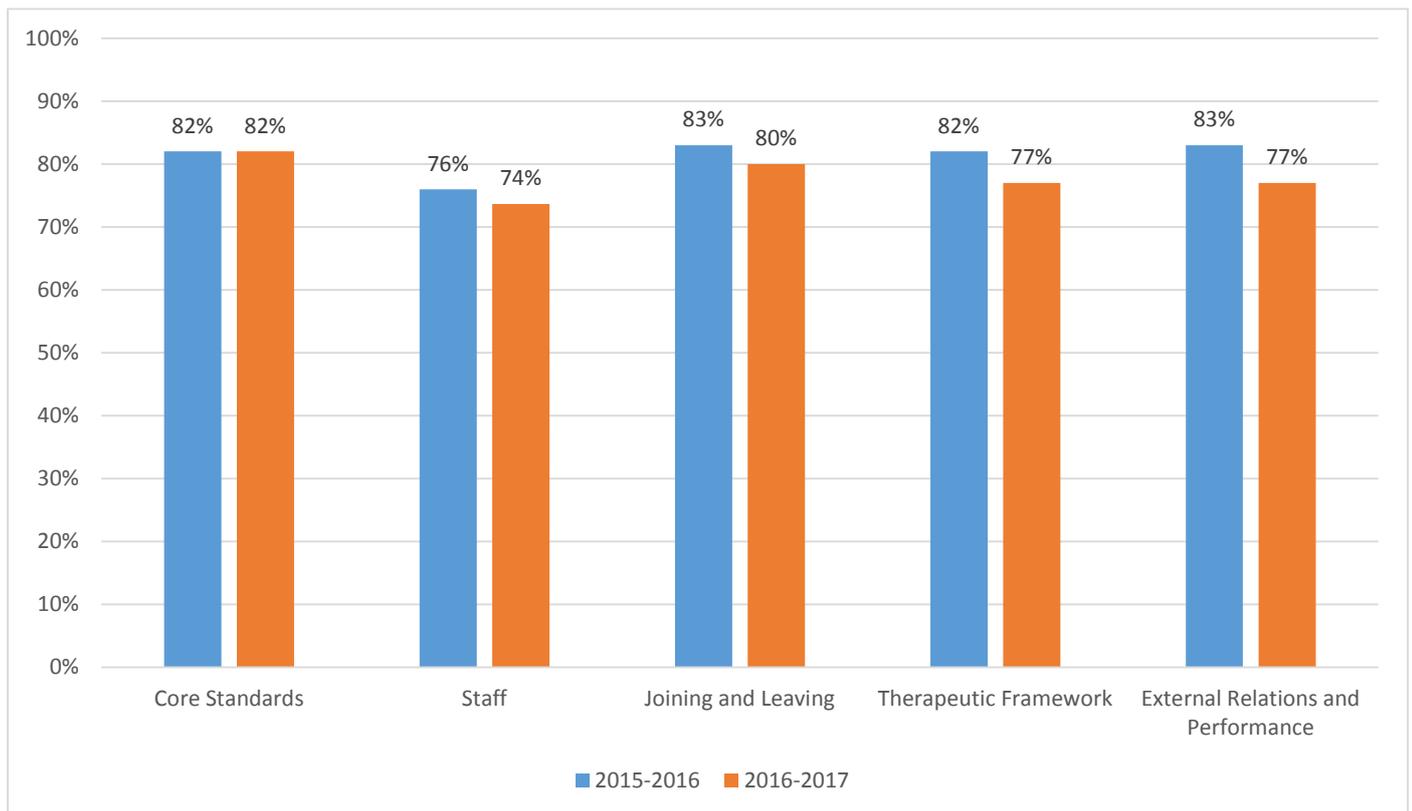
Generally, there has been very little change in the performance of services in the five sections of standards. There is a significant difference in performance in the Therapeutic Framework section (5%) and the External Relations and Performance section (6%). It is difficult to determine the cause for these differences as they are so small.

Artwork by: *Community Tree*, by The Forge Community

Section Five: Feedback from the network

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

Host Community Feedback

CofC collects feedback on various aspects of the review cycle, both from host communities and visiting peer-review teams. In this section, 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 34 feedback forms were completed from host communities during the review cycle and a breakdown of the feedback can be seen below.

Table 10: Host community feedback summary

Feedback statement	% Agreement
We felt the review went well	91%
We were able to join in as much as they wanted to	94%
We enjoyed taking part in the review day	94%
We have learnt something new from the review day	82%
We enjoyed preparing for the review day	62%
We enjoyed completing the self-review workbook	32%

On the whole, most communities provided very positive feedback on their experience of the peer-review day. There were siginificant increases in communities reporting that they felt their peer-review went well (+8%); that they were able to join in as much as possible (+15%); and they enjoyed taking part in the review day (+30%). There was also a 19% increase in member services reporting that they had learnt something from the review day. This indicates that member services have generally had positive experiences of their peer-review day.

Only a third of those receiving peer-reviews reported that they enjoyed completing the self-review workbook. The Community of Communities project are looking at ways to make completing the self-review workbook a more positive experience for all those involved. One way of doing this will be the rollout of the CCQI's College Accreditation and Review System (CARS) in the 2017-2018 cycle which will allow for member services to sumbit their workbook using an online web portal.

Most communities provided comments about their experience of the day. Most comments were positive with communities finding opportunities for formal and informal discussions most enjoyable. One Community stated that 'It has been useful to use the process to reflect on what we do in the TC and what learning opportunities it has presented on going forward'.

Peer-review Team Feedback

CofC also collects feedback from peer-review teams after they have attended a review. A total of 36 feedback forms were completed during the 2016-2017 review cycle. All statements are scored on a 5-point scale (5 = strongly agree, and 1 = strongly disagree). Agreement has been calculated by taking into account the responses *strongly agree*, and *agree*.

Table 11: Peer review team feedback summary

Feedback statement	% Agreement
I received the current workbook with enough time to prepare	89%
I was able to fulfil my role as a peer-reviewer/lead-reviewer	100%
The review went well	97%
The review process provided an opportunity for learning	100%

Feedback from our peer-reviewers suggests a significant improvement since last cycle (see appendix 6). 100% of the peer reviewers asked, reported that they were not only able to fulfil their role as a peer reviewer, but they were also able to learn from the peer review.   This may have been due to the CofC project focusing more on training reviewers during the 2016-2017 cycle, and demonstrating the opportunities for learning that peer reviews hold.

89% of the peer reviewers noted that they would have preferred the workbook sooner in order to prepare for the review. This has increased since last cycle, however is still an area that the project team can improve upon.

Appendices

**Community of Communities
Annual Report 2016-2017**

C OF C
COMMUNITY OF COMMUNITIES

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 9[th]ed. 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 (4th edition) and the Service Standards for Therapeutic Communities, 7th Edition. The process takes place over two years.
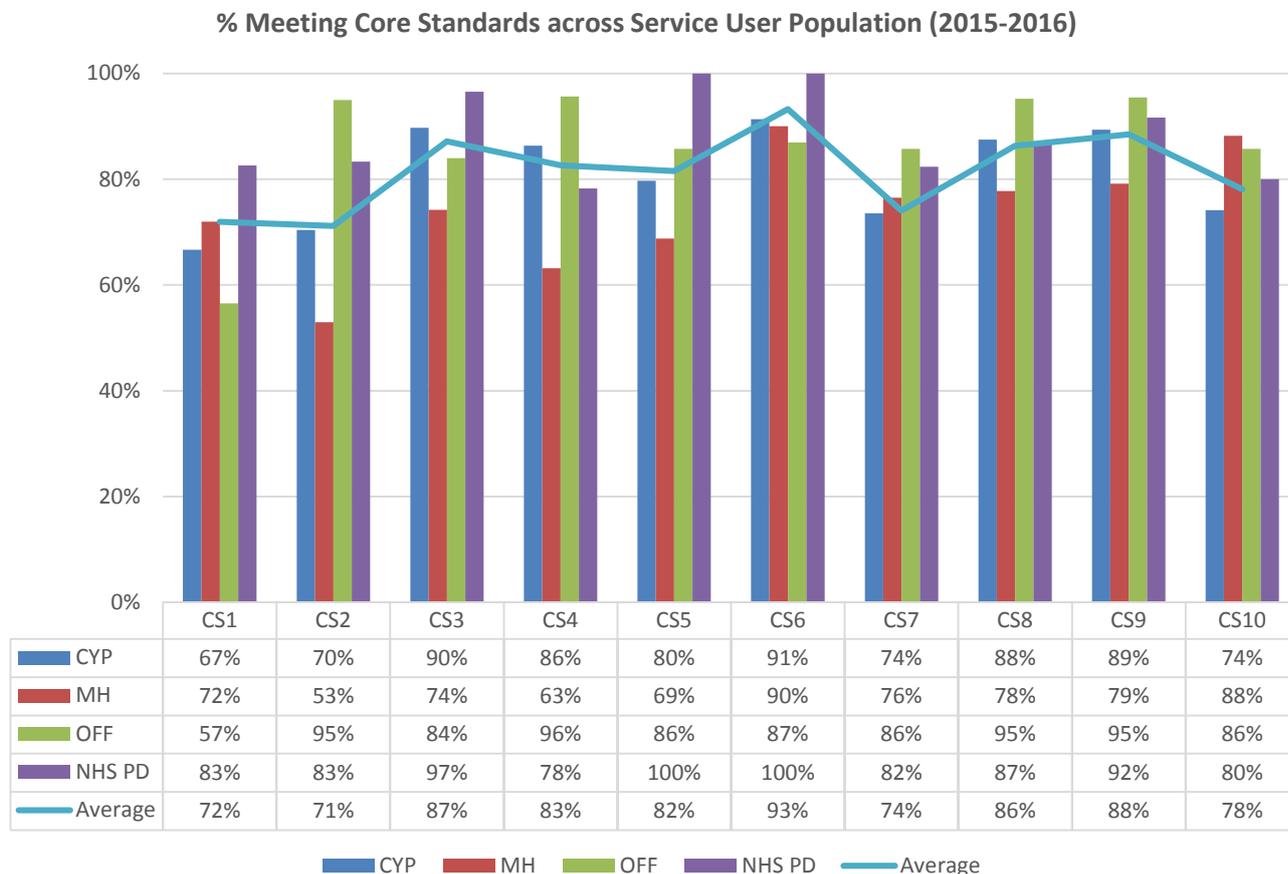
Aims and Objectives

- 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 staff figures

Part-time staff data (average)

Part time staff data	Overall (*n*=38)	CYP (*n*= 15)	NHS (*n*= 6)	MH (*n*= 7)	OFF (*n*= 9)	ADD (*n*= 2)
Average number of staff on 01-04-2015	7	10	5	6	4	8
Average number of staff on 01-04-2016	7	9	5	6	4	9
Average number of staff joining between 01-04-2015 & 31-03-2016	2	2	1	2	1	2
Average number of staff leaving between 01-04-2015 & 31-03-2016	2	3	2	3	1	1
Average number of recorded staff sick days between 01-04-2015 & 31-03-2016	22	35	7	33	4	10
Average length of service in the TC	4	3	7	3	4	6

Appendix 4 - 2015-2016 Annual Report Graph comparing: % meeting Core Standards across the network and within service user population categories

% Meeting Core Standards across Service User Population (2015-2016)

|	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	CS9	CS10
CYP	67%	70%	90%	86%	80%	91%	74%	88%	89%	74%
MH	72%	53%	74%	63%	69%	90%	76%	78%	79%	88%
OFF	57%	95%	84%	96%	86%	87%	86%	95%	95%	86%
NHS PD	83%	83%	97%	78%	100%	100%	82%	87%	92%	80%
Average	72%	71%	87%	83%	82%	93%	74%	86%	88%	78%

Appendix 5 – Review scores % met

% criteria met for Core Standards in peer-review scores across all communities- (2016-2017)
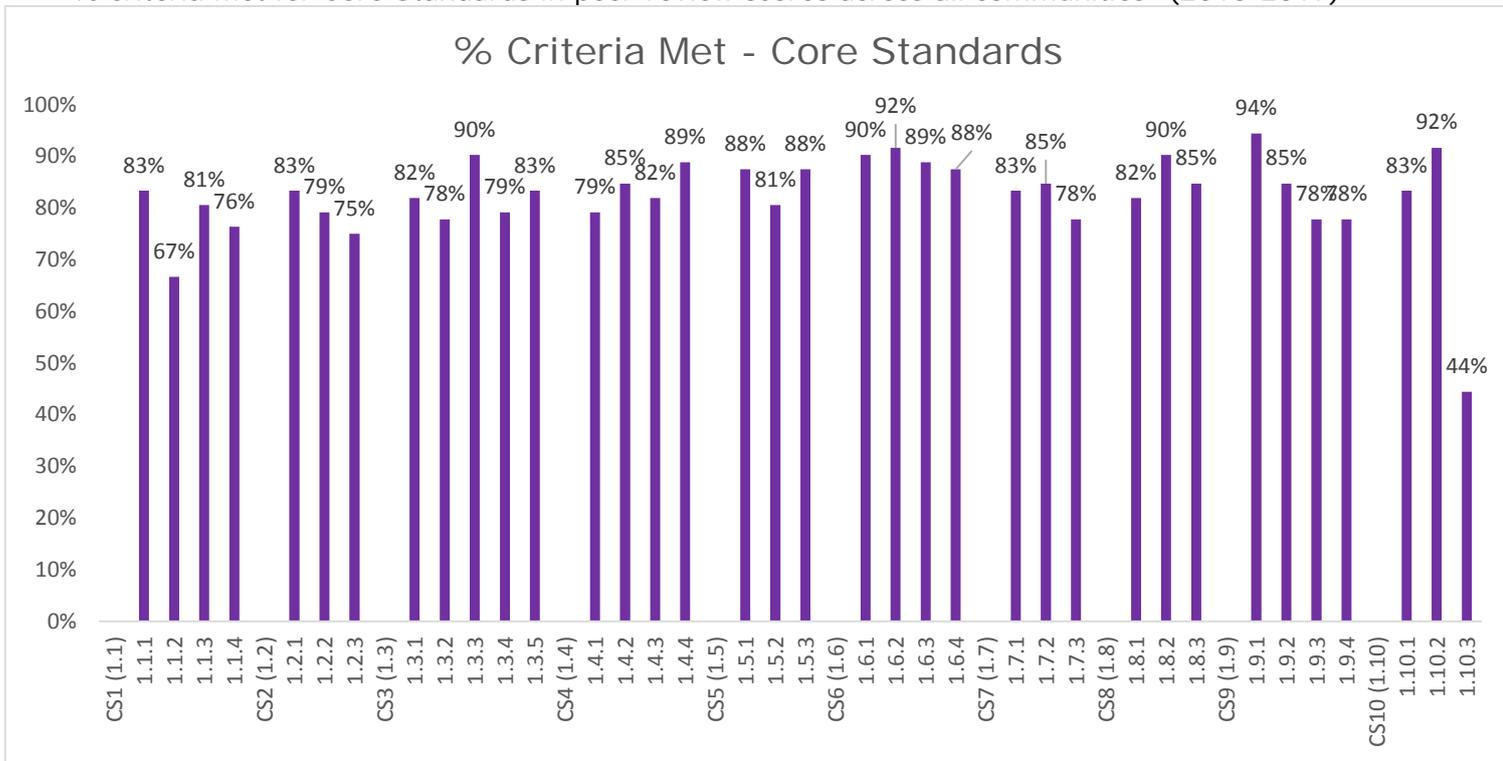
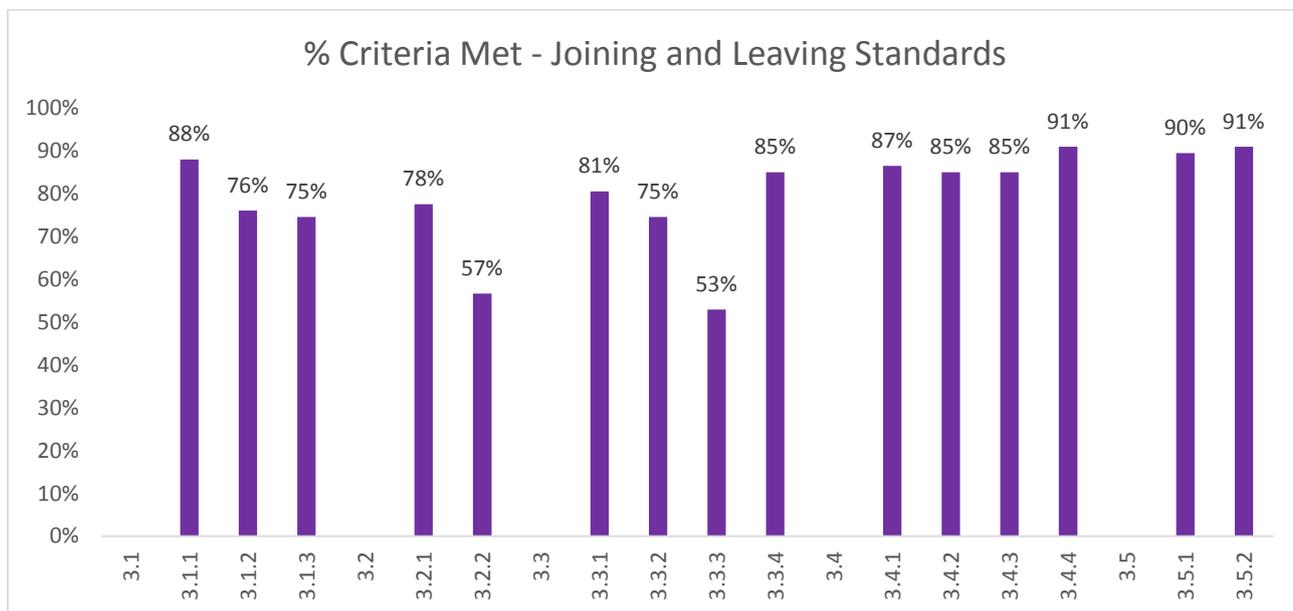% criteria met for Staff Standards in scores across all communities (*2016-2017)*
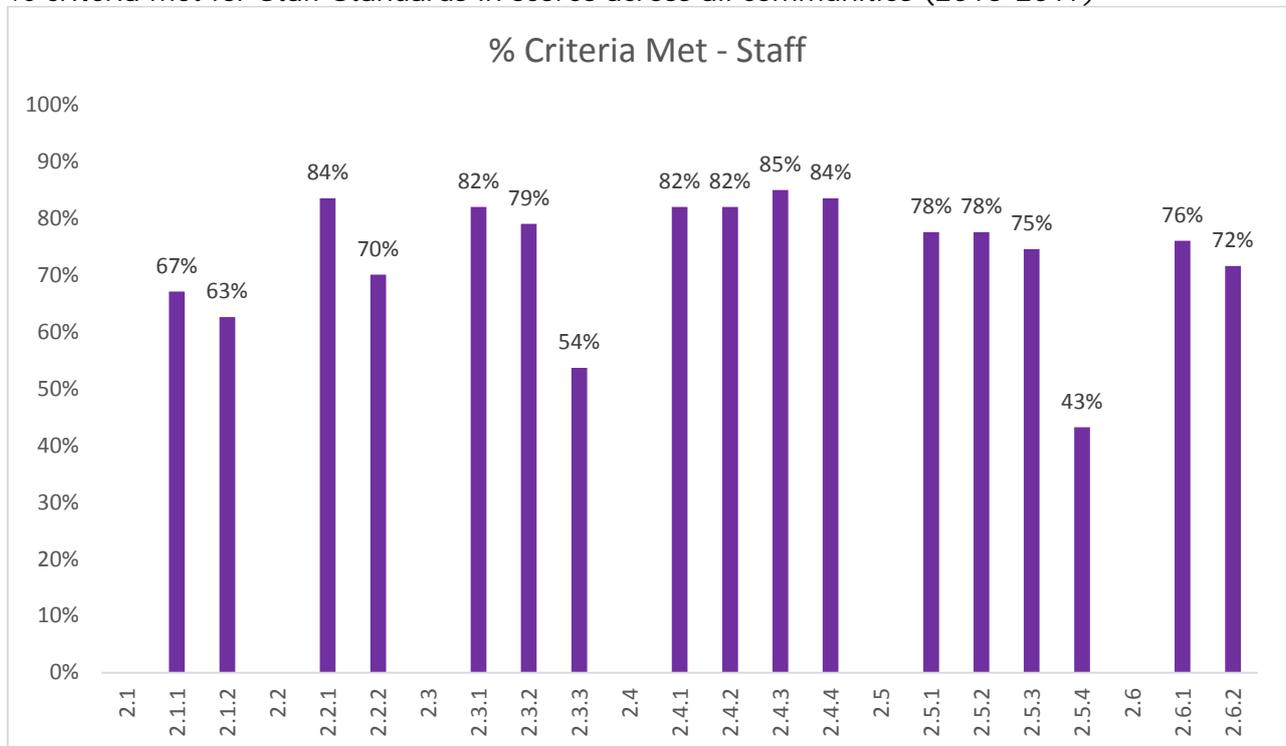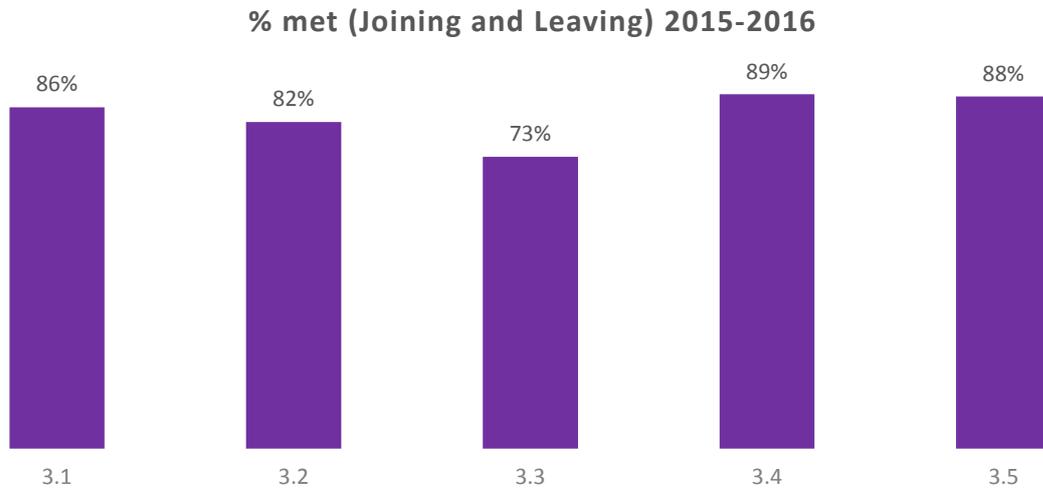
% Met of staff standards (2015-2016)
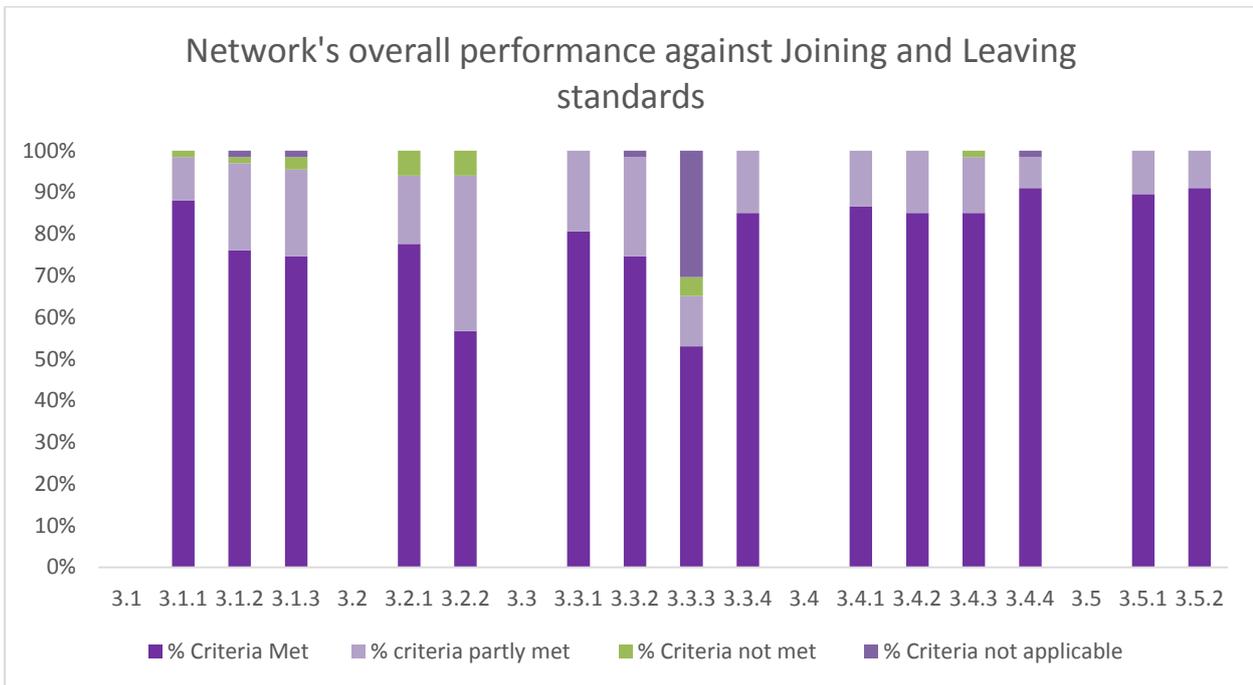
% met (Staff) 2015-2016
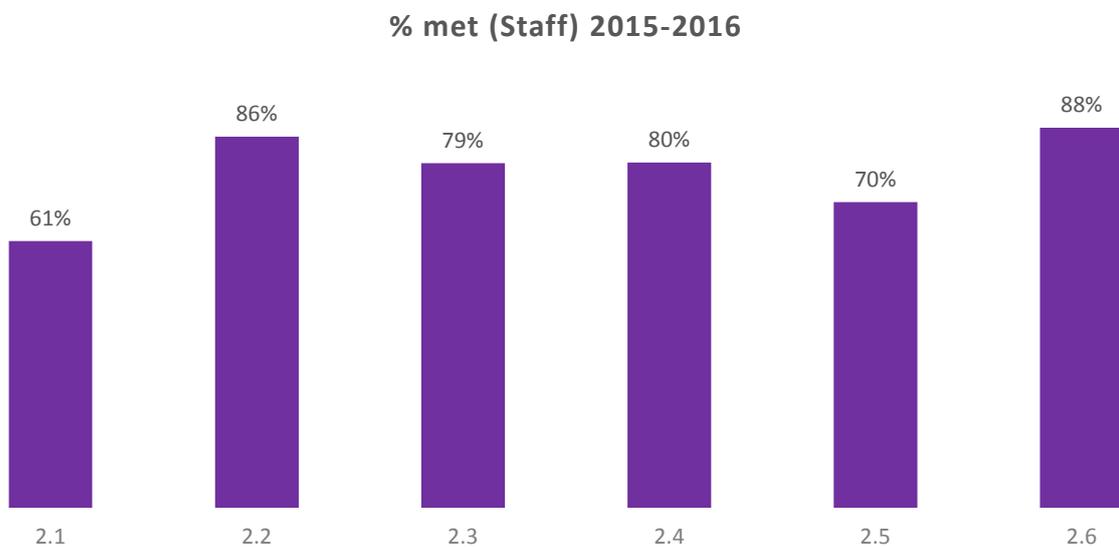
% criteria met for Joining and Leaving Standards in scores across all communities (*2016-2017)*

% Criteria Met - Joining and Leaving Standards

% Met of Joining and leaving standards 2015-2016

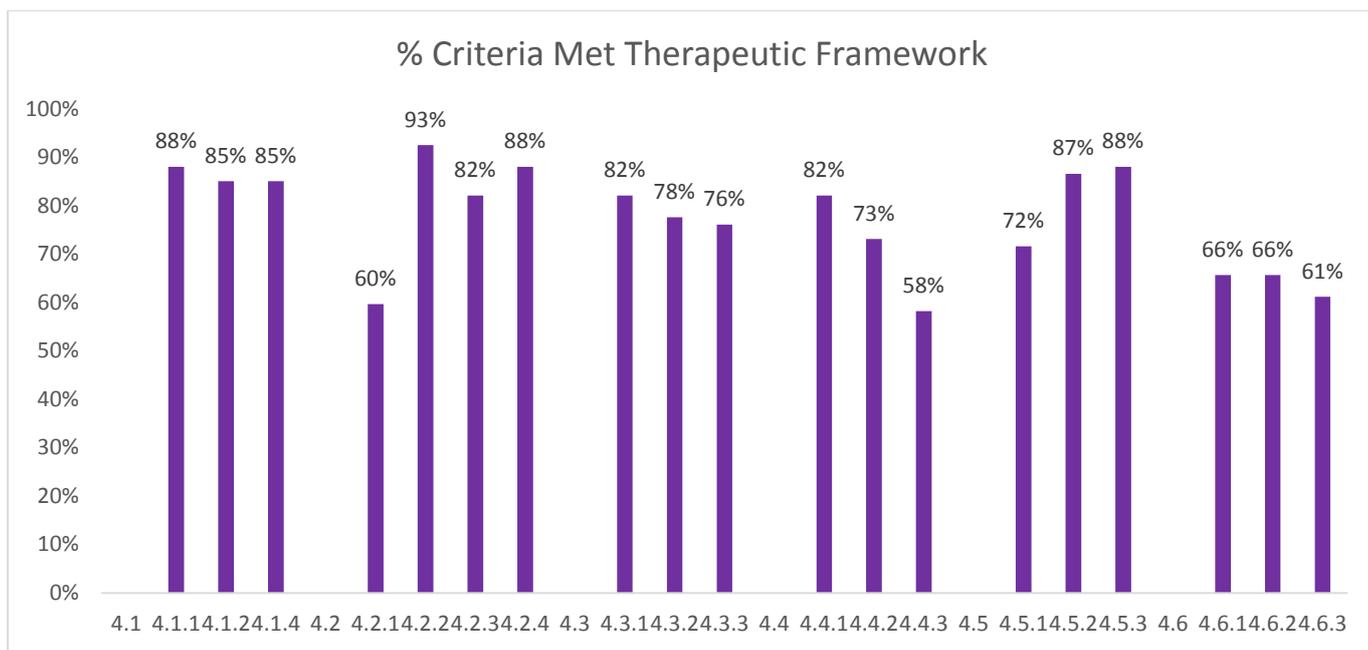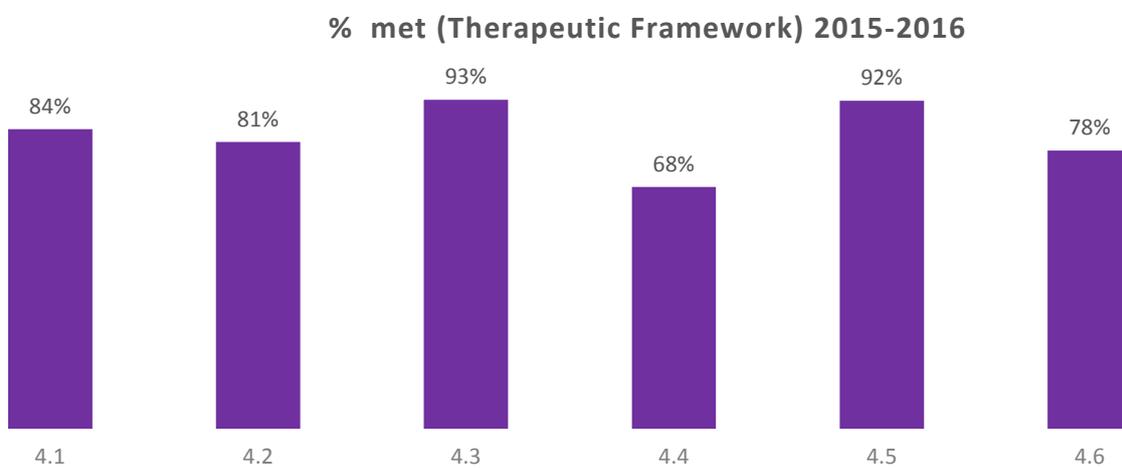**% met (Joining and Leaving) 2015-2016**

Joining and leaving criteria broken down into % met, % partly met. % not met and not applicable 2016-2017.

% criteria met for Therapeutic Framework across all communities (*2016-2017*)

% Criteria Met Therapeutic Framework

% met of Therapeutic Framework Standards 2015-2016

% met (Therapeutic Framework) 2015-2016

x

% criteria met for Therapeutic Framework across all communities (*2016-2017*)

% Criteria Met - External Relations and Performance

Criteria	%
5.1	
5.1.1	94%
5.1.2	85%
5.1.3	96%
5.2	
5.2.1	94%
5.2.2	84%
5.2.3	48%
5.2.4	60%
5.3	
5.3.1	64%
5.3.2	73%
5.3.3	75%

% met of Therapeutic Framework Standards 2015-2016

% met (External Relations and Performance) 2015 2016

Standard	%
5.1	92%
5.2	75%
5.3	83%

% of Addiction Standard met 2016-2017

% Met for Addiction Standards
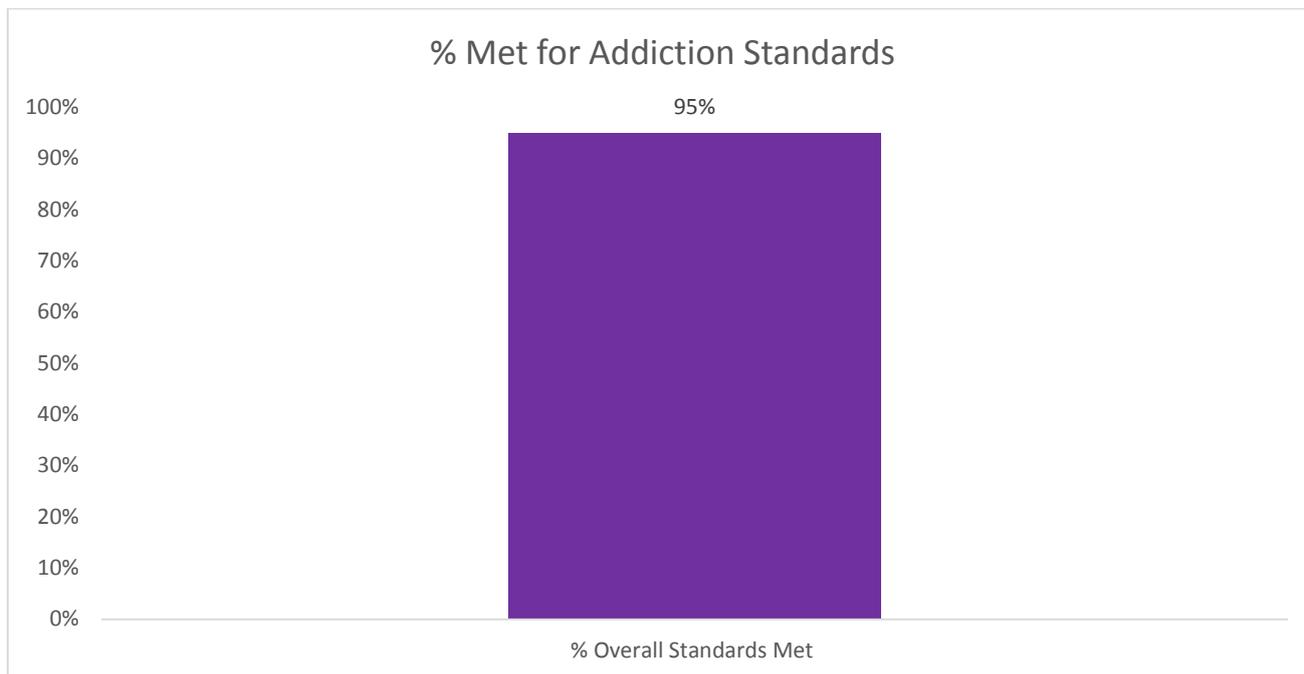
Addiction standards criteria broken down into % met, % partly met. % not met and not applicable 2016-2017.

Network's overall performance - Addiction
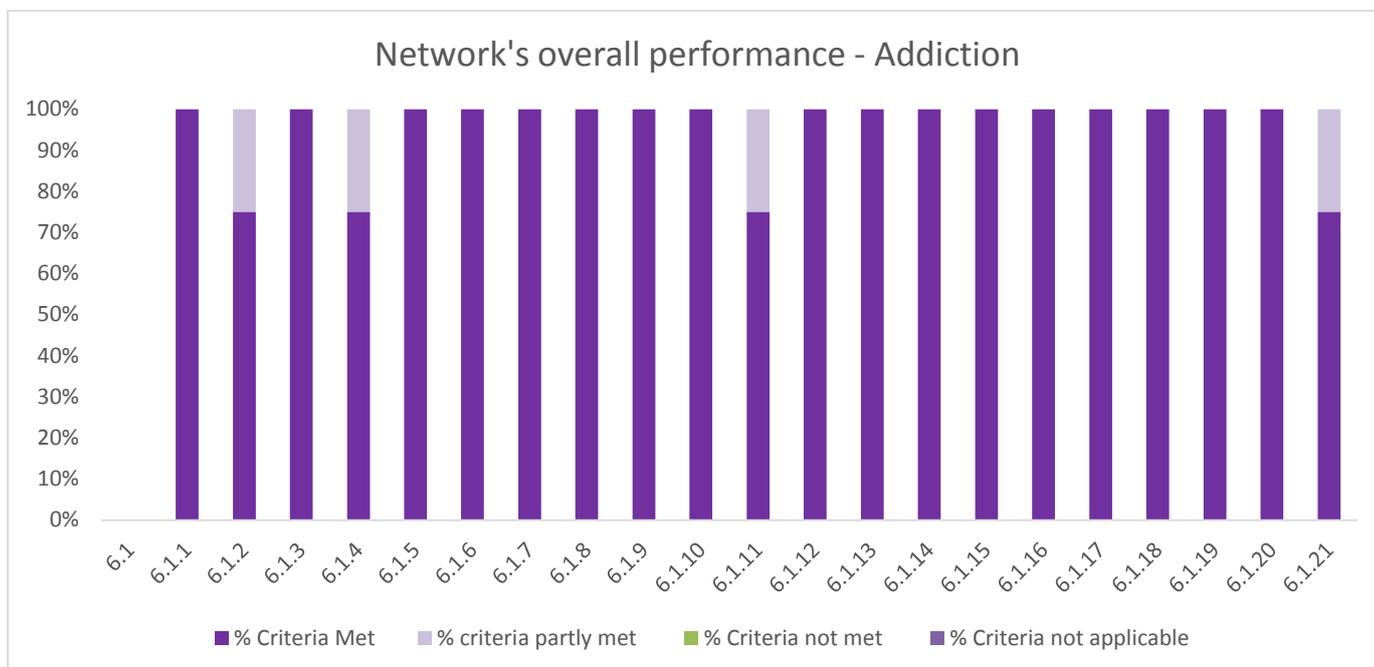
Appendix 6 – Peer review team feedback 2015-2016

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%

Appendix 7 - 2016-2017 Members

Community Name	Service User Group	Membership Type
Acorn Cottage (Care Focus Ltd)	CYP	Full
Acorn Cottage (Hillcrest)	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
Athelstan Place	CYP	Developmental
Avon House	CYP	Full
Bartram	CYP	Full
Belgravia Terrace	MH (ADTC)	Full
Esther House (Benjamin UK)	CYP	Full
Bluebell Cottage	CYP	Developmental
Bluestone House	CYP	Full
Brenchley Unit	NHS PD (ADTC)	Accreditation
Channels & Choices	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
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
Heather Lodge	CYP	Full
Highams Lodge	MH (ADTC)	Full
Hilltop House (Footsteps to Futures)	CYP	Full
HMP Dovegate Assessment Unit	HMP	Full

HMP Dovegate Avalon	HMP	Accreditation
HMP Dovegate Camelot	HMP	Accreditation
HMP Dovegate Endeavour	HMP	Accreditation
HMP Dovegate Genesis	HMP	Accreditation
HMP Dovegate TC+	HMP	Accreditation
HMP Gartree	HMP	Accreditation
HMP Gartree TC+	HMP	Accreditation
HMP Grendon A wing	HMP	Accreditation
HMP Grendon Assessment Unit	HMP	Full
HMP Grendon B wing	HMP	Accreditation
HMP Grendon C Wing	HMP	Accreditation
HMP Grendon D wing	HMP	Accreditation
HMP Grendon TC+	HMP	Accreditation
HMP Send	HMP	Accreditation
HMP Warren Hill	HMP	Accreditation
Hopedale House	CYP	Full
Kypseli	MH (ADTC)	Full
Lancaster Lodge	MH (ADTC)	Full
Lawrence House	CYP	Developmental
Lilias Gillies House	MH (ADTC)	Full
Lily House	CYP	Full
Millfields Medium Secure Unit	NHS PD (ADTC)	Accreditation
Monteagle	CYP	Full
Mount Lodge	MH (ADTC)	Full
Mulberry Bush School	CYP	Accreditation
New Horizons	NHS PD (ADTC)	Accreditation
Newmarket TC (Rampton Hospital)	NHS PD (ADTC)	Full
Odyssey House	ADD	Associate
Oxford TC	NHS PD (ADTC)	Accreditation
Pele Tower	NHS PD (ADTC)	Accreditation
Racefield	CYP	Full
Redstone House	CYP	Developmental
Rosa Dei Venti	CYP	Associate
Sacre Coeur	CYP	Full
Sequoia Community	NHS PD (ADTC)	Full
Slough Embrace	NHS PD (ADTC)	Developmental

Sophia House	MH (ADTC)	Full
Special Care Centre (SCC)	CYP	Associate
Steps	CYP	Accreditation
The Forge	CYP	Full
The Old Barn	CYP	Full
The Roaches Independent School	CYP	Full
Tumblewood Community	CYP	Full
Windana Drug and Alcohol Recovery	ADD	Associate

Artwork Contributions

CofC ran a creative completion for members during 2016-2017. Members were asked to submit photographs of any pieces or forms of artwork, photography, poetry and short stories they had produced, on a topic or theme of their choice. The artwork used throughout this report has come from the members submissions:

Waterfront, by David Evans (HMP Dovegate)

Them on that, by Richard Hallam (HMP Dovegate)

Cockrall, by Kieran D (Golfa Hall, Amberleigh Care)

'Untitled', by Community Members at Kypseli

Seeds, by Kate from the Brenchley Unit

Handprints, by Unknown Artist, HMP Dovegate Endeavour

Ghost in the Machine, by Sean Donoher, HMP Dovegate

Community Tree, by The Forge Community

Notes

Notes

Notes

www.rcpsych.ac.uk

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT

CCQI