Artwork: "Life Goes On" by HMP Grendon

Community of Communities Annual Report 2017-2018

Editor: *C Dowling, S Paget*
Publication Number:
Date:

Contents

Foreword 5
Project Update 8
Action Points and Outcomes from the previous Annual Report 2016-2017 10
Setting the scene 12
Introduction 13
Section One: Membership of the Network 16
Section One: Membership of the Network 16
Membership and Review Breakdown: 17
Service User Data: 20
Staff Data: 21
Section Two: Network Performance against the Standards 23
Section Two: Network Performance against the Standards 23
2016-2017 Review Cycle 24
Performance against the standards 24
Core Standards 24
Staff Standards 31
Joining and Leaving Standards 32
Therapeutic Framework 33
External Relations and Performance 35
Addiction 36
Section Three: Performance within the network 37
Section Three: Performance within the network 37
Achievements and Developments 39
Comparing the accuracy of self-review scores 43
Core Standards 43
Staff 44
Joining and Leaving 45
Therapeutic Framework 46
External Relations and Performance 46
Section Four: Performance over cycles 48
Quality Improvement over Time 49
Network Performance over Time 50
Summary 51
Appendices i
Appendix 1 - What is the Community of Communities? ii
Appendix 2 - Types of Membership Offered by Community of Communities iii
Appendix 3 – Part-time staff figures v

Appendix 4 - 2016-2017 Annual Report Graph comparing: % meeting Core Standards across the network and within service user population categories vi
Appendix 5 – Review scores % met vii
Appendix 6 -2016-2017 Members xii
Artwork Contributions xv
Notes xvi
Notes xvii
Notes xviii

Foreword

Bio of writer and picture

Foreword

I am writing this in my final few months as Chair of the Therapeutic Communities Accreditation Panel (TCAP): I will stand down at the end of the year. I have been the Chair since 2007, and have thus seen the accreditation process evolve, and the membership change, over nearly the whole history of CofC. It is with regret that I will stand down – although it will be good for the Panel and for the Team to have a new face in the Chair.

TCAP is a group of experienced TC practitioners or experts by experience, some of whom have been on the Panel as long as me: a very supportive and committed group, who mostly take time out of their 'day job' in a Community to be on TCAP. Our task is to review the Accreditation Reports, and to make a decision as to whether the Community has achieved the standard required for accreditation. This is often very easy to agree on, as it is clear from the evidence and comments in the reports how much great work there is going on in TC's. Sometimes it will involve heated debates about how standards should be understood, whether a Community has presented itself as well as it might, and whether the Community's evidence been fully attended to by the Review Team. This is a difficult balance: we can't 'second guess' what the Peer Review Team has experienced, and we are careful to respect the views of the team – people like you, having first-hand contact with the TC. We are clear that the dynamic state of the Community is of central importance to the therapeutic effect and can only be understood when you're there. Some of you will have experienced the disappointment of having the decision about accreditation deferred while you submit clarification or further evidence. We hope this allows you space for further thought and reflection of what the standards are about – and the great majority of you are able to show that you do indeed meet the standards required for accreditation.

TCAP can also feed back to the CofC Team and through them to the Therapeutic Communities Advisory Group, who review and maintain the standards, about the way standards are being interpreted, and occasions when the standards may be being misunderstood or poorly drafted and require review.

That all sounds a rather bureaucratic contribution, but it is actually a very interesting and thought-provoking set of tasks. It gives us an overview of what is going on in TC-world, and I feel reassured that even though we are now working in a very different political and clinical environment even compared to 2007, there are still professionals and people using services who are willing to collaborate and challenge one another, and to build between them a lively Community which enables reflection, growth and change. There is still a lot of brilliant work done by brilliant people in TC's.

I've always thought that becoming a human being who can take part in the society of which we are all part is a difficult creative act. We find ourselves through our relationships, using the experiences we have with others as the psychological building blocks for our sense of self. When our life experiences push us off course or prepare us badly, it is only through new and better experiences that we can find a better way forward. My rule is 'the treatment for bad experiences is good experiences': TC's are an attempt to help people who struggle get some good experiences which teach them something positive about themselves – and help them to join in without being shamed, or feeling like they cannot be loved, or thinking they have nothing to bring.

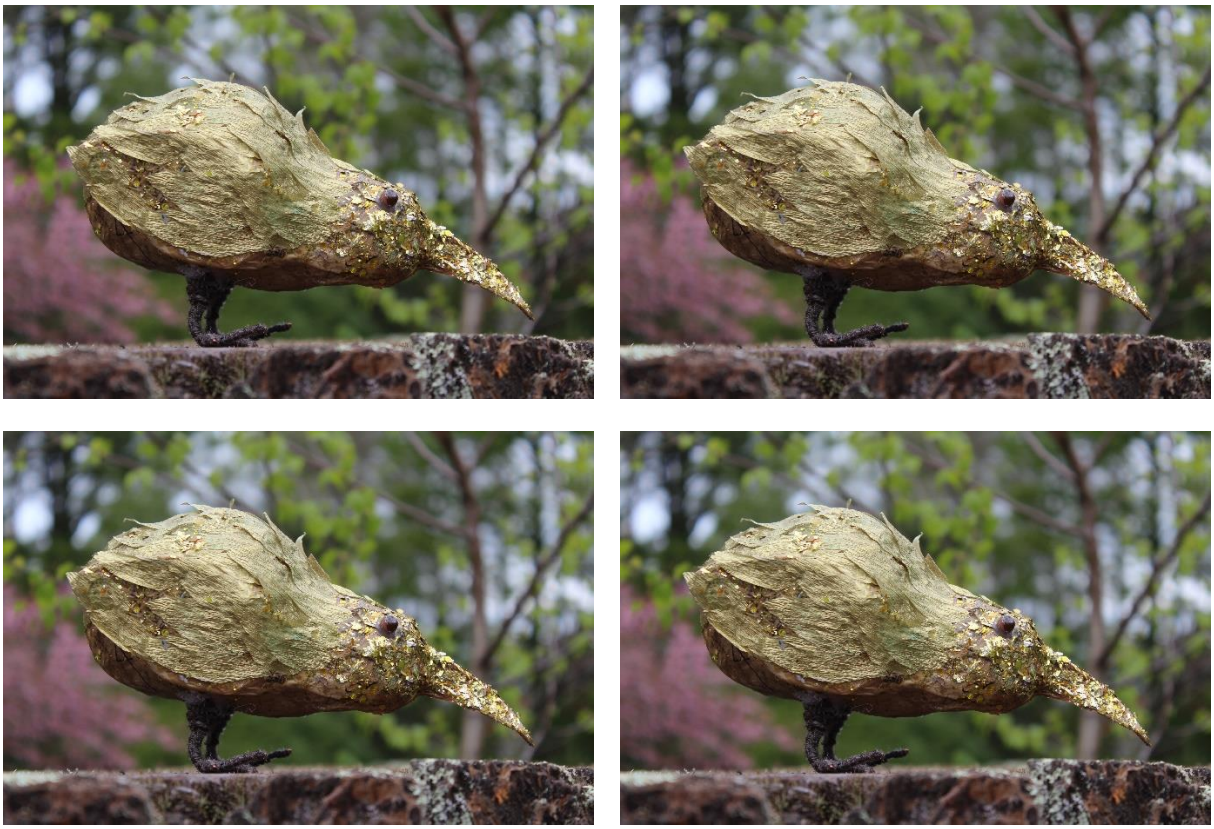
I've retired from my main work, but I was a Psychiatrist - and I still feel very attached to work in the area of mental health. It worries me to see the slow decline in the number of TC's among

services for people who get the diagnosis of Personality Disorder – so it's great to see that the overall number of members in CofC is up this year. The Children and Young peoples' services are nearly half of the total, which represents a steady growth in recent years and reflects what I hope is a general agreement that relationships are central to any process of change for children. The work in offender services is also growing, reflecting a similar understanding that offenders need involvement with people to help them understand their behaviour and to avoid reoffending. TCAP gets what can at times be a very touching insight into the great work TC's are doing in a wide range of services, and the way they are changing lives.

So, I want to take this chance to thank the other members of TCAP, who have worked with sensitivity and respect to arrive at their decisions. I would also like to thank the CofC Team. We have been fortunate to have such lively and thoughtful people working with us – you may have met some of them at accreditation visits. I'm always astonished how quickly the workers pick up the TC ideas and understand what is going on. No doubt some of that comes from being led by Sarah Paget, who has a really deep experience of TC's and of TC-people. I'm going to miss my meetings with you all.

But mostly I have to say goodbye and thank you to all of you out there in TC-world – most of whom I've never met, even though I've heard about your struggles and seen evidence of your commitment to the work you're all involved in. A TC is a place of hope, a demonstration of how brilliant and creative people can be – even when you're struggling or find yourselves in a bad place. It takes courage and commitment from each one of you to make a TC work, and I know that you will each at times go beyond the call of duty to help one another. Here's to you all, and to the work of the Community of Communities – long may your work continue to shed a light of hope and encouragement in a difficult world!

Chris Holman
July 2018

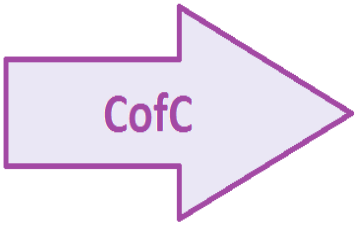


Artwork: 'Golden Kiwi' by Sarah Leeden – The Ashburn Clinic

Project Update

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

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.



Project Update

Membership of the Network

This section provides a breakdown of the overall membership of the network within the 2017-2018 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

Analysis of the standards demonstrates an increase in performance against the standards overall during the 2017-2018 cycle. In comparison to the 2015-2016 and the 2016-2017 cycles, services scored higher across all categories of standards with the exception of external relations and performance.

The data shows that the largest increases are around standards and criteria which the network historically have found challenging. Criteria around 360 degree feedback and having external facilitators for staff dynamics saw notable increases this year. However these were still the areas where the network scored lowest in, suggesting there is still more work to be done. Other areas communities appear to struggle with are standards relating to demonstrating the effectiveness of their work and sharing best practice.

Peer review teams validate the self-review data submitted by a community when they review standards with the host community; this creates validated data. Data from self-reviews only cannot be classified as verified data, which can create potential issues with data analysis. 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, generally the peer review team agrees 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 generally self-reviewed accurately.

Quality Improvement over Time

A comparison of performance across the membership for the past three annual cycles has revealed an increase in the 2017-2018 cycle in comparison to the previous cycles (2015-2016 and 2016-2017). There are increases of 6% or more across the Core Standards, Staff, Joining and Leaving and Therapeutic Framework Standards in comparison to the 2016-2017 cycle. The only area which shows a consistent decrease in performance is External Relations and Performance Standards which decreased by 6% in 2016-2017, and again by another 3% in 2017-2018.

Action points:

- **To …**

Action Points and Outcomes from the previous Annual Report 2016-2017

Action Point 2016-2017	Outcomes during cycle 2017-2018
To coordinate a review of the CofC Standards and implement an updated version.	This has been delayed due to staff changes. A full review will be carried out alongside changes to the HMP review process during 2018-2019.
To support all services taking part in a peer review to look at the Core Standards in order to measure and report on the networks performance against these crucial standards.	All communities reviewed under the Core Standards as part of their peer review this year. A detailed analysis of the network's performance is provided in this report.
To use the data collected from the Core Standards work to inform development and training opportunities for the next cycle in order to support services' work towards the Core Standards.	Data from the Core Standards has been collected and the CofC team are currently using this to inform development and training opportunities for the upcoming 2018-2019 cycle.
Continue the development of Spacehouse and encourage further uptake of its use.	This has been postponed to the 2018-2019 cycle.
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.	This has been postponed until after the standards have been reviewed.
Respond to feedback by aiming to get review information out to review teams earlier so they have more time to prepare for the review.	Review information has been sent out to review teams 2 weeks in advance of the majority of reviews this cycle.

Artwork: *"Konnections" by Sharon – The Brenchley Unit*

Setting the scene

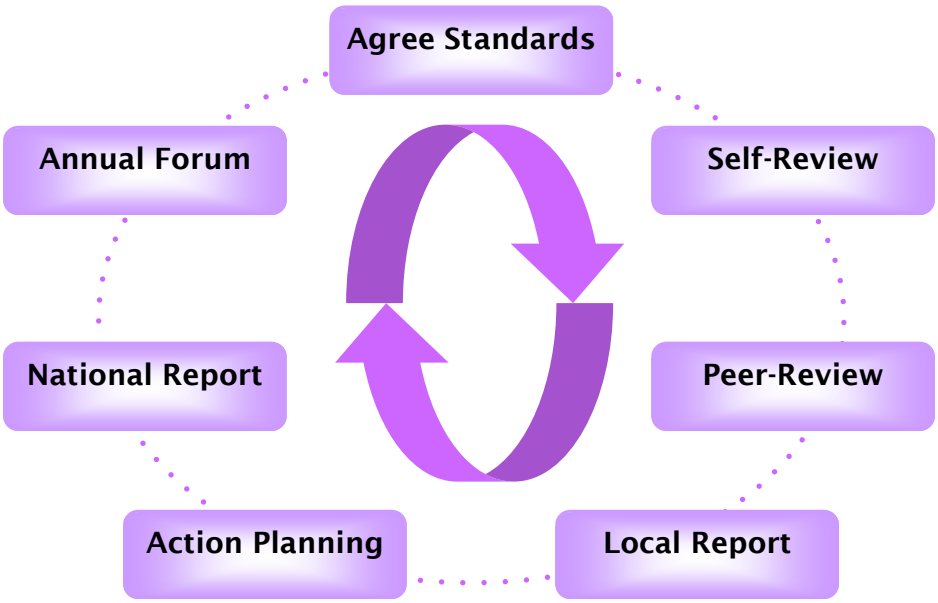
An introduction to the Community of Communities review network, the service standards and a guide to reading the report.

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 typically has 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 discussed in detail with a reflection on the comments in the self-review section. When

scoring for this cycle, peer-review teams gave an overall score for each standard, taking into account the criterion for each.

For the 2017-2018 cycle, the Community of Communities introduced a new set of standards focusing on therapeutic childcare (TCC). This included a total of 12 standards which focus on 7 sections: *Statement of Principles and Practice, Leadership and Management, Staffing, Therapeutic / Care Programme and Framework, Physical Environment, Safety and Health, and Governance and External Relations*. Marking criteria for the standards is the same as for the service standards for Therapeutic Communities. A TCC pilot scheme was run which involved 7 members self-reviewing under the new standards and receiving a peer review visit.

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 2016 – 31 March 2017.

Reading this report

86 members participated in the Community of Communities 2017-2018 cycle, including services from all sectors and service user populations (such as Children and Young people services, Adult NHS services, 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 64 self-reviews and 51 scheduled reviews (the 7 TCC reviews are not included in this data), including HMP audits and accreditation visits that took place between July 2017 and February 2018.

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 2018.**

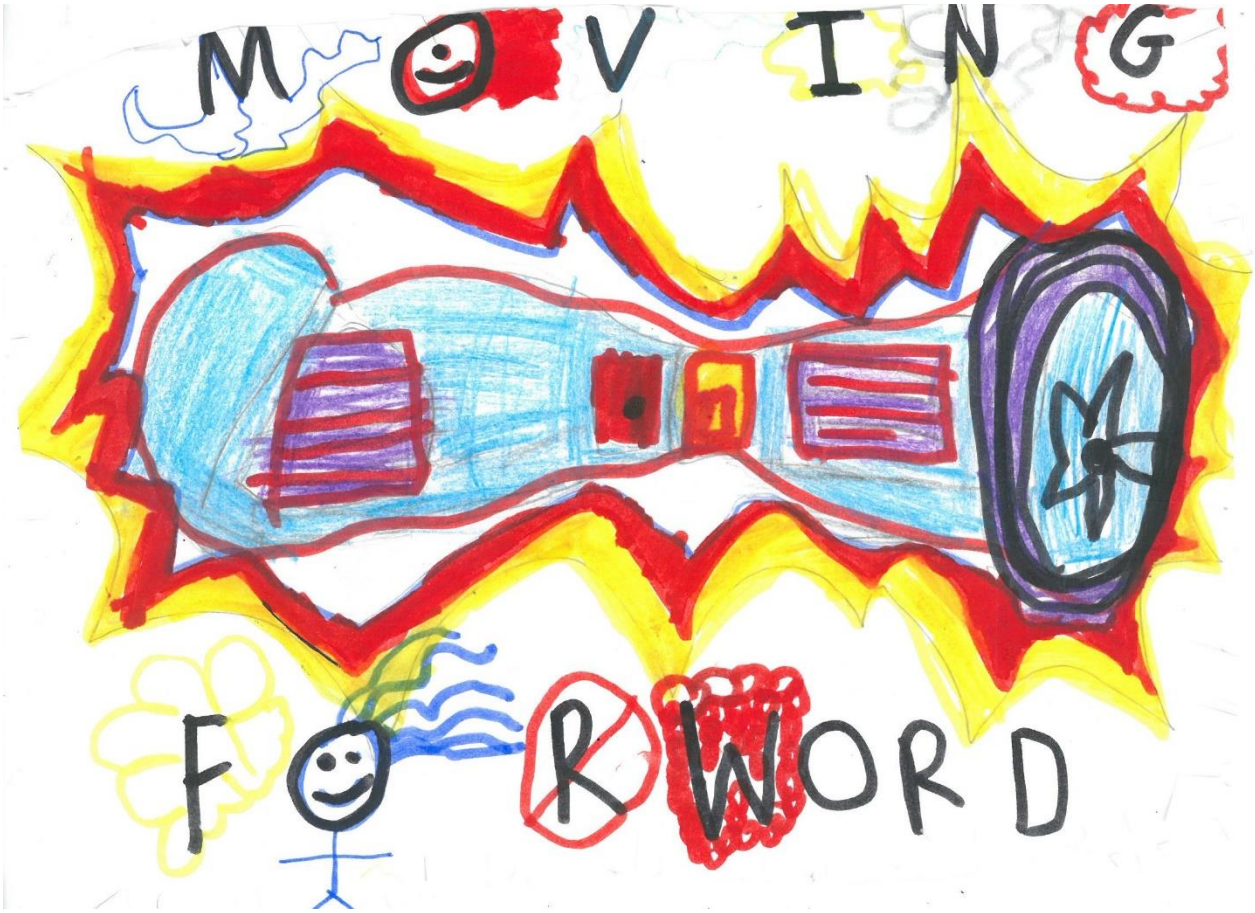
Each Standard is scored as either met (score = 2), partially met, (score = 1) or not met (score = 0) by the peer-review team. Each Criteria is scored in the same way by the community. Where a standard or criteria is not applicable a score of 9 is awarded, which is not included in the

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.

Did you know?

CofC has members from around the world including Greece, Hungary, Italy and even New Zealand!



Artwork: *"Moving Forward"*, by Kane – Channels and Choices

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 saw a small increase in membership over the 2017-2018 cycle. 86 members participated in the 2017-2018 cycle, which is an increase of 8 from 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 service (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	**86**	**42**	**10**	**13**	**17**	**4**
Accreditation	**30**	6	8	-	14	2
Full	**38**	23	2	10	3	-
Developmental	**6**	5	-	1	-	-
Associate	**5**	1	-	2	-	2
TCC Pilot	**7**	7	-	-	-	-

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 2017-2018 cycle 4 communities withdrew from CofC and as a result their reviews were cancelled. Of those 4 communities, 1 submitted self-review data. An additional 2 communities were forced to cancel their reviews due to unforeseen circumstances. These are included in 'Review Cancelled' below.

Table 2: Reviews conducted 2016-2017

Review	Total Count	CYP	NHS	MH	OFF	ADD
Total Reviews	**58**	**27**	**6**	**7**	**16**	**2**
Peer-review (including TCC pilot)	**36**	24	3	7	2	-
Accreditation Visit (including HMP audit)	**22**	3	3	-	14	2
Total Non-Visits	**28**	**15**	**3**	**6**	**0**	**2**
Self-review stage or developmental/associate member	**22**	11	3	6	-	2
Cancelled Reviews	**6**	4	1	-	1	-

Data was collected on the number of reviewers sent by each service and the number of other communities visited by each service. This data included peer reviewers, lead reviewers, TC Specialists and HMP Psychologists. This data is explained in the charts below.

Chart 1: Number of reviewers sent by services (*n=65*)

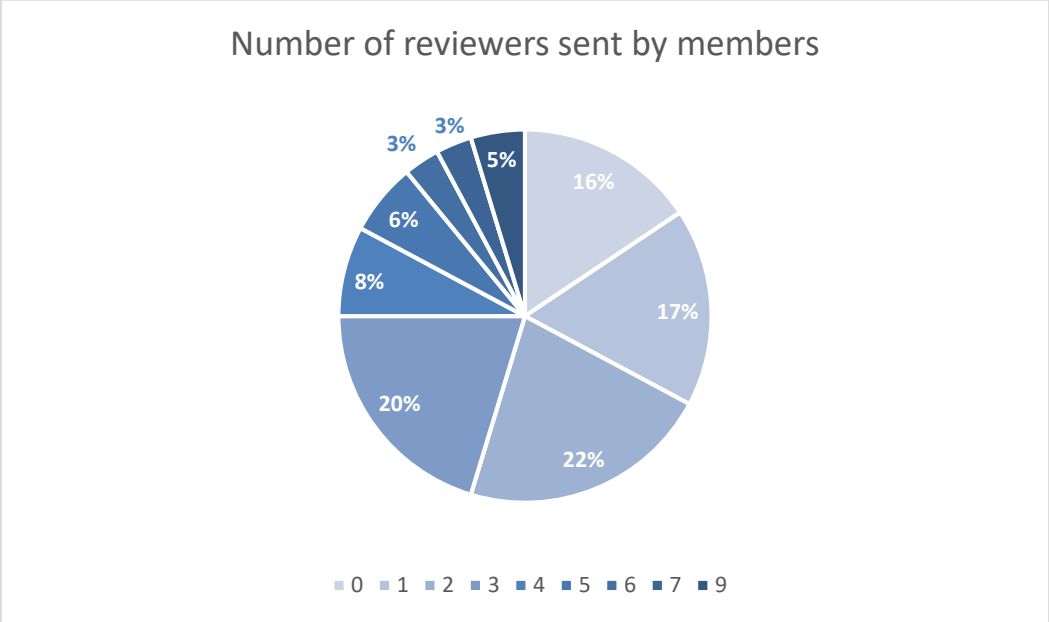
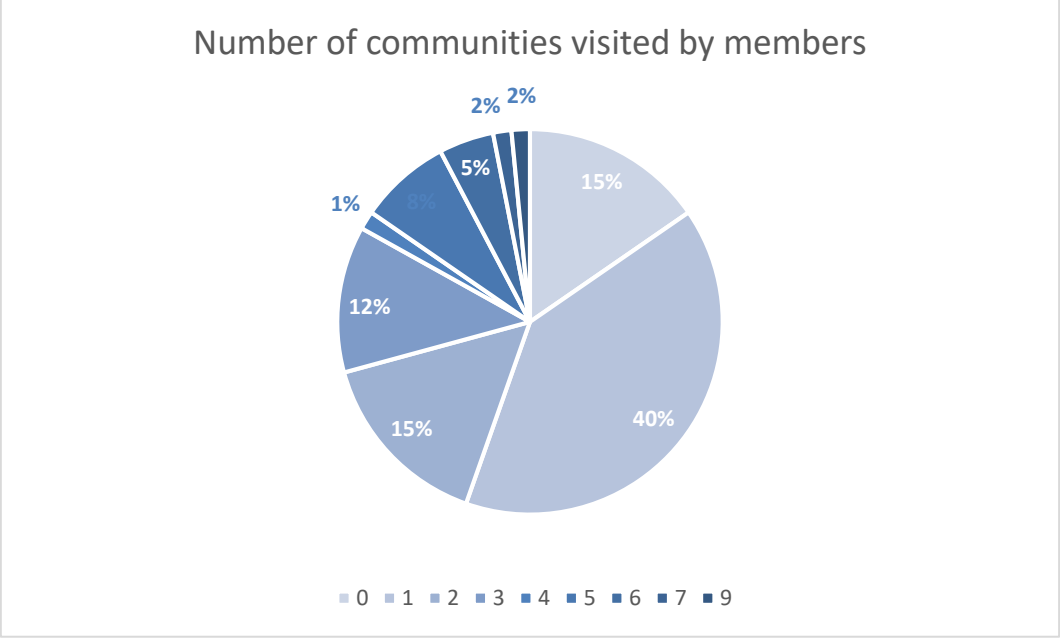


Chart 2: Number of communities visited by services (*n=65*)



On average, members sent 3 peer reviewers to 2 communities. There were 16 communities who sent 4 or more reviewers this cycle. Furthermore 5% of the network sent 9 community members to reviews this cycle. On the other side, 15% of communities did not send any community members to reviews this cycle.

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 2017-2018 cycle. It should be noted that not all communities reviewed against the standards. Of the membership 65 communities reviewed against the service standards for Therapeutic Communities. In addition, 7 services partook in the therapeutic childcare pilot and reviewed under the TCC standards. Performance on the TCC standards will not be discussed in this report. Furthermore, there were 14 HMP communities who underwent an audit this year. These services will only have reviewed against the core standards. Finally, there were 14 communities who did not submit a self-review. The total number of communities included in the standards analysis is 51. In some areas of the core standards, where HMP communities were also assessed, this number is 64. This is clearly indicated by the n value associated with each 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; 65% 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 create a picture of performance over the years, including a picture of how TCs are changing based on the contextual information reported.

Service User Data:

Overall, 53 communities submitted data in regard 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 2017-2018

Averages of service user data	**Overall (*n*=53)**	**CYP (*n*=26)**	**NHS (*n*=6)**	**MH (*n*=7)**	**OFF (*n*=12)**	**ADD (*n*=2)**
Average number of service user spaces	**21**	14	17	23	35	29
Average current number of service users	**24**	10	10	78	32	27
Average age on admission (years)	**26**	14	35	40	39	31
Average number referred	**385**	833	25	138	149	343
Average number admitted	**25**	10	11	50	24	168
Average length of placement (months)	**24**	19	17	41	33	15
Average number of planned leavings	**11**	5	7	16	14	42
Average number of unplanned leavings	**10**	1	2	19	12	93

This table suggests that there are a greater number of referrals to communities overall than in previous years. It should be noted that there was a sizable increase in referrals to children's and young people's communities which accounts for a large portion of this figure. There were notable decreases in the number of referrals to addiction communities and NHS communities for personality disorder, while offender communities and communities for severe and enduring mental health problems saw an increase in referrals.

It should be noted that there was quite high variation in the number of referrals (SD=1394.92). Referral numbers ranged from 1 to 8000 with children's and young people's communities generally receiving the largest number of referrals.

Overall there was very little change in numbers admitted, length of placement and number of planned leavings from the community. This would indicate that there is some consistency in how communities operate despite the challenges facing many communities.

Staff Data:

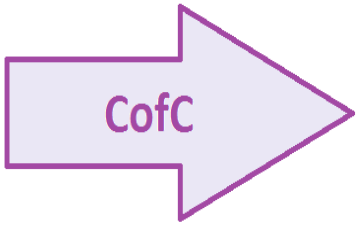
CofC members were requested to provide staffing figures for the previous cycle, 1 April 2016 – 31 March 2017 (see table 4). This data included the number of full time staff working within the service; the number of full time staff joining and leaving the service and the total number of sick days across the service for full time staff (see Appendix 3 for part time figures). The table reports on data provided by 45 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*=41)**	**CYP (*n*= 19)**	**NHS (*n*=6)**	**MH (*n*=5)**	**OFF (*n*=9)**	**ADD (*n*= 2)**
Average number of full-time staff on *01-04-2016*	**17**	23	3	26	11	8
Average number of full-time staff on *01-04-2017*	**20**	28	4	27	11	8
Average number of full-time staff *joining* between 01-04-2016 & 31-03-2017	**6**	10	1	3	2	1
Average number of full-time staff *leaving* between 01-04-2016 & 31-03-2017	**4**	7	2	1	2	0
Average number of full-time recorded staff *sick days* between 01-04-2016 & 31-03-2017	**127**	151	40	18	99	293

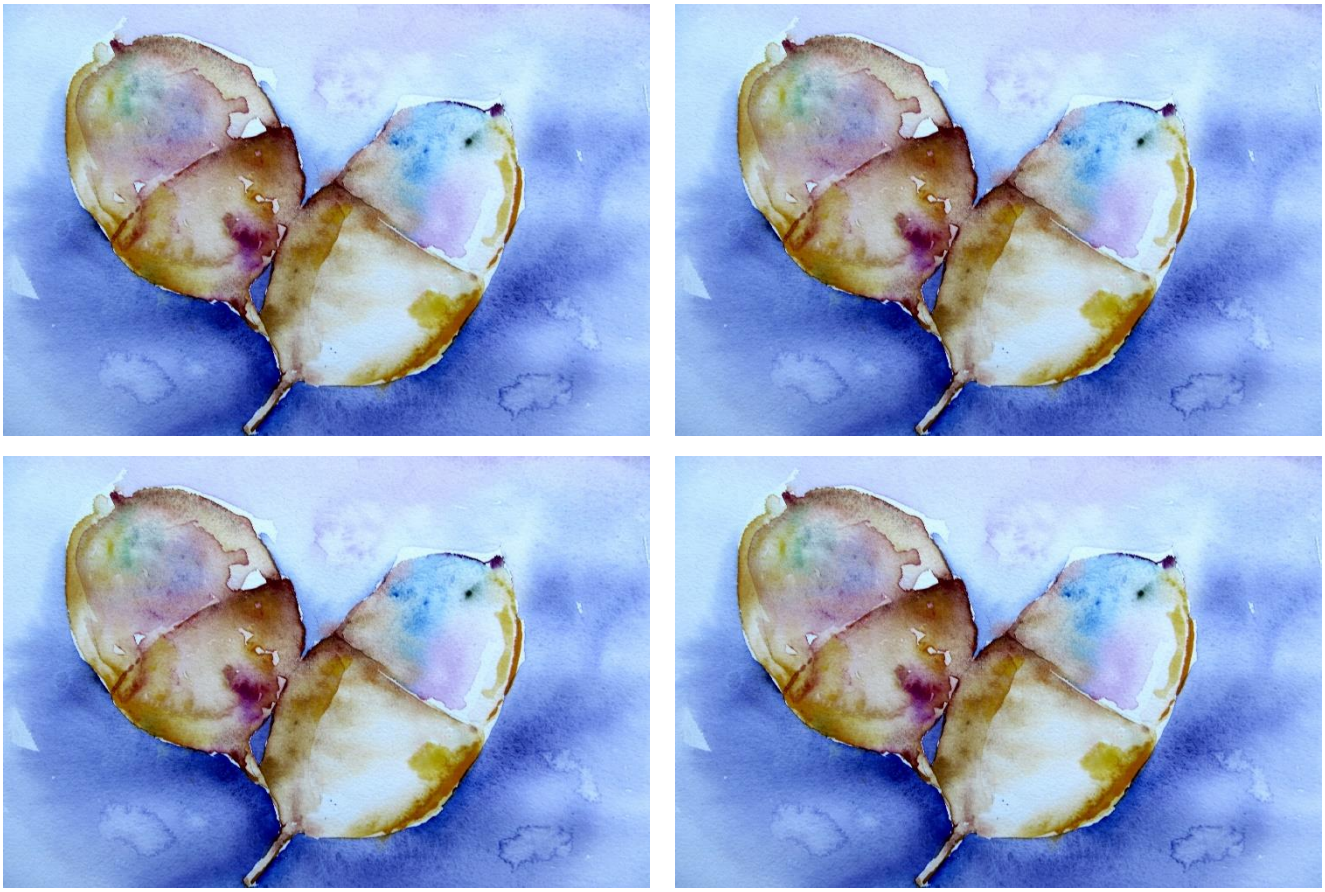
The average number of full time staff has remained mostly consistent over 3 cycles. It is reassuring that staff numbers are not being affected by the difficult financial circumstances that services often report. However, there is a consistent increase in the number of full-time staff sick days. The previous cycle noted that there were 118 recorded full-time staff sick days and the 2015-2016 cycle found 64. This may indicate that funding cutbacks are causing increased pressure on staff.

Children and young people's communities, who saw a significant increase in the number of full time sick days recorded in 2016-2017, have not seen an increase this cycle. NHS communities for personality disorder and offender communities have seen a small to moderate increase in the number of recorded full-time staff sick days. Addiction communities have also seen an increase, however due to the small number of addiction communities who submitted data, it is difficult to assess whether this is due to extraordinary circumstances.



Why are we reporting this?

This information allows CofC to monitor trends in the number of full time staff working in our network. The data informs the CofC team if there are significant changes and helps to identify areas of concern. Furthermore, it allows CofC to investigate factors which affect staffing issues such as sick leave and turnover in therapeutic communities.



Artwork: "*Seeds",* by Kate - 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 criterion (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 7). 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 6: Core standards 2017-2018

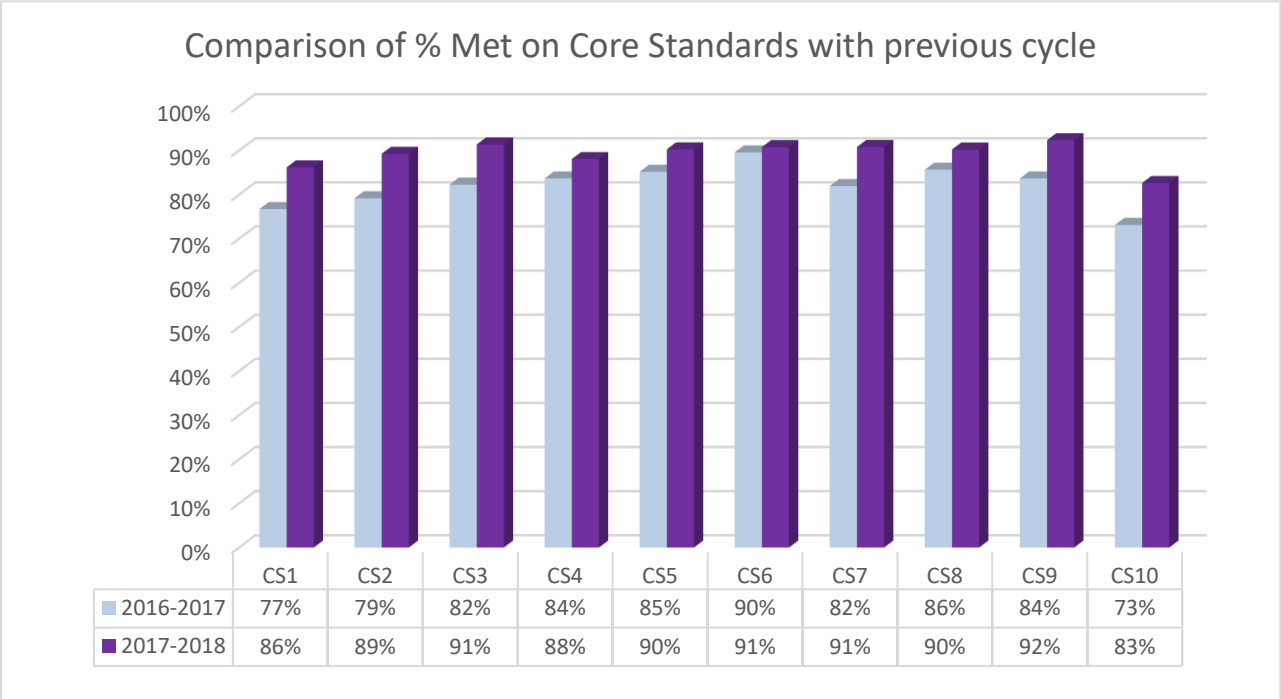
Core Standards	
CS1	There is a clear Therapeutic Community model of practice that is consistently applied across the service
CS2	Community Members are aware of the expectations of Community Membership
CS3	Community Members are encouraged to form a relationship with the Community and with each other as 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 7: 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

The below graph indicates the percentage of members who have fully met each Core Standard. Data is given for this cycle and for the previous cycle, in order to highlight any changes over time. This data contains a combination of self-review, peer-review, accreditation and audit scores. It should be noted that HMP communities undergoing an audit review are not scored on the supporting criteria but on the core standards themselves. This means that while their data is included in the following graphs, the percentages relating to the supporting criteria are based on self-review, peer-review and accreditation data only (n=51).

Graph 1: *% Met of Core Standards over past two cycles* (n=65)



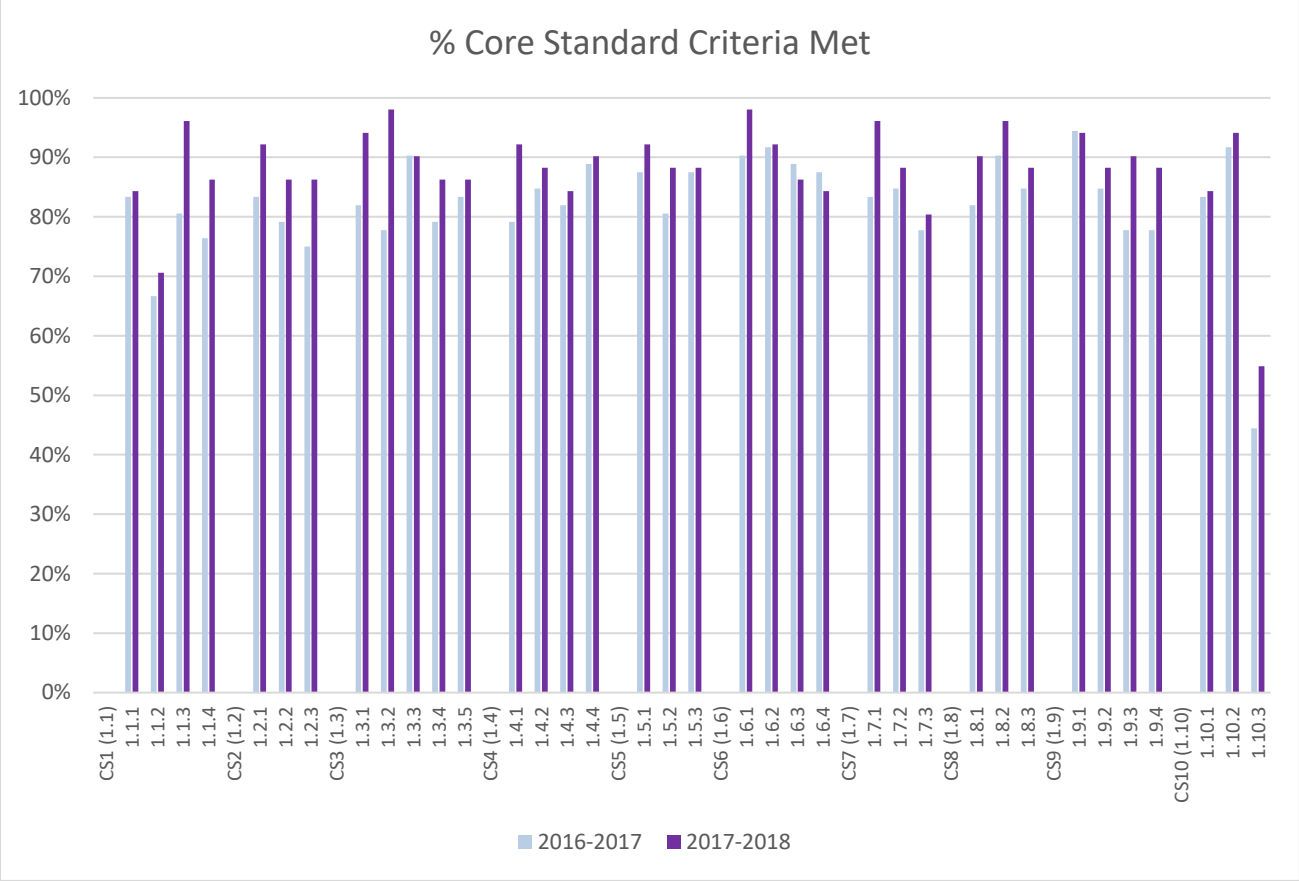
	CS1	CS2	CS3	CS4	CS5	CS6	CS7	CS8	CS9	CS10
2016-2017	77%	79%	82%	84%	85%	90%	82%	86%	84%	73%
2017-2018	86%	89%	91%	88%	90%	91%	91%	90%	92%	83%

Overall there was a notable increase in performance across all Core Standards this year. 88% of core standards were met this cycle compared to 82% in both of the previous cycles. Only 1% of core standards were not met this cycle. There was a 10% increase in the number of services meeting CS2: *"Community members are aware of the expectations of community membership"* and CS10: *"Community members are active in the personal development of each other"*. CS10 has traditionally been a challenging standard for our services to meet and it is a testament to the work of the members that there is such an increase in performance. The graph below looks at the performance across the supporting criteria over the past two cycles.

What do you think?

Why do you think there was an increase on performance on the core standards this year? Which of the Core Standards did your community find most difficult?

Graph 2: *% Met of Core Standards supporting criteria over past two cycles* (n=51)



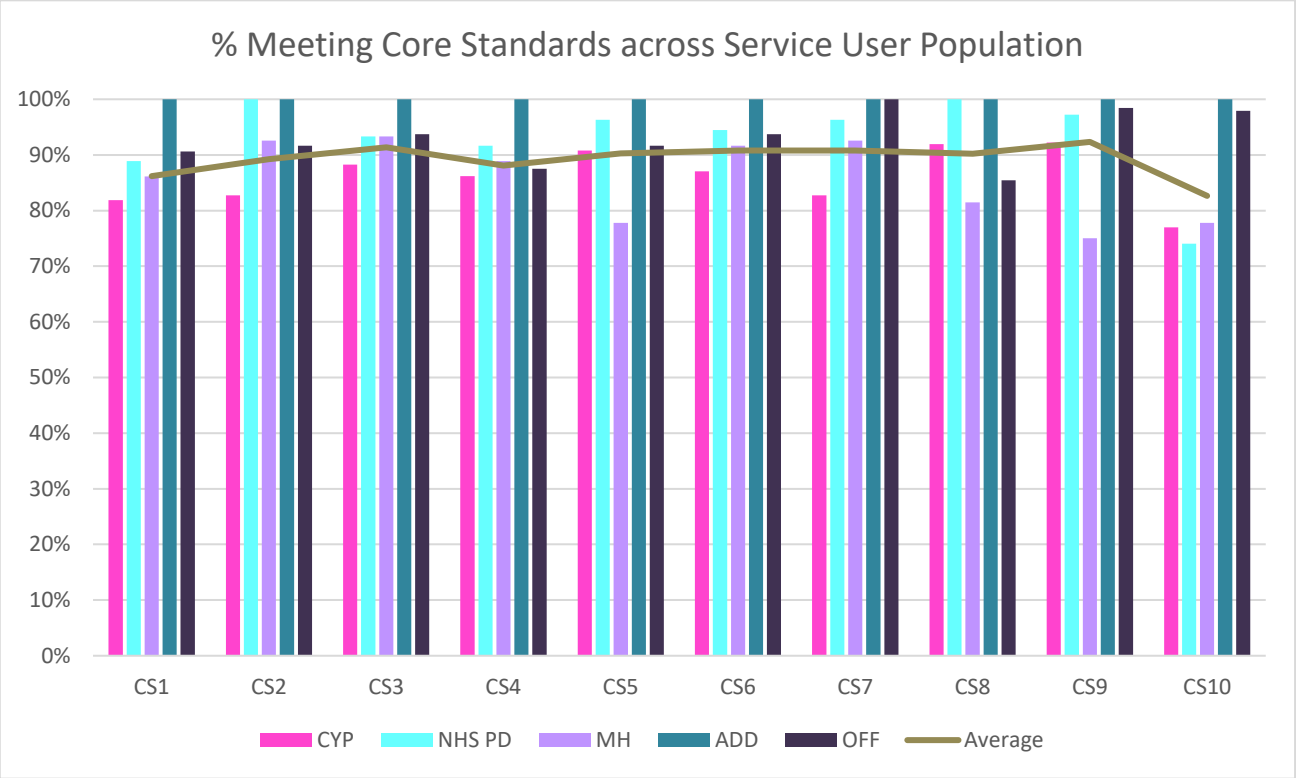
Communities increased performance across every criteria with the exception 1.6.3: "*Staff and [service users] support each other to be reflective and non judgemental when responding to issues raised in the Community*", and 1.6.4: "*Staff and [service users] consider and discuss their attitudes and feelings towards each other*".

The most consistently met criteria were met by 98% of services. These were 1.3.2: "*Staff and [service users] routinely share informal time together, including mealtimes and recreation",* and 1.6.1: *"Staff and [service users] are encouraged and supported to put thoughts and feelings into words"*. This is noteworthy as both of these standards showed a significant increase compared to last cycle. There was an 8% increase in 1.6.1 and a 20% increase in 1.3.2. This is a positive as it indicates that communities are addressing the areas where they identified challenges.

The criterion which communities found the most challenging was 1.10.3: *"There is a process in place to gain input from staff and [service users] into each others' reviews or appraisals. For example, using 360 degree feedback"*. Only 55% of services met this standard. This would suggest that although there is evidence that community members are more active in the personal development of each other, services are still struggling to create formal processes to include this feedback in community members review and appraisals.

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=29, MH n=9, OFF n=16, NHS PD n=9, ADD n=2)



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 and this year they met 100% of standards and the supporting criteria. This is a great achievement and a credit to the work they do, although it must be noted that within the network there are four ADD communities, two of whom had their data available for use with this analysis. Both of these communities are accredited members who received an accreditation visit this cycle.

Mental health communities saw the largest increase in performance with an average increase of 15% in the number of met core standards. In particular CS2 *"Community members are aware of the expectations of Community membership"*, CS6: *"All behaviour and emotional expression is open to discussion within the Community",* and CS7: *"Community members take part in the day to day running of the community"* saw increases of 20% or greater. However, these communities scored lower than all other groups in CS5 *"There is a structured timetable of activities that reflects the needs of Community members"*, CS8 *"Everything that happens in the Community is treated as a learning opportunity"* and CS9 *"Community members share responsibility for the emotional and physical safety of each other"* suggesting that there are still areas where these services could develop.

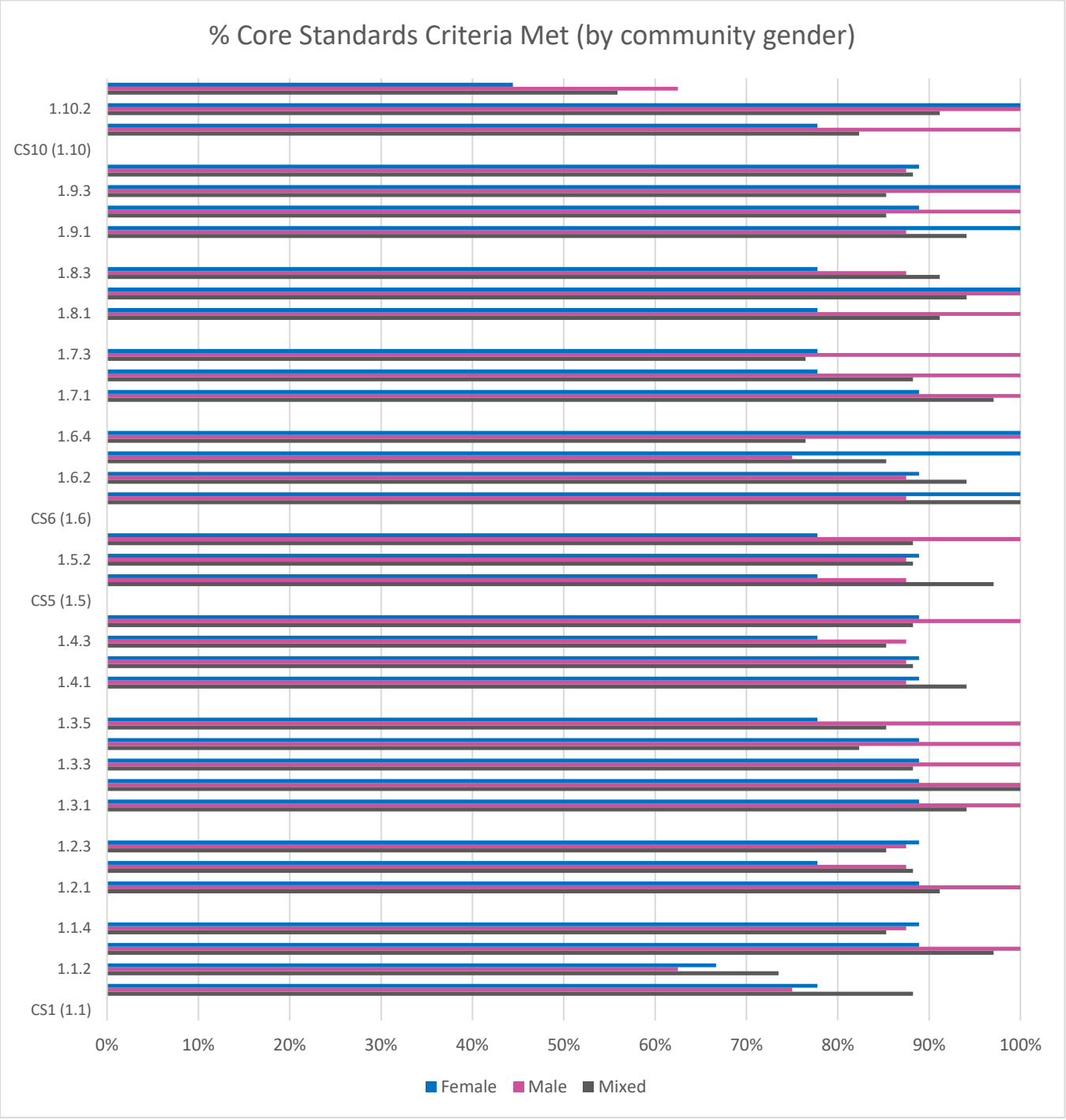
There was an increase in core standard performance by offender communities this cycle. In particular CS3: *"Community members are encouraged to form a relationship with the Community and with each other as a significant part of Community life"* and CS10: *"Community members are active in the personal development of each other"* saw increases of 20% or greater. It should be noted that 14 of the 17 offender communities were HMPs who received an audit visit this year. The improvement in their scores is a credit to the hard work these communities put into preparing for their audits.

There were also small to moderate increases in core standard performance for children's and young people's communities and NHS communities for personality disorder. The largest increases for children's and young people's communities were seen in CS1 *"There is a clear Therapeutic Community model of practice that is consistently applied across the service"* (+12%) and CS2 (+14%), and for NHS communities in CS2 (+7%) and CS7 (+17%). NHS communities scored particularly highly on CS2 and CS8 with 100% of the network meeting both standards. This suggests that these communities have a good understanding of the expectations of community membership and are reflective in their approach to learning. Children's and young people's communities have underperformed in some standards in comparison with the rest of the network, however it should be noted that they performed above the network average on CS5 and CS8.

The overall performance data on the Core Standards suggests that there is still much work to be done around involving community members in providing feedback to one another. However, it is positive to note that the network has continued to improve on the standards overall.

Did you know?

Graph 4: % of Communities meeting Core Standards across service user population (Male n=8, Female n=9, Mixed n=34)

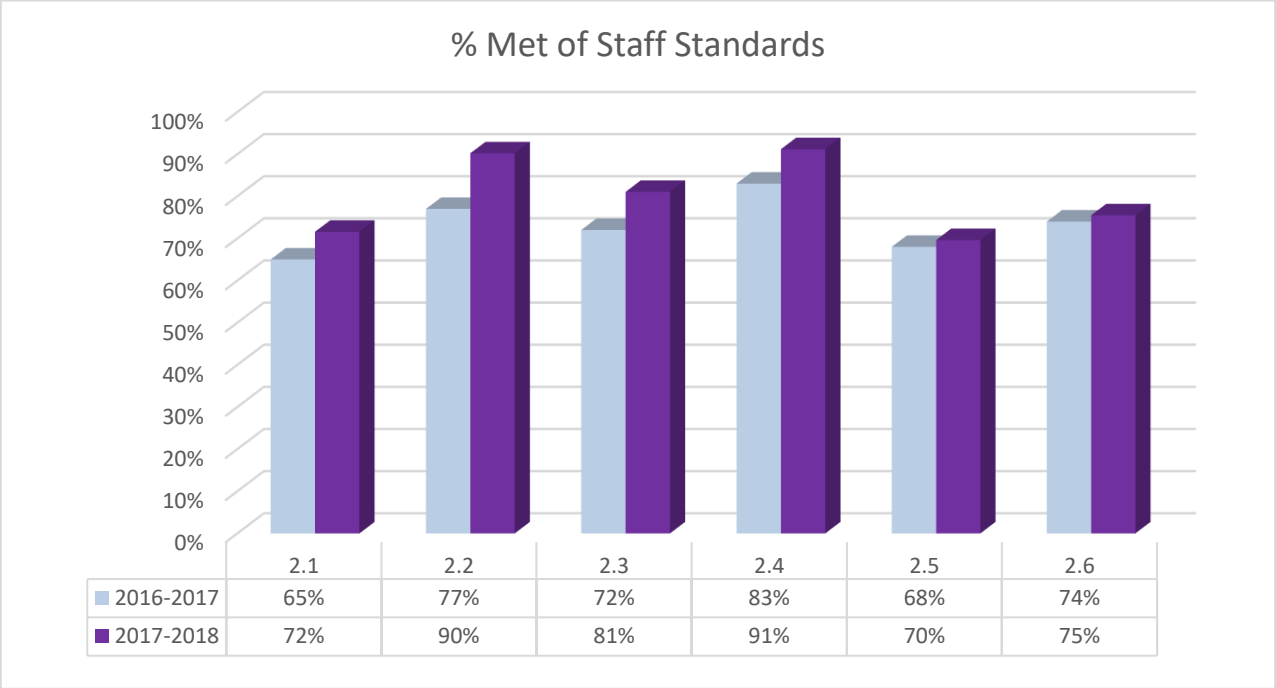


Graph 4 shows a breakdown of performance on criteria by community gender. The data shows that male-only communities scored higher on CS3 – "*Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life"* and CS7 - "*Community Members take part in the day to day running of the community"* whereas female-only communities tended to score higher on CS6 – "*All behaviour and emotional expression is open to discussion within the Community"*. There were only 8 communities which identified as male-only and 9 which identified as female-only so it is difficult to determine if this is indicative of a specific challenge for male-only or female-only communities or if it is caused by other factors.

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*=3).

Graph 4: % Met of Staff Standards (*n=51*)



	2.1	2.2	2.3	2.4	2.5	2.6
2016-2017	65%	77%	72%	83%	68%	74%
2017-2018	72%	90%	81%	91%	70%	75%

The graph shows an increase in performance across the staff standards compared to the 2016-2017 cycle. The most notable increase was on standard 2.2: *"Staffing levels are sufficient to deliver and participate in the Therapeutic Programme"*, which would suggest that despite services facing increasing financial constraints, there are clear efforts being made to ensure that therapeutic activities are not being compromised.

The increase in performance was consistent across all criteria with the exception of 2.5.1: *"The staff dynamics or sensitivity group enables staff to reflect on the relationships between them and the impact these have on their work"*, and 2.5.2: *"The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation"*. This is concerning as it would indicate that services are struggling to provide a protected space to discuss staff dynamics. This figure could be reflected in the small increase in number of staff sick days this cycle.

The largest increase in performance was noted for 2.3.3: *"Staff have the opportunity to attend experiential training (e.g. Living Learning Workshops, group relations courses)"*, which showed a 19% increase in the number of services who fully met this standard. 2.5.4: *"The staff dynamics or sensitivity group should be facilitated by an external experienced Therapeutic Community practitioner"*, was the standard which the membership found the most challenging. Only 53% of the membership met this standard, although this was a 10% increase from last cycle. This would indicate that finding an external facilitator is still a challenge for many communities although there has been clear efforts made to address this. 2.2.1: *"The timetable of activities is delivered consistently"* was the highest scoring standard this cycle with 96% of the membership meeting this standard.

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*=3).

Graph 5: % Met of Joining and Leaving Standards (*n=51*)

There was an increase in the number of members who met each Joining and Leaving standard this cycle. The most significant increase was on standard 3.2: *"There is an information pack for all potential new staff and [service users]"*, which saw a 25% improvement since last cycle. However, despite the increase this standard continued to be one which the membership found the most challenging. Overall members performed best on standard 3.5: *"There is a process to support [service users] that leave or wish to leave the Therapeutic Community prematurely"*. It should be noted that it is a huge achievement that all of the Joining and Leaving standards were successfully met by over 80% of the membership.

In terms of the supporting criteria, 96% of the membership met four of the criteria. These were 3.3.1: *"New staff and [service users] have the opportunity to visit the Community before joining"*, 3.3.4: *"Staff and [service users] support new members to understand, adapt and contribute to the Therapeutic Community culture and practices"*, 3.4.2: *"Community Members explore and work with issues relating to endings for those leaving and for those being left"*, and 3.5.2: "*Staff and service users support each other to remain engaged with the community"*. This shows that there is clear support given to new members joining the community, and throughout their journey, including moving on. Additionally, two criteria saw an increase of 30% or more compared to last cycle. 3.1.3: *"There is a process which reflects on the current composition and needs of the Community prior to accepting new staff or [service users]"*, which only 57% of the membership met in the 2016-2017 cycle, saw an increase of 37% this cycle. This is an impressive feat and one which highlights the good reflective work that members are doing to identify the needs of their community. The other standard which saw a notable increase (+30%) was 3.2.2 "*The information pack is reviewed regularly (minimum annually) with contributions from current staff and [service users]*".

The criteria least marked as fully met was 3.3.3: *"There is a process to support Community Members when an unplanned admission is unavoidable, which is understood by all"*. However, it should be noted that many communities do not take unplanned admissions, so they would have scored this standard as not applicable. Only 68% of the membership considered this standard to be applicable. Therefore, if we were to only look at these services, 91% of the them would have met this standard. Furthermore, it should be noted that there was a 24% increase in the number of services meeting this standard since last cycle. This suggests that while many services find unplanned admissions to the community a challenging issue, there is clear work being done around developing processes to support members when this does happen.

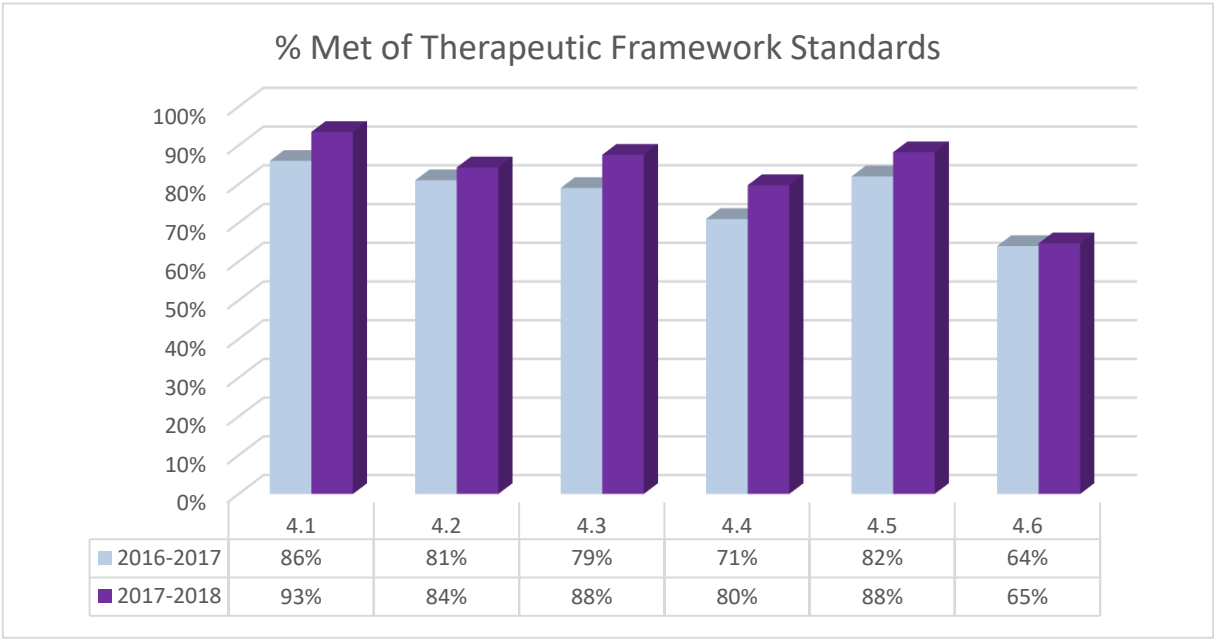
It should be noted that this year peer-review scores for the joining and leaving criteria tended to be lower than communities self-review scores. While there is a clear increase in performance on these standards, it should be noted that only 43% of the scores related to these standards were validated by a peer review. This is discussed in further detail in section 3.

Did you know?

Therapeutic Framework

The graph below shows the percentage of review scores (including self and peer) for communities meeting each of the Therapeutic Framework standards. *Please note*: there is reduction in number of OFF communities submitting data for this section of the analysis (OFF *n*=3).

Graph 6: % Met of Therapeutic Framework Standards (*n=51*)



	4.1	4.2	4.3	4.4	4.5	4.6
2016-2017	86%	81%	79%	71%	82%	64%
2017-2018	93%	84%	88%	80%	88%	65%

There has been an improvement in performance on the Therapeutic Framework standards since last cycle. Members performed particularly well on 4.1: *"The therapeutic programme is overseen by appropriately qualified leadership"*, with 93% of the membership meeting this standard. All standards were met by over 80% of the membership with the exception of 4.6: "*There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model*" which was met by 65% of the membership. This can be explained by the large number of services who do not use physical restraint (34%). If these services were excluded, then the standard would be 98% met. This indicates that there is a consistently high performance across these standards.

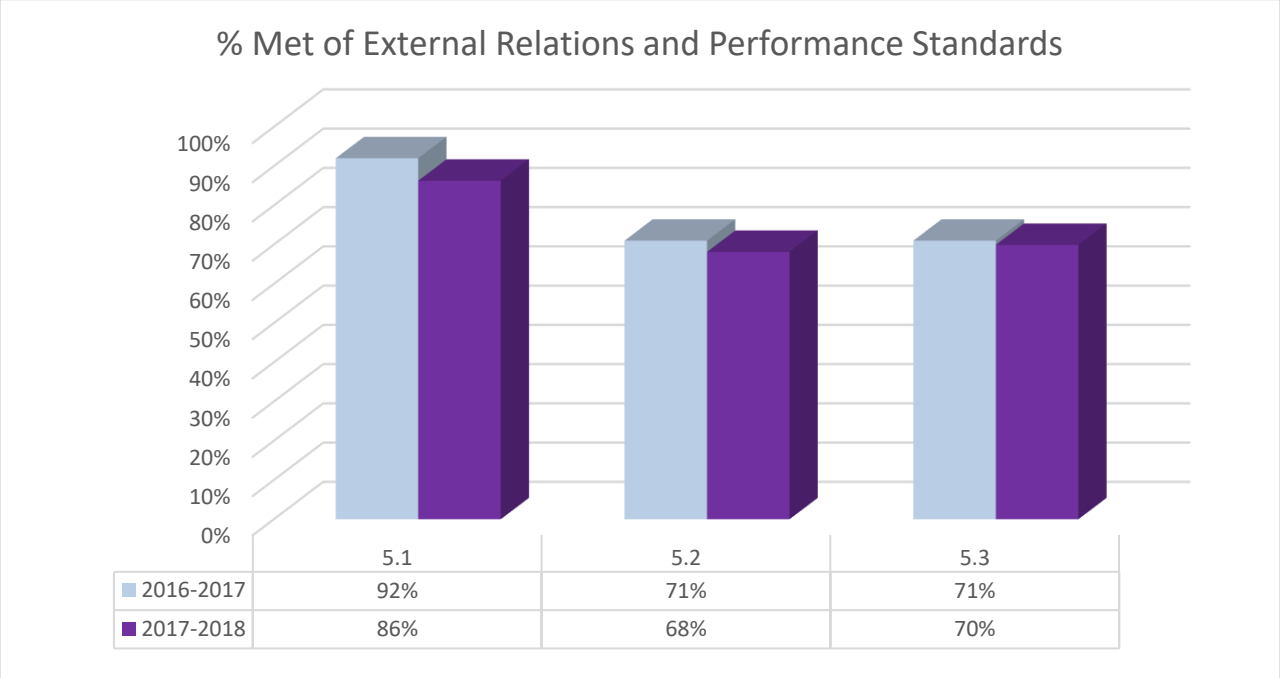
The criterion achieving the highest score was 4.2.2: *"All group meetings have an agreed purpose and task"*. 98% of the membership fully met this criterion which indicates that communities structure the time they have effectively in group meetings. The criterion with the largest increase in performance (+15%) was 4.4.2: *"All staff and [service users] can describe the process that follows breaches of confidentiality"*. This is important, as having good awareness of the issues around confidentiality is central to building trusting relationships. This is a credit to the good work members are doing around creating safe environments.

The criterion which communities found most challenging was 4.2.1: *"All Staff responsible for running group meetings have attended training in delivering groups"*, met by only 63% of the network. This would indicate that having trained staff consistently deliver groups is a challenge to many communities. It should be noted that there was a small increase in performance on this criterion since the 2016-2017 cycle (3%). The other criterion which members found challenging was 4.4.3: *"The confidentiality policy is reviewed regularly (minimum annually) with input from current staff and [service users]"*, 67% of the network met this. This has historically been a challenging criterion for services to meet and is a common area for development for communities. It is assuring to note that there was an 8% increase in performance on this criterion this cycle.

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*=3).

Graph 7: % Met of External Relations and Performance Standards (*n=51*)



	5.1	5.2	5.3
2016-2017	92%	71%	71%
2017-2018	86%	68%	70%

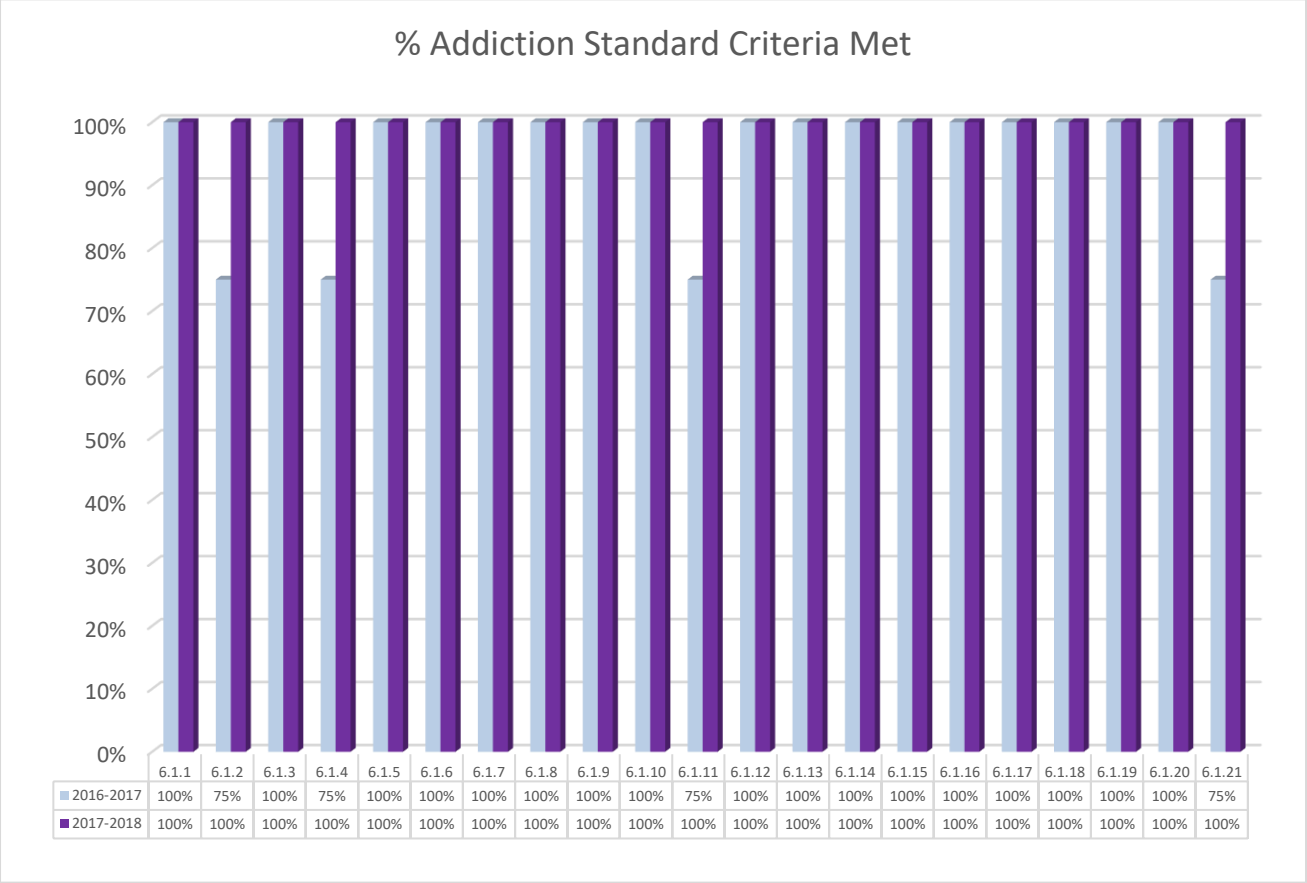
Overall, the membership has not performed as well against the External Relations and Performance Standards as they did during the 2015-2016 cycle. Contrary to performance in other areas, there has been a decrease in performance across each standard with the largest decrease being noted for 5.1: *"The Therapeutic Community is committed to an active and open approach to all external relationships"*. This could suggest that services face difficulties with inviting outsiders into their community. The overall decrease in performance on external relations and performance standards could also be indicative of the difficulties which services face from financial cutbacks. Often lack of funds can be a reason why services feel unable to engage in wider activities such as sending members to external conferences or collecting outcome data. Community of Communities plans to roll out a personal outcome data collection tool that will make it easier for members to achieve this. This tool will be available in the 2018-2019 cycle and will be free for members to use.

The criteria which members achieved the highest score on was 5.1.1: *"Visitors are welcomed and staff and [service users] explain the work of the Therapeutic Community"*. 88% of the membership fully met this standard, however this was a decrease of 6% from the previous cycle. The criteria which communities found the most challenging was 5.2.3: *"The Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences"*. Only 53% of communities fully met this standard. It should be noted however that this was a 5% increase since last year, although clearly this is still an area that communities find difficult. There was a notable decrease in performance (-11%) on 5.1.3 *"Difficult relationships with the external world are reflected on and addressed by the Therapeutic Community"*. It is difficult to identify what caused the decrease in the number of communities meeting this criteria, however it should be noted that this was the highest scoring criteria in the 2016-2017 cycle.

Addiction

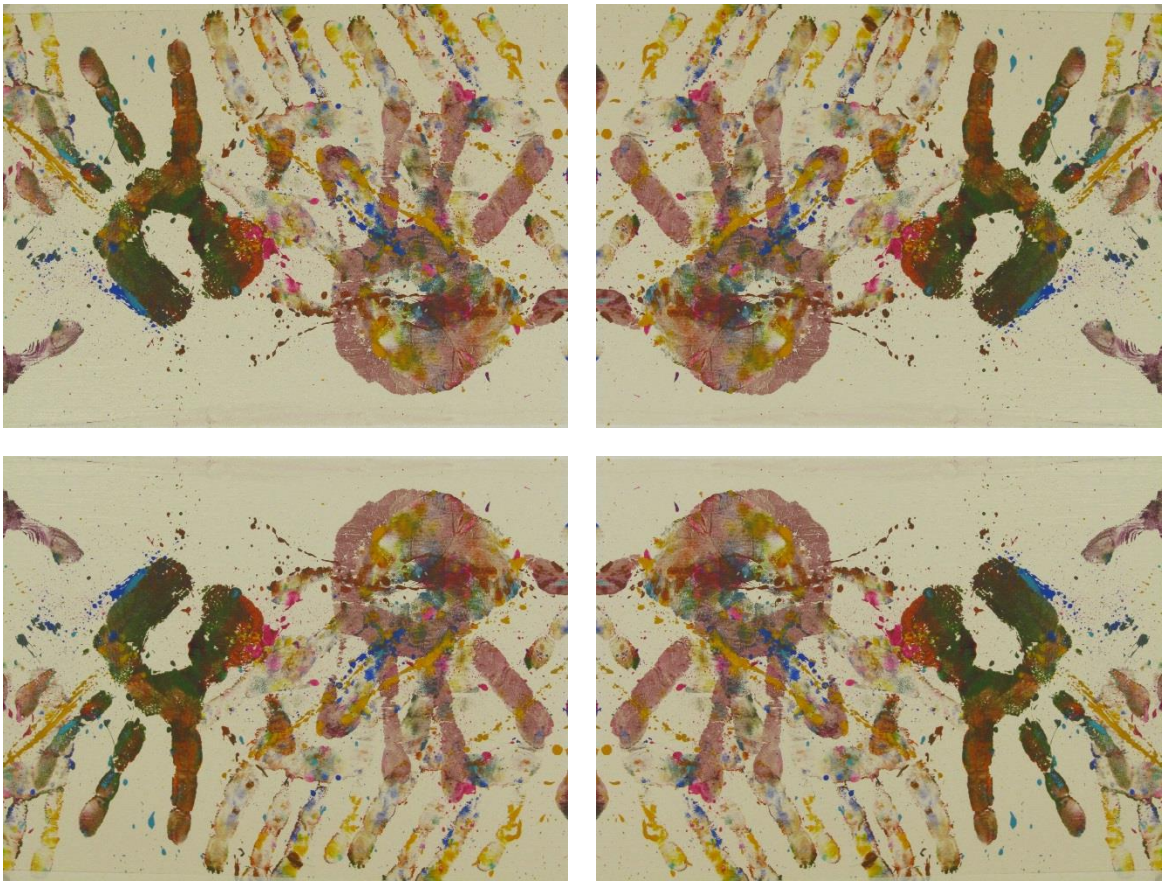
The graph below shows the percentage of review scores (including self and peer) for communities meeting each standard within the Addiction section of the standards. Within the Community of Communities network, there are only four addiction communities, two of which received accreditation visits during the 2017-2018 cycle. The other 2 communities did not submit self-review data and so are not included in this analysis.

Graph 7: % Met of Addiction Standards (*n=2*)



	6.1.1	6.1.2	6.1.3	6.1.4	6.1.5	6.1.6	6.1.7	6.1.8	6.1.9	6.1.10	6.1.11	6.1.12	6.1.13	6.1.14	6.1.15	6.1.16	6.1.17	6.1.18	6.1.19	6.1.20	6.1.21
2016-2017	100%	75%	100%	75%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%
2017-2018	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

To fully meet every criterion for every standard is a tremendous achievement for the addiction communities who were reviewed this year. This is indicative of the impressive work they do and their continued commitment to quality improvement.



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 2017-2018 cycle (n=51).

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. 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 2017-2018, n=51

	2017-2018	
Standard	**Std. No.**	**No. % met**
The Therapeutic Community leadership functions in a way that is consistent with the Therapeutic Community model	1.1.3	**96%**
The Therapeutic Community provides information to new staff and [service users] that describes the expectations of membership	1.2.1	**92%**
Staff and [service users] work together to keep a clean, well-maintained physical environment	1.3.1	**94%**
Staff and [service users] routinely share informal time together, including meal times and recreation	1.3.2	**98%**
Staff and [service users] encourage each other to share their life experiences	1.3.3	**90%**
Staff and [service users] can describe and evidence the process of reviewing and setting community rules and boundaries	1.4.1	**92%**
There is a record of community involvement in maintaining rules and boundaries	1.4.4	**90%**
The timetable includes a group meeting which all staff and [service users] are expected to attend, commonly called the Community Meeting	1.5.1	**92%**
Staff and [service users] are encouraged and supported to put thoughts and feelings into words	1.6.1	**98%**
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%**
Decisions that affect the functioning of the community are made in collaboration with staff and [service users]	1.7.1	**96%**

Staff and [service users] discuss problems and their solutions before action is taken	1.8.1	**90%**
There are reparative and non-punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome	1.8.2	**96%**
Staff and [service users] offer one another advice on ways of coping with conflict and frustration	1.9.1	**94%**
Staff and [service users] share an agreed understanding of the use of physical contact in supporting each other, expressing warmth and building healthy relationships	1.9.3	**90%**
Staff and [service users] are encouraged to give feedback to each other	1.10.2	**94%**
There is a process in place to gain input from staff and [service users] into each others' reviews or appraisals. For example, using 360 degree feedback.	1.10.3	**55%**

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 are not being met by the whole network within the Core Standards section.

This indicates that the network scored on average above 60% and below 90% 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, it should be commended that communities scored 90% or above on 6 core standards overall.

The only criterion falling below 60% was 1.10.3. This suggests that communities still continue to find it difficult to give both staff and service users opportunities to provide feedback for one another's reviews and appraisals. There are a number of ways which communities can work to achieve this. Discussions in community meetings can be focused around upcoming reviews or appraisals. There can be specific spaces set up for service users to discuss thoughts and feelings on staff members. Another way community members can gain feedback is through feedback forms. These can be given by members to one another prior to their reviews or appraisals. There is a feeling among many services that 360-degree feedback can be difficult to implement for staff appraisals due to issues around transference. This could be a useful area to discuss on peer review visits as peer-review teams may be able to provide guidance on how to successfully manage this.

Table 8: % of criteria met in total above 90% and below 60% across all service user populations for 2017-2018, n=51

	2017-2018	
Standard	**Std. No.**	**No. % met**
The timetable of activities is delivered consistently	2.2.1	**96%**
Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community	2.4.1	**92%**
Group supervision involves discussions about [service users] that include reflection on theory, practice and experiential learning	2.4.2	**90%**
Group supervision helps staff members explore their interactions with all staff and [service users]	2.4.3	**92%**

Group supervision enables staff to challenge each other's perceptions of events in the Community and work to understand the difference between them	2.4.4	**90%**
All [service users] are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining	3.1.1	**94%**
There is a process which reflects on the current composition and needs of the Community prior to accepting new staff or [service users]	3.1.3	**94%**
New staff and [service users] have the opportunity to visit the Community before joining	3.3.1	**96%**
Staff and [service users] support new members to understand, adapt and contribute to the Therapeutic Community culture and practices	3.3.4	**96%**
Staff and [service users] are involved in the planning and preparation for staff or [service users] leaving the Community	3.4.1	**90%**
Community Members explore and work with issues relating to endings for those leaving and for those being left	3.4.2	**96%**
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	**90%**
There is an expectation that a [service user] wishing to leave prematurely will discuss this with staff and [service users]	3.5.1	**94%**
Staff and [service users] support each other to remain engaged with the community	3.5.2	**96%**
The leadership can demonstrate competence in relation to therapeutic practice especially in relation to group work	4.1.1	**92%**
The leadership has a comprehensive understanding of the Therapeutic Community Model	4.1.2	**94%**
The *leadership* facilitates the delivery of a consistent approach across the Therapeutic Community, involving all staff and disciplines	4.1.3	**94%**
All group meetings have an agreed purpose and task	4.2.2	**98%**
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	**90%**
Staff and [service users] can describe examples of how they are supported to take positive risks and find their limits	4.5.2	**92%**
Staff and [service users] support members to work through risks and risky behaviour as part of the daily therapeutic programme	4.5.3	**94%**
The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation	2.5.2	**53%**
The Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences	5.2.3	**53%**

There is a written report that brings together evaluations of the Therapeutic Community. This should include learning from standards 1.5.2 and 4.3	5.2.4	**57%**

Standard 3.5.2 continues to be an area of achievement for communities, with 96% of the membership meeting this standard. It is a strength to see that community members support each other to remain engaged in their communities. There is also evidence of good work being done around new members joining the community with 96% of the membership meeting the standard around new members having the chance to visit the community before joining (3.3.1) and community members supporting one another to understand, adapt and contribute to the therapeutic community culture and practices (3.3.4). Overall performance was extremely high this year as evidenced by the number of criteria which were scored above 90%.

Issues around staff dynamics groups are still challenging for many services although it was noted that the number of services who had an external facilitator has improved slightly since last cycle. However, many services still have difficulty ensuring this is a protected space where staff can reflect on their relationships with the wider organisation. Services could benefit from continuing to explore why this is the case. Having an external facilitator is an integral part in ensuring that relationships can be discussed openly, but there are often other factors which can prevent this from being a truly reflective space.

Another area which has been consistently challenging for services to meet is collecting environmental data. We acknowledge that this is an area that can become less of a priority when there appear to be more immediate concerns and challenges for communities. However, collection of environmental data is an integral tool for reflection.

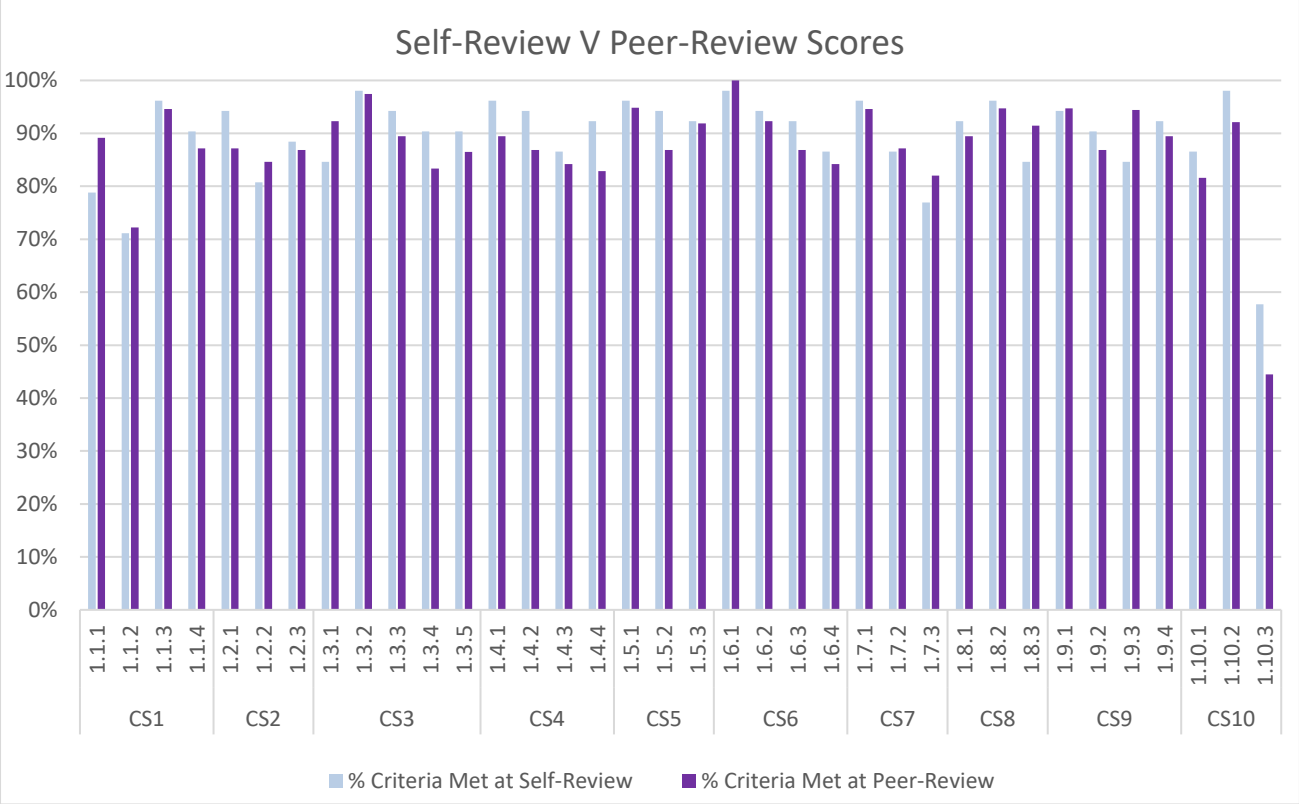
Comparing the accuracy of self-review scores

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 51 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

Figure x below shows the comparison between the self-review scores and peer-review scores across the network in the Core Standards section. (n=

Figure x: Self-review scores and peer-review scores for the Core Standards section (n=



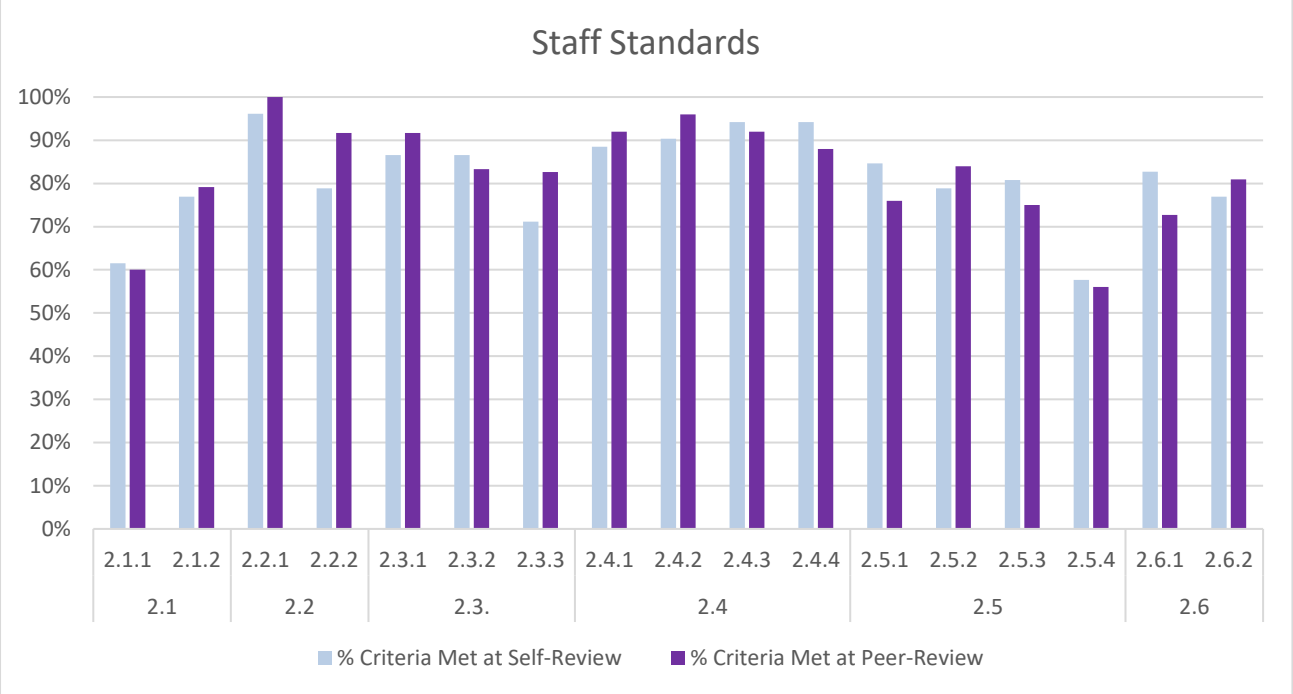
Generally self-review scores appear to be an accurate predictor for peer-review scores. This would suggest that peer-review scores sufficiently validate a community's self-evaluation. It should be noted however that there were a number of scores which showed significant differences. The most notable difference can be seen in 1.10.3 *"There is a process in place to gain input from staff and [service users] into each others' reviews or appraisals. For example, using 360 degree feedback"*. Overall peer-review teams have scored this criterion as fully met 13% less often than the services have in their self-reviews. This may indicate that services are unsure of the requirements of this criterion, hence why it is generally a low scoring criterion. In contrast both 1.1.1 *"All staff members can describe the model of practice used by their Therapeutic Community"* and 1.9.3: *"Staff and [service users] share an agreed understanding of the use of physical contact*

in supporting each other, expressing warmth and building healthy relationships", have been scored as fully met 10% more often in their peer reviews. This would suggest that communities may be overly critical when self-evaluating on these criteria.

Staff

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

Figure x: Self-review scores and peer-review scores for the Staff section



Based on the data in this table, self-review scores are a good indicator of peer-review scores overall. However on criterion 2.6.1: *"The process for reviewing staff attendance at groups clearly describes when and what actions will be taken if there are areas of concern"*, services generally scored themselves as meeting the criterion 10% more often than peer review scores indicate. This would suggest that there may be some uncertainty about what constitutes a clear process for addressing issues when staff fail to attend supervision or important training.

Conversely, both 2.2.2: *"There are sufficient staff to support routine involvement and participation in the Community outside the timetable of activities, including meal times and recreation"* and 2.3.3: *"Staff have the opportunity to attend experiential training (e.g. Living-Learning Workshops, group relations courses)"*, were scored as met more often on peer reviews than in the self-evaluation (+13% and +11% respectively). It is a positive to note that services are critical in their evaluation of their staffing levels and access to training as these are two areas which are extremely important for the community.

Joining and Leaving

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

Figure x: Self-review scores and peer-review scores for the Joining and Leaving section

Overall this was the area where communities scored lowest in their peer-review in comparison to their self-review. On average communities scored 12% lower on their peer-reviews for the joining and leaving criteria. This shows an opposite trend to the 2016-2017 report which found that services generally self-reviewed more critically against these standards than their peer reviews found. The most notable differences were in 3.1.1: *"All [service users] are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining"* (-22% on peer-review), and 3.5.1: *"There is an expectation that a [service user] wishing to leave prematurely will discuss this with staff and [service users]"* (-20% on peer-review).

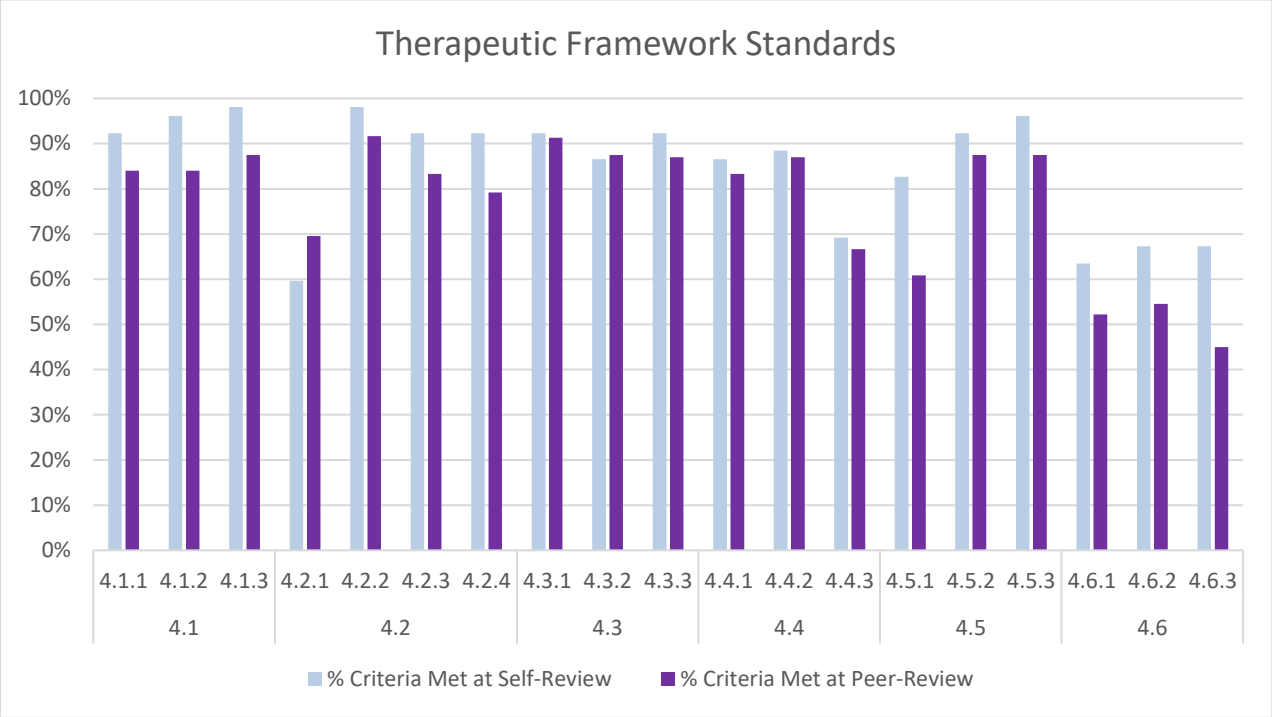
What do you think?

Why do you think communities scored lower in their peer-reviews than in their self-reviews for the Joining and Leaving standards? How did your community score on these?

Therapeutic Framework

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

Figure x: Self-review scores and peer-review scores for the Therapeutic Framework section

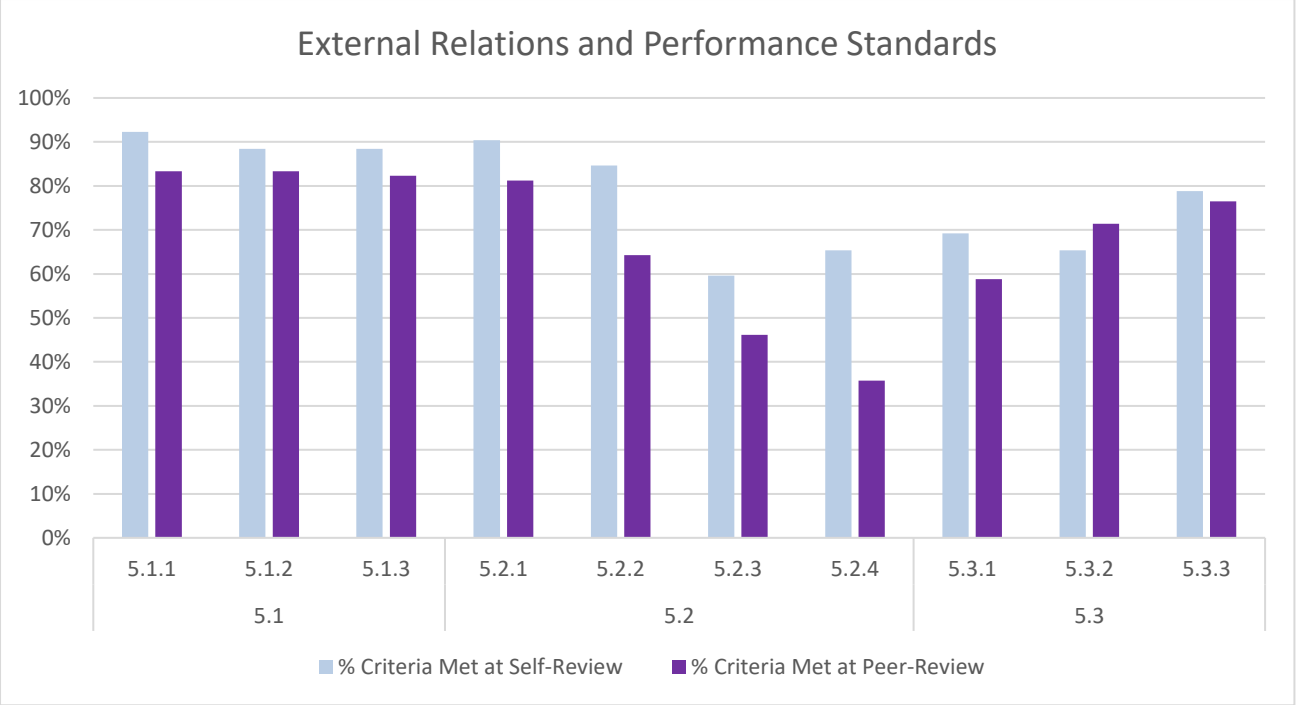


Overall self-review scores were higher than peer review scores on the therapeutic framework criteria. These differences were greatest on standard 4.6 where there were differences of greater than 10% across all criteria. The most significant of these was 4.6.3: *"The Therapeutic Community monitors trends in physical restraint to develop an understanding of its function",* which saw communities self-review this score as met 22% more often than in peer review scores. There was a similar difference for 4.5.1: *"There is a policy that details the Therapeutic Community's approach to positive risk taking"*. It should be noted that there number of services who scored standard 4.6.3 as not applicable was 33% whereas the number of peer review teams who scored it as not applicable was 50%. This is interesting as it would suggest that there is a large difference in opinion about whether this standard is applicable or not. It is possible that some communities may have scored themselves as having met the standard due to having a good understanding of the function of physical restraint despite not using it in their setting.

External Relations and Performance

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

Figure x: Self-review scores and peer-review scores for the External Relations and Performance section



All criteria for External Relations and Performance scored higher on communities self-reviews than on their peer-review visits, with the exception of 5.3.2: *"The Therapeutic Community provides training placements for students".* There was a substantial difference on 5.2.4: *"There is a written report that brings together evaluations of the Therapeutic Community. This should include learning from standards 1.5.2 and 4.3"*. Communities self-reviewed this score as met 30% more often than peer review teams did. This would indicate that there may be some confusion amongst the membership about how to effectively collate community evaluations in order to meet this standard.

Artwork: *"Yarn Bomb Tree"*, by The Ashburn Clinic

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 can be difficult due to the 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.

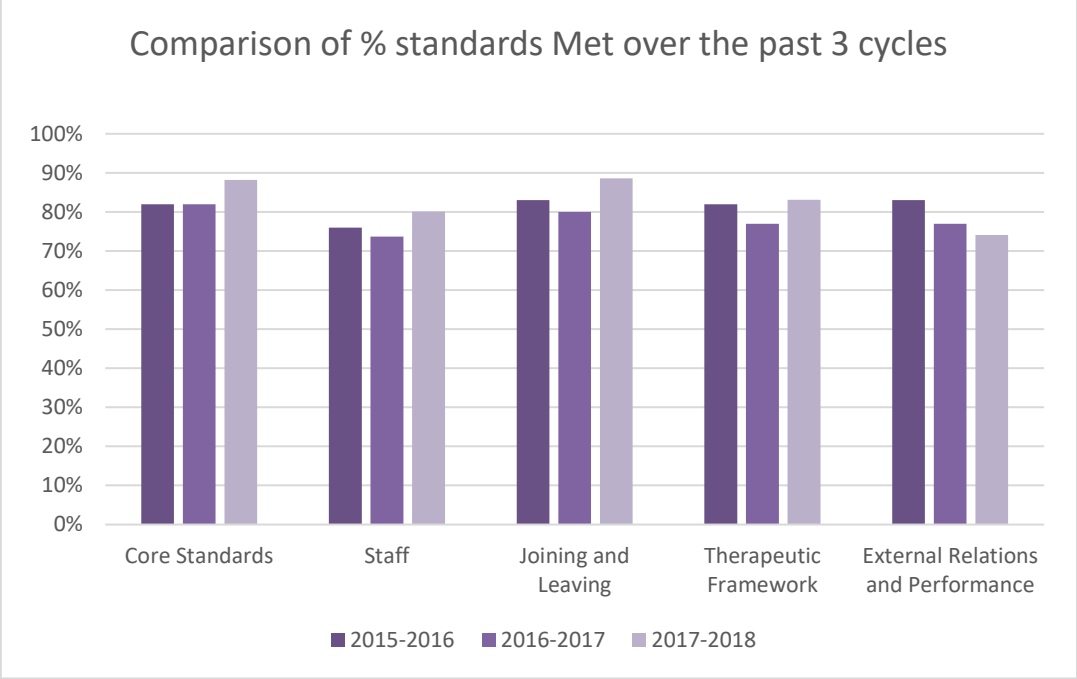
The table and graph below show the performance against the standards overall (excluding addiction standards) over the last three cycles.

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

Cycle	% Met	% Partly Met	% Not Met
2015-2016	77%	19%	3%
2016-2017	79%	16%	3%
2017-2018	84%	11%	2%

There has been a consistent increase in overall performance across the standards over time, in line with the expectations of quality improvement.

Graph x: % Standards met in 2015-2016, 2016-2017 and 2017-2018

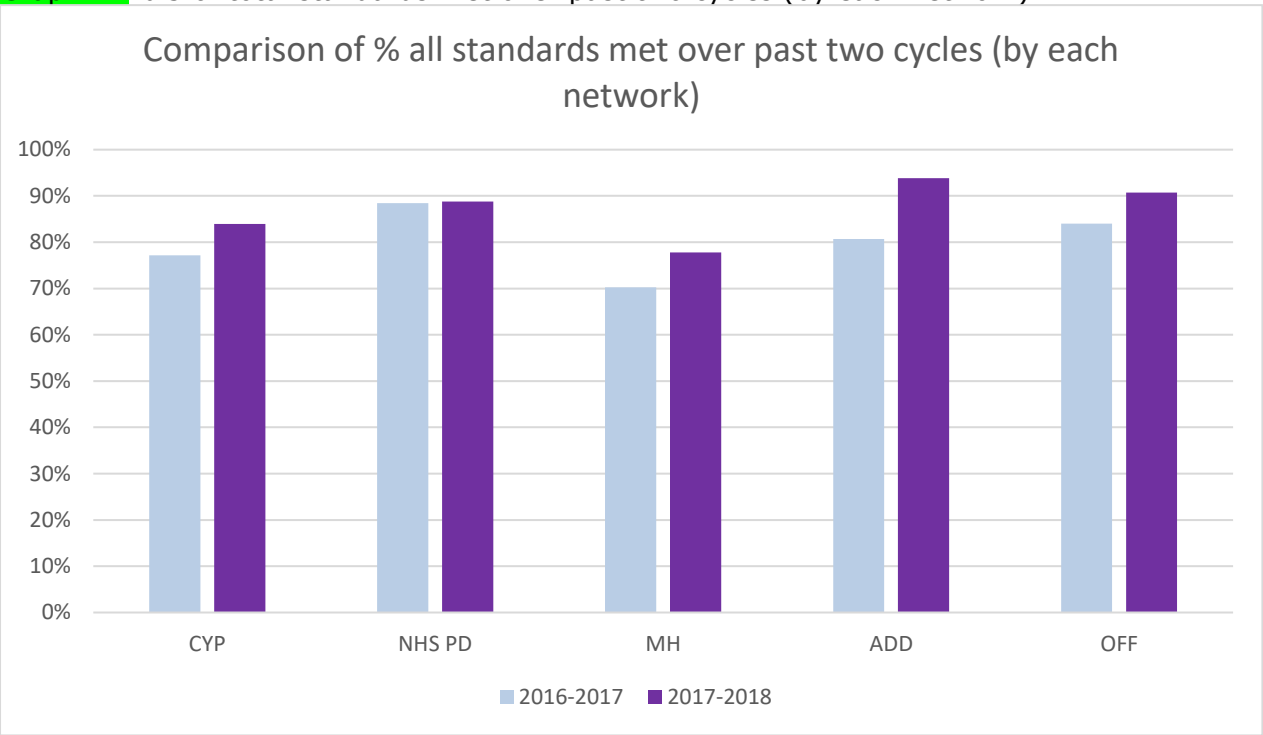


While there is generally a positive trend in performance across the standards over time, there is a continued decline in the number of met External Relations and Performance criteria. This is concerning as there is a risk of communities becoming insular. In a time when services are facing greater pressures, it is essential that communities remain engaged in demonstrating the effectiveness of their work to the outside world.

Network Performance over Time

The table below looks at the performance against the standards overall for each network. There is a comparison with the previous cycle to highlight improvements over time.

Graph x: % 5 of total standards met over past two cycles (by each network)



This information suggests that all of our networks have shown an increase in performance this cycle. The most notable increase has been in the addiction communities who scored 13% higher this cycle. Overall addiction communities achieved the highest performance out of each of the networks. NHS communities for personality disorder showed the smallest increase (<1%) although it should be noted that they have traditionally performed highly so it is positive to see that they are continuing to maintain a high standard. All other networks saw notable increases of 7-8%.

What do you think?

External Relations and Performance standards have shown a negative trend over the past 3 cycles. Why do you think this is? What are the difficulties your community has in engaging with external agencies?

Summary

As we close the 2017-2018 cycle of Community of Communities it seems fitting to spend some time reflecting, not only on the achievements and challenges of the member network over the past year, but also on the wider TC landscape. Where are we now? And perhaps more importantly, where are we going?

It would seem that this year has been characterised by the ethos of giving with one hand and taking with another. On the one hand, there has been a sizeable increase in referrals to children and young peoples' therapeutic communities. This increase is likely related to changes in commissioning, with private organisations now dominating the CYP sector, in addition to the implementation of policy which seeks to move away from 'institutionalised' units and towards the provision of 'homes' (Pearce & Haigh, 2017). On the other hand, this year we witnessed the fall of a well-loved Therapeutic Community. Our Annual Forum Community Meeting was dominated by a sense of sadness, disbelief and uncertainty related to the closure of The Retreat in York. The Retreat had been a member of CofC since its inception in 2002 and was the first accredited Therapeutic Community. It is possible that this loss has been driven by the Government's desire to significantly reduce long-term, residential services, as part of their Five Year Forward View which places an emphasis on multidisciplinary community care models. Whilst this is a crucial initiative in order to support an overstretched NHS, and increase accessibility to a range of care provision, it should not come at the expense of in-patient services which still have an important role to play in the future of healthcare.

Therapeutic Communities have found themselves struggling against an increasing drive towards 'outcomes'. Yates (2017) spoke of the difficulties we face in showing 'how' therapeutic communities work. One could think of it as a maths exam, whereby TCs are continuously providing the right answer in the form of positive outcomes but consistently failing to show their workings out. At a time when local authorities increasingly control the purse strings in relation to the provision of services, we risk being overlooked due to a lack of understanding related to 'how' we do what we do. This point is reflected within the data collected for this report. The membership has not performed as well against the External Relations and Performance Standards as they did in previous cycles. With the largest decrease seen in 5.1: *"The Therapeutic Community is committed to an active and open approach to all external relationships"*. There is a sense that the difficulties faced by therapeutic communities in relation to diminishing budgets, and a lack of understanding at both Local Authority and Commissioning level, has lead to a 'hunkering down' approach in order to weather the storm. Whilst this insularity is understandable in the current climate, it may be time for therapeutic communities to celebrate, and evidence their successes more loudly, more widely and with more emphasis than ever before. The ability to evidence approaches and outcomes has become a key feature of funding proposals in recent years. Therapeutic communities, largely, have not previously had to enter into this manualised, outcome driven process however it is an adaptation that could be crucial to their survival. Gallagher (2017) discusses the way in which 'procedural harness' may be sheltering the HMP TCs from some of the issues currently affecting NHS services, he goes on to state that the formation of contractual agreements suggests a 'more deliberate and conscious purchasing commitment to the TC approach'.

Outcome measurements for the purpose of funding can often be viewed with trepidation, services may feel that it detracts from the core values of therapeutic communities which place emphasis on relational practice, organic growth, the capacity for personal agency and opportunities to engage in positive risk taking (Pearce & Pickard 2013). Treatment within a therapeutic community is very often not a linear process with pre-identified milestones or time-measurable outcomes. It is a journey, and unlike standardised treatment programmes success is as much dependent on the individual as it is on the strength of the community surrounding the individual.
We believe that a possible solution to the tension between maintaining a TC ethos and measuring performance could be found in POD. Personal Outcome Data is a platform which seeks to measure performance and outcomes through a person-centred approach. The application of

questionnaires, rating scales and psychometrics which measure states of wellbeing and progress from a patient's perspective could be increasingly useful in demonstrating the benefits of therapeutic communities in regard to; increased mental health wellbeing, management of symptoms related to mental health disorders, a reduction in crisis presentations and self-harm or suicidal ideations. In this way, funders would have access to defined outcomes which support the work that is being undertaken in therapeutic communities. Furthermore, implementation of POD across the CofC Membership Network could provide the opportunity for comparative analysis in order to benchmark progress, identify areas of best practice and define key outcomes necessary for funding proposals and/or contract bids.

Whilst it is clear that therapeutic communities are currently facing challenges related to sustainment and growth, there are also achievements to be celebrated in the 2018-20109 cycle which provide hope for the future. Therapeutic Communities have proven time and time again to be places of profound rehabilitation. A TC is often a transformative environment that speaks to the very essence of human nature, that of belonging. It may be this sense of belonging that encourages individuals to invest in both their own, and others personal development. Interestingly, it is this standard, CS10 *"Community members are active in the personal development of each other"* that has traditionally been a challenge for our services to meet, which rose by 10% this cycle. Furthermore, the network scored highly against CS6 "*All behaviour and emotional expression is open to discussion within the community*". In particular, mental health communities increased their performance on this standard by 15%. It could be suggested that effective personal development requires ongoing discussion of behaviours and emotional expression. Therapeutic communities appear to facilitate this by supporting individuals to reflect upon and regulate emotions. Research by Trompetter, Kleine & Bohlmeijer (2017) has shown that emotional regulation promotes resilience against psychopathology, as it requires an individual to '*courageously exposure themselves to stressors with feelings of care, support, openness, tolerance and equanimity*'. Such practices have long been embedded within therapeutic community treatment, and it is positive to see that current research continues to support their value in the attainment of positive mental wellbeing.

Appendices

Community of Communities
Annual Report 2017-2018

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

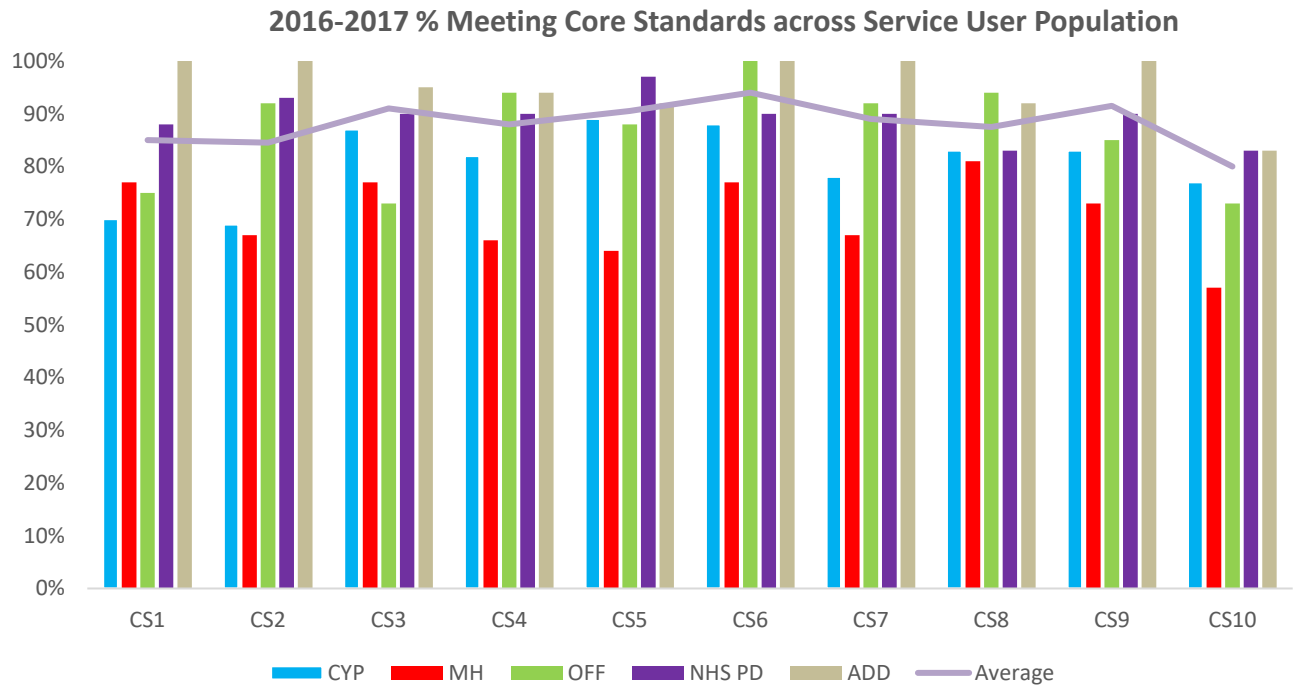
- Provide a system for measuring the performance of TC's against the accredited HMP Service Democratic Therapeutic Communities Core Model, which reflects the nature and philosophy of the units
- Engage prison TC's in a network of TC's from different settings whilst recognising and incorporating the specific 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 staff figures

Part-time staff data (average)

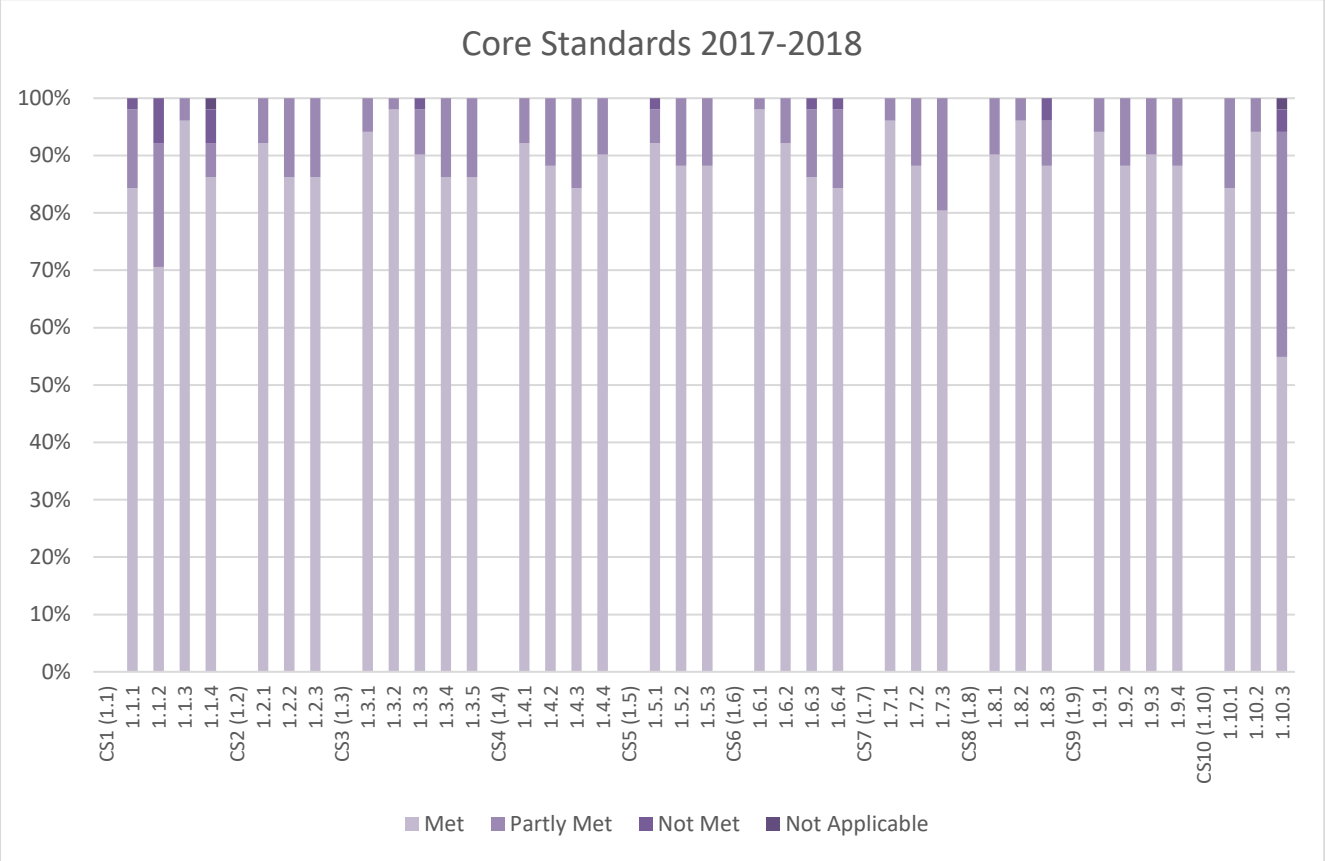
Part time staff data	Overall (*n*=36)	CYP (*n*= 16)	NHS (*n*= 6)	MH (*n*= 3)	OFF (*n*= 9)	ADD (*n*= 2)
Average number of staff on 01-04-2015	**6**	7	2	6	3	11
Average number of staff on 01-04-2016	**6**	9	2	6	4	11
Average number of staff joining between 01-04-2015 & 31-03-2016	**2**	2	1	3	1	5
Average number of staff leaving between 01-04-2015 & 31-03-2016	**1**	1	1	2	0	0
Average number of recorded staff sick days between 01-04-2015 & 31-03-2016	**16**	16	27	0	0	10

Appendix 4 - 2016-2017 Annual Report Graph comparing: % meeting Core Standards across the network and within service user population categories

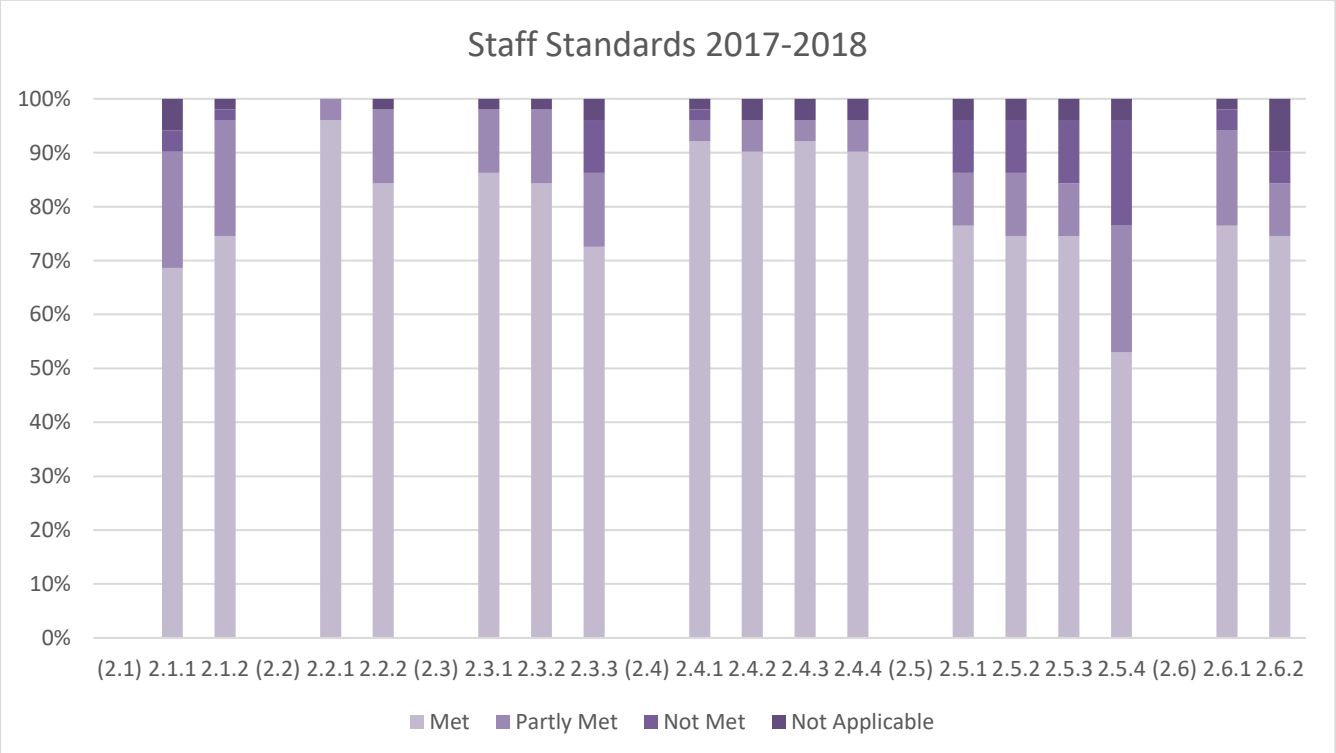


Appendix 5 – Review scores % met

% of criteria met, partly met, not met and not applicable for Core Standards across all communities (2017-2018)

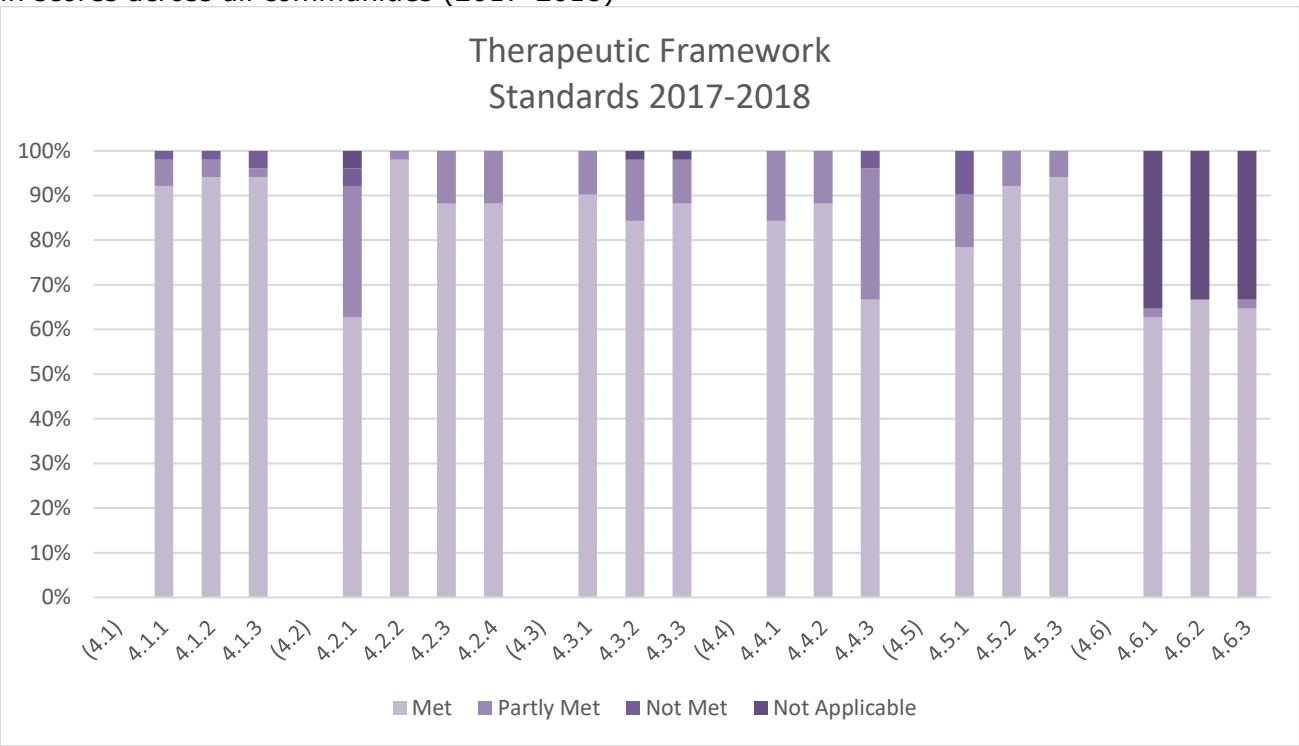


% of criteria met, partly met, not met and not applicable for Staff Standards in scores across all communities (2017-2018)



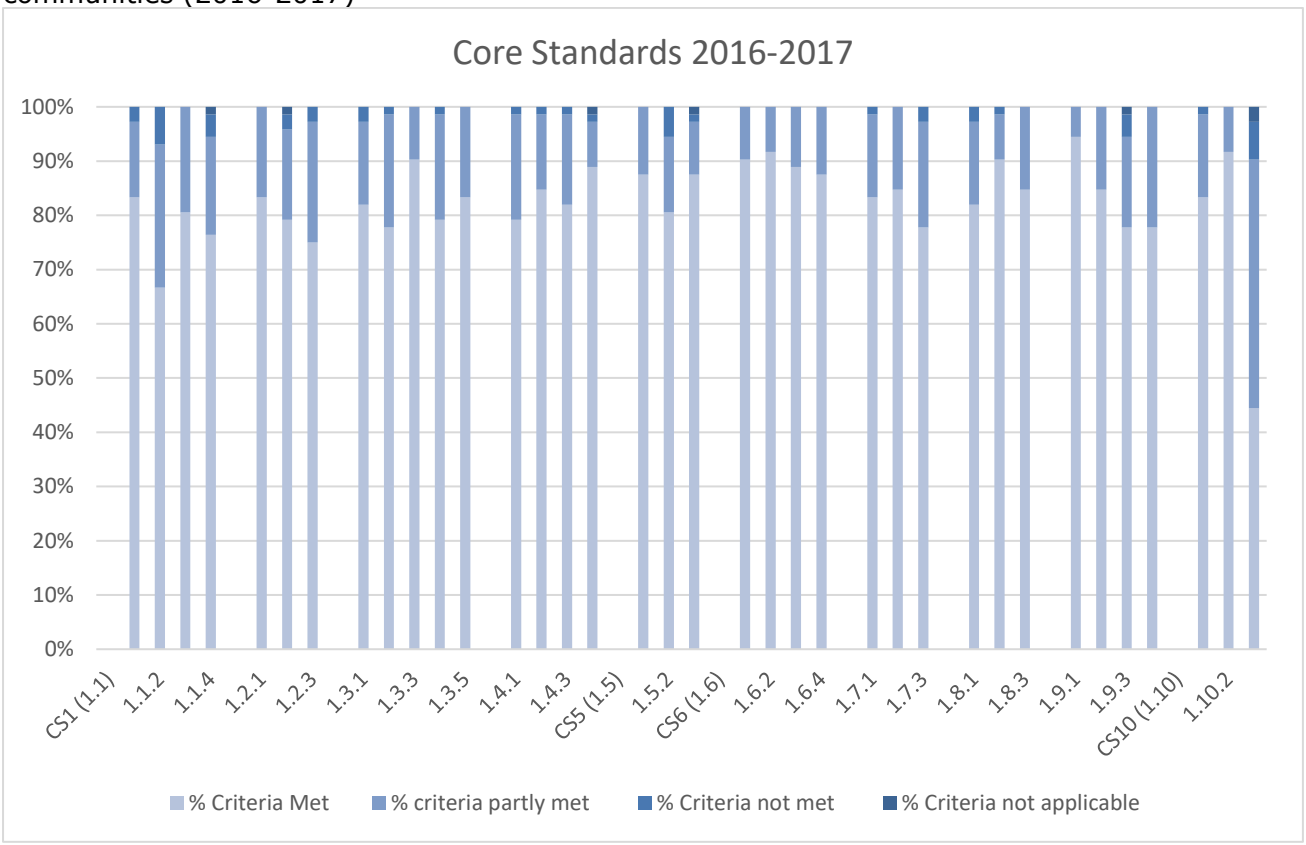
% of criteria met, partly met, not met and not applicable for Joining and Leaving Standards in scores across all communities (2017-2018)

% of criteria met, partly met, not met and not applicable for Therapeutic Framework Standards in scores across all communities (2017-2018)

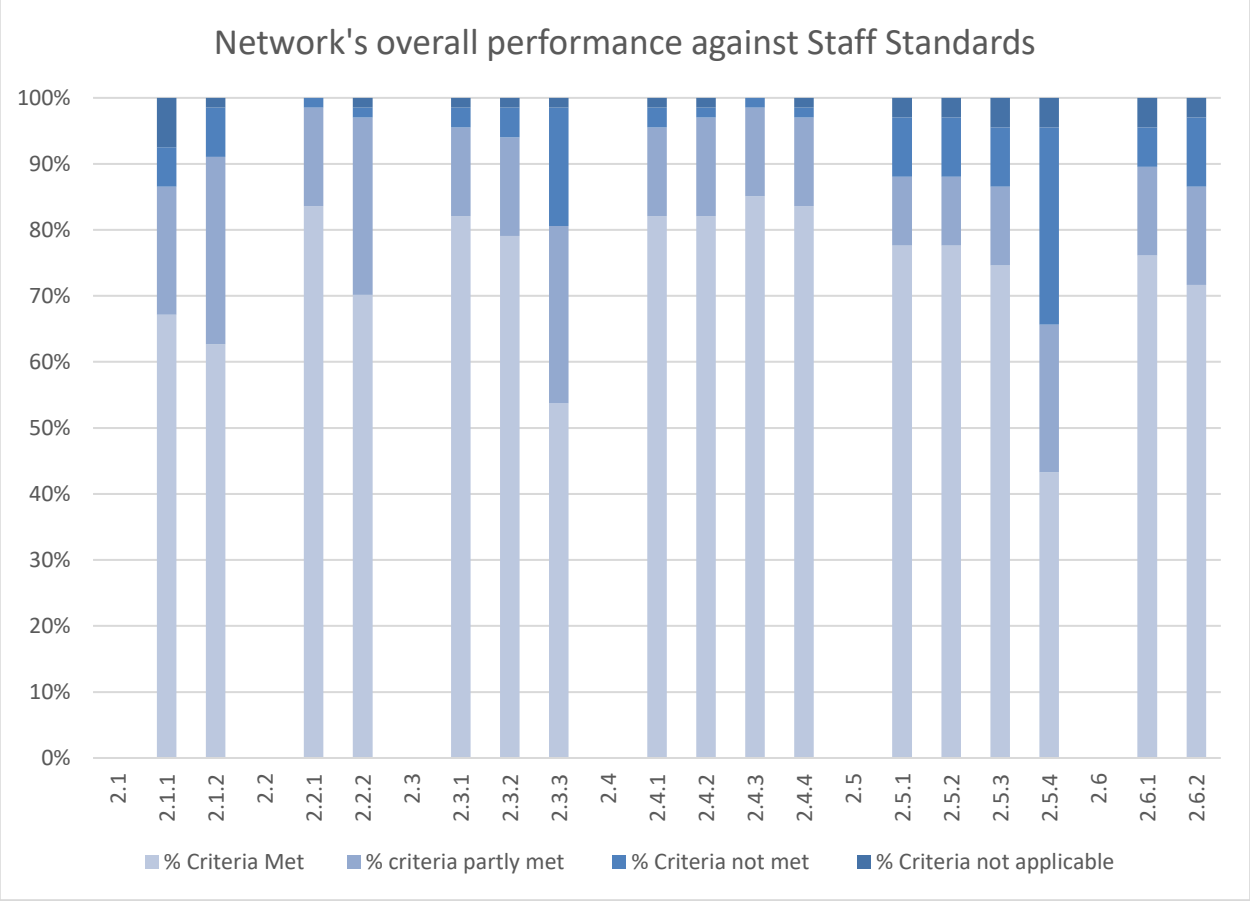


% of criteria met, partly met, not met and not applicable for External Relations and Performance Standards in scores across all communities (2017-2018)

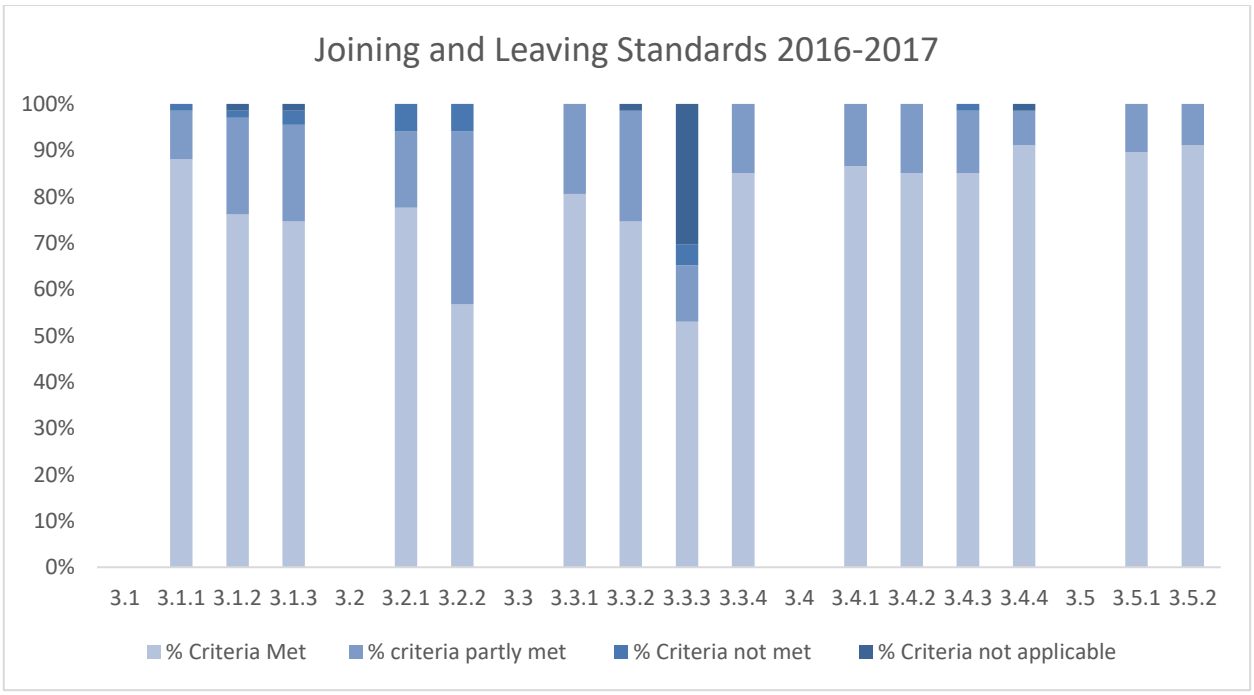
% of criteria met, partly met, not met and not applicable for Core Standards across all communities (2016-2017)



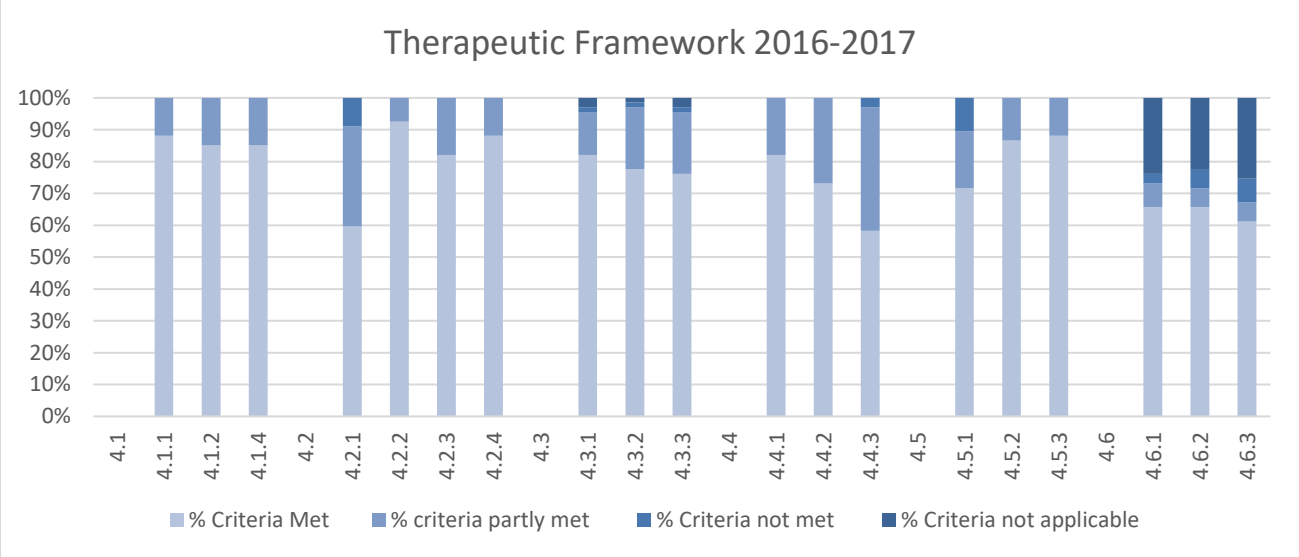
% of criteria met, partly met, not met and not applicable for Staff Standards in scores across all communities (2016-2017)



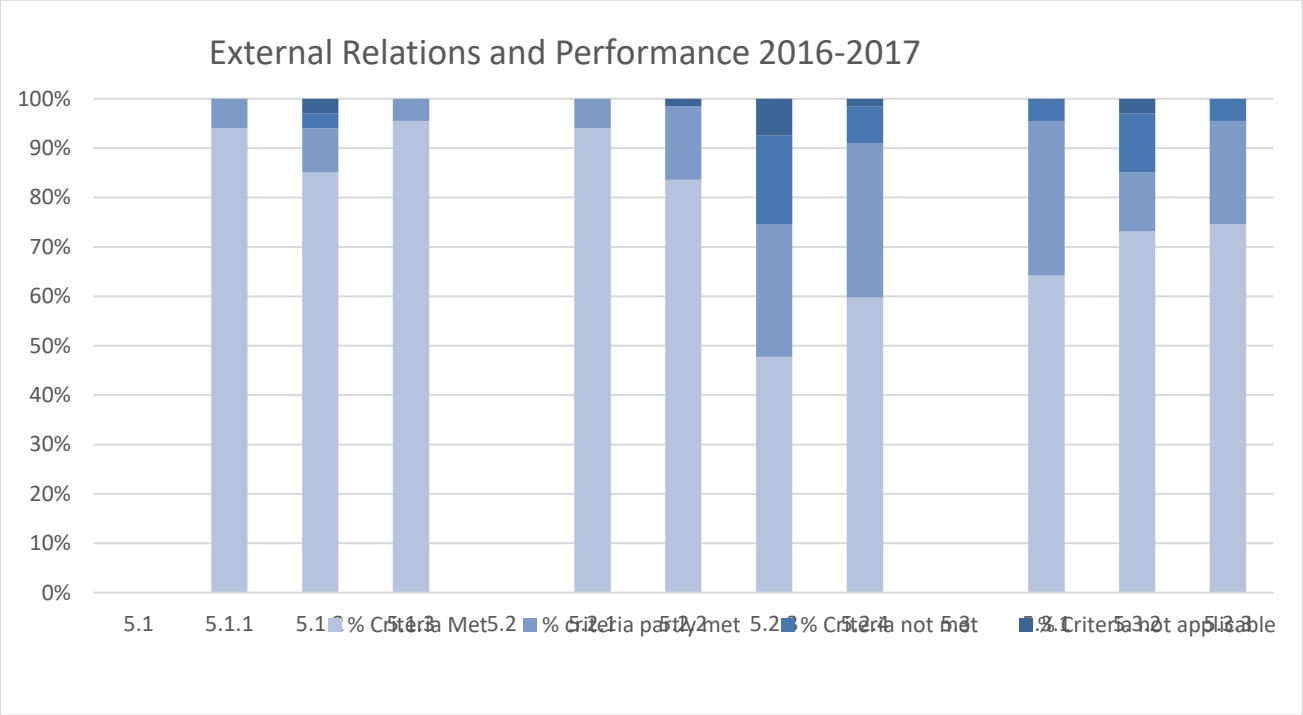
% of criteria met, partly met, not met and not applicable for Joining and Leaving Standards in scores across all communities (2016-2017)



% of criteria met, partly met, not met and not applicable for Therapeutic Framework Standards in scores across all communities (2016-2017)



% of criteria met, partly met, not met and not applicable for External Relations and Performance Standards in scores across all communities (2016-2017)



Appendix 6 -2016-2017 Members

Community Name	Service User Group	Membership Type
Acorn Cottage (Care Focus)	CYP	Full
Acorn Cottage (Hillcrest)	CYP	Full
Acorn Programme	NHS PD	Accreditation
Amicus Community	CYP	Accreditation
Appletree Treatment Centre	CYP	TCC Pilot
Ash Eton Community	NHS PD	Full
Ashburn	MH	Associate
Ashley Lodge (Hillcrest)	CYP	Full
Athelstan Place	MH	Full
Athma Shakti Vidyalaya	MH	Associate
Avon House	CYP	Full
Aylesbury TC	NHS PD	Accreditation
Bartram	CYP	Full
Belgravia Terrace	MH	Full
Benjamin UK (Esther House)	CYP	Full
Birchbrook House	CYP	Full
Bluebell Cottage	CYP	TCC Pilot
Bluestone House	CYP	Full
Brenchley Unit	NHS PD	Accreditation
Channels & Choices	CYP	Full
Cherry Orchards Camphill Community	MH	Developmental
Christ Church Deal	MH	Full
Clearwater House	MH	Full (interim)
Coolmine Ashleigh	ADD	Accreditation
Coolmine Lodge	ADD	Accreditation
Dumbarton House	MH	Full
Foxtail Lodge	CYP	Developmental
Francis Dixon Lodge	NHS PD	Accreditation
Gable End	CYP	Full
Glebe House	CYP	Accreditation
Glencarn House	MH	Full (interim)
Glendun House	MH	Full (interim)
Glensilva	CYP	Full (interim)
Golfa Hall	CYP	Accreditation

Heather Lodge	CYP	Full
Hilltop House (Footsteps to Futures)	CYP	Accreditation
HMP Dovegate Avalon	OFF	Accreditation
HMP Dovegate Camelot	OFF	Accreditation
HMP Dovegate Destiny	OFF	Full
HMP Dovegate Endeavour	OFF	Accreditation
HMP Dovegate Genesis	OFF	Accreditation
HMP Dovegate Venture (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	Full
Laurel Leaf Children's Home	CYP	Developmental
Lawrence House	CYP	TCC Pilot
Lily House	CYP	Full
Long Copse	CYP	TCC Pilot
Long Lea House	CYP	Developmental
Millfields Medium Secure Unit	NHS PD	Accreditation
Monteagle	CYP	Full
Mulberry Bush School	CYP	Accreditation
Newmarket TC	OFF	Full
Odyssey House	ADD	Associate
Oxford TC	NHS PD	Accreditation
Pele Tower	NHS PD	Accreditation
Racefield	CYP	Full
Redstone House	CYP	Full
Rosa Dei Venti	CYP	Associate
Rowling House	CYP	TCC Pilot
Sacre Coeur	CYP	Full

Sequoia Community	NHS PD	Accreditation
Slough Embrace	NHS PD	Full (Mini TC)
Sophia House	MH	Full
Steps	CYP	Accreditation
Thalassa Ház Pszichoterpiás és Pszichitriai Rehabilitációs Intézet	MH	Full
The Chimneys	CYP	Developmental
The Forge	CYP	Full
The Grange Therapeutic School	CYP	TCC Pilot
The Lodge	CYP	Full
The Oaks	CYP	Full
The Old Barn	CYP	TCC Pilot
The Roaches Independent School	CYP	Full
Tumblewood Community	CYP	Full
Windana Drug and Alcohol Recovery	ADD	Associate
Wood Edge	CYP	Developmental

Artwork Contributions

CofC ran a creative completion for members during 2017-2018. 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 from the 2017-2018 cycle as well as from the 2016-2017 competition:

Seeds, by Kate from the Brenchley Unit

Handprints, by Unknown Artist, HMP Dovegate Endeavour

Moving Forward, by Kane – Channels and Choices

Yarn Bomb Tree, by The Ashburn Clinic

Life Goes On, by HMP Grendon

Konnections, by Sharon – The Brenchley Unit

Golden Kiwi, by Sarah Leeden - The Ashburn Clinic

Notes

Notes

Notes

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescot Street • London •E1 8BB

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369)
© 2016 Royal College of Psychiatrists

COLLEGE CENTRE FOR QUALITY IMPROVEMENT

www.rcpsych.ac.uk