

Service Standards for Therapeutic Communities for Children and Young People



Second Edition

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Foreword

As with the first edition, this second edition of the Service Standards for Therapeutic Communities for Children and Young People is structured to align closely with government policy. This enables interested parties to see the important difference between therapeutic providers and others offering residential provision for children and young people. The standards help us look at what is happening, how it is happening and why it is happening. They describe the processes and structures that make therapeutic communities (TCs) and those using similar principles, unique.

In 'What works in Residential Child Care', the NCERCC summary of research into residential provision for children and young people, therapeutic communities were acknowledged as providing for those with extensive, complex and enduring needs compounded by very difficult behaviour requiring more specialised and intensive resources.

Their needs may have been obvious from an early age and be the result of unsafe and insecure home environments including physical or sexual abuse. They will find it hard to sit still, be often verbally and physically aggressive, unpredictable, irrational, or unable to reason and show little concern for others. They can be out of touch with their emotions and show little or no sense of guilt or apology. To meet their needs they require a therapeutic provision that can offer intensive support and treatment with care, education and health, directed to creating a change in the child's circumstances.

Therapeutic communities provide an integrated, planned environment with clear boundaries, close relationships and open resolution of problems, tensions and conflicts. Daily life is filled with purposeful tasks – therapeutic, domestic, organisational, educational – and there is a shared commitment to the goal of learning from the experience of living and/or working together.

The Service Standards for Therapeutic Communities for Children and Young People 2nd Edition do not replace or compete with the National Minimum Standards or the national contract for children's homes rather they can be used to enhance them. These standards should inform the work of an OfSTED inspector when evaluating Standard 7.12, or a commissioner when evaluating national contract Key Performance Indicator 11.4 regarding therapeutic practice conforming to "approved therapeutic standards."

I hope you find these standards useful in evaluating and demonstrating the therapeutic value of your service.

Jonathan Stanley

Manager

**National Centre for Excellence in Residential Child Care
National Children's Bureau**

Introduction

The Community of Communities Children and Young People's Network is part of the Community of Communities programme of quality improvement and accreditation (see appendix 3). The network runs in collaboration with the Charterhouse Group (ChG); the Association of Therapeutic Communities (ATC); the Planned Environment Therapy Trust (PETT) and National Centre for Excellence in Residential Child Care (NCERCC). It was developed in 2006 with Big Lottery funding and is sustained through member subscriptions.

The network is a systematic, standards-based, quality improvement process that incorporates self- and peer-review bringing together Therapeutic Communities for Children and Young People and services using a related approach, in the UK and overseas. These standards are the foundation for the annual cycle (appendix 4) and a mechanism through which staff and client members can share best practice.

The Development of Service Standards for Therapeutic Communities for Children and Young People 2nd Edition

The Service Standards for Therapeutic Communities for Children and Young People 2nd Edition were developed from a detailed review of the first edition (O'Sullivan, Shah and Paget, 2007). They are informed by the Community of Communities' Core Values and Core Standards (see appendix 5) and based on an extensive consultation with the network's reference group, member services (appendix 8) and a review of key documentation (see appendix 2). The consultation and incorporation of expert and members' comments has ensured that the second edition of standards reflects contemporary therapeutic practice in child care.

The Structure of this Document

This document is organised into three sections; Core Values, Core Standards and the Service Standards contained within the Every Child Matters Five Outcomes (Being Healthy, Staying Safe, Enjoying and Achieving, Making a Positive Contribution and Achieving Economic Well-being).

The Core Values articulate the basic principles and philosophy of Therapeutic Communities. Services may use the values to provide context for the standards and to inform training relating to Therapeutic Community practice. These values are not intended to be measured as part of the self- and peer-review process.

The Core Standards represent the basic requirements of a service using a Therapeutic Community approach. The standards link Therapeutic Communities across sectors and client populations and can be used independently to support the development of therapeutic practice. These standards form part of the review process when combined with the Five Outcomes section.

The Five Outcomes section provides a context for the therapeutic practice and represents a commitment by Therapeutic Communities and services using a related approach to demonstrate their integration within wider Children's Services, linking directly with the National Framework. The therapeutic context is framed in a "therapeutic interpretation" provided for each outcome and with sub-headings to group relevant themes.

Who may find this document useful?

This document is for Therapeutic Communities and services using a related approach to use as a reference for self-evaluation, peer-evaluation and to assist in the development of their service through the Community of Communities Children and Young People Network.

Other residential child care providers may wish to use these standards as a way of understanding, establishing or developing their therapeutic practice for children and young people in line with a values based approach.

Purchasers, senior managers and regulators may wish to use them to better understand the relationship between the regulatory framework and their therapeutic application in services.

Commissioners may wish to use these standards to assist them in matching needs to placements, and identifying a therapeutic setting for a child or young person. They will be of use to commissioners when establishing if a setting is, and continues to be, therapeutic in its principles and practice.

Using the Standards

This document is provided for reference and not for data collection. Data collection tools adapted from these standards are provided for members of the network.

These standards are intended to be inclusive and have relevance for all members of the Community whether they be children, young people, or adults.

The standards apply to all aspects of the service i.e. education and residential practice. In this way, the standards recognise the complex and integrated nature of the lives of all those living, learning and working in these environments.

These standards are not intended to replace any existing statutory requirements but describe the specialist therapeutic practice of Therapeutic Communities for Children and Young People and services that use a related approach. The standards represent ideal practice and it would be unusual if services met every standard.

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

Core Standards

CS 1	The community meets regularly
CS 2	The community acknowledges a connection between emotional health and the quality of relationships
CS 3	The community has clear boundaries, limits or rules and mechanisms to hold them in place which are open to review
CS 4	The community enables risks to be taken to encourage positive change
CS 5	Community members create an emotionally safe environment for the work of the community
CS 6	Community members consider and discuss their attitudes and feelings towards each other
CS 7	Power and authority in relationships is used responsibly and is open to question
CS 8	Community members take a variety of roles and levels of responsibility
CS 9	Community members spend formal and informal time together
CS 10	Relationships between staff members and client members are characterised by informality and mutual respect

CS 11	Community members make collective decisions that affect the functioning of the community
CS 12	The community has effective leadership which supports its democratic processes
CS 13	All aspects of life are open to discussion within the community
CS 14	All behaviour and emotional expression is open to discussion within the community
CS 15	Community members share responsibility for one another

BEING HEALTHY

Children or young people will experience a safe, secure and nurturing environment. Here they can play, learn, accept being taught and form trusting relationships with adults and peers

JOINING

1.1

There is a planned joining process for prospective children and young people which is understood by all those involved

1.1.1

Children or young people have the opportunity experience the community before joining

1.1.2

The community is involved in planning and preparation for the arrival of a new child or young person

RECRUITMENT

1.2

There are clear criteria for staff selection, which reflect the community's model of practice

1.2.1

Children and young people are involved in some aspect of the selection of new staff members

1.2.2

Potential new staff have the opportunity to visit prior to employment

ATTACHMENT

1.3	<i>Community members share responsibility for helping new children or young people when they have joined the community</i>
1.3.1	Community members support new children or young people to understand, adapt and contribute to the community culture and practices
1.3.2	There is an identified adult who plays an important role in preoccupation and advocacy for the child or young person
1.3.3	Each child or young person has input into the choice of those working with them on an individual basis
THERAPEUTIC PLAN	
1.4	<i>Each child or young person has a therapeutic plan that highlights their therapeutic needs and how the community aims to meet these</i>
1.4.1	Children and young people contribute to their own therapeutic plan
1.4.2	The plan covers all aspects of life in the community including the living-learning elements, education and formal therapeutic input
1.4.3	The plan recognises the therapeutic process and an individual's experience as well as outcomes
1.4.4	The plan is reviewed and updated regularly
COMMUNICATION	

1.5	<i>A range of therapeutic opportunities to facilitate dialogue is available</i>
1.5.1	There are regular times throughout the day when community members meet for reflection, feedback and support
1.5.2	Children and young people are encouraged to express their thoughts and feelings
1.5.3	Community members are encouraged to voice their opinions and give feedback to one another
1.5.4	Everyday interactions are used as learning opportunities
1.5.5	Community members talk to one another about their behaviour and the effect it has on others
1.5.6	Community members offer one another advice on constructive ways of coping with conflict and frustration
UNDERSTANDING	
1.6	<i>Community members explore the meaning of behaviour</i>
1.6.1	Issues raised in the community are responded to in a non-judgemental way by creative and reflective thinking
1.6.2	There are reparative and non-punitive ways of resolving hurt, conflict and damage which are followed through to a meaningful outcome

	SUPERVISION
1.7	<i>Staff receive regular group and/or individual supervision from a person with appropriate experience and ability</i>
1.7.1	Supervision includes helping staff members explore their interactions with all community members
1.7.2	Supervision involves discussion of client material in which theory, practice and experiential learning are integrated
1.7.3	Staff who have been working at the community for less than six months have additional support
	RELATIONSHIPS
1.8	<i>Children and young people are encouraged to form relationships with others as a significant part of community life</i>
1.8.1	Community activities help to form a variety of relationships with others
1.8.2	Children and young people are supported to understand that there are different types of relationships: positive and negative
1.8.3	Community members respect individual privacy
1.8.4	Staff conduct themselves as positive role models

STAYING SAFE

The child or young person feels secure enough to be able to engage in dialogue and express thoughts and feelings, in a way that develops knowledge and understanding of how to deal with, and contain difficult feelings and behaviour

BOUNDARIES

2.1

Children and young people experience consistent boundaries across all elements of the community

2.1.1

Community members share an agreed understanding of boundaries and why they are important

2.1.2

Children and young people help to maintain effective and agreed boundaries

2.1.3

Community members have the opportunity to re-negotiate boundaries

2.1.4

There are clear consequences for breaking boundaries with the opportunity for children and young people to contribute to them

STRUCTURE

2.2

There is a structured and consistent daily routine of formal and informal activities to meet the needs of individuals and the group

2.2.1

The community has a planned timetable understood by all community members

2.2.2	There is a high level of consistency and continuity in all aspects of the community
GROUP MEETINGS	
2.3	<i>There are structures in place to ensure that group meetings are emotionally secure places for community members</i>
2.3.1	Group meetings are consistent in length and regularity
2.3.2	There are spaces that are fit for the purpose
2.3.3	Group meetings are run by people experienced to do so
2.3.4	Group meetings have an agreed purpose and task
2.3.5	Confidentiality and its limits are understood and respected by all members
MANAGEMENT	
2.4	<i>Management practices mirror practices within the therapeutic community</i>
2.4.1	There is a culture that values commitment and continuity which is expressed clearly as part of the recruitment process

2.4.2	The community has a strategy for staff changes with regards to emotional impact and stability of the whole community
2.4.3	Organisational issues that affect the community are shared with the whole community
2.4.4	There is a clear and agreed organisational structure which supports the model of practice
2.4.5	Each staff member has clear accountabilities which are known, understood and regularly appraised
RESPONSIVENESS	
2.5	<i>There are clear procedures in place if the community needs to address urgent matters</i>
2.5.1	A recognised procedure for calling an emergency meeting is known by all community members
2.5.2	The community has alternative ways of addressing urgent matters

ENJOYING AND ACHIEVING

There is a living-learning culture where interdependence emerges through take up of responsibilities rather than through the demand for rights. Each individual should have opportunities to play and celebration with others is a central feature of life in the Community

INVOLVEMENT

3.1 *All members are involved in the day-to-day running of the Community*

3.1.1 Children and young people take on roles within the community

3.1.2 Children and young people are involved in the allocation of community roles and task

PLAY

3.2 *Community members plan and share leisure activities*

3.2.1 Children and young people learn responsibility, choice and compromise through planning and sharing activities

3.2.2 Children and young people have opportunities to engage in spontaneous leisure activities

RISK

3.3	<i>Children and young people are given an opportunity to extend themselves and find their limits</i>
3.3.1	There is a written policy on risk that reflects the therapeutic community approach
3.3.2	The written policy clearly describes the responsibilities of all members of the community in keeping each other safe
ACHIEVEMENT	
3.4	<i>Achievements are recognised and celebrated with the community</i>
3.4.1	Milestones reached by community members are recorded and acknowledged in meetings of the community
TRAINING	
3.5	<i>All staff receive ongoing training which is integral to the life and learning of the community</i>
3.5.1	Staff receive training in the theoretical approach underpinning their practice, including attachment theory
3.5.2	Staff have regular opportunities to relate theory to practice
3.5.3	Formal training and reflective experiences are both valued as learning opportunities

EXPERIENTIAL LEARNING	
3.6	<i>Staff receive experiential training appropriate to their role in the therapeutic community</i>
3.6.1	Staff have the opportunity to experience being a client member of a therapeutic community (e.g. ATC 'Living-Learning' Residential Workshop)
3.6.2	Staff are encouraged to undertake their own personal therapy
3.6.3	Induction training includes a visit to at least one other therapeutic community
SHARING	
3.7	<i>There is a culture of learning and sharing with other therapeutic communities</i>
3.7.1	Community members are given time to write and publish papers concerning therapeutic communities, and be available to attend conferences
3.7.2	The community provides training placements for students and post-qualifying professional development opportunities for qualified practitioners
3.7.3	Staff have access to material to support their professional development (e.g. internet, books, journals, DVDs)

MAKING A POSITIVE CONTRIBUTION

Each individual has a sense of belonging and has a sense of their value and worth in relation to others. Children and young people are supported and encouraged to learn and experience achievement

BELONGING

4.1 *All community members work towards developing a cohesive therapeutic community environment*

4.1.1 Community members support each other to remain engaged with the therapeutic process

4.1.2 Community members share meals together

4.1.3 The model of helping and being helped is encouraged and practised

TEAM WORK

4.2 *The staff work effectively as a team*

4.2.1 There is a culture that encourages staff to explore and reflect on their interactions with one another

4.2.2 There is a regular staff sensitivity or dynamics group facilitated by an experienced TC practitioner

4.2.3	Staff members reflect on day to day experiences within the community
4.2.4	Staff are enabled to examine their relationships to the employing organisation and to external professionals
CONTRIBUTING	
4.3	<i>Community members share responsibility for the upkeep of the environment</i>
4.3.1	Community members are involved in maintaining the physical environment
4.3.2	Community members are involved in deciding on appropriate décor and furniture
4.3.3	Community members can personalise the private and shared spaces
EVIDENCE	
4.4	<i>The community contributes to building an evidence base for TC practice</i>
4.4.1	The community systematically collects routine outcome measures
RESEARCH	

4.5	<i>The community learns from others through external evaluation including research</i>
4.5.1	At least one member of staff is responsible for research
4.5.2	The community has a structure for considering and disseminating current research
4.5.3	The community is currently participating in a research project concerning effectiveness as a therapeutic community
4.5.4	There are opportunities for children and young people to become actively involved in research

ACHIEVING ECONOMIC WELL-BEING

Social and emotional well-being is fundamental to achieving economic well-being. The child or young person has the confidence and feels empowered, with appropriate support, to begin to take decisions in relation to their life. This process will depend on age and stage of development

EMPOWERMENT

5.1 *Community members are encouraged and supported to live as active members of the Community*

5.1.1 Community members take increasing responsibility for attending sessions and meetings

5.1.2 Children and young people become increasingly responsible for their own decisions, actions, and role within the community

5.1.3 Positions of importance are achievable by those children and young people who have reached a level of maturity

DECISION MAKING

5.2 *Community members help to make decisions that affect the life of the community*

5.2.1 There are known ways for all community members to express views and opinions when decisions need to be made

LEARNING

5.3	<i>Children and young people are encouraged to become engaged in formal and informal learning</i>
5.3.1	A wide range of resources for learning is available
5.3.2	Learning opportunities are created throughout the day
COLLABORATING	
5.4	<i>The community actively engages with the external multi-disciplinary team, families and relevant others involved with the child or young person</i>
5.4.1	The community supports the child or young person to work and negotiate with their multi-disciplinary team, families and relevant others
5.4.2	Children and young people become increasingly involved in planning and hosting their own reviews and assessments
LEAVING	
5.5	<i>There is a planned leaving and transition process which is understood by all community members</i>
5.5.1	Community members are encouraged to explore and work with issues relating to endings for those leaving and for those being left
5.5.2	Appropriate recognition is given as part of the leaving process to the achievements and contributions of the member during their time with the community

5.5.3	The child or young person decides and plans for their immediate future with the full support of the community and the relevant multi-disciplinary team
5.5.4	The planned process, wherever possible, involves all parts of the child or young person's network

Appendix 1 - Glossary

Attachment	Bowlby's theory pertaining to the development of the self through attachments with others
Advocacy	Representing the views of another who may have difficulties in expressing them for themselves
Belonging	To own a sense of one's place within a place/ group
Boundaries	Personal and physical limitations. A continual process is usually in place, whereby children or young people, with staff, appraise, negotiate and re-negotiate the conditions by which the community lives and learns
Community	A group of people with a common purpose
Community members	Adults and children and young people
Containment	To emotionally hold or be emotionally held in a place/space of safety
Culture	Shared state of understanding
Dialogue	Conversation between two or more people
Emotionally secure	An emotional state of stability
Empowerment	Enabling another to overcome barriers and subsequently have the power to affect change in their own life
Experiential	Life experience based
Groups/group meetings	People who come together for an agreed purpose
Interdependency	Acknowledgement that each of us is part of an integral network, each with a level of reliance on others
Living-learning	A shared commitment to the goal of learning from the experience of living and/or working together
Meaningful (<i>as in meaningful outcomes</i>)	Significant evidence
Model of practice	An agreed way of working to underlying theory with a value base

Network	All people and agencies involved with the child or young person
Preoccupation	An adult's engagement with a young person
Reflection/reflective	Time taken to stop and explore an experience and consider why it may have occurred, implications of experience for self and others and how the situation may be dealt with differently in the future
Reparative	Restorative method of resolving hurt
Sensitivity/dynamics group	A regular forum for staff members to discuss their relationships and the impact this has on their work
Supervision	The process by which a worker is given space and time from another worker to explore their experiences and needs within the organisation. This will include support for the individual, the demands of the organisation and the individual's professional development needs
Therapeutic needs	An individual's needs in terms of type of therapy required
Therapeutic plan	A tailored plan for each individual outlining how their therapeutic needs will be met
Therapeutic process	The implementation and continuation of the therapeutic plan

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Appendix 3 – What is the Community of Communities?

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

What do we do?

- Develop specialist service standards in an annual consultation process with members
- Manage an annual cycle of self- and peer-review where the emphasis is on engagement as opposed to inspection
- Provide detailed local reports which identify action points and areas of achievement
- Publish a national 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
- Develop a common language which will facilitate effective relationships with commissioners, senior managers and the wider world
- Provide a strong network of supportive relationships
- Promote best practice through shared learning and developing external links

Members' Feedback

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

www.communityofcommunities.org.uk

Appendix 4 – The Annual Cycle

Community of Communities enable TCs to demonstrate and improve the quality of their work, through an annual standards-based review process. The methods and values underpinning the project mirror the central philosophy of TCs. Staff and client members and ex-client members of participating communities are fully involved at each stage of the process.



Appendix 5 – The Development of Core Standards and Core Values for Therapeutic Communities

**Briefing Paper: Royal College of Psychiatrists' Centre for Quality Improvement.
August 2008**

This paper describes the development of a set of Core Values and Core Standards for therapeutic communities (TCs) and their application in therapeutic communities and the Community of Communities (C of C) Quality Network¹.

Background

Evidence-based mental health care is generally accepted as necessary, but it has been strongly argued that it is not sufficient without reference to underlying values (Fulford, 2004; Cloninger, 2006). Attempts to develop a values-based framework have therefore been developed to complement it (Woodbridge and Fulford, 2005). Therapeutic communities have their origin in 'moral treatment' (Bloor, 1988, Kennard 1998) which were only value-based. This, together with other critiques of modernity in psychiatry (Bracken and Thomas, 2005) and the successful development and growth of the Community of Communities Quality Network (Haigh and Tucker, 2004), has given the impetus and opportunity to develop an explicit value base for standards in therapeutic community practice.

Development of Core Standards and Core Values

Provisional 'Core Standards' were first published as an appendix in the C of C Service Standards for Therapeutic Communities 4th Edition (Hirst and Paget, 2005). The 16 standards were developed through a series of workshops and consultation and refined by the project team following a literature review. The standards were further refined and agreed by an advisory group of experts before full publication in the Service Standards for Therapeutic Communities 5th Edition (Keenan and Paget, 2005) as standards critical to TC practice.

The Core Standards were included in the C of C annual cycle of self- and peer-reviews and are regarded as the minimum standards for member TCs. The Core Standards have become integral to the C of C accreditation processes for TCs within the NHS and the prison sector.

In 2007, C of C developed three new sets of service standards for communities working with people with addictions, children and young people and people with learning disabilities. The first editions of the Service Standards for Addiction Therapeutic Communities (Shah and Paget, 2007) and Therapeutic Communities for Children and Young People (O'Sullivan, Shah and Paget, 2007), adopted the existing Core Standards after consideration from their respective advisory groups incorporating them into their review processes. The Service Standards for Communities for People with Learning Disabilities (Wood and Paget, 2007) did not adopt the Core Standards, their advisory group deciding that they were not wholly applicable to all their communities.

A set of 'Core Values' was first developed by the advisory group for communities for people with learning disabilities and was published in the first edition of their service standards in an attempt to ground the standards in a philosophical base that reflected

¹ See www.communityofcommunities.org.uk

the model of work. Similarly, the advisory group for children and young people TCs devised their own set of Core Values to describe the philosophy within their own approach.

Towards the end of 2007, C of C held a series of workshops to revise the Core Standards and develop a common set of Core Values in an attempt to identify key elements of the TC approach and philosophy irrespective of client group or sector. The resulting draft was sent to all TCs in the UK for comment. Responses were considered by the C of C project team and the advisory groups and a new set of 10 Core Values and 15 Core Standards was agreed.

The Core Values describe the journey of processes an individual experiences in order to develop good mental health by explaining the journey undertaken by a member of a therapeutic community, beginning with attachment and progressing to responsibility. The Core Standards detail the necessary structures and commitments required for these values to be operationalised and will be used as an integral tool in C of C's quality assurance and accreditation cycles.

Using the Core Values and Core Standards

The Core Values can help therapeutic communities articulate their mission statements and basic beliefs to themselves and others describing their service as one grounded in a sound theoretical and philosophical base. Therapeutic communities may also use the values for training, using them to reflect on aspects of the TC approach.

Therapeutic communities will want to use the Core Standards to quality assure their service using the Community of Communities annual cycle of self- and peer-review.

Regulators may wish to use the values and standards to better understand the relationship between existing regulatory frameworks and the therapeutic application in services. Commissioners may also wish to use the Core Standards to assist them in matching needs to placements, and identifying appropriate therapeutic placements for individuals. They will be of use to commissioners when establishing if a setting is, and continues to be, therapeutic in its principles and practice.

Most importantly, the Core Values and Core Standards can be used by non-TC services to develop a TC-centred approach, helping them to foster a culture and attitude to implement the structures necessary for TC practice. This process of development will be complimented by participation in the C of C Quality Network.

Conclusion

This set of Core Values and Core Standards is the first joined up attempt by therapeutic communities to identify their common core beliefs and the basic structures required for these beliefs to be realised. The extensive development and consultation process means that these values and standards represent broad consensus and reflect current TC philosophy and practice. The desire to regularly review this work ensures their organic and dynamic nature will remain relevant. This work leads the way for a common ground on which all therapeutic communities can stand and identify themselves as a value-based service.

At the outset of this work, some TC practitioners expressed the view that the need for common Core Values and Core Standards was preaching to the converted and not in keeping with a modern mental health service however the vast majority contend that this is not true. The challenge for all services identifying with these values and standards is to convey their message to those who need to hear it.

Appendix 6 – Standards Feedback Form

We hope you have found the Service Standards for Specialist Therapeutic Services for Children and Young People useful and we would appreciate your feedback. Your comments will be incorporated, with the approval of the networks members, into future editions of this publication.

1. Have you found these standards useful? Yes No

Comments:

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

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

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

Thank you for taking the time to complete this form

Please photocopy and return to: Community of Communities Children and Young People's Network, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA
Fax: 020 7481 4831; Email: cofc@cru.rcpsych.ac.uk

Appendix 7 - Community Information

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

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

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Appendix 8 – Acknowledgements

Community of Communities Children and Young People’s Reference Group:

John Turberville (Chair)	Director	The Mulberry Bush School
Matt Vince	Director	The Lioncare Group
Patrick Webb	Executive Director	The Charterhouse Group
Kajetan Kasinski	Consultant Child and Adolescent Psychiatrist	The Tavistock Clinic
Kevin Healy	Clinical Director	Cassel Hospital
Sheila Gatiss	Trustee	Friends Therapeutic Trust, Glebe House
John Cross	Executive Director	Planned Environment Therapeutic Trust (PETT)
Jonathan Stanley	Manager	National Centre for Excellence in Residential Child Care (NCERCC)
Charlotte Levene	Principal Officer	National Centre for Excellence in Residential Child Care (NCERCC)

Contributors to the Service Standard Workshop – 22nd May 2008 (in addition to the Reference Group):

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Community of Communities Project Team:

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Member Services 2006 - 2008:

Amberleigh Residential Therapeutic School	Lioncare Group – Springfields Therapeutic Children's Home
Amicus Community	Lioncare Group – Westfields Therapeutic Children's Home
Barford Care and Therapy Services – Willow Lodge	Little Acorns
Bryn Melyn Care	Mulberry Bush School
Calcot Services for Children	Nostos - Lilium
Children's Services Ireland – Tiara House	RAAC Care
Donyland Lodge	Ryes School
Ferndearle Child Care Services	Smyly Trust Services - Glensilva
Friends Therapeutic Community – Glebe House	Thornbrae Children's Home
Grange Therapeutic School	Tregynon Hall School
Lioncare Group – Seafields Therapeutic Children's Home	Willowgrove House



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