

Type	Standard / Criteria	
Core Standards		
	1.1	There is a clear way of working which supports the principles of the Therapeutic Community
1	1.1.1	Staff members can describe the way of working used by their Therapeutic Community
2	1.1.2	[Service users] can describe the way of working used by their Therapeutic Community
1	1.1.3	The Therapeutic Community leadership functions in a way that is consistent with their community's way of working
2	1.1.4	There is evidence of commitment to the Therapeutic Community approach by the wider organisation within which the community sits. For example, a Strategic or Business plan
1	1.1.5	The leadership of the community facilitates, and role models a reflective culture where difficulties can be contemplated and considered.

	1.2	[Service users] and staff are aware of the culture and practices within the Therapeutic Community
2	1.2.1	The Therapeutic Community provides information to new [Service users] and staff that describes the expectations of community membership
1	1.2.2	[Service users] and staff can describe the culture and practices within the Therapeutic Community.
	1.3	[Service users] and staff work together to review, set and maintain rules and boundaries
1	1.3.1	[Service users] and staff can describe and evidence the process of reviewing and setting community rules and boundaries
1	1.3.2	[Service users] and staff can describe the process that follows breaking rules and boundaries, including their involvement in that process
2	1.3.3	The Therapeutic Community keeps records of rule and boundary breaks and actions taken
	1.4	[Service users] and staff take part in the day to day running of the Therapeutic Community
1	1.4.1	Decisions that affect the running of the Therapeutic Community are made in collaboration with [Service users] and staff

2	1.4.2	[Service users] and staff take on a variety of roles within the Therapeutic Community
3	1.4.3	Roles with increasing levels of responsibility within the Therapeutic Community are achievable by [Service users] and staff
1	1.4.4	There is opportunity and management support for spontaneity
1	1.4.5	All [service users] and staff can consider and question managerial processes and group and institutional dynamics
1	1.4.6	Change is managed in a way that recognises the impact on [Service users] and staff.
	1.5	There is a structured timetable of activities that reflects the needs of [Service users] and staff
1	1.5.1	The timetable includes a group meeting, commonly called the Community Meeting (or Children's Meeting), which is central to the functioning of the Therapeutic Community and [Service users] and staff are expected to attend.
3	1.5.2	The timetable of activities is reviewed regularly (minimum annually) with input from [Service users] and staff.
2	1.5.3	There is a process for monitoring and addressing attendance at timetabled activities

	1.6	[Service users] and staff are encouraged to form a relationship with the Therapeutic Community and with each other as a significant part of community life
2	1.6.1	[Service users] and staff work together to keep a clean, well-maintained physical environment
1	1.6.2	[Service users] and staff share informal time together, including meal times and recreation
3	1.6.3	[Service users] and staff encourage each other to share their life experiences, within the boundaries of the confidentiality policy agreed with the Therapeutic Community.
1	1.6.4	Issues of power and authority in relationships are openly discussed. For example, but not limited to, bullying or structural hierarchies.
2	1.6.5	[Service users] and staff value and accommodate each other's different abilities and are sensitive to these differences.
	1.7	All behaviour and emotional expression is open to discussion within the Therapeutic Community
1	1.7.1	[Service users] and staff are encouraged and supported to put thoughts and feelings into words
1	1.7.2	[Service users] and staff support each other to be reflective and non-judgemental when responding to issues raised in the Therapeutic Community

1	1.7.3	[Service users] and staff talk to one another about their own behaviour and the effect it has on others
2	1.7.4	[Service users] and staff consider and discuss their attitudes and feelings towards each other
1	1.7.5	Cultural and personal differences in communication are recognised and valued.
	1.8	Everything that happens in the Therapeutic Community is treated as a learning opportunity
2	1.8.1	[Service users] and staff discuss problems and their solutions before action is taken
1	1.8.2	There are reparative and non-punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome
2	1.8.3	[Service users] and staff are encouraged to identify parallels between their relationships, behaviour and perceptions outside of the Therapeutic Community and similar situations within the community
1	1.8.4	[Service users] and staff understand how and why decisions are made
1	1.8.5	[Service users] and staff are conscious of the value of learning and gaining understanding from everyday living (living- learning environment).

	1.9	[Service users] and staff share responsibility for the emotional and physical safety of each other
2	1.9.1	[Service users] and staff offer one another advice on ways of coping with conflict, frustration and disappointment.
2	1.9.2	There are clear procedures in place if the Therapeutic Community needs to address concerns/difficulties outside the timetable of activities. For example, Emergency Meetings
2	1.9.3	[Service users] and staff share an understanding of the use of physical contact in supporting each other.
1	1.9.4	[Service users] and staff are encouraged to bring concerns about each other to groups. Fears around "telling tales" or "grassing" are openly discussed and there is an understanding of confidentiality and its limits.
1	1.9.5	[Service users] and staff feel supported by the leadership
	1.10.	[Service users] and staff are active in the personal development of each other
2	1.10.1	[Service users] and staff encourage each other to take on jobs and responsibilities in the Therapeutic Community based on their development
1	1.10.2	[Service users] and staff are encouraged to give feedback to each other

3	1.10.3	There is a process in place to gain input from [Service users] and staff into each other's reviews or appraisals. For example, using 360-degree feedback.
1	1.10.4	[Service users] and staff support one another to develop their ability to confidently express their views and opinions
1	1.10.5	[Service users] and staff are supported, by each other, to understand the opportunities and challenges of taking positive risks
2	1.10.6	[Service users] and staff can describe how being an active member of the community helps their development.
Staff		
	2.1	The staff selection process reflects the ways of working within the Therapeutic Community.
1	2.1.1	[Service users] and staff are involved in the recruitment of new staff members
1	2.1.2	Core competencies related to working within a Therapeutic Community are used to assess the suitability of staff. For example, TC Practitioner Competencies Framework 2014 (appendix 1)
	2.2	Staffing levels are sufficient to deliver and participate in the Therapeutic Programme

1	2.2.1	The timetable of activities is delivered consistently (For instance, core activities: community meetings, small groups, are rarely cancelled)
2	2.2.2	There are sufficient staff to support routine involvement and participation in the Therapeutic Community outside the timetable of activities, including meal times and recreation. (For instance, activities such as recreation, play and social time are rarely cancelled)
	2.3	Staff receive training related to working in a Therapeutic Community
1	2.3.1	Staff undertake continuing professional development (of at least two days per year) relevant to working within a Therapeutic Community.
2	2.3.2	Staff training should be linked to Therapeutic Community core competencies
3	2.3.3	Staff receive experiential training. For example Living-Learning Workshops, group relations courses
	2.4	Staff attend group supervision
1	2.4.1	Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community
1	2.4.2	Group supervision involves discussions about [Service users] that include reflection on theory, practice and experiential learning

1	2.4.3	Group supervision helps staff members explore their interactions with [Service users] and staff
1	2.4.4	Group supervision enables staff to challenge each other's perceptions of events in the Therapeutic Community and work to understand the difference between them
	2.5	Staff attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity, minimum one session per month)
1	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
1	2.5.2	The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation
1	2.5.3	The staff dynamics or sensitivity group should be planned and take place at a consistent time and for a consistent duration
2	2.5.4	The staff dynamics or sensitivity group should be facilitated by an experienced group facilitator with knowledge of Therapeutic Community and/or group dynamics. The facilitator should have no clinical or line management responsibilities for any participants in the group.
	2.6	There is a process for reviewing and recording staff attendance at support and training groups (i.e. staff supervision, staff dynamics, TC training etc.)
1	2.6.1	There is a procedure for dealing with areas of concern raised by a review of staff attendance at support and training groups

2	2.6.2	There is record of any action taken following a review of staff attendance at groups
3	2.6.3	There is a process to enable the staff to give feedback about the quality of staff support and training groups
Joining and Leaving		
	3.1	The Therapeutic Community is suitable for the needs of its members
1	3.1.1	[Service users] are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining
2	3.1.2	Potential new [Service users] are involved in their assessment as to whether the Therapeutic Community will be suitable for their needs prior to joining
2	3.1.3	There is a process which reflects on the current composition and needs of the Therapeutic Community prior to accepting new [Service users] and staff
	3.2	There is an information pack for potential new [Service users] and staff
1	3.2.1	The information pack, as a minimum, should describe the Therapeutic Community ways of working, expectations of membership and confidentiality, and be understandable by all

2	3.2.2	The information pack is reviewed regularly (minimum annually) with contributions from current [Service users] and staff
	3.3	There is a planned joining process for prospective [Service users] and staff
1	3.3.1	[Service users] and staff are involved in the planning and preparation for the arrival of a new member of the Therapeutic Community.
3	3.3.2	There is a process to support [Service users] and staff when an unplanned joining is unavoidable, which is understood by all
1	3.3.3	[Service users] and staff support new members to understand, adapt and contribute to the Therapeutic Community culture, practices, rules and boundaries
3	3.3.4	The Therapeutic Community marks the arrival of a new member of the community
	3.4	There is a leaving process for [Service users] and staff which is understood by all
1	3.4.1	[Service users] and staff are involved in the planning and preparation for members leaving the Therapeutic Community.
1	3.4.2	[Service users] and staff explore and work with issues relating to endings for those leaving and for those being left

1	3.4.3	Recognition is given to the achievements and contributions of a community member during their time with the Therapeutic Community as part of the leaving process
1	3.4.4	The community marks an individual leaving with an event or celebration
	3.5	There is a process to support [Service users] that leave or wish to leave the Therapeutic Community prematurely
1	3.5.1	There is an expectation that a resident wishing to leave prematurely will discuss this with the Therapeutic Community
1	3.5.2	[Service users] and staff support each other to remain engaged with the Therapeutic Community. This includes after they have left, if required.
Therapeutic Framework		
	4.1	The Therapeutic programme is overseen by appropriately qualified leadership
1	4.1.1	The leadership can demonstrate competence in relation to therapeutic practice, especially in relation to group work
1	4.1.2	The leadership has a comprehensive understanding of the Therapeutic Community Model of practice

1	4.1.3	The management team (i.e. staff and community chair etc.) facilitates the delivery of a consistent approach across the Therapeutic Community, involving all staff and disciplines
	4.2	There are structures in place to facilitate the safety of all group meetings
2	4.2.1	Staff responsible for running group meetings have attended training in, and had experience of, delivering groups
1	4.2.2	Group meetings have an agreed purpose and task
2	4.2.3	Group meetings have a consistent duration, starting and ending within limits set by [Service users] and staff
1	4.2.4	There are written records of groups that reflect on process and decision making
	4.3	Each resident has a plan that highlights their personal, social, therapeutic and educational needs and how they can be met through engagement with the Therapeutic Community
2	4.3.1	There are regular written updates of how engagement in the Therapeutic Community is helping the resident to address the needs identified in the therapeutic plan
1	4.3.2	[Service users] and relevant others are involved in all stages of reviewing and developing their therapeutic plan

2	4.3.3	The therapeutic plan is reviewed regularly using all available information. For example, attendance at groups, engagement in community life, and feedback from [Service users] and staff.
	4.4	The Therapeutic Community has a confidentiality policy that relates directly to the work of the community.
1	4.4.1	[Service users] and staff can describe examples of the limits of confidentiality. For example, with regard to information shared in groups
2	4.4.2	[Service users] and staff can describe the process that follows breaches of confidentiality
2	4.4.3	The confidentiality policy is reviewed regularly (minimum annually) with input from [Service users] and staff
2	4.4.4	Any variations from the confidentiality policy of the Therapeutic Community, such as professional requirements, must be explicitly stated
	4.5	There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model
1	4.5.1	[Service users] and staff understand when physical restraint might be used and are trained accordingly
2	4.5.2	There are clear records of physical restraint which include reflections from [Service users] and staff in a community setting

1	4.5.3	The Therapeutic Community monitors trends in physical restraint to develop an understanding of its function
	4.6	There is a clear statement or policy regarding the use of social media.
3	4.6.1	[Service users] and staff can describe the rules and boundaries surrounding social media use
3	4.6.2	[Service users] and staff explore the impact of social media, and openly discuss the risks involved in its use
3	4.6.3	Issues and incidents on, or regarding, social media can be raised and openly discussed in the Therapeutic Community
External Relations and Performance		
	5.1	The Therapeutic Community is committed to an active and open approach to all external relationships
2	5.1.1	Visitors are welcomed and [Service users] and staff explain the work of the Therapeutic Community
1	5.1.2	Where there is an external professional network, they are actively encouraged to attend and participate in reviews

3	5.1.3	Difficult relationships with the external world are reflected on and addressed by the Therapeutic Community
	5.2	The Therapeutic Community is committed to demonstrating the effectiveness of its work
1	5.2.1	The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve their work. For example, environmental measures, programme review days, research etc.
1	5.2.2	The Therapeutic Community collects individual outcome data
2	5.2.3	There is a clear statement which defines why individual outcome data is collected
2	5.2.4	Individual Outcome data is processed in order to demonstrate the effectiveness of the work done in the Therapeutic Community
2	5.2.5	The Therapeutic Community collects environmental data that will help provide evidence for their effectiveness. For example, Ward Atmosphere Scale, Essences
3	5.2.6	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.
	5.3	The Therapeutic Community is committed to sharing good practice

3	5.3.1	[Service users] and staff are involved in external conferences, teaching or research wherever possible
2	5.3.2	The Therapeutic Community provides training placements for students
1	5.3.3	The Therapeutic Community takes opportunities to share its practice with others through publication of papers, attending peer-reviews, presentations at conferences and other relevant meetings

The Core Standards and Values

Core Standards	
CS1	There is a clear way of working which supports the principles of the Therapeutic Community
CS2	[Service users] and staff are aware of the culture and practices within the Therapeutic Community
CS3	[Service Users] and staff work together to review, set and maintain rules and boundaries
CS4	[Service Users] and staff take part in the day to day running of the Therapeutic Community
CS5	There is a structured timetable of activities that reflects the needs of [service users] and staff
CS6	[Service users] and staff are encouraged to form a relationship with the Therapeutic Community and with each other as a significant part of community life
CS7	All behaviour and emotional expression is open to discussion within the Therapeutic Community
CS8	Everything that happens in the Therapeutic Community is treated as a learning opportunity
CS9	[Service users] and staff share responsibility for the emotional and physical safety of each other
CS10	[Service users] and staff are active in the personal development of each other

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