



Artwork: 'Life Goes On' HMP Grendon

Community of Communities Process Document

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THE COMMUNITY
OF COMMUNITIES

Section 1: Community of Communities

What is a Therapeutic Community?

“A therapeutic community is a planned environment which exploits the therapeutic value of social and group processes. It promotes equitable and democratic group-living in a varied, permissive but safe environment. Interpersonal and emotional issues are openly discussed and members can form intimate relationships. Mutual feedback helps members confront their problems and develop an awareness of interpersonal actions.”

From *The Principles and Therapeutic Rationale of Therapeutic Communities*, Haigh and Worrall 2002 (See **Appendix I**).

The Therapeutic Community (TC) model is a value-based approach and these values are articulated in a set of 10 TC Core Values (see **Appendix II**). 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). 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 briefing paper for the development of the Core Values can be found [on the Community of Communities website here](#).



Community of Communities

The Community of Communities (CofC) is a standards-based quality improvement and accreditation network working with Therapeutic Communities (TCs) in the UK and abroad. The project works in partnership with The Consortium for Therapeutic Communities (TCTC) and the Planned Environment Therapy Trust (PETT). Funding is from members' subscriptions.

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 Disabilities

CofC was set up in 2002 in conjunction with the Association of Therapeutic Communities (ATC) and the Royal College of Psychiatrists with the aid of a Big Lottery grant. Specialist networks for children's, addiction and learning disability services were developed in 2004 with an additional Big Lottery Grant in association with The Charterhouse Group of Therapeutic Communities, the European Federation of Therapeutic Communities, and the Camphill Village Trust, respectively. We are based at the College Centre for Quality Improvement.

The College Centre for Quality Improvement

The College Centre for Quality Improvement (CCQI) is a department within the Royal College of Psychiatrists. The centre runs over 20 quality and accreditation networks for specific mental health services, and works with over 90% of the mental health services in the country.

Who can join Community of Communities?

The Community of Communities encourage any service which embraces the Core Values and TC approach to consider membership to help develop their practice against the Service Standards. Whilst we welcome and do work with organisations, the focus of the review process will be with individual communities. Organisations need to clearly identify which service is part of CofC and should discuss membership with the project team.

Community of Communities Membership Types

Membership at all levels demonstrates a commitment to a network of quality improvement and provides access to a wider community of support which promotes and encourages shared learning.

- ◆ **Associate Membership** – available for international members who are unable to commit to the requirements of full membership. This membership provides an annual assessment of the self-review of the Core Standards and portfolio evidence.
- ◆ **Developmental membership** – available for one cycle only. This membership provides a self-review of the Core Standards and access to CofC training, workshops and attendance at peer-reviews.
- ◆ **Full membership** – provides a full peer-review against the standards, and full participation in an ongoing process of quality improvement including access to CofC training and workshops.
- ◆ **Accreditation membership** – available to communities after two full membership years and on demonstrating the community fulfils required criteria. Accreditation membership provides an award which demonstrates the community meets critical Therapeutic Community standards.

Membership Fees

[Full details of membership fees can be found on our website by clicking here.](#)

Members will be invoiced at their current level of membership in iterative cycles unless CofC is requested not to do so, or receives notification that a service wishes to upgrade their membership.

Membership Differences

	Associate membership (International only)	Developmental membership	Full membership	Accreditation membership
An action planning template	X	X	X	X
Support and guidance from the CofC team	X	X	X	X
Certificate of participation	X	X	X	X
A local report summarising areas of achievement and areas for improvement	X	X	X	X
Access to discussion forum	X	X	X	X
Access to CofC training and workshops	X	X	X	X
Participation in peer-reviews of other members	X	X	X	X
A self-review workbook (all standards)	X	X	X	X
A review visit from a peer-review team to validate self-review and share learning			X	X
Use of membership logo for commitment to quality improvement			X	X
Input from a TC specialist				X
Submission of local report to the therapeutic community accreditation panel				X
Use of accreditation logo to demonstrate quality				X

What can all members expect from CofC?

- ◆ Membership of a network of supportive relationships and TC knowledge
- ◆ Opportunity to demonstrate the quality of therapeutic practice using agreed Service Standards
- ◆ A set of Service Standards for Therapeutic Communities
- ◆ Opportunity to participate in reviewing and revising the Service Standards
- ◆ Access to the College Accreditation and Review System (CARS)
- ◆ An individual report on quality improvement
- ◆ A National Report
- ◆ Access to the CofC Knowledge Hub
- ◆ Monthly Community Meetings hosted by CofC
- ◆ Free workshops and training events
- ◆ Discounted rate to annual forum

What is expected from members?

- ◆ Provide a link person to liaise with the CofC team
- ◆ Involve all community members in the CofC process as far as possible and the peer-review process
- ◆ Ensure community members are kept up-to-date with the CofC network and encourage involvement
- ◆ Train a minimum of one person a year as peer-reviewer and for them to attend a peer-review
- ◆ Provide a minimum of 1 trained peer-reviewer and 1 experienced community member including client members, where appropriate, to attend peer-review/accreditation visits and authorise accompanying travel costs
- ◆ Provide a senior person with at least five years TC management experience to perform the TC Specialist role on accreditation reviews of other members (accreditation members only)
- ◆ Supporting staff who are trained peer-reviewers to become a lead reviewer
- ◆ Take responsibility for inviting key stakeholders from both internal and external agencies (e.g. senior managers, referrers, statutory inspectors etc.) to attend the communities' peer-review/accreditation visit
- ◆ Take responsibility for assisting CofC in disseminating important information to members e.g. tell us about policy changes, relevant articles etc.
- ◆ Commit to returning all necessary correspondence to the CofC team in a timely manner

Community of Communities Review Cycle

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Membership confirmation												
Peer-review date selection												
Allocating peer-review teams												
Self-review completion												
Review period												
Draft local reports disseminated												
Local reports finalised												

Section 2:

The TC Service Standards

The Standards

The 10th Edition of Service Standards has been developed in conjunction with our members and on best available evidence and expert consensus. The standards provide a tool to assess a service as a Therapeutic Community. This process provides an opportunity for quality improvement by identifying areas of achievement and areas for improvement against the standards.

The Service Standards contain a total of 140 Elements, broken down into 30 Standards and 110 supporting Criteria. Each Standard has typically three or four criterion statements, which define what we would expect to see in a service that meets the overarching standard. The criteria are not an exhaustive list, and communities are able to identify additional ways they meet the standard during the self and peer-review process. It is important to note that each criterion is accompanied by a number, 1, 2 or 3. These number represent the “typing” of associated with the accreditation process. They are however, relevant to the peer-review process in that they identify those criterion that are:

- ◆ **Type 1:** Essential
- ◆ **Type 2:** Expected in a good Therapeutic Community
- ◆ **Type 3:** Recognised as best practice

To be deemed as meeting the overarching Standard, the TC must meet both Type 1 and Type 2 criterion.

Please note

For standard 4.5:

There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model

and associated criteria 4.5.1 - 4.5.3, it is not sufficient to put Not Applicable. Regardless of incidents of physical restraint evidence is needed of a policy around this.

The Core Standards and Core Values

Therapeutic Community practice is underpinned by a set of Core Values and specific theoretical and philosophical position regarding treatment and care. The Core Values allow us to make sense of the Core Standards and their primary importance for TC practice and approach. The Core Standards operationalise the Values and have been agreed by all members to essentially define a Therapeutic Community with the other 20 standards and sections identifying the necessary infrastructure and operational factors to support and maintain the culture.

The Core Values

The Core Values, below, allow for a more in depth understanding of the meaning and purpose of the Core Standards and it is important to hold them in mind when thinking about your service and whether and how you meet the Core Standards.

Table 1

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
CV 4	All behaviour has meaning and represents communication which deserves
CV 5	Personal well-being arises from one's ability to develop relationships which
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 Core Standards

Table 2

Core Standards	
CS1	There is a clear way of working which supports the principles of the Therapeutic Community
CS2	Community members are aware of the culture and practices within the Therapeutic Community
CS3	Community members work together to review, set and maintain rules and boundaries
CS4	Community members 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 community members
CS6	Community members 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	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

Self-Review

The self-review element of membership is the foundation of the quality improvement process. The self-review workbook contains the standards and criteria and requires the community to consider the extent to which they meet each criterion. The community will need to provide a score for each criterion and a comment as evidence. In addition, there is also space for the community to demonstrate how they are meeting each overarching Standard, based on the criteria.

As the basis for quality improvement, members are encouraged to think about the self-review from the start of the cycle, ensuring as many views and opinions are included to complete all sections. Communities are required to highlight specific areas of achievement against the standards and also areas for development. Additionally, the community will be asked to provide an update on any standards which were highlighted as areas for improvement in the previous cycle.

Peer-Review

During the peer-review the peer-review team will review the criteria with the host community, using the self-review comments to facilitate discussions. The peer review team will also decide if each overarching Standard is met, or not met, through the scoring of the criteria. To be deemed as meeting the overarching Standard, the TC must meet both Type 1 and Type 2 criterion.

Peer-reviews incorporate elements of clinical audit and feedback that have been shown by a Cochrane review to lead to improvements in practice (Jamtvedt et al 2007). This is a critical part of the cycle, where valuable lessons are learned from sharing best practice and from frank discussion about problems and exploring potential solutions. This process brings further attention to the areas requiring development, and provides a space for communities to start to think about what specific actions they would like to take, supported by the ideas and experiences of the review team.

In the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) it was noted that:

“the creation of a caring culture would be greatly assisted if all those involved in the provision of healthcare are prepared to learn lessons from others and to offer up their own practices for peer-review” (p.76)

and recommended that:

“...peer-review therefore needs to be a key part of the delivery and monitoring of any service or activity, and those involved need to demonstrate that this element of monitoring and learning is integral to the process of compliance with fundamental standards and of improvement.” (p.76)

Section 3:

Therapeutic Child Care (TCC) Membership

What is Therapeutic Child Care (TCC)?

Therapeutic Child Care is a branch of the Quality Network and Accreditation Project for Therapeutic Communities known as Community of Communities at the College Centre for Quality Improvement, Royal College of Psychiatrists.

Therapeutic Child Care (TCC) ran as a pilot quality network across 2016 and 2017. TCC works with an individual set of standards which have been put together through expert consensus and based around the therapeutic environment in which services are working within. Importantly TCC exists as a quality improvement initiative for services working with looked after children who wish to demonstrate their therapeutic workings to an external audience, as well as improve practices in house for both staff and service users.

Who is TCC available to?

TCC membership is available to any service working with looked after children, who are interested in demonstrating the ways in which they are working within a therapeutic environment.

TCC Membership

What you can expect from membership:

- Membership of a newly established network of supportive relationships between services working in a therapeutic way with children
- Opportunity to demonstrate the quality of therapeutic practice using agreed TCC Standards
- A set of standards for Therapeutic Child Care specific to your service type
- Opportunity to participate in reviewing and revising the TCC Standards
- An individual local report specific to your service, outlining quality improvement aspects
- Access to the Community of Communities email discussion forum
- Free workshops and training events
- Discounted rate to our Annual Forum
- Monthly Community Meetings hosted by CofC
- ◆ Access to the College Accreditation and Review System (CARS)
- ◆ Access to the CofC Knowledge Hub

The Standards

The 1st Edition of TCC Standards have been developed through expert consensus over a number of years. The standards have been mapped to both CofC and Enabling Environments standards.

The standards provide a tool to assess a service as a Therapeutic Child Care environment. This process provides an opportunity for quality improvement by identifying areas of achievement and areas for improvement against the standards.

The TCC Standards contain a total of 57 elements, broken down into 12 Standards and 45 supporting criteria. Each standard has between two and six criterion statements. Criteria are not comprehensive, but are generally given as examples of good practice to demonstrate meeting the standard. Services are invited to demonstrate additional ways they meet the standard during the self and peer-review process.

Section 4:

Associate Membership

Benefits of Associate Membership

Associate membership provides international communities with an opportunity to participate and be part of a quality improvement network, working with the Services Standards to reflect on how the process can aid the service in quality improvement. Self-reviewing against the standards provides an opportunity to evaluate the current service provisions and develop core TC aspects.

Participation

Associate members are encouraged to complete a full self-review against the Service Standards and identify areas of achievement and areas for development. The community can use this to put together an action plan which supports the community to address the areas for improvement. The community can submit self-review along with supporting evidence to the CofC team.

The community will **not** host a peer-review visit but are able to provide members to take part in visiting other communities as part of the peer-review process to learn and share ideas. The Community of Communities is committed to supporting associate members to access training and events and are working on ways to extend membership options.

Point to note

Associate membership is only available to services based overseas who are unable to commit to the requirements of full membership.

Section 5:

Developmental Membership

Benefits of Developmental Membership

About the Membership

Developmental membership is a “toe in the water” experience for those new to Therapeutic Communities and/or the Community of Communities. It is only available for one year and it is expected that developmental members will progress to full membership at the end of their first year of developmental membership.

Benefits of Developmental Membership

Developmental membership provides communities with an opportunity to participate and be part of a quality improvement network, working with the Services Standards to reflect on how the process can aid the service in quality improvement. Self-reviewing against the standards provides an opportunity to evaluate the current service provisions and develop core TC aspects.

Participation

Developmental members are encouraged to complete a full self-review against the Service Standards and identify areas of achievement and areas for development. The community can use this to put together an action plan which supports the community to address the areas for improvement. This action plan should outline the steps the community plan to take to address the areas for improvement. These will be drawn on in the subsequent year to measure quality improvement against the standards. The community may also submit an evidence portfolio to demonstrate meeting the standards.

The community will not be required to host a peer-review visit as a developmental member but are encouraged to provide members to take part in visiting other communities as part of the peer-review process to learn and share ideas.

Training and Development

Developmental members are able to take part in training workshops hosted by the Community of Communities, free of charge.

Section 6: Full Membership

Benefits of Full Membership

Full members are able to benefit from being involved in the peer-review process, which includes visiting other services and hosting a review day. The review day will involve members from other services visiting the community to help validate the self-review comments and support the community in quality improvement through action planning and shared learning.

Peer-review Standards

The peer-review process uses the Service Standards for Therapeutic Communities and requires members to complete a full self-review of all Standards and their criteria. These can be marked as to whether or not the community feel they are meeting the standards and criteria, are partly meeting them, or not meeting them. Comments should be provided for each criterion to allow for the score to be supported. Additionally, this commentary will assist the peer review team who will be visiting a community to gain a good understanding of the host community. Whilst doing this, it is encouraged that any areas of achievement and any areas for development are highlighted as this will help the creation of an action plan.

Application for full membership

Applications for membership can be made at any point during the review cycle which runs from April 1st – March 31st. However, communities are encouraged to begin membership at the start of the cycle, from April 1st, to ensure they are able to make the most of the additional benefits of full membership. Depending on the point of entry in the cycle, Community of Communities will endeavour to provide a peer-review visit, although in some circumstances this might not be possible and the community will have to undertake their first peer-review in the subsequent cycle.

To apply for full membership please complete and return the membership form, which can be [downloaded from our website here](#). Alternatively, please contact a member of the project team (contact details are at the end of this document).

Peer-Review Formats

Three types of review are available to full members:

Focused standards review – This type of review is recommended for continuing members and will support a focused action planning approach. This review encourages members to select specific standards or areas of standards which they want to discuss with the review team. These areas could reflect standards the community are performing well on as well as standards the community are finding more difficult to meet.

Full standards review – This review involves discussion of standards from all sections of the workbook. This style of review is recommended in the year preceding upgrading to an accreditation membership, to allow the community to establish a detailed overview of performance across all of the Therapeutic Community Service Standards.

Supportive visit – This review involves a less formal visit from a peer-review team, with a focus on an open discussion and an opportunity to work through the self-review together. This type of review is recommended for newer communities, or communities who feel they are not meeting many of the standards, and can be requested by the community at the start of the review cycle.

Peer-review Methods

The peer-review day provides an opportunity for the host community to work alongside an external peer-review team to validate the self-review scores and comments submitted. The format the peer-review day takes is flexible and can include focused discussions on the standards, a review of evidence, observation (e.g. of a community meeting), action planning and informal time. The host community is encouraged to work collaboratively with CofC to organise a timetable for the day which enables as many members as possible to participate. Additional sections of the day include a tour and lunch with the community.

Review Team

Review Team

All members of the review team are encouraged to support the community to identify areas of achievement and areas for development. All members of the review team are involved in compiling the report, using the information and evidence gathered throughout the review day and self-review submission.

Lead reviewer

The lead reviewer is trained by the CCQI and will manage the review day, to ensure the day remains focused and runs to time. This role includes supporting both the host community and peer-review team in the evaluation of the standards. The lead reviewer will also support the host community and peer-review team in the action planning elements of the day. The lead reviewer is responsible for writing up the report from the review day.

Peer-review team

The peer-review team consists of 2-5 members from other communities. At least one of the review team must come from a community in the same network as the host community to ensure quoracy (see **Appendix III**). The review team are required to take a lead in engaging the host community in the discussions on the review day. They will be expected to share knowledge and learning and help support the community to think about action planning.

Local Report

The peer-review report includes the contextual information provided by the host community, along with their service data and a section to highlight the improvements made on the previous year's action planning. This information will be transferred from the self-review workbook.

The report will include the self-review scores and comments against all the criteria as well as the peer-review team's scores and comments against the standards covered on the review day. The review team will also identify areas of achievement and the areas for development which will be summarised in the report alongside an action planning template which the community can use as an improvement tool for the following year.

There is space in the report which summarises the feedback from the host community collected on the review day and an area for the peer-review team to summarise their experience of the review day.

Section 7:

Accreditation Membership

Benefits of Accreditation Membership

The Accreditation Process

The Community of Communities has developed an accreditation process within the quality improvement framework to recognise member organisations as Therapeutic Communities. This process identifies and demonstrates good TC practice using the Service Standards in an environment which engages in service evaluation and quality improvement. Accreditation demonstrates that a community is fully meeting the essential standards which underpin a Therapeutic Community.

Gaining recognition through an accreditation process provides:

- ◆ Assurance to clients, commissioners, government departments, regulators and the public that accredited TCs are of an acceptable quality and adhere to a clearly defined TC model
- ◆ Recognition for local achievements measured against rigorous national standards
- ◆ A standardised base to support a continuous focus and development on improving the quality of care they provide
- ◆ Funders confidence to invest in accredited TCs
- ◆ A professional identity for accredited TCs

Accreditation Standards

The accreditation process measures the community against criteria in the Therapeutic Community Service Standards, 10th Edition. The criteria are categorised into three types: Type 1 criteria are essential, Type 2 criteria are expected, and Type 3 criteria are desirable.

To achieve accreditation communities must meet all the Type 1 criteria, (100%) 80% of Type 2 criteria and 60% Type 3 criteria.

Who can be an Accredited Member?

The Community of Communities provides accreditation across all member networks.

Application for Accreditation Membership

Accreditation membership has specific requirements and prerequisites. By signing up for accreditation membership, the community agree to fulfil the requirements.

Accreditation membership prerequisites:

- ◆ Completion of at least one year of full membership. Prior to accreditation it is also recommended that the community completes a full peer-review of the standards
- ◆ Demonstrate meeting the required national minimum standards for the service sector

Accreditation membership requirements:

- ◆ Provide a link person to liaise with the CofC team
- ◆ Involve all community members in the CofC process as far as possible and in the accreditation process
- ◆ Take responsibility for inviting key stakeholders from both internal and external agencies (e.g. senior managers, referrers, statutory inspectors etc.) to attend the community's accreditation visit
- ◆ Provide a minimum of 1 trained peer-reviewer and 1 experienced community member including client members, where appropriate, to attend peer-review/accreditation visits and authorise accompanying travel costs
- ◆ Provide a senior staff member, with at least five years TC management experience, to carry out the TC Specialist role on accreditation reviews of other members and cover the travel costs of sending a TC specialist to one review
- ◆ Ensure community members are kept up-to-date with the CofC network and encourage involvement in events and activities.
- ◆ Assist CofC in disseminating important information to members e.g. tell us about policy changes, relevant articles etc.
- ◆ Commit to returning all necessary correspondence to the CofC team in a timely manner
- ◆ Provide CofC with an update of their regulatory reports (Ofsted/CQC) each cycle
- ◆ Provide CofC with an update to any changes within their community, using the Interim Questionnaire during the self-review year (see **Appendix IV**)

Who can be an Accredited Member?

The accreditation visit covers all the Standards and their criteria, through discussion, observation and documentary evidence.

The Therapeutic Community Accreditation Panel (TCAP) require communities to demonstrate they are meeting national minimum standards set by national regulatory bodies before an application for accreditation membership can be taken forward. Where issues of concern have been made relating to national minimum standards, CofC must be informed of these and provided with relevant action plans to demonstrate how improvements are being made.

Services must identify how they are performing against national minimum standards, e.g. Ofsted, CQC. To do this, members will need to inform CofC of their regulatory reports each cycle, especially if there is a change in the outcome of these reports.

Communities who are reported as 'Good' or above, by either Ofsted or CQC are able to participate in the accreditation programme. If a Children and Young People's community is identified as performing below these standards by Ofsted, their accreditation status within the CCQI has the potential to be effected. If an adult democratic TC, or the Trust in which they sit, is identified as '*requires improvement*', their accreditation status within the CCQI has the potential to be effected. Each case will be discussed by the Accreditation Panel on an individual basis.

All communities applying for accreditation membership must fully complete the accreditation application form and supply all requested supporting documentation. CofC are able to advise the community during the application process. Communities are encouraged to reflect on the feedback from their previous peer-reviews before considering applying for accreditation membership, and seek the support and advice of the CofC team if needed.

The Accreditation Cycle and Review Format

Accreditation membership runs on a three year cycle:

Year 1: Accreditation review

Year 2: Self-review (and Interim Questionnaire)

Year 3: Peer-review

The accreditation review is organised with the community. It is required for all community members to be given an opportunity to attend and take part in the review day where possible. The community is encouraged to take this into consideration when agreeing the review date, e.g. all young people are available to participate, all staff are offered the opportunity to take part. Due to the requirements of an accreditation review, the community will not be able to continue their structured therapeutic programme during the review day. The accreditation visit is the peer-review visit for the year and does not constitute an extra visit.

Six weeks before the accreditation review, the community is required to submit their completed self-review workbook and an evidence portfolio. The self-review workbook should reflect the views of the whole community and will need to be submitted electronically along with supporting evidence via CARS (see the *CARS Service Handbook* for more information). Evidence might include tracked group notes, policy documents and individual case notes. For more details on the evidence requirements please see *The Accreditation Project Lead pack*.

Documents submitted as evidence must be clearly labelled and they should identify which standard the document evidences. Evidence within a document should be clearly tracked, e.g. using different colours or notes to ensure the TC Specialist can clearly follow the evidence trail. It is the community's responsibility to ensure all evidence is legible, labelled correctly and does not contain anything that is non-GDPR compliant.

If a community is unable to provide a self-review workbook and evidence portfolio by the six week deadline they will need to inform CofC. Non-submission of completed documents or unsatisfactorily completed documents may result in the accreditation review being postponed or cancelled. *In this instance, the community will be required to reimburse any travel costs which the review team have incurred as part of the accreditation review visit.*

The community should take responsibility for deciding how to organise the review day. The aim of the day is for the review team to be able to validate the self-review. The review day could include discussions, observation, a review of evidence or other creative ways to demonstrate meeting the criteria.

Preparing the evidence portfolio is a substantial piece of work and the community is advised to begin preparing the documents well in advance of their accreditation review. Advice and support is available from CofC.

The Accreditation Cycle and Review Format

Accreditation Review Timetable

The community should put together a review timetable which will allow the review team to see evidence for how the community meet the criteria. In order to accredit a community some of the review team will need to meet with the staff only and with the service users only and with the whole community all together. The review team will also need time to meet at the beginning of the day and at the end of the day to write the report and to review evidence. The timetable should be put together in consultation with CofC.

Accreditation Review Team

All members of the accreditation review team are required to support the community to identify areas of achievement and areas for development. All members of the review team are involved in compiling the report from the accreditation review day. The accreditation review team are not involved in the accreditation decision making process and are not able to provide the community as to the expected outcome of the accreditation process.

TC Specialist

The TC Specialist takes a lead in the discussions the day and ensuring all data collected is integrated into the report. The TC Specialist is an experienced staff member who meets the specific requirements of the role and has undergone specific CofC training.

Peer-review team

The peer-review team includes between 3-6 staff members and/or service users from other Therapeutic Community members of CofC (including the lead reviewer). At least one members of the team must come from an accredited service and have 2 years of experience in the community (see **Appendix III**). The review team are required to take part in the whole day.

Lead Reviewer

The lead reviewer co-ordinates the review day and supports the review team to complete all the required elements of the review. The lead reviewer will be a member from CofC and will keep a record of the day.

Accreditation Decisions

The Therapeutic Community Accreditation Panel (TCAP) is a group of individuals representing services from across the CofC member networks who meet as part of a combined accreditation committee. TCAP make a formal recommendation about accreditation based on the data collected during the self-review and accreditation visit.

Actions and recommendations of the Accreditation Panel will be subject to scrutiny by the Combined Committee for Accreditation of which TCAP forms a part. This Committee has an overall Chair who assures governance and consistency across those projects measuring the quality of services which are managed by the College.

Successful accreditation will be dated from the date of the Combined Committee. For communities who have gone through a deferral period, their accreditation will be backdated to run from the date they were first presented to the Committee.

To maintain accreditation status, the community is required to uphold their accreditation membership over the three year accreditation period, and demonstrate they are continuing to meet the required service standards. If the accreditation standards are not being satisfactorily maintained, the accreditation status of the community can be revoked by TCAP. At the end of the three year accreditation period, the community will be required to undertake an accreditation review. Accreditation status following a re-visit is subject to alteration.

There are three categories of accreditation:

1) Accredited

Meet all Type 1 criteria

Meet 80% of Type 2 criteria

Meet 60% Type 3 criteria

Accreditation Decisions

2) Accreditation Deferred

- ◇ Fail to meet one or more Type 1 criteria but demonstrate the capacity to meet these within a short time; and/or
- ◇ Fail to meet 80% or more of Type 2 criteria but demonstrate the capacity to meet these within a short time; and/or
- ◇ Fail to meet 60% or more of Type 3 criteria but demonstrate the capacity to meet these within a short time

The specific conditions aligned with the deferral will be outlined to the community; this includes listing the criteria that need to be met and any additional requirements requested by TCAP before accreditation is awarded. There may be a need for a further accreditation visit within a specified time period to confirm that the community has met the criteria for fully accredited status. If a revisit is required, the community will be responsible for paying the expenses incurred by the visiting team. It is important to note that actions listed in the report against unmet or partly met standards are a suggestion; the community could take alternative action to meet a standard.

2) Accreditation Failed

- ◇ Fail to meet one or more Type 1 criteria with no evidence of the capacity to meet these within a short time; and/or
- ◇ Fail to meet 80% or more of Type 2 criteria with no evidence of the capacity to meet these within a short time
- ◇ Fail to meet 60% or more of Type 3 criteria with no evidence of the capacity to meet these within a short time

Accreditation decisions will be dated from the date the service is first presented to the combined committee and will run for three years.

Accreditation Decisions

Where will the accreditation status be published?

Accredited members of CofC will be published on the Royal College of Psychiatrists website. The online listing will include; the community name, the accredited status and the accreditation period. Members that receive a failed or deferred accreditation status will not be published.

Exceptions and the exercise of judgement

No exceptions can be made for how Type 1 standards are treated; however the accreditation committee can use its discretion in relation to Type 2 and Type 3 standards.

Suspension/ withdrawal of accreditation

For a community to remain accredited over the 3 year accreditation period it must demonstrate that it continues to meet the standards relating to the level of accreditation awarded. If on interim peer-review a community fails to meet one or more Type 1, they will be issued with a notice to improve. If after three months they cannot demonstrate they meet the standard(s) in question, their accreditation status will be suspended for three months. If there has been no improvement following this suspension period, the accreditation status will be withdrawn. TCAP will be the body that recommends withdrawal of accreditation.

Accreditation may be suspended temporarily if there are other grounds which suggest a community no longer meet Type 1 standards or other concerns. The community will be required to complete and interim questionnaire to monitor this (see **Appendix IV**).

Accreditation Appeals Procedure

Appellant services that wish to make representations with regard to their accreditation must initially submit them to the Head of the College Centre for Quality Improvement within eight weeks of receipt of the accreditation decision by the Combined Committee for Accreditation. Representations will then be dealt with according to this policy agreed by the Combined Committee for Accreditation. Under no circumstances are such representations to be made to reviewers or any other project staff.

Appeal definitions

“Accreditation level”	A judgement made on the basis of a service’s performance against the standards set and measured by an accreditation programme. There are four levels of accreditation; “excellent” (accredited as excellent will no longer be offered from 1 January 2016); “accredited”; “accreditation deferred”; “not accredited”. The Combined Committee for Accreditation decides an accreditation level for each service that it considers.
“Appeals Panel”	A panel of three members of the Special Committee for Professional Practice and Ethics, a sub-committee of the College Council.
“Appellant service”	A service undergoing the accreditation process that Appeals against an accreditation decision of the Combined Committee for Accreditation.
“Application”	An appeal submitted for consideration under these rules before acceptance.
“Council of the College”	The senior committee of the College, chaired by the President, whose remit includes the full management and control of the work of the College in the area of quality.
“Deferral”	Period of time within which a service not meeting standards must show that it meets the recommendations of the Combined Committee for Accreditation.

Accreditation Appeals Procedure

“Combined Committee for Accreditation”	The committee of the Royal College of Psychiatrists with responsibility for all matters regarding the accreditation of services.
“Head of the College Centre for Quality Improvement”	The head administrator for the Col Quality Improvement.
“Review team”	The multi-disciplinary team which carries out peer-review visits to member services to ascertain whether standards for accreditation have been met.

Grounds for appeal

One or more of the following shall constitute grounds for an appeal under the appeal procedure:

- 1.1 There is evidence of an administrative irregularity or procedural failure and the service believes that, were it not for that irregularity or failure, the accreditation decision would have been different.
- 1.2 The service believes it is meeting standards which the accreditation committee has judged to be not met and which, if they were deemed to be met, would affect the level of accreditation

2. Written appeals application

- 2.1 The Application must be submitted to the Head of the College Centre for Quality Improvement in writing and include the following information:
 - 2.1.1 the appellant service’s name, address and telephone number,
 - 2.1.2 the grounds on which the appeal is made in accordance with paragraph 1 above, and
 - 2.1.3 appropriate supporting documentation such as evidence of compliance with criteria (e.g. local policies, audits and protocols, information leaflets) or details of an administrative error.

Accreditation Appeals Procedure

- 2.2 The Head of the College Centre for Quality Improvement may request in writing within 28 days of receipt of the appeal further information from the appellant service. The appellant service must supply such further information within 28 days of the date on which the request for such further information was sent by the Head of the College Centre for Quality Improvement. In the event of it not being supplied within the 28 day period, the application will be automatically dismissed.
- 2.3 Providing that the application complies with the preceding provisions of paragraphs 2.1 and 2.2, then not later than 28 days after receipt by the Head of the College Centre for Quality Improvement of the application, the Head of the College Centre for Quality Improvement will send to the appellant service notice in writing that the application for the appeal has been accepted and to whom it has been referred for consideration.
- 2.4 If, having submitted a formal appeal, an appellant service currently under deferral fulfils recommendations of the accreditation committee and resubmits itself to the accreditation committee with proof that a higher level of accreditation is now merited, the attainment of the higher level of accreditation will be deemed to supersede the appeal, which will then automatically be treated as having been terminated.

3. Consideration of Appeals

- 2.5 Grounds for appeal under paragraph 1.1 only will be considered by the chair of the Combined Committee for Accreditation in consultation with the Head of College Centre for Quality Improvement who will review the service's peer review documentation and inform the appellant service of any administrative or procedural error which has occurred, and any consequent change to the appellant service's accreditation level.

Accreditation Appeals Procedure

- 2.6 A decision on an appeal under paragraph 1.1 would normally be expected within 3 months of receipt.
- 2.7 If the appellant service is still dissatisfied following adjudication provided under paragraph 3.1, a further appeal may be submitted which will be considered by an appeals panel (see definitions).
- 2.8 Grounds for appeal under paragraph 1.2 will be considered by the appeals panel. All supporting documentation submitted by the appellant service, together with comments from the review team and the minutes of the meeting of the Combined Committee for Accreditation at which the service was originally discussed, will be considered by the appeals panel.
- 2.9 The appeals panel will determine if it can reach a decision on the basis of the documents presented to it. If this is not possible, the appeals panel will reconvene at a later date to take evidence from relevant parties, such as the appellant service, the review team, the project team, and the chair of the Combined Committee for Accreditation.
- 2.10 The appeal can be determined in the following ways:
 - 2.10.1 the original decision of the Combined Committee for Accreditation is upheld, or
 - 2.10.2 the accreditation level of the service is altered. This can be either up or down, or
 - 2.10.3 a revisit is required.

Accreditation Appeals Procedure

- 2.11 The appeals panel will present its determination in writing to the Head of the College Centre for Quality Improvement who will send the determination to the appellant service within 28 days of the date of the appeals panel's meeting. A report on the outcome of the appeal will be presented to the Combined Committee for Accreditation.
- 2.12 Under normal circumstances, the appeals panel will not call on the bodies that have representation on the Combined Committee for Accreditation.
- 2.13 The Royal College of Psychiatrists reserves the right to charge an administrative fee in respect of a final appeal under section 3.3 to cover the expenses of convening the appeals panel. The amount will be determined from time to time by the Council of the College. If the appellant's appeal is successful the administrative fee will be refunded in full.

September 2015

Date for revision: September 2017

Appendices

Appendix I

The Principles and Therapeutic Rationale of Therapeutic Communities

Rex Haigh and Adrian Worrall 2002

TC principles and therapeutic rationale	
<i>Principles from all descriptions/ definitions</i>	<i>Therapeutic value or rationale</i>
Democratic, participative	Allows healthy parts of the personality to emerge and be used (e.g. self-management and altruism)
Permissive, tolerant	Allows difficult behaviour to occur. Encourages catharsis, self-disclosure and the assumption of individual and collective responsibility.
Safe, boundaries	Psychological containment can be experienced and internalised.
Communicative, open and frank discussion	Facilitates expression of distress and understanding of its causes
Facilitate reality confrontation.	The consequences of actions made clear to individuals and the group.
Intimate, informal	Allows trust to develop, and encourages therapeutic playfulness.
Equitable, non-hierarchical	Demonstrates that all members are valued equally.
Varied environment	Allows interaction in different settings, and mutual examination of various facets of the personality
Communalism, group living	Helps client members explore all their interactions and provide opportunities for experimentation with new behaviours in real situations.

Derived definition:

A therapeutic community is a planned environment which exploits the therapeutic value of social and group processes. It promotes equitable (7) and democratic (1) group-living (9) in a varied (8), permissive (2) but safe (3) environment. Interpersonal and emotional issues are openly discussed (4) and members can form intimate relationships (6). Mutual feedback helps members confront their problems and develop an awareness of interpersonal actions (5).

Sources:

1. Rapoport, R. N. (1960) *Community as Doctor*. London: Tavistock.
2. Haigh, R. (1999) The quintessence of a therapeutic community. In *Therapeutic Communities: Past, Present and Future* (eds P. Campling & R. Haigh), pp. 246–257. London: Jessica Kingsley.
3. David Kennard, Janine Lees, (2001) *A checklist of standards for democratic therapeutic communities*, *The International Journal of Therapeutic Communities*, Vol. 22, No. 2.

Appendix II

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

Appendix III

Quoracy Guidance

N.B. Review teams will consists of a minimum of 3 reviewers, and a maximum of 6 reviewers.

Peer Review	Minimum Requirements
Peer Review	1 trained lead reviewer 1 trained peer reviewer 1 Person belonging to the sector of which the review will take place. <i>And/or</i> 1 Person with lived experience of living or working in a TC for a minimum of two years
Accreditation Review	Minimum Requirements
CYP Accreditation Review	C of C lead reviewer 2 Children and Young People staff (1 of which accredited) 1 trained peer reviewer Trained TC specialist
NHS Accreditation Review	C of C lead reviewer 2 staff / service users from NHS (1 of which accredited) 1 trained peer reviewer Trained TC specialist
HMP Review	Minimum Requirements
HMP Audit Review	<i>Day one:</i> C of C lead reviewer 2 staff / service users from TCs 1 staff / service user HMP Forensic Psychologist TC Specialist Operational auditor <i>Day two:</i> As day one but without PR team
TCC Peer Review	Minimum Requirements
TCC Peer Review	1 Lead reviewer / 1 CofC staff member 2 TCC staff members or persons with TCC experience

While we encourage other services to send reviewers to different reviews, it has been agreed that NHS PD Services can visit other Adult services 'en masse'.

TC Specialist: A person in a managerial position in an accredited TC for a minimum of five years.

Appendix IV

Interim Questionnaire

The accreditation process is designed to support continuous improvement and maintenance of standards. The aim of the Interim Review is to help you maintain a strong performance against the standards. We are happy to work with you and available to provide support where required.

Please answer this questionnaire with up-to-date information and make sure that you have a copy of your accreditation report to hand while completing this questionnaire.

In line with the requirements of accreditation membership, you are required to inform us of any significant changes that have occurred subsequent to your most recent accreditation visit which could impact on how your service operates.

All accredited services are expected to make Community of Communities aware if there have been any major changes to staffing, the physical environment, culture, or other aspects of care quality and safety that impact your ability to meet the standards.

You should also use this process as an opportunity to review with your team and then update us on any progress made against any action points highlighted in your accreditation report.

Services are required to self-review and update the CCQI on serious incidents that have occurred, and subsequent actions taken. The review should consider if these incidents reflect shortfalls in compliance with standards, how these will be addressed, and processes in place to support lessons being learned from these incidents. Any new and unresolved safety issues identified should be shared with the Community of Communities. If additional information is required, this will be followed up with you via telephone or email.

An effective and meaningful interim review involves the whole team. The responses given should represent the views of the wider staff group. In order to achieve this, you could for example complete the questionnaire within a staff meeting or circulate it to staff in order to get their feedback.

The completed interim review will be considered by the Accreditation Committee and additional evidence may be requested. Accreditation status is dependent on the ongoing compliance with type 1 standards. Completion of the interim review is a requirement of the accreditation process.

If you have any questions about this questionnaire, please contact: The Community of Communities project team by email.

Service name:

Date completed:

Completed by:

1. Staffing

Have there been any significant changes to your staffing establishment, such as an increase in vacancies or changes to the staffing structure, in the time since you were awarded accreditation? (Please delete as appropriate)

Yes/No

If yes, please give more details below:

2. Environment

Have there been any significant changes, such as the closure of beds or a change of locations, to your environment in the time since you were awarded accreditation? (Please delete as appropriate)

Yes/No

If yes, please give more details below:

3. Organisational change

Have there been any significant changes to the organisation, such as merging with another service or change in leadership? (Please delete as appropriate)

Yes/No

If yes, please give more details below:

4. Safety

Are there any outstanding safety issues that relate to, or are a result of, challenges with consistent compliance with standards?

5. Any other changes

Have there been any other changes that you would like to make the team aware of? (Please delete as appropriate)

Yes/No

If yes, please give more details below:

7. Regulators Reports and Action Plans

Services should highlight any actions raised in their most recent regulatory report. Action plans should reference 'must' and 'should' improvements listed in reports as well as any other identified areas for action.

Please attach a copy of the regulatory report when submitting your interim review.

Date of Inspection:

Date of Report Publication:

Area for action	Actions to be taken	Date for action to be completed

8. Any other comments:

Please return this completed questionnaire by email to: cofc@rcpsych.ac.uk

Contact Information

Email:

cofc@rcpsych.ac.uk

Telephone:

0208 618 4041

Address:

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