Democratic Therapeutic Communities in Prisons

National Audit Report 2011-2012

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Foreword

This report describes the performance of the 12 prison democratic therapeutic communities (DTCs) and how they have continued to achieve a high standard of compliance with national quality standards and demonstrate improvements to clinical and operational practice. It provides clear, insightful and detailed descriptions of the challenges faced by each of our communities, and highlights the achievements and areas of best practice that are taking place.

The fact that there were improvements noted in most communities, and all communities achieved compliance with the accredited model, is particularly impressive. Improvements in Continuity and Resettlement have been reported, responding to previous audit findings and Correctional Services Advice and Accreditation Panel (CSAAP) recommendations.

The Community of Communities (CoFC), a quality improvement and accreditation programme led by the Royal College of Psychiatrists, has provided the high quality assessment processes used to produce this report. They also offer an opportunity for prisons to learn best practice from therapeutic communities in other institutional settings around the UK and importantly provide expert support in implementing the recommendations. Through these processes, prison DTCs contribute to a wider therapeutic network and have an impact far beyond their own prisoners.

Prison DTCs have experienced a number of significant changes and challenges following the publication of the previous national report. These include a tough financial environment and changes to key personnel and management in some sites. Further changes are expected following the coalition Government’s publication of its strategy for the management of offenders with personality disorders. Managing these often difficult and complex cases is a critical activity for NOMS and crucially prison DTCs already provide a significant proportion of the treatment services available for offenders likely to meet the Personality Disorder criteria.

The presence of 12 communities delivering high quality, accredited treatment in compliance with a demanding and rigorous specification is a credit to their staff and management, and demonstrates an ongoing commitment from NOMS to humane and thoughtful rehabilitation.

Finally, we would like to thank Dr Rex Haigh, the former Chair of the Advisory Group of the Community of Communities, for his hard work and dedication over many years for the Community of Communities.

Dr Steve Pearce, Chair of the Community of Communities Advisory Group and Ian Goode, Joint Head, DH/NOMS Personality Disorder Policy Team
Executive Summary
Executive Summary

- This report contains details of the national audit of 12 democratic therapeutic communities (DTCs) in five prisons.

- The aim of the biennial process is to provide a robust evaluation of the TCs’ performance against the accredited democratic TC Core Model and enable ongoing quality improvement through membership of the Community of Communities network.

- 12 TCs scored above 70% overall and 60% for each of the four sections and were assessed as compliant with the accredited core model.

- HMP Dovegate Avalon and HMP Dovegate Genesis performed particularly well (90%) and improved on their last audit scores.

- HMP Grendon B and C wings also slightly improved since their last audits.

- The average score was 81%.

- 53% of the recommendations made in 2011-2012 are repeated from 2009-2010 and 21% remain the same as in 2007-2008.

- 26% of recommendations have been addressed since the last audit.

- Despite financial challenges and regime changes TCs continue to score highly in the Quality of Delivery.

- There has been a significant decrease in Institutional Support for five out of the twelve TCs.

- The most significant variation in scores is across Treatment Management and Integrity. Three TCs are significantly improved and five show a decrease in performance ranging from 9-30% in this section.

- There has been significant improvement in Continuity and Resettlement in five TCs.

- All TCs received a support visit in the interim year.

- The standards were reviewed and clarified prior to this audit year with extra guidance given to some standards.

- C of C is committed to supporting the HMP TCs to address persistent recommendations by:
  - Hosting a workshop to develop and action plan to address difficult issues
  - Reviewing and revising the support provided
  - Helping TCs to benefit from membership of the C of C network
  - Supporting TCs to increase training and research opportunities
Introduction
Introduction

This National Report summarises the audit results for 12 Democratic Therapeutic Communities (TCs) in prisons in 2011-2012. It makes comparisons with the previous interim year (2010-2011) and the previous audit year (2009-2010), identifies areas of achievement and makes recommendations for improvements.

Over the past six years the Royal College of Psychiatrists’ Centre for Quality Improvement has worked in partnership with HM Prison Service to deliver an integrated process of audit based on HMP Service baselines and the Community of Communities’ (C of C) quality improvement process (Appendix 1). The aim of the integrated audit is to evaluate compliance with the Democratic Therapeutic Community Core Model, accredited by the Correctional Services Advice and Accreditation Panel (CSAAP) and to facilitate quality improvement through membership of the Community of Communities’ Quality Improvement Network (Appendix 2).

The Interim Year 2010-2011

The self- and peer-review reports for the 2010-2011 interim year saw the majority of communities improving on previous scores. This is an encouraging result considering the financial restrictions over the last few years and the resulting reduction in staffing in many communities.

Reading this report

The report provides an overview of the recommendations and detailed results of the 2011-2012 audit cycle. The results are divided into three sections:

1. **Section 1** discusses the overall performance of HMP TCs and compares the final compliance score with the previous four years. It identifies specific recommendations and areas of achievement and also comments on the overall process.

2. **Section 2** is divided into the four overarching areas of the audit:
   - Institutional Support
   - Treatment Management and Integrity
   - Continuity and Resettlement
   - Quality of Delivery

It provides an analysis of each section based on the scores and numbers of recommendations given by audit teams. Recommendations can be made where TCs do not meet a standard and therefore the analysis has a strong quality improvement emphasis which contributes to raising standards. It also comments on recommendations from the last cycle as well as providing top tips for good practise.
3. **Section 3** compares the performance of HMP TCs against the Core Standards to those of other adult democratic communities taking part in the Community of Communities (C of C) peer-review process.

The separate “Detailed Data Document” should be read alongside this National Report. It contains individual audit summaries which list all areas of achievement, areas for improvement and recommendations for each TC and tables of recommendations in ranked order for all TCs.

**Notes**

When reading this report it is important to note the following:

- The scores for the interim year presented in this report reflect a combination of self-review and peer-review scores.
- In 2011/12 each TC is required to achieve a minimum overall score of 70% with at least 60% in each individual section.
- Overall compliance scores for each TC were calculated by adding the total percentage score of each section of the standards and dividing this by the number of sections (4). This was to ensure that each section carries an equal weighting regardless of how many standards a section contains and is in line with CSAAP recommendations.
- Following last year’s audit it was agreed that some standards would be given additional weighting to reflect their importance to the model. These are referred to in the report.
- It is suggested that a difference of 5% or below is probably not meaningful in terms of noticeable differences in clinical outcomes, safety, recidivism, client member experience or satisfaction.
- Inter-rater reliability was checked by ensuring scores were consistent especially where standards could not realistically vary. Any variations were checked with specialist reviewers and altered accordingly.
- Since the last audit a number of standards have been added, amended or deleted. Consequently the standard numbers will not necessarily relate to the same standard from the previous audit. This report uses the new numbers only and where repeated recommendations are referred to the new numbers have been matched to the old recommendations (see the Detailed Data Document for reference to the previous standard numbers).
- Recommendations are made at the end of each section if 7 or more communities have received a recommendation to meet the specific standard. An action plan for all recommendations can be found in Appendix 10.
- Throughout this document the term ‘review’ has been used to refer to the process by which the communities have been audited and includes both the specialists and the peer-reviewers input.
Correctional Services Advice and Accreditation Panel

CSAAP Recommendations:

1. The chronic staffing problems at Grendon concerning Small Group cover and continuity, especially group cancellations/Wing substitutions, is a matter for an Independent Study.
2. An End of Therapy Report should be completed on every TC resident prior to leaving (and leaving should be made subject to the completion of the report) regardless of the circumstances. The proforma should be designed to allow for brief or lengthy information depending on what is possible in the time available.
3. All DTCs should be represented by at least one staff member on the Peer Review process.
4. The efficacy of DTCs, including pre/post psychometrics and re-convictions should be given first priority in the commissioning of an external research project.
5. More time should be allocated for unstructured time and TCs should be encouraged to realise the importance of this. A workshop could be run to create an awareness of the importance of having unstructured time and the benefits it brings.
6. The audit process would greatly benefit from a formal response from NOMS to the National Audit Report, DTCs in Prison, highlighting greatest achievements and concerns.
7. Hierarchical TCs for drug offenders should continue to be part of the same national audit and accountability procedures as the DTCs. Separate commissioning lines for the Department of Health and Ministry of Justice respectively would be seriously counterproductive.
Results and Discussion
5.1 Section 1: Overall Performance

As with the previous audit report, there has been widespread organisational change and financial restrictions within the Prison Service this year. This has had an effect on staffing and led to increased pressure on establishments to deliver therapy in a community setting.

Despite this, all communities have met the criteria of 70% required this cycle and the average score across all TCs was 81%. Both HMP Dovegate Avalon and Dovegate Genesis have performed particularly well. Figure 1 shows the overall results of this year’s audit for each community.

Figure 1: Overall compliance scores for this cycle (2011-2012)

Figure 2 compares the overall results from the past four cycles since 2008. This includes two interim years and the last audit year. Performance levels since the previous audit year (2009-2010) have improved at HMP Dovegate Avalon (Dov A), HMP Dovegate Genesis (Dov G) and have been maintained at HMP Dovegate Endeavour (Dov A), HMP Grendon B, C and D wings and HMP Send. Performance levels have significantly dropped at HMP Dovegate Camelot (Dov C), HMP Grendon A wing, HMP Gartree and HMP Blundeston. This can largely be explained by a significant change in leadership (see Section B). As this is the first year HMP Grendon G wing has participated in the audit process their overall score can only be benchmarked against this year’s average score, to which they have performed only slightly below (see figure 1).
Since the last interim year, all HMP TCs overall compliance scores have decreased, except for HMP Blundeston (see figure 2). This decline is worrying for two reasons. Firstly, it may indicate a decline in performance over a one year period but secondly, and probably most likely, that it is testament to inaccurate self-reviews by these TCs. The interim year is an opportunity for TCs to provide a self-review of audit baselines and to focus on quality improvement and best practice standards for TCs.

The previous HMP National Audit Report (2009-2010) noted discrepancies between the self-review and the audit scores and this year we have looked at this in more detail (figure 3). The self-review scores on the whole are greater than the audit scores, with nine communities scoring themselves at least 5% higher than their audit scores. However, two of the communities scored themselves significantly lower (21% and 10%). This is a concern and training on the standards and completing the self-review workbook may aid completion in the future. This is a repeated recommendation for C of C to consider. However, TCs would also usefully consider why the self-review does not reflect the audit scores, especially for those scoring themselves significantly lower.
The self-review year is an opportunity for TCs to prepare for their audit by reviewing the action plans put in place following the last audit and to continue to address recommendations. The support visits are available in the interim year to aid this process but have proved difficult to arrange and organise with most TCs. All TCs eventually took advantage of the visits and most reported positive experiences and benefits from the process. However, it is important that C of C reviews the structure and content of these visits to further support TCs in meeting some standards. This is particularly important given the difficulty TCs have in meeting key recommendations. Overall, 53% of recommendations made this year are repeated from the last audit, and of those, 40% (21% of all recommendations) were also repeated from the previous audit (2007-2008). In light of this it is vital that C of C explore these standards with TCs to look at the reasons for persistent problems and set up a collective action plan to address them.

Despite ongoing cuts in resources, TCs continue to focus on the quality of delivery and prioritise the therapeutic experience of members. Most standards that are critical to the TC culture are well met and staff have shown a good understanding of residents’ backgrounds and treatment plans. However in some communities there is a need to reflect on the staff-resident relationship. There is ongoing confusion, and perhaps some resistance to the term “community member” as used in the standards. Often staff do not include themselves when reviewing a standard using this term, viewing residents as the community members. HMP TC staff and residents would usefully reflect on their understanding of the nature of community and their membership to it. This process would enable TCs to revisit the Core Model and to refresh knowledge with regard to the TC approach and the necessary ingredients of the culture. Improving knowledge and awareness would benefit TCs and support improvements to a number of standards especially in relation to difficulties with residents and staff sharing informal time and meals together. C of C does need to clarify the term “Community Member” in revisions of the standards and to support the sharing of ideas of how to meet these difficult standards. DTCs must further develop training opportunities to increase the understanding of the model with supervision and the C of C peer-reviews being the primary resources.
As identified earlier, a number of issues continue to be a problem for all communities this cycle including; TC awareness training for the prison, cross-deployment, housing lodgers on the wing and staff shortages. One of the consequences of staff shortages is the lack of monthly supervision for all staff. There has been a large decrease in the number of communities meeting this standard in comparison with the last audit and this needs addressing promptly. C of C recommends that the Core Model be reviewed to consider the routine use of group supervision in all HMP TCs.

Communities have succeeded in putting in place an end of therapy case conference this cycle. This is progress, however, there are still improvements required in this area such as completing psychometric assessments at the completion of therapy and including the whole community in the planning of leavings. Resettlement has continued to be an area of achievement this audit. Further improvements needed include reviewing resettlement needs over the course of therapy and encouraging residents to make contact with external agencies about their resettlement needs.

Research into the effectiveness of TCs has been introduced into the audit standards this year and consistent with the wider TC world, HMP TCs struggle to meet it. It is important that HMP TCs work together with other TCs to develop a strategy to improve on this before the next audit.

**Engagement in the Audit Process**

Overall feedback from review teams was positive, most felt they had received a warm welcome and had been made to feel comfortable and safe. It was noted that staff and residents in the host TCs were engaged in the process, with many teams reporting an open and honest approach to the reviews with high participation in meetings from community members. Reviews were generally well organised and flexible regarding timetables. There was a significant difference across TCs in relation to the self-review process, with some TCs involving all members of the community in a well structured and inclusive process to complete the workbook and others providing limited comments and involvement from community members. A thorough completion of the self-review workbook, representative of the whole community, is central to quality improvement and the inclusive nature of the C of C process. It can also ease the burden of the audit visit by enabling the review team time to share ideas and discuss relevant issues with members of the host TC. This is a repeated recommendation for the C of C team.

Sadly, there was more limited participation from HMP TCs in the reviews of other TCs this year. Despite being noted as a valuable learning experience, only two communities provided the minimum number of peer-reviewers expected, to visit other communities. Some communities did not provide any peer-reviewers this cycle (see Appendix 7) and it is vital that this improves (see above).

Feedback from the host TCs was requested this year (Appendix 11) and discussed with CSAAP. C of C will take on board the feedback given and try to incorporate some changes into the next audit cycle if appropriate.

**Conclusion**

It is easy to identify areas for improvement and recommendations for HMP TCs based on the data, both qualitative and quantitative. It is often more difficult to point out what they do well, possibly because their strengths seem so routine. It is important to point out the all TCs continue to operate in a hostile climate which threatens every aspect of the community environment from staff cuts, to regime changes, increased security requirements etc. Everyone is expected to do more with less. Despite this, all HMP TCs
manage to retain a strong TC culture which is evident to all peer-reviewers that visit. Many express surprise at how open and “TC” the communities are, and the openness of the residents and staff is unsurpassed in the C of C network. It is important for all TCs to recognise their strengths and to see the audit process as supportive in ensuring the safety of the environment and that recommendations are intended to help to maintain and improve their good work. It is for this reason that many recommendations are directed at C of C in this report and that over the next two years we will try to do more to help TCs address recommendations, especially those that have proven difficult to meet.

**Recommendations**

1. C of C to provide training to support accurate self-review (repeated recommendation).
2. C of C to continue to support TCs to improve their preparation for the audits (repeated recommendation).
3. C of C to host a workshop to explore repeated recommendations.
4. C of C to review the content and structure of support visits.
5. C of C to review the use of the term ‘community member’ in the standards emphasising both staff and residents as community members.
6. TCs to host refresher training in the TC Core Model.
7. C of C to work with HMP TCs to improve research into effectiveness of the TCs.
8. C of C to recommend greater emphasis on group supervision in the revision of the Core Model.
9. TCs to release clinical and uniformed staff for peer-reviews.
10. C of C to look at feedback from TCs on the audit process and make any appropriate changes to the audit process.
5.2 Section 2: Performance and Summary of Recommendations

5.2.1 Section A: Institutional Support

This section examines whether TCs have adequate facilities, are properly resourced to deliver the TC Core Model, and measures the support each TC receives from their host establishment.

The majority of communities have maintained their compliance scores for this section since the last integrated audit process in 2009-2010, although there were slight decreases in performance for HMP Dovegate Avalon, HMP Dovegate Camelot, HMP Dovegate Endeavour and HMP Send (figure 4). There was a significant decrease for HMP Blundeston although they have slightly improved on their 2010-2011 interim year score for institutional support (from 60% to 63%).

Figure 4: Comparison of results for Institutional Support for 2009-2010 and 2011-2012

Management and External Support

All communities have a member of the Senior Management team responsible for and supportive of the TC (PSA3) and a number of communities demonstrated effective communication between the community and the senior management team with wing governors attending community meetings in some places (PSA19). However, an effective management structure to support the work of the TC is still lacking at some communities. Wing managers need to be given sufficient time to attend and participate in the community and support the TC staff (PSA2). In addition the input from probation personnel needs to be reviewed at HMP Dovegates and HMP Send to ensure minimum requirements are met (PSA6). Support sessions from an external counsellor need to be
made available to all staff (PSA13) to ensure staff are supported throughout their time on the TC, especially at this time when staff may feel under pressure due to staff shortages.

**Cross-deployment**

Although all communities have been able to maintain two-thirds of their staff for over 18 months, as with the previous audits in 2009-2010 and 2007-2008, cross-deployment of staff is a problem (PSA10) and there are not enough staff members to safely and effectively facilitate the programmes at most TCs (PSA9). All communities, except HMP Gartree, have failed to fully meet both these standards and this is having a negative impact on the ability to maintain consistency of staff members in small groups (PSA17).

**Lodgers**

As with previous audits in 2009-2010 and 2007-2008, the housing of ‘lodgers’ or people not engaged in therapy on some TCs is still a problem (PSA16). Residents not engaged in therapy must not be housed on the TC. This was a recommendation in 2009-2010 and 2007-2008 audits and continues to be a key recommendation this year. All communities are failing to meet this standard except HMP Dovegate Genesis, HMP Gartree and HMP Grendon G wing.

**Involving the community**

More preparation or evidence of preparation and the involvement of the whole community for the integrated audit process is required at a number of communities (PSA21). Full completion of the self-review workbook would assist with this and would increase the usefulness of the audit process to the whole community.

**TOP TIP**

“On TC Genesis we have an audit team which consists of representatives from small groups and whose aim is to collate the information for the final workbook, ensuring an overall reflection of the community is given.” (HMP Dovegate Genesis).

HMP Dovegate Genesis also asked a resident to complete the TC comments at the beginning of the workbook, showing involvement of the residents in the review process.

While creating an audit team to collate information for the self-review workbook is an excellent idea communities need to ensure both residents and staff are equally represented in the team to ensure the views of staff, including uniformed staff, are also reflected in the workbook.

The involvement of the HMP communities in the C of C peer-review process needs to be improved. Attendance at other communities peer-reviews has been poor. Becoming more involved in the process will enable shared learning across the HMP communities and across the C of C network and will increase familiarity with the standards. This is a valuable training tool, especially for uniformed staff.

All communities have done well to follow the local staff recruitment policies and procedures in accordance with the Management Manual (PSA8). However, a number of communities need to look at how all community members can be involved in the selection of new staff members (2.2.2). This has been an area of achievement for some communities.
TOP TIP

The most recent member of staff to join the community attended a community meeting so residents could ask them questions and vice versa. The resident’s feedback was taken up by the management group. (HMP Dovegate Avalon)

Promoting the community

Representation at national events was good this year with all but two communities attending TC events (PSA4). It is noted, however, that there were only a few events to attend this year. TCs struggle to participate in research concerning the effectiveness of HMP TCs. (5.3.1). To emphasise the importance of research for the future of TCs, C of C has increased this standard from best practice to an audit baseline. It is consistently unmet by most TCs throughout the C of C network and it is vital for all TCs to address it. HMP TCs have an opportunity to use psychometric data routinely collected at admission and discharge to assess and demonstrate effectiveness. Recently HMP Grendon took part in a project to address this standard with the “Closing the Gap” project at the College Centre for Quality Improvement (CCQI) as part of their membership of C of C. The TCs decided to focus on how research can be disseminated throughout the prison so members of the TC are aware of the research that has taken place. The results of this useful process have been written up by HMP Grendon staff (Appendix 9). C of C is committed to supporting members to address the lack of research into TC effectiveness throughout the network and is working with the national TC association, The Consortium for Therapeutic Communities (TCTC), to help support TCs in this area. C of C needs to help HMP TCs focus on collecting and collating data from assessments to both support individual prisoners and for this wider research purpose to promote the model.

TCs should continue to develop and deliver a TC awareness package for new and existing members of the wider prison who have not received this training (PSA7). As per the last audit, no communities have managed to fully meet this standard this cycle. Establishments should support the TC in achieving this standard and include TC awareness training as a priority for all staff, not just those who have recently joined the establishment.

Physical Environment

The welcoming nature of the physical internal and external environments were commented on in a number of reports this cycle. For example, the presence of fish tanks and the decoration of corridors and communal spaces was commended (1.1.1). This is an improvement from the last audit.

Key recommendations from the last audit that have been met

1. Nearly all communities managed to have an annual review of referrals to the TC (PSA14). (This standard was changed slightly in this cycle – see Detailed Data document.)

Repeated key recommendations from the last audit still not met:

1. All staff working in a prison that houses a TC should receive TC awareness training (PSA7). Recommendation in 2009-2010.
2. There should be enough staff members to safely and effectively facilitate the therapeutic programme and Operational TC staff should not be cross-deployed.
and not removed from their duties (PSA9 & PSA10). Recommendation in 2009-2010 and the 2007-2008.


**Recommendations from this audit:**
1. Support sessions from an external counsellor should be available to all staff (PSA13).
2. All communities should have a recognised policy and procedure for integrating prison behaviour management systems, e.g. an IEP system, which is consistently applied by all operational staff in the context of therapy (PSA20).
3. C of C to support TCs to use data collected at admission and discharge for research into TC effectiveness.

**Achievements:**
1. The internal and external physical environments are comfortable and welcoming (1.1.1).
2. All communities have done well to follow the local staff recruitment policies and procedures in accordance with the Management Manual (PSA8).
3. All communities have a member of the Senior Management team who is responsible for and supportive of the TC (PSA3).
5.2.2 Section B: Treatment Management/Integrity

This section is concerned with the management of staff and the treatment environment.

Figure 5 displays a variation of changes in performance since the last audit across the communities. HMP Dovegate Avalon, HMP Dovegate Endeavour and HMP Dovegate Genesis have all significantly improved their performance since the last audit. However, HMP Dovegate Camelot, HMP Grendon A wing, HMP Grendon D wing, HMP Gartree and HMP Blundeston have all significantly decreased in their performance of this section. HMP Grendon B wing, HMP Grendon C wing and HMP Send have maintained their performance. The extreme changes in performance for HMP Grendon A wing and HMP Gartree need to be explored. One of the key reasons for this may be due to the change in therapy managers on these wings during the last year. If this is the case, it is important for establishments to plan for similar changes in the future to ensure the therapeutic integrity of the community is not affected by such changes.

Figure 5: Comparison of Results for Treatment Management/Integrity: 2009-2010 and 2011-2012
**Staff Supervision and interaction**

The increased supervision given to new members of staff was an area of achievement for a number of communities this year (2.3.3). However, staff supervision is an area for improvement for the majority of communities this year. This may be indicative of the staff changes previously referred to at some communities but communities need to ensure that all staff are adequately supervised. There should be a reliable system in place which takes into account shift patterns and cross-deployment, that enables all staff to attend a supervision session at least once a month (PSB7). This is integral to maintaining the integrity and safety of the therapeutic community by both supporting staff emotionally and providing ongoing training opportunities. The frequency and task of supervision should be reviewed to ensure that it integrates theory and practice and that all staff members are consistently aware of the core model (2.3.2). Similarly, communities need to ensure that those staff members delivering supervision on the TC receive individual clinical supervision (PSB8).

Communities also need to ensure there is sufficient supervision in place for all new staff involved in structured groups (PSB4). New staff should be assessed on their competency in this role and all appropriate documentation should be completed. Similarly, an annual appraisal of staff competency should be undertaken to ensure suitability for carrying out therapeutic work (PSB5). Keeping a formal record of this procedure will help to meet this standard.

Staff interactions, participation and openness in after-groups were commended in a number of communities (2.4.5) and whilst staff sensitivity groups do take place, communities should monitor staff attendance at these groups and review how the group is working and how conflict is managed (2.5.2). External facilitation should be considered in all TCs to improve the use and effectiveness of staff dynamics. This would also enable staff to safely examine their relationship with the wider organisation as recommended to many TCs (2.5.4).

**TOP TIP**

If an external facilitator cannot be available for all staff dynamics groups occasional observation from an external person could help to monitor and ensure its effectiveness.

**Psychopathic behaviour**

The awareness of the impact of psychopathic behaviour on a TC varies between and within the HMP communities. There is some work required to ensure knowledge of psychopathic behaviour is present and maintained by all staff (PSB10). This could be achieved through staff meetings or in formal or informal refresher training sessions. Routine, structured group supervision would also aid this process. Although the majority of communities are now meeting the standard regarding managing those displaying psychopathic behaviour some improvement is still required (PSB11).
Assessments and Treatment Plans

While resources are a restricting factor in a number of TCs it is important to create and agree a treatment plan, which identifies risk factors within the first four months of a resident joining the community (PSB13). This timeframe is currently not being met by a number of communities. While the majority of communities are administering a psychometric assessment, there could be some improvements to the reporting of the psychometric data and how it links into the treatment plans (PSB12). A number of communities displayed a good knowledge of individual treatment plans and risk factors (PSB15), however, some are failing to formally review and revise treatment plans every 6 months (PSB14). This should be completed and documents should reflect this practice in a clear way that is accessible to residents. While there is good availability of alternative therapies, especially psychodrama, it is important that clear links are made between other therapeutic work and treatment plans (PSB21). This data should be used routinely to monitor TC effectiveness.

Consistent with the last audit, the majority of communities are still failing to include or document the administration of a psychometric assessment battery on the completion of therapy (PSB20). As mentioned previously, this is vital for both individual prisoners and for demonstrating the effectiveness of the TC model. It may help in reflecting on varying attrition rates across the HMP TCs as whilst most demonstrate a slight improvement in this area, it remains high in others (PSB18).

Key recommendations from the last audit that have been met:

1. The number of TC residents in each community who fail to complete treatment should be no more than 50% overall (PSB18).

Repeated key recommendations from the last audit still not being met:

1. All staff should be aware of how to effectively monitor and manage those demonstrating psychopathic behaviour (PSB10). Repeat recommendation from 2009-2010 and 2007-2008
2. All staff that facilitate groups alone should have been assessed as competent and have had a supervised induction process (PSB4). Repeated recommendation from 2009-2010
3. An objective measure of risk, including a psychometric assessment battery, should be administered upon completion of therapy (PSB20). Repeated recommendation from 2009-2010 and 2007-2008

Recommendations from this audit:

1. A formal process for assessing staff competency should be undertaken to ensure suitability for carrying out therapeutic work (PSB5).
2. Communities need to ensure there is a reliable system in place, which takes into account shift patterns and any cross-deployment, that enables all staff to attend a supervision session at least once a month (PSB7).
3. All TCs should create and agree a treatment plan, identifying risk factors, within the first four months of a resident joining the community (PSB13).
4. All TCs should review and revise treatment plans every 6 months (PSB14).
5. Contingency planning should be developed to prepare for key staff leaving.
Achievements:

1. Staff members demonstrated familiarity with prisoners’ background information, treatment plans and identified risk areas in all communities (PSB15).
5.2.3 Section C: Continuity and Resettlement

This section examines whether procedures are in place that appropriately record residents’ work in the TC and that it feeds into overall case and sentence planning for the remainder of their sentence or following release.

Figure 6 shows a significant decline in performance for HMP Dovegate Camelot and HMP Send since the last audit. HMP Dovegate Avalon, HMP Dovegate Genesis, HMP Grendon C wing and HMP Grendon D wing have significantly improved. HMP Dovegate Endeavour, HMP Grendon A wing, HMP Grendon B wing, HMP Gartree and HMP Blundeston have maintained their scores in this section. The substantial improvement for HMP Dovegate A wing to 100% should be commended. The low score in this section for HMP Dovegate Camelot demonstrates where improvements are required for this community. HMP Dovegate should explore the large variation between its communities in this section. HMP Grendon has demonstrated an improvement by all communities for this section with consistent scores across the wings. HMP Send also need to improve in this section.

Figure 6: Results for Continuity and Resettlement: 2009-2010 and 2011-2012

A system for resettlement should be developed to ensure resident’s needs are identified at the initial review and reassessed throughout their stay on the TC (PSC6). This should include planning for the future and having an effective ending from their time in therapy. Specifically at HMP Grendon, Offender Managers should be invited to all initial assessments and telephone conferencing should be used if attendance is not possible (PSC4). An achievement from the last audit is that most communities are now sending initial treatment plans to Offender Managers and attaching sentence planning documents as a matter of routine (PSC5).

Related to this is the need to ensure a system is in place to identify and build on support networks for residents (PSC3). Information about processes for supporting contact with external agencies regarding resettlement should be passed on to residents and residents
should be encouraged to contact them. (PSC7) This was achieved by a number of communities this year.

All communities have shown a significant achievement by meeting the recommendation from the last audit regarding holding end of therapy case conferences for every TC resident prior to leaving (PSC6). While these conferences are held, it should be ensured that the Offender Manager attends the meeting, using telephone conferencing if necessary (PSC13). Although this is an excellent achievement there is still some improvement required regarding the documentation of the end of therapy reports, especially for those who leave the TC early (PSC10 – Treble weighted standard). Reports should be written up clearly and consistently and include recommendations, risk factors and target areas. Links to psychometric tests in the report would be useful and reports need to be written up within a reasonable timeframe (PSC11).

Continued areas of achievement for the majority of communities include hosting visitor open days (PSC9), family days (PSC8) and having clinical representation at Public Protection meetings and Multi-agency Public Protection Arrangement (MAPPA) reviews when required (PSC14).

Key recommendations from the last audit that have been met:

1. An end of therapy case conference should be held for every TC resident prior to leaving. This was met by all TCs in this cycle (PSC12).

Repeated key recommendations from the last audit still not being met:

1. A system for resettlement should be developed to ensure residents needs are identified at the initial review and reassessed throughout their stay on the TC. This should include planning for the future and having an effective ending from their time in therapy (PSC6). Repeated recommendation from 2009-2010
2. A system should be in place to identify and build on support networks for residents (PSC3). Repeated recommendation 2009-2010

Recommendations from this audit:

1. Information about processes for supporting contact with external agencies regarding resettlement should be passed on to residents and residents should be encouraged to contact them (PSC7).
2. End of therapy reports need to be written up clearly and consistently, including recommendations (PCS10 - Treble Weighted standard).

Achievements:

1. Initial treatment plans are sent to Offender Managers and attached to sentence planning documents as a matter of routine in the majority of communities (PSC5).
5.2.4 Section D: Quality of Delivery

This section examines whether the TC operates according to the treatment approach identified in the Core Model and in accordance with recognised TC standards, and looks to ensure that the approach is having an effect on residents’ risk factors.

Figure 7 displays the compliance scores for each of the communities for this section. Compared with the other three sections this is the most highly scoring section on average, and there are only a few standards which have not been met or are only partly met. However, in comparison with the last audit, there has been a significant decrease in performance by HMP Dovegate Camelot, HMP Dovegate Endeavour, HMP Grendon A wing and HMP Blundeston. There was a significant increase in performance for HMP Dovegate Avalon, HMP Dovegate Genesis, HMP Grendon C wing and HMP Send. The other communities did well to maintain their performance for this section.

**Figure 7: Quality of Delivery Compliance scores: 2009-2010 and 2011-2012**

![Quality of Delivery Compliance scores graph]

**Target areas and risk factors**

Residents, in nearly all communities, who have been in a community for more than 18 months can describe the TC treatment model of change and relate it to their progress during their time on the TC (PSD7). Staff have, again, demonstrated offering encouragement to residents to enable them to link their current thoughts and actions to their past experiences, offending and behaviour in other settings (PSD1). This is reflected by the residents who have shown a good understanding and engagement in this area in all communities again this year (PSD2).

Nearly all communities demonstrated an acknowledgement of the connection between emotional health and the quality of relationships (CS2) and gave evidence of enabling risks to be taken to encourage positive change (CS4). Therapy reviews, however, should...
be more explicit in relation to treatment areas/targets, developmental and current behavioural factors, and how these link to developments in therapy (PSD6). Similarly, although staff can give clear accounts of the specific risk factors of residents in therapy (PSD9), risk assessments need to take into account the treatment plan and issues raised through the treatment programme (PSD5 – double weighting). Staff involved in review boards should ensure that all previous targets are fully evaluated, progress recorded, and logical subsequent targets identified.

**Staff and client relations**

Staff and client members do offer each other advice on constructive ways of coping with conflict and frustration (4.7.3) and are able to give each other feedback about their behaviour and the way that it affects others (4.7.4) in most communities. While doing this they have maintained their ability to ensure there are clear boundaries in place which are open to review (CS3) and continue to enable collective decisions to be made which effect the functioning of the community (CS11). Review teams were impressed by the positive, mutually respectful and informal relationships witnessed between staff and residents (CS10).

**Leavings**

Communities are still meeting the standard for ensuring new members understand and adapt to the therapeutic community culture and practices (3.2.3). However, a number of communities still need to work on their leaving processes, in particular, how they are structured and documented (PSD12) and how detachment issues are worked through with the individual and the community. The majority of communities still need to develop how the whole community can be involved in making plans for an individual when they leave the community (3.4.6).

**Training on the therapeutic model of change**

It was noted that staff from several communities may benefit from spending some time, either in a training or supervision session or on an away day, gaining an understanding of the therapeutic model of change and how it is being enacted within their specific small groups/communities (PSD8). Attending C of C peer-reviews and being involved in the self-review process would aid this process greatly.

**Spending time together**

Although, all communities do meet regularly (CS1), the amount of informal time spent together seems to have diminished this year. Spending informal time together needs to be recognised as part of the therapeutic experience in some communities (CS9). An important part of spending informal time together is through sharing community meals. This is consistently not being fully met by a large number of communities (4.6.7). Communities need to consider ways in which they can share meals together in some form.

**TOP TIP**

The community host a ‘community day’ on the last Friday of every month as an opportunity to have community based activities to encourage bonding, team building, trust, play and fun. The games representative plans a number of community based activities for the informal parts of the daily timetable (HMP Dovegate Genesis).
Key recommendations from the last audit that have been met:

1. The structure and documentation of leaving processes has been reviewed (PSD12).

Key recommendations from the last audit that have still not been met:

1. The whole community should be involved in making plans for a client member when he or she leaves the community (3.4.6). Repeated recommendation from 2009-2010
2. All community members should share meals together (4.6.7). Repeated recommendation from 2009-2010

Recommendations:

1. TC staff need ongoing training with regard to the Core Model (PSD8).
2. Spending informal time together needs to be recognised as part of the therapeutic experience (CS9).

Achievements:

1. The number of standards which were met by all or the majority of communities in this section is an achievement in itself this year.
5.3 Section 3: Comparison between HMP Democratic Communities and Adult Democratic Communities

Figure 8 shows the percentage of adult democratic communities outside of the prison system and HMP communities meeting the Core Standards (see appendix 8). The graph shows there are different patterns between the standards which the adult democratic communities are meeting and the ones the HMP communities are meeting. For example, the adult democratic communities are all meeting the standards regarding how all aspects of life, behaviour and emotional expression are open to discussion in the community whereas only around 70% of the HMP communities are meeting these standards (CS13 & CS14). Conversely the HMP communities are all meeting standards about meeting regularly (CS1), taking a variety of roles and responsibilities and sharing responsibility for one another (CS8). The number of communities meeting the standard regarding spending formal and informal time together (CS9) also shows a drastic difference between the adult democratic communities and the HMP communities.

These differences demonstrate what can be learned from each other in terms of meeting certain criteria, something which the peer-review process attempts to enable. The C of C National Report gives a detailed analysis and comparison of the progress of all therapeutic community members across the networks.

**Figure 8: Percentage of Core Standards met by Adult Democratic communities and HMP communities (including assessment units)**
Appendices
Appendix 1 – The Community of Communities

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 part of the Royal College of Psychiatrists’ Centre for Quality Improvement and works in partnership with the Consortium for Therapeutic Communities (TCTC) and the Planned Environment Therapy Trust (PETT).
- Funding is from members’ subscriptions.

What do we do?

- Develop specialist service standards in an annual consultation process with members.
- Manage an annual cycle of self- and peer-review where the emphasis is on engagement as opposed to inspection.
- Provide detailed local reports which identify action points and areas of achievement.
- Publish an annual report which presents an overview of collective performance, identifies common themes and allows for benchmarking.
- Host a number of events and opportunities for members to share their experiences, learn from others and gain support.

What are our aims?

- Provide specialist service standards which identify and describe good TC practice and provide a democratically agreed definition of the model.
- Enable therapeutic communities to engage in service evaluation and quality improvement using methods and values that reflect their philosophy, specifically the belief that responsibility is best promoted through interdependence.
- Develop a common language which will facilitate effective relationships with commissioners, senior managers and the wider world.
- Provide a strong network of supportive relationships.
- Promote best practice through shared learning and developing external links.

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."

"Useful (process) because it makes you question how you are performing, what you are actually working towards and face up to shortcomings. It is important to keep asking why things are being done the way they are"

www.communityofcommunities.org.uk
Appendix 2 - The Integrated Audit Process

The Community of Communities
The Community of Communities (C of C) is an international standards based quality improvement network for Therapeutic Communities (TCs) and is part of the Royal College of Psychiatrists’ Centre for Quality Improvement (CCQI). Set up in 2002, C of C provides audit and accreditation for TCs using standards agreed by members of the network and delivered through a system of self- and peer-review. C of C enables TCs to demonstrate the quality of their service and encourages shared learning and the building of a knowledge community for the benefit of all members. C of C member TCs are located across all sectors and client populations. For more information go to: www.communityofcommunities.org.uk

Development of an integrated audit process for democratic TCs in prisons
As an accredited Offending Behaviour Programme, TCs are required to operate in compliance with the Core Model accredited by the Correctional Services Advice and Accreditation Panel (2007). This Core Model explicitly states that TCs are required to adhere to C of C standards for Democratic TCs, which link prison TCs with the wider theoretical and clinical practices of TCs in other sectors.

After considerable exploration and debate, it was agreed that HMP systems of audit did not properly evaluate or improve TCs as specialist interventions in prisons. Equally HMP TCs have a unique nature and philosophy as well as specific requirements not shared by TCs in the wider world. As a result an integrated audit (previously known as the joint-review) was developed which integrated HMP standards with the Service Standards for Therapeutic Communities (Joint Standards for Democratic Therapeutic Communities (TCs) in Prisons (2nd edition)). The audit process is based on C of C methods and audits all aspects of the management and delivery of a TC in a prison. The standards and methods explicitly support and encourage quality improvement and shared learning while measuring compliance with the accredited Core Model.

Aims and objectives
- Improve the quality and effectiveness of TCs within the prison service;
- Provide a system for measuring the performance of TCs against the accredited HMPS Democratic Therapeutic Communities Core Model;
- Engage prison TCs with TCs from different settings in a strong network of supportive relationships;
- Involve TC staff and client members in setting appropriate standards and evaluating the service they provide;
- Promote best practice through shared learning and developing external links; and
- Build the clinical skills and knowledge of TC staff in prisons.

The integrated audit process has run annually since 2004 and was changed to a biennial (every two years) process in 2008. A national report of findings has been produced each year. The Correctional Services Advice and Accreditation Panel (CSAAP) describes the process as “integral in ensuring effective quality evaluation and improvement of Therapeutic Communities as specialist interventions” (CSAAP 2009).
Appendix 3 – The Community of Communities Biennial Audit Cycle

The Biennial Audit Process

The Audit Process
The Integrated Audit Process (previously known as the joint-review) is an iterative cycle of self- and peer-review and specialist verification based on the Joint Standards for Democratic Therapeutic Communities (TCs) in Prisons (2nd edition) and the Service Standards for Therapeutic Communities, 5th Edition. The process takes place over two years.

Year 1

Self-Review
Each TC completes a self-review involving all members of the community wherever possible. The TC will rate their performance against the standards and identify areas of achievement and areas for improvement. TCs comment on actions taken regarding areas for improvement and recommendations identified in the last cycle (if appropriate) and are encouraged to make reference to their previous local reports.

The Audit Visit
The audit visit takes place every two years (depending on results) and is a two day process. It involves staff and service users from a non-prison TC, a TC specialist, a psychologist, a prison service representative and a lead reviewer. The visit combines exploration of the self-review, peer discussion, assessment of records, observation of the TC’s normal functioning and formal and informal interviews with staff and residents, individually and in groups.

Day One
The timetable on Day One is dedicated to discussions about the self-review and discussions with the peer-review team. This involves the exploration and discussion of the TC standards in Part A of the review workbook using the self-review comments as a guide. The aim of the day is to draw out areas of achievements and areas for improvement in an atmosphere of openness and honesty with a group of peers. A lead reviewer will facilitate this process. The three specialists will participate, observe and/or review records in relation to Part A. A debrief session takes place at the end of the day which will include all members of the audit team and the TC. This session is designed to provide an opportunity for the TC and the visiting team to debrief and give feedback about the process.

Day Two
The three specialists and the lead reviewer attend the second day to observe elements of the TCs formal and informal therapeutic programme. They meet with staff and clients and collect further data relating to the standards. The psychologist will conduct a series of interviews: 2 individual client interviews, a staff group interview and a client group interview which other specialists may attend. The lead reviewer will facilitate the organisation of the day and address any specific questions or anxieties. A debrief session takes place at the end of the day which will include all 3 specialists, the lead reviewer and the TC. This session is led by the lead reviewer and is an opportunity for the TC and the visiting team to debrief and give feedback about the process. The specialists may provide feedback to the TC on areas of achievement and areas for improvement identified over the two day visit. These observations serve only as a guide as formal feedback about the visit will be included in the local report.

Scoring
Each standard is scored as 2 = met, 1 = partly met, 0 = not met and 9 = not applicable.

This year, the minimum compliance score has been raised to 70% overall and 60% for each section in order to show compliance with the accredited Core Model.
Reports
Each TC will get a local report based on their visit. This report will include their compliance score and a breakdown of how this was achieved. This report will detail all the information gathered during the visit and highlight all recommendations, areas for improvement and areas of achievement. It will also identify any areas of best practice that could be shared across the service.

Action Planning
The communities are required to action plan recommendations with targets for improvements which will be followed up over an 18 month period. TCs are asked to send their action plans to Community of Communities 6 weeks after receiving their final local report. This document should highlight any changes and identify difficulties and support needs for the next year.

National Report
The National Report brings together information from all HMP TC audits and presents a collective performance of HMP TCs. It identifies national trends, areas of achievement or areas of concern.

Correctional Services Advice and Accreditation Panel (CSAAP)
The National Report and sample reports from individual TCs are sent to CSAAP for verification and comment. CSAAP recommendations are taken forward by the C of C management team and incorporated into the process.

Year 2
Self-Review
Communities that meet the minimum compliance score will not undergo accreditation the following year. TCs are required to complete a self-review of all standards, including updates on their action plan. TCs that fail the audit year are required to undergo the full process in this year.

C of C peer-review - Service Standards for TCs
Accredited TCs then undergo a regular C of C review, focusing on standards for best practice or on chosen TC standards as part of the action plan targets – for example, where the community is struggling to improve on recommendations relating to the TC standards e.g. sharing meals etc. the community may choose to focus their peer-review on discussing this element and gaining support from the peer-review team. The peer-review is not an inspection and encourages shared learning and exchange.

Support Visits
Tailored support visits are put in place for any communities that may need more support, i.e. those scoring 85% or less at last cycle’s audit.

Local and Interim National Reports
Each TC will get a local report based on their visit and including an update on the action plan and any achievements or changes to target. And an interim National Report will highlight issues at the halfway point in the audit cycle. It will comment on any activity towards addressing recommendations and focus on improving the quality of practice.

Correctional Services Advice and Accreditation Panel (CSAAP)
The National Report and sample reports from individual TCs are sent to CSAAP for verification and comment. CSAAP recommendations are taken forward by the C of C management team and incorporated into the process.
Appendix 4 – The Community of Communities Project Team

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020 7977 6698

Josie Thorne  
Project Worker  
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020 7977 6699
### Peer-Review Teams

- Christ Church Deal
- CHT Dainton
- CHT Highams Lodge
- CHT Home Base
- Francis Dixon Lodge
- HMP Blundeston
- HMP Send
- Millfields
- Mullberry Bush School
- New Horizons

### Prison Service Representatives

- Kirk Turner
- Adrian Smith

### Psychologists

- Karl Williams
- Julia Gaye
- Danny Clark
- Omolara Jonah
- Louisa Lemdani
- Kathy Burrow
- Rachel O’Rourke
- Ruth Molloy
- Natalie Battershill
- Martin Fisher

### Therapeutic Community Specialists

- John Gale
- Roland Woodward
- John Turberville
- Beatriz Sanchez
- David Jones

### Lead Reviewers

- Susan Williams
- Sarah Paget
- Holly Robinson

### Shadow Lead Reviewers

- Mike Staines
- Simon Coope
- Nicky Tuberville
- Josie Thorne
### Appendix 6 – Review teams at each visit

<table>
<thead>
<tr>
<th>Facility</th>
<th>Date of Review</th>
<th>TC Specialist</th>
<th>Psychologist</th>
<th>Operational Auditor</th>
<th>Peer-review team</th>
<th>Lead reviewer</th>
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<td>HMP Blundeston</td>
<td>27-Mar-12</td>
<td>David Jones</td>
<td>Karl Williams</td>
<td>Adrian Smith</td>
<td>ChristChurch Deal</td>
<td>Sarah Paget</td>
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<td>HMP Doovegate Avalon</td>
<td>08-Nov-11</td>
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<td>Karl Williams</td>
<td>Kirk Turner</td>
<td>CHT Dainton</td>
<td>Sarah Paget</td>
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<td>David Jones</td>
<td>Danny Clark</td>
<td>Kirk Turner</td>
<td>HMP Blundeston, Independents</td>
<td>Holly Robinson</td>
</tr>
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<td>HMP Doovegate Endeavour</td>
<td>16-Nov-11</td>
<td>David Jones</td>
<td>Julia Gaye</td>
<td>Kirk Turner</td>
<td>Millfields, Independent</td>
<td>Holly Robinson</td>
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<td>Karl Williams</td>
<td>Kirk Turner</td>
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<td>Kirk Turner</td>
<td>Francis Dixon Lodge</td>
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<td>23-Jan-12</td>
<td>John Gale</td>
<td>Ruth Malloy</td>
<td>Adrian Smith</td>
<td>Independent, HMP Send</td>
<td>Susan Williams</td>
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<td>Beatriz Sanchez</td>
<td>Natalie Battershill</td>
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<td>Independent, Mulberry Bush School</td>
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<td>Martin Fisher</td>
<td>Adrian Smith</td>
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<td>HMP Send</td>
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<td>John Turberville</td>
<td>Omolara Jonah</td>
<td>Kirk Turner</td>
<td>New Horizons, HMP Blundeston</td>
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### Appendix 7 - Record of prison involvement in peer-reviews of other TCs

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<thead>
<tr>
<th>Democratic Community</th>
<th>Number of reviewers provided</th>
<th>Communities Visited</th>
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<tr>
<td>HMP Blundeston</td>
<td>2</td>
<td>HMP Camelot, HMP Send</td>
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<tr>
<td>HMP Dovegate Avalon</td>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>HMP Dovegate Camelot</td>
<td>0</td>
<td>None</td>
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<tr>
<td>HMP Dovegate Endeavour</td>
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<td>HMP Dovegate Genesis</td>
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<tr>
<td>HMP Gartree</td>
<td>1</td>
<td>Childhood First</td>
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<td>HMP Grendon A Wing</td>
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<td>St Andrews Counselling and Psychotherapy Unit</td>
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<td>Lexham House, Oxford TC, Millfields</td>
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<td>CHT Dainton House</td>
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<td>HMP Grendon D Wing</td>
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<td>HMP Grendon G Wing</td>
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<td>HMP Send</td>
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<td>HMP Grendon C Wing, Millfields</td>
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### Appendix 8 - Core Standards

<table>
<thead>
<tr>
<th>CS1</th>
<th>The community meets regularly</th>
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<tr>
<td>CS2</td>
<td>The community acknowledges a connection between emotional health and the quality of relationships</td>
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<tr>
<td>CS3</td>
<td>The community has clear boundaries, limits or rules and mechanisms to hold them in place which are open to review</td>
</tr>
<tr>
<td>CS4</td>
<td>The community enables risks to be taken to encourage positive change</td>
</tr>
<tr>
<td>CS5</td>
<td>Community members create an emotionally safe environment for the work of the community</td>
</tr>
<tr>
<td>CS6</td>
<td>Community members consider and discuss their attitudes and feelings towards each other</td>
</tr>
<tr>
<td>CS7</td>
<td>Power and authority in relationships is used responsibly and is open to question</td>
</tr>
<tr>
<td>CS8</td>
<td>Community members take a variety of roles and levels of responsibility</td>
</tr>
<tr>
<td>CS9</td>
<td>Community members spend formal and informal time together</td>
</tr>
<tr>
<td>CS10</td>
<td>Relationships between staff members and client members are characterised by informality and mutual respect</td>
</tr>
<tr>
<td>CS11</td>
<td>Community members make collective decisions that affect the functioning of the community</td>
</tr>
<tr>
<td>CS12</td>
<td>The community has effective leadership which supports its democratic processes</td>
</tr>
<tr>
<td>CS13</td>
<td>All aspects of life are open to discussion within the community</td>
</tr>
<tr>
<td>CS14</td>
<td>All behaviour and emotional expression is open to discussion within the community</td>
</tr>
<tr>
<td>CS15</td>
<td>Community members share responsibility for one another</td>
</tr>
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</table>
Appendix 9 - HMP Grendon: Engagement in the Closing The Gap project

HMP Grendon: Engagement in the Closing The Gap project
Laura Jones, Geraldine Akerman and Chris Herbert

Aims and objectives

HMP Grendon participated in the Closing The Gap project run by the Royal College of Psychiatrists in collaboration with the Community of Communities. The aim of the initiative was to improve the ways in which therapeutic communities demonstrate their effectiveness.

Through engagement with this process it was highlighted that an area that needed addressing was the gap between research publications about the establishment, and staff and prisoner awareness of the published journals/articles relating to Grendon and its’ effectiveness.

The benefits of raising awareness include increasing staff morale, for example if staff question whether what they are doing is working. Increased awareness could help to answer prisoner’s questions on whether Grendon works. It was also thought that it is important that prisoners who engage in research within the establishment are able to see the outcomes through access to publications.

Method

A model for improvement was introduced which incorporates four stages:
1) Plan (what do you want to achieve and what needs to happen)
2) Do (carry out the plan)
3) Study (review and reflect on the results)
4) Act (what action needs to be taken forward)

This model was applied as a way to establish how best to increase awareness of research within the establishment.

Stages 1 and 2 (Plan and Do)
In order to establish a baseline of staff and prisoner awareness of the publications, it was decided that a questionnaire would be distributed to staff on G wing and staff members within the psychology department. The questionnaire included the publications on Grendon between January 2010 and December 2010, and staff and prisoners were asked to indicate if they were a) aware of the article and 2) had read the article.

Staff were also asked whether they knew how to access the publications, how interested they were in reading the research publications and their preferred format for the presentation of the research.

Outcomes

Staff

Stage 3 (Study)
15 staff members completed the questionnaire and the data gathered highlighted that the majority of staff were not aware of the majority of articles published on Grendon during 2010, and hence the majority had not read these articles. Furthermore, the majority of staff did not know how to access these publications. However, it should be noted that 7 staff members said they were ‘very interested’ in reading the publications and 3 staff were ‘fairly interested’.

The information also highlighted that 4 staff members would prefer the data to be disseminated as the full journal article, 3 staff would prefer to have regular feedback in staff briefings, 2 stated they would prefer a summary/overview of the research and 1 staff member stated they would want the research emailed to them.

**Stage 4 (Act)**
The data indicated that whilst staff are interested in reading the publications they were not aware of the articles. Therefore it was decided that articles would be distributed to staff, and a process measure to help establish whether there was an increase in staff reading the articles was established by asking the staff to sign a front sheet attached to the article once they had read it.

6 full articles were distributed to staff over a period of 2 months: it was found that for 4 articles only 1 staff member read it, for another article 2 staff read it and for the final article 3 staff members indicated that they had read it. As this information indicated that only a minority of staff were reviewing the articles it was decided that the format of the articles would be amended to a ‘summary’ to see if this would increase the amount of staff reviewing the articles. 3 articles were summarised and distributed to staff, however it was found that only 3 staff members had read the articles.

Due to the lack of staff indicating they had read the articles, discussions were held with staff to gain their feedback on the process and to establish the barriers to reading the articles. The outcomes of the discussions highlighted that both the psychology team and G wing staff said that there was not enough time nor an opportunity to read the summaries whilst at work. It was commented that staff have time during lunch but this is a protected space where staff don't want to read about work, but rather ‘switch off’. The general feedback from G wing was that they preferred the summary formats of the research as it was quicker to read / less daunting to pick up than a full article / concise. However one said they would prefer their own copy to take home to read.

**Prisoners**

**Stage 3 (Study)**

25 prisoners on G wing completed the questionnaire: similarly the results found that the majority of prisoners were not aware of the articles and had not read them. Importantly, 22 prisoners stated that they were not aware of how they could access the publications. Furthermore, 10 prisoners stated they were ‘very interested’ in reading the research and 7 stated that they were ‘fairly interested’.

It was also highlighted that the majority of prisoners would prefer the publications to be disseminated as the full article or as a summary.

Due to staff resources the articles were not able to be distributed to the prisoners in the same way as the staff. However, the results indicate that there is a need to disseminate research to prisoners within the establishment. Feedback was also obtained from the wing research representative (see recommendations).
Recommendations and reflections

Engagement in this project led to a number of useful discussions about the dissemination of research within the establishment. The following points highlights ideas that have been suggested and taken forward to help improve the gap between research publication about the establishment, and staff and prisoner awareness of the published journals/articles relating to Grendon and its’ effectiveness.

- The psychology team discussed how the learning from this project could be taken forward and it was decided that research will continue to be disseminated through poster presentations as this provides a useful summary of the research and is probably more engaging. Psychology volunteers were asked to create the posters for the research published in 2011 and then these will be displayed within the corridors of the establishment, so that both staff and prisoners can read them. Prisoner feedback indicates that they would find poster presentations of research beneficial.

- This study only involved the dissemination of research to one residential wing and the psychology department. Future dissemination should include all staff, for example the Wing Therapists and other residential staff.

- Dissemination of research to prisoners needs further consideration; involving the prisoner research representatives is paramount, and this could include regular sharing of articles or summaries along side the presentation of posters.

- It was highlighted that all external researchers should be expected to return to the establishment and disseminate their research to both prisoners and staff. Prisoner feedback supports this recommendation.

- It was thought that a Grendon website highlighting all the publications would be an effective way to publicise the establishment and share research which would help to highlight the effectiveness of the TC.

- Engaging in the project highlighted that the psychology team were not aware of all the publications on Grendon or had a copy of them. This is an area that needs to be developed, for example the Research Officer could ensure that past and future publications are collated and accessible to staff.

- The process also highlighted the lack of resources within the establishment in terms of being able to summarise full articles, collating information and disseminating research to staff and prisoners. Consideration needs to be given to how this can be overcome.

All in all it was thought to be a useful initiative and our thanks are given to the Community of Communities and the Royal College of Psychiatrists for their support.

Laura Jones Forensic Psychologist in Training
Geraldine Akerman C.Psychol and HPC registered Psychologist
and Chris Herbert Wing Officer
23rd March 2012
### Appendix 10 - Action Plan for all recommendations

<table>
<thead>
<tr>
<th>Standard No.</th>
<th>Recommendation</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSTITUTIONAL SUPPORT</strong></td>
<td></td>
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<tr>
<td>PSA7</td>
<td>All staff working in a prison that houses a TC will receive TC awareness training (RR).</td>
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<tr>
<td>PSA9 &amp; PSA10</td>
<td>There are enough staff members to safely and effectively facilitate the therapeutic programme &amp; Operational TC staff should not be cross-deployed and not removed from their duties (RR).</td>
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<tr>
<td>PSA16</td>
<td>Residents not engaged in therapy must not be housed on the TC (RR).</td>
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<tr>
<td>PSA13</td>
<td>Support sessions from an external counsellor should be available to all staff.</td>
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<tr>
<td>PSA20</td>
<td>All communities should have a recognised policy and procedure for integrating prison behaviour management systems, e.g. an IEP system, which is consistently applied by all operational staff.</td>
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<tr>
<td><strong>TREATMENT MANAGEMENT &amp; INTEGRITY</strong></td>
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<tr>
<td>PSB10</td>
<td>All staff should be aware of how to effectively monitor and manage those demonstrating psychopathic behaviour (RR).</td>
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<td>PSB4</td>
<td>All staff that facilitate groups alone should have been assessed as competent and have had a supervised induction process (RR).</td>
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<tr>
<td>PSB20</td>
<td>An objective measure of risk, including a psychometric assessment battery, should be administered upon completion of therapy (RR).</td>
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<tr>
<td>PSB5</td>
<td>An annual appraisal of staff competency should be undertaken to ensure suitability for carrying out therapeutic work.</td>
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<tr>
<td>PSB7</td>
<td>Communities need to ensure there is a reliable system in place, which takes into account shift patterns and any cross-</td>
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deployment, that enables all staff to attend a supervision session at least once a month.

**PSB13**
To create and agree a treatment plan identifying risk factors within the first four months of a resident joining the community.

**PSB14**
Review and revise treatment plans every 6 months.

**CONTINUITY & RESETTLEMENT**

**PSC6**
A system for resettlement should be developed to ensure residents needs are identified at the initial review and reassessed throughout their stay on the TC. This should include planning for the future and having an effective ending from their time in therapy (RR).

**PSC3**
A system should be in place to identify and build on support networks for residents (RR).

**PSC7**
Information about processes for supporting contact with external agencies regarding resettlement should be passed on to residents and residents should be encouraged to contact them.

**PCS10- Treble Weighted**
End of therapy reports need to be written up clearly and consistently, including recommendations.

**QUALITY OF DELIVERY**

**3.4.6**
The whole community should be involved in making plans for a client member when he or she leaves the community (RR).

**4.6.7**
All community members should share meals together (RR).

**CS9**
Spending informal time together needs to be recognised as part of the therapeutic experience in some communities.

RR = Repeated recommendation
## Appendix 11 - Feedback from Host TCs on the review process

### What they found useful

“"It was a learning process for us, especially about how the group can come across to others. It showed us how we manage a difficult client group.”"

“"It helped me to appreciate my position on the community and to re-assess how I channel my energy.”"

“I heard feedback from the audit team that I might not otherwise have got to hear.”

“"The process is always useful in flagging areas to improve.”"

“"The feedback given at the end of the day.”"

### What they would like to change

“A more authentic approach to the TC timetable. Make it clear who is facilitating the wing meeting and who should intervene. Meet with cabinet and other small groups.”

“I would like the audit team to spend more time on the community and to check out feedback before they write the report. Some information within the report was wrong. More ideas and experience from the team would be nice. Some of the challenges they have faced and overcome.”

“The audit team should consider the complex supervision structures when marking whether achieved or not.”

“An improvement of communication, time deadlines and the organisation of the audit process including feedback given.”

“We thought it would be useful to have the same auditors visit all the communities across the prison as scores that have been marked differently despite the same evidence being given.”

“What I have noticed in the draft report is that there seems to be an element of splitting which appears to come from meetings with community members. Some of the comments in the report appear to have been taken as read and not explored with the whole community. I think there may be a fault in the audit process in that there appears to be no dialogue between groups that would reflect the way we work as a TC. What seems to have happened is that one group of people's comments have not been discussed with the other.”