

Community of Communities

A Quality Network of Therapeutic Communities



COLLEGE CENTRE FOR QUALITY IMPROVEMENT



Connect TC Community of Communities Final Report 2007/8

Editor: John O'Sullivan

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Introduction

This report summarises the findings of a self- and peer-review based on the Service Standards for Therapeutic Communities 5th edition (see www.communityofcommunities.org.uk). Members of the Community of Communities review their own community and visit others, using the standards to share ideas, discuss community structures and practices and to identify strengths and weaknesses. This process of engagement and reflection helps members bring about change and improvements to their service (for more information see appendices 1 & 2).

The 5th edition of the Service Standards for Therapeutic Communities is being used for the second consecutive cycle and is directly comparable with last year.

This report is structured into four sections: 1) information about the community; 2) information about the peer-review 3) summary of results and 4) the completed review workbook:

- 1. *Information about the community*** includes details about the therapeutic community. It also sets the scene for the review by providing a short introduction to the community and the current context. Members are asked to supply details about the particular issues that the community is facing at the time of the review and the peer-review team add comments and observations from the review day.
- 2. *Information about the peer-review*** details who was present on the day and the type of visit. The peer-review team and the lead reviewer also comment on the community's engagement in the process and the overall atmosphere on the day of the review.
- 3. *Summary of results*** provides a graphic representation of numerical scores and a summary of all areas of achievement and areas for improvement identified by the community or the visiting team. Wherever possible it includes details of

any improvement made since the last report (if applicable). The community can also benchmark their scores against the previous year and against the average score for all the members of the network.

4. *The completed review workbook* contains all the information captured through the self- and peer-review process.

If you have any queries about any aspect of this local report please contact Community of Communities at the Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor Standon House, 21 Mansell St, London E1 8AA Tel: 020 7977 6699 Email: cofc@cru.rcpsych.ac.uk

Introduction to the Community

Connect TC has been operating as a therapeutic community since 1987 and was originally based in Telford in Shropshire. In 1991, the community moved to Birmingham where in 1999, Connect Therapeutic Community established itself as an independent organisation. The community is accommodated in a large build and has a garden maintained to a high standard by both current and former residents.

The community cares for people who are suffering from serious and life-threatening problems such as borderline personality disorder, self-harming behaviour and eating disorders by offering intensive long and short term psychotherapy, both residentially and in a day programme. The TC can care for up to 10 residents at any one time.

Connect TC uses Transactional Analysis (TA) as their model of psychotherapy which focuses on the dynamics of how people relate to each other, and also on how behavioural changes can affect responses from other people. The community uses a caring and responsive environment to highlight self limiting and defeating behaviours safely.

Connect has a good milieu and illustrates that diversity of background theory can be accommodated within the Community of Communities. The community is capable of meeting the core standards and delivering a safe therapeutic environment. They demonstrated that their approach can be successful with clients who had found the more traditional TC approach too difficult/or inappropriate to their needs.

Community Information

Name of Community: Connect Therapeutic Community		Telephone Number: 0121 449 2204
		Email: admin@connecttc.org
		Website: www.connecttc.org
Address: 19 Park Road Moseley Birmingham B13 8AB		First Contact: Carol Gordon Telephone: 0121 449 2204 Email: admin@connecttc.org
		Second Contact: Andrew Stott Telephone: 0121 449 2204 Email: admin@connecttc.org
Sector e.g. NHS, Social Care: Independent, social care	Programme e.g. day, residential: Both - most clients begin residentially	Parent Organisation: N/A
Number of Places: 8	Age range: 18 - 65, usually 18 - 45	Client Population e.g. Personality Disorder, Addictions: Personality Disorder
Length of Stay: Varies, usually around 2 years	Affiliations e.g. ATC, ETFC: ATC	Catchment Area: Nationwide
Form Completed by: Andrew Stott		

Details of the Peer-Review

This is the 6th year that Connect TC has taken part in the review cycle.

Date of Review: **Friday 28th September**

Visiting peer-review team: **Home Base (Community Housing and Therapy)**
Eleftherios Saftis

Lead Reviewer: **Vasilli Magalios (Community Housing and Therapy)**

Type of Visit: **Action Planning Review** – The community chose to action plan recurring areas for improvement identified from their time as members of the Community of Communities.

Statement of Limitation

The main value of being a member of the Community of Communities is taking part in the network. This document summarises the views about your community provided by client and staff members and the peer-review team in relation to the Service Standards for Therapeutic Communities (5th edition). It is not a definitive statement of performance in any of the areas covered by the Community of Community standards.

Visitor's Comments on the Review

Welcome and organisation of the day

The visiting team and I felt very welcomed by the whole community. The organisation of the day was discussed after a hearty breakfast, and some amendments were made to the original programme. It was made sure that this was fine with the visiting team.

Engagement in the review process

It was felt that the community had been involved in completing the C of C self-review. Throughout the day the community members were very active in letting the visiting team get to know them and the way they work. The whole community was very open in receiving feedback and asking specific questions with regards to issues that were pertinent to them at the time, for example the referrals work and the links with external agencies. Throughout the day, it was felt that the community developed some good ideas and is determined to pursue them.

Overall comments on the community's progress

The community seems determined to address issues that they feel they need to in order to further progress in their aims. The client members of the community are in the forefront of all developments and have come up with important recommendations for future developments, they are included in the decision making process at all levels. The community is aware of their strengths and are open to discussion with other communities in order to learn from their strengths.

Areas of Focus discussed at the peer-review

Focus Area	
1	Staff
2	Therapeutic Environment
3	Physical Environment
4	External Relations

Summary of Action Points

Peer-Review Summary of Areas for Improvement

Section	Area For Improvement	Action	Peer-Review Comment
Core Standards			
Physical Environment	'Moving on' flat	Community to consider whether or not to use one of the self contained rooms as a 'moving on' flat	
	Use of a telephone in private	Client members can use the mobile handset from the office when they are calling agencies related to their care (benefits, social workers etc)	This is being handled in a creative way

<p>Staff</p>	<p>Developing relationships with external agencies</p>	<p>Think of ways to expand the organisation and develop the activities of the steering group</p> <p>Establish links with Universities and other agencies</p>	<p>Staff very aware of how their relationship with external organisations can be very useful and important and have been very proactive to develop these</p> <p>There is a steering group that could be used to develop the profile further</p> <p>The peer review team suggested putting together key outcomes on a yearly basis and forwarding them to key referrers and commissioners</p> <p>There is currently a marketing push to develop more interest and disseminate information about the community</p>
	<p>Staff restructuring</p>	<p>Reviewed according to client numbers and the needs of the community</p>	<p>This seems to have been handled by the staff as a therapeutic opportunity without losing sight of clients' concerns</p>

	Access to training materials (journals, etc)		The host community continue to handle this creatively using individual staff membership with university libraries and other institutions
Joining and Leaving			
Therapeutic Environment	Explore how the small number of clients in the community might be effecting the environment	Use the community meetings to explore this	
External Relations	Explore how the community could survey their good work and present it to commissioners of services	Staff and clients to think of how the good work that is happening in the community can be captured. This could be in the form of research/surveys, publications in journals, or clinical case studies and demonstrations	

Action Plan Template

Step 1	Step 2	Step 3	Step 4	Step 5	
Identify area for improvement	Who needs to be involved/informed and how?	Sources of support/information to develop plan	Human, financial and time resources you may need	Lead for each section and Deadlines	
				Project lead	Deadline
<i>e.g. Repaint Community Room</i>	<i>Residents to paint, director needs to know via email</i>	<i>Fund raising ideas for paint</i>	<i>£300 for paint and equipment; 2 days work</i>	<i>A N Other</i>	<i>15th March</i>
Relationship with external organisations	Clients, steering groups, staff, local agencies	Peer-review team offered to pass on this information Continue developing the marketing strategy	Steering group to offer support in developing the relationships with external agencies. Clients to give feedback	<u>Management Staff and Client members</u>	<u>Next 3-4 months</u>
'Moving' on flat	Staff and client members	Address this in the community. Staff to research if this is needed in the local economy of providers		<u>Staff team</u>	<u>Next 3-4 months</u>
Staff restructuring	Staff and client members	Explore how the community is operating with the new rota system	As per rota	<u>Staff team</u>	<u>Next 2-4 months</u>
Access to training materials (journals, etc)	staff	Connections with local universities and other training institutions to use library facilities	Staff/ Management to possibly negotiate this for free	<u>Staff team</u>	<u>Next 5-6 months</u>
Explore how the community can survey their good work and present it to commissioners	Staff and client members	Use of published material, information sharing with other organisations	Initially minimum financial commitment but needs motivated people to forward it	<u>Staff and client members</u>	<u>Next 8 months</u>

Cycle 6 Self-Review

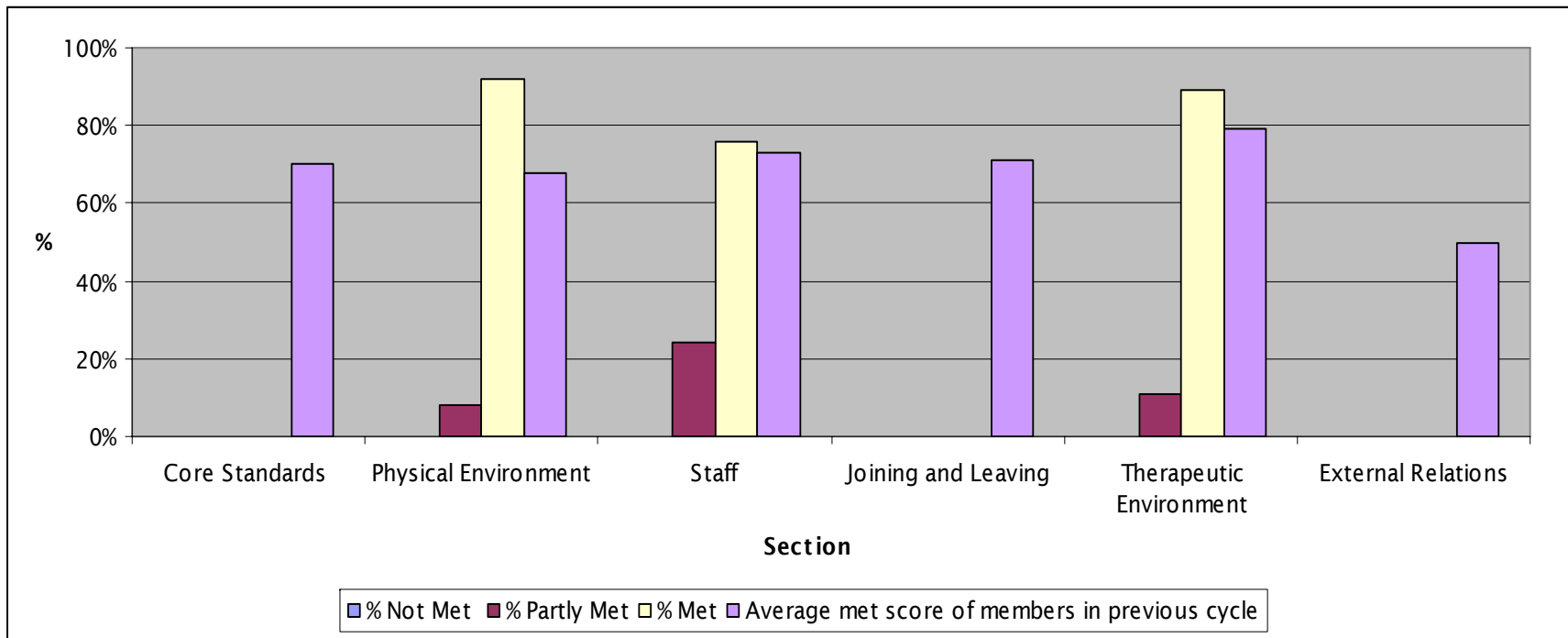
Numerical Summary

Please note the numerical summary for action planning visits are based upon self-review figures only

	Total no. Of standards	No. Of standards met	No. Of standards partly met	No. Of standards not met	No. Of standards not applicable	Standards scored as met (%)	Standards scored as met in previous cycle (%)	Average met score of members in previous cycle (%)
Core Standards	16						94	70
Physical Environment	12	11	1	0	0	92	80	68
Staff	21	16	5	0	0	76	91	73
Joining and Leaving	15						87	71
Therapeutic Environment	28	25	3	0	0	89	96	79
External Relations	11						27	50

Figure 1

Figure 1 represents the results of the self-review process against each section of the Service Standards for Therapeutic Communities (5th edition). The bars display the percentage of those standards which were 'not met' (blue), 'partly met' (red) and 'met' (yellow). The purple bar displays the average score of met standards for the entire network in the previous cycle.



Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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Completed Self-Review Workbook

Core Standards

CS.1	The whole community meets regularly		
CS.2	All community members work alongside each other on day to day tasks		
CS.3	All community members share social time together		
CS.4	All community members share meals together		

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
CS.5	Community members take a variety of roles and levels of responsibility		
CS.6	Informal aspects of everyday living are integral to the work of the community		
CS.7	All community members can discuss any aspects of life within the community		
CS.8	All community members regularly examine their attitudes and feelings towards each other		
CS.9	All community members share responsibility for each other		
CS.10	All community members create an emotionally safe environment for the work of the community		

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
CS.11	All community members are involved in some aspect of the selection of new staff members		
CS.12	All community members participate in the process of a new client member joining the community		
CS.13	The whole community is involved in making plans for a client member when he or she leaves the community		
CS.14	There is an understanding and tolerance of disturbed behaviour and emotional expression		
CS.15	Positive risk taking is seen as an essential part of the process of change		
CS.16	The therapeutic community has a clear set of boundaries, limits or rules which are understood by all members		

Areas of Achievement	Areas For Improvement
<u>Identified at Self-Review</u>	<u>Identified at Self-review</u>
Any Other Comments	Any Other Comments

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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Physical Environment

1.1.1	The internal and external physical environment is comfortable and welcoming	2	
1.1.2	There is a room large enough for community meetings where everyone can see and hear each other	2	
1.1.3	There is a kitchen for preparing shared meals, available for use by all community members	2	
1.1.4	There is a dining area big enough for all community members and visitors to sit together	2	
1.1.5	There is suitable recreation space indoors	2	

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
1.1.6	There is suitable recreation space outdoors	2	
1.2.1	Single, shared or dormitory sleeping accommodation allows members to have personal privacy	2	
1.2.2	Residential client members can wash and use the toilet in privacy	2	
1.2.4	Client members have use of a telephone in private	1	The payphone is in public; however there is an arrangement that clients can use the mobile handset for private calls.
1.3	<i>All community members share responsibility for maintaining the physical environment</i>	2	
1.3.1	Community members decide on appropriate décor and furniture	2	
1.3.2	Client members can personalise the private and shared spaces	2	

Areas of Achievement

Areas For Improvement

Identified at Self-Review

Identified at Self-review

Any Other Comments
The peer-review team made several comments commending the quality of the physical environment:
The garden is maintained at a great shape and this has mainly been through the hard work of an ex-resident
The comfortable office, 'acknowledges the taking care of the people who care' dynamic.

There is a lot of space in the community which is being used creatively by staff and client members.

Any Other Comments

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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Staff

2.1	<i>There are enough staff members for the community to operate effectively</i>	1	Restructuring - more staff on call re: clients settling in
2.1.1	During informal therapeutic activity there is at least one member of staff available and others available if needed	1	Temporarily only one member of staff will be on in the evenings from 6 onwards
2.1.2	During the formal therapeutic programme there is at least one member of staff in each group and activity and others available if needed	2	
2.1.4	The therapeutic community has input from a range of relevant professionals	2	
2.2	<i>Vacant posts are filled as quickly as possible, ideally with suitably qualified and experienced candidates</i>	2	

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
2.2.1	There are clear criteria for staff selection based on therapeutic community principles	2	
2.3.1	All staff members attend regular group or individual supervision	2	
2.3.2	Supervision involves discussion of client material in which theory, practice and experiential learning are integrated	2	
2.3.3	Staff who have been working in the TC for less than six months have additional support and are also able to contact a senior colleague as necessary		
2.4.4	There is a regular staff sensitivity or dynamics group	2	
2.4.5	There are staff after-groups following all therapeutic, community or group meetings to discuss issues that have arisen	2	

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
2.5.1	The staff team explore the relationships that exist between them and the impact these have on their work	2	
2.5.2	Staff members, as a group, tolerate the expression of conflict among themselves	2	
2.5.3	Staff challenge each other's perceptions of events in the therapeutic community and work to understand the difference between them	2	All staff have access to group supervision, supervision monthly with an external supervisor and monthly staff group with external group analysis
2.5.4	The staff team examine their relationships to the employing organisation and external professionals	1	
2.6.2	A skills audit of the staff group is conducted and reviewed regularly	2	

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
2.6.5	Staff have access to material to support their professional development (e.g. internet, books, journals, video tapes)	1	
2.6.6	Members should provide TC awareness training to all relevant non-TC staff and agencies	2	
2.7	<i>Staff receive theoretical training appropriate to their role in the therapeutic community</i>	2	
2.8	<i>Staff receive clinical training appropriate to their role in the therapeutic community</i>	2	
2.8.1	Induction training is provided for all temporary and permanent staff, including students and volunteers, before they have unsupervised contact with client members	2	
2.9	<i>Staff receive experiential training appropriate to their role in the therapeutic community</i>	1	

Areas of Achievement	Areas For Improvement
<u>Identified at Self-Review</u>	<u>Identified at Self-review</u>
<p>Any Other Comments <i>The peer-review team made several comments commending the quality of the physical environment:</i> Time restructuring has been embraced by community members, despite early worries that this will impact to the level of care Staff are able to contact the manager on call for support</p> <p>Although there is flattened hierarchy the staff are encouraged to explore the relationships with each other in appropriate meetings and supervision</p> <p>Low staff turnover - This has been considered by both staff and client members as a very important element in making the TC successful. Client members feel that are able to trust staff members and develop relationships with them. There is very good communication and rapport between all members</p> <p>Development of staff - A wide spectrum of approaches (TA, Gestalt, Integrative Psychotherapy) are providing input to the development of staff and the supervision of the therapeutic work. The TC approach is holistic and eclectic, though underpinned by TA principles</p> <p>Induction process for new staff very importantly includes the participation of the community. It mirrors the experience of client members joining the community</p>	<p>Any Other Comments</p>

Part B
 Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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Joining and Leaving

3.1	<i>Community members provide written material about the community which is informative for prospective client members, referrers and other relevant professionals</i>		
3.1.5	There is a written procedure for joining the community		
3.1.6	There is a written procedure for leaving the community, which includes those clients who leave prematurely		
3.2.1	Prospective client members can visit the community before joining		
3.2.2	Prospective client members are involved in the process of deciding whether they join the community		

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
3.2.3	Community members help new members to understand and adapt to the therapeutic community culture and practices		
3.2.4	New client members are provided with a 'buddy', 'mentor', 'host' or similar support		
3.3.1	It is made clear to prospective client members when and how their therapeutic needs will be assessed		
3.3.4	All assessments are made in collaboration with the client member		
3.4	<i>Community members share responsibility for helping client members leave the community</i>		
3.4.3	The community is involved in identifying a support network beyond the community before planned leaving		

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
3.4.4	The community marks the planned leaving with an event or ritual		
3.4.5	Community members are expected to discuss premature leaving with the whole community		
3.5	<i>The TC has effective links with multidisciplinary agencies which supports the transition from the TC</i>		
3.5.3	Provision is made for support and follow-up for those client members that leave the community prematurely		

Areas of Achievement	Areas For Improvement
<u>Identified at Self-Review</u>	<u>Identified at Self-review</u>
Any Other Comments	Any Other Comments

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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Therapeutic Environment

4.1	<i>Community members treat one another with respect and consistency</i>	2	
4.1.1	The community is sensitive to all diversity issues and respects and accommodates difference	2	
4.2.2	Confidentiality and its limits are understood and respected by all members	2	
4.2.3	Staff and client members' complaints are initially dealt with in community and group meetings	2	
4.2.4	Individual client members are involved in all decisions about their own care and treatment	2	

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
4.3.1	Problems and their solutions are discussed in the community before action is taken. The discussion is regarded as a learning opportunity	2	
4.3.3	Managerial information and issues that affect the community are shared with the whole therapeutic community	2	Yes - The recent restructuring of the staff team has been shared with the peer group
4.4.1	All members of the community share the task of the day-to-day running of the community	1	Peers commented that some staff members are not too enthusiastic about doing jobs
4.4.2	Client members are involved in the process of allocating members to community roles and jobs	2	
4.4.4	Community members are involved in the process of agreeing the therapeutic community's operational policies and procedures.	1	Peers are involved in deciding rules, and structures. Certain structures are not up for negotiation

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
4.4.5	All community members are involved in reviewing each others care and treatment	1	Peers review each others' care in structure meetings and support each other in therapy
4.5	<i>Community members are responsible for identifying, maintaining and changing community rules</i>	2	
4.5.1	Community members are responsible for addressing breaches of community boundaries	2	
4.5.2	The therapeutic community has a written complaints procedure known and understood by all members	2	
4.6	<i>The community has a planned therapeutic programme</i>	2	

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
4.6.2	There are regular community meetings attended by all available community members	2	
4.6.3	Time each working day is spent in therapeutic groups, as well as in community meetings	2	
4.6.4	A range of therapeutic opportunities are available	2	Group therapy and one to one sessions are both available
4.6.5	There is provision for crisis meetings, with a recognised procedure for calling one, that can be used by staff or client members	2	
4.7	<i>Discussions take place from which members learn and gain understanding from everyday living</i>	2	
4.7.1	Members are encouraged to put their thoughts and feelings into words rather than to act on them	2	

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
4.7.2	Community members are encouraged to identify parallels between their relationships, behaviour and perceptions and similar situations within the community	2	
4.7.3	Community members offer each other advice on constructive ways of coping with conflict and frustration	2	
4.7.4	Members give each other feedback about their behaviour and the way that it affects others	2	
4.7.5	Members encourage each other to share their life experiences with the community	2	
4.7.6	Members encourage each other to talk openly about issues arising in the life of the community that generate strong feelings	2	

Part B
Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
4.7.7	The tension between risk and therapeutic opportunity is safely managed by the whole community, and is used as a learning process	2	
4.8	<i>There is a regular process for the community to review the quality and effectiveness of the therapeutic community process</i>	2	This is done at the full community section of the monthly full team meetings

Areas of Achievement	Areas For Improvement
<p><u>Identified at Self-Review</u></p>	<p><u>Identified at Self-review</u></p>
<p>Any Other Comments <i>The peer-review team made several comments commending the quality of the physical environment:</i> Sense of belonging - People who have left the community are able to come back and some have offered their time to volunteer</p>	<p>Any Other Comments</p>

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
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External Relations

5.1	<i>The therapeutic community contributes to effective multidisciplinary and multi-agency working, between health, education, probation services, social services and voluntary organisations</i>		
5.1.3	There is an active programme, involving client and staff members, for publicising the work of the community to referrers and other professions		
5.1.4	The community belongs to a national body of therapeutic communities (e.g. Association of Therapeutic Communities, Charterhouse Group)		
5.2	<i>Members of the community regularly meet with managers of the employing organisation</i>		

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
5.3.1	The community is currently participating in a research project concerning effectiveness as a therapeutic community (e.g. outcome and process research using qualitative and/or quantitative methods)		
5.3.2	The community routinely collects and collates basic data on client members and their social background, in order to evaluate equity of access to the community (e.g. age, sex, ethnicity, religion, marital status, housing circumstances, education, employment, health history, disability)		
5.3.4	The community routinely collects data via environmental measures in order to demonstrate therapeutic qualities of the community (e.g. WAS/COPES, GAS, RESPPi)		
5.3.10	At least one member of staff is responsible for research		

Part B

Rate each item: 2 = met, 1 = partly met, 0 = not met, 9 = not applicable

Number	Standard	Self-review rating	Record of self-review discussion
5.4.2	The community has a structure for considering and disseminating current research		
5.4.3	There are opportunities for client members to become actively involved in research		
5.4.4	Staff and client members are given time to write and publish papers concerning therapeutic communities, and present at and attend conferences		

Areas of Achievement	Areas For Improvement
<u>Identified at Self-Review</u>	<u>Identified at Self-review</u>
Any Other Comments	Any Other Comments

Appendix 1 - Areas for improvement from previous cycles

Section	Area For Improvement	Cycle(s)	Action
Core Standards			
Physical Environment			
Staff			
Joining and Leaving			
Therapeutic Environment			
External Relations			

Appendix 2 – What is the Community of Communities?

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

What do we do?

- Develop specialist service standards in an annual consultation process with members.
- Manage an annual cycle of self- and peer-review where the emphasis is on engagement as opposed to inspection.
- Provide detailed local reports which identify action points and areas of achievement.
- Publish 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 toward and face up to shortcomings. It is important to keep asking why things are being done the way they are”

Website: www.communityofcommunities.org.uk

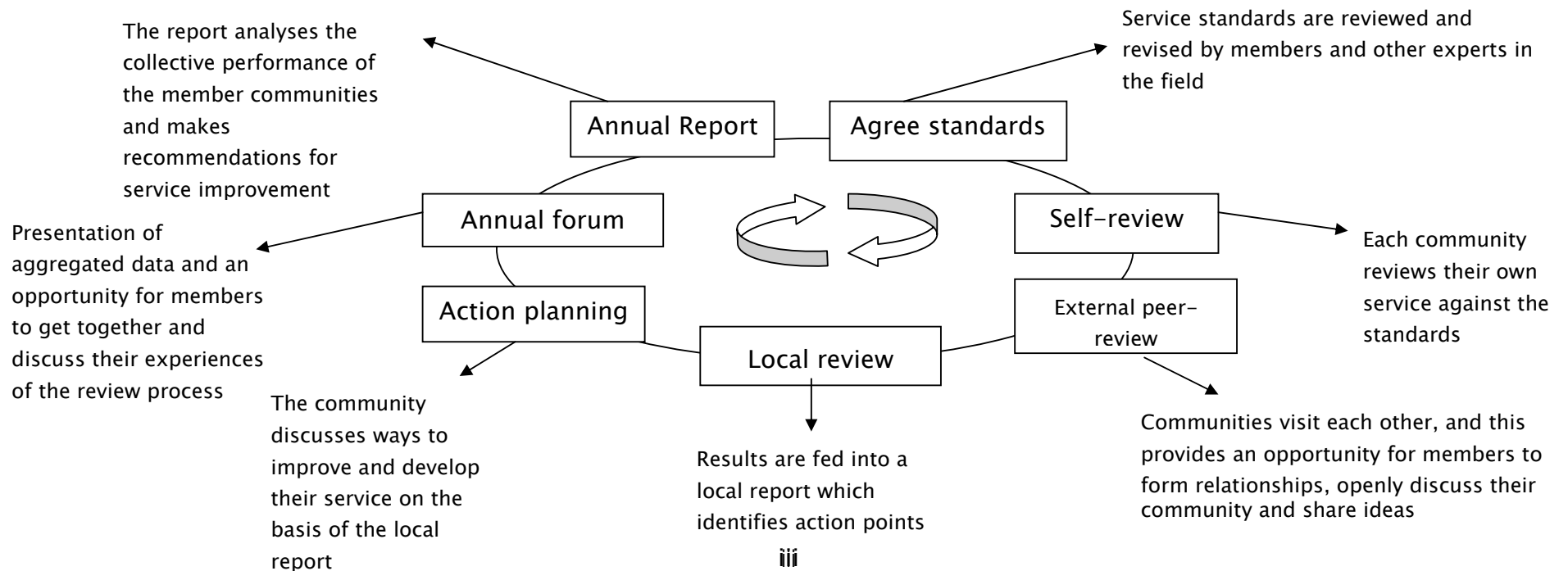


Appendix 3 – The Annual Cycle

Community of Communities

A Quality Network of Therapeutic Communities

Community of Communities is a quality network of therapeutic communities (TCs). The project was established in 2002 and is managed by the Royal College of Psychiatrists' Research and Training Unit and the Association of Therapeutic Communities. The aim is to enable TCs to demonstrate and improve the quality of their work, through an annual standards-based review process. The methods and values underpinning the project mirror the central philosophy of TCs. Staff and client members and ex-client members of participating communities are fully involved at each stage of the process.



Appendix 4 - Member Therapeutic Communities Cycle 6

UK

Acorn Programme
Arbours Crisis Centre
Brenchley Unit Psychotherapy Service
Bridger House
Cawley Centre
Chase Farm
Chikara (Threshold)
Christ Church Deal
Clearwater House (Threshold)
Connect Therapeutic Community
Dainton House (CHT)
Denbridge House
Dumbarton House (Threshold)
Francis Dixon Lodge
Garden Villa (Royal Cornhill Hospital)
Glencarn House (Threshold)
Henderson Hospital
HMP Blundeston
HMP Dovegate Assessment Unit
HMP Dovegate A
HMP Dovegate B
HMP Dovegate C

HMP Dovegate D
HMP Dovegate HIP
HMP Gartree
HMP Grendon Assessment Unit
HMP Grendon A
HMP Grendon B
HMP Grendon C
HMP Grendon D
HMP Grendon G
HMP Send
Home Base (Home Base)
Intensive Psychological Treatment Service
Khara-Minn House (Threshold)
Lexham House (CHT)
Lytton House (CHT)
Main House
Mandala Therapeutic Community
Millfields Unit
Mount Lodge (CHT)
New Horizons
North Cumbria
Oxford Therapeutic Community
Pele Tower

Red House
Sophia House (Threshold)
St. Andrew's
Therapeutic Communities North

Abroad

Ashburn Clinic
Athma Shakti Vidalaya
Daily Psychotherapy Community
Foundation House
Gruppcentre
Thalassa Haz

Appendix 5 - Acknowledgements

Community of Communities would like to thank all those who were involved in organising and attending the reviews and in particular to thank staff and client members of the host community and members of the peer-review team. We are also grateful for the hard work and support of the Advisory Group.

Appendix 6 - Community of Communities Team

Rex Haigh, Project Lead rex@haighz.net

Jan Lees, Project Consultant Janine.lees@googlemail.com

Adrian Worrall, Head of the Centre for Quality Improvement aworrall@cru.rcpsych.ac.uk 020 7977 6690

Sarah Paget, Programme Manager spaget@cru.rcpsych.ac.uk 020 7977 6697

Katharine Larkin Quality Improvement Worker klarkin@cru.rcpsych.ac.uk 020 7977 6698

Natalie Wood, Quality Improvement Worker nwood@cru.rcpsych.ac.uk 020 7977 4995

John O'Sullivan, Quality Improvement Worker josullivan@cru.rcpsych.ac.uk 020 7977 4991

Emma Race, Quality Improvement Administrator erace@cru.rcpsych.ac.uk 020 7977 6699



Community of Communities

A Quality Network of Therapeutic Communities

The Royal College of Psychiatrists' Research Unit
4th Floor
21 Mansell St
London E1 8AA
Telephone: 020 7977 6655
Fax: 020 7481 4831

<http://www.rcpsych.ac.uk/cru/>

Association of Therapeutic Communities
Barns Centre,
Church Lane,
Glos. GL54 5DQ
United Kingdom
Tel/Fax: 01242 620077

<http://www.therapeuticcommunities.org>



COLLEGE CENTRE FOR QUALITY IMPROVEMENT