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COMMUNITY OF COMMUNITIES



Golfa Hall

FINAL Community of Communities Report

2019-2020

Editor: C. Murphy

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Introduction

Golfa Hall has been a member of Community of Communities for 13 years.

Golfa Hall received a peer-review visit on 19-Nov-19 specifically looking at the following standard areas: Core Standards, Staff, Joining and Leaving, Therapeutic Practises and External Relations

The visiting peer-review team spent a day with the community sharing experiences and practice. Information detailed in this report was collected through various means, including interviews with community members, observations of the community and a review of evidence provided.

Visiting peer-review team:

Name	Service	Job Title	Role on the day
Mike Staines	Mulberry Bush School	Deputy Head of Living	Lead Reviewer
Darren Goodwin	Plum Tree House	Registered Manager	Peer Reviewer
Emma Smith	Hillcrest Steps	RSW	Peer Reviewer

About this report

This report summarises the findings of a self- and peer-review based on the Service Standards for Therapeutic Communities, 10th Edition. These Service Standards include the 10 Core Standards which are informed by the Core Values (see Appendix 2). The Core Values provide a context for the Core Standards, and together they identify common core beliefs, values and structures that are held by Therapeutic Communities.

Members of Community of Communities self-review their community and take part in peer-review visits of others. In doing so the CofC standards are used to reflect and share ideas, discuss community structures and practices, identify achievements and strengths, and to identify areas for improvement or development. This process of engagement and reflection helps members bring about change and improvements to their service (for more information see Appendices 1 & 3).

This report summarises the review findings and highlights areas of achievement and areas for development. A summary of the action plan from 2018-2019, updated with relevant outcomes, has been included when this has been submitted at self-review. The report includes a summary of the overall experience of the review day, a numerical summary of scores achieved and a detailed review of the standards covered during the visit.

The process of generating local reports

After the review visit the Project Team collate all the comments from the self and peer-reviews to compile the local report. All comments are treated confidentially and the names of staff and service users are not included in the written report. The draft report is sent to the host community and peer-review team for comment. The final report is sent to the host community only. The report is the property of the host community, to share as they wish. The scores from the self and peer-reviews will be combined across the network to produce a National Report. Importantly, all data will be anonymised and the community will not be identifiable within this report. The National Report also includes some comments of good practice, pulled from the comments provided in the local reports by both self and peer-reviews stages. Similarly, the community will not be identifiable through the use of these comments and references to the community name are not included in the National Report.

Who should see this report?

Completed peer-review workbooks are sent to the Community of Communities Project Team who compile and format the report and send to the Lead Contact at the community. Communities are encouraged to share their report with all members and with any parties with significant interest in the community.

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 (9th edition). It is not a definitive statement of performance in any of the areas covered by the Community of Communities standards.

If you have any queries about any aspect of this report, please contact: Beth Thibaut – *Deputy Programme Manager, Community of Communities, The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB.*

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Community Background

Our Story

Golfa Hall was opened in 2005. The community provides care, education and therapy. Our community works specifically with young males (11-18) who display harmful sexual behaviour. Given the specialist nature of the presenting needs of our boys, we draw on evidence base and theory of risk management and intervention for sexually harmful behaviour. The conceptual framework for responding to these needs is the Good Lives Model, which is a strength based, resilience building model. Within this framework we employ a range of therapeutic modalities, primarily CBT and psychotherapy, but also schema therapy, EMDR and Lifestory. This is delivered by an in-house team. The key focus of 2018 - 2019 has continued to be to develop bringing care, therapy and education together, ensuring the boys and staff have felt heard, nurtured and giving staff and boys the opportunity to engage with the wider TC network. The community have worked well together, with the boys and staff implementing new ideas and boundaries. We have moved forward with positive risk taking including the use of social media for the organisation and time out in the wider community for individual young people. One of our young people attended the peer review training and attending a peer review in Jan 2019. We developed the role of 'Community of Communities Young Persons Liaison Officer' and one some our boys have been involved in presenting at external events. We have now developed a role for a young person that has recently left the community which involves him doing a regular young person's audit in line with the Community of Community standards.

Completed Action Plan 2017-2018 (From Accreditation)

Standard Identified for improvement		Planned Action	Outcome
1.2.2	The community can demonstrate that all new staff and Children & Young People understand and accept the expectations as conditions of membership. For example, a signed contract.	To ensure all new staff receive the best support when joining our community we are planning to do an overview of the induction process with particular focus on mentoring.	There has been an overview of our induction since during the last cycle.
1.3.5	Staff and Children & Young People value and accommodate each other's different abilities and are sensitive to these differences	To continue to support the community in accommodating individual differences.	This has been a focus during the last cycle, we have explored and supported this area during community meetings, daily living, social communication in education and link worker sessions.
2.5.4	The staff dynamics or sensitivity group should be facilitated by an external experienced Therapeutic Community practitioner	external facilitator to be arranged for group supervision and sensitivity	Staff dynamics is led by the Therapy Manager and the onsite therapist facilitates group supervision for staff.
2.1.2	There is a written set of Therapeutic Community core competencies to assess the suitability of staff for working in the Therapeutic Community	To complete the induction document (similar to the prison service Annex 4) using the core competencies to inform the probationary period.	This was explored (Annex 4) and found not suitable to use for our community. The core competencies are now used to inform the induction period.
4.2.1	All Staff responsible for running group meetings have attended training in delivering groups	Whilst clarity was gained from CofC with reference to in-house training being sufficient. It would be desirable for external training to be explored.	This remains desirable.
3.2.2	The information pack is reviewed regularly (minimum annually) with contributions from current staff and Children & Young People	Allocate a young person to be a member of the welcome committee. This will involve working with others boys on the induction booklet of both staff and boys.	Our chairman and deputy chairman are part of working on updates in our welcome book. They also have an active role in the welcoming of new members to the community.

Lead Reviewer's Comments

This section will provide an overall view of the visit and of the community, based on all elements of the review process.

Preparation:

The community was very well prepared, so well that they coped without any apparent problems with their inspectors showing up on review day! There was an exceptionally thorough evidence portfolio provided, alongside files for each reviewer. For an accreditation this would have been sufficiently comprehensive. As a peer review team we struggled to make best use of it in the time available – the community could safely put less into this.

It was clear that the community was aware of the workbook, however the review team noted that it was mostly in professional / staff language and voice. The team wondered how involved the whole community were in the preparation of it, while we of course know how hard it is to engage adolescents in it. The community had used the C of C online Space House but that seemed quite separate from the workbook.

Participation:

Senior people were heavily involved throughout the day, with the managing director present at various points, including the closing meeting. This was very positive, and it clearly supported the boys to engage, particularly with inspectors sitting in too, and they did so excellently. The review team would have valued more “normal care staff” in the discussions and meetings, both to get a broader perspective and to know that the ethos and approach are understood throughout the community.

Residents and staff clearly understood the point of the day and engaged well with it. A very vocal and thoughtful group of the residents were involved with much of the visit, with others present for lunch and later in the day. The team felt this was a very strong level of engagement, particularly from certain residents who represented their community with pride, openness and humour.

The initial welcome with the boys, scheduled for mid-morning, didn't really happen. It was not clear this was for any particular reason; it was timed for their break from class and just didn't quite come together. This was a shame as the day wasn't anchored as well as it could have been. It didn't affect the team or the process, but the team wondered what it was like for the boys to have us around without having said hello properly?

Overall Impressions:

The community was calm; relaxed despite a lot of people busy at various tasks (fixing a door, decorating, dealing with inspectors etc.) There was no sense of an underlying tension or arousal as a result of the visit day or inspectors; the community was not "bubbling". There were different views in the review team about how homely it felt, with some opinions that there was a slightly clinical feel in some areas and others feeling it was very homely.

If the review team were to pick out what stood out most on the day, the impressive engagement of the young people in the day, some of whom spoke to us though the tour, a meeting, lunch, the community meeting and the feedback meeting. Three additional things that stood out were the calmness of the community, the level of preparation (in particular the paperwork) and the presence of senior people and a sense of hierarchy.

There were a few moments when we felt the senior staff present cut across residents to make sure a "good" answer was given to a question. This was a shame as the young people were a credit to themselves and Golfa Hall and a peer review can handle some banter or a few more complicated comments.

Overall, the welcome was great, the lunch was particularly great, and all the peer review team noted things they want to take back to their communities.

Community Feedback

At the end of the review day, the community were asked to complete a feedback form to share their feelings around the review day.

Thinking about the day generally, tell us how the review went:

The boys felt the day went well, the peer review team were very friendly and easy to talk to. We enjoyed having them visit us and it was nice to show off what our community is like. It would have been even better if they could have stayed longer!!

The staff really enjoyed having the peer review team spend the day with us. We had an unannounced inspection the same day also, however we felt the day ran smoothly and the peer review team were friendly and fitted into our routines/meetings etc well.

It's always positive to have the space to reflect on our practices and gain other ideas which we felt we were able to do. We hope to visit the peer reviewers' communities and they visit us again so we can share more ideas. The lead review facilitated the day well and was great for him to lead our review due to his experience and us knowing about his community. The day always goes so quick! We wish we could have showed off more about our community and learn more about theirs.

Did you enjoy taking part and preparing for the review day?

The boys enjoyed preparing and talking in community meetings about the core standards.

The staff enjoyed preparing for the peer review day, it's always a good opportunity for us to reflect on how we evidence our work. We spend time gathering evidence on all the standards throughout the cycle ensuring that we cover them thoroughly and we are still improving our processes.

We all enjoyed the day!

What else would you like to gain from a peer review visit?

It would have been nice to have the opportunity to have more space to be able to talk to the reviewers about their communities

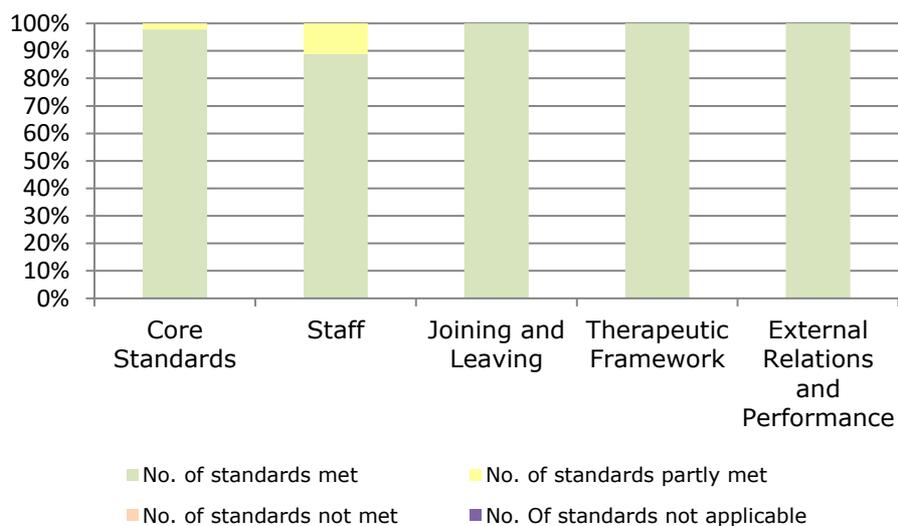
Summary of Results – Self and Peer Review

Numerical Summary of standards reviewed on the peer-review day

	Total no. of standards reviewed	No. of standards met	No. of standards partly met	No. of standards not met	No. Of standards not applicable
Core Standards	44	43	1	0	0
Staff	16	15	1	0	0
Joining and Leaving	9	9	0	0	0
Therapeutic Framework	14	14	0	0	0
External Relations and Performance	5	5	0	0	0

Graph of Results

The graph in the figure below breaks down the number of criteria met, partly met and not met for each of the sections of the standards. This is based on a combination of self-review and peer-review scores. Where the peer review team has not covered a standard, the self-review score is taken into account.



Summary of Results – Self and Peer Review

Numerical summary of the criteria, scored at self-review and peer-review.

Key: Type 1 – Essential (accreditation), Type 2 – Expected (accreditation), Type 3 – Desirable (accreditation)

Acc level	Type 1			Type 2			Type 3		
Score	Met	Partly Met	Not Met	Met	Partly Met	Not Met	Met	Partly Met	Not Met
Core Criteria (n=45)	21	1	0	15	0	0	8	0	0
Staff (n=18)	12	0	0	3	1	0	1	1	0
Joining and Leaving (n=15)	10	0	0	3	0	0	2	0	0
Therapeutic Framework (n=20)	9	0	0	8	0	0	3	0	0
External Relations and Performance (n=12)	4	0	0	5	0	0	3	0	0
Total %	98%	2%	0%	97%	3%	0%	94%	6%	0%

Summary of Results – Peer Review

Areas of Achievement

It was noted that there is a strong and clear sense of community amongst the boys and the staff in the home, and this is certainly a strength of Golfa Hall as a therapeutic community. The review team were particularly impressed with how the boys were able to confidently name and discuss this feeling of communalism.

The review team wanted to note how welcome they felt on the day. The boys were clearly very comfortable with the peer review team visiting, and made the most of showing the team around and explaining the culture of their community. This, along with other discussions had on the day, clearly demonstrated the sense of ownership that the boys feel towards their community.

Finally, the directive and enthusiasm that the community and the organisation feel towards sharing practice are excellent. As one of the accredited children and young peoples therapeutic communities, Golfa Hall are very active in the Community of Communities network, with their senior staff leading several reviews, staff attending reviews as peer reviewers, and even some of the boys presenting at the Annual Forum! It would be good if one of the senior members could train up and take the role of a TC Specialist, within the accreditation and audit cycles next year.

Areas of Development

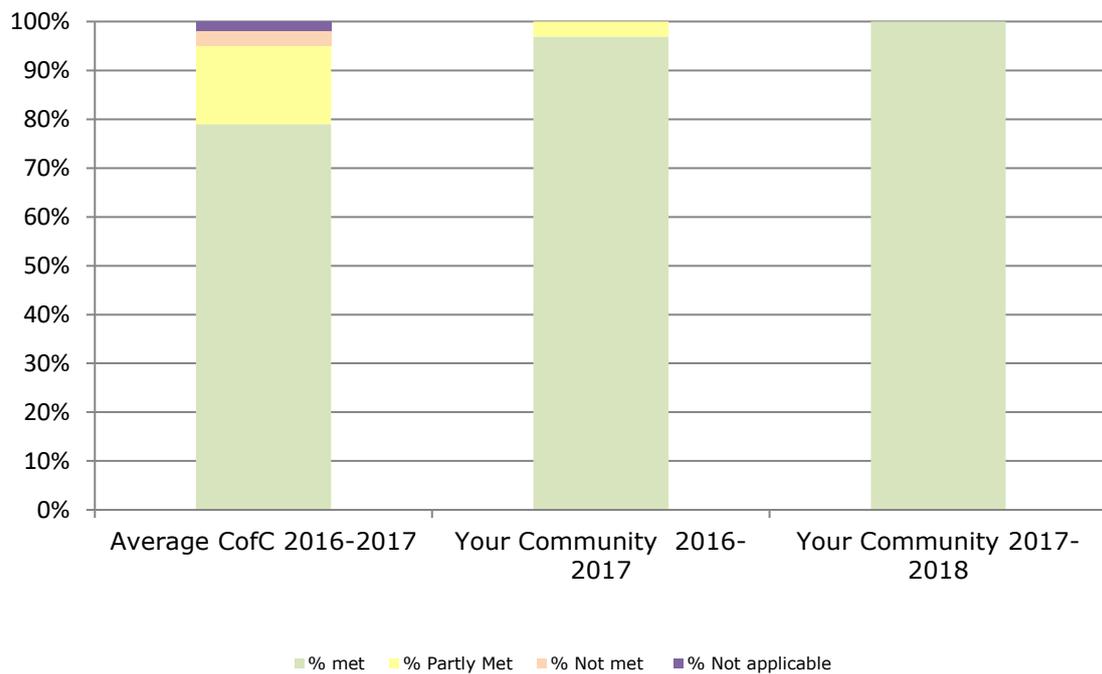
The review team noted that, whilst participation was fantastic throughout the course of the day, that it would have been great to hear more from non-management staff. There is a comprehensive understanding of the concepts, theory and experiential nature of living in the community, but it was not thoroughly clear to what extent this could be articulated by all of the staff. The team would recommend that the managers and leadership try to encourage and hand over some of responsibility of the day, to allow the next visiting team to observe this.

There is a significant feeling of investment and ownership in the communal areas of the community. Whilst noting that this work is underway, the review team wanted to highlight the importance of personalising the landings and individual bedrooms in the same manner!

Summary of Results – 2018-2019 Benchmarking

The graph below represents the average percentage of standards and criteria met, partly met and not met by the whole Community of Communities membership in the previous year (2018-2019 cycle).

This has been compared with the percentage number of standards and criteria met, partly met and not met by your community during the previous year (2018-2019) (where available) and this current year (2019-2020¹)².



¹ The number of met, partly met and not met includes the self-review scores for the criteria and the peer-review scores of the standards.

Summary of Achievements and Developments from Self and Peer-Review

Core Standards		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
1.2.2	Community members are confident in describing the therapeutic ethos and are able to give examples of practices to demonstrate this.	SR
1.4.2	Young people and staff take on a variety of roles within the communality. New members have joined the community during the review period, the young people and staff have willingly taken on various roles. It is discussed regularly differences within the community and strengths in roles have developed from this.	SR
1.4.6	During the review period there has been many changes within the community. It has been managed in a way that recognises the impact on our young people and staff.	SR
1.6.3	Young people and staff encourage each other to share their life experiences, this has been particularly explored during extended community meetings. Members have felt safe enough to share detailed experiences.	SR
1.6.5	Staff and & Young People value and accommodate each other's different abilities and are sensitive to these differences. This has been an evident improvement during community meetings and informal time.	SR
1.7.4	Young people and staff discuss their attitudes and feelings towards each other on a regular basis, this has been an improvement.	SR
1.10.5	Positive risk taking has been an area of improvement during the review period. All members have contributed to a new 'Positive Risk Taking Policy and this is discussed regularly as a community. Board reviews for young people are a space to move forward with positive risk talking. Staff meetings, large community meetings, community meetings, school council meetings are all spaces where opportunities are discussed.	SR
1.1 & 1.2	The Good Lives Model informs a clear, positive and confident approach within an established culture rooted in a sense of community.	PR
1.4	The roles and tasks available are very well defined and are significant, meaningful roles.	PR
1.9	The sense of community is impressive. It is also impressive that it can be named and owned by the community so clearly and confidently.	PR

Stand/ Criteria No.	Areas for Development	Self or Peer- Review
1.6.1	The young people's individual rooms to be personalised to a high standard. The young people, link workers and maintenance to be involved in this.	SR
1.9.3	We have a very clear policy on how to maintain safe physical contact, warmth, hugs etc, whilst maintaining protection and safety. Although we are proud that the community is a warm and open place where affection in all forms is evident we need to continue discussion about this area due to new community members joining to ensure safety and boundaries remain in place.	SR
1.10.5	Positive Risk taking has been an improvement, however this needs to continue as a focus during the next review period.	SR
1.6.1	Individual bedrooms and the landings to be personalised and have the same feeling of investment and ownership as the communal areas. This is under way; we encourage the community to keep at it!	PR
1.10.3	More formal contributions to reviews etc. from other boys are challenging to put in place but would potentially add to the emotional holding offered by the community. This does not need to be direct involvement but a recorded contribution from the community might be valuable?	PR

Staff		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
2.1.1	All boys and staff continue to be involved in the recruitment of new staff.	SR
2.3.1	Internal and external professional development offered to all staff has continued to improve over the last review period.	SR
2.3.3	Various staff have been involved in delivering and attending workshops and conferences. A number of staff have attended the peer review training, and events at the CofC.	SR
2.3	The enthusiasm about training such as peer reviews and the living-learning experience suggest a strong culture re. training.	PR
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
2.5.4	An experienced TC external facilitator to be arranged for staff dynamics space.	SR

2.6.3	To have an evidenced process to enable staff to give confidential feedback about the content, quality and effectiveness of groups	SR
2.3	As well as getting people out, get a broad range of staff into the meetings and discussion during your peer review visit.	PR

Joining and Leaving		
Stand/ Criteria No.	Areas of Achievement	Self or Peer-Review
3.3.3	Staff and young people have supported new members to understand, adapt and contribute to the Therapeutic Community culture, practices, rules and boundaries, this has been a strength within the review period.	SR
3.4.1	There have been a number of endings within the review period and have been managed very sensitively and as supportive as possible. All endings have been as smooth as possible for the community.	SR
Stand/ Criteria No.	Areas for development	Self or Peer-Review
3.3.1	Set up a 'welcome committee' for new members that join the community including a member from each department and a young person. This is to involve meeting a new member together and working on the 'welcome book' improvements.	SR

Therapeutic Framework		
Stand/ Criteria No.	Areas of Achievement	Self or Peer-Review
4.1.1	Senior leaders continue to continue to function as a supportive group in ensuring the effective running of the TC.	SR
4.1.2	The senior team have extensive knowledge, understanding and experience of the TC model.	SR
4.5.3	There have been reflective and supportive spaces for the community when there have been incidents of physical intervention.	SR
4.6.2	The use of social media has improved vastly during the review period, this continues to be a live discussion on various group agenda's.	SR
4.6.2	Community members have been involved in contributing idea's and views to the 'Positive risk Taking Policy'.	SR

Stand/ Criteria No.	Areas for Development	Self or Peer- Review
4.6.2	Continue to explore and develop positive risk taking in many areas for the community.	SR

External Relations and Performance		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
5.3.1	Care, education and therapy staff along with young people have been involved in various events during the review period. This has includes presenting at workshops at the Cofc C Annual Forum.	SR

The Review Workbook

Core Standards						
1.1		There is a clear way of working which supports the principles of the Therapeutic Community				
Peer Review for Standard 1.1		The Good lives model is clearly understood and applied throughout the community. Risk related work is integrated into this framework.			Met	
1	1.1.1	Staff members can describe the way of working used by their Therapeutic Community	2	<p>The community works within the TC framework and the conceptual framework used to respond to the boys individual needs is the good lives model. We continue with the development of in house therapeutic community core training which all staff will receive and all staff receive good lives model training. All review boards use the Good Lives Model to guide discussions and monitor progress. We have implemented the Good Lives Model in placement plans and board reviews.</p>	<p>This being a live, embedded framework was clear during discussions with senior and established staff members, and in the evidence portfolio. The review team were curious if newer and less senior staff, and the residents, would refer to the model in the same way. This was not observed during the review day and it was not directly explored during discussions.</p>	2
2	1.1.2	Children and young people can describe the way of working used by their Therapeutic Community	2	<p>The boys have a good understanding of the model of practice. We avoid jargon and 'professional language' as it is important that the house is the boys home and not a place where clinical language is overly used. The boys are confident and eager to talk to visitors about their home and community and can discuss the function of meetings etc.</p>	<p>The residents, O. in particular, eloquently described the purpose of being in the community and the way the residents are a "brotherhood". O. and R. and others clearly described the day to day processes in their home.</p> <p>The review team noted that documents refer to "adults" while the young people used "staff" consistently and were curious if this reflected some gap between model and reality.</p>	2

1	1.1.3	The Therapeutic Community leadership functions in a way that is consistent with their community's way of working	2	There are clear lines of responsibility and all staff work together to ensure the effective running of the community. Democratisation and non-hierarchical decision making are central to our working practice.	<p>The leadership engaged informally and very much in line with a TC model during the visit. Descriptions of processes in the community given by the leadership fit the community's comment here.</p> <p>The review team noted that the clear lines of responsibility appeared to run from boys to managers then back to staff, and vice-versa. For instance in the community meeting an issue about unplugging Alexa was met with curiosity and then understanding by the house manager who said he would take it to the staff; the team were curious why the staff were not present in the meeting which would have allowed this to be said directly and resolved without managers. Generally visit day discussions involved boys and senior adults; this may well have been coincidental but the impression given was of a relatively hierarchical community.</p>	2
2	1.1.4	There is evidence of commitment to the Therapeutic Community approach by the wider organisation within which the community sits. For example, a Strategic or Business plan	2	The directors issue a strategic plan that incorporates the TC status, and this is also part of our status of purpose and widely promoted in our literature. Over the review period specific therapeutic community training has been developed. We have also made a commitment to ensure a number of staff have been part of TC events, peer lead reviewer training and attending peer reviews. There is a supportive and committed approach to the therapeutic community and its continuous development.	Evidence portfolio matches the community's comment. Peer reviewers have met the community at TC conferences and events.	2

3	1.1.5	The leadership facilitates a reflective culture where difficulties can be contemplated and considered.	2	All leaders are developed internally and externally to be reflective in themselves as well as strongly encouraging members of the community to embed this ethos. There are various spaces for the community to discuss difficulties and accept differences.	This was visible throughout discussions and over lunchtime on the visit day. Reflective processes were clearly recorded in meeting minute books in the evidence portfolio. The review team noted that the boys appeared more comfortable reflecting on difficulties and on things in the community that were not ideal than some of the senior staff members - the experience in discussions was of managers being a bit anxious about the boys honesty - we encourage the adults to trust the boys and the reality that peer review is not an inspection!	2
1.2 Children and young people and staff are aware of the culture and practices within the Therapeutic Community						
Peer Review for Standard 1.2			All the boys who were part of the peer review showed a clear shared understanding of what Golfa Hall is like, how things are done etc. that had depth and reflects a solid, positive culture.			Met
2	1.2.1	The Therapeutic Community provides information to new children and young people and staff that describes the expectations of community membership	2	We have an induction for staff which includes a half day induction training which explains the community approach and the expectations. Prior to a young person joining the community we visit them and tell them about the community and expectations of community membership. We also, where possible, ensure the young person visits prior to them joining us so they can see further what community living is like. We have developed a 'photobook' that we show to possible new boys so they get a sense of where they are visiting and what the community looks like.	Induction and introduction booklets etc. clear in evidence portfolio. The young person who had been in the community for a week was very clear about expectations and how the community works, and appeared comfortable discussing this with other boys. The two boys who were asked directly both said they had not had an information booklet and that their start had been their visit. The review team know that these things don't happen as we'd like them to, and this wasn't explored further on the visit day so we don't know the context.	2
1	1.2.2	Children and young people and staff can describe the culture and practices within the Therapeutic Community.	2	Community members can describe the therapeutic ethos and are able to give examples of practices to demonstrate this.	The boys, in particular O. R. and Q. but also others, gave clear, open and very confident descriptions in meetings, over lunch and during the tour.	2
1.3 Children and young people and staff work together to review, set and maintain rules and boundaries						

Peer Review for Standard 1.3		The community felt owned by all its members. There were examples in minutes of boundaries being discussed/reviewed.		Met
1	1.3.1	Children and young people and staff can describe and evidence the process of reviewing and setting community rules and boundaries	2 We have a signed induction checklist for staff and we also have a signed young person's contract at the start of their placement. There are clear expectations regarding community membership and these are reinforced within community meetings and integrated reviews.	1 Peer review team noted that the community comment for this criteria is all about set expectations not about negotiation and working together to review and set boundaries. During a discussion the system of red and green (stars? Marks?) etc. there was a comment that the system is reviewed and talked about a lot, but doesn't ever get changed. Another comment was that the boys don't like the colours. The team was curious about this as we felt communities often change things back and forth or in minor ways just because it seems like a hopeful thing to do and while it doesn't always get you anywhere significant it's important to make changes so you know you can. There was plenty to show the community meets 1.3 and 1.3.2 and 1.3.3. This particular criteria wasn't so clear on the visit day <i>Community comments: This criteria was marked as met at previous reviews and our process hadn't changed. We felt that on the day the peer review team didn't get chance to see all the evidence which we understand can happen with the time pressures. We were pleased that in their review feedback for this criteria, they are actually commenting on how they saw this process in action</i>

1	1.3.2	Children and young people and staff can describe the process that follows breaking rules and boundaries, including their involvement in that process	2	Some rules and boundaries are more fixed (i.e. supervision) others can be negotiated and explored. When rules/boundaries are broken this is explored within the community meetings and staff meetings. There are numerous examples over the review period where staff and young people have discussed rules being broken and how we should deal with that as a community.	This was clear in the discussion in the afternoon; good recent examples were shared. In particular the way reparation is discussed. Review team noted that adults were careful to say "sanctions" and "reparation" while the boys were very clear that reparation is what you do as "punishment."	2
2	1.3.3	The Therapeutic Community keeps records of rule and boundary breaks and actions taken	2	There is a record of community meeting minutes and discussions that cover this area.	This is clear in minute books.	2
1.4 Children and young people and staff take part in the day to day running of the Therapeutic Community						
Peer Review for Standard 1.4			This is very clearly the case. The way the boys cook lunch for the community is impressive and the roles boys can take on are thought through and substantial.			Met
1	1.4.1	Decisions that affect the running of the Therapeutic Community are made in collaboration with children and young people and staff	2	The community meeting is used for decision making and news to be shared. We have also called special meetings when there have been pressing matters that need to be discussed/explored. Over the review period a young person represents the boys at Management meetings. The boys have also been involved in an extended community meeting with all the staff (care, education and therapy) present. We discussed a number of key issues impacting on the community.	Collaboration and communication are both clearly happening as seen during lunch and as described during discussions. The review team were not clear if all community members who are present attend community meetings, or if it is regularly managers who meet with the boys as on the review day.	2
2	1.4.2	Children and young people and staff take on a variety of roles within the Therapeutic Community	2	There are a number of roles and tasks that are shared. For example, the boys chair the meetings, different boys prepare the community daily lunch, boys are involved in interviewing. Staff also fulfil different functions within the team. We continue with the roles: care taker, breakfast monitor, birthday/celebrations rep, school council, gardener and external work experience. We have new roles in place: Chicken monitor, breakfast monitor, Fish monitor, car maintenance checks, young person's fire officer and Community of Communities Young Persons Liaison Officer.	see 1.4	2

3	1.4.3	Roles with increasing levels of responsibility within the Therapeutic Community are achievable by children and young people and staff	2	There is a structured use of two groups in the home Alpha for younger boys and those at the earlier stages of their journey, Omega for older boys on an independence programme and with greater responsibility. There is a clear structure of roles for staff such as coordinators, link workers, group leaders etc. We review boys progress and levels of responsibility in their review boards and staff in their yearly appraisal.	It was clear from discussion on the visit day, and from evidence portfolio job descriptions for the roles, that these roles are taken up. The review team noted that taking up independence (responsibility for yourself) is not necessarily the same as taking up responsibility within the community so we were not clear that independence fits here. We didn't explore <i>progression</i> in roles in the community but we assume chairman and deputy chairman, for instance, involve taking up responsibility.	2	
1	1.4.4	There is opportunity and management support for spontaneity	2	Management are on site daily and integrate in the community. Community members are aware that we have an open and honest ethos and support is at hand for any kind of spontaneity. We have a positive risk taking policy that reflects this.	This was clear in discussion of daily routines and activities, and visible at lunchtime and other points during the review day.	2	
3	1.4.5	Children and young people and staff can consider and question managerial issues and group and institutional dynamics	2	There are spaces and opportunity for this in quarterly large community meetings where everyone is together, the community chairman attends management meetings, extended community meetings and community gatherings.	There were descriptions of this during the visit day discussions.	2	
1	1.4.6	Change is managed in a way that recognises the impact on children and young people and staff.	2	Change is discussed regularly at extended community meetings, daily meetings, informal times, staff meetings, group dynamics, group supervisions, clinical supervision and other spaces. All members are encouraged to recognise and reflect on the impact of change.	The boys and the senior staff we met during the peer review talked about things that have changed in positive, thoughtful ways.	2	
	1.5	There is a structured timetable of activities that reflects the needs of children and young people and staff					
	Peer Review for Standard 1.5			This was clear from discussions, what was observed during the review visit day and from evidence portfolio		Met	

1	1.5.1	The timetable includes a group meeting, commonly called the Community Meeting (or Children's Meeting), which is central to the functioning of the Therapeutic Community and children and young people and staff are expected to attend.	2	There is a formal timetable in place.	See comment at 1.4.1. If the community meeting is usually as it was on the peer review day i.e. boys and senior staff attend, then this does not seem to fit the peer reviewers' understanding of this criterion. As we didn't ask about this on the day, we can't comment further.	1?
3	1.5.2	The timetable of activities is reviewed regularly (minimum annually) with input from children and young people and staff.	2	This is reviewed regularly. Staff and boys are involved in team and community meetings. Individual activities are also discussed more specifically in the integrated reviews that take place quarterly. This year has seen the boys and staff engage in a number of activities and holidays.	Boys described having plenty of say in what happens.	2
2	1.5.3	There is a process for monitoring and addressing attendance at timetabled activities	2	All meetings etc., are monitored with a register. Attendance is discussed regularly, this may be addressed in community meetings, individual meetings, or another forum that is deemed appropriate.	Registers are clear and well maintained (as seen in evidence portfolio). Boys and adults discussed examples of people needing support to attend meetings and how this was done.	2
1.6 Roles with increasing levels of responsibility within the Therapeutic Community are achievable by children and young people and staff						
Peer Review for Standard 1.6			Roles are well defined and are real i.e. they are genuinely helpful not just token roles. Progression toward independence is clear; progression within the roles in the community and how the roles are allocated wasn't immediately clear to the peer review team.			Met
2	1.6.1	Children and young people and staff work together to keep a clean, well-maintained physical environment	2	There is a regular rota of community tasks around the house and grounds. All members of the community work together to ensure a clean and well maintained environment.	Boys made and tidied up lunch. Rota's for chores etc. on display and in evidence portfolio	2
1	1.6.2	Children and young people and staff share informal time together, including meal times and recreation	2	The community eat together daily, and the meals are prepared by members of the community. This is an important time in the day when we all come together. The boys and staff spend a great deal of informal time together taking part in a range of activities both in the house and externally. There have been a number of successful fun days where both communities and all staff have come together.	Observed throughout the peer review day.	2

3	1.6.3	Children and young people and staff encourage each other to share their life experiences, within the boundaries of the confidentiality policy agreed with the Therapeutic Community.	2	This has remained a significant area of development and has been particularly noticeable in the extended community meetings. This is also done in informal spaces and in PSHE and individual sessions.	The boys seemed clear that they don't talk about the reasons they are in the community in the first place, but that otherwise whatever happens once you have joined the community is talked about as much as possible. Also see comments about things that are "too personal" at 1.7.1	2
1	1.6.4	Issues of power and authority in relationships are openly discussed. For example, but not limited to, bullying or structural hierarchies.	2	Community meetings are regularly used for this and the boys are able to be honest about their views which is a positive reflection of the safety of this space. The staff team have dynamic groups which also encourages the exploration of these issues within relationships. Staff supervision and sensitivity continues to develop with care and education.	Example was discussed on the day of a member of staff's approach being questioned and challenged by the boys. The peer review team felt that there were moments during discussions when senior staff put a good spin on what was being said by the boys did which shut the conversation down a bit, but we know it's hard to judge this balance from outside.	2
2	1.6.5	Children and young people and staff value and accommodate each other's different abilities and are sensitive to these differences.	2	Staff and Children & Young People value and accommodate each other's different abilities and are sensitive to these differences.	This was put beautifully by O. who talked about the group being "all good lads" and that everybody "has those days" etc.	2
1.7 All behaviour and emotional expression is open to discussion within the Therapeutic Community						
Peer Review for Standard 1.7			Boys and staff both clear this is the case. The community is reflective and open, and confident about it.			Met
1	1.7.1	Children and young people and staff are encouraged and supported to put thoughts and feelings into words	2	Staff are supported through sensitivity groups and clinical supervision to explore their thoughts and feelings. As a wider community the community meetings also act as a forum for young people and staff to put their thoughts and feelings into words. This also occurs in 1-1 work and school. We have also had extended special community meetings with all staff and boys present. Staff and boys were able to speak openly about how thoughts and feelings and the relationships within the community.	This was talked about on the visit day, including that "very personal" things wouldn't go into meetings ("Anthony doesn't like it if it's too personal") but would be addressed separately - this didn't seem totally clear and the sense was that issues are talked about as much as possible in whatever ways is most helpful: "If you don't want it discussed it's not... it sort of is." The boys also commented that "Chopsing" is always discussed, and the reason behind it, in meetings.	2

1	1.7.2	Children and young people and staff support each other to be reflective and non-judgemental when responding to issues raised in the Therapeutic Community	2	This happens in a number of forums, such as the community meetings, key work sessions, and 1-1 therapy. We continue to be incredibly proud and in awe of how the boys have responded to highly sensitive issues within the community meeting and have been able to reflect on their own feelings towards such issues.	This was talked about by boys and staff during the visit day discussions.	2
1	1.7.3	Children and young people and staff talk to one another about their own behaviour and the effect it has on others	2	We are a very open community and the community meeting offers a safe place for both staff and boys to be open with each other about their feelings. This also happens regularly on an informal basis. The boys and staff place items on the community agenda and a significant part of the meeting is about exploring each other's behaviours and the impact this has.	This was talked about on the visit day and there were examples during the community meeting.	2
2	1.7.4	Children and young people and staff consider and discuss their attitudes and feelings towards each other	2	As discussed above.	"Pete and Helen" were given as an example of this	2
1	1.7.5	Cultural and personal differences in communication are recognised and valued.	2	Any differences are recognise and valued within our community. These discussions happen on a daily basis.	This came up in conversation over lunch and during afternoon discussions on the visit day, generally as described. The peer review is not an observation, but members of the review team felt they experienced moments during conversations when more articulate members of the community spoke for others. The team wanted to offer this reflection to the community.	2
1.8 Everything that happens in the Therapeutic Community is treated as a learning opportunity						
Peer Review for Standard 1.8			The community is clearly open, reflective and very actively seeks to grow and develop. There's obviously a lot of learning going on for everybody. Is it always clear what has been learnt / decided / understood and what is going to happen next?			Met

2	1.8.1	Children and young people and staff discuss problems and their solutions before action is taken	2	This happens formally in community meetings and staff meetings but also day to day as opportunities arise. For staff, handovers and "on the hoof" discussion is an inevitable part of residential life in a group community. Such issues are also discussed in therapy review boards and emergency meetings with the boys.	Examples of this observed in community meeting. Examples in minutes books and evidence portfolio. Review team commented that they saw issues being explored but that it was hard to see that decisions were reached in some cases. Is the community always explicit about the decision at the end of discussions, including there being no decision?	2
1	1.8.2	There are reparative and non-punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome	2	There is a distinction between sanctions and consequences. We try to use realistic and meaningful natural consequences as a method to make reparation where there has been a difficulty. We avoid "sanctions". We continue to involve the boys more in these discussions and their views and opinions have informed staff decisions. The boys have also been directly involved in identifying consequences for themselves and others.	Examples were discussed during the visit day. [The boys talked about doing "reparation" as "punishment" while adults talked about "sanctions". Consequences didn't come up.] During discussions the boys talked about how adults will vary reparations (in terms of how many hours) and how different adults do or don't encourage the boys to do their reparative tasks or to get through them. The boys seemed to feel the system works and is fair. The links to relationships and to supporting people to feel better may well be made; these were not talked about during the review day.	2
2	1.8.3	Children and young people and staff are encouraged to identify parallels between their relationships, behaviour and perceptions outside of the Therapeutic Community and similar situations within the community	2	During community meetings the boys have been able to reflect on times in their life when they have had similar experiences and how this impacted on them and how that parallels with situations happening in the here and now.	Examples in minutes books.	2
1	1.8.4	Children and young people and staff understand how and why decisions are made	2	We have an open and honest culture where if decisions are made members are clear that transparency is imperative within our community. Clear explanations happen allowing members to discuss their feelings further.	Observed during community meeting on review day.	2
3	1.8.5	Discussions take place which encourage children and young people and staff to learn and gain understanding from everyday living. For example, informal interactions with each other	2	Reflective spaces are always facilitated for community members. These are link worker sessions, community meal times, community meetings, group dynamics, group supervision, school council meetings.	The discussion as part of the peer review and the community meeting both included conversation that was reflective and thoughtful. Meeting minutes in evidence portfolio.	2

1.9		Children and young people and staff share responsibility for the emotional and physical safety of each other				
Peer Review for Standard 1.9		The idea of being a "brotherhood" came up during the peer review. There is a strong feeling of belonging and community and of being a group who live as a group, not just under the same roof.			Met / Not Met	
2	1.9.1	Children and young people and staff offer one another advice on ways of coping with conflict, frustration and disappointment.	2	Everyone is encouraged to help each other when struggling with ways to cope. The young people are confident in offering their advice to each other and sometimes to staff. Community meeting space is a useful time to share advice and engage others in different ways of thinking before acting in a situation.	Examples discussed during review day and seen during community meeting.	2
2	1.9.2	There are clear procedures in place if the Therapeutic Community needs to address concerns/difficulties outside the timetable of activities. For example, Emergency Meetings	2	Emergency meetings take place if it's a necessity. Live issues/concerns /news are paramount within the community. Over the review period there have been several special meetings called in order to contain and support the dynamics within the community. Such issues have involved acts of violence, relationships with staff, disruptive behaviour.	Examples in evidence portfolio and minutes books	2
2	1.9.3	Children and young people and staff share an understanding of the use of physical contact in supporting each other.	2	Given the histories of our boys and some of the risks they have presented, we have a very clear policy on how to maintain safe physical contact, warmth, hugs etc, whilst maintaining protection and safety. With this in mind, we are very proud that the community is a warm and open place where affection in all forms is evident.	Clearly seen during peer review visit	2
1	1.9.4	Children and young people and staff are encouraged to bring concerns about each other to groups. Fears around "telling tales" or "grassing" are openly discussed and there is an understanding of confidentiality and its limits.	2	We have a very open culture where boys feel confident to use the community meeting and /or their relationships with adults to discuss when they have concerns. Boys are frequently able to challenge each other's and staff's behaviour openly and safely.	This was talked about during peer review visit discussions.	2

1	1.9.5	Children and young people and staff feel supported by the leadership	2	The leadership in our community is a consistent key thread to support for all community members. Leaders are always present at community meetings, extended community meetings, large community meetings, emergency meetings, staff meetings, board reviews and available daily to support and create a rich nurturing environment.	This was visible in meetings and discussions during peer review day. Boys talked about being known well. Little discussion with new / non-senior staff on visit day so not able to comment on that aspect	2
1.10. Children and young people and staff are active in the personal development of each other						
Peer Review for Standard 1.10			It's clear that there are many ways the community reflects with its members.			Met
2	1.10.1	Children and young people and staff encourage each other to take on jobs and responsibilities in the Therapeutic Community based on their development	2	There is a rota for a number of jobs and responsibilities, which are considered essential to support the emotional and social growth of the young people. There is also a clear process of moving towards increasing independence (subject to risk assessment). This is also discussed in quarterly reviews to ensure that each young person's needs are being met.	Roles are clear and very appropriate. Doing jobs is clearly part of being in the community.	2
1	1.10.2	Children and young people and staff are encouraged to give feedback to each other	2	This happens in community meetings and in general day to day interaction. This continues to be a strength in our community.	Very visible during visit day and in meeting minutes. The peer review team wondered how much of this is done directly and how much is done via more senior staff?	2
3	1.10.3	There is a process in place to gain input from children and young people and staff into each other's reviews or appraisals. For example, using 360-degree feedback.	2	We use 360 degree feedback in staff appraisals and we have an annual employee survey to feed into the development plan for the service. Feedback from boys is not used in formal reviews of each other's progress although there is some informal input in community meetings.	Evidence portfolio matches community's comment.	2
1	1.10.4	Children and young people and staff support one another to develop their ability to confidently express their views and opinions	2	This is encouraged on a daily basis during community meetings and informal discussion. Community members are aware that we are all engaged in an environment where views and opinions are heard.	Seen during peer review and clear in minutes books.	2

1	1.10.5	Children and young people and staff are supported, by each other, to understand the opportunities and challenges of taking positive risks	2	Positive risk taking has been an area of improvement during the review period. All members have contributed to a new 'Positive Risk Taking Policy and this is discussed regularly as a community. Board reviews for young people are a space to move forward with positive risk talking. Staff meetings, large community meetings, community meetings, school council meetings are all spaces where opportunities are discussed.	Use of mobile phones and internet access clearly demonstrate this policy in practice.	2
3	1.10.6	Children and young people and staff can articulate how engagement with the Therapeutic Community helps them address their development.	2	There are various spaces that members have to explore their development along with the daily environment. Members are encouraged to support and encourage each other in recognising development openly.	The boys, in this case O, described beautifully the ways boys settle into and then grow as part of Golfa Hall.	2
Staff						
2.1 The staff selection process reflects the ways of working within the Therapeutic Community.						
Peer Review for Standard 2.1			Visits and interviews by boys demonstrate this, and are used consistently.			Met
1	2.1.1	Children and young people and staff are involved in the recruitment of new staff members	2	Part of the interview process is that one young person prepares and asks questions during interview. Then potential new members of staff invited to share a mealtime with the community. This has happened on many occasions over the review period.	This was described by staff members at lunch, and interview records in the evidence portfolio.	2
1	2.1.2	Core competencies related to working within a Therapeutic Community are used to assess the suitability of staff. For example, TC Practitioner Competencies Framework 2014 (appendix 1)	2	The therapeutic community core competencies inform all practice and assist in the assessment of suitability of staff. We have introduced the core competencies as part of the review and appraisal process for all staff.	Clear in records.	2
2.2 Staffing levels are sufficient to deliver and participate in the Therapeutic Programme						
Peer Review for Standard 2.2			This was described and was visible during the peer review. Rotas are clear and meetings etc. are organised a long way in advance. A range of activities is offered and there was no sense that these are unreliable or unpredictable.			Met
1	2.2.1	The timetable of activities is delivered consistently (For instance, core activities: community meetings, small groups, are rarely cancelled)	2	Staff ratio is 2:1, this is consistent. There is a clear weekly timetable that the community follow. This is visible for all.	see above	2

2	2.2.2	There are sufficient staff to support routine involvement and participation in the Therapeutic Community outside the timetable of activities, including meal times and recreation. (For instance, activities such as recreation, play and social time are rarely cancelled)	2	There is always sufficient staff to carry out any chosen activities by the young people. Contact visits are supported 1:1. All staff are involved in meal times, we have a staff/boys football team that plays external teams, and a range of activities supported by staff.	see above	2
2.3 Staff receive training related to working in a Therapeutic Community						
Peer Review for Standard 2.3			Training appears to be valued and engaged with with enthusiasm; the organisations commitment to training seems clear.			Met
1	2.3.1	Staff undertake continuing professional development (of at least two days per year) relevant to working within a Therapeutic Community.	2	Staff continue to receive in-house and external therapeutic training courses. We have in house Good lives Model and HSB training. Various staff have attended external events and training. Staff have also attended peer review training. Staff have attended and presented at various conferences including CofC annual conference.	Records and training materials are clear.	2
2	2.3.2	Staff training should be linked to Therapeutic Community core competencies	2	All training is linked to the Therapeutic Community core competencies. This is evidenced on certification.	Clear in records in evidence portfolio.	2
3	2.3.3	Staff receive experiential training. For example Living-Learning Workshops, group relations courses	2	The young people and staff are involved in delivering and attending workshops and conferences. A number of staff have attended the peer review training, and events at the CofC.	There was enthusiastic discussion throughout the peer review about training staff members have done and are keen to do.	2
2.4 Staff attend group supervision						
Peer Review for Standard 2.4			Supervision appears to be valued and used based on records and policies and discussion with more senior staff. Its purpose is understood. The peer review discussions had limited input from less senior staff, so no comment on how the adults who are mostly alongside the boys experience it.			Met
1	2.4.1	Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community	2	Staff attend regular group supervision. This space is a facilitated by a member of the therapy team all members of the team have extensive experience of working within a TC.	see above	2
1	2.4.2	Group supervision involves discussions about children and young people that include reflection on theory, practice and experiential learning	2	Group supervision has space to discuss and reflect on young people. Reflection is key to improve learning and outcomes.	see above	2

1	2.4.3	Group supervision helps staff members explore their interactions with children and young people and staff	2	Staff are encouraged to reflect on their interactions with the boys and other staff, and what impacts on these interactions.	see above	2
1	2.4.4	Group supervision enables staff to challenge each other's perceptions of events in the Therapeutic Community and work to understand the difference between them	2	Group supervision encourages staff to express their feelings and perceptions and challenge each other's perceptions. Some staff find this easier than others.	see above	2
	2.5	Staff attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity, minimum one session per month)				
	Peer Review for Standard 2.5			Dynamics appears to be valued and used based on records and policies and discussion with more senior staff. Its purpose is understood. The peer review discussions had limited input from less senior staff, so no comment on how the adults most alongside the boys experience it.		Met
1	2.5.1	The staff dynamics or sensitivity group enables staff to reflect on the relationships between them and the impact these have on their work	2	During staff dynamics staff are encouraged to reflect on the relationships that exist amongst the team and the impact this has on their work.	see above	2
1	2.5.2	The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation	2	Staff are able to reflect on their relationships with all employees of Amberleigh Care and external professionals.	see above	2
1	2.5.3	The staff dynamics or sensitivity group should be planned and take place at a consistent time and for a consistent duration	2	The staff sensitivity group is planned in advance and happens approximately every 4 weeks and happens at the same time for 1 hour.	see above	2
2	2.5.4	The staff dynamics or sensitivity group should be facilitated by an experienced group facilitator with knowledge of Therapeutic Community and/or group dynamics. The facilitator should have no clinical or line management responsibilities for any participants in the group.	1	At present the sensitivity group is facilitated by the therapy manager whom is not directly involved with the team and oversees both communities.	This approach is familiar to the review team from other communities. The community's score has been respected here.	1
	2.6	There is a process for reviewing and recording staff attendance at support and training groups (i.e. staff supervision, staff dynamics, TC training etc.)				
	Peer Review for Standard 2.6			There are clear records and non- or reluctant attendance was discussed during peer review day. The community can think about people finding ways not to be in these groups in appropriate ways.		Met

1	2.6.1	There is a procedure for dealing with areas of concern raised by a review of staff attendance at support and training groups	2	Attendance at group supervision and sensitivity is compulsory for all staff. Staff attendance is monitored by a register. Staff only miss these meetings if there is annual leave or exceptional circumstances.	Registers clear and in evidence portfolio.	2
2	2.6.2	There is record of any action taken following a review of staff attendance at groups	2	Non-attendance of supervision or sensitivity would be discussed and recorded during individual supervision. Policies and procedures would be adhered to.	Not discussed during peer review so can't comment further	N
3	2.6.3	There is a process to enable staff to give confidential feedback about the content, quality and effectiveness of groups	1	Staff have various confidential spaces do this: line supervision, group dynamics and clinical supervision.	Not reviewed during peer review so can't comment further	N

Joining and Leaving

3.1 The Therapeutic Community is suitable for the needs of its members

	Peer Review for Standard 3.1			The community has a clear sense of itself and who it helps, and expresses a strong culture of making things work once people do join. The residents expressed a clear sense of being in the right place for them.		Met
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1	3.1.1	Children and young people are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining	2	We have a robust admissions procedure. If new referral meets initial criteria, then the young person is visited by members of the senior management team. If at this stage we feel that the TC maybe suitable for the young person, we invite the young person to visit the community (sometimes with an overnight stay). This is to ensure that not only the young person is suitable for the TC, but the community is right for the young person. This also ensures that staff and boys have a say in who join our community.	<p>The written admissions procedure is clear.</p> <p>The newest members of the community both said they had not had much information in advance of starting and their admissions had not matched how it's meant to do. Peer review team comment that this is often the case in many communities but suggest reviewing when in the process information is given to best ensure it happens even if the process gets a bit out of shape.</p> <p>There were some comments made about a young person who had not made a success of Golfa Hall quite recently</p>	2
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2	3.1.2	Potential new children and young people are involved in their assessment as to whether the Therapeutic Community will be suitable for their needs prior to joining	2	As discussed above: On the initial visit to a potential new young person we make it explicitly clear that we will not force anyone to join our community and if at any stage they feel the environment is not suitable and they don't want to join then we will not proceed with the referral. The young person's feedback and views are crucial to the selection process.	See comment above	2
2	3.1.3	There is a process which reflects on the current composition and needs of the Therapeutic Community prior to accepting new children and young people and staff	2	The needs and composition of the community are a high priority when considering new referrals and staff. There are a number of discussions regarding where the community is at, what could impact, and what may be needed. Ensuring the 'fit' for the community is right is an essential part of our process.	Evidence of these considerations in evidence portfolio.	2
3.2 There is an information pack for potential new children and young people and staff						
Peer Review for Standard 3.2			Info pack clear and appropriate and clearly known to community members			Met
1	3.2.1	The information pack, as a minimum, should describe the Therapeutic Community ways of working, expectations of membership and confidentiality, and be understandable by all	2	The staff receive information as part of the induction process which describes the therapeutic model, expectations and confidentiality of all new staff members. This is also included in initial training. The young people receive a 'Young Persons Guide' which includes brief poignant information.	Information for staff and young people in evidence portfolio. It appears clear and appropriate. See comment at 3.1.1	2
2	3.2.2	The information pack is reviewed regularly (minimum annually) with contributions from current children and young people and staff	2	The induction for new staff is reviewed annually. The young people are actively involved in creating the young person's guide. Information is regularly reviewed.	This was not discussed on the day	N
3.3 There is a planned joining process for prospective children and young people and staff						
Peer Review for Standard 3.3			While recent arrivals reported variations in the process, there is a clear process that the community owns and makes good use of.			Met

1	3.3.1	Children and young people and staff are involved in the planning and preparation for the arrival of a new member of the Therapeutic Community.	2	Staff and young people are involved in the planning and preparation for a new community member. This starts when the new member of staff or young person visits the community. When somebody first visits a young person and member of staff will give them a tour. A link worker for a new young person is allocated before arrival, however if a more positive and suitable relationship is established later the link worker can change.	This was discussed during the visit day.	2
3	3.3.2	There is a process to support children and young people and staff when an unplanned joining is unavoidable, which is understood by all	2	It is highly unusual for a young person to not visit Amberleigh prior to joining us. However, there would always be a visit to the young person in the first instance. Amberleigh do not admit on emergency.	One new young person talked about their visit becoming them staying (peer review team not clear on this, so we may have got that wrong?!). It was clear from the discussions that a new member joining is always given plenty of thought and that plenty of support is offered whatever the circumstance.	2
1	3.3.3	Children and young people and staff support new members to understand, adapt and contribute to the Therapeutic Community culture, practices, rules and boundaries	2	The community ethos at Golfa is that all members support each other to adapt and understand the TC. This may be through mentoring, link working and generally promoting positive role models.	See above. This was discussed with a number of residents during the visit day.	2
3	3.3.4	The Therapeutic Community marks the arrival of a new member of the community	2	When a young person joins the community they are welcomed in by all members during a community meeting and informal time. Their allocated link worker begins an Amberleigh Life story book when they first arrive. When a staff member joins they are also welcomed in during a community meeting and informal time.	Discussed during peer review. Community clearly has established rituals which are known to all.	2
3.4		There is a leaving process for children and young people and staff which is understood by all				

1	3.4.1	Children and young people and staff are involved in the planning and preparation for members leaving the Therapeutic Community.	2	All community members celebrate the moving on of staff or young people (e.g., meals together, parties and leaving gifts). All young people are presented with a "Your Life at Golfa" memory book. This is a piece of work that the link worker produces with the young person during their time at Amberleigh. The extended community meetings have given the boys and staff the opportunity to explore their feelings towards a young person or staff member leaving.	This was not discussed on the day	N
1	3.4.2	Children and young people and staff explore and work with issues relating to endings for those leaving and for those being left	2	All community members are encouraged to explore feelings and issues around endings that are occurring and have occurred. These difficult times are part of everyone's journey. Link worker sessions, therapy sessions, community meetings, staff meetings, supervisions, staff sensitivity and daily support discussions are all times that can be used to explore feelings. Over the review period, several boys have left the community, as have some staff. The boys have been able to explore how this has impacted on them.	This was not discussed in any detail during the peer review visit. There was some discussion of leavings within the conversations and it seemed in line with the Amberleigh ethos and approach.	2
1	3.4.3	Recognition is given to the achievements and contributions of a community member during their time with the Therapeutic Community as part of the leaving process	2	Any achievements by young people or staff are recognised and celebrated by the Amberleigh community during their final get together as a community. Contributions of memories are gathered in a book and presented and shared verbally during their last community meeting. Photos are shared and memorable events are talked about. We have an end of term ceremony in school where a number of achievements were recognised, and awards presented. We have also had leaving ceremonies for long standing members of staff, where all of the community were involved.	This was not discussed on the day	N
1	3.4.4	The community marks an individual leaving with an event or celebration	2	When a young person leaves the community, an event is planned with the young person's input of wishes. A meal, party, BBQ is usually the choice and everyone who has been a part of the young person's life whilst living at Amberleigh is invited.	This was not discussed on the day	N

3.5 There is a process to support children and young people that leave or wish to leave the Therapeutic Community prematurely						
1	3.5.1	There is an expectation that a child or young person wishing to leave prematurely will discuss this with the Therapeutic Community	2	If a young person expresses a wish to leave early, it is dealt with by the relevant professionals. Golfa community fully support young people with their wishes also taking into account their best interests. Young people are always encouraged to express their feelings openly and their wishes are listened to.	This was not discussed on the day	N
1	3.5.2	Children and young people and staff support each other to remain engaged with the Therapeutic Community. This includes after they have left, if required.	2	The ethos of Amberleigh is that all members are supportive of each other. To remain engaged with the community this work is active through community meetings, link worker sessions, group meetings, staff meetings, daily planning and constant support discussions.	This was not discussed on the day	N
Therapeutic Framework						
4.1 The Therapeutic programme is overseen by appropriately qualified leadership						
Peer Review for Standard 4.1			The leadership was present on the review day and demonstrated a solid understanding of the processes in the community, which is backed up by the evidence portfolio.			Met
1	4.1.1	The leadership can demonstrate competence in relation to therapeutic practice, especially in relation to group work	2	The community has a strong multi-disciplinary leadership with care, therapy and education working closely together to ensure the effective running of the community and ensuring therapeutic practice is at the core of our work.	This was not discussed on the day	N
1	4.1.2	The leadership has a comprehensive understanding of the Therapeutic Community Model of practice	2	We have experienced TC practitioners supporting the daily running of the TC. The MD has been actively involved in the TC world for over 12 years in senior positions and is both Tavistock qualified as well as having roles in both TCTC and C of C. The Director of Care and Therapy has also worked within the Therapeutic Communities and the CofC for over 19 years. The Director of Education not only holds teaching qualifications but also a degree in therapeutic child care.	This was clear during visit day discussions.	2

1	4.1.3	The management team (i.e. staff and community chair etc.) facilitates the delivery of a consistent approach across the Therapeutic Community, involving all staff and disciplines	2	As discussed, the senior management group work collaboratively to ensure a consistent approach across the community. Over the review period we have continued to develop a greater cohesiveness within the 3 core functions of the community (therapy, care and education). The education manager also co-facilitates the extended community alongside the therapy manager and house manager.	This was clear during the visit afternoon. As discussed elsewhere the review day involved more senior member of staff throughout; the peer review team wondered if consistency is achieved through being present much of the time, and if this leaves room for others to take on the authority of the community? This is not about a deficit it's a question that might inform development.	2
4.2 There are structures in place to facilitate the safety of all group meetings						
Peer Review for Standard 4.2			Group meetings happen as planned and clearly contribute to the work of the TC.			Met
2	4.2.1	Staff responsible for running group meetings have attended training in, and had experience of, delivering groups	2	This is an area which requires development. Formal groups in school/therapy are delivered by qualified staff, elsewhere, this is more by experience and supervision. There is in house training to support this function (as advised by CofC). Some staff have completed and all staff have the opportunity to do the Therapeutic Child Care Degree.	There was some discussion of this during visit day and evidence in the evidence portfolio	2
1	4.2.2	Group meetings have an agreed purpose and task	2	There is a clear purpose and task to all meetings, that all members of the community understand and have agreed.	Range of meetings and their purpose clear in evidence portfolio.	2
2	4.2.3	Group meetings have a consistent duration, starting and ending within limits set by children and young people and staff	2	Yes, there is a clear timetable and process for meetings. There are clear time boundaries for these meetings.	Timetable clear and in evidence portfolio.	2
1	4.2.4	There are written records of groups that reflect on process and decision making	2	There are written records of all meetings that occur in the community.	Minutes book seen during visit day	2
4.3 Each child or young person has a plan that highlights their personal, social, therapeutic and educational needs and how they can be met through engagement with the Therapeutic Community						
Peer Review for Standard 4.3			Plans are clear, and they are clearly reviewed in a way that keeps them live and relevant.			Met
2	4.3.1	There are regular written updates of how engagement in the Therapeutic Community is helping the child or young person to address the needs identified in the therapeutic plan	2	Quarterly reviews occur for every young person, these reviews track and monitor individual progress and identify additional needs. The reviews are chaired by the therapy team and include representatives from care and education.	Reviews recorded and seen in evidence portfolio.	2

1	4.3.2	Children and young people and relevant others are involved in all stages of reviewing and developing their therapeutic plan	2	Young people are involved in all formal review meetings but also in regular link worker sessions as well as day to day opportunities for recognising achievement and identifying small step targets. The boys have started to attend their integrated quarterly reviews and have contributed to the board outlining positives and identifying targets for the next quarter.	Staff were clear on this and the residents contributions were clear in the paperwork in the evidence portfolio.	2
2	4.3.3	The therapeutic plan is reviewed regularly using all available information. For example, attendance at groups, engagement in community life, and feedback from children and young people and staff.	2	As above: usually quarterly review boards, for some individuals this is sometimes more frequent.	see above	2
4.4 The Therapeutic Community has a confidentiality policy that relates directly to the work of the community.						
Peer Review for Standard 4.4			Policies are present and clear, however the lived understanding is central and this was clearly a live understanding in the community.			Met
1	4.4.1	Children and young people and staff can describe examples of the limits of confidentiality. For example, with regard to information shared in groups	2	There is a live understanding of confidentiality. It is part of our joining process, part of our groups, discussed in therapy and part of staff training. This is especially relevant to the histories of our boys and how we engage with the wider world. There is a confidentiality policy, social media policy and positive risk taking policy that is updated and shared with the community.	Policies are present and clear, however the lived understanding is central and this was clearly a live understanding in the community.	2
2	4.4.2	Children and young people and staff can describe the process that follows breaches of confidentiality	2	The boys would struggle to describe this as we work with confidentiality on a daily basis and as such breaches are very rare. However, boys are aware about not gossiping about each other etc. Staff have a clear confidentiality policy in the handbook.	This was not discussed on the day	N

2	4.4.3	The confidentiality policy is reviewed regularly (minimum annually) with input from children and young people and staff	2	The policy is reviewed annually although this is usually done by a senior manager. Any changes would be discussed with children via community meetings if it had a direct impact on them. However, more recently there have been discussions within the community about confidentiality and the boys awareness of this and how it feels when that is broken.	This was not discussed on the day	N
2	4.4.4	Any variations from the confidentiality policy of the Therapeutic Community, such as professional requirements, must be explicitly stated	2	See confidentiality policy for detail.	This was not discussed on the day	N
4.5 There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model						
1	4.5.1	Children and young people and staff understand when physical restraint might be used and are trained accordingly	2	Boys and staff understand why physical restraint may be used. There are discussions with both staff and boys if incidents have occurred. There is a restraint policy.	This was covered (briefly) during peer review visit.	2
2	4.5.2	There are clear records of physical restraint which include reflections from children and young people and staff in a community setting	2	We have a formal process in accordance with regulation and policy. All incidents are debriefed for learning. Physical intervention is a rare occurrence in our community. We use Team Teach as an intervention model which focuses on de-escalation of the situation. The community also has the space to explore these incidents after they have occurred.	This was not discussed on the day	N
1	4.5.3	The Therapeutic Community monitors trends in physical restraint to develop an understanding of its function	2	Trends are monitored closely by the holistic team during board reviews, group supervision, staff meetings, SMT and overseen by the house manager whom is one of the internal Team Teach trainers.	This was not discussed on the day	N
4.6 There is a clear statement or policy regarding the use of social media.						

3	4.6.1	Children and young people and staff can describe the rules and boundaries surrounding social media use	2	We have a social media policy in place, all members are aware of this. Social media use is discussed regularly in community meetings, link worker sessions, staff meetings, informal discussions and in monthly management meetings. The use of social media has improved during the review period and individual boys now have access to their own devices with use of social media. This is individually risk assessed.	Discussion around ICT, access to online systems etc. was discussed during peer review visit. The residents and staff appear very able to explore this topic, although review team commented that it wasn't clear what the outcomes of discussions were.	2
3	4.6.2	Children and young people and staff explore the impact of social media, and openly discuss the risks involved in its use	2	This is regularly discussed in community meetings, staff meetings, link worker sessions and informal discussion. We also now have a positive risk taking policy.	See above	2
3	4.6.3	Issues and incidents on, or regarding, social media can be raised and openly discussed in the Therapeutic Community	2	Yes, this has been an improvement during the review period. Issues have arisen and discussions have taken place. The chairman attended a meeting in regards to the use of and managing social media effectively during the year.	See above	2
External Relations and Performance						
	5.1	The Therapeutic Community is committed to an active and open approach to all external relationships				
2	5.1.1	Visitors are welcomed and children and young people and staff explain the work of the Therapeutic Community	2	We have a range of visitors due to the multiple agencies and professionals we engage with. Our boys are involved in providing a tour and explaining our work. The boys have also taken part in external events and presentations.	Clearly evidenced during peer review	2
1	5.1.2	Where there is an external professional network, they are actively encouraged to attend and participate in reviews	2	We have a formal system to involve external people in reviews - this can include a range of local authority roles, external college tutors, occasional advocates etc.		N

3	5.1.3	Difficult relationships with the external world are reflected on and addressed by the Therapeutic Community	2	The boys are able to explore and discuss their relationships with the external world in community meetings, link sessions and 1-1 work. With regards to other difficult relationships with the external world this is primarily through communication. We have monthly newsletters updating staff on internal events, external world of practice, trends, the landscape etc. We also have group and individual supervision for staff to explore these relationships.	This was not discussed on the day	N
5.2 The Therapeutic Community is committed to demonstrating the effectiveness of its work						
1	5.2.1	The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve their work. For example, environmental measures, programme review days, research etc.	2	We are part of the CofC process which evaluates and informs practice. As a team we consistently reflect on our practice and how we can improve the work of the community. The boys have also been involved in the CofC space house initiative. Our reg 44 monthly reports also have incorporated CofC standards in order to monitor and track progress. All issues relating to the TC are also tracked as part of the monthly SMT meeting, ensuring we are constantly identifying any areas and improving practice.	This was evidenced in the portfolio.	2
1	5.2.2	The Therapeutic Community collects individual outcome data	2	We do gather a range of tests and measure in relation to each of our young people, this is at the start of the journey and at the end. We also have sessional measures.	Assessment framework is clear, as are records.	2
2	5.2.3	There is a clear statement which defines why individual outcome data is collected	2	Individual outcomes are gathered on an individual basis. This is done through quarterly board reviews within the 'Good Lives Model Framework', academic measures, monthly progress on placement plans, link worker sessions, group supervision - focussed on individuals. These outcomes are mentioned within our statement of purpose.	This was not discussed on the day	N
2	5.2.4	Individual Outcome data is processed in order to demonstrate the effectiveness of the work done in the Therapeutic Community	2	As above	This was not discussed on the day	N

2	5.2.5	The Therapeutic Community collects environmental data that will help provide evidence for their effectiveness. For example, Ward Atmosphere Scale, Essences	2	We use the CORS and CSRS to explore the effectiveness of the therapeutic relationship and progress.	This was not discussed on the day	N
3	5.2.6	There is a written report that brings together evaluations of the Therapeutic Community. This should include learning from standards 1.5.2 and 4.3.	2	We use the annual C of C cycle/ report, which informs a yearly action plan. Individual reports are produced for each young person outlining progress being made. Also, monthly reports are produced for the SMT meeting giving an overview of the community including attendance, reviews etc.	This was not discussed on the day	N
5.3 The Therapeutic Community is committed to sharing good practice						
Peer Review for Standard 5.3			It is clear that Amberleigh care is active in sharing practice and engaging with a wide network of organisations and services.			Met
3	5.3.1	Children and young people and staff are involved in external conferences, teaching or research wherever possible	2	Staff and boys have been involved in many external events & conferences during the review period by attending and presenting workshops.	Described during discussions, evidenced in portfolio and the review team have met the community at conferences and similar events.	2
2	5.3.2	The Therapeutic Community provides training placements for students	2	We have provided a practice placement for a forensic psychologist in training during 2017. This opportunity is open for specific placement.	This was not discussed on the day	N
1	5.3.3	The Therapeutic Community takes opportunities to share its practice with others through publication of papers, attending peer-reviews, presentations at conferences and other relevant meetings	2	We contribute to peer reviews with staff and lead reviewers from our service. We have presented at the TCTC conference, presented at the NOTA annual conference, and the CofC annual conference.	see 5.3.1	2

Action Plan for 2019-2020

Please use the prepared action plan template below, which lists the standards identified for improvement and development during your peer-review. This will help to guide service improvement and will be useful for the next review cycle.

	Standard Identified for Improvement	Planned Action	Person Responsible	Due Date

Appendices

APPENDIX 1: Community Membership Data

The community has provided the following data for service users and staff for the year 1 April 2018 – 31 March 2019.

Organisational Data	
Parent Trust / Organisation	
Service User Population	
Age range	
Sector	
Overseeing regulators	
Outcomes from all recent regulation inspections	
Programme Length	
Length of waiting list time	
Maximum Number of Places	
Current number of clients	
Catchment Area	
Expected Length of Stay	
Self-review process	
List all members involved in completing the self-review	
List data collection methods used	
List 3 specific TC related training needs you require	

Service User Data for 1 April 2018 – 31 March 2019

NB: This refers to the previous annual cycle.

Client data should specifically reflect the individual community, if the community is part of a larger organisation please provide an average number for the data below.

Referrals to the community	
Total number referred	
Number of females	
Number of males	
Average age on referral	
Reasons for non-acceptance	
Admittance to the community	
Total number admitted	
Number of clients present on 01/04/2018 include part-day attendance	
Number of females	
Number of males	
Average age on admission	
Planned Leavers from the community	
Total number of planned leavings	
Number of females	
Number of males	
Average age on leaving	
Average length of placement (months)	
Number referred on to further placement	
Unplanned Leavers from the community	
Total number of unplanned leavings	
Number of females	

Number of males	
Average age on unplanned leaving	
Reasons for unplanned leaving	

Staff Data for 1 April 2018 – 31 March 2019 <i>'Staff' includes part-time therapists, students and trainees, sessional supervisors, and regularly present consultants</i>		
	Full Time Staff	Part Time Staff
Number of staff on 01-04-2018		
Number of staff on 01-04-2018		
Number of staff joining between 01-04-2018 & 31-03-2019		
Number of staff leaving between 01-04-2018 & 31-03-2019		
Number of recorded staff sick days between 01-04-2018 & 31-03-2019		
Average length of service in the TC		

APPENDIX 2: The Core Standards and Core Values

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

Core Values	
CV 1	Healthy attachment is a developmental requirement for all human beings, and should be seen as a basic human right
CV 2	A safe and supportive environment is required for an individual to develop, to grow, or to change
CV 3	People need to feel respected and valued by others to be healthy. Everybody is unique and nobody should be defined or described by their problems alone
CV 4	All behaviour has meaning and represents communication which deserves understanding
CV 5	Personal well-being arises from one's ability to develop relationships which recognise mutual need
CV 6	Understanding how you relate to others and how others relate to you leads to better intimate, family, social and working relationships
CV 7	Ability to influence one's environment and relationships is necessary for personal well-being. Being involved in decision-making is required for shared participation, responsibility, and ownership
CV 8	There is not always a right answer and it is often useful for individuals, groups and larger organisations to reflect rather than act immediately
CV 9	Positive and negative experiences are necessary for healthy development of individuals, groups and the community
CV 10	Each individual has responsibility to the group, and the group in turn has collective responsibility to all individuals in it

APPENDIX 3: What is Community of Communities?

Community of Communities (CofC) is a standards-based quality improvement network which brings together Therapeutic Communities (TCs) in the UK and internationally. CofC is based at the Centre for Quality Improvement within the Royal College of Psychiatrists' and works in partnership with The Consortium for Therapeutic Communities (TCTC) and the Planned Environment Therapy Trust (PETT). Funding is from members' subscriptions.

Member communities are located in Health, Education, Social Care and Prison settings catering for adults and children with a range of complex needs, including:

- Personality Disorders
- Attachment Disorders
- Mental Health Problems
- Offending Behaviour
- Addictions
- Learning Disability

What do we do?

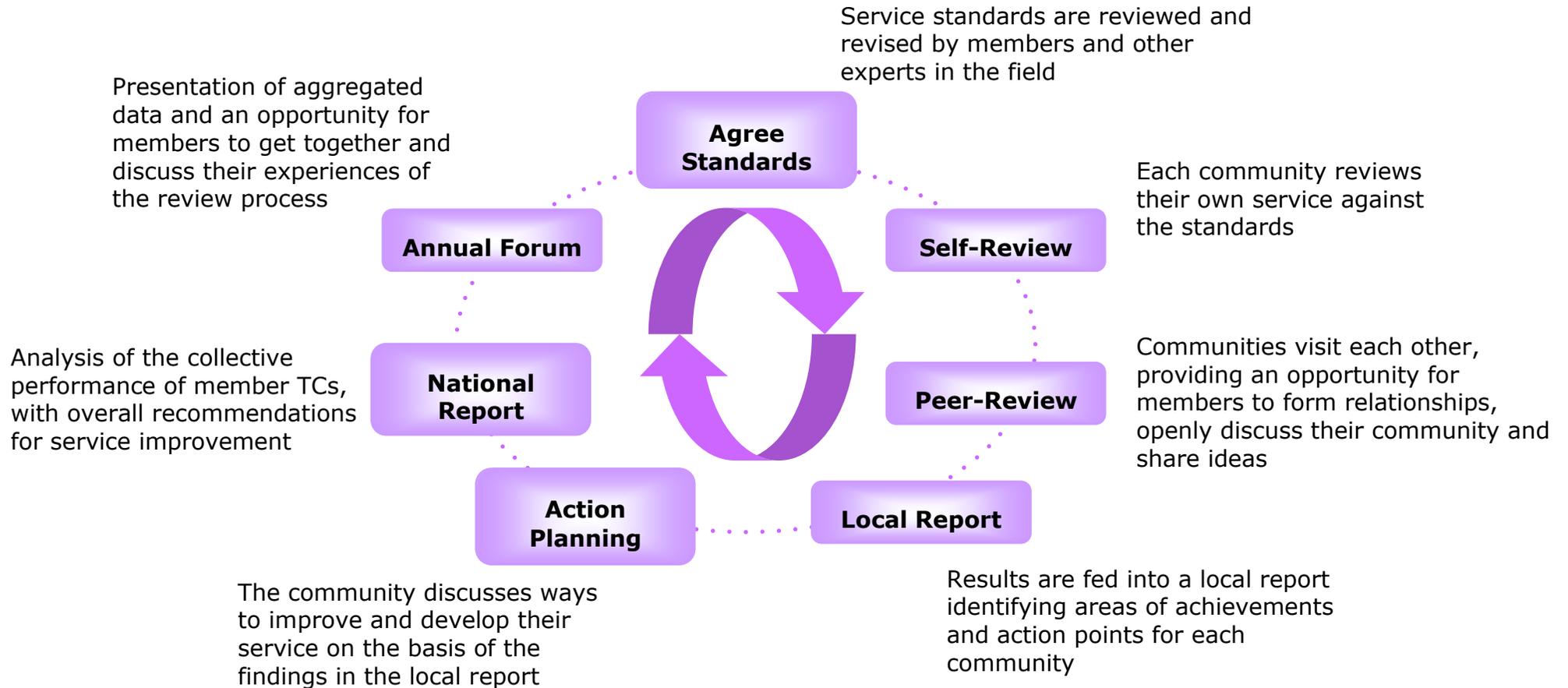
- Develop specialist service standards in an annual consultation process with members
- Manage an annual cycle of self- and peer-review processes where the emphasis is on engagement, as opposed to inspection
- Provide detailed local reports which identify action points and areas of achievement
- Publish 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 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

APPENDIX 4: The Annual Cycle

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



APPENDIX 5: Acknowledgments

The Community of Communities would like to thank all those involved in organising, attending and leading 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 and Reference Groups.

APPENDIX 6: Community of Communities Team

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