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COMMUNITY OF COMMUNITIES



The Oaks Community of Communities Accreditation Report

Accreditation Status: Accredited

2020-2021

Editor: K.Carver

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Introduction

The Oaks has been a member of Community of Communities for 4 years.

The Oaks received an accreditation visit on the 23rd February, and a visit with a TC Specialist on the 25th February, completing a full review of all standards.

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
Katy Carver	The Royal College of Psychiatrists – Community of Communities.	Project Officer	Lead Reviewer
Beth Thibaut	The Royal College of Psychiatrists – Community of Communities	Deputy Programme Manager	Shadow Lead reviewer
Paige Evans	The Royal College of Psychiatrists – Community of Communities	Project Officer	Shadow Lead reviewer
Simon Coope	The Royal College of Psychiatrists – Community of Communities	Peer Representative	Peer-reviewer
Carolyn Sweet	The Mulberry Bush	Senior Therapeutic Childcare Practitioner	Peer-reviewer
Anil Kalbag	Glebe House	Head of Quality Assurance	TC Specialist

About this report

This report summarises the findings of a self- and peer-review based on the Service Standards for Therapeutic Communities, 10th Edition (see www.communityofcommunities.org.uk). 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 (CofC) 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 2019-2020, 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 (10th 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

Our Community Background...

The Oaks was opened in 2015 as a Therapeutic Community. 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, psychotherapy, dance and movement and life story. This is delivered by an in-house therapist.

In 2020 we had a very successful peer review visit and this is our first Accreditation review. As a larger community we are familiar with the process due to Golfa Hall being an accredited TC community. Over the last review period our community has grown with boys and staff and we focussed on the development of staff, bringing care, therapy, and education together. This has strengthened teamwork in managing feelings and behaviours.

2020 has been a challenging year from all aspects particularly due to the Covid Pandemic bringing new experiences to our community for all. We have had time to reflect together and use new opportunities to build relationships. Boys and staff have had the opportunity to engage with the wider TC network and have enjoyed explaining different experiences in our community during the last year. All members have had various spaces where they have had chance to feel heard and supported throughout these unusual times. Our community has endured the closeness together and learnt from each other.

Completed Action Plan 2019-2020

Standard Identified for improvement		Planned Action	Outcome
1.2.2	Community members can describe the therapeutic ethos and are able to give examples of practice to demonstrate this.	<p>Staff meetings used to discuss and embed understanding of our ethos</p> <p>All staff to complete GLM training, introduction to TC training.</p> <p>Extended community meetings used to explore and describe the ethos. This to be minuted.</p> <p>.</p>	Induction training for all staff completed which includes importance of our TC ethos and linked to TC standards. See training slides in shared folder 1.2.2.
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	To be explored in extended community meetings, house group meetings, staff meetings.	This is an on-going process and been discussed in various spaces. Please see evidence in shared folders. 1.3.2.
1.4.2	Children and young people and care staff take on a variety of roles within the Therapeutic Community	Roles to be reviewed in the extended community meeting. New roles to be developed.	New roles have been developed within the community. Boys and staff have taken on new roles. Please see evidence in shared folder 1.4.2.

1.6.5	Boys' personal goals to be discussed in community meetings or at least to the wider attention of the community.	Boys' personal roles to be discussed during board reviews and shared with the wider team during group supervision/staff meetings/personal plan reviews/community meetings/extended community meetings. This to be documented.	Boys' personal goals are discussed on a day to day basis to encourage progression. These are noted on handovers/shift evaluations/discussed in extended community meetings. Specific goals have been discussed in risk management meetings/personal plan reviews then in extended community meetings. The boys have devised a feedback form to which they can comment on for each other feeding back on progress in readiness for their next personal plan review.
1.10.1	The community to review the use of time limited roles , such as 3/6 months to ensure that young people have the ability to progress through a variety of roles.	Chairman, deputy chairman and other roles to be reviewed and evidenced. Chairman and Deputy to meet with Marie to discuss roles – review, identify targets and how to move forward with roles. This to be evidenced. Roles to be reviewed in extended community meetings also.	Roles have been reviewed in extended community meetings as a group and Marie has met with the Chairman and deputy chairman to review roles. See evidence in shared document 1.10.1
1.10.5	Continue with improvement with positive risk taking.	This to be reviewed in the extended community meetings. Positive Risk-Taking policy to be reviewed.	Positive risk-taking policy reviewed and updated - see evidence in shared document 1.10.5. This has been discussed during extended community meetings. Boys personal plan reviews/staff meetings/group supervision discuss in detail.

2.5.4	A possible experienced external TC facilitator to be arranged for staff dynamics.	To be explored.	This has been under review, however due to the current situation of pandemic we have been unable to move forward with looking for an external person to facilitate this. We continue with the Therapy Manager facilitating staff dynamics who is impartial to the day to day running of the home and school.
2.6.3	To have an evidenced process to enable staff to give confidential feedback about the content, quality and effectiveness of groups,	Review the annual staff questionnaire in relation to staff feedback in this area.	Annual staff questionnaire is evidence of feedback. Please see documents in shared evidence folder 2.6.3. We have looked into what type of environmental measures would best suit our community (mainly CORS) however we are still exploring this and what would 'fit'.
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.	Welcome Committee to be explained in an extended meeting and gather ideas from the boys. Simon and Emma to speak to team about this and we have someone from each department and a boy that meet quarterly or when we have new members arriving to discuss our plan of welcome. This meeting to be chaired and evidenced by Marie.	This has been discussed with the boys during an extended community meeting and 2 boys have been voted in to oversee 'Welcoming' a new member into the community. Marie has also met with the boys to share ideas and review. Quarterly meetings will take place or as and when needed.
4.6.2	Explore and develop positive risk taking in the community.	This to be explored in the extended meetings, personal plan reviews, staff meetings. This must be evidenced.	Positive risk taking has been an on-going discussion in extended community meetings. Positive risks are identified and progressed with as an item in boys personal plan

		Meet with Chairman from Golfa & Oaks when possible to discuss boys views on this.	reviews/staff meetings/group supervision/community meetings. Please see 4.6.2 shared document folder for evidence.
4.1.2	New community members to understand and feel more confident in explaining our TC model.	The welcome committee will plan how to explain this to new members. This to be embedded more in staff meetings & community meetings. Introduction to TC model training delivered to all staff. Members to access external events linked to TC workshops/training/lectures.	TC introductory training has been delivered to all new staff. Induction that includes experiential learning in the TC. TCCT training delivered to staff. Members have been part of presentations that include explaining 'life in our TC'. Staff meetings/community meetings/group supervision/staff dynamics all support embedding the TC culture.
4.1.2	Continue plans for a member of the leadership team to train as a TC specialist.	Some members of the TC to engage in this training with C of C and become TC specialists.	3 members identified for this training and put forward. When training commences in this cycle we will fully commit to this.

Lead Reviewer's Comments

The community were well prepared for the day and in contact with the CofC team regularly. Due to the impact of the Covid-19 pandemic, the review took place virtually, which meant that new methods were put in place for evidence gathering and submission, as well as the review day itself. The community engaged well with this and were active in discussions surrounding the processes and adapted well to the changes. Where additional evidence was required, the community acted quick to ensure further documentation was submitted.

There was good participation throughout the day. At times, technology made it hard for the review team to hear and more confident members of the group would speak up and support each other to speak, as well as attend sessions. It was positive to see that SMT were present throughout the day, senior management stepped out of the staff meeting to allow other members of the staff to speak without their presence.

The Oaks showed a culture of enquiry throughout the day. Young people and staff mainly spoke positively about The Oaks but were also open to talk about what happens 'when things go wrong'. The review team appreciate open reflections about the experience of the pandemic. Young people spoke about being bored and how they have helped each other through these feelings and have created opportunities to fill in the time. The review team felt that this highlighted the transparency of the home, and the young people are very aware of the pandemic and changes that have come with it. The young people and staff took the time to reflect on the changes and to explore the ways in which it has, and the ways in which it has not impacted life at the home.

Despite general boredom of the pandemic, the community showed the review team its spirit. The home was described by members as fun and had a family feel. It was pleasant to hear staff talk so openly about the journey of the home. Staff opened about the community and how through each experience learning occurs and this has helped the community development and members' personal development.

The Oaks has a positive atmosphere but also mentioned the hard times and what can be learnt from these experiences. The young people appeared to understand why they were there, and what they needed to work on whilst being a member of the community. The review team sensed members were proud to be a part of the community and pleased with the opportunities provided. There was a sense of excitement about up-and-coming opportunities, such as the Duke of Edinburgh Award and for plans a potential vegetable patch to be on site (as well as lifting of Covid-19 restrictions!). Although this was talked about in a positive way, there was an awareness that change can be challenging, and this is something the community will keep in mind.

Adapting due to COVID 19

During COVID-19 groups such as Supervision, dynamics, training, and large quarterly community meetings were limited to those who were on site. In addition, visitors on site have been limited and online visits have been implemented. Now things are easing, the community are preparing to allow groups to increase in size, and visitors to be on site once again.

On behalf of CofC, I would like to thank the community and the review team for taking part in CofC first online accreditation.

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.....

"It seemed to go well, organised and enjoyable."

"It was really interesting, and I enjoyed explaining what we do in our community".

"They day ran smoother than perhaps we thought it would as it was online. But overall, for us it was a good day, and our community enjoyed the day!"

"Considering the day was online – it went extremely well. Our community felt relaxed beforehand and throughout the day. It was lovely to see our young people engage as well as they did, and we could see their confidence grow as they day went on. It was a new experience for many of our community members, but they seemed to enjoy participating throughout the day".

"I felt the day was an extremely positive experience and it was nice to have opportunity to contribute and share positive experiences and practices".

"The day went well, there was a lot talked about."

"It went good, they seemed to enjoy it."

"I feel the review went well."

"Really well, general positive atmosphere."

"Tiring but good."

"Good."

"It went good."

"Don't know."

"It went ok."

Tell us what you learnt from the review....

"I learned about what an accreditation visit is and the purpose of it".

"I learnt that what we do every day is for a purpose, it all contributes to the community and bettering the life of the young people overall."

"It was a chance to reflect on what we do well as a community and things we can improve on. I feel that our community has come a long way over the past few years, and we are in a good position together. It's been a great opportunity to look at what we do, why we do things and focussing on processes".

"It was positive for our community to reflect on what our community is, how we function, the purpose and appreciate each other's journey's. I learnt that we are comfortable in explaining what our community is and I am proud to be a part of it."

"All the good work that the community as a whole do for the boys especially and peers, colleagues and the community as a whole."

"There is a lot of meetings".

"That not many people sign up to get accreditation."

"That we are a really good therapeutic community".

"I've taken part in reviews before, so not much".

"Everything"

Two respondents were not sure. Two felt they did not learn anything.

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

"Yes it was fun."

"Yes."

"Most definitely, it has been interesting to learn about the preparation. I know we know how our community works but its been helpful to reflect on what we do and be able to discuss this as a community on the day."

"Yes, it has been enjoyable refreshing on the standards linking our work to these. It has been enjoyable watching new staff and boys learn about the process".

"It was great to be able to contribute."

"It was fine".

"Yes, because we missed most of school!"

"Sure"

"Yes, I did enjoy it"

"Yes, it was very nice".

"50/50"

"Yes"

"I did, yeah"

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

"I'd like to gain some insight on how other people's community works".

"It would be great to share ideas as we are all from different communities, but we are keen to go out and visit other communities as peer reviewers."

"It's always a shame there is not more time to explain about everything we do, but what I would like to gain more of is learning more about other communities".

"Hearing experiences from all the team".

"Different staff"

Five others said 'Nothing', one said yes, and 3 were 'unsure';

Did you find completing the self-review helpful and were you able to learn from this process?

"Yes - I did learn".

"Yes, we had been looking at the review booklet during team meetings and community meetings."

"It's always helpful looking at the standards and what we do to evidence we are fulfilling the standards. It's really helpful to look at what we can be doing during the next review period to improve ourselves."

"Yes. It was enlightening also to hear the feedback from those conducting the review and joining online."

"I didn't feel I learnt anything".

"A better sense of community within community of communities"

"No – didn't like being on camera".

"I did find it helpful".

5 responses just included 'no', and 4 respondents included just 'yes'.

Was the self-review a helpful tool in identifying areas of improvement and areas of achievement for your community?

"Yes, we know what we would like to improve on- like expanding on our welcome committee".

"Yes, we formed an action plan from his so then knew what our focus was to improve on."

"Yes, this is always helpful. We always want to be improving and learning how to grow as a community."

"It was nice to hear positive praise and also other areas to consider; this was a fair and more than reasonable review and the comments can only help moving forward."

"Yeah, especially achievements"

"Yes, I know what we need to improve on".

"Yes, I feel it was".

"No, I didn't think so".

"Yes – listened too".

Three responded with 'Yes' and two others were unsure.

Is there anything else you would like to see in the self and peer-review process?

If you could add anything new to the review process, what would it be?

"I don't think so, it worked well doing it online, but it will also be good to have visitors again"

"I think it was just really nice to hear the boy's comments and this was a great focus point".

"Someone could come here."

Eleven respondents wrote "no".

If you could add anything new to the review process, what would it be?

"After Covid and post lockdown a personal visit as is the norm would always be welcome."

"Nothing - I just don't think these things help".

Eleven respondents wrote "nothing".

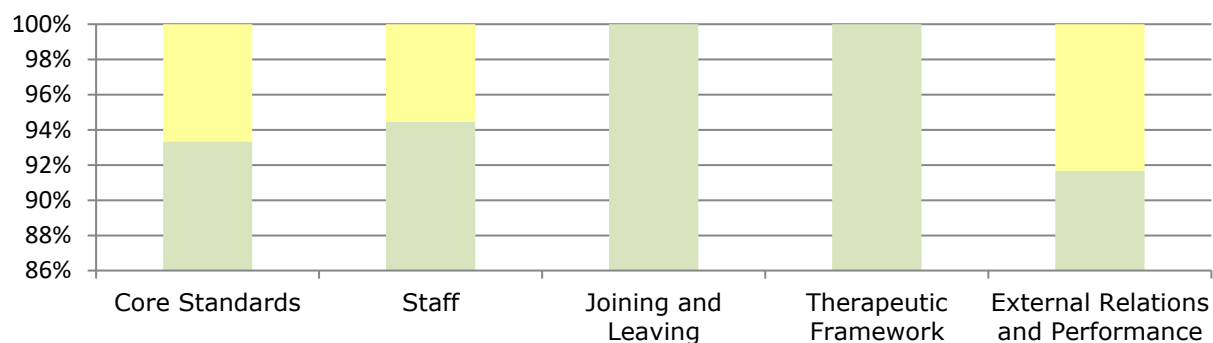
Summary of Results – Self and Peer-Review

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	45	42	3	0	0
Staff	18	17	1	0	0
Joining and Leaving	15	15	0	0	0
Therapeutic Framework	20	20	0	0	0
External Relations and Performance	12	11	1	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.



■ No. of standards met
 ■ No. of standards partly met
 ■ No. of standards not met
 ■ No. Of standards not applicable

Summary of Results – Self and Peer-Review

Numerical summary of the criteria scored by the community at 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)	25	0	0	15	1	0	2	2	0
Staff (n=18)	12	0	0	3	1	0	2	0	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	4	1	0	3	0	0
Total %	100%	0%	0%	92%	8%	0%	86%	14%	0%

Summary of Results – Peer-Review

Areas of Achievement

Despite the impact of the Covid-19 Pandemic, staff and young people at The Oaks have taken part in external conferences and online events. There is a dedication to share good practice. It felt clear on the day that the community are committed to an active and open approach to all external relationships. On the review day we had discussions around visitors (physical visitors have overall been unable to take place due to government restrictions); however, the community have adapted to this by using the internet to show visitors around the community and to explain the work that is done.

The community appeared to have a clear process when it comes to reparative, non-punitive ways of resolving hurt, conflict and damage which works towards a meaningful outcome. Community members stressed on the day that there is a focus on discussion. Young people are involved in identifying consequences, for themselves and for others. There was culture of openness on the day, and young people shared experiences of this. This highlighted the ways in which The Oaks treat everything as a learning opportunity and how they continue to explore feelings as a group. In addition, discussions around social media are 'live' in the community, showing an awareness of its importance today.

Young people and staff all take part in the day to day running of the therapeutic community. A highlight is the opportunity for the community Chair to attend part of the managers meeting. There is a suggestion box and the community host an quarterly large community meeting, where all are to attend. The community has regular community meetings daily, extended community meetings weekly and large community meetings quarterly. An option for an emergency meeting is present community and any member can call one. These are all central to the functioning of the TC.

Areas of Development

The community provided the review team with training slides for the therapeutic community practice training, Good Lives Model, and training slides for working with children who display sexual harmful behaviour. The review team felt that the latter could include some information about therapeutic community practice and why this therapy is chosen for young people.

In terms of roles in the community, it is positive to see that roles for young people are reviewed every 3 months. Staff taken on roles more organically, and it was wondered whether staff could follow similar processes to the young people. As the community have suggested themselves, the community are working to embed this into the culture of the home, and with time this will settle. Although the roles did not seem new on the review day, it is understood that the roles are new to many members.

Although the roles are reviewed every 3 months, they do not appear to have a time limit. It was wondered if this meant other members of the community may miss out on the chance to take on a role and new responsibility. It was also unclear on the day how staff take on roles within the community that have increasing responsibility, in the same way that young people do.

The community spend time learning about cultures and personal differences, and this is an achievement in itself. In addition, it was felt that the community do recognise cultural and personal differences in communication, and this is valued. To develop further on this standard, the review team wondered about how the community discuss the composition

of the group in relating the young people and the staff and if this is something to be regularly explored.

As discussed in their self-review, the community's dynamics facilitator is not external and does not have line management responsibilities for a member of the group. The community are aware of this and feel that their current process is adequate, but that they are continuing to explore options and recognise this could be beneficial.

The community have a welcome committee, and when members leave there is a gathering and young people receive a life story book. The review team wondered if the staff could receive a similar document or process. As mentioned in the self-review, The Oaks want to develop the welcome committee into a joining and leaving committee which sounds like a positive development.

Improvements since Previous Visit

The Oaks had previously action planned to support community members in being able to describe the therapeutic ethos of the home and provide examples of this. Several actions were listed in the previous report. The review team learnt that Induction training had been implemented surrounding Therapeutic Community practice. All staff appeared familiar with the processes and most staff seemed confident in explaining what makes The Oaks a therapeutic community. Improvements have been made and The Oaks should continue this. As new members join and withstanding members leave, it is important to keep up with regular training, (induction and refreshers) as well as extended meetings to explore the ethos of the home and to keep this at the forefront of minds (for staff and for young people). In addition, members have begun training as a TC Specialist.

Another action point referred to young people and staff in describing the processes of breaking rules and boundaries. The Oaks confirmed that this will be ongoing. Discussion on the review day, as well as written evidence confirmed the Oaks continue to explore this and that improvements have been made.

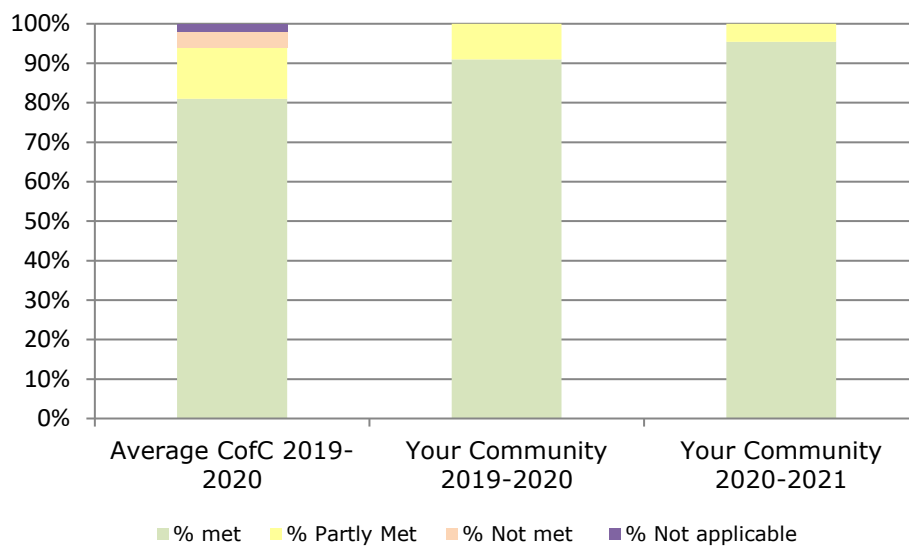
New roles have been implemented into The Oaks day to day workings. Young people roles are more formalised, in line with development. In terms of staff, roles appeared more organic and fluid. The community may want to continue thought on how specific roles for staff can support their development. The Oaks self-review also refers to the newness of some roles, and that they will continue to be embedded into the culture of the home. Roles are now reviewed every 3 months and this review has taken place in community meetings.

The Oaks have made use of their Annual Staff questionnaire in relation to staff feedback. In addition, young people spoke fondly of the 'Welcome Committee'. The processes of implementing the 'Welcome Committee' appeared to be democratic and meetings take place as and when needed.

Summary of Results – 2019-2020 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 (2019-2020 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 (2019-2020) (where available) and this current year (2019-2020)¹.



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
1.1.1 & 1.2.2	Staff members can describe the way of working used by their Therapeutic Community - Over the review period there have been a number of new members to the community. The community ethos has developed positively over this time and the spirit of the community has evolved.	SR
1.2.2	Young people described their culture and practices in a way that made it easy for the review team to understand. They were creative in showing their culture. The young people were very knowledgeable about the workings of the community and are involved in the promotion of these.	PR
1.1.4	Decisions that affect the running of the Therapeutic Community are made in collaboration with Children and young people and staff - the community has become closer in discussions with decision making. Staff and young people are more confident and comfortable in the process of working things out together and not rushing for answers/outcomes.	SR
1.10.5	Children and young people and staff are supported, by each other, to understand the opportunities and challenges of taking positive risks - This area has improved greatly at The Oaks, boys have moved forward with being able to risk take within reason that is carefully discussed in personal plan reviews with the multi-disciplinary team. Ongoing discussions take place when mistakes and achievements happen, these are used as learning experiences.	SR
1.8.2	The community appear to have a strong process when it comes to reparative, non-punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome	PR
1.4.5	The opportunity for the chair to attend managers meeting is an area of achievement and seemed valued by young people	PR
1.8.1	Staff and young people reflected on this process open and honestly and described this well. This certainly feels like an important part of The Oaks' culture.	PR
1.5.1	The community has regular community meetings daily, extended community meetings weekly and large community meetings quarterly. These are all central to the functioning of the TC.	SR

Stand/ Criteria No.	Areas for Development	Self or Peer-Review
1.4.2 and 1.10.1	<p>Children and young people and staff take on a variety of roles within the Therapeutic Community / Children and young people and staff encourage each other to take on jobs and responsibilities in the Therapeutic Community based on their development.</p> <p>This is an area that is developing at the moment as we have had new members to the community within the last 6 months. Boys and staff have taken on new job roles within the community and we now need to ensure that we carry out the roles effectively</p>	SR

	with support from each other. We will discuss as a group when we review roles 3 months after starting the roles. This will be evidenced. Although this happens, we need to now embed this within our culture and encourage responsibility as the roles are new to many members.	
1.10.1	The community should review the use of time-limited roles, such as 3/6 months, to ensure that the young people have the ability to progress through a variety of roles.	PR
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. Although we have a process where young people can feedback about each other and staff, it would be positive to develop something electronically where it is easier and more efficient to feedback.	SR
1.1.1	The community may want to think about including sections in their training about therapeutic community practice in the training module for working with children who display sexualised behaviour. Although it may seem self-explanatory it may be a good talking point for newer members of the community.	PR
1.4.2	The review team wondered if roles could be for a specific time/time periods and these are formalised to allow space for this would allow for others to progress within the roles on a regular basis.	PR
1.4.2	Although staff do take on roles, the review team wondered if the formulised process that is available to young people could be available to staff.	PR
1.4.3	Ensure roles with increasingly levels of responsibility within the TC are achievable by staff and young children.	PR
1.7.5	It is clear that all cultural and personal differences in communication are recognised and valued in the community. The community spends time learning about cultures and personal differences, and this is an achievement in itself. The review team wondered about how the community discuss the composition of the group in relating the young people and the staff and if this is something to be regular explored. In addition, the review team felt that conversations around sexuality and gender weren't present on the day. The staff team appeared to be predominantly female, and the young people are referred to as 'the boys' – the review team felt that these dynamics should be further explored.	PR
1.10.3	Evidence of any feedback and how that feedback is used could be clearer with details of how that information/feedback is used and taken forward for professional development. Continue to explore the use of feedback for reviews and appraisal,; as mentioned in the self-review to find new methods to make the process for accessible.	PR

Staff		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
2.3.3	<p>Staff receive experiential training. For example, Living-Learning Workshops, group relations courses –</p> <p>This has been an area that has improved as well as needing further development. Boys and some staff have attended and been involved in presenting 'living and learning' at The Oaks. This has improved moral and confidence with those members involved.</p>	SR
2.4.1 & 2.4.2	<p>Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community</p> <p>Our therapist has fully embedded her role at The Oaks during the review period and built extremely positive relationships with all members. She facilitates group supervision and this has become a vital and valued regular space for all staff to feel more confident in managing themselves, each other and our young people.</p>	SR

Stand/ Criteria No.	Areas for Development	Self or Peer- Review
2.3.3	<p>Staff receive experiential training. For example, Living-Learning Workshops, group relations courses</p> <p>Although this has been a development to a degree, there is room for further development in this area. When it is safe to attend external face to face experiential learning, it will be beneficial for some members to attend these for experience. During the next review period more members will be encouraged to attend workshops and presentations at events for their development and expand TC understanding and knowledge.</p>	SR
2.5.4	<p>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 –</p> <p>There has been no necessity for this as our current process has been adequate however this will be looked into during the next review period as may be beneficial for growing development in out TC.</p>	SR
2.5.4	<p>The community may want to think about having an external facilitator that does not have direct line management responsibilities.</p>	PR

Joining and Leaving		
Stand/ Criteria No.	Areas of Achievement	Self or Peer-Review
3.5.2	Leavers are offered good opportunities to remain in contact with the community. We saw evidence of this on the day.	PR
3.1.1	Children and young people are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining - The Oaks have had members join throughout the review period and the current pandemic. The young people have been carefully assessed to suitability - all have been successfully placed into the Oaks community.	SR
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 - A Welcome committee has been set up which has been a development. Regular meetings are set up and ideas of how to ensure a new member is welcomed are addressed.	SR
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 - There have been continued relationships with boys that have left The Oaks through our Amberleigh Facebook group. A former resident now has a job with us as an 'Expert Peer Mentor'.	SR
Stand/ Criteria No.	Areas for Development	Self or Peer-Review
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 - Although this has been a development this needs to continue to improve with attention to detail. Meetings to continue with the committee and consideration that this group grows into 'joining and leaving committee' not solely for joining.	SR
3.3.4	The community may want to think about include marking new members of staff in the same way the young peoples' arrival is marked. Both are marked in different ways.	PR
3.4.3	Although the staff have similar leaving processes, the review team wondered if staff could also receive a Life Story book on their departure	PR
3.3.4	Although there is a welcome committee, the community in their self-review have expressed the feeling to combine this and include leaving in this committee. Although the current process meets the standard (as young people and staff support the leaver, arrange a party etc), a committee would create a more formulised process and be an achievement for the community,	PR

Therapeutic Framework		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
4.5.1	Young people supported each other to talk about the experience and how the community work to discuss the root cause of behaviours together.	PR
4.2.2	The Oaks have lots of meetings and it was evident that there are clear distinctions between these regarding their purpose and task.	PR
4.3.1	There are regular written updates of how engagement in the Therapeutic Community is helping the children and young people to address the needs identified in the therapeutic plan - Through the review period the boys personal plan reviews have become even more embedded in the day to day working in the community. Staff feel clearer about individual targets for the boys and ways to support the boys improve. Group supervision is a space that is key to this development facilitated by the therapist.	SR
4.6.3	Issues and incidents on, or regarding, social media can be raised and openly discussed in the Therapeutic Community - This is an ongoing 'live' discussion for the community which continues to develop.	PR
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
4.4.1	The community confirmed that the boys had input into the confidentiality policy through community meetings. It would be helpful to see the input in some way in the final documents.	PR
4.2.1	Staff responsible for running group meetings have attended training in, and had experience of, delivering groups - During the next review period it would be beneficial for more staff members to attend some training in running groups to extend knowledge and experience.	SR
4.6.1	As social media use is individually assessed, it could be a challenge to create a child/young person policy guide, but the review team wondered if this is something the community might want to explore.	PR

External Relations and Performance		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
5.3.1	Staff and young people at The Oaks make great effort to take part in external conferences. This was evidence through documentation and comments made on the day.	PR
5.1.1	It was clear from discussions, evidence and experience of the day that visitors are welcomed at The Oaks, and that time is taken to explain the work of a Therapeutic Community.	PR
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
5.1.1	The community may want to spend some time reflecting around possible anxieties of in person visits starting up again when Covid-19 restrictions are lifted.	PR
5.2.5	To continue to explore the ways in which the therapeutic community collects environmental data that will help provide evidence for their effectiveness.	PR

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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Core Standards

Core Standards						
	1.1	There is a clear way of working which supports the principles of the Therapeutic Community				
	Self Review for Standard 1.1		Met			
	Peer Review for Standard 1.1			The review team felt that this standard overall was met.		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 have received and 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 personal plan reviews and in placement plans.</p>	<p>Staff demonstrated a culture of enquiry. The staff felt working as a therapeutic community means there is a chance for community members to grow. The community are strength focused and behaviour is challenged and discussed as a community.</p> <p>Staff described the way they strive to meet the needs of all members and that things are not always perfect, but it what happens and what can be learnt that is important.</p> <p>The review team saw evidence of the Good Lives model presentations, and these contained an opportunity for discussion about how this model relates to the TC Model. The Good Lives model contains sections which relate to TC Values such as belonging, healthy attachment and personal wellbeing. In addition, training slides include discussion of the living learning environment. The review team also saw their in-house Therapeutic Community Core Training.</p> <p>The review team saw a PowerPoint on working with children who display Sexualised Behaviour.</p> <p>Area of Development: The community may want to think about including sections in their training about therapeutic community practice in the training module for working with children who display sexualised behaviour. Although it may seem self-explanatory it</p>	2

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					may be a good talking point for newer members of the community.	
2	1.1.2	Children and young people can describe the way of working used by their Therapeutic Community	2	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.	Most young people spoken with on the day were very knowledgeable about the workings of the community. Other young people showed their understanding through discussing the processes and routines of the home and through art and poetry. We saw evidence of community members describing how they work at the TCTC Conference. Some residents answered a Q/A as experts by experience.	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.	The working of the community is supported by all levels of leadership who are active in the development and monitoring of this work model	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. Our therapeutic community training has been developed and delivered. 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.	The Strategic Plan contains evidence of consultation with both residents and staff. There is also provision of training around both the TC models and Good Lives model. There was ample evidence of commitment to the TC approach by the wider organisation in paperwork made available.	2
1	1.1.5	The leadership of the community facilitates and role models 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	This was evident from discussions in both of the virtual meetings that were attended. A recent development discussed is that the Community Meetings are able to hold onto matters when they take time to be resolved. There is much importance placed on learning that can be achieved from the process.	2

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				the community to discuss difficulties and accept differences.		
	1.2	Children and young people and staff are aware of the culture and practices within the Therapeutic Community				
		Self-Review for Standard 1.2	Met			
		Peer Review for Standard 1.2		The review team felt that this standard overall was met.		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 'video tour' that we show to possible new boys, so they get a sense of where they are visiting and what the community looks like.	Excellent reference to the importance of Community Meetings in the young person's information guide. Half day training as related to 1.1.4 The quality of such information is good and user friendly.	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.	There were some excellent discussions on the day about how members of the community, be they staff, or residents, are supported to understand the culture and practices used. The young people were very knowledgeable about the workings of the community and are involved in the promotion of these. Art and poems on the day showed understanding of a therapeutic community. Apollo and Phoenix as names highlighted the ethos of the home. Area of Achievement: Young people described their culture and practices in a way that made it easy for the review team to understand. They were creative in showing their culture. The young people were very knowledgeable about the workings of the community and are involved in the promotion of these.	2

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1.3 Children and young people and staff work together to review, set and maintain rules and boundaries						
Self Review for Standard 1.3			Met			
Peer Review for Standard 1.3				The review team felt that this standard overall was met.		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.	The review team saw community meeting minutes of rules being reviewed and voting taking place. The Community members on the day confirmed this and described the process. They provided recent examples regarding a boundary breach and how this was reviewed.	2
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.	Young people at The Oaks discussed rule breaking openly with the review team, discussing how they focus on why the rule was broken. Thoughts and feelings surrounding this are shared in community meetings and extended meetings. Feelings are shared more in the extended community meetings and they are explored as a group. The community focus on what can be learnt. Staff described how sometimes, there is not an outcome and it's about supporting the community to understand that this is okay. Staff felt this was an important part of The Oaks ethos.	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.	Community meeting records specifically regarding consequences to boundary breaking. This was explained to the TC specialist along with the use of emergency meetings	2
1.4 Children and young people and staff take part in the day to day running of the Therapeutic Community						
Self Review for Standard 1.4			Met			
Peer Review for Standard 1.4				The review team felt that this standard overall was met.		Met

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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	<p>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 keys issues impacting on the community.</p>	<p>The staff and young people spoke about how they can share, and discuss decisions made within the community. There appears to be a well-established process and culture of collaboration between management, staff, and young people.</p> <p>There is a great amount of collaboration between staff, management and young people in the decision-making process. The young people appeared to feel empowered by this.</p> <p>Where there are differences in decisions, staff and young people share what they can so others can understand e.g. difference in rules.</p>	2

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2	1.4.2	Children and young people and staff take on a variety of roles within the Therapeutic Community	2	<p>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: Activity co-ordinator, groundsman, breakfast monitor, games monitor, welcome committee role, school counsellor, eco-committee, car checks.</p>	<p>Roles are established and decided on in a democratic way.</p> <p>It was less clear if any formal additional roles were taken on by staff although discussions indicated that staff strengths and interests enable them to do other activities. Staff take on a variety of roles often based on their talents and personalities and these can form naturally. For example, staff use talents such as baking to support the community. The boys have roles in the home and in education.</p> <p>We saw written evidence of the roles and their job specification. For example, there is a breakfast monitor, Community Chairman role. Evidence also showed that reflections on the role are encouraged. Roles are reviewed every three months.</p> <p>Some of the young people shared their job roles with us, for example. Chairman, dept Chairman, Sports captain.</p> <p>Area of Development: The review team wondered if roles could be for a specific time/time periods and these are formalised to allow space for this would allow for others to progress within the roles on a regular basis.</p> <p>Area of Development: Although staff do take on roles, the review team wondered if the formalised process that is available to young people could be available to staff.</p>	2

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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 Phoenix for younger boys and those at the earlier stages of their journey, Apollo 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.	<p>The community shared that those that have taken on the chair role previously (who have now left the community) has increased responsibility by becoming a peer – representative for the community.</p> <p>The deputy chair role also can progress into the chair role although this process did not feel clear.</p> <p>Although there are roles with increasing responsibility in terms of the structure of the home, specific roles such as breakfast monitor do not have increasing responsibility levels.</p> <p>Area of Development: Ensure roles with increasingly levels of responsibility within the TC are achievable by staff and young children.</p>	1

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1	1.4.4	There is opportunity and management support for spontaneity	2	<p>Management have continued to be on site daily throughout Covid and remain integrated 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.</p>	<p>The young people talked about how they are spontaneous in lots of different ways. They felt they were spontaneous all the time and recognised its importance.</p> <p>It was mentioned that they can be spontaneous when a member is feeling distressed, the other community members will play a game (for example) to support each other during these moments.</p> <p>Staff discussed the importance of spontaneous activities, for example football games are often spontaneous but can, often result in conflict. Staff recognised the importance of this and the therapy that occurs in these moments.</p> <p>Recent lock downs have highlighted further opportunities for spontaneity within the home.</p>	2

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1	1.4.5	All Children and young people and staff can consider and question managerial processes 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.	<p>It was felt that there are enough opportunities for staff and young people to question managerial processes and dynamics. The young people appeared to feel confident about questioning processes and are supported to understand the dynamics. Staff members are also able to do this, however reference should be made to the issues around facilitation of the dynamics group.</p> <p>Young people knew managerial staff well and were on a first name basis. Managerial staff are present in the community. Young people confirmed they can question why things are done and the community Chair and Deputy are able to attend a manager meeting once a month. Before the meeting, the Chair asks the rest of the community what they want to be brought up and this is done.</p> <p>Area of Achievement: The opportunity for the Chair to attend managers meeting is an area of achievement and seemed valued by young people.</p>	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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	<p>Change within the community is managed by the staff team and reflection is made on the impact these changes have on the young people. The young people spoke to confirm that they are involved in changes and can discuss and question these changes as a group and on an individual basis.</p> <p>It seemed young people were open and honest about recent changes due to COVID19. They discussed how at times they are bored due to restrictions and are looking forward to them being lifted so they can go back to attending clubs! Despite missing external activities, the boys discussed how they have managed this change. The community vote on activities and have managed to keep up the majority of the timetable and informal time throughout this time. They felt that they can talk about change safely in community meetings and that this can be hard, but that they have safe spaces to explore it.</p> <p>Lots of other examples of change and how this is managed were provided and also seen in written evidence.</p>	2
	1.5	There is a structured timetable of activities that reflects the needs of Children and young people and staff				
	Self Review for Standard 1.5		Met			
	Peer Review for Standard 1.5			The review team felt that this standard overall was met.		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 for all meetings.	<p>This was explained to the TC specialist along with the use of emergency meetings</p> <p>Area of Achievement: The community has regular community meetings daily, extended community meetings weekly and large community meetings quarterly These are all central to the functioning of the TC.</p>	2

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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.	Timetable seen and members of community confirmed they have input. Where there are changes these are discussed in the community meeting. Evidence showed attendance is monitored. Issues with attendance such as avoidance are discussed in community meetings.	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.	Attendance at meetings and other time tabled activities does not seem to have been an issue.	2
	1.6	Children and young people and staff are encouraged to form a relationship with the Therapeutic Community and with each other as a significant part of community life				
	Self Review for Standard 1.6		Met			
	Peer Review for Standard 1.6			The review team felt that this standard overall was met.		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.	<p>The community talked about how they all get involved and help each other to keep a clean, well maintained environment. This is timetabled and divided up equally between staff and young people. Members talked about looking after the garden too and the boys discussed how they weed it to keep it looking tidy. If members want something changed, they can put it in the suggestions box and they tell the Chairman.</p> <p>Clear out days were seen in the Christmas timetable. Due to Covid-19 restrictions, we had a video tour. On camera, the home looked clean and tidy, but at the same time had a feel of a home.</p> <p>The community showed the team the new plot of land and discussed how all members were able to voice what they would like it to be.</p>	2
1	1.6.2	Children and young people and staff share informal	2	The community eat together daily, and the meals are prepared by members of the community. This is an important time	Young people in the media room understood why they are supervised and reasons why some are not.	2

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		time together, including meal times and recreation		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. Throughout Covid we have still had a number of successful fun days where the Oaks have come together e.g. sports day and Halloween.	Young people mentioned that staff sometimes staff late to play games and throughout the day informal time is shared, particularly at mealtimes. Events such as Christmas dinner and Halloween parties were mentioned, teachers joined in fancy dress, and sometimes young people make staff a cup of tea. Staff and young people confirmed there are enough staff for informal time to be spent together.	
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 become embedded within the community and has been particularly noticeable in the extended community meetings. This is also done in informal spaces and in PSHE and individual sessions.	Staff discussed their openness to share life events, and the community were active in supporting this. Boys confirmed they are open to share personal experiences where they can. There is a family culture and staff, and young people showed their awareness of sharing and appropriateness, in regards to how sharing can have an effect on oneself and others. Written evidence of discussion in emergency meetings was shared.	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.	The young people were open about bullying and discussed personal experience from both sides. It was felt that this was an honest conversation and the boys supported each other to talk about it. Group dynamics were discussed in terms of age and the conversation highlighted the young people and staff are aware of possible issues and how they can work on these together. Written evidence was seen for this and confirmed that Issues of power and authority in relationships are openly discussed.	2

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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. These differences are discussed in community meetings, daily informal time, school, key worker sessions, therapy, staff meetings, management meetings.	Written evidence shows young people ask possibly new staff members how they might be accepting to different abilities and how they will be sensitive to this. This was confirmed in discussion with staff and young people.	2
	1.7	All behaviour and emotional expression is open to discussion within the Therapeutic Community				
		Self-Review for Standard 1.7	Met			
		Peer Review for Standard 1.7		The review team felt that this standard overall was met.		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.	Members encourage each other to speak (this was also seen throughout the day). If a member is struggling to voice how they are feeling, there are other steps for them to take to help them voice thoughts and feelings into words. This can be a gradual but supportive process.	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, 1-1 therapy, school meetings, staff meetings, large community meetings.	The community were open about how they support each other to be reflective. Young people shared how they work together to reflect and address the root cause of behaviours, particularly in extended meetings.	2

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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. Staff dynamics, group supervision and clinical supervision are also spaces for supported reflection.	Evidence showed thought was given to topics such as identity and bullying. Other evidence showed a formal review on behaviour and how it affects others. Examples were provided throughout the day. When meeting with the TC specialist, the impact of behaviour was discussed in detail. Thoughts were had about physical restraint in this area too.	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.	The young people reflected on how it can feel a easier to discuss attitudes and feelings towards eachother in meetings, because there are rules and boundaries surrounding the discussion. Where required, Emergency meetings can be called to further explore feelings if it can't be discussed in the moment. Community meetings evidence shows members discussing attitudes and feelings towards.	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.	Cultural and Personal differences in communication appear to be recognised and valued in the community. Recently, the community have celebrated Pride and have rainbow flags visible around the home. The community have spent time learning about cultural and personal differences which supports understanding of differences in communications.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score	
					<p>Young people talked about selected days and nights where they learn about other places and cultures, and what this means for people</p> <p>Needs are also met in terms of Culture and personal difference is included when thinking about the composition of the community, for example ensuring specific products are available, or offering transport to nearest places of worship.</p> <p>Area of Development: It is clear that all cultural and personal differences in communication are recognised and valued in the community. The community spends time learning about cultures and personal differences, and this is an achievement in itself. The review team wondered about how the community discuss the composition of the group in relating the young people and the staff and if this is something to be regular explored.</p> <p>In addition, the review team felt that conversations around sexuality and gender weren't present on the day. The staff team appeared to be predominantly female, and the young people are referred to as 'the boys' – the review team felt that these dynamics should be further explored.</p>		
	1.8	Everything that happens in the Therapeutic Community is treated as a learning opportunity					
		Self Review for Standard 1.8	Met				
		Peer Review for Standard 1.8		The review team felt that this standard overall was met.			Met

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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, personal plan reviews and emergency meetings with the boys.	<p>Good discussions on the day of the assessment around this topic. Staff discussed how The Oaks has come a long way with this and feel they have arrived at a good place. When problems arise, the community sit with it, and talk about the issue before they do anything.</p> <p>Written evidence shows discussions around behaviours, rules etc.</p> <p>Area of Achievement: Staff and young people reflected on this process open and honestly and described this well. This certainly feels like an important part of The Oaks' culture.</p>	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.	<p>The young people discussed that the extended community meetings are used for resolving hurt, conflict and damage which work towards a meaningful outcome. The young people said that this is "never a telling off". Some young people shared some personal examples of resolving hurt through a reparative meeting, which had a meaningful outcome (e.g. a better understanding of a relationship.)</p> <p>Area of Achievement: The community appear to have a strong process when it comes to reparative, non punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome</p>	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 nw.	<p>This was evidenced in community meeting minutes and discussion. Examples were provided.</p>	2
1	1.8.4	Children and young people and staff understand how	2	We have an open and honest culture where if decisions are made members are clear that transparency is imperative	<p>It seemed clear that there was a culture of transparency and this was embedded in home. Most decisions are made in collaboration with the</p>	2

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		and why decisions are made		within our community. Clear explanations happen allowing members to discuss their feelings further.	community. Examples were discussed about younger people feeling curious about other members care plans but that they were supported by staff to understand what can be shared and what cannot. In addition, young people and staff seemed clear on decisions related to Covid-19.	
1	1.8.5	Children and young people and staff are conscious of the value of learning and gaining understanding from everyday living (living- learning environment).	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 and our TCCT training evidences the importance of learning in this area. This is embedded in our culture in a day to day basis.	There is a living learning culture at The Oaks. The staff team discussed how spontaneous activity supports this, and how the whole community can learn from conflict. The young people felt like they are always learning at The Oaks.	2
	1.9	Children and young people and staff share responsibility for the emotional and physical safety of each other				
		Self Review for Standard 1.9	Met			
		Peer Review for Standard 1.9		The review team felt that this standard overall was met.		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 advise and engage others in different ways of thinking before acting in a situation.	We heard members offer eachother supportive advice on the day, especially whilst talking in groups. The young people said they always offer and share life experiences and learn from their experience and that they sometimes offer advice to staff. Young people on the day appeared to be supportive of each other's development. This was showed in use of language when talking about eachother and the dynamics of the group. Members confirmed the community meetings are a space for this to happen, but that it can also happen informally.	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.	Community members confirmed that they hold emergency meetings where they can discuss concerns and difficulties. All community members on site attend and they do not have a specific duration. Emergency meetings minutes were provided as evidence. The minutes highlighted times were concerns and difficulties outside the community were addressed.	2

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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.	This was discussed. The community carefully promote positive physical contact. Hugs between the boys and staff occur but only with permission. If permission does not take place, this is discussed in a community meeting. Examples were provided. The policy and understanding of the policy felt clear for community members.	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.	The community demonstrated a culture of transparency and any fears around grassing and telling tales is brought to the extended community meeting, where young people and staff explore feelings and root causes.	2

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1	1.9.5	Children and young people and staff feel supported by the leadership	2	<p>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.</p>	<p>At times, leadership were present in meetings, but did step out during the staff meeting. The relationship between staff and leadership did feel supportive</p> <p>Young people spoke about how they felt valued and involved in the leadership of the community. The young people spoken with on the day confirmed that they feel valued, supported, and involved by the leadership on all levels. There are many opportunities for empowering roles which involve the young people and leadership.</p> <p>The young people talked about how they felt the directors listened to them and that their thoughts and feeling are taking into account. Members have a professional and friendly relationship. The young people greeted the leadership by their first names.</p> <p>From the presentations observed the young people showed a level of engagement which clearly demonstrates they are supported by leadership in their journey through their placement.</p>	2
1.10.		Children and young people and staff are active in the personal development of each other				
Self Review for Standard 1.10			Met			
Peer Review for Standard 1.10			The review team felt that this standard overall was met.			Met

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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 personal plan reviews to ensure that each young person's needs are being met.	<p>Evidence shows job rota including staff and young people taking part regularly in jobs.</p> <p>The community have clearly worked using their action plan to develop roles and responsibilities Examples were provided regarding how jobs taken on support development.</p> <p>As per the Oaks previous report, It seemed sometimes someone might be in a post for over a year. The review team felt that the community could instigate a practice where the roles rotated, via election or otherwise, to ensure that community members could progress through a variety of roles.</p> <p>Area for Development: The community should review the use of time-limited roles, such as 3/6 months, to ensure that the young people have the ability to progress through a variety of roles.</p>	1
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.	Young people and staff confirmed that they give eachother feedback in community meetings and informally. The community have a more formal process for this. Staff discussed formal spaces for eachother feedback on their day to day practice.	2

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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. We have devised a feedback form together for boys so they can feedback to each other that is part of their personal plan review. Boys discuss each other's progress generally and there is some informal input in community meetings.	<p>It felt unclear on the day whether young people have input into staff appraisal.</p> <p>Young people and staff can provide each other feedback that is used in reviews and appraisals.</p> <p>Written evidence showed the use of a staff survey about the service practice; staff's performance and development review, as well as appraisals forms. The business plan is informed by feedback from young people and staff.</p> <p>Area of Development: Evidence of any feedback and how that feedback is used could be clearer with details of how that information/feedback is used and taken forward for professional development.</p> <p>Continue to explore the use of feedback for reviews and appraisal; as mentioned in the self-review to find new methods to make the process for accessible.</p>	1

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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.	<p>The review team saw on the day that all members encouraged each other to speak. Community members confirmed that this is done daily, and members support each other throughout. Community members felt that this takes place in daily interactions, but also in all community meetings.</p> <p>New members support members to articulate themselves in the community meetings when your new to the community</p> <p>There are also more formal processes for this, such as the Chair attending slots in the managers meeting. The chair actively encourages other young people to let him know if there is anything they would like said. There was a feeling that members felt heard in this community.</p>	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 is discussed regularly in the community and all members contributed to the 'Positive Risk-Taking Policy. This is reviewed regularly and discussed as a community. Boys personal plan reviews 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.	<p>Young people were able to talk about positive risks openly, particularly in regard to use of mobile phones, being in each other's space and lock down restrictions.</p> <p>There were plenty of examples of this on the day. It was also evidence in the way the young people took part on the day, such as sharing stories, inviting us in their home and talking about their experiences. the young people discussed attending clubs, unsupervised time, being open about feelings and disagreements.</p> <p>Staff discussed positive risk taking more in terms of how they support young people to talk positive risks.</p>	2

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2	1.10.6	Children and young people and staff can describe how being an active member of the community helps 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.	Roles were discussed in great detail, and we saw evidence of the role reviews and how members felt it helped their development. Young people and Staff described the importance of taking part and supporting others when they may struggle and how this can help for future development.	2

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Staff

2.1 The staff selection process reflects the ways of working within the Therapeutic Community.

	Self Review for Standard 2.1	Met		
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	Peer Review for Standard 2.1		The review team felt that this standard overall was met.	Met
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1	2.1.1	Children and young people and staff are involved in the recruitment of new staff members	2	<p>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.</p> <p>The young people have created questions for the interview process and are able to change these questions to reflect the thoughts of the community members. Feedback from the young people and staff during visits to the community guide the recruitment of new staff members.</p> <p>It did seem that the young people have a greater input into this process than the staff members. Throughout the day the review team learnt that Staff are more involved when the potential staff member is invited back into the community, where they have a lunch with community members. Staff can give feedback on whether they think the staff member will fit in. Staff provided anecdotes of interviewing the head teacher - it was described as a Team effort.</p> <p>Written evidence was provided, including emails arranging lunches, young person interviewing prospective staff, we saw comments in the positive praise book, around a member interviewing possible member of staff.</p>	2
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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	<p>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.</p> <p>This is clearly evidenced in the information provided. This was evident also from staff discussions.</p>	2
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2.2 Staffing levels are sufficient to deliver and participate in the Therapeutic Programme						
Self Review for Standard 2.2			Met			
Peer Review for Standard 2.2				The review team felt that this standard overall was met.		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 timetable that the community follow. This is visible for all.	Staff confirmed that the timetable of activities is delivered consistently.	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 mealtimes; we have a range of activities supported by staff. This has proved more difficult during the pandemic with boys attending external clubs. Boys have set up online quiz's with Golfa Community and arranged many other playful activities onsite for all to be involved in.	<p>Although activities have reduced during the COVID-19 outbreak, there are still reported to be sufficient staff to be involved in these activities. (There was some concern about the language used ... Satisfactory, Adequate).</p> <p>This was explored more, and the review team felt confident that activities have still taken place and hope the in house activities continue after lockdown has ended. The use of activity coordinator roles was good. In addition, it seemed there is enough support to facilitate most positive participation by the young people in showing the TC specialist their art work and poetry.</p> <p>The review team saw written evidence such as activity planning, community registers, attendance of external workshops.</p>	2

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2.3 Staff receive training related to working in a Therapeutic Community						
Self Review for Standard 2.3		Met				
Peer Review for Standard 2.3			The review team felt that this standard overall was met.			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 Therapeutic Community Core training, Good lives Model and HSB training. Various staff have attended online external events and training. Staff and boys have attended and presented at various conferences including TCTC annual conference.	Evidenced in the training information provided. The in-house training is impressive. The specialist was able to see the slides from the TC training module	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.	This was evident in the training information provided and as described above the TC training modules are impressive.	2

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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 C of C induction training, annual conference, community meetings and events at the CofC. Staff and young people have attended the TCTC annual forum and regular TCTC CYP workshops. Staff have attended Peer review training and attended peer reviews. Due to the covid pandemic staff have been unable to attend the face to face Living Learning 3 day program. This will be a development area for the next cycle.	Confirmed in discussion. Staff in this organisation are most active out of lockdown in TCTC and CofC events, including experiential training.	2
	2.4	Staff attend group supervision				
		Self Review for Standard 2.4	Met			
		Peer Review for Standard 2.4		It is compulsory to attend both supervision and dynamics, it is tracked and monitored, and Zoom has been utilised in situations where being on site cant occur (due to COVID19). Dynamics is always done face to face and avoidance is a topic discussed.		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 and has some experience of working within a TC.	The space is facilitated by a member of the therapy team who has experience working in a TC. Staff were also clear about the function of group supervision and that of staff dynamics spaces.	2

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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.	<p>This was confirmed during discussions. Group supervision provides opportunity to learn and reflect on targets.</p> <p>Written evidence provided included the Care Teams timetable, showing group supervision takes place every month (not including weekends) / every 6 working weeks. Training Handbook showing that The Oaks use:</p> <ol style="list-style-type: none"> 1. Staff Dynamics/ Staff Sensitivity (Monthly – focussing on the staff functioning) 2. Staff Group Supervision (Monthly – focussing on the boys) 3. Individual Clinical Supervision. (As and when required – self or manager referral - responsive focus) <p>Staff confirmed they are encouraged to reflect and learn.</p>	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.	Staff confirmed that they discuss how group supervision is a space to discuss the impact of interaction with young people and staff.	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.	Staff confirmed the self-review comment. Some staff do find it easier than others, but there was an awareness and general understanding that group supervision is a space that enable staff to challenge eachother perceptions.	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)				
	Self Review for Standard 2.5		Met			
	Peer Review for Standard 2.5			The review team felt that this standard overall was met.		Met

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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.	Staff confirmed that within the staff Dynamics group they discuss relationships between each other and how this impacts work. Staff also discussed how they have worked hard over the past few years to not discuss practical matters in the dynamic's groups. Staff discussed how they focus on telling the group how they feel, opposed to describing the situation. Relationships within the team are explored. Staff discussed that their dynamics sessions can be uncomfortable, but they sit with this and do it anyway. They felt it was a time to get everything out in the open.	2
1	2.5.2	The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation	2	Staff have this space to reflect on their relationships with all employees of Amberleigh Care and external professionals.	Staff confirmed this.	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 4-6 weeks and happens at the same time for 1 hour.	This occurs once a month, not including weekends. This was confirmed by staff and written evidence (Training Handbook) highlighted this.	2

REVIEW SCORING: 0=NOT MET, 1=PARTLY MET, 2=MET, 9=NOT APPLICABLE, N=Not discussed on peer-review day
Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable

Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
2	2.5.4	The staff dynamics or sensitivity group should be facilitated by an experienced group facilitator with knowledge of Therapeutic Community and/or group dynamics. The facilitator should have no clinical or line management responsibilities for any participants in the group.	2	At present the sensitivity group is facilitated by the therapy manager whom is not directly involved with the day to day running of the home/school and oversees both communities.	At the moment the facilitators do have line management responsibilities to one member of the dynamics group. However, the group facilitator does have knowledge of a therapeutic community and group dynamics and so this has been scored a 1. Area of Development: The community may want to think about having an external facilitator that does not have direct line management responsibilities.	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.)				
	Self Review for Standard 2.6		Met			
	Peer Review for Standard 2.6			The review team felt that this standard overall was met.		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.	As mentioned, staff attendance isn't an issue, and it was a given that staff attend the various spaces for support and training.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	See above. No such records have been seen.	2
3	2.6.3	There is a process to enable the staff to give feedback about the quality of staff support and training groups	2	Staff have various confidential spaces do this: line supervision, group dynamics and clinical supervision. Staff annual feedback is an avenue where staff can feedback about the quality of staff support and training groups. Evaluation forms are another feedback methods for training groups.	Good paper trails around this standard. Discussion in both meetings. This was well described and evidenced in the meetings. Indeed, the residents showed art and performed poetry which felt so informed by their being active within the community.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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Joining and Leaving

3.1

The Therapeutic Community is suitable for the needs of its members

Self Review for Standard 3.1

Met

Peer Review for Standard 3.1

The review team felt that this standard overall was met.

Met

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.	This was evidenced through discussion	2
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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	<p>As per self-review comments, the young people said they were fully involved and a good level of opportunities were discussed where they are able to "Check out" the community prior to joining.</p> <p>Evidence shows meets and greets, conversations of feelings towards joining the community, likes and dislikes.</p> <p>Staff reflect on the Current composition of the community. When someone has been identified the house manager will visit and discuss feelings about the experience of living in a therapeutic community. The young person is informed prior, and the staff say that there is opportunity for the young person to ask questions and voice concerns. New members will visit (during COVID19 visits were held online).</p>	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	This was discussed with the community in some detail. Community meeting minutes show the young people were asked about how they felt about a new young person joining their home and these included discussions. Other evidence included a summary of a Skype Call and included notes of feelings of appropriateness of a new member. The boys talked about an example of a new member joining and how they felt about it, what happened, and how this was resolved.	2
	3.2	There is an information pack for potential new Children and young people and staff				
	Self Review for Standard 3.2		Met			
	Peer Review for Standard 3.2			The review team felt that this standard overall was met.		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.	Robust evidence received. Further discussion similar to that mentioned before. See 1.2.1.	2

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Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable						
Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	The induction pack has recently been updated. The boys confirmed that they had community meetings about it. Staff felt that they wanted the pack to reflect the current community. The pack is informative and helpful and looks nice. It includes quotes from young people.	2
	3.3	There is a planned joining process for prospective Children and young people and staff				
	Self-Review for Standard 3.3		Met			
	Peer Review for Standard 3.3			The review team felt that this standard overall was met.		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. We have set up a 'welcome committee' where 2 boys and a staff member meet regularly and before a new member joins to discuss how they can be welcomed with a 'little extra detail'.	The young people discussed their Welcome Committee. Personal anecdotes were giving; the process appears to be very thoughtful. The community find out the new members hobbies, preferred bedroom colour and favourite meal. The community then make sure they have a something like a magazine about their hobby, the room is painted their favoured colour and cook their favourite meal on the night they join. When a staff member joins, the staff member will spend informal time with other staff and young people. The boys are involved in the planning and preparation of new staff by taking part in the interviews and new staff are also invited for lunch. The community confirmed that they all felt involved in the planning and preparation for the arrival of a new member and that the planning and preparation for a new member is discussed in community meetings.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	N/A Despite the service not taking emergency placements, The Oaks discussed how there would always be a visit prior to a member joining the community.	9
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 The Oaks 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. The welcome committee contribute to helping new members settle in as a 'go to person' also.	Evidence showed sessions that support young people to understand the importance of TC practice and culture, such as personalizing the home and bedroom; encouraging members to speak up and make suggestions in community meetings. We also saw written evidence of culture, rules and boundaries. It was felt that the home had a strong family feel, and the boys and staff often described it in this way. Family feeling boundaries can be challenging, but the community utilises its processes so that all members can learn from each other and promote positive role models.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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. When a staff member joins they are also welcomed in during a community meeting and informal time. The welcome committee now take the lead with this when discussing with the community. A celebratory favourite meal of their choice is made for the new arrival when they join.	Examples on the day and personal anecdotes were provided which showed that the community mark the arrival. Staff members enjoy informal time together to get to know the community. We saw evidence of community meeting minutes which showed the community discussing plans around a new member joining. Area of Development: The community may want to think about include marking new members of staff in the same way young peoples' arrival is marked. Both are marked in different ways.	2
	3.4	There is a leaving process for Children and young people and staff which is understood by all				
	Self Review for Standard 3.4		Met			
	Peer Review for Standard 3.4			The review team felt that this standard overall was met.		Met

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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). The extended community meetings have given the boys and staff the opportunity to explore their feelings towards a young person or staff member leaving. To celebrate the leaving of a member is usually a gathering/party to share memories. When a boy leaves, they take an 'Amberleigh' life story book with them that has been made together with key worker for all their time with us.	When a member leaves, the activities coordinator arranges a party. The boys talked about decorating the living room. Leavers receive a 'Life Story book'. They have an extended community meeting to discuss feelings around a member leaving. Area of Development: Although there is a welcome committee, the community in their self-review have expressed the feeling to combine this and include leaving in this committee. Although the current process meets the standard (as young people and staff support the leaver, arrange a party etc), a committee would create a more formalised process and be an achievement for the community.	2
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 members have left the community. The community have been able to explore how this has impacted on them.	Young people talked about this and mentioned that they talk about it as a community. The boys discussed how leaving can be hard, and discussed a recent event in the community, which showed that the community explore endings and leavings before members leave. Extended meetings are used for this so there is more time to discuss the feelings of the group.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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. 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.	Young people receive Life Story books highlighting their achievements and contributions to the community. They also have a leaving get-together. Staff have a similar process when leaving, such as a celebration with the community. Area of Development: Although the staff have similar leaving processes, the review team wondered if staff could also receive a Life Story book on their departure.	2
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.	It was acknowledged that leavings/endings can be hard. The young person has a choice into how their leaving is marked. Staff have a similar process. The boys receive a Life Story book.	2
	3.5	There is a process to support Children and young people that leave or wish to leave the Therapeutic Community prematurely				
	Self Review for Standard 3.4		Met			
	Peer Review for Standard 3.4			The review team felt that this standard overall was met.		Met

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
1	3.5.1	There is an expectation that a children and young people 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. The Oaks 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.	It was confirmed that when a community member wishes to leave the community prematurely, it is expected that the children or young person will discuss this in the community meeting. Anecdotes were provided on the day.	2
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. There have been continued relationships with boys that have left The Oaks through our Amberleigh Facebook group. A former resident now has a job with us as an 'Expert Peer Mentor'.	<p>When this was first discussed it felt that members were unsure of how they would support someone to stay. The review team wondered whether this was because it has rarely occurred. After exploring the standard a little more with the community, it became clear that this is a fluid, organics process that happens throughout members living at the home.</p> <p>Community members confirmed that if a member is finding it hard to engage in the community, it is discussed in a community meeting. Staff member discussed how the support that is provided at the home encourages themselves to staff engaged, as there are spaces to explore feelings as a group and if required, independently.</p> <p>Area of Achievement: Leavers are offered good opportunities to remain in contact with the community. We saw evidence of this on the day.</p>	2

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Therapeutic Framework

4.1 The Therapeutic programme is overseen by appropriately qualified leadership						
Self Review for Standard 4.1			Met			
Peer Review for Standard 4.1				The review team felt that this standard overall was met.	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.	Qualifications seen. This was also evidenced through discussion in the meeting with staff.	2
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 14 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 20 years. The therapy manager has 15 years experience in a TC, TCTC co-chair and currently studying Group Analysis with IGA.	Evidenced in TCTC events including the CYP group and conferences. As discussed, the Community meetings are ensuring the process of problem solving allows for learning as well as the outcome however long this may take.	2

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Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable						
Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	Throughout the day it was apparent TC principles are embedded in both the work and culture of the Community. Resident chairmen were mindful of the 'culture of enquiry' approach.	2
	4.2	There are structures in place to facilitate the safety of all group meetings				
	Self Review for Standard 4.2		Met			
	Peer Review for Standard 4.2			The review team felt that this standard overall was met.		Met
2	4.2.1	Staff responsible for running group meetings have attended training in, and had experience of, delivering groups	2	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.	This was evident through both discussion and in paperwork shows group work qualifications of some staff.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	<p>The self-review comment was confirmed and evidenced through discussion with community members and evidence.</p> <p>Written evidence included Community Meeting minutes. It seemed apparent the members understood that meetings will have a purpose and task. If members want something discussed, this can be put on the agenda.</p> <p>Staff handbooks include sections highlighting meeting's purpose and tasks. The new Young person's guide includes a short summary of what will happen at meetings and what is expected,</p> <p>Area of Achievement: The Oaks have lots of meetings and it was evident that there are clear distinctions between these regarding their purpose and task.</p>	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.	<p>All other meetings are timetabled and have an agenda. This was confirmed by the boys, staff and evidence.</p> <p>The only meeting that does not have a specific duration is the Emergency Meetings.</p>	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.	These were provided upon request. These were written by both staff and residents.	2

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	4.3	Each Children and young people has a plan that highlights their personal, social, therapeutic and educational needs and how they can be met through engagement with the Therapeutic Community				
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	Self Review for Standard 4.3		Met			
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	Peer Review for Standard 4.3			The review team felt that this standard overall was met.		Met
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2	4.3.1	There are regular written updates of how engagement in the Therapeutic Community is helping the children and young people 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 therapist and include representatives from care and education.	These were seen in the evidence provided.	2
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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 attend their integrated quarterly personal plan reviews and have contributed to outlining positives and identifying targets for the next quarter.	Young people were engaged in the notion of treatment and recognising when a peer had achieved something.	2
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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 personal plan reviews, for some individuals this is sometimes more frequent.	This was seen in the evidence.	2
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	4.4	The Therapeutic Community has a confidentiality policy that relates directly to the work of the community.				
	Self Review for Standard 4.4		Met			
	Peer Review for Standard 4.4			The review team felt that this standard overall was met.		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	<p>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.</p>	<p>The understanding of confidentiality felt live on the day. It was clear from the meetings with young people and staff that there is a good understanding of confidentiality and its boundaries. The young people and staff talked about this standard in reference to why the young people are at the home and their understanding of what is shared with each other in groups and individually, and what is not.</p> <p>The boys discussed how they utilise the community meetings for discussion. Evidence highlighted how information for specific incidences is passed on to workers.</p> <p>Area of Development: The community confirmed that the boys had input into the confidentiality policy through community meetings. It would be helpful to see the input in some way in the final documents.</p>	2
2	4.4.2	Children and young people and staff can describe the process that follows breaches of confidentiality	2	<p>This is discussed during community meetings and 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.</p>	<p>A recent possible breach of confidentiality was discussed. The community confirmed breaches were discussed in community meetings, extended meetings and if required an emergency meeting.</p> <p>Staff reflected on an experience where personal information was misused and the impact of this was explored in a community meeting.</p> <p>Other examples were provided. There is a confidentiality policy and there are confidentiality agreements for staff (clinical and line supervision).</p>	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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. Any changes would be discussed with boys via community meetings if it had a direct impact on them. The boys have had discussions within the community about confidentiality and the boys awareness of this and how it feels when that is broken.	The Oaks have a good confidentiality policy	2
2	4.4.4	Any variations from the confidentiality policy of the Therapeutic Community, such as professional requirements, must be explicitly stated	2	See shared confidentiality policy for detail.	This was clear in the policy	2
	4.5	There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model				
	Self Review for Standard 4.5		Met			
	Peer Review for Standard 4.5			The review team felt that this standard overall was met.		Met
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 intervention may be used. There are discussions with both staff and boys if incidents have occurred. There is a Physical Intervention policy.	<p>The community have a physical intervention form. The community confirmed that there was an understanding of the use of physical restraint.</p> <p>Young people were open about physical restraint and said that they discuss the root cause and try to help from their as a community.</p> <p>The review team were impressed with the answers from the boys when talking about this topic.</p> <p>Area of Achievement: Young people supported each other to talk about the experience and how the community work to discuss the root cause of behaviours together.</p>	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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.	These were seen in the evidence.	2
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 management team, internal quarterly audits, KPI's, group supervision, staff meetings, and overseen by the house manager. We have internal physical intervention trainers who also monitor these trends.	Evident in Reg 45 report. The community also described how they supported the person who was held in helping them understand how they ended up in this situation.	2
	4.6	There is a clear statement or policy regarding the use of social media.				
	Self Review for Standard 4.6		Met			
	Peer Review for Standard 4.6			The review team felt that this standard overall was met.		Met

REVIEW SCORING: 0=NOT MET, 1=PARTLY MET, 2=MET, 9=NOT APPLICABLE, N=Not discussed on peer-review day
Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable

Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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, key worker sessions, staff meetings, informal discussions and in monthly management meetings. The use of social media has improved again during the review period and individual boys continue to have access to their own devices with use of social media. This is individually risk assessed. These rules are different for each young person according to their risk and development.	<p>Young people on the day openly discussed the rules and boundaries of social media use and the challenges that come with it. Social media use is individually risk assessed and young people and staff appeared aware of this. Young people confirmed they are aware that individuals in the community have different rules for social media and why.</p> <p>Staff also discussed the 'Leavers Group' on Facebook which provides a place for leaving members to connect, and it's a private space.</p> <p>Area of Development: As social media use is individually assessed, it could be a challenge to create a child/young person policy guide, but the review team wondered if this is something the community might want to explore.</p>	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, key worker sessions, monthly management meetings and informal discussion. We also have a positive risk taking policy.	Documentation submitted showed clear guidance for staff. Young people showed they had a clear understanding of the impacts of social media and were open to discuss with us the risks involved.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
3	4.6.3	Issues and incidents on, or regarding, social media can be raised and openly discussed in the Therapeutic Community	2	Issues have arisen and discussions have taken place. This is ongoing and discussed openly in various spaces.	Social media is taken very seriously at The Oaks. The community confirmed that any issues and incidents regarding social media would be discussed at a community meeting and if required an emergency meeting.	2

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Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable

Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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External Relations and Performance

5.1 The Therapeutic Community is committed to an active and open approach to all external relationships						
Self Review for Standard 5.1		Met				
Peer Review for Standard 5.1		The review team felt that this standard overall was met.				Met
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, mostly online this cycle due to Covid restrictions.	<p>The community confirmed their self-review comment. The community confirmed that the staff and young people take time to welcome visitors and explain the work they does as a therapeutic community. Evidence provided showed guidance for those visiting the home. Although due to COVID-19, visitors are not attending the community, the staff members and young people confirmed that they did pre COVID-19. During restrictions, visitors could attend virtually.</p> <p>Area of Achievement: It was clear from discussions, evidence and experience of the day that visitors are welcomed at The Oaks, and that time is taken to explain the work of a Therapeutic Community.</p> <p>Area of Development: The community may want to spend some time reflecting around possible anxieties of in-person visits starting up again when Covid-19 restrictions are lifted.</p>	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.	<p>There is a good network of external professionals who are able to input into care plan reviews and development plans for the young people.</p> <p>Discussions on the day confirmed that external professionals are invited. Examples were provided. Evidence showed external professionals are invited to attend LAC reviews.</p>	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
					<p>Each young person has a health plan which is completed internally. This allows staff to address and contact relevant external bodies to ask for referrals or anything else that can be done.</p> <p>Staff confirmed that they have frequent conversations with social services and social workers (at least every week). Social workers are invited to the three-month reviews, but the community conducted care reviews every 5-6 months and social workers, education teams, and the care team are invited to this. All aspects of care are discussed.</p>	
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.	Staff talked about how this was material for link sessions.	2
	5.2	The Therapeutic Community is committed to demonstrating the effectiveness of its work				
	Self Review for Standard 5.2		Met			
	Peer Review for Standard 5.2			The review team felt that this standard overall was met.		Met
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 previously been involved in the CofC space house initiative. All issues relating to the TC are also tracked as part of the monthly SMT meeting, ensuring we are constantly	Evidence of this can also be gained from their recent development of learning from process around discussion and decision making.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
				identifying any areas and improving practice. We are yet to establish appropriate means of measuring our organisational environmental measures due to our specialism in CYP. This will be looked into further during the next review period.		
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.	Evidence was provided of a partially completed form with individual outcome data.	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 personal plan 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 is well evidenced in the statement of purpose.	2
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 part of the young person's personal plan review the therapist leads on measuring progress the young person has made. This is clearly evidenced in individual paperwork.	Evidence of this has been provided.	2
2	5.2.5	The Therapeutic Community collects environmental data that will help provide evidence for their effectiveness. For example, Ward Atmosphere Scale, Essences	1	This is done through our annual staff surveys. We are yet to discover an environmental data process that is suitable for our CYP Community. We have leashed with other accredited communities about gathering environmental data and it has been an ongoing theme with CYP TC's for needing to explore further effective data gathering.	This is an ongoing piece of work to be discussed. The Oaks are working to explore this in their attendance of the TCTC CYP group. Area of Development: To continue to explore the ways in which the therapeutic community collects environmental data that will help provide evidence for their effectiveness.	1

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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 will 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.	Evidence seen.	2
	5.3	The Therapeutic Community is committed to sharing good practice				
	Self Review for Standard 5.3		Met			
	Peer Review for Standard 5.3			The review team felt that this standard overall was met.		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 external online events & conferences during the review period electronically (due to Covid) also by attending and presenting workshops.	Area of Achievement: Staff and young people at The Oaks make great effort to take part in external conferences. This was evidence through documentation and comments made on the day.	2
2	5.3.2	The Therapeutic Community provides training placements for students	2	This opportunity is open for specific placement.	There is opportunity. Discussion was had around developing relationships with a student body. Previous placements had been accepted and The Oaks are working to set up a new one.	2

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer-review Comment	Peer-review Score
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. The MD of Amberleigh Care is on the board of TCTC, therapy manager co-chair of TCTC. We have presented at the TCTC annual conference, CYP working group, presented at the NOTA annual conference, and the CofC annual conference. This has been a development over the review cycle although electronically due to Covid restrictions.	The Oaks are very involved with TCTC and Cofc. Self-review was confirmed in discussion.	2

Action Plan 2021 - 2022

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

Community Information	
Please complete all data in the white boxes below	
Member Community Name	The Oaks
Parent Trust / Organisation	Amberleigh Care
Address for peer review	The Oaks, Redhill, Telford. Shropshire. TF2 9NZ
Main contact for peer review	Marie Clutton
Main contact for peer review Email	marie.clutton@amberleighcare.co.uk
Main contact for peer review Telephone Number	1952619144
Website	www.amberleighcare.co.uk
Service User Population	Young Males 11-18 (HSB)
Service User Population Other - please specify	
Age range	11yrs to 18 years
Sector	CYP
Overseeing regulators	Ofsted
Please list the most recent outcomes from all recent regulation inspections	Ofsted Care Inspection rating - Needs Improvement. Ofsted School Inspection - Good.
Programme Length	Residential (various lengths of stay)
Length of waiting list time	No waiting list at present
Maximum Number of Places	12

Current number of clients	10
Catchment Area	Shropshire
Expected Length of Stay	2.5 years on average
Self review process	
List all members involved in completing the self review	Whole Oaks Community
List data collection methods used	Informal discussions, community meetings
List 3 specific TC related training needs you require (to inform future CofC workshops)	Frequent peer review training, induction of standards.
Service User Data for 1st April 2019 – 31st March 2020	
<p>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.</p>	
Referrals to the community	
Total number referred	280
Number of females	N/A
Number of males	280
Average age on referral	14
Reasons for non acceptance	Unsuitable for large group living, SB not requiring specialist intervention, other behaviours needing higher level of support.
Admittance to the community	
Total number admitted	6
Number of clients present on 01/04/2019 include part-day attendance	7
Number of females	0
Number of males	7
Average age on admission	14

Planned Leavers from the community		
Total number of planned leavings	6	
Number of females	0	
Number of males	6	
Average age on leaving	16	
Average length of placement (months)	12 months	
Number referred on to further placement	5	
Unplanned Leavers from the community		
Total number of unplanned leavings	0	
Number of females	0	
Number of males	0	
Average age on unplanned leaving	0	
Reasons for unplanned leaving	N/A	
Staff Data for 1st April 2019 – 31st March 2020 'Staff' includes part-time therapists, students and trainees, sessional supervisors, and regularly present consultants		
	Full Time Staff	Part Time Staff
Number of staff on 01-04-2019	13 – Care 1 – Education 1 – Therapy 7 – Head office 1 - Other	0.8 – Care 3.1 – Education 0 – Therapy 0.8 – Head office 0 - Other
Number of staff on 01-04-2020	11 – Care 2 – Education 2 – Therapy 7 – Head office 1 - Other	0 – Care 2.9 – Education 0 – Therapy 1.6 – Head office 0.6 - Other

Number of staff joining between 01-04-2019 & 31-03-2020	8 – Care 2 – Education 1 – Therapy 1 – Head office 0 - Other	0 – Care 0 – Education 0 – Therapy 0.8 – Head office 0.6 - Other
Number of staff leaving between 01-04-2019 & 31-03-2020	10 – Care 1 – Education 0 – Therapy 7 – Head office 0 - Other	0.8 – Care 0.2 – Education 0 – Therapy 0 – Head office 0 - Other
Number of recorded staff sick days between 01-04-2019 & 31-03-2020	Care – 256 days Education – 14 days Therapy – 0 days	Included in full time figures
Average length of service in the TC	2.8 years	Included in full time figures

The community has provided the following data for service users and staff for the year 1 April 2019 – 31 March 2020.

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?

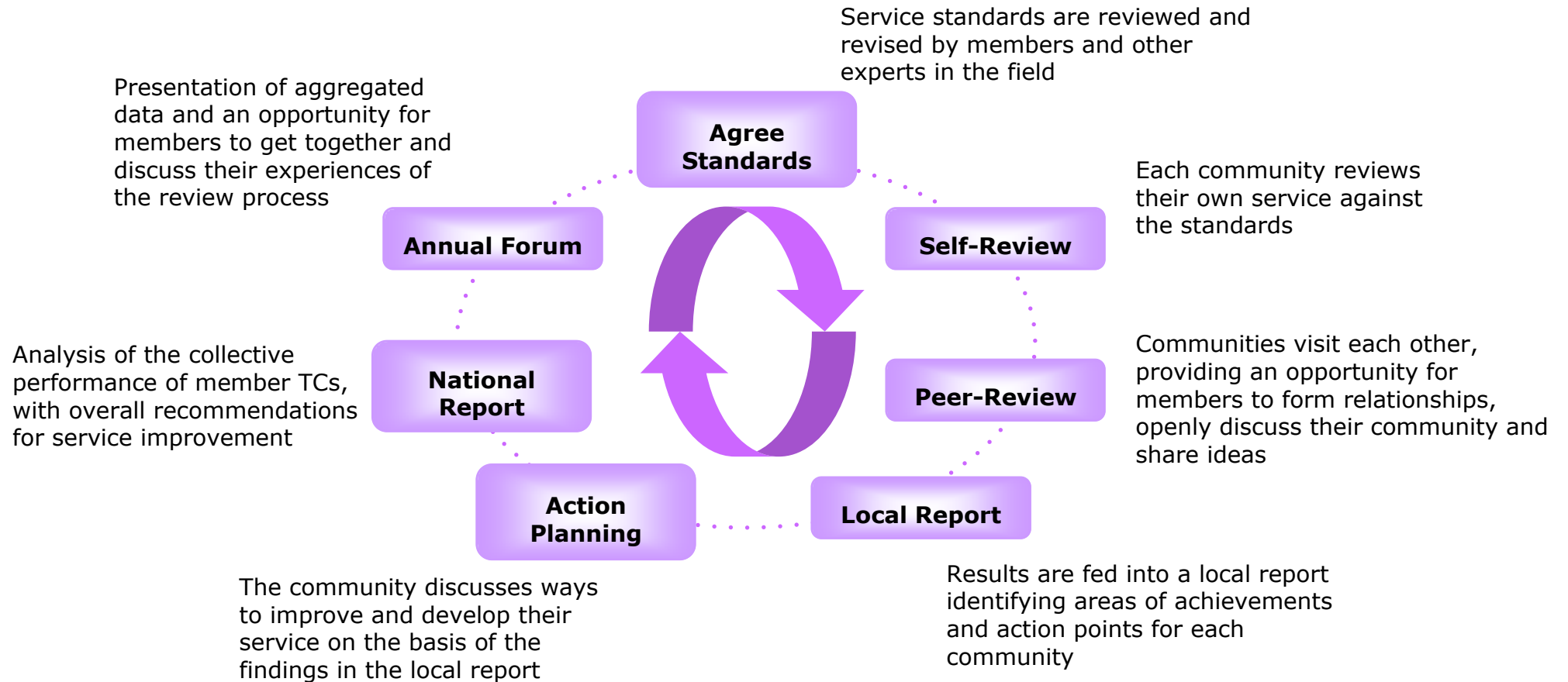
- Develop specialist service standards in an annual consultation process with members
- Manage an annual cycle of self- and peer-review processes where the emphasis is on engagement, as opposed to inspection
- Provide detailed local reports which identify action points and areas of achievement
- Publish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

Sarah Paget C of C Programme Manager

Beth Thibaut C of C Deputy Programme Manager

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