

Community of Communities

A Quality Network of Therapeutic Communities



Service Standards for Therapeutic Communities for Children and Young People



First Edition

**Edited by: John O'Sullivan, Deepa Shah
and Sarah Paget**

CRTU Number: CRTU48

Contents

Foreword	3
Introduction.....	4
CORE STANDARDS.....	8
CORE VALUES.....	10
BEING HEALTHY	12
STAYING SAFE.....	15
ENJOYING AND ACHIEVING	19
MAKING A POSITIVE CONTRIBUTION	22
ACHIEVING ECONOMIC WELL-BEING	25
Appendix 1 - Glossary.....	i
Appendix 2 - Bibliography	ii
Appendix 3 - A Therapeutic Community.....	iv
Appendix 4 - Therapeutic Communities for Children and Young People	v
Appendix 5 - What is the Community of Communities?	vii
Appendix 6 - The Annual Cycle	viii
Appendix 7 - Standards Feedback Form	ix
Appendix 8 - Community Information	x
Appendix 9 - Acknowledgements.....	xi

Foreword

This first edition of the Service Standards for Therapeutic Communities for Children and Young People represents an enormous investment by therapeutic communities to demonstrate their integration within Children's Services linking directly with the National Framework of the 'Every Child Matters' agenda.

The standards have been written by a focus group, comprising professionals from across the field of therapeutic services for children and young people, including; Community of Communities, National Centre for Excellence in Residential Child Care, The Charterhouse Group of Therapeutic Communities, Childhood First, The Planned Environment Therapy Trust, Glebe House and The Lioncare Group.

With children's providers being so highly regulated by government policy, standards and inspection, these standards are structured to align closely with government policy and in this way enable anyone interested to clearly establish the difference and 'added value' between therapeutic providers and others. We therefore paid close attention to the 'Every Child Matters' framework adopting the five outcomes: being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic wellbeing.

In this new era of joined-up social care, it is important for therapeutic communities to be considered as positive placements of choice, and to be fully integrated into placement strategies for children.

With an increasing number of children's providers describing their services as 'therapeutic', the Community of Communities has an important role to play in helping define the meaning of 'therapeutic practice,' and within this definition enable the further development of quality therapeutic services. This set of standards is a significant step in that direction.

The standards document marks a new phase of development for therapeutic communities for children and young people. It demonstrates openness and accessibility, in addition to understanding by communities of the benefits to the children and young people in their care of engaging with all sectors of Children's Services.

John Turberville
Chair - Community of Communities, Children and Young People Advisory
Group
Director of The Mulberry Bush School

Introduction

The Community of Therapeutic Communities for Children and Young People (TC CYP) is one of four networks within the Community of Communities (C of C) programme of quality improvement based at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). TC CYP works closely with other networks within the Community of Communities and in collaboration with the Charterhouse Group (ChG), the Planned Environment Therapy Trust (PETT) and the Association of Therapeutic Communities (ATC).

TC CYP was developed in 2006 with funding from the Big Lottery and grew out of the Community of Communities network for Adult Democratic Therapeutic Communities (appendix 5). The network is a systematic, standards-based, quality improvement process that incorporates self- and peer-review and brings together Therapeutic Communities (TCs) for Children and Young People in the UK and abroad (for more information about TCs for Children and Young People see appendices 3 and 4). These standards are the foundation for the annual cycle (appendix 6) and a basis for staff and clients to share best practice.

The Development of Integrated Residential Child Care

The National Minimum Standards for Children's Homes (Department of Health, 2001) were developed to raise the quality of residential child care. They provided the basic general guidance on what constitutes appropriate care, and allowed the development of national regulation of the child care sector. They are however, of limited use in recognising or evaluating specialised care settings, such as TCs. The Care Matters Green Paper (Department for Education and Skills, 2006) offers further definition by government of the needs they consider can and should be met in residential settings. The development of the Children's Services Perspective, introduction of Children's Trusts, and the Every Child Matters framework (Department of Health & Department for Education and Skills, 2004) shows how integration of children's services is now very much central to government policy.

It is important that Therapeutic Communities are considered as positive placements of choice and to be fully integrated into placement strategies for children. The report published by the National Centre for Residential Child Care 'What works in Residential Child Care' (2006) refers to TCs as an example of high intensity provision that form an essential part of the overall placement strategy for some children and young people.

The development of the National Contract for Residential Child Care Placements (Publication pending) will further integrate child care services. The National Contract represents a desire by commissioners and providers to have a relationship that is characterised by consistency, mutuality and transparency. The contract is generic and TCs for children and young people may wish to provide commissioners with additional information such as reports of activity against service standards to allow the specialised nature of the provision to be easily recognised.

There is an increasing use of therapeutic approaches for a greater range of children, including those seen as vulnerable and not looked after by a local

authority. With an increasing number of children's providers describing their services as 'therapeutic,' the Community of Communities has an important role in helping to define the meaning of therapeutic practice and within this definition, enable the further development of quality therapeutic services. This set of standards is a significant step in that direction. They are written in such a way as to establish value added practice that should be found within a Therapeutic Community for Children and Young People.

The Development of Service Standards for Therapeutic Communities: Children and Young People

The Service Standards for Therapeutic Communities for Children and Young People have been developed out of the work of the advisory group, chaired by John Turberville, Deputy Director and Head of Residential Therapy at the Mulberry Bush School. The advisory group is a group of experts from therapeutic children's services, which includes practitioners from statutory and voluntary sectors, managers and executive directors as well as those involved in policy development (appendix 9).

The group used the Charterhouse Group Standards (Charterhouse Group, 2000) and the Service Standards for Therapeutic Communities, 5th Edition (www.communityofcommunities.org.uk) as a starting point and developed a set of standards based around the 5 outcomes outlined in the Every Child Matters framework (Department for Education and Skills, 2003). In addition, they are informed by a review of key documents (appendix 2) and consultation with TC staff and service users.

The first draft of the Service Standards for Therapeutic Communities for Children and Young People was sent to 60 communities, including client members and other experts in the field, for consultation. Communities were asked to rate the standards as not "important", "important" or "very important" to providing a good quality service. They were also asked to suggest any new standards.

There was generally a good consensus with most standards being rated as either very important or important to the quality of the service. Low rated standards were removed or reworded. Other editing criteria included ease of measurement; achievability, and local adaptability. Contentious issues raised were discussed and resolved within the Advisory Group. The terminology used within the standards was agreed as part of this process; a glossary is provided for terms that caused any confusion (appendix 1).

The process of consultation has ensured that this first edition of the Service Standards for Therapeutic Communities for Children and Young People reflects contemporary TC practice and that these standards represent developing views on the central elements of TC practice in the UK.

The Standards

The standards are organised around three sections:

- Core Standards
- Core Values
- The Five Outcomes

The Core Standards

The core standards are consistent with other networks within the Community of Communities. These standards represent the basic requirements for being a TC and connect all members of the Community of Communities regardless of client group or sector. The Core Standards have been mapped to the 'five outcome' areas.

The Core Values

A Therapeutic Community's alignment with the standards is created within the context of a specific culture and ethos, founded on core values. These values underpin policy and practice and are the basis on which the standards are understood. As part of the drive for joined up services, the therapeutic definition of the 5 outcomes have been included in the core values.

The Five Outcomes

The main body of the standards is divided into five themes which recognise the current restructuring of services for children and young people by being set out within the Every Child Matters Five Outcomes framework. Each theme includes standards (in bold type) which describe an area of practice and criterion statements that describe the ways in which the Community would demonstrate this practice.

To assist users in understanding the five outcomes in context to the meaning of a Therapeutic Community, and help users set the standards in context, a "therapeutic definition" of each of the five outcomes has been included.

It is important to note that the integrated practice of a Therapeutic Community approach, and the complex needs of the children and young people, are not easily compartmentalised into the five outcome areas. Many of the standards would be relevant in many of the outcome areas and we would not wish users to over simplify the content and meaning of each standard in this way.

Who may find this document useful?

This document is for therapeutic communities to use as a reference for self-evaluation, peer-evaluation and to assist in the development of their service.

Other residential child care providers may wish to use these standards as a way of understanding, establishing or developing their therapeutic services for children and young people in line with therapeutic principles.

Regulators may also wish to use them to better understand the relationship between the regulatory framework and their therapeutic application in services.

Commissioners may wish to use these standards to assist them in matching needs to placements, and identifying an appropriate therapeutic setting for a child or young person. They will be of use to commissioners when establishing if a setting is, and continues to be, therapeutic in its principles and practice.

Using the Standards

These standards are intended to be inclusive and have relevance for all members of the Community whether they be children, young people, or adults.

The standards equally apply to both education *and* residential practices. In this way, the standards recognise the complex and integrated nature of the lives of all those living, learning and working in these environments.

These standards are not intended to replace any existing statutory requirements but describe the specialist practice of Children and Young People TCs.

The standards represent ideal practice and it would be unusual if services met every standard.

This document is provided for reference and not for data collection. Data collection tools adapted from these standards will be provided with guidance notes to members. A selection of the standards will be measured.

For more information please contact:

The Community of Communities
The Royal College of Psychiatrists'
Centre for Quality Improvement
4th Floor Standon House
21 Mansell Street
London
E1 8AA
Email: cofc@cru.rcpsyh.ac.uk

Tel: 0044 (0)20 7977 6699
Fax: 0044 (0)20 7481 4831

www.communityofcommunities.org.uk

CORE STANDARDS		OUTCOME
CS1	Members of the Community share meals together	Being Healthy
CS2	All members of the Community share in the care and maintenance of the physical environment	Being Healthy
CS3	All members of the Community are involved in maintaining an emotionally safe environment for the work of the Community	Being Healthy
CS4	Community members regularly attend group meetings	Staying Safe
CS5	All members of the Community can discuss any aspects of life within the Community	Staying Safe
CS6	All members of the Community regularly examine their attitudes and feelings towards each other	Staying Safe
CS7	There is an understanding and tolerance of disturbed behaviour and emotional expression	Staying Safe
CS8	The Therapeutic Community has a clear set of boundaries, limits or rules which are understood by all members	Staying Safe

CS9	Community members share leisure time together	Enjoy and Achieve
CS10	Informal aspects of everyday living are integral to the work of the Community	Enjoy and Achieve
CS11	Informed risk taking is seen as an essential part of the process of change, and is encouraged	Enjoy and Achieve
CS12	All members of the Community share responsibility for each other	Positive Contribution
CS13	Members of the Community participate, as appropriate, in the process of the selection of new staff members	Positive Contribution
CS14	Members of the Community participate, as appropriate, in the process of a new client member joining the Community	Positive Contribution
CS15	Community members, depending on their age and development, share a variety of roles and levels of responsibility	Economic Well-Being
CS16	Members of the Community are involved in the leaving process	Economic Well-Being

CORE VALUES

1	The Community provides children and young people with a safe, secure and nurturing environment where they can play, learn and accept being taught and form trusting relationships with adults and peers
2	The Community ensures children and young person feel secure enough to be able to engage in dialogue and express thoughts and feelings, in a way that develops knowledge and understanding of how to deal with, and contain difficult feelings and behaviour
3	The Community promotes a living-learning culture where interdependence emerges through take up of responsibilities with each individual having the opportunity to play and where celebration is a central feature of life in the community
4	The Community strives to provide children and young people with a sense of belonging and a sense of their value and worth in relation to others
5	The Community supports children or young people to develop the confidence and empowerment to begin to take decisions in relation to their life
6	The overall needs of the Community are recognised to be important in contributing to the well-being of the individual
7	The variation of abilities, qualities and backgrounds amongst members are seen as positive ingredients to Community life and essential to developing interdependence
8	There is recognition of the value of healthy relationships and attachments and how working toward these are the essence of the Therapeutic Community

9	The Community recognises the importance for adults to be emotionally involved with the child or young person
10	The Community recognises the importance of dependence, but also recognises the difference between the needs of a child or young person to the needs of the adults
11	Difficult experiences and problems are accepted and recognised to be necessary for personal growth and Community maturation
12	Children and young people are supported to recognise and experience feelings as opposed to finding immediate ways to dissipate their emotional conflict

BEING HEALTHY

	<p>Children or young people will experience a safe, secure and nurturing environment. Here they can play, learn, accept being taught and form trusting relationships with adults and peers</p>
1.1	<p><i>The needs of the child or young person are assessed through detailed dialogue and planning</i></p>
1.1.1	<p>The assessment takes place from the point of referral between the Therapeutic Community members, potential new members and referrers</p>
1.1.2	<p>The assessment includes discussion about the service and the needs of the child or young person</p>
1.2	<p><i>Each child or young person has a mutually agreed therapeutic plan which ensures that their needs are matched with provision</i></p>
1.2.1	<p>The plan covers all aspects of life in the Community including the living-learning elements, education and formal therapeutic input</p>
1.2.2	<p>The plan focuses on process and experiences as well as outcomes</p>
1.2.3	<p>The plan identifies significant people in the child or young person's life</p>
1.2.4	<p>The plan is reviewed and updated regularly</p>
1.3	<p><i>Significant people are engaged in the on-going care and therapeutic programme of the child and young person</i></p>

1.3.1	The Community engages families, carers and external agencies with a child or young person's care and therapeutic programme
1.3.2	Children and young people can contribute as appropriate to decisions about their own care and treatment
1.3.3	The experience and opinions of the whole Community are taken into account in an individuals' ongoing care and treatment
1.4	<i>There is a clear recognition that being healthy is dependant on relationships</i>
1.4.1	The safe, secure and nurturing environment facilitates the development of trusting relationships
1.4.2	Trusting relationships with different member groups in the Community are valued
1.5	<i>The Community provides an environment where all members may demonstrate their qualities and capabilities in order to contribute to the group</i>
1.5.1	There are structures in place that promote a nurturing environment
1.5.2	A culture is established that encourages personal growth and development
1.5.3	It is recognised that all members are givers as well as receivers
1.6	<i>There is an experience of equality and shared ownership in the development and maintenance of the Community environment</i>

1.6.1	Children and young people are involved in maintaining the physical environment
1.6.2	Children and young people are involved in deciding on appropriate décor and furniture
1.6.3	Children and young people can personalise the private and shared spaces

STAYING SAFE

	The child or young person feels secure enough to be able to engage in dialogue and express thoughts and feelings, in a way that develops knowledge and understanding of how to deal with, and contain difficult feelings and behaviour
2.1	<i>Children and young people experience consistent boundaries across all elements of the Community</i>
2.1.1	All members of the Community have a working understanding of the notion of boundaries
2.1.2	As Community members progress boundaries can be re-negotiated
2.1.3	Children and young people are involved in addressing breaches of Community boundaries
2.1.4	There are clear consequences for breaking boundaries which are followed through to an outcome that is meaningful for Community members
2.1.5	There are non-punitive ways of resolving conflicts
2.2	<i>The Community takes collective responsibility for their differences and difficulties and works with the disturbance that this causes</i>
2.2.1	There are regular times throughout the day when members meet for feedback and support
2.2.2	Community members are expected to voice their opinions and give feedback to each other

2.2.3	Community members explore the meaning of behaviour within a culture of acceptance
2.2.4	There are reparative ways of resolving hurt, conflict and damage
2.3	<i>There are structures in place to ensure that groups are emotionally secure places for Community members</i>
2.3.1	Meetings are reliable in length and regularity
2.3.2	There are specific rooms fit for the purpose of the activity
2.3.3	Groups are supported by experienced Community members
2.3.4	All groups have an agreed purpose and task
2.3.5	The Therapeutic Community promotes an open and blame-free culture
2.3.6	Confidentiality and its limits are understood and respected by all members
2.4	<i>There are clear procedures in place if the Community needs to address urgent matters</i>
2.4.1	There is a provision for emergency meetings, with a recognised procedure for calling one, that can be used by all Community members

2.5	<i>Staff vacancies are planned for and addressed</i>
2.5.1	There are clear criteria for staff selection based on the model of practice
2.5.2	The Community plans for the change of staff with regards to emotional impact and stability of the Community
2.5.3	There is a culture that values commitment and continuity, which is explained in the recruitment process
2.6	<i>The staff work effectively as a team</i>
2.6.1	There is a culture that encourages staff to explore and reflect on their interactions with one another
2.6.2	There is a regular staff sensitivity or dynamics group where themes from meetings are identified, remembered and reflected upon in order to maximise learning from the group's experience
2.6.3	Staff members work reflectively with the day to day experience of the Community
2.6.4	Staff examine their relationships to the employing organisation and to external professionals
2.7	<i>There is a clear and agreed organisational structure which supports the model of practice</i>
2.7.1	Each staff member has clear accountabilities which are known, understood and regularly appraised

2.7.2	Staff members conduct themselves as positive role models at all times
2.8	<i>All staff receive regular supervision from a person with appropriate experience and ability</i>
2.8.1	Supervision includes helping staff members explore their interactions
2.8.2	Supervision involves discussion of client material in which theory, practice and experiential learning are integrated
2.8.3	Staff who have been working at the Therapeutic Community for less than six months have additional support
2.9	<i>All staff receive appropriate training which is integral to the life and learning of the Community</i>
2.9.1	Staff receive training in the theoretical approach underpinning their practice
2.9.2	Staff are trained to understand the meaning of attachment and how its deficit might be expressed
2.9.3	Staff have regular opportunities to relate theory to practice
2.9.4	Formal training and reflective experiences are both valued as learning opportunities

ENJOYING AND ACHIEVING

	There is a living-learning culture where interdependence emerges through take up of responsibilities rather than through the demand for rights. Each individual should have opportunities to play and celebration with others is a central feature of life in the Community
3.1	<i>All Community members work towards developing a cohesive Therapeutic Community environment for children and young people</i>
3.1.1	There is a high level of consistency and continuity in all aspects of living and learning
3.1.2	Achievements are recognised and celebrated with the Community
3.2	<i>The Community has a planned therapeutic programme which focuses on developing all aspects of the child or young person</i>
3.2.1	There is a structured and consistent daily schedule of formal and informal activities
3.2.2	There is a range of regular Community meetings attended by all Community members
3.2.3	There are regular meetings to examine the living-learning environment
3.3	<i>A range of therapeutic opportunities to facilitate dialogue is available</i>
3.3.1	Community members will ensure that support is given to those who struggle with the therapeutic process

3.4	<i>A system of key therapeutic working is in place which develops out of the relationships built within the Community</i>
3.4.1	There is an identified adult who plays an important role in preoccupation and advocacy for the child or young person
3.4.2	Each child or young person has input into the choice of those working with them on an individual basis
3.5	<i>All children and young people are encouraged to become engaged in learning</i>
3.5.1	A wide range of resources for learning is available
3.5.2	Learning opportunities are created throughout the day
3.6	<i>Community members plan and share leisure and social activities</i>
3.6.1	There are a range of opportunities available for leisure and play
3.6.2	Children and young people have opportunities to engage in spontaneous leisure activities
3.7	<i>Community members actively work with risk within the guidelines of a written policy</i>
3.7.1	Children and young people are enabled to have life experiences by participating in challenging activities

3.7.2	Children and young people are given an opportunity to extend themselves and find their limits
3.7.3	Children and young people actively engage with their living environment e.g. daily tasks

MAKING A POSITIVE CONTRIBUTION

Each individual has a sense of belonging and has a sense of their value and worth in relation to others. Children and young people are supported and encouraged to learn and experience achievement

4.1

The Community has an agreed model of practice in line with the core values and standards

4.1.1

Every effort is made to ensure that the child or young person is able to make an informed choice about the Community e.g. appropriate written and verbal explanation of the experience is shared with the child and young person through discussion

4.1.2

Written information provided in a variety of formats contains a clear description of the aims and values of the Community and the current programme and modes of treatment

4.2

There is a planned joining process which is understood by all Community members and other carers involved

4.2.1

Children or young people have the opportunity of experiencing the Community before joining

4.2.2

The Community is involved in detailed planning and preparation for the arrival of a new member

4.3

There is an experience of equality in the Community where all members treat one another with respect and consistency

4.3.1

There are structures in place that promote an emotionally safe environment

4.3.2

The child or young person feels secure enough to be able to engage in dialogue and express thoughts and feelings

4.3.3	Staff can expect respect and consistency in their employment terms, i.e. modelling and parallel practice
4.3.4	The Community is sensitive to all diversity issues and respects and accommodates differences
4.3.5	Opportunities are created to learn about individuals' cultural and religious beliefs and customs and practices
4.3.6	Abusive, racist, rude, sexist or other communication resulting from prejudice is challenged and discussed by the Community
4.4	<i>Current Community members support new members</i>
4.4.1	Community members support new members to understand, adapt and contribute to the Community culture and practices
4.5	<i>All policies and procedures which underpin Therapeutic Community practice are managed by the Community</i>
4.5.1	There is an active written policy regarding the Therapeutic Community's position on risk demonstrating the way the Community works
4.5.2	Management practices support the Therapeutic Community approach
4.5.3	Managerial information and other issues that affect the Community are shared with the whole Community
4.5.4	Problems and their solutions are discussed in the Community before action is taken. The discussion is regarded as a learning opportunity

4.5.5	All members are involved in the day-to-day running of the Community
4.5.6	Children and young people are involved in the process of allocating members to Community roles and tasks

ACHIEVING ECONOMIC WELL-BEING

Social and emotional well-being is fundamental to achieving economic well-being. The child or young person has the confidence and feels empowered, with appropriate support, to begin to take decisions in relation to their life. This process will depend on age and stage of development

5.1

Community members are supported to live as active members of the Community

5.1.1

Community members take responsibility for attending sessions and meetings

5.1.2

The child or young person becomes increasingly responsible for his or her own decisions, actions, and role within the Community

5.1.3

The Community provides training placements for students and post-qualifying professional development opportunities for qualified practitioners

5.2

The Therapeutic Community actively engages with the multi-disciplinary team, families and relevant others involved with the child or young person

5.2.1

The Therapeutic Community supports the child or young person to work and negotiate with their multi-disciplinary team, families and relevant others

5.3

There is a planned leaving process which is understood by all Community members

5.3.1

Community members support members during the leaving process

5.3.2

There is a thorough planned process for members leaving the Community, wherever possible involving all parts of the network

5.3.3

The Community supports members to explore and work with issues relating to endings and feelings

5.3.4	Appropriate recognition is given as part of the leaving process to the achievements and contributions of the member during their time with the Community
5.4	<i>The Community learns from others through external evaluation including research</i>
5.4.1	There is a process for ethical and methodological scrutiny for all research
5.4.2	The Community has a structure for considering and disseminating current research
5.4.3	Staff are given time to write and publish papers concerning Therapeutic Communities, and be available to attend conferences
5.4.4	The Community is currently participating in a research project concerning effectiveness as a Therapeutic Community (e.g. outcome and process research using qualitative and/or quantitative methods)
5.4.5	At least one member of staff is responsible for research

Appendix 1 - Glossary

Attachment: Bowlby's theory pertaining to the development of the self through attachments with others.

Boundaries: Both personal and physical limitations. A continual process is usually in place, whereby children or young people, with staff, appraise, negotiate and re-negotiate the conditions by which the Community lives and learns.

Community members: Adults and children and young people.

Interdependency: Acknowledgement that each of us is part of an integral network, each with a level of reliance on others.

Living-learning environment: A shared commitment to the goal of learning from the experience of living and/or working together.

Network: All people and agencies involved with the child or young person

Appendix 2 - Bibliography

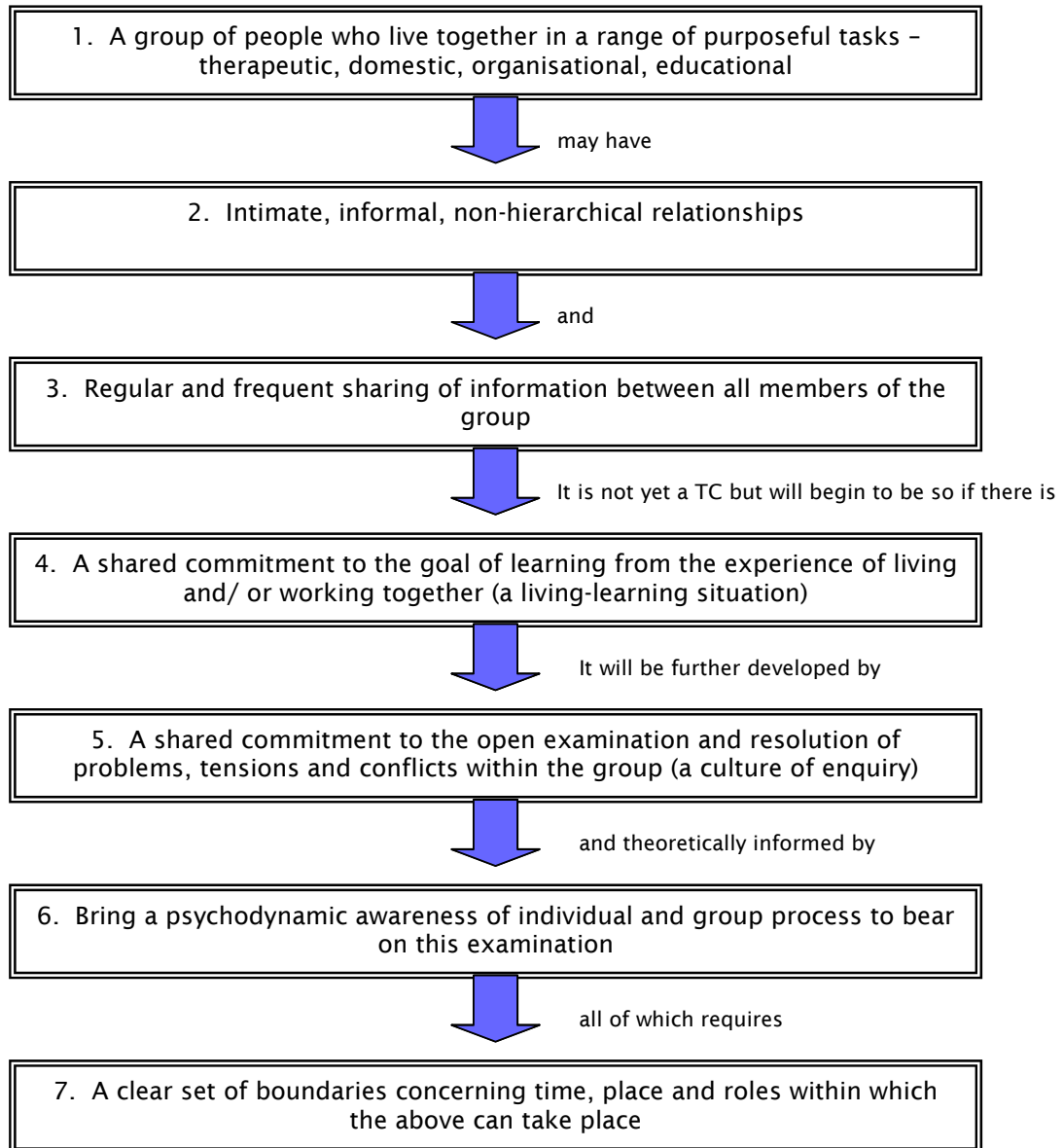
- Association of Therapeutic Communities (2001) Kennard-Lees Audit Checklist (2001) London: Association of Therapeutic Communities
- Charterhouse Group (2000) Standards and Criteria for Therapeutic Community Childcare, Health and Education. Charterhouse Group
- Children Act (1989) London: HMSO
- Commission for Social Care Inspection (2005) The Children's View of Inspection: First Report of Children's Audits of Inspections. London
- Commission for Social Care Inspection (2005) Safeguarding Children: The second Joint Chief Inspector's Report on Arrangements to Safeguarding Children. London
- Department for Education and Skills (2006) Care Matters: Transforming the lives of Children and Young People in Care. London: Department for Education and Skills
- Department of Education and Skills (2004) Every Child Matters: Next Steps. London: Department for Education and Skills
- Department of Health (2000) Childcare Standards Act
- Department of Health (2004) Every Child Matters: Change for Children in Health Services - Supporting Local Delivery. London: Department of Health
- Department of Health (2003) Getting the Right Start: The National Service Framework for Children, Young People and Maternity Services. London: Department of Health
- Department of Health (2001) National Minimum Standards for Children's Homes. London: Department of Health
- Department of Health (2002) National Minimum Standards - Care Homes for Younger Adults and Adult Placements. London: Department of Health
- Department of Health (2004) National Standards, Local Action - Health and Social Care Standards and Planning Framework 2005/6 - 2007/8. London: Department of Health
- Department of Health (1996) The Patient's Charter: Services for Children and Young People. London: Department of Health
- Department of Health and Department for Education and Skills (2004) Every Child Matters: Change for Children. Core Standards - National Service Framework for Children. London: Department of Health and Department for Education and Skills
- Every Child Matters (2003) London: HMSO

- Hartwell, E., Dugmore, O., Palmer, L., and Thurley, H. (eds) (2005) Quality Network for In-patient CAMHS Service Standards 2005/2006. London: Royal College of Psychiatrists' Research and Training Unit
- Home Office (1991) Working Together under the Children Act 1989. London: HMSO
- Keenan, S., and Paget, S. (eds) (2006) Service Standards for Therapeutic Communities 5th Edition. London: Royal College of Psychiatrists' Research and Training Unit
- Kennard, D. An Introduction to Therapeutic Communities. London and New York: Jessica Kingsley Publishers
- Mental Health Act 1983. London: HMSO
- National Centre for Excellence in Residential Child Care National Contract for Residential Child Care Placements p32 (Publication pending)
- OFSTED (2005) Conducting the Inspection - Guidance for Inspectors of Schools. London: OFSTED
- OFSTED (2005) Every Child Matters: Framework for the Inspection of Children's Services. London: OFSTED
- OFSTED (2005) Every Child Matters: Inspection of Children's Services - Key Judgements and Evidence. London: OFSTED
- OFSTED (2005) Every Child Matters: Joint Area Reviews of Children's Services. London: OFSTED
- Rapoport, R. N. (1960) Community as a Doctor. London: Tavistock
- Royal College of Paediatrics and Child Health (2003) Bridging the Gaps - Health Care for Adolescents. London: Royal College of Paediatrics
- Ward, A. and MacMahon, L. (1998) Intuition is not enough: Matching Learning with Practice in Therapeutic Childcare. London: Routledge
- Ward, A., Kasinski, K., Pooley, J., and Worthington A. (eds) (2003) Therapeutic Communities for Children and Young People. London and New York: Jessica Kingsley Publishers

Appendix 3 - A Therapeutic Community

(Acknowledgement to David Kennard)

David Kennard (1994) in a paper "New Frontiers for Therapeutic Communities" produced a diagram showing the main characteristics of the Therapeutic Community concept



Appendix 4 - Therapeutic Communities for Children and Young People

(Acknowledgment to Adrian ward)

When we use the term therapeutic community for children and young people we mean it to refer to a specialised unit for children, usually residential and often incorporating education as well as care, and usually organised on the basis of offering planned therapeutic help and support over a period of perhaps two or three years. At the heart of this work will be a recognition of the need to understand and address the impact on children of traumatic early experience (for example of serious loss, neglect, abuse or extreme attachment difficulties). Such experiences are likely to have had severe consequences for the child's capacity to be looked after, to make friends, or be part of the group, to learn and be taught, or just respond appropriately to everyday interactions. The view which will be taken of these difficulties is that they are unlikely to improve without intensive and skilled psychotherapeutically informed help on a 24-hour-a-day basis.

The underlying theory base will be explicitly psychodynamic, though other perspectives may also be included, and this theory base will be used to understand staff dynamics and the management of relationships in the whole place, as well as to explicate the difficulties facing the children and their families. The staff will normally be well trained and supported themselves with regular opportunities for both supervision and consultation, and with a full programme of daily and weekly staff meetings.

The place will be arranged so as to offer intensive levels of support to young people both individually and in groups, and in scheduled sessions as well as in the course of the ordinary interactions of everyday life. The life of the place will be focussed on regular weekly (and many places daily) 'community meetings' in which young people and staff will discuss and resolve issues arising in daily life as well as other matters of concern.

The method of working in therapeutic communities for young people bears a strong similarity to that used in many of the therapeutic communities for adults, including principles such as democratisation and reality confrontation (Rapoport 1960), and especially incorporating the principles that is the whole experience of the community of children and adults which is therapeutic, and that all members of the community can and do contribute to each other's growth and development. In the child care setting, however, the therapeutic community approach also includes something very different as well, because here the care is for young people rather than adults, and these young people have immediate needs for the ordinary nurturing and loving care for which any young person needs. the community has to find a way to provide this 'intensive care', even though these troubled youngsters may find it extremely difficult at times to acknowledge that they have such needs at all, and may indeed reject the offer with great rage, confusion and even violence. the aim will also usually be to promote children's awareness of each other's needs for this sort of care as well as their own needs, and to develop a culture in which it will be possible for young people to understand, support and help each other - and thereby also to help themselves and mature towards responsible adulthood. The therapeutic community for young people is much more than just the sum of these various components of practice, however. Its task is holistic and integrative, in the sense of holding together all the disparate and often conflicting elements in the lives and minds of a group of very troubled children and the staff aiming to support them, and seeking to create a single culture of understanding, learning and even loving

within the whole community. Although therapeutic communities operate mainly in residential care settings, the range of applications is wide, including psychiatric care, special education, family centres and young offenders' institutes. These differing contexts will necessarily influence the structure and boundaries of the work in each place, but the primary focus on understanding and responding to children's deepest needs in a group or institutional setting remains the same.

It will be evident from the above comments that, for the staff, this is a way of working which is extremely demanding but also hugely rewarding. In today's 'evidence-based' terms its effectiveness is still technically unproven, even though the best-known places of this sort have impressive track records of successful help to children and their families stretching back well over fifty years in some cases. Each place of this kind is highly individual and yet each is also instantly recognisable for its therapeutic community approach. Not all are as successful or as long established as this, or not as consistently so, and one of the difficulties is that it is a way of working which, because it relies so heavily upon the resilience and resourcefulness of the staff working closely with the most disturbed and confused young people in the country, may go through considerable variations over time. Thus even the best of places are likely to go through cycles of greater or lesser effectiveness. One of the ways in which therapeutic communities aim to keep themselves on track, and to keep the staff team sane, creative and productive as a group, is through sound leadership and drawing upon regular advice and support management or with the whole team at times.

Appendix 5 - What is the Community of Communities?

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

What do we do?

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

What are our aims?

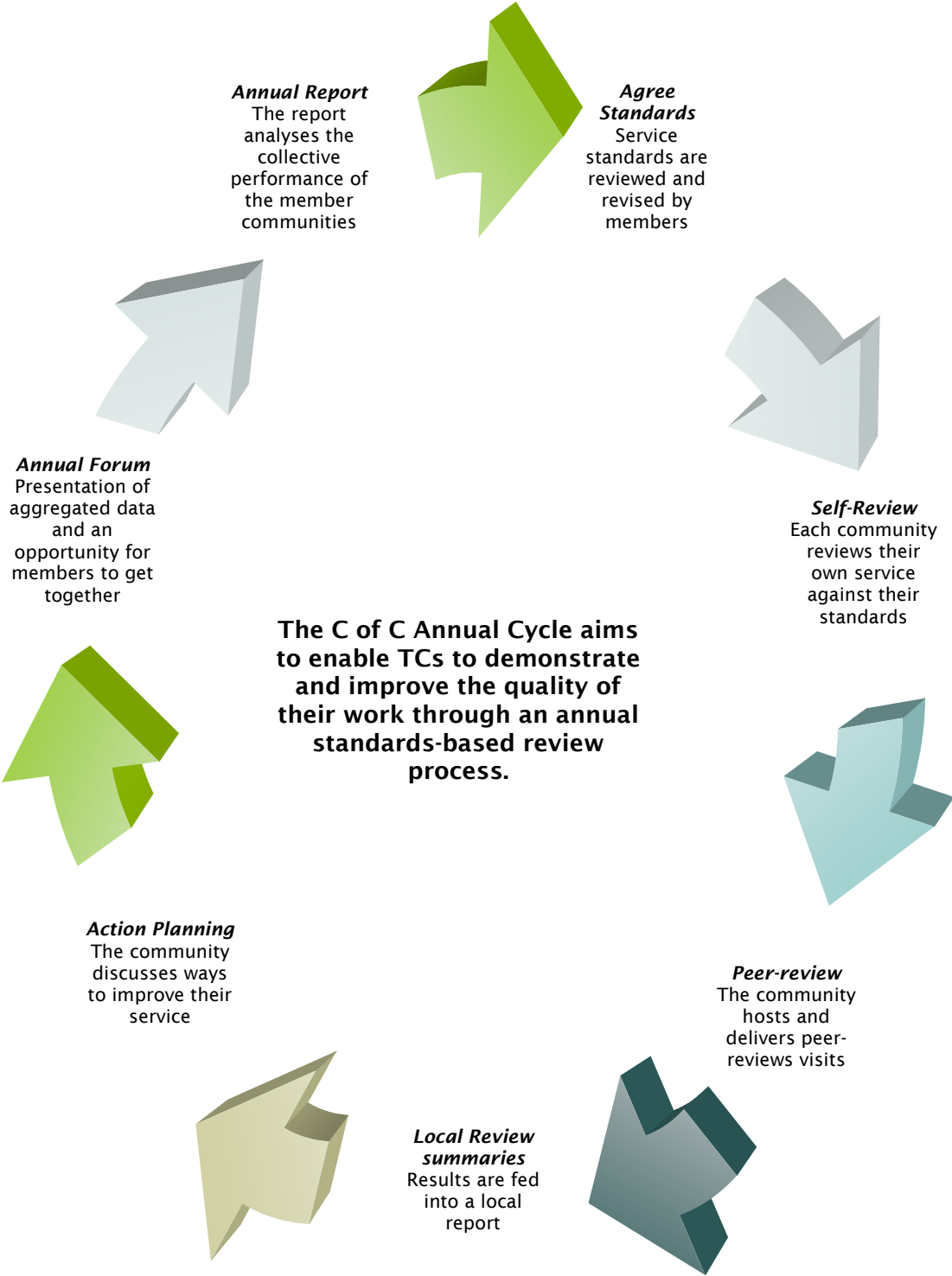
- Provide specialist service standards which identify and describe good TC practice and provide a democratically agreed definition of the model.
- Enable therapeutic communities to engage in service evaluation and quality improvement using methods and values that reflect their philosophy, specifically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

Members Feedback

"Instead of professionals coming together...there was a real sense of whole communities being involved, with staff, current and ex-community members sharing and discussing their experiences...It felt right, healthy, like a therapeutic community on a very large scale."

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

Appendix 6 - The Annual Cycle



Appendix 7 - Standards Feedback Form

We hope you have found the Service Standards for Therapeutic Communities for Children and Young People useful and we would appreciate your feedback. Your comments will be incorporated, with the approval of TC CYP members, into future editions of this publication.

1. Have you found these standards useful? Yes No

Comments:

2. Do you have suggestions for new sections/topic areas or new standards or criteria you would like to see included in future versions?

3. Do you have any general suggestions about this document that would improve its usefulness?

4. What is your interest in these standards e.g. service user, carer, professional?

Thank you for taking the time to complete this form. Your comments will be considered carefully.

Please photocopy and return to: The Community of Therapeutic Communities for Children and Young People, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA.
Fax: 020 7481 4831.

Appendix 8 - Community Information

Name of Community:		Telephone Number:
		Email:
		Website:
Address:		First Contact:
		Telephone:
		Email:
		Second Contact:
		Telephone:
		Email:
Sector e.g. NHS, Social Care:	Programme e.g. day, residential:	Parent Organisation:
Number of Places:	Age range:	Catchment Area:
Length of Stay:	Affiliations e.g. ATC, ETFC:	
Form Completed by:		

- I would like to receive further information about joining Community of Communities

Please photocopy and return to: The Community of Therapeutic Communities for Children and Young People, The Royal College of Psychiatrists' Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA.
 Fax: 020 7481 4831.

Appendix 9 - Acknowledgements

The Community of Communities would like to thank the members of the Advisory Group:

John Turberville (Chair)	Director	The Mulberry Bush School	john.turberville@mulberrybush.oxon.sch.uk
Matt Vince	Director	The Lioncare Group	matt@lioncare.co.uk
Patrick Webb	Executive Director	The Charterhouse Group	patrick.webb@charterhousegroup.org.uk
Stephen Blunden	Chief Executive	Childhood First	s.blunden@childhoodfirst.org.uk
Jonathan Stanley	Principal Officer	National Centre for Excellence in Residential Child Care (NCERCC)	JStanley@ncb.org.uk
Adrian Ward	Senior Lecturer in Social Work and Director of the MA/Diploma in Social Work Programme	University of East Anglia	adrian.ward@uea.ac.uk
Sheila Gatiss	Former External Manager	Friends Therapeutic Trust, Glebe House	Sig.cam@talk21.com
John Cross	Executive Director	Planned Environment Therapeutic Trust (PETT)	johncross@pettrust.org.uk
Andy Lole	Headteacher	The Mulberry Bush School	andy.lole@mulberrybush.oxon.sch.uk
Shankarnarayan Srinath	Chairman	Young People's Services	shash@blueyonder.co.uk
Barbara Cooper	Education Coordinator	Friends Therapeutic Trust, Glebe House	cooper.barbara@talk21.com
Nick Dunne	Consultant Child and Adolescent Psychiatrist	Huntercombe Hospital, West Lothian	nick.dunne@fshc.co.uk

The Community of Communities Central Team

Rex Haigh	Project Lead
Adrian Worrall	Head of the College Centre for Quality Improvement
Jan Lees	Consultant to the Community of Communities
Sarah Paget	Programme Manager
Emma Race	Project Administrator
Natalie Wood	Quality Improvement Worker
John O'Sullivan	Quality Improvement Worker
Katharine Larkin	Quality Improvement Worker



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

Community of Communities

A Quality Network of Therapeutic Communities

The Royal College of Psychiatrists'
Centre for Quality Improvement
4th Floor Standon House
21 Mansell St
London E1 8AA
Telephone: 020 7977 6699
Fax: 020 7481 4831

<http://www.communityofcommunities.org.uk>

© 2006 The Royal College of Psychiatrists'
Centre for Quality Improvement
4th Floor Standon House
21 Mansell Street
London E1 8AA

Enquiries@cru.rcpsych.ac.uk



chg The Charterhouse Group
of Therapeutic Communities