Golfa Hall – Amberleigh Care

Final Community of Communities Accreditation Report

Accreditation Status: Accredited

2017-2018

Editor: A. Das

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Contents

Introduction

Golfa Hall has been a member of Community of Communities for 11 years.

Golfa Hall received an accreditation visit on the 01 December 2017, 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
Arun Das	Community of Communities	Project Worker	Lead Reviewer
Anil Kalbag	Glebe House	Head of Quality Assurance	TC Specialist
Jon Ratcliffe	Hillcrest Steps	Team Manager	Peer-Reviewer
Ryan Lymer	Redstone Community	Senior Residential Care Worker	Peer-Reviewer
Erin Soper	Hillcrest Steps	RCW	Peer-Reviewer
Jean Lloyd	Acorn Cottage (Care Focus)	Care Director	Peer-Reviewer

About this report

This report summarises the findings of a self- and peer-review based on the Service Standards for Therapeutic Communities, 9th 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 self-review their community and take part in peer-review visits of others. Members 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 and to identify achievements and strengths and 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 2016-2017, updated with relevant outcomes, has been included when this has been submitted at self-review. The report includes a summary of the overall experience of the review day, a numerical summary of scores achieved and a detailed review of the standards covered during the visit.

The process of generating local reports

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

Who should see this report?

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

Statement of Limitation

The main value of being a member of the Community of Communities is taking part in the network. This document summarises the views about your community provided by client and staff members and the peer-review team in relation to the Service Standards for Therapeutic Communities (9th edition). It is not a definitive statement of performance in any of the areas covered by the Community of Communities standards.

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

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Our Story

Golfa Hall was opened in 2005. The community provides care, education and therapy. Our community works specifically with young males (11-18) who display harmful sexual behaviour. Given the specialist nature of the presenting needs of our boys, we draw on evidence base and theory of risk management and intervention for sexually harmful behaviour. The conceptual framework for responding to these needs is the Good Lives Model, which is a strengths-based, resilience building model. Within this framework we employ a range of therapeutic modalities, primarily CBT and psychotherapy, but also using schema therapy and EMDR. This is delivered by an in-house team. Since our last peer review there has been a change in role for the head of therapy. This post has now been developed into the Head Of communities which ensures that both house managers are supported by the therapy team and there is consistent therapeutic input.

Over the last 12 months we have seen some long-standing members of the community both staff and boys leave, and the community have managed these endings well, not only celebrating peoples time as part of the community but exploring the feelings surrounding the loss of these members. The community has also seen the introduction of new staff and boys, the community has worked well to welcome new members and ensure they feel part of our community and understand the expectations. Obviously with the loss of long standing members and the introduction of new members, we have had to work together to ensure the culture is carried forward.

The key focus of 2017 has been the development of staff, bringing care, therapy and education together, ensuring the boys and staff have felt heard, and giving staff and boys the opportunity to engage with the wider TC network. The community have worked well together, with the boys and staff implementing new ideas, boundaries, and taking positive risks. A key success, that we feel incredibly proud of has been more community days, where all of the community have been on 'fun days' this included a trip to Bala Lake and Go Ape, also the introduction of a community football team (which includes staff and boys). This has ensured that there has been more 'play' for all members of our community which in turn has helped build stronger relationships, encourage positive risk taking, and develop confidence.

Please find a brief description of what one of our boys thinks of the community:

- What I think of the community at Amberleigh is that it is fair and that they have the same rules for everyone.
- We have a community meeting every Tuesday and Thursday we sit down and discuss as a community and we talk about all the issues that we want to raise.
- Everyone works as a community and if we have jobs to do, we all help out. I really think that this community is good and helpful.

Completed Action Plan 2016-2017

Standard Identified for improvement		Planned Action	Outcome
1.7.2	Staff and children take on a variety of roles within the community.	The community to ensure there are a number of roles and job descriptions. Also ensure that the young people are able to contribute to job descriptions and who is allocated to certain roles.	Team leaders have been allocated specific roles and each team member should support. The boys are able to take on a variety of roles such as caretaker, gardener, school council, breakfast re etc.
2.1.2	There is a written set of Therapeutic Community Core competencies to assess the suitability of staff for working on the therapeutic community.	The core competencies will be factored into the appraisal system of all existing staff members. All new staff will receive a structured induction where their suitability will be assessed in accordance with the TC core competencies	The core competencies are now used to monitor staff performance during the appraisal process. Staff are introduced to core competencies as part of the induction process.
2.3.3	Staff have the opportunity to attend experiential training (e.g. living-learning workshops, group relational)	To arrange for staff to attend experiential training.	3 staff are booked on the living learning workshop in November.
2.5.1	The staff dynamics or sensitivity group enables staff to reflect on their relationship with the wider organisation.	All staff (inc. manager) to attend regular staff sensitivity.	There are scheduled sensitivity groups that all staff attend.

2.5.4	The staff dynamics or sensitivity group should be facilitated by an external experienced Therapeutic Community Practitioner.	To try and arrange an external facilitator to facilitate the sensitivity space.	This space is facilitated by a member of the therapy team to date an external facilitator has not been found. However, we are looking at the possibility of co working with another community.
4.2.1	All staff responsible for running group meeting have attended training in delivering groups.	After direction from CofC the 3-day Therapeutic community training and other in-house training is recognised as suitable. To ensure all staff receive the specified training.	In house training is organised for the 12-month cycle and all staff have received or working towards completing all in house training.
4.4.3	The confidentiality policy is reviewed regularly (minimum annually) with input from current staff and young people.	The policy to be reviewed and updated with young people and staff.	This will be completed in time for the pending audit visit.
5.2.3	The therapeutic community collects data that will help provide evidence for its effectiveness e.g. ward atmosphere scales, Essences.	To research suitable measures that will support the community in collating evidence to assess the effectiveness of the environment. Ensure these are being regularly being administered from March 2017.	There has been a lack of clarity on what would be the most suitable measures to assess effectiveness. However, progress and effectiveness is reviewed in review boards and eot reports.
5.3.2	The community provides training placements for students.	To liaise with local colleges and universities to establish links to support trainee placements for students within the community,	We have had a placement since January 2017 - the placement has been involved in research, facilitation of meetings and the assessment process.

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

Preparation
The community were very prepared for this accreditation visit. Documented evidence was provided to cover almost every standard in the workbook. This left very little to be asked by the community in terms of written evidence. The community ensured there were good lines of communication with the Community of Communities project in the lead up to the review; assuring that they had answers to any gaps in information.

A reviewer pack was prepared by the community with a letter from the resident chairman of the community welcoming the review team to the service. The community had invested a lot of time in involving the young people in the self-review process and providing them with a clear understanding of the purpose of the review day and review team. The young people had prepared a lovely roast meal for lunch for the whole community and review team.

Participation
There was excellent engagement from the young people throughout the day. They participated in all discussions throughout the day. The peer-review team felt that the young people were able to engage in discussions better than most adults normally would on a review day. The Chairman and Vice Chairman of the TC took the review team on a tour of the community.

Senior managers supported the process by facilitating and encouraging others to speak during the formal meetings. The staff team and young people were able to answer questions freely in the presence of senior managers. The managing director of the service was present during lunch and the final feedback session at the end of the day.

Overall Impression
The peer-review team felt that the community appeared very united and proud of their TC. Everyone involved was very mature in discussions and able to talk without getting bored in discussions. Information was very organised and additional evidence was made easily available to the review team when requested. The community felt relaxed and calm throughout the day. The young people were very proud of their TC and happy to show/share their physical environment with the review team. Both staff and young people have made their TC a homely environment which allowed for the review team to feel contained and safe throughout the day. It was clear to see that the staff team were all harmonised across the three areas (Education, Care and Therapy) and have a good understanding of the work.

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	**36**	36	0	0	0
Staff	**17**	16	1	0	0
Joining and Leaving	**15**	15	0	0	0
Therapeutic Framework	**19**	18	1	0	0
External Relations and Performance	**10**	10	0	0	0

Graph of Results

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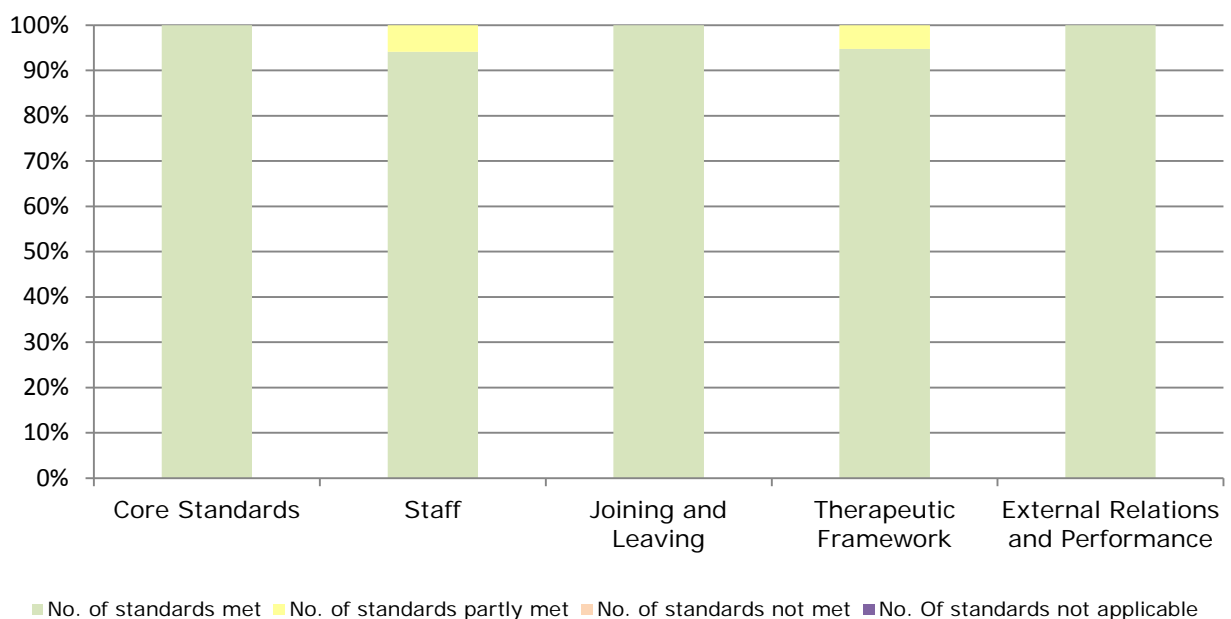
Summary of Results – Self and Peer Review

Numerical summary of the criteria, scored 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*=36)	15	0	0	15	0	0	6	0	0
Staff (*n*=17)	11	0	0	4	0	0	1	1	0
Joining and Leaving (*n*=15)	10	0	0	4	0	0	1	0	0
Therapeutic Framework (*n*=19)	10	0	0	8	0	0	0	1	0
External Relations and Performance (*n*=10)	3	0	0	4	0	0	3	0	0
Total %	**100%**	0%	0%	**100%**	0%	0%	**85%**	15%	0%

Areas of Achievement

The peer review team were particularly impressed with the young people's knowledge and awareness of the reviewing and setting community rules and boundaries. The young people are heavily involved in the review process and clear examples of this were seen and heard throughout the day. The community should be commended for allowing the young people to take greater positive risks through the setting and review of community rules and boundaries. An example of this is allowing internet access to the young people.

The peer review team were taken on a tour of the community as part of the review day timetable. It was clear to see that there is a clean, well-maintained physical environment and the young people take looking after their home quite seriously. There was a wide range of roles in the community which related to the cleanliness and upkeep of the site. This included caretaker and someone to check safety and lights in the cars.

There is a good process for 360 feedback in place for staff appraisals/reviews and young people's reviews. The young people are able to complete a feedback form for staff members which are used in the staff appraisals process and provide feedback more informally for one another's reviews. Input from the young people is valued during the reviews and appraisals processes.

Areas of Development

The review team suggested that the community continue to look for an external experienced TC practitioner to facilitate staff dynamics sessions. The community currently has plans in the interim to use the head of therapy at the sister community to take on this role.

The TC specialist also advised that the community should write a policy detailing the TC's approach to positive risk taking. This should be written with input from the young people in the community. It was suggested that current discussions around young people's access to electronic devices could be used as a good opportunity to think about putting a policy together and to review areas that need addressing.

NB: TCAP agreed that access to electronic devices/media should not be a priority for positive risk taking and the service should explore other ways to encourage this in a less sensitive area.

Improvements since Previous Visit

Below are some of the areas for development highlighted in Cycle 2016-2017 which have been improved upon. These will now be commented on in light of the 2017-2018 peer-review visit.

Last year, the review team suggested that the community should work towards formalising the allocation of roles within the community. This cycle, the community has been able to formalise roles within the community and also introduce roles with increasing levels of responsibility for the residents in the community.

It was also suggested last cycle that the community could work towards assessing the suitability of staff against a set of TC core competencies. The community now uses the TC core competencies to inform all practice and assist in the assessment of the suitability of staff. To further this, the community also uses the TC core competencies as part of the review and appraisal process for all staff.

Summary of Results – 2016-2017 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 (2016-2017 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 (2016-2017) (where available) and this current year (2017-2018[1])[2].
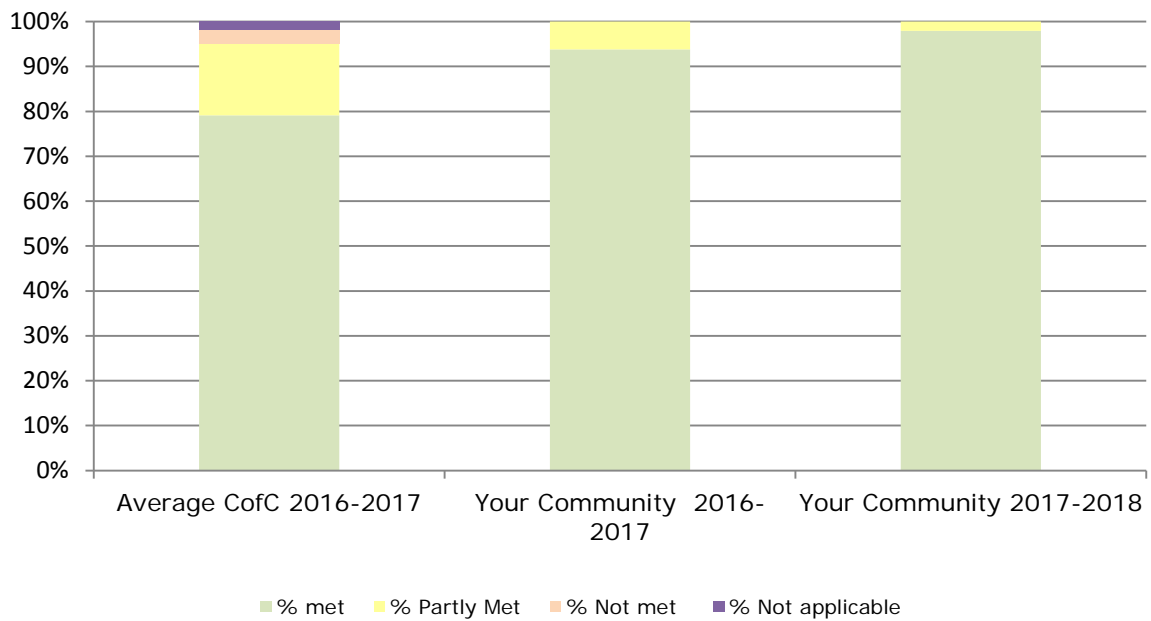
[1] The number of met, partly met and not met includes the self-review scores for the criteria and the peer-review scores of the standards.

Space House			
Children and Young Peoples self-review scores and comments			
The table below provides a summary of the data submitted by the children and young people who completed Space House. A total of 10 responses were submitted.			
Standard Number	**Standard**	**Children and Young Peoples' Self-review score**		**Children and Young Peoples' self-review comment summary**
1.3.1	Staff and CYP work together to keep a clean, well-maintained physical environment	% Met	89%	**-**We have a jobs rota that we all participate in. This is on a weekly rota. I also tidy the grounds. **-** Jobs rota, hoovering, wash up, dry up, cook, empty bins, wipe sides, keep my room tidy. **-** We have a jobs rota that we all decided on. I do jobs like: tidy my room, wash my clothes, wash the dishes, hoover, take the bins out. **-** Clean up after meals, bedroom cleaning. **-** I clean my room and do jobs that are on our jobs list rota. **-** Jobs rota, we all do the jobs even if we don't like doing them because we all live here. **-** I do jobs that are on the weekly rota. I load up and empty the dishwasher, I cook, dry up, hoover, polish.
		% Partly Met	11%	Jobs
		% Not Met	0%	
		% Don't Know	0%	

1.4.1	Staff and CYP can describe and evidence the process of reviewing and setting community rules and boundaries	% Met	89%	- We made a decision about all the boys using a laptop. We decided that we would use it for an hour a day each. - About internet. - When we discussed the internet rule. - Yes, we all talked about if the boys should receive a consequence if they swear at staff. It used to be that we had our TV removed for the night if we swore but some boys think that this didn't stop us swearing. This was decided to stop for a while and see if this actually helped the boys or not. We are now able to access normal channels of TV in our room and we do have the TV out for the night if we swear at staff not if we swear at something. Like if we have hurt ourselves. - We talked about a list of rules and what the rules of the house were going to be together. Like: respecting each other, no violence. - We talked about what the rules of our community meetings would be. - We talked about if boys mess about when they are on a car journey they will have a ban from going in the car for maybe a day or longer. - I'm not sure but I know that how the internet was discussed and how it would be used before I joined.
		% Partly Met	11%	The PS4, we talked about what rules we will have.
		% Not Met	0%	
		% Don't Know	0%	
1.4.3	Staff and CYP can describe their involvement when someone breaks the rules and boundaries	% Met	78%	- When me and 2 other boys refused to go to bed one night. but the next day we talked about it as a community and we all decide the consequences for our behaviour. - Staying up. - Yes, if I or other boys have done something wrong we can talk about it in our extended community meetings or we can write a letter of apology to the person. - Yes like if we are unkind to someone we can say sorry to that person and

				we usually do this as a community meeting. - When I had a fight with another boy and we talked about it afterwards and everything was ok then. - When some boys have broke supervision they always have the chance to put themselves back in supervision. - We can say we are sorry in am meeting or to that person. We have to mean it though.
		% Partly Met	22%	- Yes, boys have done a letter to others if they have been mean to a boy or staff member and it is discussed in community meetings. - When I stayed up late with 3 other boys, we had an emergency meeting on the Monday. We explained how we were feeling at the time.
		% Not Met	0%	
		% Don't Know	0%	
1.5.1	The timetable includes a group meeting which all staff and CYP are expected to attend, commonly called the Community Meeting	% Met	100%	- Every day - We have meetings most days and we can ask for them if we want to have an extra meeting every day - We have meetings every day but apart from the school holidays. We can also call a special meeting if we have something on our mind. Anyone can call these meetings. - Every day apart from when we are not in school, but sometimes we still do. - Every day but a Saturday and a Sunday - Every day apart from weekends - Nearly every day - Every day in the week and sometimes at weekends and school holidays.
		% Partly Met	0%	

		% Not Met	0%	
		% Don't Know	0%	
1.7.1	Decisions that affect the functioning of the community are made in collaboration with staff and CYP	% Met	78%	- Recently, when everyone rued to help me with my behaviour and we made a behaviour plan. I found this helpful. Yes, about doing different jobs around the house - We decided that we would help another boy with his behaviour and make a behaviour contract to try and help him. We all gave ideas for this. He seemed happy with this also. - We decided if we should be able to have access to the internet on the house computer and what the rules were going to be. - We decided the rules of using the PS4. - We decided how if we thought a new boy would suit living with us. House holidays in the summer - As far as I know they do, I'm new to Golfa so I'm not entirely sure on decisions that everyone makes. We decided who was going to be the chairman of the community.
		% Partly Met	22%	- getting the tv aerials - We decided the rules of using the PS4.
		% Not Met	0%	
		% Don't Know	0%	
1.7.2	Staff and CYP take on a variety of roles within the community	% Met	56%	- I'm a groundsman - I am the party organiser and I am the chairman for the community. - Gardener - but now it's the end of the season I am doing slightly less. -I am the entertainments rep with another boy. - I am the only one that goes to college, so I am more responsible, I am able to have more independent time.

		% Partly Met	33%	**-**breakfast - I organise parties with another boy
		% Not Met	0%	
		% Don't Know	0%	
1.8.1	Staff and CYP discuss problems and their solutions before action is taken	% Met	67%	- Others thought that because of my behaviour recently that I should have a suspension from my groundsman job. We all agreed this and now I am back as groundsman. - The boys have said in the past that they think it is unfair that they are kept awake at night by boys that are struggling with their behaviour. In a meeting we talked about how it made them feel and if the boys that were misbehaving were being kept awake and they wanted to get to sleep. This helped everyone try and understand why the boys that were misbehaving and how the boys felt that were being kept awake. - A while ago when a boy that used to live here was sometimes mean to other boys we used to ask him why? in the extended community meetings and try and find out why he was doing this. - I sometimes think that boys get treated differently by certain staff members. We talk about this in large meetings where the staff are there and how we feel about this. The staff sometimes don't realise that this is the case. - When I think something is unfair I always tell staff or the manager. It always gets sorted out. - Some boys get a 'red' traffic light mark at the end of the day if they haven't been that good. But if they didn't agree with it they tell the staff and it is spoken about as a group.
		% Partly Met	33%	- Talking about misunderstandings - When another boy thought their consequence was unfair we discussed it together

				- We challenge staff when we feel someone my treat us unfairly. Staff listen to us and talk it through.
		% Not Met	0%	
		% Don't Know	0%	
1.9.1	Staff and CYP offer one another advice on ways of coping with conflict and frustration	% Met	67%	- I talk to them and make them feel happy. - talk to them - We try and help each other by talking about it in a community meeting and by being sensitive around them if they are upset. - We notice if someone is feeling sad or angry and we try and help so they don't feel alone. - We share how we feel and help someone if they are feeling sad - We look out for each other and try and talk to each other to help.
		% Partly Met	33%	- We all talk about it in community meetings. - We help them to talk about how they are feeling. They might spend time with a member if staff, sometimes their link worker or we ask them how they are feeling in a community meeting. Sometimes it's hard to say but we always notice if someone isn't feeling too good.
		% Not Met	0%	
		% Don't Know	0%	
1.10.1	Staff and CYP encourage each other to take on jobs and responsibilities in the community based on	% Met	56%	- We do this in our community meetings and talk about how we can help each other. - In the community meetings - We give suggestions in community meetings and ideas to each other. - We give advice and we talk in meetings.

	their development needs	% Partly Met	22%	- I join in all community meetings and occasionally advice. - We show each other how to do things.
		% Not Met	0%	
		% Don't Know	0%	
3.3.2	Staff and CYP are involved in the planning and preparation for the arrival of a new member of staff or [service user]	% Met	67%	- We do this in community meetings and we spend time with new staff and boys in evenings explaining how our home,. - Show new boys and staff around when they are new, explain what it's like to live here. - We try and buddy up with a new boy and show them how we live here. We explain the rules. We try and help them be relaxed. - We show them around and tell them what it's like to live here. We have a Golfa football team that they can join in with. -We show them around and tell them what it's like to live here. We have a book to give new boys that tells them the rules. When staff join they have a book also. -We support them by guiding them and telling them the rules
		% Partly Met	33%	-show them around -Everyone helps in their own ways. -I am the newest boy so other boys helped me settle in by being kind, showing me where everything was, and all the meetings were new to me.
		% Not Met	0%	
		% Don't Know	0%	
3.3.4	Staff and CYP support new members to	% Met	78%	- Show them around, tell them the rules, show them their room, tell them they can have their room how they want

	understand, adapt and contribute to the Therapeutic Community culture and practices	% Partly Met	0%	- Introduce them to activities that we do -We go out together on activities, they join in with education, they join the community meetings, we eat together. -They join in on activities in the evening and the weekend. Like; cinema, football, walking, go karting, gym, we are kind to them. -Encourage them to join in with activities and meetings, and to be friendly. -We try and make them feel part of living with us and what kind of things we do here. E.g. meetings, sharing jobs, eating together. Celebrating things. -We all help them join in
		% Not Met	0%	
		% Don't Know	11%	

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	Therapeutic community core training day 2 has been completed by a number of staff.	Self -Review
1.2.1	New photo book created for potential new boys joining the community.	Self -Review
1.4.1- 1.4.4/	Extended communities moving to twice a week. First whole community meeting with all staff and boys. First whole community meeting including education, care and therapy.	Self -Review
1.6.2	A young person representative attended a full staff meeting away day to present their ideas and wishes for the next 12 months.	Self -Review
1.3.4	Regular, scheduled sensitivity inc. all staff.	Self -Review
1.3.2	Excellent communal days including all staff and boys.	Self -Review
1.10.2	The boys have developed in confidence when challenging and feeding back to staff members. This showing safety and containment within the community.	Self -Review
1.1.2	The young people had a good understanding of the therapeutic community approach and its purpose.	Peer-Review
1.3.1	Staff and young people are able to work together to keep a clean, well-maintained physical environment.	Peer-Review
1.3.2	The community has its own football team made up of both staff and young people.	Peer-Review
1.4.1	Both staff and young people are aware of the process of reviewing and setting community rules and boundaries.	Peer-Review
1.7.3	The community has roles with increasing levels of responsibility which is achievable by all."	Peer-Review
1.9.2	There is a clear process in place if the community needs to address concerns/difficulties outside the timetable of activities.	Peer-Review
1.9.3	The young people have a clear understanding of the use of physical contact in supporting each other, expressing warmth and building healthy relationships.	Peer-Review
1.10.3	There is a good process in place for young people to provide feedback for use in staff appraisals.	Peer-Review
Stand/ Criteria No.	**Areas for Development**	**Self or Peer-Review**
1.2.2	To ensure all new staff receive the best support when joining our community, we are planning to do an overview of the induction process with particular focus on mentoring.	Self -Review
1.3.5	To continue to support the community in accommodating individual differences.	Self -Review

1.1.1	The community should continue to develop staff knowledge and understanding of the Good Lives Model as a model of practice. All staff should be able to name the domains within the model of practice.	Peer-Review

Staff		
Stand/ Criteria No.	**Areas of Achievement**	**Self or Peer-Review**
2.1.1	All boys and staff continue to be involved in the recruitment of new staff	Self -Review
2.1.2	TC Core comp now used to inform appraisals and reviews	Self -Review
2.3.1	excellent internal and external professional development offered to all staff	Self -Review
2.3.3	staff now booked to attend the living learning experience	Self -Review
2.4.1	The introduction of individual clinical supervision for all staff.	Self -Review
Stand/ Criteria No.	**Areas for Development**	**Self or Peer-Review**
2.5.4	external facilitator to be arranged for group supervision and sensitivity	Self -Review
2.2.1	To complete the induction document (similar to the prison service Annex 4) using the core competencies to inform the probationary period.	Self -Review
2.5.4	The Community should continue to identify an external experienced TC practitioner to run their staff dynamics or sensitivity group.	Peer-Review

Joining and Leaving		
Stand/ Criteria No.	**Areas of Achievement**	**Self or Peer-Review**
3.4.1	Some excellent endings for both boys and staff.	Self -Review
3.3.3	The staff team will work to ensure there is a smooth transition into the TC when an unplanned transition takes place.	Peer-Review
Stand/ Criteria No.	**Areas for development**	**Self or Peer-Review**
3.2.2	Allocate a young person to be a member of the welcome committee. This will involve working with other boys on the induction booklet for both staff and boys.	Self -Review

Therapeutic Framework		
Stand/ Criteria No.	**Areas of Achievement**	**Self or Peer-Review**
4.1.1	The SMT continue to function as a cohesive and supportive group ensuring the effective running of the TC.	Self -Review
4.5.1	Increase in positive risk taking e.g. external work experience, various activities and holidays, interactions with peers, attendance to external college.	Self -Review
4.1.2	The SMT team have extensive knowledge, understanding and experience of the TC model.	Self -Review
Stand/ Criteria No.	**Areas for Development**	**Self or Peer-Review**
4.2.1	Whilst clarity was gained from CofC with reference to in-house training being sufficient. It would be desirable for external training to be explored.	Self -Review
4.5.1	The Community should write a policy in conjunction with Children and Young People detailing their approach to positive risk taking. There is an opportunity at present around Children and young people's access to electronic devices which seems like an ideal place to think about such a policy and the areas that need addressing. *NB: TCAP agreed that access to electronic devices/media should not be a priority for positive risk taking and the service should explore other ways to encourage this in a less sensitive area.*	Peer-Review

External Relations and Performance		
Stand/ Criteria No.	**Areas of Achievement**	**Self or Peer-Review**
5.1.1	Hosting external visitors from Poland and sharing practice and experiences. We received excellent feedback.	Self -Review
5.3.1	Our boys and staff being involved in the annual CofC conference and presenting.	Self -Review
5.3.2	Having a student placement to support research/	Self -Review
5.3.3	Our staff and boys being involved in a range of events.	Self -Review
Stand/ Criteria No.	**Areas for Development**	**Self or Peer-Review**
4.2.1	Whilst clarity was gained from CofC with reference to in-house training being sufficient. It would be desirable for external training to be explored.	Self -Review

The Review Workbook

Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
				Core Standards		
	CS1 (1.1)	There is a clear *Therapeutic Community model of practice* that is consistently applied across the *service*				
1	1.1.1	All staff members can describe the *model of practice* used by their Therapeutic Community	2	The community works within the TC framework and the conceptual framework used to respond to the boys' individual needs is the good lives model. This year has seen the development of in house therapeutic community core training which all staff will receive and all staff receive good lives model training. All review boards use the Good lives model to guide discussions and monitor progress.	2	Staff were able to discuss aspects of the Good Lives Model (GLM) and how this was considered in interventions with the residents. Whilst they couldn't name the domains easily the staff understood the notion of how a conflict of needs within such domains influenced the boy's behaviour. Further evidence of staff using GLM was present in care plan documents. **Area for Development:** The community should continue to develop staff knowledge and understanding of the Good Lives Model as a model of practice. All staff should be able to name the domains within the model of practice.
3	1.1.2	Children & Young People can describe the model of practice 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.	2	The young people were able to give a description of the therapeutic programme and their day-to-day activities. There was a good understanding of the therapy, care and education approach delivered by the service. The young people were able to describe how issues are dealt with in the community and the various jobs and responsibilities for the young people in the TC. **Area of Achievement:** The young people had a good understanding of the therapeutic community approach and its purpose.

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1	1.1.3	The Therapeutic Community *leadership* functions in a way that is consistent with the Therapeutic Community model	2	Over the review period we have seen the senior management structure change within the community and the development of the Head of communities. There are clear lines of responsibility and all staff work together to ensure the effective running of the community. Democratisation and non-hierarchal decision making are central to our working practice.	2	A good explanation of how recent changes in management structure promoted the TC model was given. Staff also talked about how 'flattened hierarchy' from management down in the school was reinforced by the use of teacher's first names to promote working relationships. The boys wear uniform to recognise their student status. Staff also talked about the significance of the TC model during the staff recruitment process
2	1.1.4	There is evidence of commitment to the Therapeutic Community approach by the wider organisations within which the Therapeutic Community sits. For example, a Strategic or Business plan	2	The director has issued a strategic plan that incorporates the TC status, and this is also part of our status of purpose and widely promoted in out literature. Over the review period specific therapeutic community training has been developed We have also made a commitment to ensure a number of staff have been part of TC events, peer, lead reviewer training and attending peer reviews. There is a supportive and committed approach to the therapeutic community and its continuous development.	2	The strategic plan has clear strategies that evidence the Therapeutic Community approach. Other literature and further discussion on the day provided evidence towards this criterion. Changes in senior management support and model the Therapeutic Community approach.

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	CS2 (1.2)	*Community Members are aware of the expectations of Community Membership*				
2	1.2.1	The Therapeutic Community provides information to new staff and Children & Young People that describes the expectations of 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. Over the review period we have developed a 'photobook' that we show to possible new boys so they get a sense of where they are visiting and what the community looks like.	2	I found the Amberleigh Care Model literature available to new staff a very useful paper and feel it is well pitched and provided good references to further resources. Likewise, information for Children & Young People was robust and appropriately pitched
3	1.2.2	The community can demonstrate that all new staff and Children & Young People understand and accept the expectations as conditions of membership. For example, a signed contract.	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.	2	This information was seen on the visit.

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1	1.2.3	Staff and Children & Young People can describe the expectations of Community Membership	2	As discussed above there are clear expectations regarding community membership and these are reinforced within community meetings and integrated reviews.	2	Staff gave an example of how recently a young person new in placement struggled to attend their extended Community Meetings was supported by his peers. They described both the high level of compassion that the boys were able to show and their (the boy's) understanding of expectations. There was also description of how following a significant incident involving staff being hurt all community members particularly the boys were able to support the resident responsible in unpick what happened as part of the reparative process. The young people have a clear understanding of the expectations of membership. Every meeting in the community begins with the house rules being read out. The young people have a clear understanding of the use of confidentiality and how information is limited to specific staff members only. The expectations of membership are listed in the children's guide which is given to each young person before they join the community. Each young person has a contract which expects them to engage in education, care and therapy.

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	CS3 (1.3)	**Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life**				
2	1.3.1	Staff and Children & Young People 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.	**2**	The review team were taken on a tour around the service. Despite being a large site, the physical environment was seen as clean and well-maintained throughout. The young people are expected to keep their rooms clean and tidy. Jobs are assigned to the young people to take responsibility for the cleanliness and maintenance of specific areas of the community i.e. care taker or car safety and light checks. **Area of Achievement:** Staff and young people are able to work together to keep a clean, well-maintained physical environment.
1	1.3.2	Staff and Children & Young People routinely share informal time together, including meal times and recreation	**2**	The community eat together daily, and the meals are prepared by members of the community. This is an important time in the day when we all come together. The boys and staff spend a great deal of informal time together taking part in a range of activities both in the house and externally. There have been a number of successful fun days where both communities and all staff have come together.	**2**	All staff and young people will spend lunch and dinner together every day. There is a set rota for the young people to prepare lunch. Staff and young people take part in a wide range of activities that allow them to take part in informal time together i.e. holidays and evening clubs. The staff and young people also have their own football team that play together against other teams. **Area of Achievement:** The community has its own football team made up of both staff and young people.

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3	1.3.3	Staff and Children & Young People encourage each other to share their life experiences	2	This has been a significant area of development over the review period and has been particularly noticeable in the extended community meetings. Over the review period we have increased the extended community meeting to twice a week. This is also done in informal spaces and in PSHE and individual sessions.	2	It was clear to see that sharing of life experiences was a part of everyday life in the TC. Both staff and young people were open to sharing a lot of information about their own life experiences with one another. Examples of this were given in the meetings.
1	1.3.4	Issues of power and authority in relationships are openly discussed. For example, 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. The development of staff supervision and sensitivity has been a significant development over the review period.	2	The young people spoke about how they have used community meetings in the past to discuss issues of power and authority in relationships. A bullying book is used to record bullying incidents. Emergency meets can be called to address immediate concerns.
2	1.3.5	Staff and Children & Young People value and accommodate each other's different abilities and are sensitive to these differences	2	With the age group, we work with there is obviously tensions that arise however these issues are raised in the community meeting forum and explored as a community. The community are able to work through such incidents and reflect on the impact these have on those around them and themselves.	2	Examples were given by the young people which demonstrated to the review team that the community is open to and accepting of one another's differences.

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	CS4 (1.4)	**Community Members work together to review, set and maintain Community rules and boundaries**				
1	1.4.1	Staff and Children & Young People can describe and evidence the process of reviewing and setting community rules and boundaries	**2**	Community meetings are used for these discussions, both day to day matters as well as bigger matters. Recent examples have been the boys having access to the internet, having in room TV aerials and the in-house reward system. We have also had a large extended community meeting where all staff and boys were present community rules and boundaries were a key focus of this meeting.	**2**	The staff and young people gave examples of the process taken to review and set community rules and boundaries in the TC. The recent introduction of access to the internet and having in-room TV aerials were some examples of how rules and boundaries are reviewed. This has allowed the community to take greater positive risks with the young people and to learn to trust the young people more. **Area of Achievement:** Both staff and young people are aware of the process of reviewing and setting community rules and boundaries.
1	1.4.2	Staff and Children & Young People can describe the process that follows breaking rules and boundaries	**2**	Some rules and boundaries are more fixed (i.e. supervision) others can be negotiated and explored. When rules/boundaries are broken this are 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.	**2**	The young people spoke about bringing issues around breaking rules and boundaries to the community meeting for discussion. The young people take more responsibility for their actions as a group. The staff mentioned that the young people are sometimes able to resolve issues by themselves.

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2	1.4.3	Staff and Children & Young People can describe their involvement when someone breaks the rules and boundaries	2	This continues to be an area of development over the review period. Through the extended community meetings, the boys have become more involved in what should happen and the effectiveness of rules and boundaries.	2	The young people were able to give descriptions of their involvement when someone breaks the rules and boundaries in the community.
2	1.4.4	There is a record of community involvement in maintaining rules and boundaries	2	There is a record of community meeting minutes and discussions that cover this area.	2	This material was viewed at the visit. The records were detailed with verbatim comments from the young people.

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	CS5 (1.5)	There is a structured timetable of activities that reflects the needs of Community Members				
1	1.5.1	The timetable includes a group meeting which all staff and Children & Young People are expected to attend, commonly called the Community Meeting	2	There is a formal timetable in place	2	This was evident and available in pictorial format.
3	1.5.2	The timetable of activities is reviewed regularly (minimum annually) with input from current staff and Children & Young People	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 pace quarterly. This year has seen the boys and staff engage in a number of activities and holidays.	2	The timetable of activities outside of the education timetable is reviewed regularly with each young person to ensure they meet the needs of the young people. The young people are able to make requests for specific activities and staff will help to organise these for the young people.
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.	2	I viewed registers of activities at the visit.

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	CS6 (1.6)	**All behaviour and emotional expression is open to discussion within the Community**				
1	1.6.1	Staff and Children & Young People 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.	**2**	The young people were able to describe clearly how they may encourage and support one another to put thoughts and feelings into words. The young people have written apology letters and used community meetings to express feelings. A feelings check is done during meeting to ensure all young people and staff have an opportunity to express their feelings.
1	1.6.2	Staff and Children & Young People support each other to be reflective and non-judgemental when responding to issues raised in the Community	**2**	This happens in a number of forums such as the community meetings, key work sessions, 1-1 therapy etc. We continue to be incredibly proud and in ore of how the boys have responded to highly sensitive issues within the community meeting and have been able to reflect on their own feelings towards such issues.	**2**	The young people were able to give examples of supporting one another to be reflective and non-judgemental when they respond to issues raised in the community i.e. a young person wishing to wear nail polish.

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1	1.6.3	Staff and Children & Young People 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 are able to place items on the community agenda and a significant part of the meetings are about exploring each other's behaviours and the impact this has.	2	This was discussed, and the young people were able to give examples of talking to one another in community meetings about their own behaviour and the effect it has on others.
2	1.6.4	Staff and Children & Young People consider and discuss their attitudes and feelings towards each other	2	As above.	2	The young people are encouraged by one another to consider and discuss their attitudes and feelings towards each other. This will often take place during community meetings. The young people are encouraged to speak to staff if they need support to deal with a particular issue.

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	CS7 (1.7)	**Community Members take part in the day to day running of the community**					
1	1.7.1	Decisions that affect the functioning of the community are made in collaboration with staff and Children & Young People	**2**	The community meeting is used for decision making and news to be shared. We have also called special meetings when there have been pressing matters that need to be discussed/explored. Over the review period a young person has represented the boys at a full staff away day. The boys have also been involved in an extended community meeting with all of the staff (care, education and therapy) present. We discussed a number of keys issues impacting on the community.	**2**	All young people are able to discuss issues as a community. School council supports discussions around decisions being made in the community i.e. supervision of the young people when they transition between classrooms. The young people felt they are able to have discussions about the functioning of the community and make a decision together as a community in Community Meetings. The young people have decided on the wallpaper and colour schemes when the house was recently decorated. The residents chose to spend savings on a computer games system rather than a trip out that the staff had suggested. Residents are also encouraged to contribute to the agenda items in advance of Community meetings.

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2	1.7.2	Staff and Children & Young People take on a variety of roles within the community	2	There are a number of roles and tasks that are shared. For example, the boys chair the meetings, different boys prepare the community daily lunch, and boys are involved in interviewing. Staff also fulfil different functions within the team. Over the review period we have also seen the development of new roles such as care taker, breakfast monitor, birthday/celebrations rep, school council, gardener and external work experience.	2	Staff further described the recent development of roles within the Community. They explained that this process had given the boys an opportunity to think about how the staff also take on a variety of roles. There was a rota seen in the community which gave each young person a different role to take each day of the week. The young people also help to prepare the daily lunch and some have an assigned role in the community i.e. caretaker, breakfast monitor and school council rep. There is a chairman and vice chairman role in the community. The roles were demonstrated very clearly throughout the day; supporting the review team and taking them on a tour around the site.

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3	1.7.3	Community roles with increasing levels of responsibility are achievable by all staff and Children & Young People	2	There is a structured use of two groups in the home Alpha for younger boys and those at the earlier stages of their journey, Omega for older boys on an independence programme and with greater responsibility. There is a clear structure of roles for staff such as coordinators, link workers, group leaders etc. We review boys' progress and levels of responsibility in their review boards and staff in their yearly appraisal.	2	There are some roles in the community that are assigned once a community member has been in the TC for a certain amount of time i.e. caretaker and chairman. Young people can move from the Alpha group to the Omega group when they are able to live more independently i.e. cooking and cleaning the independent lounge area. Young people are able to gain increasing levels of responsibility by demonstrating progress over time in the community rather than reaching a specific age. A more senior resident had reached levels of responsibility that include checking staff cars. Residents are encouraged to take on chairman and vice chairman roles. Roles are rotated on a three month basis. **Area of Achievement:** The community has roles with increasing levels of responsibility which is achievable by all."

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	CS8 (1.8)	**Everything that happens in the Community is treated as a learning opportunity**				
2	1.8.1	Staff and Children & Young People discuss problems and their solutions before action is taken	**2**	This happens formally in community meetings and staff meetings but also day to day as opportunities arise. For staff, handovers and "on the hoof" discussion is an inevitable part of residential life in a group community. Such issues are also discussed in therapy review boards and emergency meetings with the boys.	**2**	Further to use of community Meetings and 'on the hoof' moments there is a negotiated system for residents to phone therapists 'out of hours' to discuss problems. The therapists involved in this practice were clear about how this negotiation supported the work of those on shift and was a thought through intervention. The young people were able to confirm this. They will wait until the whole community is able to be present in the meeting before they will discuss a problem and their solutions.
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". Over the review period we have involved 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.	**2**	The young people have opportunities to use reparations to give back to the community if they have caused hurt, conflict or damage in the community. Young people may be asked to complete chores together to give back to the community and to repair the relationships between them at the same time.

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2	1.8.3	Staff and Children & Young People are encouraged to identify parallels between their relationships, behaviour and perceptions outside of the Community and similar situations within the Community	2	During community meetings, the boys have been able to reflect on times in their life when they have had similar experiences and how this impacted on them and how that parallels with situations happening in the here and now. What has been a significant area of development has been the young people being able to recognise how they 'act out' their feelings towards their parents onto staff. This was a significant piece of work and one the boys engaged in with honesty and openness. Staff use staff dynamic groups to also do the same.	2	Examples were given during the formal meetings throughout the day of young people identifying parallels between relationships, behaviour and perceptions outside of the community and similar situations within the community. This is supported by the staff team to encourage the young people to identify the links and parallels. The young people stated that they are never forced to speak about their past if they feel uncomfortable doing this.

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	CS9 (1.9)	Community Members share responsibility for the emotional and physical safety of each other				
2	1.9.1	Staff and Children & Young People offer one another advice on ways of coping with conflict and frustration	2	Everyone is encouraged to help each other when struggling with ways to cope. The young people are confident in offering their advice to each other and sometimes to staff. Community meeting space is a useful time to share advice and engage others in different ways of thinking before acting in a situation. A recent example of this was when I young person was struggling with his behaviour towards female staff and was becoming heightened, the community were able to hold this young person, encourage him to look at his behaviour and support him in finding alternative coping strategies and repairing the relationship with those involved.	2	This was discussed in various meetings throughout the day. The young people were able to describe ways that can be offered to cope with conflict and frustration.
2	1.9.2	There are clear procedures in place if the community needs to address concerns/difficulties outside the timetable of activities e.g. 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.	2	The young people were clear about when emergency meetings can take place and why they are used. Both staff and young people can call an emergency meeting. The young people tell a staff member when they want to call an emergency meeting and they are then supported to gather everyone for the meeting. **Area of Achievement:** There is a clear process in place if the community needs to address concerns/difficulties outside the timetable of activities.

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2	1.9.3	Staff and Children & Young People share an agreed understanding of the use of physical contact in supporting each other, expressing warmth and building healthy relationships	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.	2	The young people have a clear understanding of the use of physical contact and asking for permission before using physical contact in supporting each other, expressing warmth and building healthy relationships. **Area of Achievement:** The young people have a clear understanding of the use of physical contact in supporting each other, expressing warmth and building healthy relationships.
1	1.9.4	Staff and Children & Young People are encouraged to bring concerns about each other to groups, fears around "telling tales" or "grassing" are openly discussed	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.	2	The staff and young people were able to give examples of young people bringing concerns about each other to the groups. They are able to express why they have raised a concern so that the young person involved does not feel targeted.

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	CS10 (1.10)	**Community Members are active in the personal development of each other**				
2	1.10.1	Staff and Children & Young People encourage each other to take on jobs and responsibilities in the community based on their development needs	**2**	There is a rota for a number of jobs and responsibilities, which are considered essential to support the emotional and social growth of the young people. There is also a clear process of moving towards increasing independence (subject to risk assessment). This is also discussed in quarterly reviews to ensure that each young person's needs are being met.	**2**	Young people are assigned jobs and responsibility in the community based on their development needs. The young people are expected to pass a certain amount of time in the community before they are able to apply for specific jobs and responsibilities in the TC.
1	1.10.2	Staff and Children & Young People are encouraged to give feedback to each other	**2**	Yes - this happens in community meetings and in general day to day interaction. This is a strength in our community.	**2**	Staff and young people are able to give feedback informally to one another throughout the day. The community were clear that both positive and negative feedback is given to one another.

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3	1.10.3	There is a process in place to gain input from staff and Children & Young People into each other's reviews or appraisals. For example, using 360-degree feedback.	2	We use 360-degree feedback in staff appraisals and we are now using annual employee survey to feed into the development plan for the service. Feedback from boys is not used in formal reviews of each other's progress although there is some informal input in community meetings.	2	There is a 360-degree feedback process in place for staff appraisals. This is collected through feedback forms given to the young people and then fed in to feedback given to staff during their appraisals. Feedback is generated informally for young people's reviews based on interactions between the young people. **Area of Achievement:** There is a good process in place for young people to provide feedback for use in staff appraisals.

	**REVIEW SCORING: 0=NOT MET, 1=PARTLY MET, 2=MET, 9=NOT APPLICABLE** **Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable**
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	**Staff**
	2.1		**The staff selection process reflects the Therapeutic Community Model**
2	2.1.1	Staff and Children & Young People are involved in the recruitment of new staff members	2	Part of the interview process is that one young person prepares and asks questions during interview. Then potential new members of staff invited to share a mealtime with the community. This has happened on several occasions over the review period.	2	There is an established process for some residents to interview candidates first i.e. before the staff interview. Other residents have the opportunity to meet interviewees over lunch and give feedback about them prior to decisions being made. The young people are able to interview potential new staff members and take them on a tour of the community. New staff spend a week with staff receiving an induction before they start to work with the young people.
1	2.1.2	There is a written set of Therapeutic Community core competencies to assess the suitability of staff for working in the Therapeutic Community	2	The therapeutic community core competencies inform all practice and assist in the assessment of suitability of staff. We have introduced the core competencies as part of the review and appraisal process for all staff.	2	In addition to seeing the core competencies I saw documentation about how they are used as part of the appraisal process.

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	2.2	Staffing levels are sufficient to deliver and participate in the Therapeutic Programme				
1	2.2.1	The timetable of activities is delivered consistently	2	Staff ratio is 2:1, this is consistent. There is a clear weekly timetable that the community follow. This is visible for all.	2	The weekday timetable is dictated by going to school and attending lessons. Residents are encouraged to attend clubs and activities off-site in non-school time which forms individual timetables as they attend different clubs. Activity and menu planning is completed every Wednesday.
2	2.2.2	There are sufficient staff to support routine involvement and participation in the Community outside the timetable of activities, including meal times and recreation	2	There is always sufficient staff to carry out any chosen activities by the young people. Contact visits are supported 1:1. All staff are involved in meal times, we have a staff/boy's football team that plays external teams, and a range of activities supported by staff.	2	This was evident on the day. There was a highly staffed, whilst very relaxed, lunch break. Weekends are well staffed to accommodate family contacts and the various different activities described above.

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	2.3	**Staff members receive training related to working in a Therapeutic Community**				
1	2.3.1	All staff undertake continuing professional development (of at least two days per year) relevant to the Therapeutic Community model	2	Staff receive in-house and external therapeutic training courses. Over the review period we have developed in house therapeutic community core training that is being delivered to all staff. We have in-house Good Lives Model (GLM) and HSB training. We also encourage staff to attend external events and training. Our staff have all received a day's external training in therapeutic parenting. Staff have also attended (or scheduled) peer review training. We have staff booked on the living learning experiential training. Staff have attended various conferences inc. CofC annual conference.	2	The staff team talked energetically about how recently the availability of training funds had provided opportunity for GLM training. They described how the adapted children's version worked as their Therapeutic Community model. The head of education talked about how they were training in mindfulness in the school. In other discussions, it was clear that training particularly around the TC model was well resourced and on a rolling program.
2	2.3.2	Staff training can be linked to Therapeutic Community core competencies	2	All training is now linked to the Therapeutic Community core competencies. This is evidenced on certification.	2	The staff team were clear about how training linked to the core competencies. They further referenced how the GLM supported TC thinking
3	2.3.3	Staff have the opportunity to attend experiential training (e.g. Living-Learning Workshops, group relations courses)	2	The young people and staff are involved in delivering and attending workshops and conferences. A number of staff have attended the peer/lead review training, and events at the CofC. Staff have been booked on to the next living learning experiential experience (as per last recommendation).	2	Three staff have recently attended the L & L . I had the opportunity to see the Community (both staff and boys) present at the TCTC Windsor Conference

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	2.4	**Staff receive regular group supervision (minimum one session per month)**				
1	2.4.1	Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community	**2**	Staff attend regular group supervision. This space is a facilitated by a member of the therapy team all members of the team have extensive experience of working within a TC. The head of communities has worked within TC for over 16 years, the two additional therapists have worked at Amberleigh for a number of years.	**2**	Head of therapies undertake this role
1	2.4.2	Group supervision involves discussions about Children & 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.	**2**	Building on staff's use of the GLM they were able to describe how supervision can be used to explore personal learning. How the model can be also used in non SHB thinking and adapted to personal scrutiny.
1	2.4.3	Group supervision helps staff members explore their interactions with all staff and Children & Young People	**2**	Staff are encouraged to reflect on their interactions with the boys and other staff, and what impacts on these interactions.	**2**	Building on 2.4.2 this is evidenced through staff understanding of the difference between supervision and sensitivity/dynamics groups

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1	2.4.4	Group supervision enables staff to challenge each other's perceptions of events in the Community and work to understand the difference between them	2	Group supervision encourage staff to express their feelings and perceptions and challenge each other's perceptions. Some staff find this easier than others.	2	Work around this level of challenge is described as on-going. Staff discussed supervision being less testing. Clinically led debriefs also take place.
	2.5	**All staff regularly 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)**				
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 sensitivity Staff are encouraged to reflect on the relationships that exist amongst the team and the impact this has on their work.	2	As described reflecting on relationships remains an ongoing challenge
1	2.5.2	The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation	2	Staff are able to reflect on their relationships with all employees of Amberleigh Care and external professionals.	2	There was discussion around the relationship with the wider organisation in terms of working in conjunction with a sister community 'The Oaks'. The staff at the home cover staff for other homes in the organisation and join for celebrations.

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1	2.5.3	The staff dynamics or sensitivity group should be planned and take place at consistent times and for a clear duration	2	The staff sensitivity group is planned in advance and happens approximately every two weeks and happens at the same time for 1 hour.	2	There is regular time and duration for the sensitivity group
3	2.5.4	The staff dynamics or sensitivity group should be facilitated by an *external* experienced Therapeutic Community practitioner	1	At present the sensitivity group in facilitated by members of the therapy team who oversee both communities. We will be looking at an external facilitator for this space.	1	Whilst they have not yet been able to find a suitable external facilitator the plan is that the head of therapy at the sister community will take on this role. They are continuing to look for an external facilitator. **Area for Development:** The Community should continue to identify an external experienced TC practitioner to run their staff dynamics or sensitivity group.
	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.)**				
1	2.6.1	The process for reviewing staff attendance at groups clearly describes when and what actions will be taken if there are areas of concern	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.	2	Registers were seen at the visit

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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.	2	Supervision records were available to see.

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		Joining and Leaving				
	3.1	**The Therapeutic Community is suitable for the needs of its members**				
1	3.1.1	All Children & 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 the head of communities and house manager (or representative), 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 to ensure that not only the young person in 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.	**2**	I saw completed proformas about initial visits, identified needs and thoughtful interventions. This was also evident during discussions with the wider staff team
2	3.1.2	All potential new Children & Young People are involved in their assessment as to whether the TC 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/right 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.	**2**	Young people joining the TC are able to visit or stay overnight in the TC. A staff member will also visit them in their current placement. This gives the young person to gradually move into the TC with an opportunity to discuss with staff if they feel the TC is not suitable to their needs.

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2	3.1.3	There is a process which reflects on the current composition and needs of the Community prior to accepting new staff or Children & Young People	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.	2	There was an explanation that the process for considering the composition of the group when accepting new community members was robust. If anyone felt a new member was not suitable this would be honoured with no pressure to accept new members. There is for example no pressure if occupancy becomes low.
	3.2	There is an information pack for all potential new staff and Children & Young People				
1	3.2.1	The information pack, as a minimum, should describe the *Therapeutic Community model*, expectations of membership and confidentiality	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.	2	This is evidenced well in information provided to staff in a number of different documents. The Amberleigh Care model literature is most useful towards this criterion
2	3.2.2	The information pack is reviewed regularly (minimum annually) with contributions from current staff and Children & Young People	2	The induction for new staff is less than 12 months old. The young people are actively involved in creating the young person's guide. Information is regularly reviewed.	2	The children's guide is updated as and when there are change to the TC programme or rules and boundaries. The young people were clear that they have an input in the information in the children's guide. A copy of the children's guide was seen by the review team.

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	3.3	There is a planned joining process for prospective Community Members				
2	3.3.1	New staff and Children & Young People have the opportunity to visit the Community before joining	2	As discussed in previous sections all young people visit the community before they join. All potential staff are invited to attend a community meal with the whole community, and interviews take place in the home so staff can see the community.	2	All young people are visited by a member of staff from the TC before moving in to the TC. All young people have an opportunity to visit the TC and stay overnight where possible.
1	3.3.2	Staff and Children & Young People are involved in the planning and preparation for the arrival of a new member of staff or Children & Young People	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 on, the link worker can change.	2	The young people help to set up a bedroom for a young person. There is a buddy assigned for the new young person moving into the TC who will help the new young person to adapt to the therapeutic community culture and show them around the service.

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3	3.3.3	There is a process to support Community Members when an unplanned admission 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 no not admit on emergency.	2	Unplanned admissions rarely take place in the TC. The staff team will work to make the transition into the TC as smooth as possible no matter how unplanned the admission may be. If a new young person is not able to visit the TC before moving in, they are provided with a photograph album when they are visited by the staff member from the TC. **Area of Achievement:** The staff team will work to ensure there is a smooth transition into the TC when an unplanned transition takes place.
1	3.3.4	Staff and Children & Young People support new members to understand, adapt and contribute to the Therapeutic Community culture and practices	2	The community ethos at Golfa is that all members support each other to adapt and understand the TC. This may be through mentoring, link working and generally promoting positive role models.	2	The young people were able to give a clear description of the process of staff and community members supporting new young people to understand, adapt and contribute to the TC culture and practices. New staff members have their own induction booklet and spend a week having an induction and learning about the culture of the TC.
	3.4	**There is a leaving process for Community Members which is understood by all**				

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1	3.4.1	Staff and Children & Young People are involved in the planning and preparation for staff or Children & Young People leaving the Community.	2	All community members celebrate the moving on of staff or young people (e.g., meals together, parties and leaving gifts). All young people are presented with a "Your Life at Golfa" memory book". This is a piece of work that the link worker produces with the young person during their time at Amberleigh. The extended community meetings have given the boys and staff the opportunity to explore their feelings towards a young person/staff member leaving.	2	The young people spoke about planning and preparation work that they are involved in when a young person is about to leave the TC. There are young people in the TC with the job of party planner who will organise a party for staff or young people leaving the TC. It was clear that the staff team will invest a lot of time into the young person's transition onto their next placement.
1	3.4.2	Community Members explore and work with issues relating to endings for those leaving and for those being left	2	All community members are encouraged to explore feelings and issues around endings that are occurring and have occurred. These difficult times are part of everyone's journey. Link worker sessions, therapy sessions, community meetings, staff meetings, supervisions, staff sensitivity and daily support discussions are all times that can be used to explore feelings. Over the review period several boys have left the community as have some staff. The boys have been able to explore how this has impacted on them.	2	There are community meetings to discuss and explore issues relating to endings for those leaving and those being left. Staff members will accompany a young person to their next placement.
1	3.4.3	Recognition is given to the achievements and contributions of a staff or Children & Young People during their time with the Community as part of the leaving process	2	Any achievements by young people or staff are recognised and celebrated by the Amberleigh community during their final get together as a community. Contributions of memories are gathered in a book and presented and shared verbally during their last community meeting. Photos are shared and memorable events are talked about. More recently we had an end of term	2	Examples were given by the young people of ways achievements and contributions are recognised as part of the leaving process for a young person. The TC specialist was given access to look at some memory books.

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				ceremony 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 and this included planting trees for the staff.		
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 lived at Amberleigh is invited.	2	An event is planned for each young person or staff member leaving the community. There are young people assigned to the job of party planners. The community has started a process of planting a tree for every person who has left the community in the past and will then begin planting a tree for all those who will depart the community in the future.
	3.5	**There is a process to support Children & Young People that leave or wish to leave the Therapeutic Community prematurely**				
1	3.5.1	There is an expectation that a Children & Young People wishing to leave prematurely will discuss this with staff and Children & Young People	2	If a young person expresses a wish to leave early it is dealt with by the relevant professionals. Golfa community fully support young people with their wishes also taking into account their best interests. Young people are always encouraged to express their feelings openly and their wishes are listened to.	2	The community will explore feelings of wanting to leave prematurely and try to make it as planned and supported as possible. The young people are asked to write a letter if they wish to leave prematurely.

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1	3.5.2	Staff and Children & Young People support each other to remain engaged with the community	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.	2	Young people are supported to remain engaged with the community even if they plan to leave prematurely.

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		Therapeutic Framework				
	4.1	**The Therapeutic programme is overseen by *appropriately qualified leadership***				
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.	**2**	This is referenced in both the strategic plan and Amberleigh Care model literature
1	4.1.2	The *leadership* has a comprehensive understanding of the *Therapeutic Community Model*	**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 10 years in senior positions and is both Tavistock qualified as well as having roles in both TCTC and C of C. The head of Therapy has also worked within the Therapeutic Communities and the CofC for over 17 years. The head of education not only holds teaching qualifications but also a degree in therapeutic child care.	**2**	This was evident through discussion. It was further explained the senior managers were modelling the Therapeutic Community model in their structure and communication.

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1	4.1.4	The *leadership* 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 head of education also co facilitates the extended community alongside the head of communities, TC lead practitioner, and house manager.	2	This was evidenced in the discussions with the wider staff team. There has been robust use of the TC model and competencies involved in recruitment processes. The introduction of extended Community Meetings helps to hold this TC culture
	4.2	There are structures in place to facilitate the safety of all group meetings				
2	4.2.1	All Staff responsible for running group meetings have attended training in delivering groups	2	This is an area which requires development. Formal groups in school/therapy are delivered by qualified staff, elsewhere, this is more by experience and supervision. There is in house training to support this function. (as advised by CofC)	2	I am aware there is a robust training budget and staff were energised when talking about wanting to access wider training. The in-house training is accredited, delivered on a rolling programme with staff receiving 6 to 7 days per year.

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1	4.2.2	All group meetings have an agreed purpose and task	2	Yes, there is a clear purpose and task to all meetings that all members of the community understand and have agreed.	2	An agenda is set based on meetings with the education, care and therapy teams. Young people can add items before or during meetings based on their needs.
2	4.2.3	All group meetings have a consistent duration, starting and ending within limits set by staff and Children & Young People	2	Yes - there is a clear timetable and process for meetings. There are clear time boundaries for these meetings.	2	There is a set timetable for meetings. Some meetings may be extended if there is a specific issue to discuss or to allow for further discussions. If the discussion continues for too long, it will be suggested that it be discussed again at the next meeting.
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.	2	This material was viewed at the visit. The records were detailed with verbatim comments from the young people.
	4.3	**Each Children & Young People has a plan that highlights their therapeutic/educational needs and how they can be met through engagement with the Community**				

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2	4.3.1	There are regular written updates of how engagement in the community is helping the Children & 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 therapy team and include representatives from care and education.	2	These records were seen during the visit. The therapeutic plans were thorough and robust
1	4.3.2	Children & Young People are involved in all stages of reviewing and developing their therapeutic plan	2	Yes - young people are involved in all formal review meetings but also in regular link worker sessions as well as day to day opportunities for recognising achievement and identifying small step targets. The boys have started to attend their integrated quarterly reviews and have contributed to the board outlining positives and identifying targets for the next quarter.	2	This was evident through discussion with both staff and Children & young people
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 staff and Children & Young People.	2	As above: quarterly review boards	2	As above these were viewed at the visit and are thorough.
	4.4	The Community has a confidentiality policy that relates directly to the work of the Therapeutic Community.				

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1	4.4.1	All staff and Children & Young People can describe examples of the limits of confidentiality, for example with regard to information shared in groups or how to use social media	2	Yes - 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 also a social media policy.	2	This was evident through discussion on the day with both staff and Children and Young people
2	4.4.2	All staff and Children & Young People can describe the process that follows breaches of confidentiality	2	The boys would struggle to describe this as we work with confidentiality on a daily basis and as such breaches are very rare. However, boys are aware about not gossiping about each etc. Staff have a clear confidentiality policy in the handbook.	2	The young people were able to describe the process that follows breaches of confidentiality and their involvement. The young people are told about confidentiality when they join the TC. The young people were clear that they are aware that staff may need to raise concerns if there is a particular issue that needs escalating.
2	4.4.3	The confidentiality policy is reviewed regularly (minimum annually) with input from current staff and Children & Young People	2	The policy is reviewed annually although this is usually done by a senior manager. Any changes would be discussed with children via community meetings if it had a direct impact on them. However more recently there have been discussions within the community about confidentiality and the boys' awareness of this and how it feels when that is broken.	2	This was seen and dated August 2017
	4.5	**The Therapeutic Community has an approach to risk that supports members to test out new ways of thinking and doing**				

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3	4.5.1	There is a policy that details the Therapeutic Communities approach to positive risk taking	2	This is the primary purpose of our community - risk in relation to sexually harmful behaviour but in caring for and educating children (and providing a wide range of social and life activities), risk is part of day to day life. This is part of admissions process, care planning and reviews. Each young person has individual risk assessments and plans that ensure they can take positive risks and move forward.	1	They are going to write a positive risk policy particularly in relation to the use of electronic devices. **Area for Development:** The Community should write a policy in conjunction with Children and Young People detailing their approach to positive risk taking. There is an opportunity at present around Children and young people's access to electronic devices which seems like an ideal place to think about such a policy and the areas that need addressing. *NB: TCAP agreed that access to electronic devices/media should not be a priority for positive risk taking and the service should explore other ways to encourage this in a less sensitive area.*
1	4.5.2	Staff and Children & Young People can describe examples of how they are supported to take positive risks and find their limits	2	See above and below - this is part of day to day life. Examples of this can be trying to manage conflict situations in a different way, attending external social groups, work experience, independent shopping etc.	2	There were a number of examples given throughout the day of the community supporting individuals to take positive risks and find their limits. Examples of this was the introduction of the use of internet access and the independent transitions between classrooms. Positive risk taking is included in independence plans for each individual in the community.

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2	4.5.3	Staff and Children & Young People support members to work through risks and risky behaviour as part of the daily therapeutic programme	2	This is the primary task of our community. Young people are referred due to high levels of risk and we have a process of understanding this risk and working proactively to reduce risk and risky behaviours and test out pro-social behaviour.	2	Literature explained this task in terms of the model of practice. It was evident in the meetings I attended.
	4.6	**There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model** *Where physical restraint is not used this standard and criteria can be scored not applicable*				
1	4.6.1	Staff and Children & Young People understand when physical restraint might be used	2	Physical intervention is a rare occurrence; however, the boys and staff understand why physical restraint may be used. There are discussions with both staff and boys if incidents have occurred. There is a restraint policy.	2	This information is available in documentation.
2	4.6.2	There are clear records of physical restraint which include a description of reflection by staff and Children & Young People in a Community setting	2	Yes - 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.	2	The debrief notes were very honest pointing out some important learning for the staff involved.

REVIEW SCORING: 0=NOT MET, 1=PARTLY MET, 2=MET, 9=NOT APPLICABLE Accreditation Levels (for your information): 1 = Essential, 2 = Expected, 3 = Desirable						
Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
1	4.6.3	The Therapeutic Community monitors trends in physical restraint to develop an understanding of its function	2	Yes - see above. This is also monitored in the SMT meeting.	2	As described above
		External Relations and Performance				
	5.1	**The Therapeutic Community is committed to an active and open approach to all *external* relationships**				
2	5.1.1	Visitors are welcomed and staff and Children & Young People explain the work of the Therapeutic Community	2	We have a range of visitors due to the multiple agencies and professionals we engage with. Boys are involved in providing a tour and explaining our work. The boys have also taken part in external events and presentations. This year we had visitors from a polish organisation interesting in developing TC practice. Staff and boys were a significant part of these visits.	2	It was clear to the review team that the young people welcome visitors and explain the work of the TC to them on a regular basis. The review team felt very welcomed and the young people were able to provide clear descriptions of the work taking place in the TC i.e. the care, therapy and education provisions within the TC.

Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
1	5.1.2	All Children & Young People reviews involve input from professionals and relevant others, external to the Therapeutic Community	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.	2	Staff felt Independent Review Officers (IRO) managed this outcome well through their role. Children and young People also have the opportunity to invite their regular visiting advocate.
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 one-one work. With regards to other difficult relationship 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.	2	The staff described how the Children and Young People had challenged the way they were reminded to manage their off-site supervision. It was refreshing to know the young people's group could challenge the way staff were calling after them off-site.
	5.2	**The Therapeutic Community is committed to demonstrating the effectiveness of its work**				

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
1	5.2.1	The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve the work of the Therapeutic Community	2	We are part of the C of C process which evaluates and informs practice. As a team, we consistently reflect on our practice and how we can improve the work of the community. The boys have also been involved in the CofC space house initiative. Our reg 44 monthly reports also have incorporated CofC standards in order to monitor and track progress. All issues relating to the TC are also tracked as part of the monthly SMT meeting, ensuring we are constantly identifying any areas and improving practice.	2	This is an accreditation visit prompted by work and evidence towards this criterion.
2	5.2.2	The Therapeutic Community collects individual outcome data that will help provide evidence for its effectiveness	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.	2	This information was available to see at the visit. The information was of a high quality and thorough.
2	5.2.3	The Therapeutic Community collects environmental data that will help provide evidence for its effectiveness e.g. Ward Atmosphere Scale, Essences	2	We use the CORS and CSRS to explore the effectiveness of the therapeutic relationship and progress.	2	This information was available to see on the visit.

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
3	5.2.4	There is a written report that brings together evaluations of the Therapeutic Community. This should include learning from standards 1.5.2 and 4.3.	2	We use the annual C of C cycle/ report, which informs a yearly action plan. Individual reports are produced for each young person outlining progress being made. Also, monthly reports are produced for the SMT meeting giving an overview of the community inc. attendance, reviews etc.	2	There is a response to the action plan from last year's C of C report detailing the work done to address areas for development. The individual treatment reports are evaluated through the TC model using the Good Lives Model adapted for use with Children and Young People.
	5.3	The Therapeutic Community is committed to sharing good practice				
3	5.3.1	Staff and Children & Young People are involved in external conferences, teaching or research	2	Target met- staff and children have been involved in external conferences etc	2	A number of examples of young people being involved in external conferences, teaching or research were provided. Two young people recently attended the Windsor conference to deliver a presentation.
2	5.3.2	The Therapeutic Community provides training placements for students	2	We have provided a practice placement for a forensic psychologist in training during 2017.	2	There was not time to talk about student placements.

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Acc Type	Standard Number	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
1	5.3.3	The Therapeutic Community takes opportunities to share its practice with others through publication of papers, attending peer-reviews, presentations at conference and other relevant meetings	2	Over the review period we contributed to a BBC documentary on our area of practice. We are also contributing to peer reviews with staff and lead reviewers from our service. We have presented at the TCTC conference, presented at the NOTA annual conference, and the CofC annual conference. We are currently undertaking a piece of research.	2	I was at the TCTC conference where Golfa Hall Community presented.

Action Plan for 2017-2018

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
1.1.1	The community should continue to develop staff knowledge and understanding of the Good Lives Model as a model of practice. All staff should be able to name the domains within the model of practice.			
2.5.4	The Community should continue to identify an external experienced TC practitioner to run their staff dynamics or sensitivity group.			
4.5.1	The Community should write a policy in conjunction with Children and Young People detailing their approach to positive risk taking. There is an opportunity at present around Children and young people's access to electronic devices which seems like an ideal place to think about such a policy and the areas that need addressing. *NB: TCAP agreed that access to electronic devices/media should not be a priority for positive risk taking and the service should explore other ways to encourage this in a less sensitive area.*			

Appendices

APPENDIX 1: Community Membership Data

The community has provided the following data for service users and staff for the year 1 April 2016 – 31 March 2017.

Organisational Data	
Parent Trust / Organisation	Amberleigh Care
Service User Population	Young males (11-18) displaying harmful sexualised behaviour
Age range	Up to 18 years
Sector	Social Care (private)
Overseeing regulators	Other
Outcomes from all recent regulation inspections	N/A
Programme Length	Residential
Length of waiting list time	No waiting list
Maximum Number of Places	12
Current number of clients	10
Catchment Area	ALL
Expected Length of Stay	MIN 18-24 Months
Self-review process	
List all members involved in completing the self-review	All staff and young people.
List data collection methods used	Informal discussions, community meetings and SpaceHouse
List 3 specific TC related training needs you require	

Service User Data for 1 April 2016 – 31 March 2017	
NB: This refers to the previous annual cycle. Client data should specifically reflect the individual community, if the community is part of a larger organisation please provide an average number for the data below.	
Referrals to the community	
Total number referred	
Number of females	
Number of males	
Average age on referral	
Reasons for non-acceptance	Do not meet criteria or match the group dynamics.
Admittance to the community	
Total number admitted	
Number of clients present on 01/04/2016 include part-day attendance	
Number of females	
Number of males	
Average age on admission	
Planned Leavers from the community	
Total number of planned leavings	
Number of females	
Number of males	
Average age on leaving	
Average length of placement (months)	
Number referred on to further placement	
Unplanned Leavers from the community	
Total number of unplanned leavings	
Number of females	

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

Staff Data for 1 April 2016 – 31 March 2017 *'Staff' includes part-time therapists, students and trainees, sessional supervisors, and regularly present consultants*		
	Full Time Staff	**Part Time Staff**
Number of staff on 01-04-2016	31.5	
Number of staff on 01-04-2016	41.1	
Number of staff joining between 01-04-2016 & 31-03-2017	20.1	
Number of staff leaving between 01-04-2016 & 31-03-2017	10.7	
Number of recorded staff sick days between 01-04-2016 & 31-03-2017	355	
Average length of service in the TC	2.8 yrs.	

APPENDIX 2: The Core Standards and Core Values

Core Standards	
CS1	There is a clear Therapeutic Community model of practice that is consistently applied across the service
CS2	Community Members are aware of the expectations of Community Membership
CS3	Community Members are encouraged to form a relationship with the Community and with each other as a significant part of Community life
CS4	Community Members work together to review, set and maintain Community rules and boundaries
CS5	There is a structured timetable of activities that reflects the needs of Community Members
CS6	All behaviour and emotional expression is open to discussion within the Community
CS7	Community Members take part in the day to day running of the community
CS8	Everything that happens in the Community is treated as a learning opportunity
CS9	Community Members share responsibility for the emotional and physical safety of each other
CS10	Community Members 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
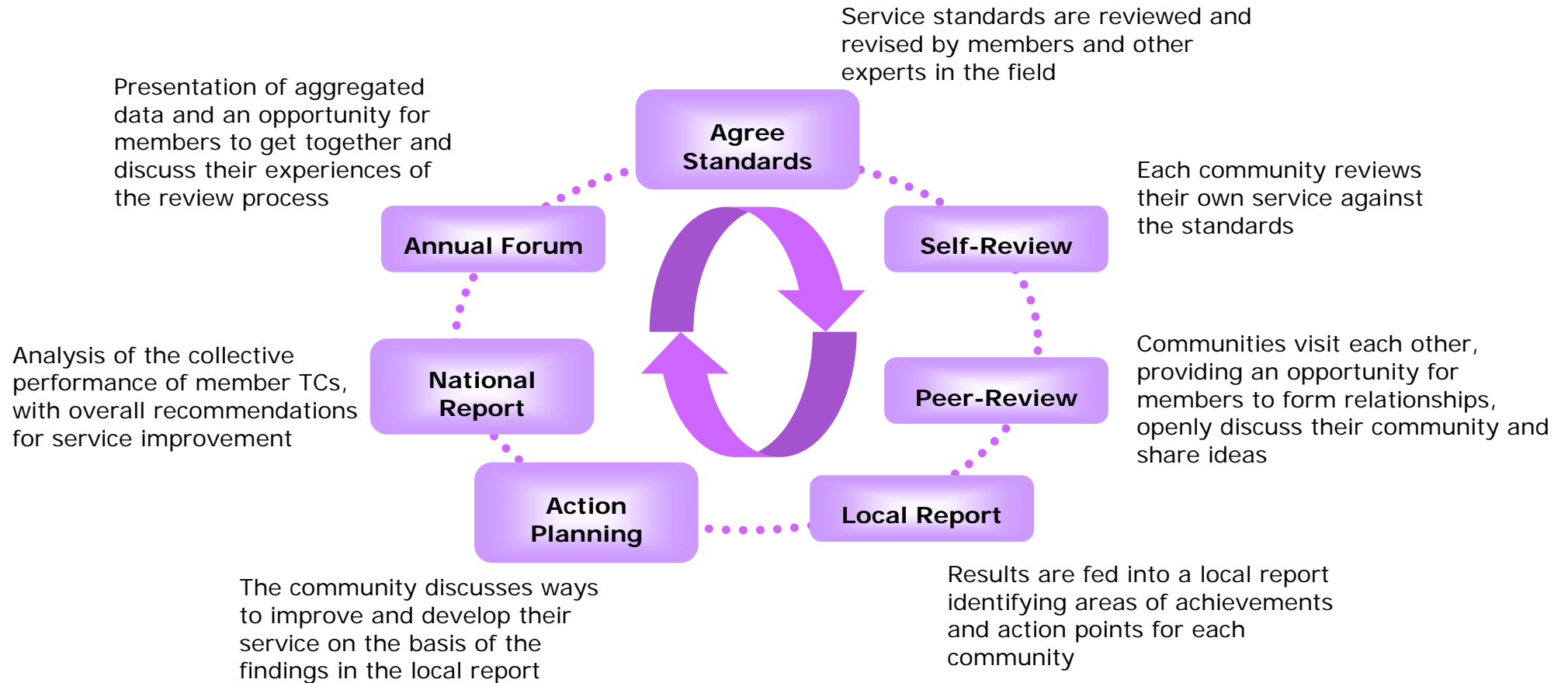- Addictions
- Learning Disability

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.

Service standards are reviewed and revised by members and other experts in the field

Presentation of aggregated data and an opportunity for members to get together and discuss their experiences of the review process

Agree Standards

Annual Forum

Self-Review

Each community reviews their own service against the standards

Analysis of the collective performance of member TCs, with overall recommendations for service improvement

National Report

Peer-Review

Communities visit each other, providing an opportunity for members to form relationships, openly discuss their community and share ideas

Action Planning

Local Report

The community discusses ways to improve and develop their service on the basis of the findings in the local report

Results are fed into a local report identifying areas of achievements and action points for each community

APPENDIX 5: Acknowledgments

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

APPENDIX 6: Community of Communities Team

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