



Peer-Review Report

Golfa Hall

Amberleigh Care

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Introduction

Golfa Hall has been a member of Community of Communities for 16 years.

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
Niamh Roberts	RCPsych	Project Officer	Lead Reviewer
Debra Turner	Hopedale Children and Family Services	Therapy Co-Ordinator	Peer Reviewer
Kay Banks	Bluebell School	Head Teacher	Peer Reviewer

About this report

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

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

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

The process of generating local reports

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

Who should see this report?

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

Statement of Limitation

The main value of being a member of the Community of Communities is taking part in the network. This document summarises the views about your community provided by client and staff members and the peer-review team in relation to the Service Standards for Therapeutic Communities (10th edition). It is not a definitive statement of performance in any of the areas covered by the Community of Communities standards.

If you have any queries about any aspect of this report, please contact a member of the CofC Team.

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Community Background

Our Story

Golfa Hall was opened in 2005. The community provides care, education and therapy. Our community works specifically with young males (11-18) who display harmful sexual behaviour. Given the specialist nature of the presenting needs of our boys, we draw on evidence base and theory of risk management and intervention for sexually harmful behaviour. The conceptual framework for responding to these needs is the Good Lives Model, which is a strength based, resilience building model. Within this framework we employ a range of therapeutic modalities, primarily CBT and psychotherapy, but also schema therapy, Creative Therapy, EMDR and Lifestory. This is delivered by an in-house team. The key focus of 2021 - 2022 has been to develop the holistic team bringing care, therapy and education together through changes ensuring the boys and staff have felt heard, nurtured and giving staff and boys the opportunity to engage with the wider TC network. Through the covid pandemic the community has encountered many challenges and worked hard together in caring for each other and supporting each other through difficult times. All members have had lots of spaces to reflect and process many changes together. We have continued to move forward with positive risk taking including the use of social media for the organisation and this has particularly been a central discussion due to Covid restrictions. Our expansion at Nant has continued to grow and we as a community are continuing to grow into it.

Completed Action Plan 2021-2022

Standard Identified for improvement	Planned Action	Outcome
<p>1.1.2 - Children and young people and staff can describe the culture and practices within the Therapeutic Community.</p>	<p>Use staff meetings to discuss and embed understanding of our ethos. All staff to complete Good Lives model training, introduction to TC training. Use extended community meetings to explore and describe the ethos. This to be evidenced.</p>	<p>Good Lives model training has been delivered throughout the review period and Introduction to TC. The culture is embedded on a daily basis and practices are discussed during community meetings, extended community meetings, training, staff meetings, experienced staff at Golfa Hall.</p>
<p>1.4.3 - Roles with increasing levels of responsibility within the Therapeutic Community are achievable by Children and young people and staff</p>	<p>To define Chairman/Deputy roles and other roles within the community. Detailed descriptions and all community members to understand and be support these roles.</p>	<p>We have had different boys in place of roles of responsibility and recently refreshed these roles and now have a Chairman and Deputy in place.</p>
<p>1.10.3 - There is a process in place to gain input from children, young people and staff into each other's reviews or appraisals. For example, using 360-degree feedback.</p>	<p>More formal contributions from boys to each other about their progress.</p>	<p>Discussions have taken place to share ideas and a form has been devised where boys can feedback to each other about their progress. Staff feedback to each other before appraisal on a 360 form. This is collated and shared with the member as feedback.</p>
<p>2.2.3 - Staff receive experiential training. For example Living-Learning Workshops, group relations courses</p>	<p>All members of the community to be involved in various experiential training throughout this cycle. More staff to be involved in the delivery of living learning workshops, peer review training, peer reviews and TCTC CYP reflective groups.</p>	<p>A number of staff have attended C of C induction training, annual conference, community meetings and events at the CofC. Staff and young people have attended and presented at the TCTC annual forum and regular TCTC CYP workshops. Therapy Manager is currently training with the Institute of Group Analysis. We have planned in an internal experiential living learning 2-day event for Amberleigh staff in 2023 facilitated by an external team.</p>

<p>2.5.4 - A possible experienced external TC facilitator to be arranged for staff dynamics.</p>	<p>This was to be discussed during the review period with the MDT.</p>	<p>This has been under review; however we have continued with the Therapy Manager facilitating staff dynamics who is impartial to the day to day running of the home and school as this works well for our community at present. We will continue to review this.</p>
<p>2.6.3 - To have an evidenced process to enable staff to give confidential feedback about the content, quality and effectiveness of groups.</p>	<p>To be explored during the review period.</p>	<p>Annual staff questionnaire is evidence of feedback. Please see documents in shared evidence folder 2.6.3. We have looked into what type of environmental measures would best suit our community however we are still exploring this and what would 'fit' for our CYP TC.</p>
<p>3.3.1 - Set up a 'welcome committee' for new members that join the community including a member from each department and a young person. This is to involve meeting a new member together and working on the 'welcome book' improvements.</p>	<p>Welcome Committee to be explained in an extended meeting and gather ideas from the boys. A meeting arranged for quarterly or when we have new members arriving to discuss our plan of welcome. This meeting to be chaired and evidenced by Marie to begin with.</p>	<p>This has been discussed with the boys during an extended community meeting and 2 boys have been voted in to oversee 'Welcoming' a new member into the community. Marie has also met with the boys to share ideas and review. . Quarterly meetings will take place or as and when needed.</p>
<p>4.2.1 - Staff responsible for running group meetings have attended training in, and had experience of, delivering groups - During the next review period, it would be beneficial for more staff members to attend some training in running groups to extend knowledge and experience</p>	<p>Senior staff to attend training in running groups to extend knowledge and confidence.</p>	<p>Therapy Manager has attended a year's foundation course in Groupwork practice with the IGA and currently working on the Diploma. All staff experience running of small groups at points and TCCT training informs this. During the next cycle internal staff will receive some basic training on running groups.</p>
<p>4.4.3 - The confidentiality policy is reviewed regularly (minimum annually) with input from Children and young people and staff</p>	<p>Young people to be involved in the review of the policy. Discussions to take place during extended community meeting.</p>	<p>This is done annually with the boys during an extended community meeting. The discussion of confidentiality is a live subject in the community - this then informs feedback to the senior compliance officer who reviews the policy with the MDT.</p>

<p>5.2.4 - Individual Outcome data is processed in order to demonstrate the effectiveness of the work done in the Therapeutic Community.</p>	<p>To explore this further with other communities and within our own during the review period.</p>	<p>We are currently involved in a research project that is a longer-term project that will involve the effectiveness of being in a therapeutic community and epistemic trust.</p> <p>Our End of therapy reports produce outcome of effectiveness and quarterly board reviews for the young people.</p>
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Lead Reviewer's Comments

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

Golfa Hall was open to welcoming visitors and eager to demonstrate the work they do. This was evidenced by a comprehensive self-review against the TC Standards and providing further evidence for the review team on the day. The senior management team (SMT) facilitated the day, and were involved in the tour, lunch and mediated discussions between the review team and boys. While the review disrupted the structure of their day, the boys took ownership and supported us with each and every question, having the chair and deputy chair facilitating discussions. For the staff meeting, SMT were not present which demonstrated that they welcome honest conversations about the TC.

Lead Reviewer – Niamh Roberts

Community Feedback

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

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

"Our community feel that the review went well overall. We would have liked to have spent more informal time together with the review team but we are aware we wanted to try and allow for as much exploration of the community possible on the day."

Tell us what you learnt from the review...

"We learned that we have enjoyed having visitors face to face again and being able to share what our community is like."

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

"Yes we all enjoyed the day and it was more relaxed than we thought it was going to be."

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

"More informal time so the team can see and feel what it's really like to live at Golfa Hall."

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

"We did but we are aware that we need to spread out the filling in of the form for the next visit which will be our accreditation. We found this a little trickier to spread out to do this time as we have struggled or staffing throughout the last review period."

How did you find completing the self-review on CARS?

"This was easier than completing the previous version and feel positive about moving."

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

"Yes, this has been extremely helpful and we have lots of reflection and ideas we can be thinking about to make improvements."

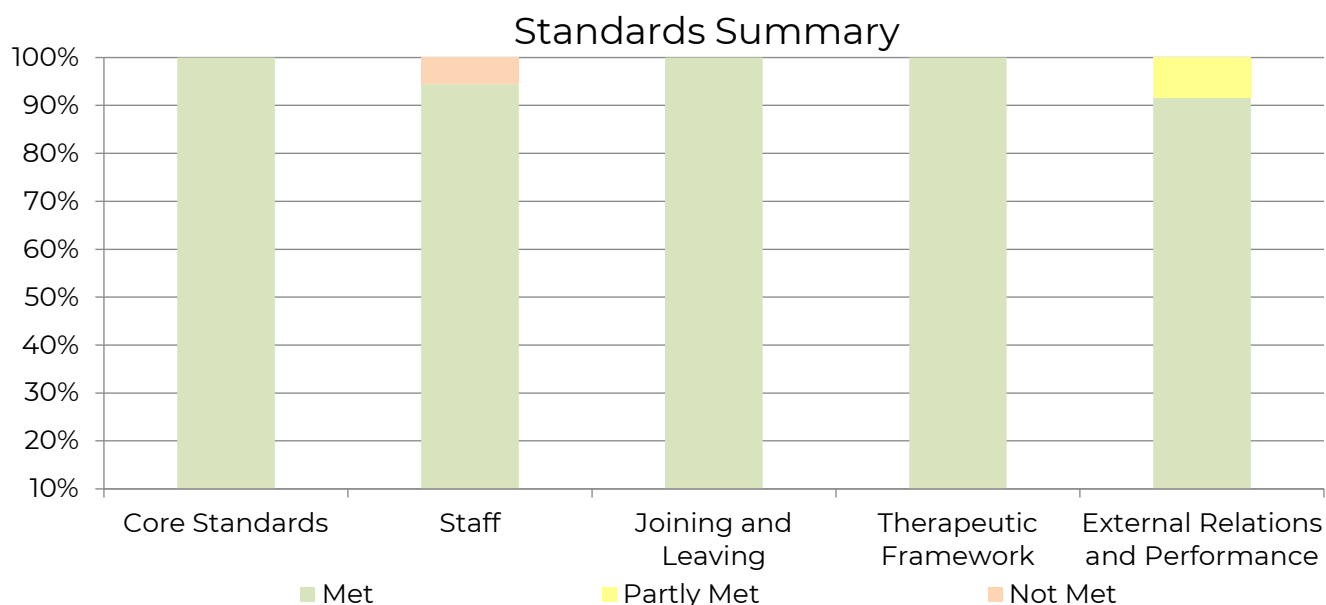
Summary of Results – Self and Peer Review

Numerical Summary of criteria reviewed on the peer-review day

	Total no. of standards reviewed	No. of standards met	No. of standards partly met	No. of standards not met	No. Of standards not applicable
Core Standards	45	45	0	0	0
Staff	18	17	0	1	0
Joining and Leaving	15	14	0	0	1
Therapeutic Framework	20	20	0	0	0
External Relations and Performance	12	11	1	0	0
Total	110	97%	1%	1%	1%

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	25	0	0	16	0	0	4	0	0
Staff	12	0	0	3	0	1	2	0	0
Joining and Leaving	10	0	0	3	0	0	1	0	0
Therapeutic Framework	9	0	0	8	0	0	3	0	0
External Relations and Performance	4	0	0	4	1	0	3	0	0
Total %	100%	0%	0%	94%	3%	3%	100%	0%	0%

Summary of Results – Peer-Review

Areas of Achievement

- The way in which boys communicated thoughts and feelings with each other in community meetings and in our company, demonstrates openness amongst the group and the quality of relationships enabling this.
- The review team heard a number of examples of previous residents remaining engaged in the TC after they have left. The TC has recently invited older members to revisit and are looking to hold another visit in spring 2023. An 'Expert Peer Mentor' who used to be a member at the service regularly checks-in and speaks to the boys. This demonstrates excellent modelling and supports the boys' understanding of the work done at the service and their progress as a whole.
- While social media rules have been previously broken in the TC, this has led to in-depth discussions with the boys and larger discussions in the staff team. This demonstrates the TCs ability to reflect and engage in positive risk taking and also suggests that the community are open to learning together.

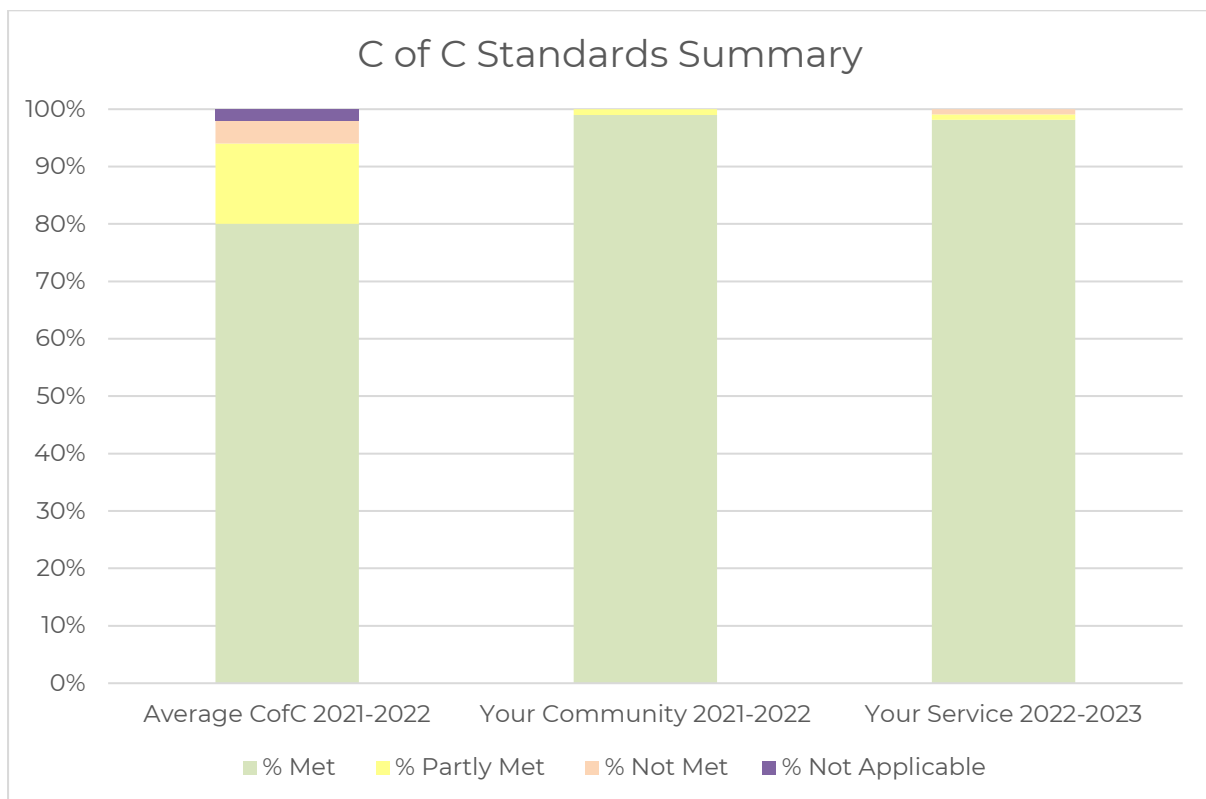
Areas of Development

- The review team felt that the 3 groups (Alpha, Omega and Nant) and the pathways or 'thresholds' for each were somewhat unclear. TC members did not appear to be concerned about the clarification of this and held a general consensus related to independence, development, proximity to leaving etc. However, the review team felt that the definition of this should be formalised for external purposes if possible.
- The TC did not meet standard 2.5.4 because the staff dynamics group is facilitated internally by the therapy manager. While the staff team felt that the therapy manager supports this group well, the TC should consider the value and benefit of this group being facilitated externally.
- TC staff should re-visit what is meant by physical restraint and how this differs to that of physical de-escalation. On the review it was unclear whether staff were referring to physical restraint (e.g. hold immobile or limit movement) or the use of physical contact to de-escalate or guide behaviour (e.g. placing hand on shoulder).

Summary of Results – 2021-2022 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 (2021-2022 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 (where available) and this current year (2022-2023¹)².





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

Summary of Achievements and Developments from Self and Peer-Review

Core Standards		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
1.2.1 ★	In their first two weeks at the service, staff are able to shadow more experienced staff team members who will 'show them the ropes' and support with any questions.	Peer-Review
1.4.6	Change is discussed regularly at extended community meetings, daily meetings, informal times, staff meetings, group dynamics, group supervisions, clinical supervision and other spaces. All members are encouraged to recognize and reflect on the impact of change. We feel that 'change' in general has been important and a subject that impacted a lot on community members for several reasons. We have managed this well through discussion of sensitive subjects such as: joining and leaving, boys developing through the groups here at Golfa, moving to Nant, expanding in numbers of boys, coming out of lockdown and being able to have visitors, see family and mix with the outer community.	Self-Review
1.6	The TC works relationally to support progression.	Peer-Review
1.6.2	The whole community come together to enjoy lunch and dinner. As per self-review, meals are prepared by TC members. The review team additionally heard examples of adults and boys playing and watching the football together, going to concerts and watching films.	Peer-Review
1.7	Emotions for all community members are greatly encouraged to be discussed within the community in the appropriate spaces. The community feel that this has been an achievement over the review period. The young people have been able to express their emotions in various spaces that has shown trust, openness and understanding has been gained from this. Evidence of this has shown through extended community meetings and individual discussions with boys. Trust in relationships has been evident.	Self-Review
1.7.1	The way in which boys communicated thoughts and feelings with each other in community meetings and especially in our company, demonstrated openness	Peer-Review

	amongst the group and the quality of relationships enabling this.	
1.10.4	Those who feel unable to speak up in community meetings are able to approach the Chairman or deputy chair who will bring their views forward anonymously. It was great to hear the boys supporting each other in this way, and it allows each and every voice to be heard.	Peer-Review
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
1.4.2	The review team did not hear examples of roles taken on by staff outside of their professional duties (e.g. teacher). This led us to wonder whether roles such as minute taker etc. are also taken on by staff or whether these are exclusively developed for the boys. The TC should consider what roles could be developed for staff..	Peer-Review
1.4.3	The review team felt that the 3 groups (Alpha, Omega and Nant) and the pathways or 'thresholds' for each were somewhat unclear. TC members did not appear to be concerned about the clarification of this and held a general consensus related to independence, development, proximity to leaving etc. However, the review team felt that the definition of this should be formalised for external purposes if possible.	Peer-Review
1.6.1	The community could perhaps think about how jobs are recorded and referred to. For example, having a job list on a notice board within the house for all members to see.	Peer-Review

Staff		
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
2.3.1 	Staff continue to receive in-house and external therapeutic training courses. We have in-house Therapeutic Community Core training, Good lives Model and HSB training. Various staff have attended external events and training with C of C and TCTC. Staff and boys have attended and presented at various conferences including TCTC annual conference. The managing director and therapy manager are on the TCTC board, the Therapy Manager is co-chair of TCTC CYP Interest group. The managing director is on the C of C advisory group and the therapy manager has joined TCAP this year. More care and teaching staff have done peer review training and been on peer reviews (and planned in this cycle). Some staff have completed various training that TCTC have provided in relation to core values.	Self-Review
2.4.1 	It is unclear whether the group facilitator has experience of working in TCs outside of their experience at Golfa Hall. Therefore, it would be good for the facilitator to engage in CofC reviews to gather further information about how supervision is undertaken at different TCs.	Peer-Review
2.5.4	The staff dynamics group is facilitated internally by the therapy manager who has 17+ years of experience working in TCs. The therapy manager has line management responsibilities of 1 individual in the staff dynamics group.	Peer-Review

Joining and Leaving		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
3.1.3	The TC ensures that new members are the right 'fit' for the community. They consider the current composition and group and the needs of the potential newcomer. This is further evidenced by the TC having space to accommodate 19 individuals but currently only housing 15.	Peer-Review
3.5.2	An 'Expert Peer Mentor', who used to be a member of the service, regularly checks-in and speaks to the boys. This demonstrates excellent modelling and supports the boy's understanding of the work done at the service and their progress as a whole.	Peer-Review
Stand/ Criteria No.	Areas for development	Self or Peer- Review
3.1	Our referral process is vital in assessing the needs of the young person in detail before consideration takes place to look further into suitable placement. This is firstly done by our experienced referral and placements manager who knows the group of boys well that are currently placed at Golfa Hall. We as a community feel that during the last review period the process has worked well and boys that have joined have been well matched with the current boys.	Self-Review
3.3.1 ★	Staff and young people are involved in the planning and preparation for a new community member. This starts when the new member of staff or young person visits the community. When somebody first visits a young person and member of staff will give them a tour. A link worker for a new young person is allocated before arrival, however if a more positive and suitable relationship is established later the link worker can change. We have set up a 'Welcome Committee' where 2 boys and a staff member meet regularly and before a new member joins to discuss how they can be welcomed with a 'little extra detail'.	Self-Review

Therapeutic Framework		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
4.2.4 ★	The review team were able to see evidence of written records of all meetings that occur in the community. These are written by facilitators of the groups, including the Therapy Manager and the Deputy Chairman at the TC.	Peer-Review
4.6.1	We have a social media policy in place, all members are aware of this. Social media use is discussed regularly in community meetings, key worker sessions, staff meetings, informal discussions and in monthly management meetings. The use of social media has developed again during the review period and individual boys continue to have access to their own devices with use of social media. This is individually risk assessed. These rules are different for each young person according to their risk and development.	Self-Review
4.6.1	While social media rules have been previously broken in the TC, this has led to in-depth discussions with the boys and larger discussions in the staff team. This demonstrates the TC's ability to reflect and engage in positive risk taking, and suggests the community are open to learning together.	Peer-Review
4.6.2	This is regularly discussed in community meetings, staff meetings, key worker sessions, monthly management meetings and informal discussion. We also have a positive risk-taking policy.	Self-Review
4.6.3	Issues have arisen and discussions have taken place. This is ongoing and discussed openly in various spaces.	Self-Review
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
4.2.1 ★	Formal groups in school/therapy are delivered by qualified staff, elsewhere, this is more by experience and supervision. There is in house training to support this function (as advised by CofC). Some staff have completed, and all staff have the opportunity to do the Therapeutic Child Care Degree.	Self-Review
4.5.1	When speaking about physical restraint, it was unclear whether some staff were referring to physical restraint (e.g. hold immobile or limit movement) or the use of	Peer-Review

	physical contact to guide behaviour (e.g., placing hand on shoulder). The TC staff should re-visit what is meant by physical restraint and how this differs from the use of physical contact in guiding behaviour.	
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External Relations and Performance		
Stand/ Criteria No.	Areas of Achievement	Self or Peer- Review
5.3.1	Staff and boys have been involved in external online events & conferences during the review period by attending and presenting workshops, some of these have been online.	Self-Review
5.3.3 ★	We contribute to peer reviews with staff and lead reviewers from our service. The MD of Amberleigh Care and therapy manager are on the board of TCTC, Therapy Manager co-chair of TCTC CYP interest group. Both have also trained as TC specialists during the last review period. We have presented at the TCTC annual conference, CYP working group, presented at the NOTA annual conference, and the CofC annual conference. We have been involved in publishing some of our work over the review period with various journals.	Self-Review
Stand/ Criteria No.	Areas for Development	Self or Peer- Review
5.1	Golfa Hall has been extremely committed to active open external relationships during the review period. We have attended many external events relating to TC work, working and interest groups, presented at events, wrote a paper to be included in journals, and we are currently involved in research projects. We have worked hard in this area over the past year.	Self-Review
5.2.1 ★	We are part of the CofC process which evaluates and informs practice. As a team we consistently reflect on our practice and how we can improve the work of the community. The boys have also previously been involved in the CofC space house initiative. All issues relating to the TC are also tracked as part of the monthly SMT meeting, ensuring we are constantly identifying any areas and improving practice. We are yet to establish appropriate means of measuring our organizational environmental measures due to our specialism in CYP. We have been involved in setting up a working group with other external organizations in relation to therapy and sharing practice and discussing measures - this is ongoing. We are currently involved in a research program measuring epistemic trust.	Self-Review
5.2.5	This is done through our annual staff surveys. We are yet to discover an environmental data process that is	Self-Review



suitable for our CYP Community. We have leashed with other accredited communities about gathering environmental data and it has been an ongoing theme with CYP TCs for needing to explore further effective data gathering.

The Review Workbook

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

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

1.1 There is a clear way of working which supports the principles of the Therapeutic Community

1.1	1	There is a clear way of working which supports the principles of the Therapeutic Community	Met	Overall community members understand the clear way of working at Golfa Hall and the culture that is embedded. This is role modelled by experienced management, staff members and young people. This is clear during interview, induction, meetings, daily living, training and external experiential events.	Met	The TC uses the Good Lives Model to support individual development for the boys. This nicely accompanies the principles of the TC way of working.
1.1.1	1	Staff members can describe the way of working used by their Therapeutic Community	Met	The community works within the TC framework and the conceptual framework used to respond to the boys' individual needs is the good lives model. We continue with the development of in-house therapeutic community core training which all staff have received and good lives model training. All review boards use the Good Lives Model to guide discussions and monitor progress. We have implemented the Good	Met	There is a strong understanding of the use and application of the Good Lives Model by staff at Golfa Hall.

The Review Workbook

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

Standard Number	Type	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
				Lives Model in personal plan reviews and in placement plans.		
1.1.2	2	Service users can describe the way of working used by their Therapeutic Community	Met	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.	Met	The boys were able to describe their way of working and supporting each other. While the TC avoids using professional language, the boys are aware of the Good Lives Model and can see it within their personal plan.
1.1.3	1	The Therapeutic Community leadership functions in a way that is consistent with their community's way of working	Met	There are clear lines of responsibility, and all staff work together to ensure the effective running of the community. Democratization and non-hierarchical decision making are central to our working practice.	Met	While there are clear structures in place, leadership supports the development of the boys and staff by working together in a non-hierarchical way.
1.1.4 ☆	2	There is evidence of commitment to the Therapeutic Community approach by the wider organisation within which the	Met	The directors issue a strategic plan that incorporates the TC status, and this is also part of our status of purpose and widely promoted in our literature. Our	Met	This a TC Specialist standard, usually supported by evidence on an accreditation visit. This was not evidenced on this peer-review.


The Review Workbook

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

Standard Number	Type	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
		community sits. For example, a Strategic or Business plan		therapeutic community training has been developed and delivered. We have also made a commitment to ensure a number of staff have been part of TC events, peer lead reviewer training and attending peer reviews. There is a supportive and committed approach to the therapeutic community and its continuous development.		The score has been taken from self-review.
1.1.5 ★	1	The leadership of the community facilitates, and role models a reflective culture where difficulties can be contemplated and considered.	Met	All leaders are developed internally and externally to be reflective in themselves as well as strongly encouraging members of the community to embed this ethos. There are various spaces for the community to discuss difficulties and accept differences.	Met	See above peer-review comment (1.1.4).
1.2 Service users and staff are aware of the culture and practices within the Therapeutic Community						
1.2	1	Service users and staff are aware of the culture and practices within the Therapeutic Community	Met	All members of Golfa Hall community are aware of the culture before they join. When a member joins it's important we as a community help the member settle and understand the	Met	As per self-review.

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				reasons for the deliberate environment and practices. This is done by everybody helping each other with this and experienced members role modelling and explaining. Training, engaging in self-reflection, community meetings, supervision, dynamics and spending time as a community help the culture spread and embed.		
1.2.1 	2	The Therapeutic Community provides information to new Service users and staff that describes the expectations of community membership	Met	We have an induction for staff which includes a half day induction training which explains the community approach and the expectations. Prior to a young person joining the community we visit them and tell them about the community and expectations of community membership. We also, where possible, ensure the young person visits prior to them joining us so they can see further what community living is like. We have developed a 'video tour' that we show to possible new boys, so they get a sense of where they	Met	<p>The TC provides information to new members in a variety of ways. For staff there is an induction training that outlines the TC approach.</p> <p>In their first two weeks at the service, staff are able to shadow more experienced staff team members who will 'show them the ropes' and support with any questions.</p> <p>The boys will meet with senior management before entering the TC. Here they are given information about the expectations of membership.</p>

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				are visiting and what the community looks like.		They are supported with this fully by each and every member of staff once they join. This can be done within 1-1 work and in community meetings.
1.2.2	1	Service users and staff can describe the culture and practices within the Therapeutic Community.	Met	Community members can describe the therapeutic ethos and are able to give examples of practices to demonstrate this.	Met	TC members explained that the community is an open and safe space, where community meetings are used to discuss the day-to-day and work democratically.
1.3 Service users and staff work together to review, set and maintain rules and boundaries						
1.3	1	Service users and staff work together to review, set and maintain rules and boundaries	Met	All community members meet together regularly to discuss the review of rules and boundaries. New ones are also set if any member suggests a discussion on this.	Met	There is regular open discussion about the rules and boundaries within the TC. Members can bring concerns to community meetings where they can be reviewed and set. In order to maintain them, TC members are reminded of them daily.
1.3.1	1	Service users and staff can describe and evidence the process of reviewing and setting community rules and boundaries	Met	We have a signed induction checklist for staff, and we also have a signed young persons' contract at the start of their placement. There are clear expectations regarding	Met	Both staff and the boys were able to explain that TC rules and boundaries are set in whole community meetings and referred to regularly.

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				community membership, and these are reinforced within community meetings and integrated reviews.		
1.3.2	1	Service users and staff can describe the process that follows breaking rules and boundaries, including their involvement in that process	Met	Some rules and boundaries are more fixed (i.e. supervision) others can be negotiated and explored. When rules/boundaries are broken this is explored within the community meetings and staff meetings. There are numerous examples over the review period where staff and young people have discussed rules being broken and how we should deal with that as a community.	Met	There is regular open discussion about the rules and boundaries within the TC. Members can bring concerns to community meetings where they can be reviewed and set. In order to maintain them, TC members are reminded of them daily.
1.3.3 	2	The Therapeutic Community keeps records of rule and boundary breaks and actions taken	Met	There is a record of community meeting minutes and discussions that cover this area.	Met	This was not evidenced on the day.

1.4 Service users and staff take part in the day to day running of the Therapeutic Community

1.4	1	Service users and staff take part in the day to day running of the Therapeutic	Met	The essential part of daily running at Golfa Hall is the staff and boys meeting together to discuss the day ahead. All staff and boys are	Met	Each and every person is required to take part in the day-to-day running of the TC. Conversations are held daily
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		Community		inclusive in this. Several meetings take place during the day and planning days, weekends, holidays, trips. This is done as a community and in smaller groups within the community.		where TC members can discuss plans of action and allocate roles.
1.4.1	1	Decisions that affect the running of the Therapeutic Community are made in collaboration with Service users and staff	Met	The community meeting is used for decision making and news to be shared. We have also called special meetings when there have been pressing matters that need to be discussed/explored. Over the review period a young person represents the boys at Management meetings. The boys have also been involved in an extended community meeting with all the staff (care, education and therapy) present. We discussed a number of key issues impacting on the community.	Met	Community meetings are a space for decisions to be made between the boys and staff. In addition, the Chairman of the community is able to visit management meetings where business plans are discussed. The boys can input into this beforehand and make suggestions (e.g. suggestions for a swimming pool, or new car).
1.4.2	2	Service users and staff take on a variety of roles within the Therapeutic Community	Met	There are a number of roles and tasks that are shared. For example, the boys chair the meetings, different boys prepare the community daily lunch, boys	Met	Examples of roles held by the boys were given on the day (e.g. Chairman, Deputy Chair, Groundsman, Welcome Committee). The review team

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				<p>are involved in interviewing. Staff also fulfil different functions within the team. We continue with the roles: Community Chairman, Deputy Chairman, Groundsman, Breakfast Monitor, Welcome Committee role, School Counsellor, Car Checks, Fire Safety Checks, Chicken Monitor.</p> <p>We as a community feel that we want to put more effort into the individual jobs of responsibility over the next review period.</p>		<p>also observed conversations and requests about further roles being introduced (e.g. snack monitor).</p> <p>The review team did not hear examples of roles taken on by staff outside of their professional duties (e.g. teacher). This led us to wonder whether roles such as minute taker etc. are also taken on by staff or whether these are exclusively developed for the boys. The TC should consider what roles could be developed for staff.</p>
1.4.3	3	Roles with increasing levels of responsibility within the Therapeutic Community are achievable by Service users and staff	Met	<p>There is a structured use of 3 groups in the home Alpha for younger boys and those at the earlier stages of their journey, Omega for older boys on an independence program and with more responsibility and we now have boys that live at Nant where the responsibility is greater and sensitive preparation for individuals for their needs when they leave us.</p>	Met	<p>The review team felt that the 3 groups (Alpha, Omega and Nant) and the pathways or 'thresholds' for each were somewhat unclear. TC members did not appear to be concerned about the clarification of this and held a general consensus related to independence, development, proximity to leaving etc. However, the review team felt that the definition of this should</p>

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				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.		be formalised for external purposes if possible.
1.4.4	1	There is opportunity and management support for spontaneity	Met	Management continue to be on site daily and remain integrated in the community. Community members are aware that we have an open and honest ethos and support is at hand for any kind of spontaneity. We have a positive risk-taking policy that reflects this.	Met	There are structures in place to support spontaneity (e.g. staff availability). The service was involved in planning a spontaneous trip on the week of the review.
1.4.5	1	All Service users and staff can consider and question managerial processes and group and institutional dynamics	Met	There are spaces and opportunity for this in quarterly large community meetings where everyone is together, the community chairman attends management meetings, extended community meetings and community gatherings.	Met	Managerial and group dynamics are considered open to question by both the boys and staff.
1.4.6	1	Change is managed in a way that recognises the impact on	Met	Change is discussed regularly at extended community meetings,	Met	The service understands that change can be impactful and

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		Service users and staff.		<p>daily meetings, informal times, staff meetings, group dynamics, group supervisions, clinical supervision and other spaces. All members are encouraged to recognize and reflect on the impact of change. We feel that 'change' in general has been important and a subject that impacted a lot on community members for several reasons. We have managed this well through discussion of sensitive subjects such as: joining and leaving, boys developing through the groups here at Golfa, moving to Nant, expanding in numbers of boys, coming out of lockdown and being able to have visitors, see family and mix with the outer community.</p>		<p>engages in discussions about this daily. On the review, the team heard examples of this with regards to people leaving the community.</p>
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1.5 There is a structured timetable of activities that reflects the needs of Service users and staff

1.5	1	<p>There is a structured timetable of activities that reflects the needs of Service users and staff</p>	Met	<p>We have timetable in place across the community for all meetings that staff are involved in. A daily shift plan is evidenced in the office that reflects the needs of</p>	Met	<p>As per self-review.</p>
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				each boy. The structure of day to day is discussed at the start of each day. Boys are given a copy of their school timetable each day and it is visible on a large screen in school.		
1.5.1 ★	1	The timetable includes a group meeting, commonly called the Community Meeting (or Children's Meeting), which is central to the functioning of the Therapeutic Community and Service users and staff are expected to attend.	Met	There is a formal timetable in place for all meetings.	Met	The timetable includes a Community Meeting.
1.5.2	3	The timetable of activities is reviewed regularly (minimum annually) with input from Service users and staff.	Met	This is reviewed regularly. Staff and boys are involved in team and community meetings. Individual activities are also discussed more specifically in the integrated reviews that take place quarterly. This year has seen the boys and staff engage in a number of activities and holidays.	Met	The timetable at Golfa Hall is reviewed regularly to fit the needs and wishes of each and every TC member.
1.5.3 ★	2	There is a process for monitoring and addressing	Met	All meetings etc., are monitored with a register. Attendance is	Met	While attendance is not an issue at Golfa Hall, attendance is

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		attendance at timetabled activities		discussed regularly, this may be addressed in community meetings, individual meetings, or another forum that is deemed appropriate.		monitored and taken at each and every meeting.
1.6 Service users and staff are encouraged to form a relationship with the Therapeutic Community and with each other as a significant part of community life						
1.6	1	Service users and staff are encouraged to form a relationship with the Therapeutic Community and with each other as a significant part of community life	Met	This is the essential work that is explained and embedded when members join the community. This is done through various means: induction, young persons booklet, meetings, training, spending time with the community, joining in the extended community meetings.	Met	The TC works relationally to support progression.
1.6.1	2	Service users and staff work together to keep a clean, well-maintained physical environment	Met	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.	Met	There is a rota of jobs for the house and grounds. Job examples were given on the day which included groundsman, chicken keeper, weekly shop, cooking etc. The community could perhaps think about how jobs are recorded and referred to. For example, having a job list on a

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						notice board within the house for all members to see.
1.6.2	1	Service users and staff share informal time together, including meal times and recreation	Met	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.	Met	The whole community come together to enjoy lunch and dinner. As per self-review, meals are prepared by TC members. The review team additionally heard examples of adults and boys playing and watching the football together, going to concerts and watching films.
1.6.3	3	Service users and staff encourage each other to share their life experiences, within the boundaries of the confidentiality policy agreed with the Therapeutic Community.	Met	This has become embedded within the community and has been particularly noticeable in the extended community meetings. This is also done in informal spaces and in PSHE and individual sessions.	Met	The review team would have liked to explore this further on the day. For example, how much the boys are able to share with each other.
1.6.4	1	Issues of power and authority in relationships are openly discussed. For example, but not limited to, bullying or structural hierarchies.	Met	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	Met	Issues of power and authority are openly discussed in community meetings.

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				encourages the exploration of these issues within relationships. Staff supervision and sensitivity continues to develop with care and education.		
1.6.5	2	Service users and staff value and accommodate each other's different abilities and are sensitive to these differences.	Met	Staff and Children & Young People value and accommodate each others' different abilities and are sensitive to these differences. These differences are discussed in community meetings, daily informal time, school, link worker sessions, therapy, staff meetings, management meetings.	Met	This was not discussed on the review.
1.7 All behaviour and emotional expression is open to discussion within the Therapeutic Community						
1.7	1	All behaviour and emotional expression is open to discussion within the Therapeutic Community	Met	Emotions for all community members are greatly encouraged to be discussed within the community in the appropriate spaces. The community feel that this has been an achievement over the review period. The young people have been able to express their emotions in various spaces that has shown trust, openness and understanding has been	Met	Discussions around behaviour and emotional expressions occur regularly at the TC.

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				gained from this. Evidence of this has shown through extended community meetings and individual discussions with boys. Trust in relationships has been evident.		
1.7.1	1	Service users and staff are encouraged and supported to put thoughts and feelings into words	Met	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.	Met	TC members have groups to encourage and support putting thoughts and feelings into words. As per self-review, staff are supported through sensitivity groups and clinical supervision. The boys are supported through various individual channels (e.g., link workers) and therapy sessions. The community meetings provide a space for TC members to openly speak once they feel comfortable to do so. The way in which boys communicated thoughts and feelings with each other in community meetings and especially in our company, demonstrated openness amongst the group and the quality of relationships enabling

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						this.
1.7.2	1	Service users and staff support each other to be reflective and non-judgemental when responding to issues raised in the Therapeutic Community	Met	This happens in a number of forums, such as the community meetings, key work sessions, 1-1 therapy, school meetings, staff meetings, large community meetings.	Met	The TC fosters a reflective and non-judgemental culture allowing issues to be raised openly in community meetings, key link sessions, therapy, supervision, and dynamics groups.
1.7.3	1	Service users and staff talk to one another about their own behaviour and the effect it has on others	Met	We are a very open community, and the community meeting offers a safe place for both staff and boys to be open with each other about their feelings. This also happens regularly on an informal basis. The boys and staff place items on the community agenda and a significant part of the meeting is about exploring each other's behaviours and the impact this has. Staff dynamics, group supervision and clinical supervision are also spaces for supported reflection.	Met	This was evidenced through conversations on the day.
1.7.4	2	Service users and staff consider and discuss their attitudes and feelings towards each other	Met	As discussed in 1.7.3	Met	Attitudes and feelings are openly discussed in community meetings and through day-to-

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						day interaction.
1.7.5	1	Cultural and personal differences in communication are recognised and valued.	Met	Any differences are recognised and valued within our community. These discussions happen on a daily basis.	Met	This was not discussed on the review.
1.8 Everything that happens in the Therapeutic Community is treated as a learning opportunity						
1.8	1	Everything that happens in the Therapeutic Community is treated as a learning opportunity	Met	The culture at Golfa Hall is that exploration of feelings and experiences are discussed in a safe way. Whether an experience is seen as positive or negative we use spaces to discuss this and learn from it.	Met	There is an emphasis on learning from everything that happens within the TC.
1.8.1	2	Service users and staff discuss problems and their solutions before action is taken	Met	This happens formally in community meetings and staff meetings but also day to day as opportunities arise. For staff, handovers and "on the hoof" discussion is an inevitable part of residential life in a group community. Such issues are also discussed in therapy, personal plan reviews and emergency meetings with the boys.	Met	Problems are raised and discussed with the boys and colleagues in relevant meetings. For community meetings with the boys, this can be added as an item on the agenda to be revisited if needs be.
1.8.2	1	There are reparative and non-	Met	There is a distinction between	Met	As per self-review.

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		punitive ways of resolving hurt, conflict and damage which work towards a meaningful outcome		sanctions and consequences. We try to use realistic and meaningful natural consequences as a method to make reparation where there has been a difficulty. We avoid "sanctions". We continue to involve the boys more in these discussions and their views and opinions have informed staff decisions. The boys have also been directly involved in identifying consequences for themselves and others.		
1.8.3	2	Service users and staff are encouraged to identify parallels between their relationships, behaviour and perceptions outside of the Therapeutic Community and similar situations within the community	Met	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.	Met	This was not discussed on the day.
1.8.4	1	Service users and staff understand how and why decisions are made	Met	We have an open and honest culture where if decisions are made members are clear that transparency is imperative within our community. Clear	Met	Decisions that affect the running of the TC are spoken about with the boys and staff.

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				explanations happen allowing members to discuss their feelings further.		
1.8.5	1	Service users and staff are conscious of the value of learning and gaining understanding from everyday living (living- learning environment).	Met	Reflective spaces are always facilitated for community members. These are link worker sessions, community meal times, community meetings, group dynamics, group supervision, school council meetings and our TCCT training evidence the importance of learning in this area. This is embedded in our culture in a day-to-day basis.	Met	This was not discussed on the day.
1.9 Service users and staff share responsibility for the emotional and physical safety of each other						
1.9	1	Service users and staff share responsibility for the emotional and physical safety of each other	Met	The culture we work hard to embed is that everyone is part of the community therefore are responsible for caring for each other.	Met	As per self-review.
1.9.1	2	Service users and staff offer one another advice on ways of coping with conflict, frustration and disappointment.	Met	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	Met	There is an understanding of the different points of view within the TC. The boys and staff work through these together and feel comfortable offering advice. The review team were able to see this

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				meeting space is a useful time to share advise and engage others in different ways of thinking before acting in a situation.		evidenced during discussions in the whole community meeting on the day.
1.9.2	2	There are clear procedures in place if the Therapeutic Community needs to address concerns/difficulties outside the timetable of activities. For example, Emergency Meetings	Met	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.	Met	The TC members can call an emergency meeting by letting the shift leader know. All TC members are expected to attend. Examples of when emergency meetings have been called were given on the day.
1.9.3	2	Service users and staff share an understanding of the use of physical contact in supporting each other.	Met	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.	Met	Due to the client group, physical contact and the risks of such is a regular conversation in the TC. Each TC member was able to explain that physical contact is a personal preference, and each must ask one another whether hugs are accepted before engaging.

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1.9.4	1	Service users and staff are encouraged to bring concerns about each other to groups. Fears around "telling tales" or "grassing" are openly discussed and there is an understanding of confidentiality and its limits.	Met	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.	Met	The TC is open to discussing concerns in groups.
1.9.5	1	Service users and staff feel supported by the leadership	Met	The leadership in our community is a consistent key thread to support for all community members. Leaders are always present at community meetings, extended community meetings, large community meetings, emergency meetings, staff meetings, board reviews and available daily to support and create a rich nurturing environment.	Met	Leadership functions in a way that supports the TC ethos. Leaders engage in the TC through various meetings (e.g. extended community meetings, staff meetings, and board reviews). This demonstrates support of the TC and each individual within. Both staff and the boys confirmed they felt supported by leaders.
1.10 Service users and staff are active in the personal development of each other						
1.10	1	Service users and staff are active in the personal development of each other	Met	Various spaces allow for particular discussion on this feedback of development to each other as well as in general. Shift evaluations, community	Met	Each individual at the TC is active in the development of other TC members (staff and the boys).

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				meetings, supervisions, staff dynamics, appraisal, boys' feedback for personal plan reviews.		
1.10.1	2	Service users and staff encourage each other to take on jobs and responsibilities in the Therapeutic Community based on their development	Met	There is a rota for a number of jobs and responsibilities, which are considered essential to support the emotional and social growth of the young people. There is also a clear process of moving towards increasing independence (subject to risk assessment). This is also discussed in quarterly personal plan reviews to ensure that each young person's needs are being met.	Met	There is a rota of jobs for the house and grounds. Job examples were given on the day which included groundsman, chicken keeper, weekly shop, cooking etc.
1.10.2	1	Service users and staff are encouraged to give feedback to each other	Met	This happens in community meetings and in general day to day interaction. This continues to be a strength in our community.	Met	The boys and staff are encouraged to give feedback to each other informally day-to-day when this fits and within Community Meetings.
1.10.3	3	There is a process in place to gain input from Service users and staff into each other's reviews or appraisals. For	Met	We use 360-degree feedback in staff appraisals and we have an annual employee survey to feed into the development plan for the	Met	Staff can give and receive feedback to each other before their appraisal on a 360-degree form. As a community there have

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		example, using 360-degree feedback.		service. We have devised a feedback form together for boys so they can feedback to each other that is part of their personal plan review. Boys discuss each other's progress generally and there is some informal input in community meetings. Boys can input their comments onto a feedback form to each other before personal plan reviews.		been discussions to share ideas and a form has been developed for boys to input into each other's progress reports. For more informal input, the TC members speak as a group about progress and ways this can be supported.
1.10.4	1	Service users and staff support one another to develop their ability to confidently express their views and opinions	Met	This is encouraged on a daily basis during community meetings and informal discussion. Community members are aware that we are all engaged in an environment where views and opinions are heard.	Met	There is encouragement from all angles of the service. This is done as and when needed (e.g. in community meeting) or differently encouragement by link workers and the therapist. Those who feel unable to speak up in community meetings are able to approach the Chairman or deputy chair who will bring their views forward anonymously. It was great to hear the boys supporting each other in this way, and it allows each and every voice to be heard.

The Review Workbook

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1.10.5	1	Service users and staff are supported, by each other, to understand the opportunities and challenges of taking positive risks	Met	Positive risk taking is discussed regularly in the community and all members contributed to the 'Positive Risk-Taking Policy. This is reviewed regularly and discussed as a community. Boys personal plan reviews are a space to move forward with positive risk talking. Staff meetings, large community meetings, community meetings, school council meetings are all spaces where opportunities are discussed.	Met	The review team would have liked to explore the support, understandings, and challenges of taking positive risks. Particularly the risk assessment, risk management, how much the boys involved can contribute to the decision-making.
1.10.6	2	Service users and staff can describe how being an active member of the community helps their development.	Met	There are various spaces that members have to explore their development along with the daily environment. Members are encouraged to support and encourage each other in recognising development openly.	Met	The boys were able to describe how being involved in the community has supported their understanding and development. There were specific examples and reference to independence. The review team did not hear examples of how being an active member supports staff development.

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Staff

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

2.1	1	The staff selection process reflects the ways of working within the Therapeutic Community.	Met	Our website explains the culture of Amberleigh Care and the majority of the time the staff that apply are interested in the way of working as a therapeutic community. The staff selection process involves interviewing by members from each departments and the young people. If suitable they are invited back for a mealtime with the community then boys and staff discuss further suitability before offering a position.	Met	New applicants are directed to the Amberleigh Care website which outlines culture and what it means to be a TC. The interview process is suitable, where potential staff are invited for a whole community meal before further suitability is discussed and a final decision is made by both staff and the boys.
2.1.1	1	Service users and staff are involved in the recruitment of new staff members	Met	Part of the interview process is that one young person prepares and asks questions during interview. Then potential new members of staff invited to share a mealtime with the community. This has happened on many occasions over the review period.	Met	Staff from each department firstly interview potential new staff. A representative of the boys will join afterwards to ask questions forwarded by the boys. Examples were given on the day: "What would you bring to the community?" or "Do you know what a Therapeutic Community

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						is?" Interview questions are reviewed every year.
2.1.2 ★	1	Core competencies related to working within a Therapeutic Community are used to assess the suitability of staff. For example, TC Practitioner Competencies Framework 2014 (appendix 1)	Met	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.	Met	The staff confirmed that core competencies are included in the appraisal process.
2.2 Staffing levels are sufficient to deliver and participate in the Therapeutic Programme						
2.2	1	Staffing levels are sufficient to deliver and participate in the Therapeutic Programme	Met	Our care staffing ration is 2:1. This is evidenced on the Rota and shift plan.	Met	2 boys:1 adult for care staff. Maximum 4:1 depending on individual needs. There is CCTV available in the classrooms and each adult has a radio where they can call for additional support if needs be.
2.2.1	1	The timetable of activities is delivered consistently (For instance, core activities: community meetings, small groups, are rarely cancelled)	Met	Staff ratio is 2:1, this is consistent. There is a clear timetable that the community follow. This is visible for all.	Met	The boys and staff were able to outline the timetable of activities that is delivered consistently.
2.2.2	2	There are sufficient staff to	Met	There is always sufficient staff to	Met	Staff work on a shift pattern

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		support routine involvement and participation in the Therapeutic Community outside the timetable of activities, including meal times and recreation. (For instance, activities such as recreation, play and social time are rarely cancelled)		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 range of activities supported by staff. Our boys attend external clubs.		which can be found on the rota. The rota has been developed to support the boys and offers sufficient levels of staffing.
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2.3 Staff receive training related to working in a Therapeutic Community

2.3	1	Staff receive training related to working in a Therapeutic Community	Met	Staff receive introduction training to a TC with our Managing Director when they first join. Therapeutic Community Core Training (TCCT) Day 1 & 2 as part of their core training. Peer Review training. Attending external events.	Met	This was not discussed in detail on the day.
2.3.1 	1	Staff undertake continuing professional development (of at least two days per year) relevant to working within a Therapeutic Community.	Met	Staff continue to receive in-house and external therapeutic training courses. We have in house Therapeutic Community Core training, Good lives Model and HSB training. Various staff have attended external events and	Met	This was not discussed on the review.

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				training with C of C and TCTC. Staff and boys have attended and presented at various conferences including TCTC annual conference. The managing director and therapy manager are on the TCTC board, the Therapy Manager is co-chair of TCTC CYP Interest group. The managing director is on the C of C advisory group and the therapy manager has joined TCAP this year. More care and teaching staff have done peer review training and been on peer reviews (and planned in this cycle). Some staff have completed various training that TCTC have provided in relation to core values.		
2.3.2 	2	Staff training should be linked to Therapeutic Community core competencies	Met	All training is linked to the Therapeutic Community core competencies. This is evidenced on certification.	Met	As per self-review, however, the review team did not see evidence of this on the day.
2.3.3 	3	Staff receive experiential training. For example Living-Learning Workshops, group	Met	The young people and staff are involved in delivering and attending workshops and conferences. A number of staff	Met	The review team can confirm that a number of staff have attended CofC training, the annual forum, community

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		relations courses		<p>have attended C of C induction training, annual conference, community meetings and events at the CofC. Staff and young people have attended the TCTC annual forum and regular TCTC CYP workshops. Staff have attended Peer review training and attended peer reviews. The therapy manager is currently studying groupwork practitioner diploma with IGA. A 2-day living learning experience is planned in for 2023 for Amberleigh staff. This is currently in planning.</p>		<p>meetings and events.</p> <p>It would have been good to hear more about how the boys have engaged within workshops or courses.</p>
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2.4 Staff attend group supervision

2.4	1	Staff attend group supervision	Met	All care and education attend regular timetabled group supervision facilitated by our internal therapist.	Met	Group supervision is undertaken in all departments at Golfa Hall and is facilitated by the internal therapist.
2.4.1 	1	Group supervision is facilitated by a person with knowledge and/or experience of working in a Therapeutic Community	Met	Staff attend regular group supervision. This space is a facilitated by a member of the therapy team all members of the team and has some experience of working within a TC.	Met	Supervision is facilitated by a member of the therapy team who has experience working in a TC.
						It is unclear whether the group facilitator has experience of

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						working in TCs outside of their experience at Golfa Hall. Therefore, it would be good for the facilitator to engage in CofC reviews to gather further information about how supervision is undertaken at different TCs.
2.4.2	1	Group supervision involves discussions about Service users that include reflection on theory, practice and experiential learning	Met	Group supervision has space to discuss and reflect on young people. Reflection is key to improve learning and outcomes.	Met	As per self-review.
2.4.3	1	Group supervision helps staff members explore their interactions with Service users and staff	Met	Staff are encouraged to reflect on their interactions with the boys and other staff, and what impacts on these interactions.	Met	Group supervision is used to explore interactions at all levels to develop a better understanding of staff's own thoughts and feeling and relationships with the boys. These groups explore how interactions could be improved.
2.4.4	1	Group supervision enables staff to challenge each other's perceptions of events in the Therapeutic Community and	Met	Group supervision encourages staff to express their feelings and perceptions and challenge each other's perceptions. Some staff find this easier than others.	Met	The staff can explore interactions together and offer advice or challenge views when needed.

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		work to understand the difference between them				
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2.5 Staff attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity, minimum one session per month)						
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2.5	1	Staff attend a group, separate to group supervision, aimed at exploring the relationships between them as a group (commonly known as staff dynamics or sensitivity, minimum one session per month)	Met	All care and education staff attend regular staff dynamic spaces and as a whole.	Met	There is a staff dynamics group that occurs for 1 hour every 4-6 weeks. This group is used to explore relationships within the TC and the wider network.
2.5.1	1	The staff dynamics or sensitivity group enables staff to reflect on the relationships between them and the impact these have on their work	Met	During staff dynamics staff are encouraged to reflect on the relationships that exist amongst the team and the impact this has on their work.	Met	The staff team explained that this group is facilitated well and allows them to be reflective. They are encouraged to speak confidently about their relationships and the impact these might have on their work.
2.5.2	1	The staff dynamics or sensitivity group enables staff to reflect on their relationships with the wider organisation	Met	Staff have this space to reflect on their relationships with all employees of Amberleigh Care and external professionals.	Met	As per self-review.




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2.5.3	1	The staff dynamics or sensitivity group should be planned and take place at a consistent time and for a consistent duration	Met	The staff sensitivity group is planned in advance and happens approximately every 4-6 weeks and happens at the same time for 1 hour. This is timetabled in to the meetings throughout the year.	Met	As per self-review.
2.5.4	2	The staff dynamics or sensitivity group should be facilitated by an experienced group facilitator with knowledge of Therapeutic Community and/or group dynamics. The facilitator should have no clinical or line management responsibilities for any participants in the group.	Met	Staff dynamics group is facilitated by the therapy manager who is not directly involved with the day to day running of the home/school and oversees both communities.	Not Met	The staff dynamics group is facilitated internally by the therapy manager who has 17+ years of experience working in TCs. However, the therapy manager has line management responsibilities of 1 individual in the staff dynamics group. When asked how they felt about the therapy manager facilitating this group, the staff team felt that the therapy manager does an amazing job at this and feel comfortable enough with them facilitating.
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.)						
2.6	1	There is a process for reviewing and recording staff	Met	Registers are kept up to date from group spaces and all	Met	This was not discussed on the review. The peer-review score

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		attendance at support and training groups (i.e. staff supervision, staff dynamics, TC training etc.)		training.		reflects the self-review.
2.6.1 	1	There is a procedure for dealing with areas of concern raised by a review of staff attendance at support and training groups	Met	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.	Met	This was not discussed on the review.
2.6.2 	2	There is record of any action taken following a review of staff attendance at groups	Met	Non-attendance of supervision or sensitivity would be discussed and recorded during individual supervision. Policies and procedures would be adhered to.	Met	This was not discussed on the review.
2.6.3 	3	There is a process to enable the staff to give feedback about the quality of staff support and training groups	Met	Staff have various confidential spaces do this: line supervision, group dynamics and clinical supervision. Staff annual feedback is an avenue where staff can feedback about the quality of staff support and training groups. Evaluation forms are another feedback methos for training groups.	Met	This was not discussed on the review.

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Joining and Leaving

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

3.1	1	The Therapeutic Community is suitable for the needs of its members	Met	<p>Our referral process is vital in assessing the needs of the young person in detail before consideration takes place to look further into suitable placement. This is firstly done by our experienced referral and placements manager who knows the group of boys well that are currently placed at Golfa Hall. We as a community feel that during the last review period the process has worked well and boys that have joined have been well matched with the current boys.</p>	Met	<p>There is a thorough referral process which assesses the suitability of the TC for new members. This includes whether they will engage with groups and fit well with the current boys at the TC.</p>
3.1.1 	1	<p>Service users are assessed as to whether the Therapeutic Community is suitable to meet their needs prior to joining</p>	Met	<p>We have a robust admissions procedure. If new referral meets initial criteria, then the young person is visited by members of the senior management team. If at this stage we feel that the TC maybe suitable for the young</p>	Met	<p>This a TC Specialist standard, usually supported by evidence on an accreditation visit. This was not evidenced on this peer-review.</p> <p>The score has been taken from self-review.</p>


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				person, we invite the young person to visit the community (sometimes with an overnight stay). This is to ensure that not only the young person is suitable for the TC, but the community is right for the young person. This also ensures that staff and boys have a say in who join our community.		
3.1.2	2	Potential new Service users are involved in their assessment as to whether the Therapeutic Community will be suitable for their needs prior to joining	Met	As discussed above: On the initial visit to a potential new young person we make it explicitly clear that we will not force anyone to join our community and if at any stage they feel the environment is not suitable and they don't want to join then we will not proceed with the referral. The young person's feedback and views are crucial to the selection process.	Met	The staff discuss and explain the work of the TC to all potential TC members. Each individual is able to provide feedback and as the self-review suggests, the TC will not proceed with referrals if they do not feel the environment is suitable.
3.1.3	2	There is a process which reflects on the current composition and needs of the Therapeutic Community prior to accepting new Service users	Met	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	Met	The TC ensures that new members are the right 'fit' for the community. They consider the current composition and group and the needs of the potential newcomer. This is further

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		and staff		impact, and what may be needed. Ensuring the 'fit' for the community is right is an essential part of our process.		evidenced by the TC having space to accommodate 19 individuals but currently only housing 15.
3.2 There is an information pack for potential new Service users and staff						
3.2	1	There is an information pack for potential new Service users and staff	Met	Golfa Hall have an information pack for all new employees and a young persons' booklet for all boys that join.	Met	This was not discussed on the review. The peer-review score reflects the self-review.
3.2.1 	1	The information pack, as a minimum, should describe the Therapeutic Community ways of working, expectations of membership and confidentiality, and be understandable by all	Met	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.	Met	This was not discussed on the review.
3.2.2	2	The information pack is reviewed regularly (minimum annually) with contributions from current Service users and	Met	The induction for new staff is reviewed annually. The young people are actively involved in creating the young persons guide. Information is regularly	Met	This was not discussed on the review.

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		staff		reviewed.		
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3.3 There is a planned joining process for prospective Service users and staff

3.3	1	There is a planned joining process for prospective Service users and staff	Met	We have a robust process in place for staff and boys that join the community.	Met	There is a thorough process for prospective TC members and staff. This is supported by external networks, senior management, staff, and current TC members.
3.3.1 	1	Service users and staff are involved in the planning and preparation for the arrival of a new member of the Therapeutic Community.	Met	Staff and young people are involved in the planning and preparation for a new community member. This starts when the new member of staff or young person visits the community. When somebody first visits a young person and member of staff will give them a tour. A link worker for a new young person is allocated before arrival, however if a more positive and suitable relationship is established later the link worker can change. We have set up a 'Welcome Committee' where 2 boys and a staff member meet regularly and before a new member joins to	Met	Senior management will visit the person when they are first referred to the TC to assess suitability and plan a visit. When they visit, they are guided by staff and one of the boys and given a tour. The 'Welcome Committee' was seen as excellent on the day. The two boys within this group made a special effort welcoming us as visitors into the TC and supported us to settle. They were involved in creating welcome packs with all relevant information (e.g. workbooks, who would be involved in the day etc.)

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				discuss how they can be welcomed with a 'little extra detail'.		and asked us whether we wanted any drinks/food. The purpose of the Welcome Committee was to be involved in preparing for a new member joining the TC and support them to settle in their early days at the TC.
3.3.2	3	There is a process to support Service users and staff when an unplanned joining is unavoidable, which is understood by all	Met	It is highly unusual for a young person to not visit Amberleigh prior to joining us. However, there would always be a visit to the young person in the first instance. Amberleigh do not admit on emergency.	N/A	The TC does not accept unplanned joiners. Recommendation: Ensure that self-review scores reflect self-review comments provided.
3.3.3	1	Service users and staff support new members to understand, adapt and contribute to the Therapeutic Community culture, practices, rules and boundaries	Met	The community ethos at Golfa Hall is that all members support each other to adapt and understand the TC. This may be through mentoring, link working and generally promoting positive role models. The Welcome Committee contribute to helping new members settle in as a 'go to person' also.	Met	Everyone at the TC is involved in supporting new members to understand, adapt and contribute to the TC.
3.3.4	3	The Therapeutic Community	Met	When a young person joins the	Met	The arrival of a new TC and staff

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		marks the arrival of a new member of the community		community they are welcomed in by all members during a community meeting and informal time. When a staff member joins they are also welcomed in during a community meeting and informal time. The Welcome Committee now take the lead with this when discussing with the community. A celebratory favourite meal of their choice is made for the new arrival when they join.		member are marked through informal time. The Welcome Committee help prepare how this can be done – often through organising their favourite meal for their first night.
3.4 There is a leaving process for Service users and staff which is understood by all						
3.4	1	There is a leaving process for Service users and staff which is understood by all	Met	We have process in place that gives lead up time to a member leaving where feelings around this can be discussed however difficult. Time lengths are different depending on the individuals and group needs. This is carefully planned. We celebrate time of all members here.	Met	There is a carefully planned leaving process that is used to support all TC members.
3.4.1	1	Service users and staff are involved in the planning and preparation for members	Met	All community members celebrate the moving on of staff or young people (e.g., meals	Met	The TC plans and prepares for members leaving the TC accordingly. This is spoken about

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		leaving the Therapeutic Community.		together, parties and leaving gifts). The extended community meetings have given the boys and staff the opportunity to explore their feelings towards a young person or staff member leaving. To celebrate the leaving of a member is usually a gathering/party to share memories. When a boy leaves they take an 'Amberleigh' life story book with them that has been made together with key worker for all their time with us.		openly during the lead up to the person leaving and is individualised to the person's needs and wishes. It would have been great to speak more about the Amberleigh life story book and what this includes.
3.4.2	1	Service users and staff explore and work with issues relating to endings for those leaving and for those being left	Met	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	Met	The TC explores and works with issues relating to endings for those leaving. These are spoken about in whole community meetings, but also in their 1-1 sessions with therapist and link workers. While not encouraged, individuals are reassured in knowing they are able to contact the TC whenever needs be through a Facebook group or by having access to the house phone number.

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				members have left the community. The community have been able to explore how this has impacted on them.		At the time of this review the TC were exploring issues relating to those leaving and those being left, and we were able to explore this with them.
3.4.3	1	Recognition is given to the achievements and contributions of a community member during their time with the Therapeutic Community as part of the leaving process	Met	Any achievements by young people or staff are recognized and celebrated by the Amberleigh community during their final get together as a community. Photos are shared and memorable events are talked about. We have an end of term ceremony in school where a number of achievements were recognized, and awards presented. We have also had leaving ceremonies for long standing members of staff, where all of the community were involved.	Met	Achievements and contributions during their time at the TC are recognised during the leaving of a TC member.
3.4.4	1	The community marks an individual leaving with an event or celebration	Met	When a young person leaves the community, an event is planned with the young person's input of wishes. A meal, party, BBQ is usually the choice and everyone who has been a part of the young person's life whilst living at	Met	Leaving the community is planned and marked depending on the needs and wishes of those leaving. The review team heard examples of meals and parties.

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Amberleigh is invited.

3.5 There is a process to support Service users that leave or wish to leave the Therapeutic Community prematurely

3.5	1	There is a process to support Service users that leave or wish to leave the Therapeutic Community prematurely	Met	We support any young people if they wish to leave with careful planning and communication with relevant professionals.	Met	As per self-review.
3.5.1	1	There is an expectation that a resident wishing to leave prematurely will discuss this with the Therapeutic Community	Met	If a young person expresses a wish to leave early, it is dealt with by the relevant professionals. The Oaks community fully support young people with their wishes also taking into account their best interests. Young people are always encouraged to express their feelings openly and their wishes are listened to.	Met	The boys are supported in expressing any concerns they may have within the TC, including premature leaving. Be mindful of copying answers from sister services into workbooks. To ensure that each workbook is personalised to each service, provide quotes from community members into self-review comments.
3.5.2	1	Service users and staff support each other to remain engaged with the Therapeutic Community. This includes after they have left, if required.	Met	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	Met	The boys and staff support each other to remain engaged in the TC. The review team heard how a community meeting was called to discuss this with a staff member and felt that this was a work in progress.

The Review Workbook

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

Standard Number	Type	STANDARD	Self-Review score	Self-Review Comment	Peer Review score	Peer Review Comment
				<p>discussions. There have been continued relationships with boys that have left Golfa Hall through our Amberleigh Facebook group. A former resident now has a job with us as an 'Expert Peer Mentor'.</p>		<p>The review team heard a number of examples of previous residents remaining engaged in the TC after they have left. The TC has recently invited older members to revisit and are looking to hold another visit in spring 2023.</p> <p>An 'Expert Peer Mentor', who used to be a member of the service, regularly checks-in and speaks to the boys. This demonstrates excellent modelling and supports the boy's understanding of the work done at the service and their progress as a whole. However, the review team would have liked to hear more about how rules and boundaries with leavers are maintained with particular reference to the Facebook group and access to telephone numbers.</p>



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Therapeutic Framework

4.1 The Therapeutic programme is overseen by appropriately qualified leadership

4.1	1	The Therapeutic programme is overseen by appropriately qualified leadership	Met	The therapeutic program is overseen by directors and reviewed at board level. Monthly Management meetings take place for this discussion. We have experience and qualifications in each area of expertise. Care, Therapy and Education.	Met	This was not discussed on the review.
4.1.1 	1	The leadership can demonstrate competence in relation to therapeutic practice, especially in relation to group work	Met	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.	Met	There is a large breadth of experience within Golfa Hall that demonstrates competence and experience in working therapeutically in groups.
4.1.2 	1	The leadership has a comprehensive understanding of the Therapeutic Community Model of practice	Met	We have experienced TC practitioners supporting the daily running of the TC. The MD has been actively involved in the TC world for over 18 years in senior positions and is both Tavistock qualified as well as having roles in	Met	This was not discussed on the review.

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				<p>both TCTC and C of C. The Director of Care and Therapy has also worked within the Therapeutic Communities and the CofC for over 22 years. The Therapy Manager has over 16 years experience in a TC, TCTC board member, TCTC CYP co-chair, a TC specialist. part of TCAP group and currently studying Group Analysis with IGA.</p>		
<p>4.1.3 ★</p>	<p>1</p>	<p>The management team (i.e. staff and community chair etc.) facilitates the delivery of a consistent approach across the Therapeutic Community, involving all staff and disciplines</p>	<p>Met</p>	<p>As discussed, the senior management group work collaboratively to ensure a consistent approach across the community. Over the review period we have continued to develop a greater cohesiveness within the 3 core functions of the community (therapy, care and education). The education manager also co-facilitates the extended community alongside the therapy manager and house manager.</p>	<p>Met</p>	<p>The review team were able to see the cohesiveness of therapy, care and education. There are continual conversations throughout the day to ensure consistent care and this is supported by management.</p>

4.2 There are structures in place to facilitate the safety of all group meetings

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4.2	1	There are structures in place to facilitate the safety of all group meetings	Met	We have meeting timetables with times. Meeting structures are explained in our handbook and prior to meetings, expectations are emailed out and also discussed at the start and during meetings.	Met	As per self-review.
4.2.1 ☆	2	Staff responsible for running group meetings have attended training in, and had experience of, delivering groups	Met	Formal groups in school/therapy are delivered by qualified staff, elsewhere, this is more by experience and supervision. There is in house training to support this function (as advised by CofC). Some staff have completed, and all staff have the opportunity to do the Therapeutic Child Care Degree.	Met	This was not discussed on the review.
4.2.2	1	Group meetings have an agreed purpose and task	Met	There is a clear purpose and task to all meetings, that all members of the community understand and have agreed.	Met	All community members understand the purpose of meetings. For the community meeting, this is supported by an agenda agreed by members weekly.
4.2.3	2	Group meetings have a consistent duration, starting and ending within limits set by	Met	Yes, there is a clear timetable and process for meetings. There are clear time boundaries for these	Met	As per self-review.

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		Service users and staff		meetings.		
4.2.4 ☆	1	There are written records of groups that reflect on process and decision making	Met	There are written records of all meetings that occur in the community.	Met	The review team were able to see evidence of written records of all meetings that occur in the community. These are written by facilitators of the groups, including the Therapy Manager and the Deputy Chairman at the TC.
4.3 Each resident has a plan that highlights their personal, social, therapeutic and educational needs and how they can be met through engagement with the Therapeutic Community						
4.3	1	Each resident has a plan that highlights their personal, social, therapeutic and educational needs and how they can be met through engagement with the Therapeutic Community	Met	Boys have individual personal plan reviews every 3 months that discusses each area in detail.	Met	As per self-review.
4.3.1 ☆	2	There are regular written updates of how engagement in the Therapeutic Community is helping the resident to address the needs identified in	Met	Quarterly reviews occur for every young person, these reviews track and monitor individual progress and identify additional needs. The reviews are chaired by the therapist and include	Met	This a TC Specialist standard, usually supported by evidence on an accreditation visit. This was not evidenced on this peer-review. The score has been taken from



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		the therapeutic plan		representatives from care and education.		self-review.
4.3.2 ☆	1	Service users and relevant others are involved in all stages of reviewing and developing their therapeutic plan	Met	Young people are involved in all formal review meetings but also in regular link worker sessions as well as day to day opportunities for recognising achievement and identifying small step targets. The boys attend their integrated quarterly personal plan reviews and have contributed to outlining positives and identifying targets for the next quarter.	Met	This a TC Specialist standard, usually supported by evidence on an accreditation visit. This was not evidenced on this peer-review. The score has been taken from self-review.
4.3.3 ☆	2	The therapeutic plan is reviewed regularly using all available information. For example, attendance at groups, engagement in community life, and feedback from Service users and staff.	Met	As in 4.3.2: usually quarterly personal plan reviews, for some individuals this is sometimes more frequent.	Met	This a TC Specialist standard, usually supported by evidence on an accreditation visit. This was not evidenced on this peer-review. The score has been taken from self-review.
4.4 The Therapeutic Community has a confidentiality policy that relates directly to the work of the community.						
4.4	1	The Therapeutic Community has a confidentiality policy that relates directly to the	Met	We have a confidentiality policy that relates to the work we do.	Met	The confidentiality policy was not evidenced on the day. However, TC members were able to refer to it during discussions.

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		work of the community.				
4.4.1 	1	Service users and staff can describe examples of the limits of confidentiality. For example, with regard to information shared in groups	Met	There is a live understanding of confidentiality. It is part of our joining process, part of our groups, discussed in therapy and part of staff training. This is especially relevant to the histories of our boys and how we engage with the wider world. There is a confidentiality policy, social media policy and positive risk-taking policy that is updated and shared with the community.	Met	The review team felt that this criterion was not discussed in enough detail on the day to provide a score, and would have liked to have explored this further.
4.4.2	2	Service users and staff can describe the process that follows breaches of confidentiality	Met	This is discussed during community meetings and on a daily basis and as such breaches are very rare. However, boys are aware about not gossiping about each other etc. Staff have a clear confidentiality policy in the handbook.	Met	The process following breaches in confidentiality is rare, although dependent on the extremity of breaches.
4.4.3 	2	The confidentiality policy is reviewed regularly (minimum annually) with input from Service users and staff	Met	The policy is reviewed annually. Any changes would be discussed with boys via community meetings if it had a direct impact on them. The boys have had	Met	The confidentiality policy is reviewed annually and any changes are discussed within community meetings with the boys and staff.

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				discussions within the community about confidentiality and the boys' awareness of this and how it feels when that is broken.		
4.4.4 	2	Any variations from the confidentiality policy of the Therapeutic Community, such as professional requirements, must be explicitly stated	Met	See shared confidentiality policy for detail.	Met	The confidentiality policy was not seen on the day.

4.5 There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model

4.5	1	There is a clear statement or policy relating to physical restraint which reflects the Therapeutic Community Model	Met	Our Physical intervention policy relates to restraint within our community. We have 2 internal experienced Team Teach trainers that are managers.	Met	As per self-review.
4.5.1	1	Service users and staff understand when physical restraint might be used and are trained accordingly	Met	Boys and staff understand why physical intervention may be used. There are discussions with both staff and boys if incidents have occurred. There is a Physical Intervention policy.	Met	The review team did not discuss physical restraint with any of the boys at the TC. The staff stated that physical restraint is uncommon but that they are trained accordingly by the in-house Team Teach trainers. Staff suggested that


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						<p>often more reparative measures fit situations better (e.g. time out /alone time, going for a walk).</p> <p>However, when speaking about physical restraint, it was unclear whether some staff were referring to physical restraint (e.g. hold immobile or limit movement) or the use of physical contact to guide behaviour (e.g. placing hand on shoulder). The TC staff should re-visit what is meant by physical restraint and how this differs from the use of physical contact in guiding behaviour.</p>
4.5.2 	2	There are clear records of physical restraint which include reflections from Service users and staff in a community setting	Met	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	Met	<p>Records of physical restraint reflections were not evidenced on the day. This is most likely due to no recent incidents.</p> <p>When physical restraint has been used previously, all of those involved are debriefed for learning.</p>

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				occurred.		
4.5.3 	1	The Therapeutic Community monitors trends in physical restraint to develop an understanding of its function	Met	Trends are monitored closely by the management team, internal quarterly audits, KPI's, group supervision, staff meetings, and overseen by the house manager. We have internal physical intervention trainers who also monitor these trends.	Met	This was not discussed or evidenced on the day.
4.6 There is a clear statement or policy regarding the use of social media.						
4.6	1	There is a clear statement or policy regarding the use of social media.	Met	We have a social media policy that is regularly reviewed.	Met	The social media policy was not evidenced on the day. However, the TC acknowledged that social media is a frequent topic of conversation.
4.6.1	3	Service users and staff can describe the rules and boundaries surrounding social media use	Met	We have a social media policy in place, all members are aware of this. Social media use is discussed regularly in community meetings, key worker sessions, staff meetings, informal discussions and in monthly management meetings. The use of social media has developed again during the review period and individual boys continue to have access to their	Met	The rules and boundaries surrounding social media use are individually applied. These differ for each boy according to individual risk and development within the TC. While social media rules have been previously broken in the TC, this has led to in-depth discussions with the boys and

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				own devises with use of social media. This is individually risk assessed. These rules are different for each young person according to their risk and development.		larger discussions in the staff team. This demonstrates the TC's ability to reflect and engage in positive risk taking, and suggests the community are open to learning together.
4.6.2	3	Service users and staff explore the impact of social media, and openly discuss the risks involved in its use	Met	This is regularly discussed in community meetings, staff meetings, key worker sessions, monthly management meetings and informal discussion. We also have a positive risk-taking policy.	Met	Social media impact and involved risks are discussed in informal conversations, community meetings and key worker sessions with the boys. The risk-taking policy was not seen on the day.
4.6.3	3	Issues and incidents on, or regarding, social media can be raised and openly discussed in the Therapeutic Community	Met	Issues have arisen and discussions have taken place. This is ongoing and discussed openly in various spaces.	Met	The TC are open to discussing issues and incidents relating to social media in community meetings.

External Relations and Performance

5.1 The Therapeutic Community is committed to an active and open approach to all external relationships

5.1	1	The Therapeutic Community is committed to an active and open approach to all external	Met	Golfa Hall has been extremely committed to active open external relationships during the	Met	The TCs commitment to external relationships was not discussed on the review. The peer-review
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		relationships		review period. We have attended many external events relating to TC work, working and interest groups, presented at events, wrote a paper to be included in journals, and we are currently involved in research projects. We have worked hard in this area over the past year.		score reflects the self-review.
5.1.1	2	Visitors are welcomed and Service users and staff explain the work of the Therapeutic Community	Met	We have a range of visitors due to the multiple agencies and professionals we engage with. Our boys are involved in providing a tour and explaining our work. The boys have also taken part in external events and presentations.	Met	Evidenced by the review team being welcomed into the TC by staff and the boys, all of which were able to explain the work of the TC.
5.1.2	1	Where there is an external professional network, they are actively encouraged to attend and participate in reviews	Met	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.	Met	This was not discussed on the review.
5.1.3 ★	3	Difficult relationships with the external world are reflected on and addressed by the Therapeutic Community	Met	The boys are able to explore and discuss their relationships with the external world in community meetings, link sessions and 1-1	Met	This was not discussed on the review.

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				work. With regards to other difficult relationships with the external world this is primarily through communication. We have monthly newsletters updating staff on internal events, external world of practice, trends, the landscape etc. We also have group and individual supervision for staff to explore these relationships.		
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5.2 The Therapeutic Community is committed to demonstrating the effectiveness of its work

5.2	1	The Therapeutic Community is committed to demonstrating the effectiveness of its work	Met	Golfa Hall is committed to demonstrating its' work and shown its effectiveness through workshops/presentations, writing papers, being involved in research and the peer review process.	Met	The review team had hoped this standard and accompanying criteria were spoken about in more detail on the day.
5.2.1 	1	The Therapeutic Community can demonstrate that regular evaluation is used to inform and improve their work. For example, environmental measures, programme review days, research etc.	Met	We are part of the CofC process which evaluates and informs practice. As a team we consistently reflect on our practice and how we can improve the work of the community. The boys have also previously been involved in the CofC space house	Met	The TC engages in continual evaluations that inform and improve their work. This includes feedback from the boys in community meetings, annual staff surveys and monthly SMT meetings.

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				initiative. 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. We are yet to establish appropriate means of measuring our organizational environmental measures due to our specialism in CYP. We have been involved in setting up a working group with other external organizations in relation to therapy and sharing practice and discussing measures - this is ongoing. We are currently involved in a research program measuring epistemic trust.		
5.2.2 	1	The Therapeutic Community collects individual outcome data	Met	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.	Met	This was not discussed on the day.
5.2.3 	2	There is a clear statement which defines why individual outcome data is collected	Met	Individual outcomes are gathered on an individual basis. This is done through quarterly personal plan reviews within the 'Good Lives Model Framework',	Met	The statement of purpose was not evidenced on the review.

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				academic measures, monthly progress on placement plans, link worker sessions, group supervision - focused on individuals. These outcomes are mentioned within our statement of purpose.		
5.2.4 ★	2	Individual Outcome data is processed in order to demonstrate the effectiveness of the work done in the Therapeutic Community	Met	As part of the young persons personal plan review the therapist leads on measuring progress the young person has made. This is clearly evidenced in individual paperwork.	Met	The cognitive behavioural psychotherapist at the TC was able to demonstrate how the personal plan review supports and measures progress in each of the boys.
5.2.5 ★	2	The Therapeutic Community collects environmental data that will help provide evidence for their effectiveness. For example, Ward Atmosphere Scale, Essences	Partly Met	This is done through our annual staff surveys. We are yet to discover an environmental data process that is suitable for our CYP Community. We have leaved with other accredited communities about gathering environmental data and it has been an ongoing theme with CYP TCs for needing to explore further effective data gathering.	Partly Met	Annual staff surveys were briefly mentioned on the day; however the content was not discussed. It would have been beneficial for the TC to engage in discussions about this with the review team. The peer-review score has been taken from the self-review.
5.2.6 ★	3	There is a written report that brings together evaluations of	Met	We will use the annual C of C cycle/ report, which informs a	Met	In 2020–2021 during their accreditation review, it was

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		the Therapeutic Community. This should include learning from standards 1.5.2 and 4.3.		yearly action plan. Individual reports are produced for each young person outlining progress being made. Also, monthly reports are produced for the SMT meeting giving an overview of the community including attendance, reviews etc.		recommended that a single written report should be produced to bring together evaluations of the TC. This was not evidenced on this review. Therefore, it is unclear whether this has been done or even whether the TC would like to do this. See 2020-2021 report for reference/guidance.
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5.3 The Therapeutic Community is committed to sharing good practice

5.3	1	The Therapeutic Community is committed to sharing good practice	Met	Golfa Hall is very committed to sharing practice. we have done this by setting up a working group with other organizations in relation to therapy. The therapy Manger is the co-chair of TCTC CYP group and Golfa Hal staff attend these groups with other external professionals and share practice.	Met	The commitment to sharing good practice was not discussed in detail on the review. The peer-review score reflects the self-review.
5.3.1	3	Service users and staff are involved in external conferences, teaching or research wherever possible	Met	Staff and boys have been involved in external online events & conferences during the review period by attending and presenting workshops, some of	Met	This was not discussed in detail on the review due to time constraints. The review team briefly heard staff engagement in conferences and online events,

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				these have been online.		including a community member (Chairman) engaging in a conference through voice overs.
5.3.2 	2	The Therapeutic Community provides training placements for students	Met	This opportunity is open for specific placement. We have struggled to recruit for this during Covid. However this will be a focus during the next cycle.	Met	This was not discussed on the review.
5.3.3 	1	The Therapeutic Community takes opportunities to share its practice with others through publication of papers, attending peer-reviews, presentations at conferences and other relevant meetings	Met	<p>We contribute to peer reviews with staff and lead reviewers from our service. The MD of Amberleigh Care and therapy manager are on the board of TCTC, Therapy Manager co-chair of TCTC CYP interest group. Both have also trained as TC specialists during the last review period. We have presented at the TCTC annual conference, CYP working group, presented at the NOTA annual conference, and the CofC annual conference.</p> <p>We have been involved in publishing some of our work over the review period with various journals.</p>	Met	The review team did not discuss this on the day. However, CofC can confirm engagement with peer-reviews, relevant groups (Advisory Group and Therapeutic Community Accreditation Panel) and the 2021-2022t CofC annual forum. The MD and Therapy Manager at Amberleigh Care completed TC Specialist training with CofC in the 2021-2022 review cycle.

Action Plan for 2023-2024

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

	Standard Identified for Improvement	Planned Action	Person Responsible	Due Date

Appendices

APPENDIX 1: Community Membership Data

The community has provided the following data for Service Users and staff for the year 1 April 2021 – 31 March 2022.

Organisational Data	
Parent Trust / Organisation	Amberleigh Care
Service User Population	15
Age range	11-18
Sector	CYP
Overseeing regulators	CIW
Outcomes from all recent regulation inspections	The overall summary of inspection was extremely positive. No rating in Wales with CIW Inspection. Full report will be sent as an attachment and available in evidence on the day of review.
Programme Length	Approx 2.5 years
Length of waiting list time	0
Maximum Number of Places	19
Current number of clients	15
Catchment Area	Powys
Expected Length of Stay	2.5 years on average
Self-review process	
List all members involved in completing the self-review	Care, Education and Therapy team. Young people.
List data collection methods used	Community Meetings, staff meetings, groupwork, specific workshops.

List 3 specific TC related training needs you require	Peer Review Training for more of our members. Lead Reviewer Training. Reflection groups.
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Service User Data for 1 April 2021 – 31 March 2022	
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	380
Number of females	N/A
Number of males	380
Average age on referral	14
Reasons for non-acceptance	No HSB, girls, extremely violent, known to abscond, not suitable for group living, drug users,
Admittance to the community	
Total number admitted	7
Number of clients present on 01/04/2021 include part-day attendance	11
Number of females	0
Number of males	11
Average age on admission	14
Planned Leavers from the community	
Total number of planned leavings	3
Number of females	0
Number of males	3
Average age on leaving	17
Average length of placement (months)	24

Number referred on to further placement	2
Unplanned Leavers from the community	
Total number of unplanned leavings	1
Number of females	N/A
Number of males	1
Average age on unplanned leaving	15
Reasons for unplanned leaving	Other challenging behaviours/unsafe behaviours impacting on the community

Staff Data for 1 April 2021 – 31 March 2022		
<i>'Staff' includes part-time therapists, students and trainees, sessional supervisors, and regularly present consultants</i>		
	Full Time Staff	Part Time Staff
Number of staff on 01-04-2021	24	2
Number of staff on 01-04-2022	20	5
Number of staff joining between 01-04-2021 & 31-03-2022	9	3
Number of staff leaving between 01-04-2021 & 31-03-2022	9	1
Number of recorded staff sick days between 01-04-2021 & 31-03-2022	Care - 424. Education - 16. Therapy - 9	Included in full time figures
Average length of service in the TC	3 years	3 years

APPENDIX 2: The Core Standards and Core Values

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

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

APPENDIX 3: What is Community of Communities?

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

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

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

What do we do?

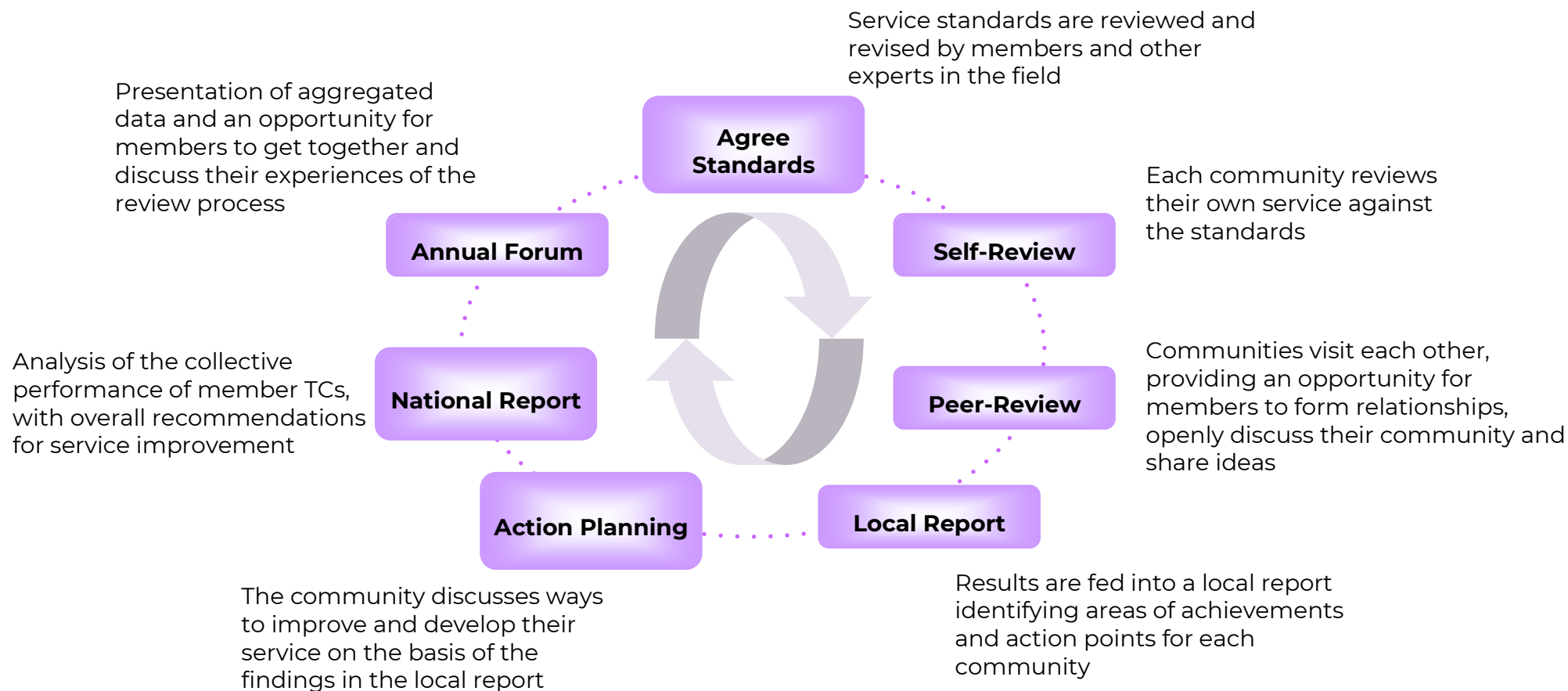
- Develop specialist service standards in an annual consultation process with members
- Manage an annual cycle of self- and peer-review processes where the emphasis is on engagement, as opposed to inspection
- Provide detailed local reports which identify action points and areas of achievement
- Publish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

What are our aims?

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

APPENDIX 4: The Annual Cycle

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



APPENDIX 5: Acknowledgments

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

APPENDIX 6: Community of Communities Team

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