



Democratic Therapeutic Communities in Prisons



National Joint-Review Report 2007-2008



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

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Contents

1. Foreword	3
2. Executive Summary	4
3. Introduction	5
4. Correctional Services Accreditation Panel	7
5. Results and Discussion	8
5.1 Overall Performance	8
5.2 Performance and Summary of Recommendations	10
5.2.1 Section A: Institutional Support	10
5.2.2 Section B: Treatment Management/ Integrity	13
5.2.3 Section C: Continuity and Resettlement	15
5.2.4 Section D: Quality of Delivery	17
5.3 Audit Summary for HMP Dovegate	19
5.4 Audit Summary for HMP Grendon	24
6 Examples of Best Practice and Bright Ideas	29
Appendix 1 - The Joint-review Process	30
Appendix 2 - The Community of Communities Project Team	33
Appendix 3 - The Community of Communities Sixth Annual Cycle (2007/2008)	34
Appendix 4 - Acknowledgements	35

List of Figures

Figure 1: Overall compliance scores for years 1, 2, 3 and 4	8
Figure 2: Comparison of Results for Institutional Support: cycle 1, 2, 3 and 4	10
Figure 3: Comparison of Results: Treatment and Management/Integrity: cycle 1, 2, 3 and 4 ...	13
Figure 4: Results for Continuity and Resettlement for cycle 1, 2, 3 and 4	15
Figure 5: Results for Quality of Delivery for cycle 1, 2, 3 and 4	17
Figure 6: Overall Performance of Dovegate TCs	19
Figure 7: Percentage Compliance Scores for Institutional Support	20
Figure 8: Percentage Compliance Scores for Treatment Management and Integrity	21
Figure 9: Percentage Compliance Scores for Continuity and Resettlement	22
Figure 10: Percentage Compliance Scores for Quality of Delivery	23
Figure 11: Overall Performance of Grendon TCs	24
Figure 12: Percentage Compliance Scores for Institutional Support	25
Figure 13: Percentage Compliance Scores for Treatment Management and Integrity	26
Figure 14: Percentage Compliance Scores for Continuity and Resettlement	27
Figure 15: Percentage Compliance Scores for Quality of Delivery	28

1. Foreword

This has been a challenging year for prison-based democratic therapeutic communities. There have been several organisational and management changes within the Prison Service, which impact on prison therapeutic communities, and these are outlined in the introduction to this report. CSAP continues to approve the core model for prison-based democratic therapeutic communities – there have been revisions to this model, and to some of the standards to reflect these changes, and to the requirements for compliance, but the requirements for quality improvement remain the same. In addition, the Community of Communities, with the agreement of CSAP, have introduced a biennial joint-review process thus reducing the burden of inspection. However, alongside this, there is also an ongoing but necessary challenge for prison therapeutic communities to continue to meet accreditation baselines with limited resources.

Research has shown that a high proportion of offenders have a personality disorder, with an ever increasing need for personality disorder treatments and services. Prison therapeutic communities offer a valuable resource in working with a personality disordered population and work is underway to develop a progression service in therapeutic communities for DSPD offenders. Therapeutic community places are located in Category B, and C, the women's estate and the private sector. There are units operating specifically for life-sentenced prisoners and sex-offenders, and work is underway to adapt the therapeutic community model for Learning Disabled offenders, an important group for which there is limited provision. It is important to improve awareness of the benefits therapeutic communities bring to those individuals who have complex needs and for whom a single intervention may not be appropriate.

Commissioning of all interventions within the Prison Service remains an issue relevant to the future of therapeutic communities in prisons. Given the specialist nature of the services provided, there is an argument that therapeutic communities and other interventions working with complex and high-risk offenders should be commissioned at a national level; however these arrangements are yet to be finalised. Evidence of effective risk reduction, effective sentence management and demonstration of value for money is also a priority for therapeutic communities. The therapeutic community central team and research group are currently looking at developing this evidence base.

The Community of Communities team has as always worked extremely hard to organise and execute the audits and accreditation of all the prison-based therapeutic communities, and to prepare this annual National Report on the process – I would particularly like to thank Kirk Turner for his contribution in preparing this foreword. Overall, the results have again been impressive. Most therapeutic communities have improved this year, and more recommendations were addressed in this cycle. There has also been an improved level of preparation for and organisation of the review. Therapeutic communities, as we might expect, performed best in the Quality of Delivery section. However, some areas continue to remain problematic, such as the issue of lodgers, staff, end of therapy procedures, and administration and record-keeping - the report contains a number of clear recommendations to address these issues. On a more positive note, the report contains a section on best practice and 'bright ideas', which reflects the enthusiasm and creativity found in therapeutic communities.

This is my last year both working with the Community of Communities team, and as the therapeutic community consultant for prison-based democratic therapeutic communities, as I have moved out of the therapeutic community field into different therapeutic work. I have really enjoyed my time with the project – it has been interesting, exciting and hard work, and I shall miss it. I know everyone will continue the hard work, and will maintain the high standards established since the project began, and I want to wish everyone involved in the project, and in prison therapeutic communities, the best of luck for the future.

Janine Lees

2. Executive Summary

- This report contains the details of the national joint-review of 12 democratic therapeutic communities in five prisons.
- The aim of the process is to provide a robust evaluation of the TCs' performance against the accredited democratic TC Core Model and enable on-going quality improvement through membership of the Community of Communities network.
- 10 TCs were assessed as compliant with the accredited core model
- 2 TCs failed to meet the minimum compliance scores
- TCs at HMP Gartree (96%) and HMP Blundeston (90%) performed exceptionally well
- HMP Dovegate struggled and will need considerable support in the coming year
- Overall, more recommendations were addressed by more TCs in this cycle
- Most TCs were more prepared and organised than in previous years

Key Areas of Achievement

- TC structures and approach are of a high standard and compare favourably with those using the same approach outside the prison setting
- Residents are very committed to therapy and progress is regularly reviewed and recorded
- There is a qualitative difference in insight and understanding of offending behaviour for those who have been engaged in therapy

Key Recommendations:

- All residents in the TC should be engaged in therapy and be moved on quickly once they leave the therapeutic programme
- TC staff need to be protected and not deployed elsewhere
- Therapy Managers should audit attendance at training, supervision and staff sensitivity groups
- TCs must improve the procedures and processes at the end of therapy including for those residents who leave prematurely, e.g. case conferences, EOT reports, community involvement in helping to plan for leaving
- Administrative support must be available to support the end of therapy process, e.g. to arrange people to attend case conferences, distribute reports
- TCs should keep a written record of residents who do not complete treatment and their reasons for leaving in order to learn lessons and improve completion
- The Community of Communities team will analyse existing data for evidence of a link between early leavers rates and Quality of Delivery

3. Introduction

This National Report summarises the joint-review results for democratic therapeutic communities (TCs) in prisons in 2007-2008. The report makes comparisons with 2004-2005, 2005-2006 and 2006-2007 and identifies areas of achievement and recommendations. 12 Therapeutic Communities participated in the joint-review process in this cycle.

Over the past four years the Royal College of Psychiatrists' Centre for Quality Improvement has worked in partnership with HM Prison Service to deliver an integrated process of audit and review. The aim of the joint-review is to evaluate compliance with the Democratic Therapeutic Community Core Model, accredited by the Correctional Services Accreditation Panel (CSAP) and to facilitate quality improvement through membership of the Community of Communities' Quality Improvement Network (Appendix 2). In last year's cycle (2006-2007) all 12 TCs were successfully accredited.

In the past year there have been a number of significant developments for HMP TCs and the joint-review process. Democratic Therapeutic Communities in Prisons (TCs) returned to the Health and Offender Partnerships directorate within NOMS (National Offender Management Service). Responsibility for TC policy now falls to the 'DSPD & TC Unit' under the leadership of Governor Edd Willetts, working alongside programmes for those with Dangerous and Severe Personality Disorder (DSPD). This integrated unit gives strength to management of both Prison TCs and the DSPD programme, including progression services, with a particular focus on working with offenders with Personality Disorder. At the time of going to print, the reorganisation of the Ministry of Justice and NOMS is not yet complete. The likelihood is that the DSPD and TC unit will move into the new NOMS agency.

Revision of the Core Model

The core model for prison TCs was re-submitted to the Correctional Services Accreditation Panel (CSAP) for approval in 2007 updating the original model taking into account improvements in policy, working practice and documentation. CSAP approved the amended audit and compliance documentation and emphasised the continuing requirement for quality improvement. There is an agreement with CSAP that given the nature of the quality improvement process, each subsequent audit cycle looks for improvements in performance. CSAP also approved a tailored biennial joint-review process which was implemented in this cycle. TCs will receive a joint-review every two years unless they do not achieve compliance. Action planning visits will be arranged depending on performance and each TC will receive a full Community of Communities peer-review in interim years. In this way, the burden of inspection is reduced and the quality improvement aspect of the joint-review process is enhanced.

Prison Service Standards Revision

The revised Prison Service Standards for TCs combines standards that are critical for the management of a TC in a prison and selected standards from the Community of Communities' Service Standards for Therapeutic Communities (5th edition). The standards were revised to reflect changes to the core model, to improve structure and clarity and to ensure they are measurable and achievable. As a result of this process, there are 14 new standards, 13 standards have been removed and nine standards have moved between sections. A full breakdown of the changes can be found in Detailed Data Document 5.

Understanding this report

The report initially provides an overview of the recommendations from CSAP and is followed by the results section which is divided into four sections. The first section discusses the overall performance of prison TCs and compares the final compliance score with the previous 3 years. It also identifies specific recommendations for HMP TCs. The following section breaks down the scores, achievements and recommendations for each section of the joint-review, Institutional Support, Treatment Management and Integrity, Continuity and Resettlement and Quality of Delivery. The final two sections provide an overview of the collective performance of HMPs Dovegate and Grendon. Finally, we have included some examples of best practice and 'bright ideas' which have been drawn from local reports.

Each section includes the overall score for each community, and an analysis of the findings. Analysis is based on the number of recommendations received for each standard and the comparison of scores across four years. Recommendations can be made where TCs meet a standard and therefore the analysis has a strong quality improvement emphasis which contributes to raising standards. Local reports should be consulted for recommendations pertaining to specific communities.

The appendices provide information on the process (1), the project team (2) and the Community of Communities network (3). Appendix 4 acknowledges the peer-reviewers and specialists that have been involved in the process in 2007-2008.

The separate "Detailed Data Documents" should be read alongside this National Report. It contains individual audit summaries which lists all areas of achievement, areas for improvement and recommendations for each TC; tables of recommendations in ranked order for all TCs, and for HMPs Dovegate and Grendon; and integrated compliance scores for each standard for the past two years, as well as the amendments, omissions and additions of standards following the revision process in 2007.

Notes

Full details of the joint-review tools and method are described in appendix 1; however it is important to note the following when reading this report:

- In 2007/8 each TC is required to achieve a minimum overall score of 60% with at least 50% in each individual section.
- Overall compliance scores for each TC were calculated by adding the total percentage score of each section of the standards and dividing this by the number of sections (4). This was to ensure that each section carries an equal weighting regardless of how many standards a section contains.
- It is suggested that a difference of 5% or below is probably not meaningful in terms of noticeable differences in clinical outcomes, safety, recidivism, client member experience or satisfaction.
- Inter-rater reliability was checked by ensuring scores were consistent especially where standards could not realistically vary, e.g. likelihood that within multi-TC sites outdoor recreation space (1.1.6) would be the same for all TCs. Any variations were checked with specialist reviewers and altered accordingly.
- The effect of changes to standards on results was measured and any differences were commented on in the text.

4. Correctional Services Accreditation Panel

The Correctional Services Accreditation Panel (CSAP) convened on 23rd April 2008 to approve this National Report. CSAP was pleased with the improvements that had been made in TCs and stated that the results show that the process is working well. Barbara Rawlings was especially pleased by the number of external TCs that prison communities visited as part of the joint-review process.

Details of CSAP agreements:

- Ten therapeutic communities were assessed as compliant with the Core model and are accredited for two years.
- Two communities, HMP Dovegate TCA and TCC have failed to demonstrate compliance with the DTC Core Model review. The TCs will run as normal for one year whilst improvements are put in place and both will receive a full joint-review in 2008-9.
- HMPs Gartree, Blundeston and Grendon G will be accredited for 2 years and each will receive a peer-review in the interim.
- The remaining TCs will be accredited for 2 years and will receive a peer-review and tailored action plan visits.
- An interim report on the results of the joint-review of HMP Dovegate TCA and TCC and an update on activity and recommendations in 2008-2009 will be forwarded to CSAP in March 2009.
- All TCs will receive full joint-reviews in 2009-2010.
- The compliance score will be raised in 2 years time to 60% per section and 70% overall.

CSAP Recommendations:

- TCs need further support to improve their performance in Continuity and Resettlement. Some standards may need to be mandatory or carry additional weighting in order to highlight the importance of performing well in this section. The Community of Communities team will explore the possibility of weighting individual standards and report back to CSAP in 2009.
- CSAP were concerned about high drop out rates and recommend that this area is better understood. The Community of Communities team will analyse existing data for evidence of a link with the Quality of Delivery and report on this in 2008 with a view to further research.
- CSAP agreed that the systematic collection of psychometric data at the beginning, middle and end of therapy needs to improve in the TCs. This not only informs reviews and end of therapy reports but is also essential for much needed wider research into TC effectiveness.
- CSAP was keen to ensure TCs prioritise the joint-review process and felt that there may be a need for a mandatory standard regarding the TCs engagement and preparedness for review visits. This possibility will be explored in preparation for the next standards review. Meanwhile, governors will receive a letter to ensure they understand the requirement for staff to be available for interviews.

5. Results and Discussion

5.1 Overall Performance

Figure 1: Overall compliance scores for years 1, 2, 3 and 4

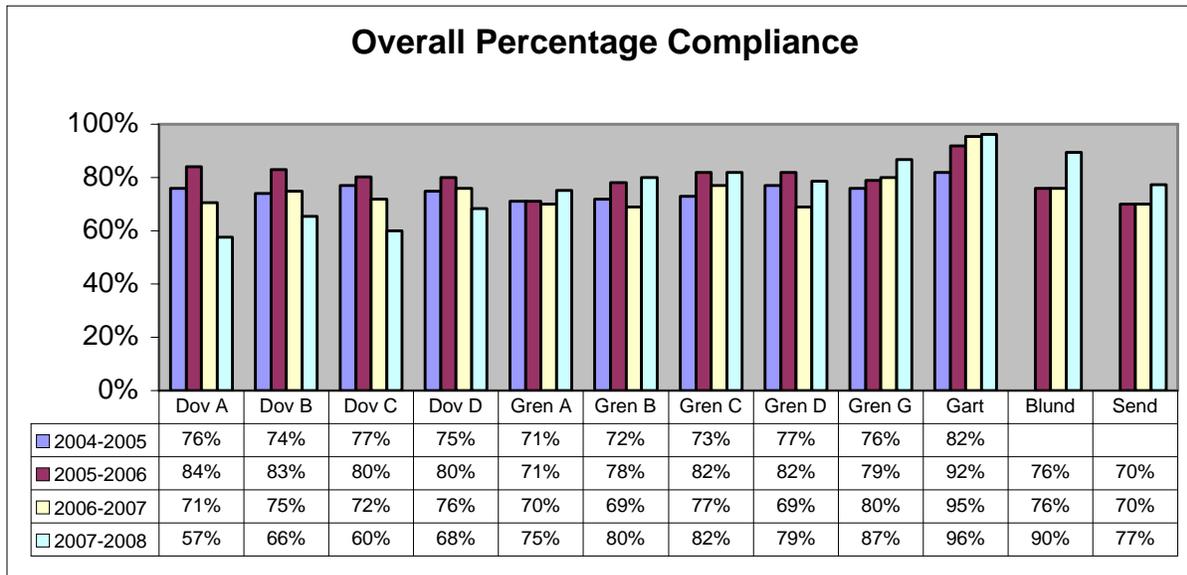


Figure 1 shows the overall results of the 4th annual cycle of joint-reviews, 2007-2008, compared with the previous three years. In contrast to last year, there has been an improvement for most TCs, with the exception of HMP Dovegate which has experienced their poorest year so far. This year, changes to the minimum compliance score from 50% overall to 60% overall and 50% per section means that HMP Dovegate TCA which scored 42% in Continuity and Resettlement and 57% overall and TCC which scored 46% in Continuity and Resettlement, do not achieve the required minimum compliance score. HMP Gartree once again demonstrates the quality of its service and HMP Blundeston deserves special mention for their achievements this year, as does HMP Send, where the community is much healthier this year. The overall performance of HMP Grendon should also be highlighted, specifically the commitment of senior managers to address issues raised in last year's report.

"Residents were keen to share their experiences... both positive and negative, and were also interested in comparing their TC with the visiting TC"
Lead Reviewer Comment

Overall, more recommendations were addressed in this cycle and nowhere was this more evident than in the improved level of preparation and organisation of reviews in most TCs. It is difficult to conclude that this has an effect on performance but it certainly makes it easier for joint-review teams to collect the information that they require.

TCs performed best in the Quality of Delivery section, with 8 TCs scoring 89% and above. This is a real achievement and demonstrates the quality of the TC approach which despite the obvious restrictions compares favourably with those using the same approach outside the prison setting. Residents are very committed to therapy and progress is comprehensively reviewed and recorded. There is a qualitative difference in insight and understanding of offending behaviour for those who have been engaged in therapy.

Given the overall improvements and considerable achievements in prison TCs it is disappointing that a number of key areas singled out for improvement last year remain

problematic. These include staffing, end of therapy procedures, administration and record keeping and lodgers. Although we are mindful of the pressures of the significant increase in the prison population, it is important that we ensure that the pressures do not affect the delivery of the therapeutic process. The following recommendations for 2007-2008 have been drawn from an overall analysis of performance and are relevant to most TCs. They are categorised as they relate to Maintaining the Therapeutic Environment and to improving End of Therapy processes and Administration and Record Keeping. TCs should aim to prioritise these areas in action plans and prepare to detail what has been done to improve them in follow up visits.

Maintaining the Therapeutic Environment

- 1. The TC should house only those in therapy (PSA18)**
- 2. TCs should keep a written record of residents who do not complete treatment and their reasons for leaving in order to learn lessons and improve completion (PSA17, PSB16)**
- 3. There should be a clear requirement that residents attend all groups e.g. in contracts, or a commitment vote each time someone misses a session (PSB17)**
- 4. TCs must have procedures in place to ensure the effective monitoring and management of individuals who score high on psychopathy scales (PSB11)**
- 5. Therapy managers should protect TC staff so that they are not available to be deployed elsewhere (PSA12)**
- 6. Priority is given to ensuring the continuity of group facilitators (PSA19)**
- 7. TCs need to build in structures to monitor the actual and perceived safety of the group for the work of the community (CS10)**
- 8. Therapy Managers should audit attendance at training, supervision and staff sensitivity groups (2.3.1, 2.4.4, PSB6, PSB3)**
- 9. Space for residents and staff to spend time together informally, as an integral part of the therapeutic approach, should be structured into the formal timetable (CS6)**

End of Therapy

- 1. TCs must repeat the psychometric test battery at the end of therapy (PSB19)**
- 2. TCs must improve the procedures and processes at the end of therapy including for those residents who leave prematurely e.g. case conferences, EOT reports, community involvement in helping to plan for leaving (PSC7, PSC10, CS13)**
- 3. Administrative support must be available to support the end of therapy process e.g. to arrange people to attend case conferences, distribute reports (PSC2, PSC3, PSC9)**
- 4. TCs should use newly developed templates for end of therapy reports and case conference minutes as provided in the Assessment and Training manual (PSC10)**

Administration and record keeping

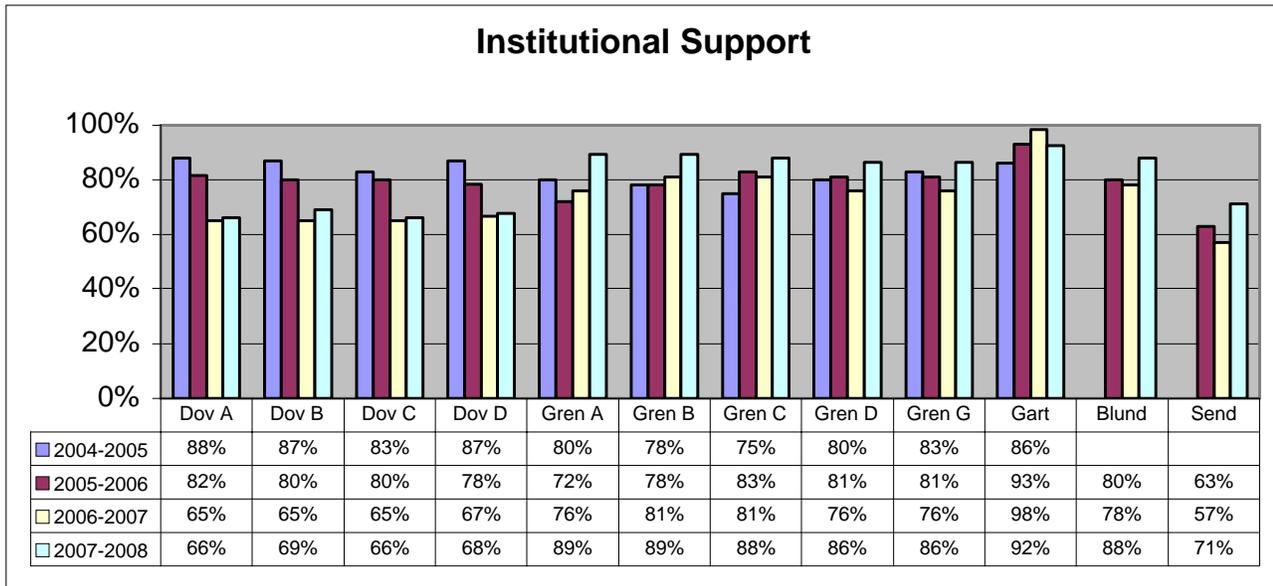
- 1. TCs should develop templates for group notes and recording how risk factors are addressed in the TC (PSD3)**
- 2. TCs should prepare an annual report of significant data relating to those prisoners referred or accepted for treatment which will enable some analysis of accessibility and the appropriateness of referrals (PSA16)**

The following sections provide a detailed overview of areas of achievement and recommendations for all TCs.

5.2 Performance and Summary of Recommendations

5.2.1 Section A: Institutional Support

Figure 2: Comparison of Results for Institutional Support: cycle 1, 2, 3 and 4



This section measures the support each TC receives from their host establishment. It aims to ensure that TCs have adequate facilities and are properly resourced to deliver the TC core model. A new standard this year asks governing governors to sign a letter outlining these commitments clearly (PSA1) and it is reassuring that all TCs met this standard. Overall, there has been some improvement in this section, responding to recommendations made in the 2006-2007 National Report. Despite a slight fall, HMP Gartree remains the highest scoring community, with HMPs Blundeston, Send and all Grendon TCs showing marked improvement. The performance of HMP Dovegate TCs is of great concern as there is little improvement in the past year and a considerable drop in performance since 2004-2005.

Of the five key areas identified as deserving “specific mention” in last year’s report, two are relevant in this section; staffing and lodgers.

Staffing

“During the last year, despite difficult challenges surrounding lack of staff resources and consistent group cover, the community has held together through the efforts of both the staff group and many community members”
Community Comment

Despite expressed concern about the effect of inadequate staffing on the therapeutic environment identified last year, TCs remain unable to maintain reliable availability of staff and in fact performance has slightly reduced (PSA12). This seems mainly due to the cross-deployment of staff. Unsurprisingly, despite a little improvement, there remains a difficulty in ensuring consistent facilitation of groups (PSA19), a factor which was of great concern to residents who were affected. It seems that on the whole, TCs employ an adequate number of specialist staff (PSA13) and manage to retain them once they are recruited (PSA14, PSA11). However, many will not have been through a selection process that involved community members (CS11) or in full accordance with the Management Manual

(PSA10). TC staff have personal support available when required (PSA15) but supervision and training remain below acceptable levels (see pg.13).

Lodgers

Residents not engaged in therapy are still being housed on the wings at most TCs (PSA18). This continues to be a great concern and has been identified as affecting the culture of the TCs, leading to a reduction in the therapeutic qualities of the setting. This is most noticeable at HMP Dovegate, where the numbers of men out of therapy is at a critical level.

“The number of lodgers is a problem and undermines the trust of those in therapy”
Prison Service Specialist

Threats to the TC culture posed by staff shortages and lodgers may well be having an effect on the numbers of residents that remain in therapy (PSA17). Only 5 out of 12 TCs report that 25% of residents have been in therapy for 18 months or more, compared with 9 out of 11 in 2004-2005. This is consistent with the findings in the following section that only half of the TCs manage drop out rates of less than 50% (PSB16) and that these figures have worsened over the past four years. Although no specific recommendations have been made to TCs to address this, these figures are a concern, especially at HMP Dovegate, and it is important to understand the cause. TCs should prepare an annual report of significant data relating to those prisoners referred or accepted for treatment which will enable some analysis of accessibility and the appropriateness of referrals (PSA16). At present, only 6 communities provide information for referrers and potential residents written by community members (3.1). Although this is a slight improvement on last year, it is a considerable drop in the past two years and may help to better promote the TC and attract appropriate referrals.

There has been overall improvement in developing effective management structures that support the functioning of the TC (PSA2) and in addressing recommendations. The core day has received attention, responding to this being the highest ranked recommendation in this section last year, and is beginning to be better implemented according to guidelines (PSA20). There is a commitment to ensuring that there is a designated person to deal with resettlement issues, i.e. all TCs now either met or partly met this standard (PSA8). TCs continue to be well represented at local and national meetings (PSA3, PSA4, PSA5) and most now share managerial information with community members (4.3.3).

Addressing the boundary between security and therapy remains a challenge for all TCs. There is a need for further work in developing workable protocols that support the therapeutic task of the TC that is clear and understood by all members of the community and consistently applied (PSA6, PSA7). Ensuring that the wider prison is supportive of the therapeutic regime will further support this process and it is therefore extremely important that all new staff in the prison are familiarised with the TC and its approach at induction (PSA9).

Building on improvements made in the last cycle, all communities make the best of the physical space available. There is attention to residents’ privacy (1.2.1, 1.2.2 and 1.2.4) and to personalising the environment (1.3.2) although communities should continue to seek to improve on current performance. Availability of an accessible kitchen (1.1.3) remains one of the highest ranked recommendations in this section; some communities are creative in addressing the principle behind this standard e.g. HMP Send ensures there is a community meal once a month. The importance of the “living-learning” experience is explored further in the Quality of Delivery section (see also page 25).

“Residents are extremely proud of the TC garden as they maintain it themselves”
Lead Reviewer

Key Recommendations

1. All residents in the TC should be engaged in therapy and be moved on quickly once they leave the therapeutic programme (PSA17)

2. TC staff need to be protected and not deployed elsewhere (PSA12)
3. TCs should prepare an annual report of significant data relating to those prisoners referred or accepted for treatment which will enable some analysis of accessibility and the appropriateness of referrals (PSA16)

Key Recommendations (2006-2007) that have shown some improvement

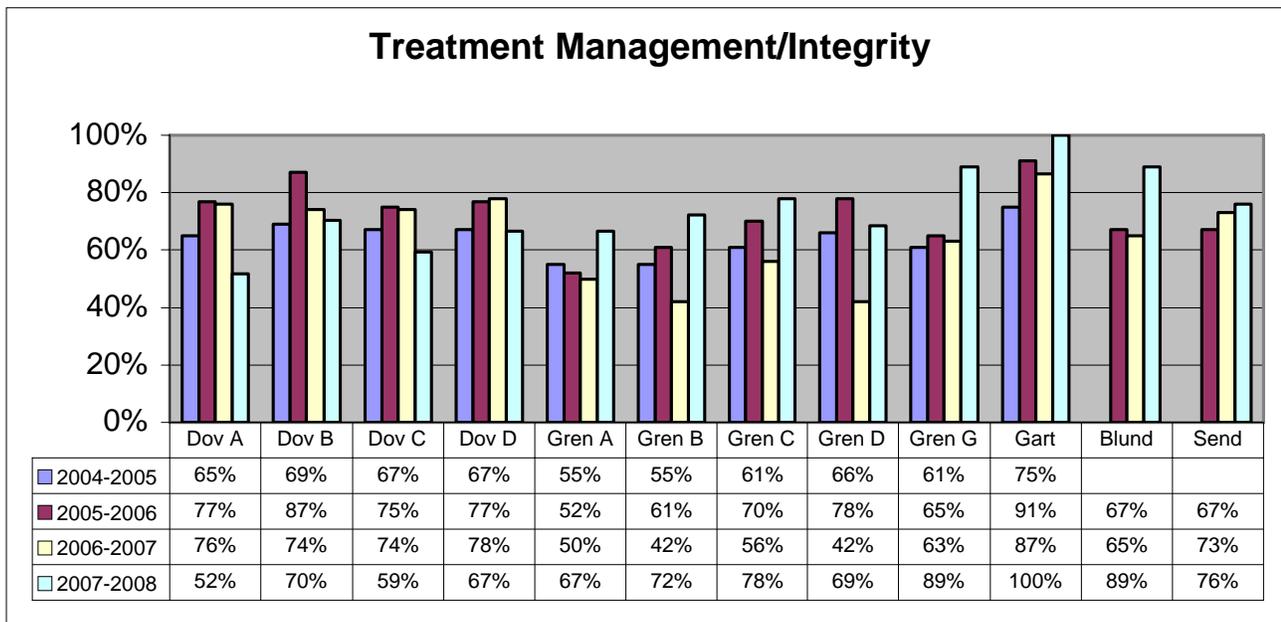
1. TCs have improved the facilitation and publication of the TC Core Day (PSA20)
2. There has been improvement in relation to continuity of facilitating staff on groups (PSA19)
3. Visits to the TC and/or TC awareness is increasingly becoming part of the standard induction package for non-TC prison staff (PSA9)

Selected Areas of Achievement

1. TCs utilise the space they have available and involve residents as far as possible in creating and maintaining a therapeutic physical environment
2. TCs are well linked into local and national management meetings and share relevant information with residents as far as possible

5.2.2 Section B: Treatment Management/Integrity

Figure 3: Comparison of Results: Treatment and Management/Integrity: cycle 1, 2, 3 and 4



This section is concerned with the management of staff and the treatment environment and performance varies considerably across the TCs. Figure 3 clearly shows that HMPs Grendon and Blundeston have worked hard this year and are rewarded with considerable improvement in this section. HMP Grendon B is specifically congratulated for a dramatic improvement of 30%. HMP Dovegate provides an inconsistent picture with TCA only just meeting the agreed minimum compliance score. HMP Gartree is to be commended for achieving 100%.

Consistent with previous years, senior staff in TCs are well qualified (PSB1, PSB2) and committed to delivering a high quality, effective treatment programme. TCs do need to develop procedures for the effective management of residents who demonstrate a high tendency toward psychopathy (PSB11), but overall, residents are assessed for suitability (PSB10) and undergo a comprehensive assessment, including psychometric tests, on entering the TC (PSB9). Identified risk factors are at the centre of individual treatment plans (PSB13) which are regularly reviewed (PSB12). It is strongly recommended that the tests be re-administered routinely at the end of therapy to measure treatment effectiveness to inform end of therapy reports (PSB19).

Groups are of a therapeutic size (PSB14) and increasingly do not meet without staff presence (PSB18). However, worryingly, increasing numbers of residents are missing sessions (PSB17) or dropping out of therapy prematurely (PSB16).

“...some staff members are not getting the right levels of supervision and sensitivity groups seem not to be a priority. This can perhaps explain some degree of demoralisation amongst the staff team”
Lead reviewer

The key areas of concern identified in last year’s report, regarding the supervision and training of staff have been addressed by a small number of TCs. There is a considerable way to go but the majority of TCs do seem to be trying to address these issues. Extended training (PSB3) was accessed by 3 TCs this year, an improvement, but far from acceptable.

There is little improvement in the number of TCs accessing the introductory short course for TC staff (PSB2) and in the levels of additional support

provided to new staff (2.3.3). New staff are not always formally assessed as competent before facilitating groups (PSB4) and there is some concern about the level of understanding of some staff in relation to issues such as psychopathy (PSB8).

“Supervision and training are paramount for staff to develop the resources needed to deal with the current culture and shift it”
Peer-Review Team

The frequency and content of supervision continues to require improvement. Whilst there is support and recognition of the importance of staff supervision, there is great difficulty in delivering the agreed number and frequency of sessions. Only 4 TCs meet the standard for the required levels of individual and group supervision (2.3.1) and staff sensitivity sessions (2.4.4) and just over half are providing adequate reflective space after groups (2.4.5). For the first time this year, there has been a drop in availability of supervision for senior staff, with only 6 therapy managers receiving supervision on the agreed monthly basis (PSB6). The lack of consistent supervision and reflective space is a concern, given the emotional intensity of the work and is reflected in the recommendations that staff need to be more open (2.5.2) and further explore the relationships that exist between them as a team and at the interface between the TC and the wider organisation (2.5.1, 2.5.4).

Key Recommendations

1. TCs should keep a written record of residents who do not complete treatment and their reasons for leaving in order to learn lessons and improve completion (PSB16)
2. There should be a clear requirement that residents attend all groups e.g. in contracts, ensure commitment vote each time someone misses a session (PSB17)
3. TCs must have procedures in place to ensure the effective monitoring and management of individuals who score high on psychopathy scales (PSB11)
4. Therapy Managers should audit attendance at training, supervision and staff sensitivity groups (2.3.1, 2.4.4, PSB6, PSB3)
5. TCs must repeat the psychometric test battery at the end of therapy (PSB19)

Key Recommendations (2006-2007) that have shown some improvement

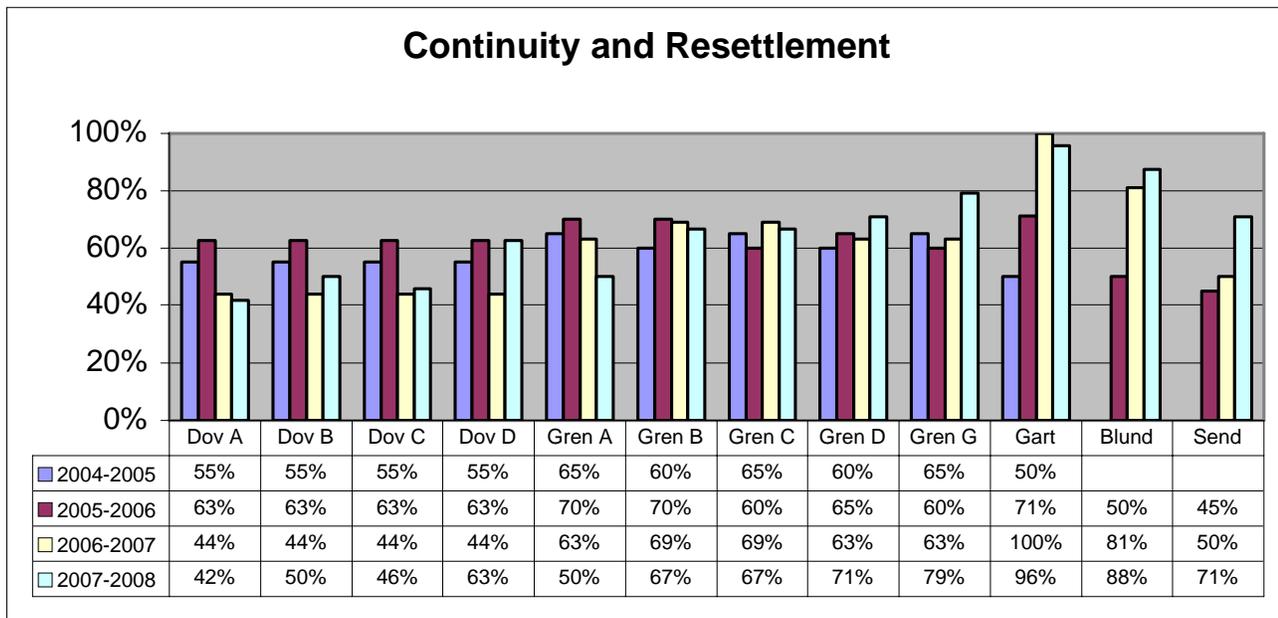
1. Resident risk factors are better documented and communicated to staff (PSB13)
2. Some improvement to availability of extended training (PSB3)

Selected Areas of Achievement

1. Senior staff are well trained and experienced (PSB1, PSB2)
2. Residents undergo a comprehensive assessment on admission at 4 and 6 monthly intervals (PSB12)

5.2.3 Section C: Continuity and Resettlement

Figure 4: Results for Continuity and Resettlement for cycle 1, 2, 3 and 4



This section ensures that procedures are in place that appropriately record residents' work in the TC and that it feeds into overall case and sentence planning for the remainder of their sentence or following release. In previous years, TCs have performed least well in this section and as Figure 4 shows 2007-2008 is no exception. HMPs Gartree and Blundeston deserve specific mention for their performance this year as does HMP Dovegate TCD and HMP Send who achieved an improvement of 19% and 21% respectively. Unfortunately, HMP Dovegate TCA and TCC have failed to meet the minimum compliance score of 50% for this section.

Procedures surrounding end of therapy continues to be an area that needs attention in most TCs. Residents clearly need more support in identifying significant contacts who can offer ongoing support throughout therapy and after leaving the TC (PSC4) and to develop appropriate resettlement plans (PSC5). It is crucial for residents that the work they undertake in the TC is recognised and fed into overall sentence plans, however, further improvements need to be made to ensure that formal reports and minutes of case conferences are routinely copied to offender managers, ensure they are attached to sentence planning documents (PSC3) and invite relevant personnel to assessments (PSC2). TCs need to ensure that an end of therapy case conference is held, inviting relevant personnel and providing a written report for all residents who have been in the TC for 6 months or more, including for those who leave prematurely (PSC10, PSC11, PSC7). As suggested last year, templates to simplify the reporting process have been designed and are included in the new Assessment and Training Manual. Some improvements have been made to ensure that the end of therapy process is complete even when the resident has moved to another establishment (PSC9).

"Probation personnel now visit the wing to interview prisoners to complete reports, rather than working within the wing community"
TC Therapy Manager

It is positive to note that TCs have sustained their achievements with regard to hosting visitors' days (PSC6) and ensuring representation where Multi-agency Public Protection Arrangements (MAPPA) is required (PSC12).

As noted in previous years, some basic administrative support would support TCs to perform better in this area and indeed, the fact that TCs are increasingly likely to designate a person to deal with resettlement issues as identified earlier (PSA8) should make a significant difference.

Key Recommendations

1. TCs must improve the procedures and processes at the end of therapy including for those residents who leave prematurely e.g. case conferences, EOT reports, community involvement in helping to plan for leaving (PSC7, PSC10, CS13)
2. Administrative support must be available to support the end of therapy process, e.g. to arrange people to attend case conferences, distribute reports (PSC2, PSC3, PSC9)
3. TCs should use newly developed templates for end of therapy reports and case conference minutes as provided in the Assessment and Training manual (PSC10)

Key Recommendations (2006-2007) that have shown some improvement

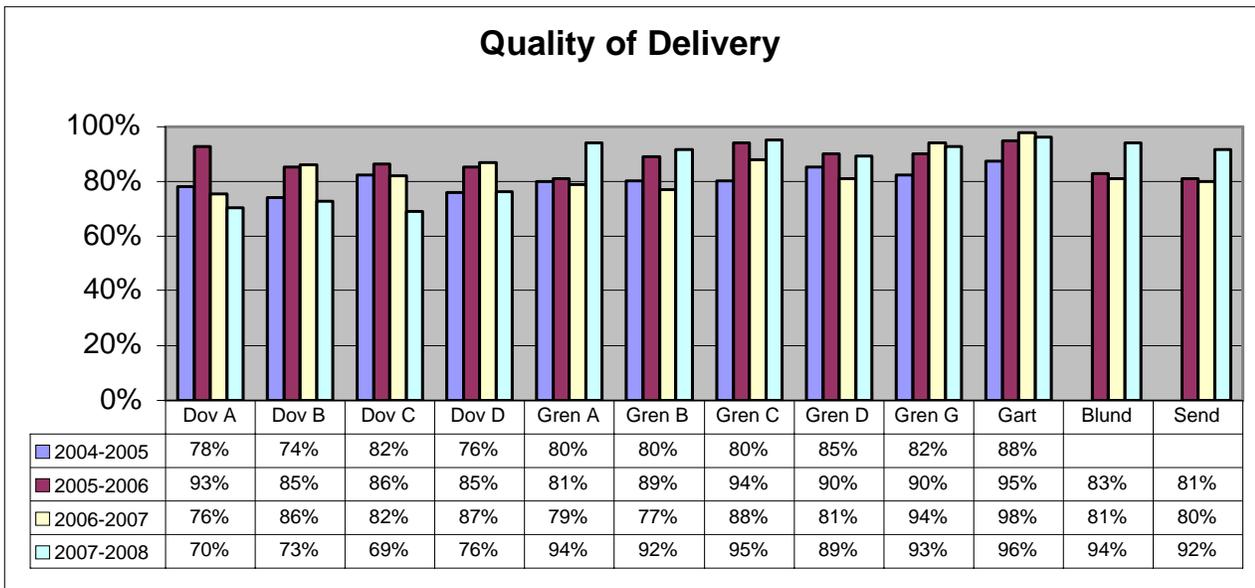
1. Information letters are increasingly sent to offender managers when residents arrive on the TC (PSC1)
2. There is some improvement in inviting relevant people to assessments and reviews (PSC2)

Selected Areas of Achievement

1. TCs ensure they are represented where Multi-agency Public Protection Arrangements (MAPPA) is required (PSC12)
2. Visitors days are an important part of TC life (PSC6)

5.2.4 Section D: Quality of Delivery

Figure 5: Results for Quality of Delivery for cycle 1, 2, 3 and 4



This section ensures that the TC model operates according to the treatment approach identified in the core model and in accordance with recognised TC standards. It also looks to ensure that the approach is having an effect on residents' risk factors.

On the whole, TCs tend to perform highest in this section and the inclusion of additional TC "Core Standards" (see Detailed Data Document 5) has not changed this with the exception of HMP Dovegate, who show a decrease in performance, TCA and TCC for the second year in succession. HMP Grendon TCs' A, B, C and D have raised their scores to match G wing's performance last year and HMPs Blundeston and Send have made notable efforts this year.

"The community is proud of the quality of relationships between residents and between residents and staff and the capacity to manage emotions"
Community Comment

There is no doubt that TCs excel in many aspects in this section. TCs have strong staff teams who are dedicated to the TC model and who work well together (PSD12, PSD11). Staff are knowledgeable about the TC approach (PSD8) and about the residents' treatment goals and risk factors (PSD9). Peer-review teams' scores and comments reflect the high standard of TC practice specifically in relation to the levels of openness and honesty of residents and the commitment of both residents and staff to explore the emotional and psychological experiences of past, present and future relationships even when this may be extremely challenging (4.7.1, 4.7.4, 4.7.5, 4.7.6, CS14, CS8, PSD1, PSD2). Structures are in place to support this process (CS1, 4.6.5) and to ensure that this informs risk assessments and future treatment targets (PSD5). TCs do need to continue to improve the recording of therapeutic interventions for individuals (PSD3) and groups (PSD4). Once again, it is recommended that TCs design a template which would simplify this process. Review meetings however, consistently provide an excellent overall picture of the residents' work towards achieving treatment targets (PSD6) and most importantly, residents do demonstrate greater insight into their offending once they have engaged with the TC (PSD7).

"Individuals have gone forward from here and lived appropriate lifestyles"
TC Resident

Individual residents remain involved in their own care planning following improvements last year (4.2.4) but still have limited involvement in joining specific TCs in multiple TC sites (3.2.2). However, residents are actively involved in the overall running of the community and in the therapeutic journey of their peers (CS5, 3.2.3, 4.7.3, 4.3.1, 4.4.4). TCs consistently work towards increasing resident involvement and this is demonstrated by an increase in the number of TCs that enable resident participation on the joining process for new members (CS12), although it seems there needs to be some improvement to the quality of the involvement and to formalising the process. TCs also need to ensure that they develop structures to support the leaving process and to involving other members in developing leaving plans (CS13, PSD13).

HMP TCs struggle with the living-learning dimension of the TC, which has been a focus for key recommendations since the first cycle. The communities need to further develop the therapeutic space between formal therapy groups, the living-learning aspects of TC life, including sharing meals together (CS4) and working alongside each other in day to day tasks (CS2). Staff need to find ways and be given time to become more involved in social activities (CS3). Once again it is recommended that this become part of the core day and formalised in the timetable as a way of prioritising this time.

“What makes the community very different is the tolerance shown to all types of offender and the manner in which such difficult subjects as sex and relationships with women can be discussed and addressed freely and seriously”
Community Comment

TCs also encourage residents to take the risks necessary for change and for the whole community to be involved in maintaining the safety of the group (CS15) within a set of clear and agreed boundaries, which have improved in most TCs since last year (CS16). TCs aim for an environment where community members (staff and residents) will respect (4.1) and feel a level of responsibility for one another (CS9) regardless of differences (4.1.1) which leads to an emotionally safe environment where

risks can be taken and anything can be discussed (CS10, 4.7.7, CS7). In healthy communities, these factors will fluctuate and the boundaries are managed in an ongoing way. Staff will be more or less actively involved at any given time and the levels of openness will be dependant on the perceived safety of the group. TCs are relatively consistent over the past 4 years, with some fluctuations in performance which is to be expected. However, it is important to note that the poorest performing TCs are not achieving well in this area. This will be symptomatic of wider problems that need to be addressed as a matter of urgency.

Key Recommendations

1. TCs should develop templates for group notes and recording how risk factors are addressed in the TC (PSD3)
2. TCs need to build in structures to monitor the actual and perceived safety of the group for the work of the community (CS10)
3. The living-learning element of the community needs to be structured into the formal timetable (CS6)

Key Recommendations (2006-2007) that have shown some improvement

1. Group notes have improved (PSD4)
2. Community members are more involved with agreeing rules and policies (4.4.4)
3. Staff knowledge of the model of change is improved (PSD8)

Selected Areas of Achievement

1. Residents are very committed to therapy and progress is reviewed and recorded
2. TC structures and approach are of a high standard and compare favourably with those using the same approach outside the prison setting
3. There is a qualitative difference in insight and understanding of offending behaviour for those who have been engaged in therapy (PSD7)

5.3 Audit Summary for HMP Dovegate

Figure 6: Overall Performance of Dovegate TCs

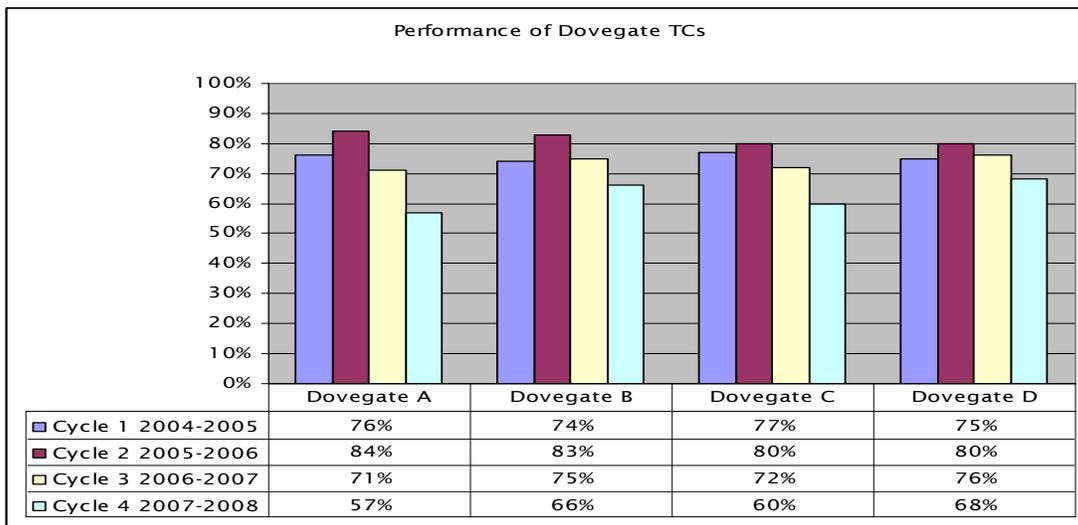


Figure 6 compares the performance of each HMP Dovegate TC for the past 4 years and clearly demonstrates a worrying downturn since initial improvements in 2005-2006. Changes to the minimum overall compliance score, now 60%, means that TCA have not achieved the level necessary to be determined compliant with the core model and need to address this as a matter of urgency. In addition, due to a minimum compliance score of 50% for each section being in place for the first time this year, TCC has also not achieved compliance for Continuity and Resettlement (see figure 4) and is therefore non-compliant overall. Whilst TCB and TCD have achieved minimum compliance there is work to do across all HMP Dovegate TCs and in all sections of the standards.

Overall, HMP Dovegate seemed to struggle with the joint-review process this year, demonstrated through poor communication and a general lack of preparation which made it difficult for the review team to perform their task. TC staff and clients are generally welcoming but there seems to be little support to prepare for the visit and poor organisation. HMP Dovegate TCs need to focus now on addressing recommendations and in accessing the support available from the TC policy manager and Community of Communities network to help them achieve a higher level of performance next year.

Key Recommendations

1. Residents who are no longer in therapy need to be moved on quickly (PSA18)
2. Staff should be consistently available on the TC and not cross deployed (PSA12)
3. All processes and procedures related to the end of therapy need improvement

Key Recommendations (2006-2007) that have shown some improvement

1. There has been some improvement in assessing the competence of group facilitators (PSB4)
2. Resident risk factors are more widely discussed prior to them attending groups (PSB13)
3. There is some evidence that letters are being sent to relevant personnel on admission (PSC1)

Selected Areas of Achievement

1. TCs have a well appointed and well maintained physical space
2. There is evidence that those engaging in therapy have increased insight into their offending behaviour (PSD7)
3. Staff teams are dedicated and cohesive (PSD11)

The following sections detail the individual scores for HMP Dovegate TCs and each section of the review. It also identifies key areas of achievement and recommendations (standards that received the highest number of recommendations in each section are listed in Detailed Data Document 3). Local reports should be consulted for detailed comments and specific recommendations for each TC.

Institutional Support

Figure 7: Percentage Compliance Scores for Institutional Support

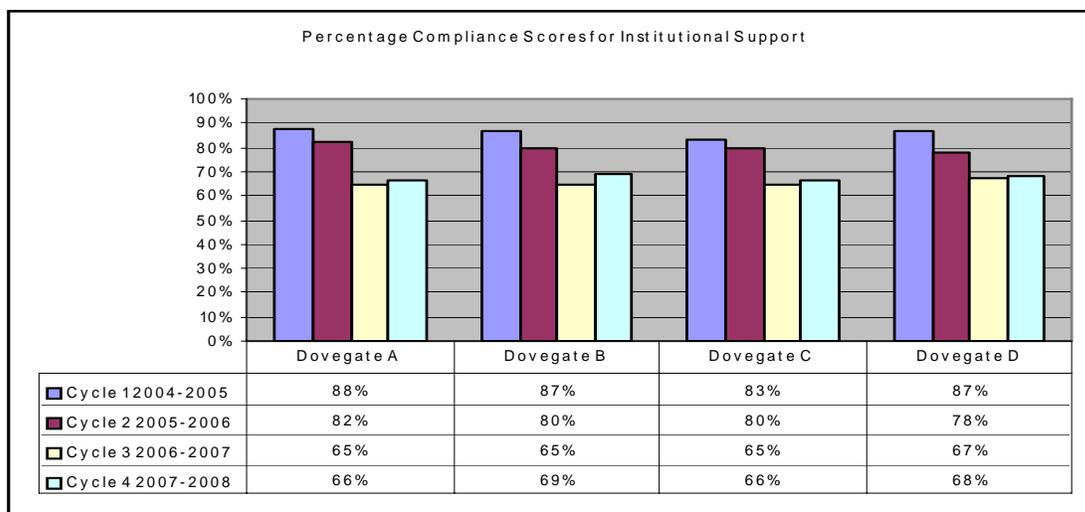


Figure 7 shows the percentage scores for Institutional Support in comparison with previous years. HMP Dovegate TCs have not addressed recommendations and scores are relatively consistent with last years’ reduced performance. Few of the recommendations made in this section are achievable within the TC and require senior management support and action to achieve.

HMP Dovegate is housed in a purpose built facility and therefore does well with regard to their physical environment, with the exception of kitchens, which is an ongoing issue. The TCs have written evidence of commitment for the TCs from the host prison (PSA1) and has good management and support structures in place (PSA2, PSA3, PSA4, PSA5). Despite this, there are a number of key areas where the TCs need to improve as a matter of urgency.

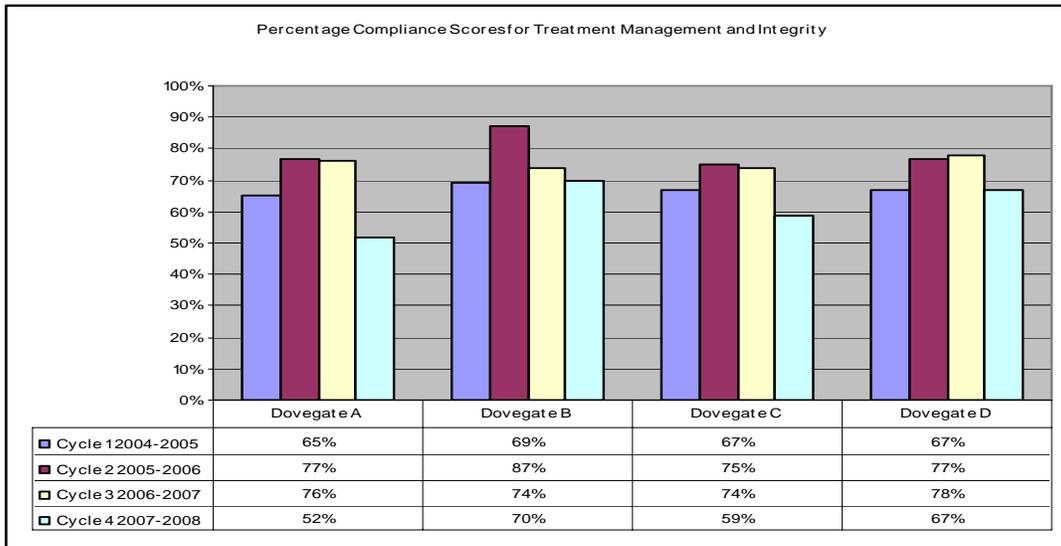
HMP Dovegate has considerable difficulties with lodgers (PSA18). Despite this being ‘vastly improved’ in 2005-2006, the issue dominated joint-reviews in this cycle. One TC had almost a half of its population out of therapy and these men were proving to be extremely disruptive to the TC and undermining the culture. Only one TC had at least 25% of residents in therapy for 18 months or more (PSA17). Combine this with the findings on drop out rates and resident attendance in the next section and it is a worrying picture for HMP Dovegate that needs to be addressed now.

Staffing levels are poor, despite some continuity of staff (PSA14). Staff are regularly being removed from the TC to cover other duties (PSA12), there is a lack of consistent cover on groups, changes and vacancies in both security and clinical positions and a lack of personnel to address resettlement issues (PSA8). Recruitment needs to be supported by more rigorous procedures at both entry and exit points (PSA11) involving community members in some aspects (CS11). Personal support should be offered to staff with feedback to enable an analysis of common themes (PSA15).

HMP Dovegate was acknowledged as demonstrating best practice for their relationship with security in the first two years of the joint-review process. It seems that now this is becoming more problematic. The TCs need to develop clear and consistent security protocols and improve the partnership between security and therapy (PSA6, PSA7).

Treatment Management/Integrity

Figure 8: Percentage Compliance Scores for Treatment Management and Integrity



There is a reduction in performance in this section this year most noticeably in TCA and TCC. Areas where performance is in decline relates to staff training and supervision and community membership.

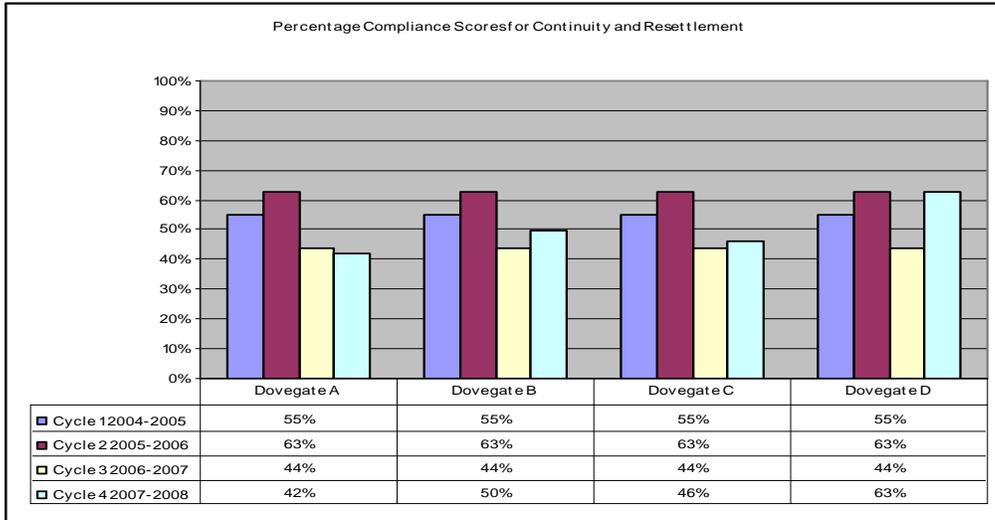
Supervision and training was highlighted as an area for improvement for HMP Dovegate in the 2006-2007 National Report, specifically ‘lack of clearly defined staff support sessions that has been commented on every year’. Recommendations made in previous years regarding supervision still stand, supervision should be clearly differentiated in the timetable and should be consistently delivered. In addition this year it has been identified that senior staff are not receiving regular supervision and there is some question over the competency of certain staff in relation to specific tasks (PSB1, PSB4). Staff training and support needs to improve (PSB3) at all levels.

Residents receive comprehensive assessments on arrival at the TC (PSB10) but there is little evidence that this includes testing for individuals who score highly on psychopathy scales. Until this is evidenced, it cannot be stated that HMP Dovegate TCs do not accept high PCL-R scorers and clear policies and procedures along with staff training needs to be in place to manage these individuals (PSB11, PSB8).

There needs to be a more consistent approach to the formal groups in all TCs with particular support and attention for those TCs that are struggling. The allocation of residents to groups should be discussed and recorded more thoroughly (PSB15) and all groups, including crisis meetings, should always have an appropriate staff member present (PSB4). There is a worrying number of residents who are not attending groups (PSB17) but perhaps the biggest concern and an indicator of current difficulties is the fact that every TC has increased drop out rates (PSB16) over the past two years.

Continuity and Resettlement

Figure 9: Percentage Compliance Scores for Continuity and Resettlement



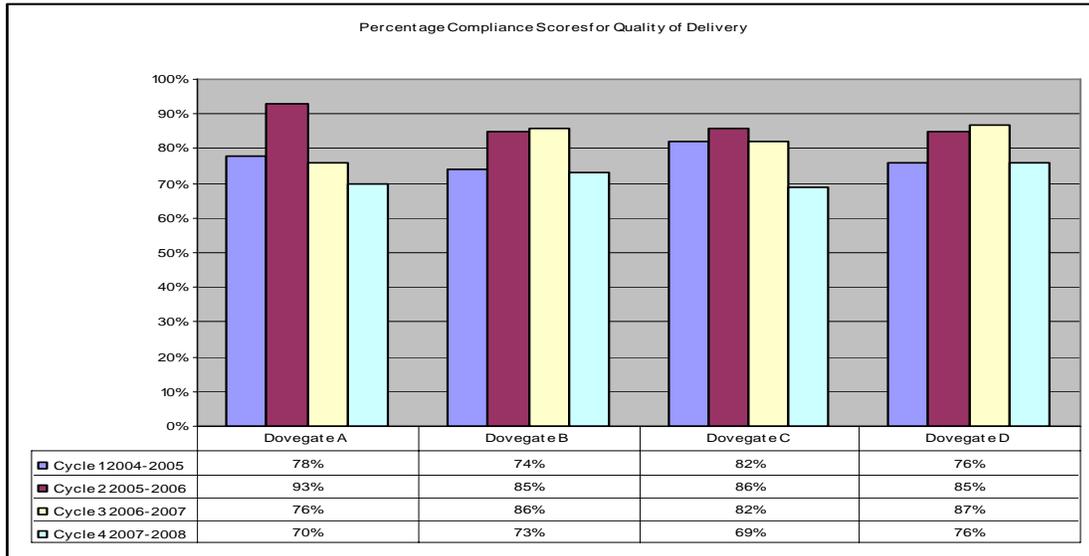
There has been some improvement in the scores for this cycle, specifically TCB and TCD. However, neither TCA nor TCC meet the minimum compliance level of 50% per section agreed with CSAP in 2006-2007.

HMP Dovegate achieves well in relation to MAPPA input and in regard to residents’ involvement in identifying resettlement needs, a new standard this year (PSC5).

However, it is the processes surrounding the end of therapy that remain poor, despite recommendations being made year on year. End of therapy reports are not being consistently produced (PSC7) and end of therapy case conferences often do not take place (PSC10). There is a need to address these issues and to improve the administrative management of all end of therapy procedures.

Quality of Delivery

Figure 10: Percentage Compliance Scores for Quality of Delivery



HMP Dovegate is not performing as well in this area as in previous years. Given that this section measures the quality and culture of the TC, it is unsurprising that this section is affected by the issues explored in previous sections. 9 of the top 14 standards with the highest number of recommendations are TC “Core Standards” (see Detailed Data Document 3) some of which are newly introduced this year. The impact of reduced staff numbers and in the quality of training and supervision they receive along with high numbers of men out of or avoiding therapy is going to have a critical effect on the core principles of TC life and on the capacity of the community to contain difficult experiences and emotions (CS10, 4.7.7). It is at these times that the therapeutic value of living and working together can be of increased benefit and the TCs are strongly advised to spend time working on these areas and perhaps should consider reducing the formal therapeutic programme to a manageable degree until proper resources can be allocated and supportive structures can be put in place and consistently adhered to.

It is also important that the TCs improve their recording of activity and interventions, and to ensuring that systems are in place to improve the coordination of administrative tasks.

Importantly, all TCs were able to demonstrate that the TC had a positive effect on those who did engage with the therapy (PSD7). Staff teams are cohesive with clear understanding of each others’ roles (PSD11) and they are knowledgeable about the therapeutic model of change (PSD8).

5.4 Audit Summary for HMP Grendon

Figure 11: Overall Performance of Grendon TCs

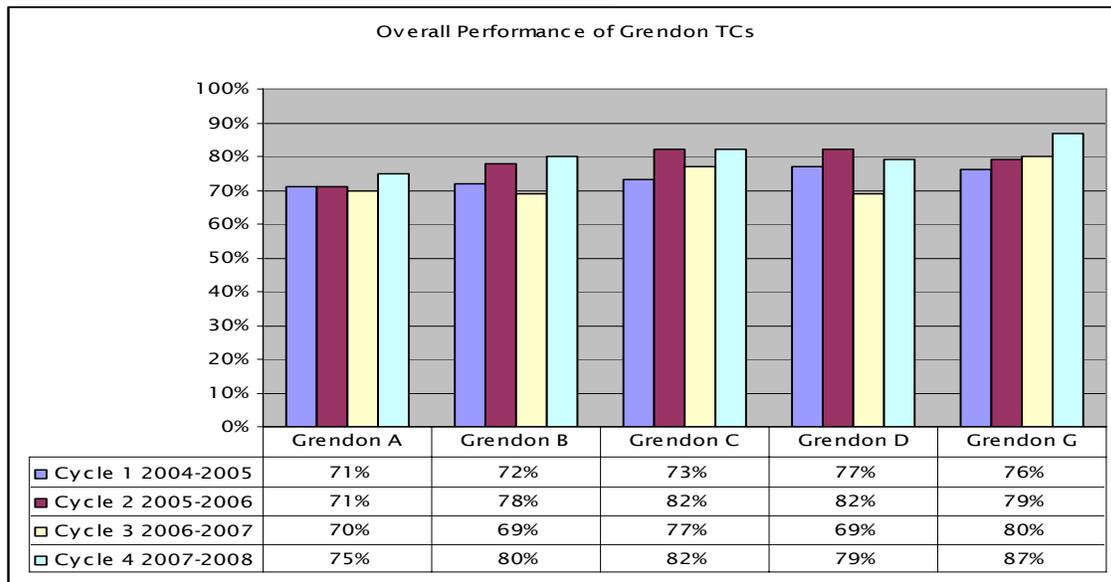


Figure 11 compares the performance of each HMP Grendon TC for the past 4 years and demonstrates overall improvements in each TC. HMP Grendon TCs seem to have been more engaged with the joint-review process this cycle. Visits were more organised and TCs more prepared making it easier for review teams to access the information required. Senior managers visited the TCs during the visits and were clearly supportive of the process. Given the rather negative climate reported in previous years, their performance is quite an achievement and HMP Grendon is to be congratulated on the level of improvements, which are clearly demonstrated when looked at in more detail in the following sections.

Key Recommendations

1. Staff should be consistently available on the TC and not cross deployed (PSA12)
2. End of therapy processes and procedures need to improve
3. TCs should further share learning across the HMP Grendon site

Key Recommendations (2006-2007) that have shown some improvement

1. Group notes have improved
2. An effective management communication strategy is now in place (PSA2)
3. Frequency and recording of interim assessments and reviews have improved (PSB12)

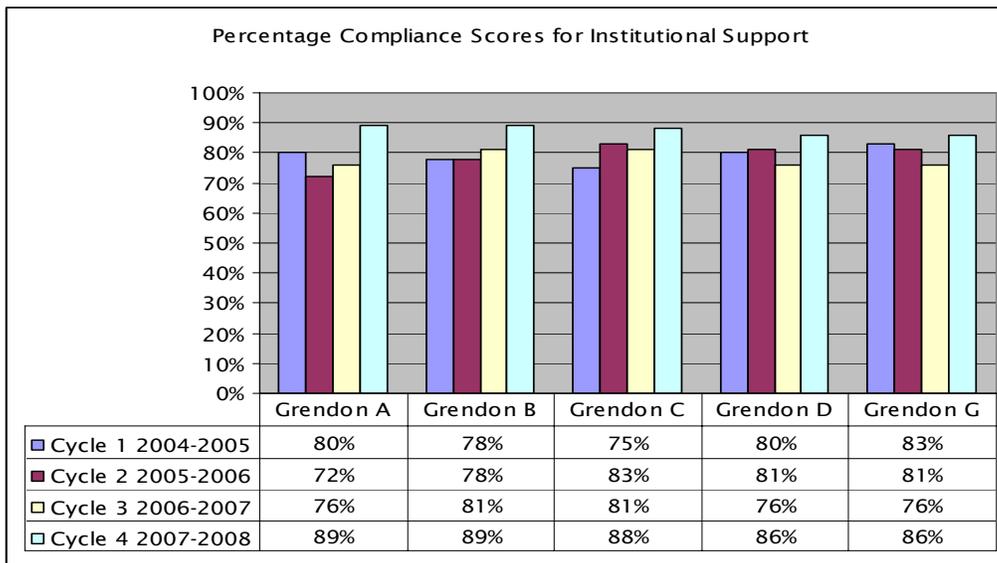
Selected Areas of Achievement

1. The number of recommendations addressed in the past year
2. Senior staff are well qualified and increasingly well supported (PSB6)
3. Strength of the TC culture on each wing and the commitment of residents to the therapeutic process both for themselves and others

The following sections detail the individual scores for HMP Grendon TCs and each section of the review. It also identifies key areas of achievement and recommendations (standards that received the highest number of recommendations in each section are listed in Detailed Data Document 4). Local reports should be consulted for detailed comments and specific recommendations for each TC.

Institutional Support

Figure 12: Percentage Compliance Scores for Institutional Support



HMP Grendon has made considerable improvement in this section since last year. Management structures are in place and are more effective with recommended communication strategy being developed (PSA1). Overall relationships between management and the communities appear to have improved from previous years (PSA2). A number of initiatives have been put in place to facilitate this improvement; including consulting communities on a range of changes that would impact on them and increased central support to ensure that there is full implementation of the Core Day e.g. coordinating supervision.

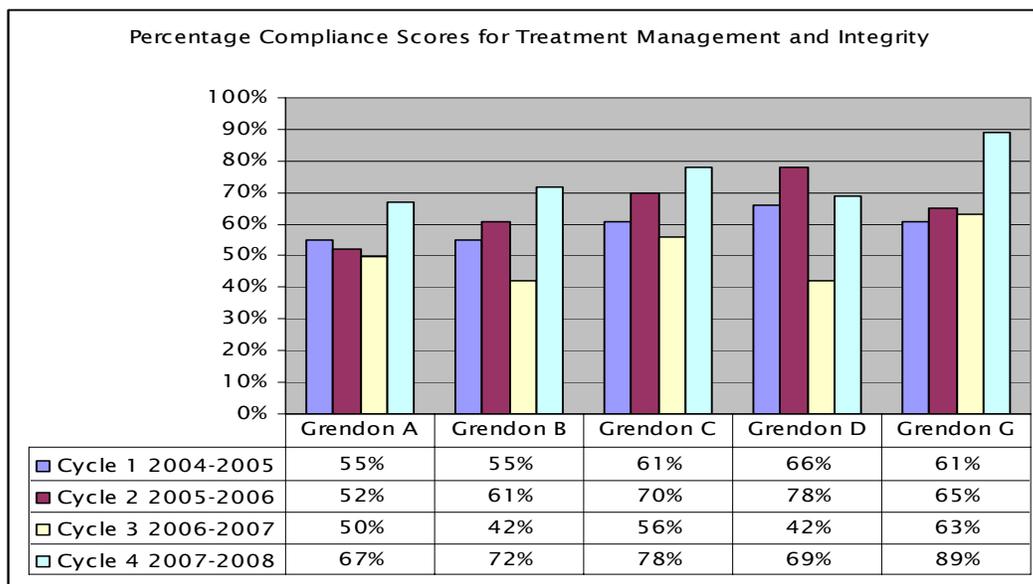
It was recommended last year that a staff awareness package be developed for staff working at Grendon (PSA9) and this recommendation has been addressed. The TCs should continue this good work and develop tailored sessions for different audiences.

Staffing remains problematic, with recruitment not meeting requirements laid out in the Management Manual, leading to inappropriate selection of staff in some TCs. In addition, there continues to be cross-deployment, leading to a lack of consistency in individual TCs and in groups. Equally, staff are often unavailable to attend supervision, sensitivity and other staff meetings. It was evident from the reviews that a number of therapy groups had been cancelled due to a lack of available staff. Whilst this is preferable to them running without staff, HMP Grendon needs to find a way to address this. It is recommended that HMP Grendon review their staff recruitment and selection processes and at the same time find ways to involve community members.

In keeping with previous reports, HMP Grendon needs to address the number of men out of therapy, including lodgers that are housed in the TCs, even temporarily. This will increasingly affect the therapeutic milieu and there needs to be a strategy to deal with this problem.

Treatment Management/Integrity

Figure 13: Percentage Compliance Scores for Treatment Management and Integrity



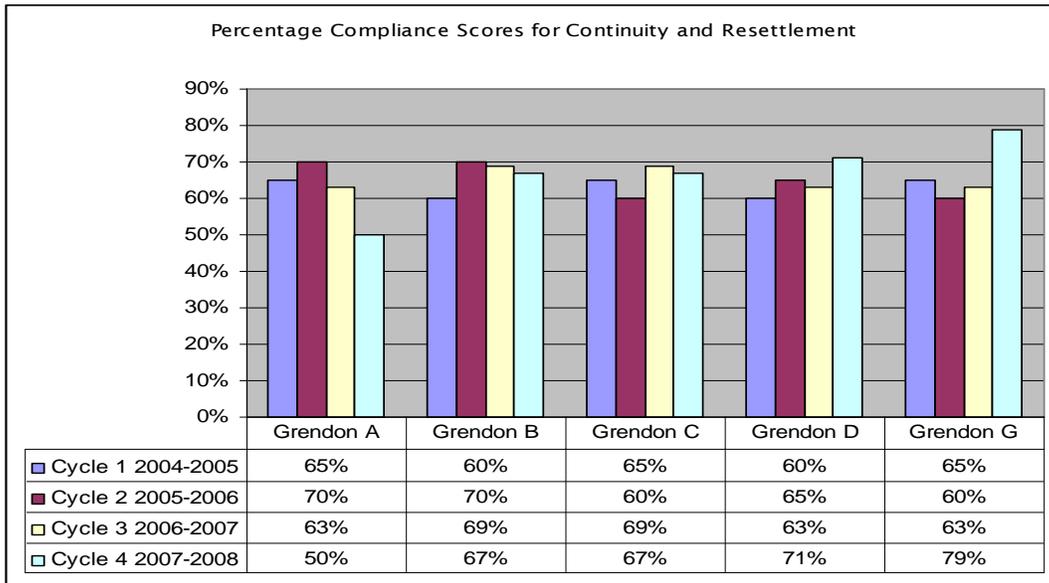
HMP Grendon has made a dramatic improvement in this section. The extent to which changes to standards in this section may have affected these scores has been explored and identified as negligible. HMP Grendon TCs have made improvements against a number of recommendations, in particular with regard to interim assessments and reviews. There remains work to be done to ensure that the psychometric test battery is administered to all residents on arrival at the TC and upon completion of therapy. This is a valuable way for residents to demonstrate the results of their work in the TC and for the TC to contribute into overall research into effectiveness and needs to be prioritised.

Senior staff are well qualified and receive appropriate supervision. There has been improvement to the overall provision of supervision and staff support and to ensuring that staff who deliver it are assessed as competent. However, staff need to be available and enabled to attend. Training remains a priority for the TCs and although there is some evidence of improvement, there is more to be achieved.

Although levels of understanding psychopathic behaviour have improved, routine tests to identify those residents with high psychopathy scores need to take place. HMP Grendon should produce a written policy on how to manage these residents within the TC.

Continuity and Resettlement

Figure 14: Percentage Compliance Scores for Continuity and Resettlement



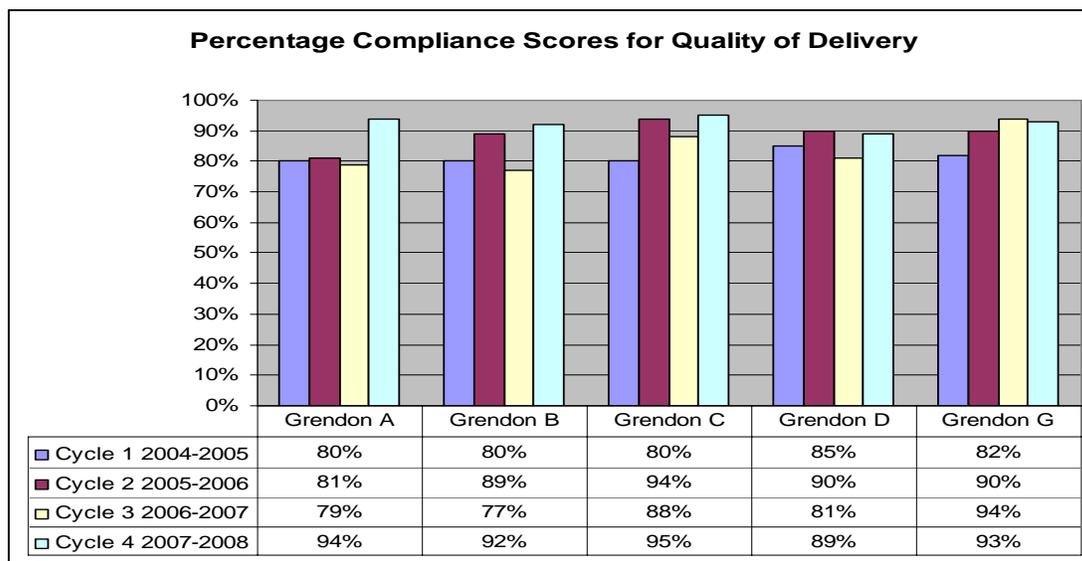
Scores for each TC in this section have fluctuated around 65% for the past three years. However, TCA wing has performed particularly poorly this year and G wing particularly well. It is important that HMP Grendon find ways to share the learning within the prison to enable more consistent performance across the TCs.

HMP Grendon continues to host regular events, open days and social evenings for community members and as in previous years, there are good arrangements in place for representation of the TCs at MAPPA.

Recommendations regarding end of therapy processes and procedures have not been addressed. There was a backlog of end of therapy reports on many of the TCs and a procedure should be put in place to manage this. Although residents are encouraged to engage with resettlement plans and to identify support networks, this was not being formally recorded. Resettlement plans must be regularly updated and revised in order to increase residents' ownership and engagement in this process.

Quality of Delivery

Figure 15: Percentage Compliance Scores for Quality of Delivery



Again, HMP Grendon has done remarkably well in this area and the TCs are clearly providing a high quality therapeutic community environment.

Staff and residents are committed to the work of the community. Residents demonstrate a high degree of insight into their own and other residents' developmental history and offending behaviour, and how this manifests within the community. Group process notes are improved, with all TCs providing a consistent and accurate written record. However, it has been recommended that further development and training about group process in therapeutic environments would enable a higher level monitoring and is an area where HMP Grendon can look to improve their already high standard. Community members are demonstrably supportive of one another, providing constructive feedback, encouraging one another and helping new members to adapt to the culture of the TC.

Once again, it has been noted that there should be further opportunities to develop the therapeutic space between formal groups. The living-learning experience is central to TCs and opportunities need to be developed, including working alongside each other and sharing meals. Equally, there could be more involvement by individual residents and community members in the joining process, TCs should think of ways to increase and formalise their involvement.

6 Examples of Best Practice and Bright Ideas

Areas of Best Practice

Staff

- A continuing programme of Staff Awareness Training is implemented. The TC is working hard to integrate with the main prison and is beginning to also become involved in the Prison Officer Entry Level Training process. Awareness of and sensitivity towards the unit has increased greatly and there is currently a waiting list of staff wanting to come onto the unit (HMP Blundeston)
- The therapy manager requests staff to present case studies in individual and group supervision to help them think through the therapeutic process (HMP Blundeston)
- There is an external facilitator for staff sensitivity group (HMP Blundeston)

Informal Time

- The kitchen is used to prepare meals by residents at the weekend (HMP Gartree)
- Staff and residents have a regular community meal once a month where every staff and resident member is expected to attend (HMP Send)

Joining and Leaving

- The TC runs a weekly induction group for new members where issues of joining and potential ambivalence can be explored before being allocated to a therapy group (HMP Grendon B)
- The TCs hosted a reintegration workshop and resettlement day to which all residents were invited (HMP Dovegate)

Involvement

- Residents attend management steering meetings and the minutes from managerial meetings are available at all times (HMP Blundeston)
- Residents have access to all core model manuals, standards, local and National Reports through in the community library (HMP Blundeston)

Institutional Support

- The security protocol is well thought-out and includes sections on interdependency, meetings, searching, intelligence, self-regulation, safety etc. (HMP Blundeston)

Therapeutic Process

- Staff include a “Recency” column in 6 monthly reviews, where overt instances of problematic/high risk/ offence related behaviour on the unit are identified, linked and fed back (HMP Blundeston)

Selection of Bright Ideas (taken from self- and peer-review comments)

- Create a focus group of staff and residents to review work groups, policies and procedures
- Have a Community of Communities group and rep to address recommendations and prepare for reviews throughout the year
- A contingency policy for staffing of groups if staffing difficulties arise
- Develop a recruitment sub committee, which looks at ways to recruit new members
- Staff could take an article/paper to discuss during supervision
- Community members have tea and toast mornings and coffee mornings at weekends
- Community could have an allocated officer responsible for coordinating and overseeing ‘Continuity and Resettlement’ audit requirements
- Informal resettlement group to look at post-TC needs and required support

Appendix 1 - The Joint-review Process

Prison Service Standards Review

This year, the joint standards have undergone a major revision. The intention was not to fundamentally change the existing standards but rather to improve the structure and ensure they are clearly worded, measurable and achievable. The standards have been made more accessible by omitting unnecessary jargon and by grouping them according to meaningful common themes. This has allowed for a greater logical progression of the standards through each section.

An expert working group was held on the 2nd February 2007 to undertake the revision. The participants were asked to consider each section of the standards, focussing on ambiguous language, categorisations, repetition, omissions and theoretical relevance. Source and guidance notes were also added to many of the standards to assist the TCs and review teams in collecting evidence.

The layout of the standards was adjusted in line with the HMP TC National Report, which groups all standards that contribute to the accreditation process into sections used and recognised throughout the prison service i.e. Institutional Support, Treatment Management etc. The Joint Standards have, for the first time, been presented in this way, with the Service Standards for TCs that contribute to the compliance score being clearly identified in relevant sections. The best practice standards are included in Part B of the workbook and continue to be a critical part of self- and peer-reviews.

The edited version of the standards was then sent to all the HMP Standards Workshop attendees and TC staff and residents for consultation. All feedback on this version was compiled and brought for discussion at the TC Liaison Meeting in April 2007. Finally, the revised standards document was brought before the Correctional Services Accreditation Panel for ratification on 24th July 2007.

Prison Service Standards Review Joint-Review Workbook

The TC is provided with a self-review workbook containing two parts, Part A and B and these are further subdivided into sections:

Part A: Service Standards for Prison Service Democratic Therapeutic Communities

- A. Institutional Support
- B. Treatment Management/Treatment Integrity
- C. Continuity & Resettlement
- D. Quality of Delivery

Part B: Service Standards for Therapeutic Communities (self reviewed only)

- A. Physical Environment
- B. Staff
- C. Joining and Leaving
- D. Therapeutic Environment
- E. External Relations

The Joint-Review Process

The joint-review is an iterative cycle of self- and peer-review and specialist verification based on two sets of explicit standards, the Service Standards for Therapeutic Communities, 5th Edition and the Service Standards for Prison Service Democratic Therapeutic Communities, 2nd edition.

Each year members review the standards and methods and any changes are incorporated, where possible, into the process for the following year.

Self-Review

Each TC completes a self-review involving all members of the community wherever possible. The TC will rate their performance against the standards and identify areas of achievement and areas for improvement. TCs should comment on actions taken regarding areas for improvement and recommendations identified in the last cycle (if appropriate) and are encouraged to make reference to their local report 06/07.

Peer-Review

Each TC will arrange to undertake a one-day peer-review of a non-prison TC. The involvement of community members in this process is encouraged wherever possible.

The review of each prison TC is a joint process which takes place over two days and involves a non-prison TC, a TC specialist, a psychologist, a prison service representative and a lead reviewer. The first day is dedicated for the C of C peer-review; the second day is intended for the three specialists only, to observe elements of the TCs normal functioning and to meet with staff and clients individually or in groups.

Day One

Day One is dedicated to the Community of Communities peer-review, which involves the exploration, and discussion of the audited C of C standards (contained within Part A of the review workbook) based on the self-review. The aim of the day is to draw out areas of achievements and areas for improvement in an atmosphere of openness and honesty with a group of peers. A lead reviewer will facilitate this process. The three specialists will participate, observe and/or review records in relation to Part A. A feedback session takes place at the end of the day which will include all members of the joint-review team and the TC. This session is designed to provide an opportunity for the TC and the visiting team to debrief and give feedback about the process.

Day Two

The three specialists and the lead reviewer attend the second day to observe elements of the TCs formal and informal therapeutic programme. They meet with staff and clients and collect further data relating to the standards. The psychologist will conduct a series of interviews; 2 individual client interviews, a staff group interview and a client group interview which other specialist may attend. The lead reviewer will facilitate the organisation of the day and address any specific questions or anxieties; they are not directly involved in the audit of the TC. A feedback session takes place at the end of the day which will include all 3 specialists, the lead reviewer and the TC. This session is led by the lead reviewer who will provide feedback to the TC on areas of achievement and areas for improvement identified by the joint-review team over the two day visit. These observations will serve only as a guide as formal feedback about the visit will be included in the local report. It is also an opportunity for the TC and the visiting team to debrief and give feedback about the process.

Each element of the joint-review team is required to review specific standards within the workbook. As follows:

- **TC Specialist and Non-prison TC –Part A** - Institutional Support: CS11, 4.3.3, 3.1, 1.1.1, 1.1.2,1.1.1, 1.1.4, 1.1.5, 1.1.6, 1.2.1, 1.2.2, 1.2.4, 1.3.1, 1.3.2, Treatment Management/Integrity: 2.3.1, 2.3.2, 2.3.3, 2.4.4, 2.5.1, 2.5.2, 2.4.5 Quality of Delivery: CS1 – CS10, CS12 – CS16, 3.2.2, 3.2.3, 4.1, 4.1.1, 4.2.4, 4.3.1, 4.4.4, 4.6.5, 4.7.1, 4.7.3, 4.7.4, 4.7.5, 4.7.6, 4.7.7

- **Prison Service representative- Part A** – Treatment Management/Integrity: - B1-B4, B6 – B11 and B19, all of Continuity and Resettlement except C7, Quality of delivery - D11 and D15
- **Psychologist – Part A** – Treatment Management/Integrity: - B5, B12, B13, B14, B15, B16, B17 and B18, Continuity and Resettlement; C7, all of Quality of delivery except D11 and D15

Scoring

The review workbook is divided into 2 sections Part A- Service Standards for Prison Service Democratic Therapeutic Communities and Part B- Service Standards for Therapeutic Communities. Each standard is scored as 2 = met, 1 = partly met, 0 = not met and 9 = not applicable. During the joint-review, selected standards in Part A, viewed as critical to the core model are reviewed and scored by the Community of Communities peer-review team and verified by a TC specialist and the remaining standards of Part A are audited by a psychologist and prison service representative. Standards which are verified by the TC specialist, psychologist and prison service representative and count towards the TCs' compliance score are identified in the column "Standards specific to compliance score". 'TC' denotes that the standard is scored by the Therapeutic community Specialist, 'PS' denotes that the standard is scored by the Prison Service Representative and 'PSY' denotes that the standard is scored by the Psychologist.

At HMP Grendon and HMP Dovegate the standards that are shaded in light grey should be scored once by a senior manager on behalf of all TCs.

As in 2006-2007 the minimum compliance score is 60% overall in accordance with PSO 7100. This is a transitional arrangement approved by CSAP. TCs are also required to obtain a score of 50% for each section as well as 60% overall in order to show compliance with the accredited core model.

Appendix 2 - The Community of Communities Project Team

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What is the College Research and Training Unit?

Community of Communities is part of the Royal College of Psychiatrists' Research and Training Unit. The CRTU was established in 1989 with money raised primarily from donations from college members. The CRTU has four sections: health service research; quality improvement initiatives (of which Community of Communities is one); National Collaboration Centre for Mental Health and Training Unit. The CRTU has forged strong links with many other organisations, including professional, academic and service user and carer organisations. The CRTU has also undertaken collaborative work with most of the faculties of the College.

Appendix 3 - The Community of Communities Sixth Annual Cycle (2007/2008)

This is the sixth year of Community of Communities – a Quality Network of Therapeutic Communities established by the Association of Therapeutic Communities (ATC) and the Royal College of Psychiatrists' Research Unit in 2002 with a three year start-up grant from the Community Fund. We are delighted that the demand for the project has again increased this year to include new communities both in the UK, and abroad. Member communities continue to represent a wide variety of therapeutic communities across the NHS, Prison Service, voluntary and independent sectors, thus providing the opportunity to share commonalities and learn from the differences between services.

Community of Communities offers a network of relationships between communities in which practice can be observed, ideas can be shared and problems discussed. Engaging in this network involves much more than measuring practice against the standards: it is an action research method. Through the process of engagement and reflection, members themselves bring about progressive change in practice.

The quality network was developed in response to on-going discussions within the ATC concerning accreditation. On the one hand, accreditation was seen to be a necessary step for therapeutic communities to take in order to survive within the growing culture of statutory inspection and monitoring of quality. On the other hand, the idea of defining therapeutic community practice was felt to be antithetical to the very nature of the work which has at its heart the on-going enquiry, questioning and revision of practice. The Community of Communities addresses the need for therapeutic communities to openly face growing statutory requirements and quality assurance while at the same time placing as fundamental both the on-going collaborative reflection and revision of standards for therapeutic communities.

The network uses an annual cycle involving both the development of standards for therapeutic communities and a review process based on these standards with the context of the benefits of peer-support. The standards are agreed and then applied through a process of self- and peer-review where members visit each others' communities. When they meet, they reflect upon and discuss aspects of the community, opening up enquiry together. The issues arising during the self- and peer-review process are fed-back in this local review summary after which action is taken to address any development needs that have been identified in particular with regard to functioning as a therapeutic community. The process is ongoing rather than a single iteration, and via mutual support and enquiry it provides the possibility of change in the context of the network of communities.

The review process combines the audit cycle with the benefits of a peer-support network. Standards are applied through a process of self- and external peer-review in which members visit one other's services. During the visits, members learn from each other and share ideas about improving services.

Appendix 4 - Acknowledgements

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