The Development of Core Standards and Core Values for Therapeutic Communities

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This paper describes the development of a set of Core Values and Core Standards for therapeutic communities (TCs) and their application in therapeutic communities and the Community of Communities (C of C) Quality Network[1].

Background

Evidence-based mental health care is generally accepted as necessary, but it has been strongly argued that it is not sufficient without reference to underlying values (Fulford, 2004; Cloninger, 2006). Attempts to develop a values-based framework have therefore been developed to complement it (Woodbridge and Fulford, 2005). Therapeutic communities have their origin in 'moral treatment' (Bloor, 1988, Kennard 1998) which were only value-based. This, together with other critiques of modernity in psychiatry (Bracken and Thomas, 2005) and the successful development and growth of the Community of Communities Quality Network (Haigh and Tucker, 2004), has given the impetus and opportunity to develop an explicit value base for standards in therapeutic community practice.

Development of Core Standards and Core Values

Provisional 'Core Standards' were first published as an appendix in the C of C Service Standards for Therapeutic Communities 4th Edition (Hirst and Paget, 2005). The 16 standards were developed through a series of workshops and consultation and refined by the project team following a literature review. The standards were further refined and agreed by an advisory group of experts before full publication in the Service Standards for Therapeutic Communities 5th Edition (Keenan and Paget, 2005) as standards critical to TC practice.

The Core Standards were included in the C of C annual cycle of self- and peer-reviews and are regarded as the minimum standards for member TCs. The Core Standards have become integral to the C of C accreditation processes for TCs within the NHS and the prison sector.

In 2007, C of C developed three new sets of service standards for communities working with people with addictions, children and young people and people with learning disabilities. The first editions of the Service Standards for Addiction Therapeutic Communities (Shah and Paget, 2007) and Therapeutic Communities for Children and Young People (O'Sullivan, Shah and Paget, 2007), adopted the existing Core Standards after consideration from their respective advisory groups incorporating them into their review processes. The Service Standards for Communities for People with Learning Disabilities (Wood and Paget, 2007) did not adopt the Core Standards, their advisory group deciding that they were not wholly applicable to all their communities.

A set of 'Core Values' was first developed by the advisory group for communities for people with learning disabilities and was published in the first edition of their service standards in an attempt to ground the standards in a philosophical base that reflected the model of work. Similarly, the advisory group for children and young people TCs devised their own set of Core Values to describe the philosophy within their own approach.

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[1] See www.communityofcommunities.org.uk

Towards the end of 2007, C of C held a series of workshops to revise the Core Standards and develop a common set of Core Values in an attempt to identify key elements of the TC approach and philosophy irrespective of client group or sector. The resulting draft was sent to all TCs in the UK for comment. Responses were considered by the C of C project team and the advisory groups and a new set of 10 Core Values and 15 Core Standards was agreed.

The Core Values describe the journey of processes an individual experiences in order to develop good mental health by explaining the journey undertaken by a member of a therapeutic community, beginning with attachment and progressing to responsibility. The Core Standards detail the necessary structures and commitments required for these values to be operationalised and will be used as an integral tool in C of C's quality assurance and accreditation cycles.

Using the Core Values and Core Standards
The Core Values can help therapeutic communities articulate their mission statements and basic beliefs to themselves and others describing their service as one grounded in a sound theoretical and philosophical base. Therapeutic communities may also use the values for training, using them to reflect on aspects of the TC approach.

Therapeutic communities will want to use the Core Standards to quality assure their service using the Community of Communities annual cycle of self- and peer-review.

Regulators may wish to use the values and standards to better understand the relationship between existing regulatory frameworks and the therapeutic application in services. Commissioners may also wish to use the Core Standards to assist them in matching needs to placements, and identifying appropriate therapeutic placements for individuals. They will be of use to commissioners when establishing if a setting is, and continues to be, therapeutic in its principles and practice.

Most importantly, the Core Values and Core Standards can be used by non-TC services to develop a TC-centred approach, helping them to foster a culture and attitude to implement the structures necessary for TC practice. This process of development will be complimented by participation in the C of C Quality Network.

Conclusion
This set of Core Values and Core Standards is the first joined up attempt by therapeutic communities to identify their common core beliefs and the basic structures required for these beliefs to be realised. The extensive development and consultation process means that these values and standards represent broad consensus and reflect current TC philosophy and practice. The desire to regularly review this work ensures their organic and dynamic nature will remain relevant. This work leads the way for a common ground on which all therapeutic communities can stand and identify themselves as a value-based service.

At the outset of this work, some TC practitioners expressed the view that the need for common Core Values and Core Standards was preaching to the converted and not in keeping with a modern mental health service however the vast majority contend that this is not true. The challenge for all services identifying with these values and standards is to convey their message to those who need to hear it.

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

Core Standards

CS 1	The community meets regularly
CS 2	The community acknowledges a connection between emotional health and the quality of relationships
CS 3	The community has clear boundaries, limits or rules and mechanisms to hold them in place which are open to review
CS 4	The community enables risks to be taken to encourage positive change
CS 5	Community members create an emotionally safe environment for the work of the community
CS 6	Community members consider and discuss their attitudes and feelings towards each other
CS 7	Power and authority in relationships is used responsibly and is open to question
CS 8	Community members take a variety of roles and levels of responsibility
CS 9	Community members spend formal and informal time together
CS 10	Relationships between staff members and client members are characterised by informality and mutual respect

CS 11	Community members make collective decisions that affect the functioning of the community
CS 12	The community has effective leadership which supports its democratic processes
CS 13	All aspects of life are open to discussion within the community
CS 14	All behaviour and emotional expression is open to discussion within the community
CS 15	Community members share responsibility for one another