

The Joint Newsletter

of the Association of Therapeutic Communities, the
Charterhouse Group of Therapeutic Communities, and the
Planned Environment Therapy Trust

Number 6

November 2002

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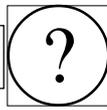
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WELCOME TO AN UN-SPECIAL ISSUE

If we had set out to produce a special issue on the theme “Service Users and Ex-Service Users”, it would probably feel like it. What is remarkable, to us, is the way that service users and ex-service users have come into this issue from all angles, and without pre-meditation. Even Helen Spandler’s PhD. thesis concerns itself with a “pioneering example of innovative practice in the history of Therapeutic Communities and the Patients Movement”. Strip service users and ex-service users out of the issue - the poetry, the letters and comment, the reports on events and practice - and what remains?

Clearly, this reflects a need, and a moment taking place within communities and other services. There is a myriad of ‘issues’ concerning user involvement, even though it rests implicitly as an important component within therapeutic community theory. Nevertheless, once a hatch is made into a door the traffic is bound to increase. Perhaps it has been waiting and pushing at the hatch for too long?



In the oral history of the early ATC there are two significant pitch invasions. In one, junior staff held a rival meeting in protest at being excluded from a meeting of the “Round Table” - directors and consultants who gathered semi-formally in one another’s communities to discuss the issues and cultivate a network of support. This led to the opening up of the meetings, and to the creation of an Association of Therapeutic Communities for all those professionally involved in the work. In the other, a patient wandered into the meeting, and eventually wandered out.

“User” involvement is a long-standing issue for therapeutic communities, and the therapeutic community movement. It came to a kind of head last year, when the ATC’s Windsor Conference theme “*How Was it For You - An exploration of what it is like to be part of a therapeutic community from either staff or client/resident/patient/member perspectives*” (to quote from Joint Newsletter 1) led a number of people to think that ‘users’ would be included among the delegates and presenters, an assumption which developed as a sub-theme on the ATC email discussion list: Could users afford to come, and if not, were bursaries available; could some of those on the email list meet to put together a joint presentation. Within

the Steering Group, however, there was a strong feeling that the Windsor Conference was a professional meeting; a unique chance for a large group of people doing the work in different settings to meet one another away from the pressures of the workplace and the needs and the demands of clientele. It was agreed, after trenchant debate, to retain Windsor as a place where professionals came together in a form of active and restoring retreat.

The development of the Quality Network has brought user involvement into the heart of the ATC. Two service user representatives, recruited in part with the help of the ATC email discussion list, have been involved with the Network more or less from the beginning. Service users are part of the audit. A Workshop on User Involvement in the ATC was included in the Windsor Conference this year, and is reported elsewhere in this issue. Jon Broad and Yolande Hadden, the service user representatives who have been involved since the inception of the Quality Network, were elected to the Steering Group at the subsequent AGM. It is not unprecedented - there has been a service user on the Steering Group before - but there is no suggestion here of wandering away.



Whose Heritage is it Anyway?

John Diamond and Rich Rollinson, in this issue, share materials they have recently come across in the archives of the Mulberry Bush School, and add (quite unsolicited!) - “*we’d be very interested to read things from other communities which until now may have been biding their time to be rediscovered and reclaimed.*” They write: “*Is this the start of a regular Newsletter feature?*”

Why not?

But what does it mean, “biding their time?”

Now that the field has its own dedicated archive and study centre, we can get a better idea of what is important to people who have been in it – service users, staff, families. A granddaughter, searching in part on behalf of her mother, wants to know why boys would have been sent to Wallingford Farm Training Colony in the 1920s. A former boy who cherishes the memory turns up to try to connect his time in a war-time community with the jumble of his life at that time. A former member of staff explodes in tears and joy over a letter written by a client sixty years before.

Sometimes, to go forward, it is necessary to forget the past, especially the entangling immediate past. But the most powerful forgetting is secured by the capacity, when it becomes necessary, to remember, and to remember accurately. When you destroy records and objects of memory, you destroy that capacity. When they are the records of a community, you are taking away members’ and ex-members’ capacity. When they are the records of the field...No one’s temporary sense of freedom from the past can justify the destruction of others’ capacity for self-discovery. Or can it?



Update - We're late

A little over two years ago we pooled our resources. Charterhouse Group had long wanted a newsletter. PETT's, though purportedly annual, came out regularly every eighteen months or so. ATC's had dwindled, through lack of contributions, into extinction.

This issue completes our second year. It is the longest issue so far, and we have already had to set aside material for the next one. The journal, too, is richer in material than it has been for a long time. What's happening? Is this really as exciting a field as we have thought all along?

Before launching the Joint Newsletter we debated whether we could really sustain three issues a year. Should we go for two? We even played with the idea of publishing a single issue, once a year. Now, if it weren't for the time involved in actually putting it together, we could easily do four. There is enough going on that you could, if the resources were there, do more. This is a field that is suddenly in intense and meaningful conversation with itself, and with the

outside world as well.

But what of the time involved? This issue is late. Chris has been up till 3 proofing and editing, and then going in to a more-than-full-time demanding job (see his piece on running the Berlin Marathon!). Craig has been up till 3 DTPing, and editing, and trying to do the day job of whatever it is archivists do as well. Kevin is busily running one of the country's (okay, the world's) best known therapeutic communities. In the attempt to speed things up we have experimented this time with electronics – email group, and so on – and that has slowed us down even more. This is not exactly an apology; the richness of the material you are sharing is partly to blame. But it is part of an explanation.

Our next deadline is February 28th. We think we have enough experience, now, to get the issue out on time. If you can send material to us in digital format – Word, text, rich text – it will help us tremendously. Having said which, some of the most exciting stuff in this issue came in as typescript, easily scanned.

And Finally.... * This field has two major annual lectures honouring therapeutic community pioneers. Last year they took place on the same date, at the same time, in different parts of the same city (see Joint Newsletter 3). Again, this year, you would have had to choose between the remarkable Sandy Bloom giving the annual Maxwell Jones Lecture; or the equally remarkable Marion Bennathan giving the David Wills; apart from venue, they coincided. Given that they had to take place at the same time, think about the event that could have been: Marion Bennathan responding to the talk by Sandy Bloom/ Sandy Bloom responding to the talk by Marion Bennathan! Perhaps the Henderson Hospital and the AWCEBD (Association of Workers for Emotionally and Behaviourally Disturbed Children) can get together and give us an event that will enrich the field as a whole: Alternating years in which the speaker is provided by the one sponsoring organization, acting as host, and the respondent by the other. Holding them on the same date, at the same time, in the same place, would then make exquisite sense.

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**The Charterhouse Group of
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Registered Charity No. 1077652
Station House, 150 Waterloo Road, London
SE1 8SB United Kingdom
TEL: 0207 803 0550 FAX: 0207 261 1307
Email: chg@btclick.com
<http://www.charterhousegroup.org.uk>

Editor: Chris Nicholson

Jacques Hall Community
Harwich Road
Bradfield, Manningree
Essex CO11 2XW
chrisnicholson@prioryhealthcare.co.uk

**The Association of Therapeutic
Communities**

Registered Charity No. 326108
Barns Centre, Church Lane, Toddington, near
Cheltenham, Glos. GL54 5DQ
TEL/FAX: 01242 620077
Email: post@therapeuticcommunities.org
<http://www.therapeuticcommunities.org>

Editor: Kevin Healy

The Cassel Hospital
1 Ham Common
Richmond
TW10 7JF
khealy.cassel@btinternet.com

**The Planned Environment
Therapy Trust**

Registered Charity No. 248633
Church Lane, Toddington, near Cheltenham,
Glos. GL54 5DQ, United Kingdom
TEL 01242 621200 FAX: 01242 620125
Email: Information@PETTrust.org.uk
<http://www.pettrust.org.uk>

Editor: Craig Fees

PETT Archive and Study Centre
Church Lane
Toddington, near Cheltenham
Glos. GL54 5DQ
craig@pettarchiv.org.uk

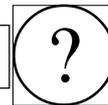
Community of Communities Editor: Sarah Tucker, Project Manager, Community of Communities, College Research Unit, 6th Floor, 83 Victoria Street, London SW1H 0HW, Phone: 020 7227 0849 sarah1.tucker@virgin.net

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Cartoons by Enla Fees (aged 10)**

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Material for publication and general editorial enquiries should be addressed to Dr. Craig Fees, "Newsletter", at the address above. Deadline for the next issue is February 28, 2003.

Title of Cover cartoon: "What, no Steve Paddock cartoon!? I want my money back!"



THERAPEUTIC COMMUNITIES

Wendy Ifill

In the late nineteen eighties, I was a patient in a medium secure unit in Leicester. During my stay at the unit I spent two years on the therapeutic community, working with the likes of Paul Britton, a forensic psychologist and one of the unit's consultants, and Dr James Earp, both of whom I very much respected. However, the question I would like to pose is the following: "Is it right to treat women patients, many of whom have been abused, on the same ward as men who have abused women?"

Since leaving the ward and its subsequent closure, I have questioned in my own mind some of its methods. The ward was set up in such a way so that in the community, as it was known, a selection of ten patients (some male, some female), a number of nursing staff, doctors, social workers, and an art therapist took part in daily group sessions. Known as talking groups, these were open forums where individuals could talk about their problems; but this is where I think the conflict starts, because this would often mean women talking about their painful and traumatic experiences of abuse, in front of men who had abused women.

Now, I've committed crimes myself, but some of these men were highly dangerous. They'd abused, maimed, raped, and even murdered women, and yet myself and other women, who had been sexually and/or physically abused by men, were expected to talk openly and candidly about our experiences in front of these men. It may be argued that such debate can be good for both parties involved, and it is also worth noting that some men on the ward had also suffered abuse themselves; however, I still feel that such issues should be dealt with on single sex wards. I feel that such experiences of abuse can take years to eke out, and can be difficult enough for women on a one

to one basis, with a trained counsellor, let alone in a group. I don't feel I benefited from this kind of set-up, and although I know there were some so-called successes, there were also failures: Some still remain in and out of hospital, some returned to special hospitals such as Rampton, and others ended up in prison.

The community wasn't only run on these open groups; it also included art therapy sessions, role-play groups, and other therapeutic activities. However, not only were you expected to work in a group, you were expected to live in one, too. This had its good aspects, like learning to live in a group, sharing cleaning, cooking, shopping, etc; but on the flip side of the coin, it meant living with people who, at times, you felt damn right uncomfortable about. (Others probably felt the same about me). The community was very intense; you could never get away from it. There was even what were known as crisis meetings. An individual or group could call these meetings any time of day or *night* to express concerns, and everyone was expected to attend.

The therapeutic community was very self-indulgent, and it seemed nothing existed outside of it; it was very much set apart from the other wards on the unit, and I felt it felt itself better than them. It was also an issue having a therapeutic community with personality disorder patients on it mixing with other wards (where patients suffered from different types of mental illness) in the communal recreation area; this often caused conflicts between both parties.

If I had the choice again, I would not want to return to such a situation, where I am expected to live out my abuse in front of what I would deem to be some of the most dangerous men I met in regard to women. Is this fair? or indeed right? Should women be put in this highly vulnerable and volatile situation, and for what ends? Does this type of community work? and if so for whom? I WOULD CERTAINLY NOT SAY FOR THE WOMEN INVOLVED.

In a report entitled "***Social Support Might Influence Progression of Ovarian Cancer***", Internet information service Medscape quotes a Reuters Health report on University of Iowa research, published in the journal *Cancer* (95:2002, pp 808-815), indicating that "Greater support from friends and neighbors of presurgical patients with ovarian carcinoma appears to be associated with reduced level of vascular endothelial growth factor (VEGF) and possibly less disease progression...The women with carcinoma who reported higher levels of social well-being had lower levels of VEGF. Greater support from friends and neighbors and less distance from friends were among factors associated with lower VEGF levels...Subjects who reported greater helplessness or worthlessness had higher VEGF levels..." Investigators "concede that the study had a number of limitations, but conclude that the results 'point to the possibility of novel pathways between biobehavioral factors and tumor angiogenesis'", quoting lead author Dr. Susan Lutgendorf, that "these findings open up a new area of research into mechanisms underlying these relationships."



**A SCRIBBLE
FAE THE
GRANITE CITY
(News from The
Therapeutic
Community, Royal
Cornhill Hospital,
Aberdeen)
Lorraine McL. Barr**

It seems in many ways just like a 'blink of the eye' but it's actually now more than 6 months since we got the news that the psychosocial post here in Aberdeen was to be ratified and that as such we were to be formally and financially established as a Therapeutic Community.

From what was effectively a 'closed group' for a number of months, existing in many ways as a self-protective microcosm due to the uncertainty surrounding substantive funding, The Community, I would say, has become a more lively and 'real' place to be. I'd be the first person to say that it hasn't always been comfortable existing in that reality, but it feels very much like 'the slice of life' that Harry often describes. I'm even beginning to believe that Harry's 'slice of life' is more than just theoretical rhetoric!

The last few months have, arguably, seen The Community

here in Aberdeen move forward immensely. Perhaps - just maybe - that also reflects 'me!' Things that had seemed impossible have become not only possible, but also achievable.

The Community has seen 'arrivals' and 'leavings' and folk becoming 'senior members' within The Community. The individual and collective development of 'us all' has been a real privilege to have been part of. I certainly feel as though I've grown as a person through that process.

Personally, I have to say *all* the leavings of late have been hard for me. The impromptu leavings have left me with some very difficult feelings - something that has been echoed within The Community as a whole. However, the successful leavings - although being a loss - have also felt very much like a celebration. Sadness, but also a grin from ear-to-ear! To see people moving on in a very positive way has given me real hope. Something I can hopefully replicate for 'ME!'

The arrivals, I would argue, have done much to invigorate The Community. The term 'a breath of fresh air' comes to mind. I remember saying in *The Newsletter* in March this year that 'Those who come after us... Hopefully in Aberdeen there will be many!' I think what we've 'all' achieved 'up here' will mean NHS Grampian looks more positively on a very special service that it has in terms of Service Provision in Scotland.

I've now set a leaving date. A day that is going to be *MY* day. It'll be a day to laugh, a day to cry and a day to celebrate. It feels as though I'm nearing an end but at the same time approaching a beginning. Friday 7 February will see me 'graduate with feelings.' Something I've been trying to deny for years. I'll be leaving The Community here in Aberdeen that day in February but at the same time I'll be taking everyone with me. 'Battles being won' - I think for the first time I'm beginning to believe I've started to win the battle for 'ME!'

I remember saying in the last *Newsletter* that The Community had never written me off. They haven't, but it is only through an acceptance of that that I'm beginning to realise that I hadn't written myself off either.

I've often thought to myself that The Community is Aberdeen's best kept oversubscribed secret, especially when it comes to funding and potential development. Hopefully, however, this is a changing scenario. It is always difficult to argue the efficacy case, especially in the short term, but I think 'we're getting there.' As I've said before, the 'Professional' balance we have within The Community is quite amazing.

***Aberdeen today! Scotland
'the morrow!'***

Speaking of Scotland...

**Mike Maran's production of "Did You Used to be R.D. Laing?"
is being performed:**

Wed 27th Nov The Byre Theatre, St. Andrews Box Office 01334 475370
Thur 28th Nov The Birnam Institute, Dunkeld, Perthshire Box Office 01350 727 674



GEOFF PULLEN AND THE ERIC BURDEN COMMUNITY

The Editor
ATC Newsletter
20th October 2002

Dear Ed,

I learned recently that Geoff Pullen has retired and that the Eric Burden Community in Oxford has closed. I feel sure one thing inevitably led to the other and although I wish Geoff a long and happy retirement I am sad to think that the remarkable work of the Young Adult Unit Service may have come to an end. Geoff pioneered an "extended therapeutic community" service for people with the most severe, enduring, and treatment-resistant mental health problems, and for those people with severe personality disorders who needed a containing route from special hospitals back into the community.

I worked in the Eric Burden Community between 1992 and 1998 having moved to Oxford with the intention of staying just for a short while, but I found myself in a uniquely challenging and inspiring workplace and became part of a community that was to have a lasting influence on my career.

There are many stories I could tell about my time working with Geoff, but my purpose in writing this letter is to acknowledge the work he led and to reflect on the way it has affected my path in life. I now work as a senior nurse therapist in a therapeutic community called Main House on the Northfield site in Birmingham, and feel very much a part of the Therapeutic Community story.

It was whilst working at the EBC that I encountered the idea of community as therapist and the belief that people had the power to be therapeutic agents of change for each other rather than being written off

as psychotic "patients" and passive recipients of treatment. In a psychotherapy supervision group, which Geoff supported and led, I had the opportunity to learn that "mad people", given therapeutic space and holding, can find meaning in their psychic pain.

The EBC, as an experience of community, became internalised for its residents as a safe object. People, I remember, would ring or pop in long after they had moved on to group homes or flats of their own, to book themselves in for Christmas. This happened sometimes in late summer!

One person rang to say the heating had gone off in his flat and asked if he could come in. People had the right to self admit. We said 'yes' before we worried about whether we had a bed; we could always put someone up on the couch for a night or two. It turned out actually to be a time of paranoid crisis, but he didn't want to worry us until he could sit with us and talk it through.

Many random memories start to come – I'll end with the picture in mind of a rather pink Geoff Pullen in rather small swimming trunks on Brighton beach during a Community daytrip, alongside the residents, nurses and social therapists he worked with, all eagerly racing together into the sea.

Best Wishes,

Graham Mackay
Main House, Birmingham

Editors' note: Steffan Davies has recorded an interview with Geoff Pullen on behalf of the Newsletter. It has been transcribed, and we hope to be able to bring you edited highlights in the next issue.

14th International Symposium for the Psychological Treatments of Schizophrenia and other Psychosis:

"Reconciliation, Reform and Recovery- Creating a future for psychological interventions in psychosis."

**22-25 September 2003, Melbourne
Convention Centre, Australia**

Main speakers will include Professors Pat McGorry, Ian Falloon, Jeremy Holmes, Jim van Os, Richard Bentall, Frank Margison, TK Larsen and John Read

ISPS,C/-Conference Strategy Pty Ltd
Post Office Box 1127, Sandringham, Victoria 3191
Australia

Telephone +61 395218881 Fax +61 39521 8889
email: isps@conferencestrategy.com.au
www.conferencestrategy.com.au

Deadline for abstract submission - March 1, 2003



Reflections from a one-day conference "The Transition Between Therapeutic Community and Wider Community", organised by the National Therapeutic Community Service and the Cassel Hospital, was held at the Cassel on October 24th.

TAKING A LOOK BEHIND THE SCENES

Anita Bracey

**Nurse Therapist, Main House
Therapeutic Community Service**

Whilst sitting in an old theatre at the Cassel Hospital, the venue for the 'Transition Between Therapeutic Community and Wider Community' Conference, I could not help wondering about the plays that might have been enacted on the stage over the years and whether Tom Main had watched any of them. In particular I was left thinking about the visible and the less visible aspects of the work involved in getting a play to its opening night. The actors and actresses are the ones who are visible but what of the work that goes on behind the scenes? It had never really occurred to me until the acknowledgements to the people who had 'worked behind the scenes' of the conference, that just as in a play, some work in Therapeutic Communities might be more visible than others.

In the residential part of Main House TCS, for example, both residents' and staff work is both seen and heard, and if anything is missed the first time round then any incident, behaviour or interaction is inevitably replayed the next day in the Community Meeting. In fact, acknowledging that things are seen and heard and brought back to the large group is an integral part of Therapeutic Community life. Of course being seen can sometimes feel like a drawback for staff and residents, as it is not only the parts of our work that we are proud of that might be replayed in a large group. This is where the analogy ends, as life in a TC is not a play, the pain that people work with is of course real.

Yet sitting in the Community Meeting at Main House today, having spent some time reflecting upon issues about how this TC relates to the wider world, I have more of a sense of the whole. That the work 'behind the scenes', although not always visible to those living and working in this residential unit, has a profound influence upon the daily life within.

AMERICAN THERAPEUTIC COMMUNITY SURVEY

Vanessa Banks, Research Analyst

Institute for Behavioral Research, University of Georgia

The research team at the University of Georgia's Center for Research on Behavioral Health and Human Services Delivery is currently conducting data collection for first wave of a five-year study focusing on the ever-changing structure of 450 self-identifying Therapeutic Communities across the United States. Under the direction of Dr. Paul M. Roman, the Center was awarded a \$3.1 million grant in October 2001 by the National Institute on Drug Abuse, a division of the National Institutes of Health. Data collectors have been in the field since mid-July. Data is being gathered using on-site interviews, as well as mailed questionnaires. The broad focus of the National Treatment Center Study is to reveal what classic components of the early therapeutic community model of treatment are present in a nationally representative sample and to understand how these components are mainstreamed in the treatment field.

Eligible programs were randomly selected from a database of all the treatment programs in a geographically diverse sample of U.S. counties, and

were sampled proportionally to the distribution of the country's population. In order for a program to be considered eligible, it must operate in the community and self-identify as a therapeutic community.

During the two-hour on-site interviews, administrators are asked questions from the "Survey of Essential Elements Questionnaire" (DeLeon et al 2000) to indicate their familiarity with the elements of classic therapeutic communities, as well as questions about newer innovative treatment techniques. The data collection for wave one is scheduled to last until next summer, at which time the data will be analyzed and findings will be published.

Located in Athens, Georgia, the Center for Research on Behavioral Health and Human Services Delivery is part of the University's Institute for Behavioral Research. They are also currently working on studying nationally representative samples of publicly and privately funded treatment centers.

For more information on the Institute for Behavioral Research or the National Treatment Center Study, visit their website at www.uga.edu/ntcs.



EXPERIENCE OF ATTENDING THE DEPARTMENT OF HEALTH 'FOCUS GROUP FOR SERVICES FOR PEOPLE WITH A PERSONALITY DISORDER: A STRATEGY'

Paul Priami

I was not surprised but shocked at being invited to take part in the focus group. I perceive myself as unconfident and largely incompetent when it comes to participating in group activities. However I did not have to think about whether or not to say yes because it was an opportunity to be included in something of value.

Whether it was advisable or not I decided to look into it, and all I found was a transcript of a talk given by the group facilitator addressing Ivan Illich's notion of iatrogenesis. What was hurtful was a claim by the author that "It's fundamentally transference that makes it almost impossible to have a true collaborative adult-adult interaction with *these people*" (my emphasis). I felt slightly battered and alienated before attending the first meeting.

The battering was exacerbated by the suggested reading for the first meeting - a paper entitled **Making Sense of Personality Disorder**, which recounted a study in which people diagnosed as personality disorder had taken part. Although the study group had showed determination, courage and commitment during the study, I found the statistical content profoundly distressing and depressing. In the cohort of fifty, 86% were single, divorced or separated, 60% were living alone, 88% were on benefits and only one person had a full-time job. The truth hurts.

The article also used the phrase "attachment seeking behaviour" as a more 'understanding' alternative to the phrase "attention seeking behaviour". This was incorporated into the draft strategy document. I did and do feel resistant to this. My own physically self-destructive actions and continued self-destructive impulses did not and do not feel at all like I am seeking to attach in either the specific instances or as part of some over-arching pattern. What it does feel like is the inevitable and insuppressible backlash of some malevolent inner dialogist whose heart is a void and whose intention is chaos. What I am trying to say is that I perceive the behaviour in question not to be

primarily other-directed, as is suggested by the term 'attachment seeking'; rather in myself and in someone I was close to, it seems to be about an inner tension between need and coherence that can only be released by a tear in the self. Having said that, it is obviously incontrovertible that this tension has its genesis and continued expression in problems of attachment.

My initial impression at the first meeting was that the purpose of the group was a brainstorm to come up with cuddly catchphrases. This was a problem for me, because I am detached, and expressing myself in this non-abstract way is extremely difficult. I began to wonder if it was a mistake for me to be there, but on reflection this was tempered by my dismay that this is seen as a primary way to capture and communicate experience. I felt a bit patronised and excluded.

My negative experiences, however, were completely outweighed by the positive experience of the goal-directed work of the group. All the group members had a degree of passion about injustices and shortcomings in the present system. Feelings of maltreatment, disinterest, and prejudice bonded the group, and the possibility of contributing to a process that might lead to change gave an energy to the contributions. Also, in spite of the fact that he could not work with us on an adult-to-adult basis, the facilitator turned out to be a gentle, perceptive and intelligent bloke.

I found it difficult to make myself heard on many occasions, but I agreed with the vast majority of what was voiced in the group and my main concern about my ineffectiveness was an embarrassment that I was not providing 'value for money'. It was a bit like I should have been singing for my supper but I had lost my voice.

I found the feedback exercises to be genuinely enquiring and responsive, and there was a real opportunity to participate freely and openly. I felt that feelings about issues such as: the nature and quality of services, desirable and undesirable modes of treatment, the purpose of diagnosis and the prejudice attached to particular diagnoses, and what we as a group thought constituted a good service, were thoroughly and sensitively discussed.

Overall, I am glad that I was able to take part in the focus group, although I am not sure if I should have been there. I am not sure if I learnt anything new, and I am not sure of the validity of my contributions; but I was certainly allowed to make them.

ATC: AGM: What's it About?

The Association of Therapeutic Communities is a charitable trust. The members of the Steering Group – what the Constitution calls the Executive Committee – are its trustees. The trustees are elected by the members of the Association, and those elections take place every year, at the AGM, in September. Ordinary members of the Executive Committee, or Steering Group, are elected for two year terms, and can stand again. The administrative officers of the trust – the Chair, Secretary and Treasurer - are elected for three year terms, and they too can stand again. The AGM is therefore the most important moment in the life of the Association; it is the moment annually when the composition and future direction of the Association are determined. And though twenty full members of the Association can call a Special Meeting at any time, in practice the democracy of the membership is exercised through the Annual General Meeting.

Given the growing influence and work of the ATC this is an immense responsibility. But who actually bears it? If you are an individual member of the ATC – if you have paid your £45 membership fee (£22 for concessions; add £10 if you are overseas), are 18 or over, and “are interested in furthering the work of the Association”, to quote the Constitutions, then you do. If your community is a Group (or ‘Organisational’) Member of the ATC, then it is your community which bears that responsibility, and you will or should have selected a representative to attend and vote in the AGM on your community’s behalf. Do you know who your community’s representative is? Does your community (there are now over 60 in the ATC) have a representative?

AGM 2002 - A WATERSHED

This year’s AGM, held during the Windsor Conference on September 11th, marked a watershed, on at least two counts. The 31 people attending witnessed a transition in the administration of the Association, as Sue Matoff took her last minutes for the ATC, and the new Administrator, Joanna Jansen (see article elsewhere in this issue), was introduced to members. And, in Kevin Healy’s words, “a huge step” was taken in the relation of the ATC and service users/ex-service users.

Five proposals and motions were put before the AGM by members, and accepted

1. ATC should set up a meeting this autumn to decide how the Association should respond to the Department of Health call for increased provision of training in working with Personality Disorder. The Steering Group will plan whom to invite, the format, scope etc. **[passed with no objections]**
2. The 3-5 year aim for the Quality Network should be for ATC to commission it and collaborate with whom the association charges to manage and administer it. The Steering Group and College Research Unit will consider the constitutional and financial implications over the next year and report back to the 2003 AGM. **[passed with no objections]**
3. ATC should join with other organizations to contribute to the development and provision of high

quality NHS Personality Disorder services. **[passed with two against]**

4. ATC’s long-term training plan is to collaborate with European partners, share best practice and organize training activities with our colleagues throughout the EU. ATC will undertake and fund preparatory work to accomplish this. **[passed with no objections]**
5. In recognition of the experience and knowledge of people who have been members of TCs, the Steering Group is asked to facilitate user involvement in ATC’s work. **[passed with 16 votes for, 7 against, and 5 abstentions]**

Steering Group elections: The New Team

Craig Fees and Steve Paddock had stood down from the Steering Group during the year.

Rex Haigh was re-elected Chair, and Ruth Hirons, Rachel Jukes, Fiona McGruer and Alan Worthington were re-elected to the Steering Group.

Members present then elected (and welcomed!) five new members to the Steering Group: Sarah Paget, Sandra Kelly, Mary-Beth Primmer, Jon Broad, and Yolande Hadden.

On-going members of the Steering Group are:

Nadia Al-Khudhairy, Penelope Campling, Kevin Healy, Cathy Hume, David Kennard, Jan Lees, Mark Morris, Chris Newrith, Neil Palmer, Steve Pearce, Sarah Tucker (Secretary), Adrian Ward (Editor, Journal), Gary Winship (Treasurer), Roland Woodward.

“WHO’S IN CHARGE HERE?”

Neil Palmer

Windsor Conference Organiser

This year saw the first anniversary of the Twin Towers outrage [see *Windsor participants’ reactions in Joint Newsletter 2 (2001) - eds.*]. As we all gathered, this was at the forefront of many people’s thoughts. At the start of our large leaderless groups we were all wondering if something was going to happen as a mark of this, or whether military action would be taken against Iraq while we met.

But as the conference got going we became immersed in our own microclimate. On that Wednesday, September 11 itself, I was aware there was going to be a two minutes silence at 1.46 PM. Other matters took me over and regrettably I missed that time.

We had another bumper crop of papers; in fact we had to run a number of parallel sessions, in which people had to choose what to go to. At this point, I would like to thank all those of you who took the time and trouble to submit and present a paper. I was also ably assisted in putting the finished programme together by Becky Neeld, Kevin Healy, Mary-Beth Primmer and Rex Haigh.

This year Dr. Joseph Berke was invited to give the annual Peter van der Linden lecture. He also hosted a screening of a video about Mary Barnes and a more general one about the Arbours Crisis Centre. Joe is

MONDAY, SEPTEMBER 9

Welcoming Group **Neil Palmer**

“Starting from Scratch – where did I put that fire extinguisher?” **Jan Birtle, Chris Newrith, Bobby Mousse, Iona Brown**, Main House

“Gate keeping: who determines entry into a TC?” **Robert Wilson, Sue Gordon-Roe**, Young People’s Service, Cambridge

“Nobody’s in charge – but who’s in the frame? ATC’s tentacles and networks” **Rex Haigh**, Winterbourne TC

“The ATC National Lotteries Board TC Research Project: Comparative Evaluation of TC Effectiveness for people with personality disorders”, **Jan Lees**, Francis Dixon Lodge, **Barbara Rawlings**, Manchester



a man of great energy and drive, and he helped infuse the Conference with these qualities.

On the final night there is always the Conference Dinner. This is an occasion where things are taken in a light-hearted manner, and people can dress up if they want to. An invited delegate hosts the event; this year Aldo Lombardo did the honours. Now, what happens when the dishes are cleared is very much up to the host: They can tell a story, sing, dance or anything else of their choosing. Aldo got everyone singing along with his wonderful renditions of popular songs. I think he showed true star quality. Thanks a lot, Aldo; you will be a hard act to follow!

As a final note, this year for the first time, we were overbooked and had to operate a waiting list. Not everyone who wanted to come got in, so please be guaranteed a place at Windsor 2003 - September 8-11 - Book early!

THURSDAY, SEPTEMBER 12

“Old Questions, New Answers? A new TC at the Retreat”, **Chris Holman**, The Retreat

“The Crisis at the Heart of Leadership”, **John Gale**, Community Housing and Therapy

“Enjoying Myths in a Psychotherapeutic Community”, **Christina Terlidou**, Open Psychotherapy Centre, Athens

“Research Study of the Patients’ Characteristics in a Psychotherapeutic Community”, **Birgit Liver**, Open Psychotherapy Centre

“Who is in charge of our dreams?” **Elissavet Pavlou**, Open Psychotherapy Centre

“Community of Communities: Selected Key Findings”, **Sarah Tucker**, Royal College of Psychiatrists
“Community of Communities” College Research Unit

Closing Large Group

TUESDAY, SEPTEMBER 10

“Setting up new services: how service users were involved in setting up a new TC Day programme”, **Barbara Rawlings**, Manchester

“Re-framing Professional-Client boundaries: challenges and rewards of moving beyond tokenism in service user involvement”, **Kingsley Norton**, Henderson Hospital

“Who’s leaving who?” **Sarah Paget**, Community Housing and Therapy

“The Patient with Psychosis: from symbiotic relation to social network – the TC’s role” **Jose Mannu**, TC Urbania

“Who is in charge of so-called non-verbal therapies?” **Hans Delhaas**, Grote Batelaar

Leaderless Large Group**TUESDAY, SEPTEMBER 10 (continued)**

“Structure vs. Communitas: managing social conflicts in TCs” **Wilfredo Galliano**, Comunita il Montello

“We don’t know who’s in charge, but we know who’s responsible” **Steffan Davies**, Rampton Hospital

“Who is in charge here? N.E.C. A special form of containment”, **Aldo Lombardo**, Raymond Gledhill TC

Interactive Workshop: User involvement in the Association of Therapeutic Communities”, **Mary-Beth Primmer**, Winterbourne TC, **Kevin Healy**, Cassel Hospital [see report on next page]

“Going Down, Coming Up: Mary Barnes at Kingsley Hall”, **Joseph Berke**

WEDNESDAY, SEPTEMBER 11

“The Evolution of a Work Group”, **Steve Paddock**, Webb House TC

“‘It’s hard work, but you’ll be grateful after’: Achieving Agency?” **Sheila Gatiss**, Glebe House, Friends TC Trust

“The Professional Requirements of a TC Worker from basic training to supervision”, **Marino De Crescente**, Italy

“Who is in charge of the Community? Who is in charge of an individual’s therapy?” **Carol Gordon**, **Simon Ryall**, Connect TC, Birmingham

“Decision making in TCs”, **Enrico Pedriali**, Italy

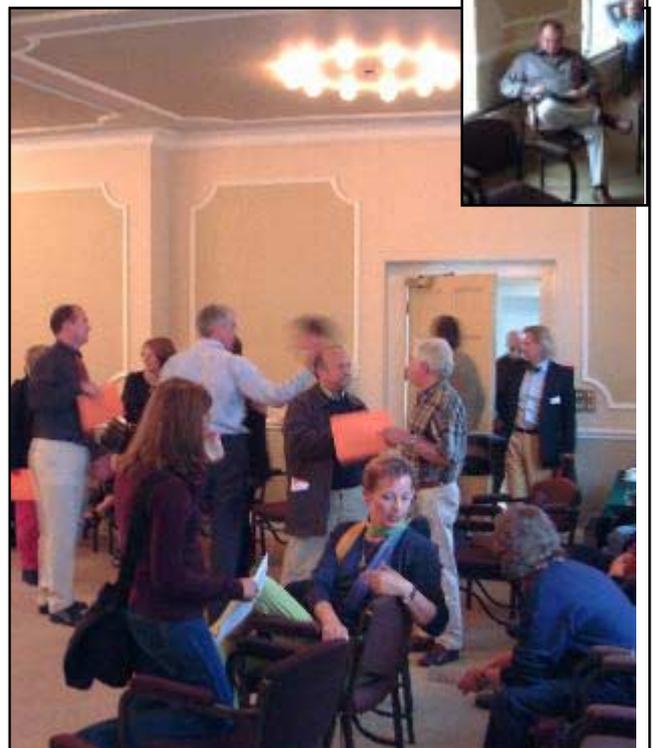
“Managing the Mess”, **John Diamond**, Mulberry Bush School

“Suicide as a way of taking charge”, **Kevin Healy**, **Janet Chamberlain**, The Cassel Hospital

Large Group

Peter van der Linden Lecture: “Who’s in Charge? Projective Processes, of course”, **Joseph Berke**, Arbours Crisis Centre

Conference Dinner, hosted by **Aldo Lombardo**



“WHO’S IN CHARGE HERE?”

NOTES ON WORKSHOP ON USER INVOLVEMENT (Parallel Sesion: 10 September, 2002)

Kevin Healy

Facilitators: Kevin Healy, Mary-Beth Primmer.

1. Participants in the workshop were asked to introduce themselves, say why they had come to the workshop, and what they wanted out of it.

◆ **Rex Haigh** introduced himself as Chair of the ATC, felt that this issue was a really important one, and wanted a worded, rounded, phrased proposal to bring to the AGM the next day.

◆ **Katherine Scott** works in child and adolescents services in Scarborough, she is keen to involve service users and wishes to share ideas in the Workshop.

◆ **Eddie** ? is an ex-Winterbourne member who is keen to push user involvement. He wishes to see how this might work within the ATC.

◆ **Jon Broad** is an ex-TC member who currently runs a small therapeutic community. He is angry about the decision last year to exclude members from the Windsor Conference, and wants to find a structure to take forward user involvement.

◆ **Sheila Gatiss** works in an adolescent service for 16-19 year olds in Cambridgeshire. They run their community with residents' involvement, and have piloted a research on involving the voice of residents beyond tokenism.

◆ **Yolande Hadden** is an ex-Winterbourne TC member who is now employed as user development worker from West Berkshire.

◆ **Sheena** ? is an ex-Winterbourne TC member.

◆ **John Diamond** is the Director of Mulberry Bush School, where he works with disturbed primary school age children. He is particularly interested in exploring how to involve them in the running of the school.

◆ **Helen Platts** is a psychologist working at Main House, and is responsible for the Bristol satellite service. She is hoping to learn from this workshop.

◆ **Jan Birtle** is the Director of Main House and has been involved in a training enterprise with users.

She feels it is important to allow users to have their own agenda and that there is a potential for abuse by professionals who may be following their own agendas. She is concerned about protecting service users as users and about having a real authentic partnership.

◆ **Simone** ? works in Outreach at Webb House where she has worked with former Henderson residents in developing the TC. She is interested in leaver groups and transition groups.

◆ **Adam Jefford** works in the Day Therapeutic Community at Guy's Hospital, where they have undertaken a lot of development and experimentation that has involved residents. His host Trust, SLAM, is committed to user empowerment.

◆ **Kate Harrison** felt stimulated by the papers earlier that morning. She noted in the community she had worked in that staff made some initial decisions which then they struggled to hand over to residents in a meaningful way.

◆ **Sarah Paget** is Training Services Manager in Community Housing and Therapy. Her user group consists largely of individuals with schizophrenia. She feels staff within CHT have to generate and drive user involvement.

◆ **Barbara Rawlings** is a researcher who has involved service users in planning services within Webb House. The process of planning needs to be modified to allow this.

◆ **Ruth Hirons** works in a day therapeutic community in Maidstone.

◆ **Chris Holman** is a psychiatrist and group analyst working at the Retreat in York. He is interested in the relationship between user and provider and is interested in participating in an interactive group.

◆ **Mary-Beth Primmer** is a researcher at the Winterbourne, involving former and current service users in research. She is a member of the Working Group on User Involvement in the ATC.

◆ **Kevin Healy** is also a member of the Working Group ATC on User Involvement. He has increasingly learnt to respect the experience and input of users / patients.

He believes it is ridiculous that the Working Group on User Involvement has not involved users and believes it should be working towards its own redundancy.

2. Initial Discussion

The group initially was reminded of Sarah Tucker's paper at last year's Windsor Conference on this topic. There had also been an email discussion group over the past year. The Eating Disorder Association initially started as a user group, and may be a template for ATC strategy.

Jon and Yolanda introduced a **draft proposal** to the meeting outlining a way through which current members, ex-members and staff of therapeutic communities may contribute to the evolution of an ATC ex-users group. There was some suggestion that holding on to an attachment to being part of a therapeutic community might in itself be unhealthy. The meeting considered a paper by Jonathan Pedder on termination, which looked at the way professionals avoid the difficulty of saying goodbye by keeping in touch with their ex-therapists through their professional organisations.

3. 'Ex' Status.

There was some discussion as to the point at which the user becomes an 'ex' user, or a therapist becomes an 'ex' therapist. Some felt that this classification was in itself very restrictive. There is a tendency to define who we are by what we do, rather than recognising what we do as part of who we are.

4. Hijacking.

In the week of the Twin Towers anniversary, Kevin spoke of his agenda as facilitator of this workshop being hijacked by the interventions of Jon and Yolanda, user representatives. He initially had wished to look at ways in which users may become involved in the work of the ATC through the working groups and through concentrating on the primary tasks of those working groups.

5. Rex spoke of his three-wing approach to the development of the ATC, which will involve a professional group, a Community of Communities, and a group of users or ex users. It was suggested that any change needs to pass through two generations within TCs in order for it to be accepted and happen. It was agreed that clarity was important to make partnership workable. It was suggested that the ATC strategy develop both from bottom up and from top down. The current process known as the Community of Communities, was considered to be usefully opening up important areas for discussion. There was a discussion about appropriate organic development of user involvement within the ATC. It was suggested that we emphasise that a body of knowledge and experience was not being used by disregarding user involvement currently.

6. There was some discussion about **difficult or worst case scenarios** if users were involved. It was suggested that these scenarios are very unlikely to happen. It was recognised that we needed to have faith in the working of the Steering Group and pass some of these details on to them to consider and to facilitate. Mary-Beth usefully pointed out that it was important to ensure we did the groundwork and that the process would take time. We needed to develop a sensitive, contained process. It was agreed that it also needed to be a **process that contained the anxieties** generated by this change.

7. Some participants felt removed from this discussion. They had not been aware of all that was happening within the ATC about this, and found it **hard to involve themselves in the workshop**.

8. It was recognised as **important not to scapegoat users** who become involved, suggesting that the problems inherent in a group such as the ATC not be loaded on to users and their participation in the work of the ATC.

Finally, suggestions as to the wording of the motion to put to the AGM the next day were made. The workshop closed at 6.35pm.



"WHO'S IN CHARGE HERE?"

Photograph: Rex Haigh

The Annual Cycle Progresses

Sarah Tucker
Project Manager

I am pleased to report that the first year of the Community of Communities – A Quality Network of Therapeutic Communities - continues to progress very successfully. Having completed the information-collection part of the annual cycle, consisting of self and peer-reviews, the project is now in the process of producing written review-summaries to be sent out to individual communities at the end of the year for consultation. Joanne Moffat (Project Administrator) is both relieved and elated to have completed all the data entry from the review process. The local review summaries will be followed by a National Report, collating data from all participating therapeutic communities.

Peer Review:

Visiting Each Others' Communities

Over the summer 37 therapeutic communities across the U.K. - representing the NHS, the prison services and the voluntary sector, and serving adults, children and young people - participated in the peer-review process. This consisted of a busy schedule of visits between communities (*37 visits over 2 months!*). Peer-review teams, consisting of staff and client members, with a member from the College Research Unit, spent a day visiting each other's communities. The structure of each day was guided by a peer-review discussion schedule consisting of questions adapted from the 1st edition of the Service Standards for Therapeutic Communities. The questions are designed for discussions with the whole community group, discussions with the client member group, and discussions with the staff member group, in addition to a tour of the community. Emphasis is placed in the discussion schedule on time for both communities to reflect together on their achievements as well as on areas they feel they want to improve. Of particular significance to me was the rich exchange between client members visiting each other's communities. For me this provided a level of humility to the visits I attended. As common threads were extracted between client members from NHS communities, prison communities, and voluntary sector communities, this began to highlight for me perhaps something essentially therapeutic community-ish about communities which serve diverse client groups in diverse settings.

Slightly gasping for breath, while we set to work writing up the review process there is one peer-review remaining to do - in Athens - bringing the total number of participating members up to 38. Rex Haigh (Winterbourne House), Carol Gordon (Connect Therapeutic Community), and Jon Broad are set to visit the Therapeutic Community of the Salamina Naval Hospital in December. They will also take the opportunity while in Athens to visit the Open Psychotherapy Centre to introduce the Quality Network in preparation for their participation next year in the second annual cycle. I am delighted that the Open Psychotherapy Centre (who consistently send detailed and in-depth accounts of their work to the Windsor Conference), are to join the Network.

A New Standards Working Group

Further developments of the project include the initiation of a Standards Working Group, set to meet for two days - one in December 2002, and one in March 2003. Members and other interested parties have been invited to participate in the group. The purpose of the Standards Working Group will be to act as a range of experts representative of the stakeholder groups involved in therapeutic communities. The key tasks will be to review the existing 1st edition of the Service Standards for Therapeutic Communities and information from the process of consultation on the Standards. Those participating in the process will be acknowledged in an appendix of the 2nd edition of the published Standards. Consultation and review of the existing standards is a key task of the project's annual cycle, given that the self- and peer-review schedules, in relation to which communities reflect on their practice, are derived from the Standards. I am extremely encouraged by the very high level of response from people wishing to take part in this group. For me this seems to reflect the amazing levels of energy members have to become part of things, and in particular to shape and own the Community of Communities project.

Client and Ex-Client Member Working Group

Yolande Hadden and I have also met to initiate the planning of a Client and Ex-Client Member Working Group. Further work is needed before the group takes off, but it is hoped that tasks and remit will include client and ex-client member involvement in: The development of the Service Standards for Therapeutic Communities, Community of Communities peer-review visits, and Community of Communities events

and training. It is planned that Yolande Hadden will chair the group and that members will be invited to join the working group for the first year, 2002-3, thereafter being elected. It is hoped that membership will be representative of the range of therapeutic communities participating in the Community of Communities, and will attempt to represent difference in gender, age and race. Travel expenses will be paid.

Annual Members' Forum – 13th February 2003

The first annual cycle of the Community of Communities will culminate in the Annual Members' Forum, set for 13 February, 2003, in the pleasant environment of the Royal College of Pathologists in London. The day will include a presentation of the full key findings from the first year of the community reviews, building on the initial selected key findings which were presented at the ATC Windsor Conference in September of this year. It will also provide an opportunity to review and share the achievements of individual therapeutic communities, and for discussion of the future development of the Community of Communities. Members of the Community of Communities will be invited to give

brief presentations about their communities in an informal small group, on the experience of the Quality Network review process, and future action planning for their community that has emerged from their participation in it. It will be an important event for members of the Community of Communities, providing a forum in which they can come together to explore the variety of aspects of the TC-ness of their communities, as well as to contribute to the on-going development of the Community of Communities project. It will also provide a place for prospective new members to find out more about the Quality Network, and we welcome to the annual forum members of therapeutic communities interested in the Quality Network. I look forward to seeing you there.

Sarah Tucker – Project Manager
Community of Communities
College Research Unit,
6th Floor, 83 Victoria Street,
London SW1H 0HW,
020 7227 0849
[*sarah1.tucker@virgin.net*](mailto:sarah1.tucker@virgin.net)

For a copy of the 1st edition of the Service Standards of Therapeutic Communities please contact Joanne Moffat, Project Administrator, Community of Communities, College Research Unit, 6th Floor, 83 Victoria Street, London SW1H 0HW, 020 7227 0847
[**joanne.moffat@virgin.net**](mailto:joanne.moffat@virgin.net)

My experience/impressions of the peer review process for communities *by* communities:

Kristina Scheuffgen,
Therapy Manager, HMP Dovegate,
Therapeutic Community A

TC A – that is, A-wing Therapeutic Community in HM Prison Dovegate - were invited to review Lytton House in London. The process started off with receiving the self-review and disseminating it. My feeling was that one could hardly compare two therapeutic communities more different than an open residential mental health one and a secure forensic one.

A few of us set off to London: a day without residents, without uniform, and without this feeling of being “locked-in”. It happened to be a nice summer day, too. The welcome at Lytton House was warm and we were made to feel at ease quickly. It was difficult to know who was resident and staff at first, as nobody

wore uniforms – most disorientating to us. We attended a business meeting and were able to see the community functioning “live”. We were shown around the house, and then began a number of sessions – asking questions according to the review schedule. We were served a wonderful lunch, and sat in the lovely garden. There was time for informal conversations with residents. We felt that they were friendly and curious, and grateful to have visitors who showed an interest in the functioning of their community.

I also noticed that, as the day progressed, my staff from Dovegate TC became increasingly confident and involved in the process. Once they relaxed more, the information moved more freely, and I felt that a genuine meeting of people took place.

I thoroughly enjoyed the day – I was made aware of similarities and differences between the two

communities and felt inspired. Most importantly, I had a sense that we are not as alone as we sometimes feel to be. HMP Dovegate Therapeutic Community is located within a mainstream private prison, and we opened our community just eleven months ago. It has felt like an uphill struggle at times. There were difficulties in terms of establishing our own identity as a therapeutic prison within the context of a main prison, and secondly the difficulties with establishing a therapeutic culture with a population entirely new to this idea and process. There were times when it took great faith to hold on to the belief that with time, by allowing 'learning by enquiry' to occur, eventually we would develop into a therapeutic community.

It was thus reassuring to know that there are others who believe in the method of the therapeutic community, and that there are such different forms in which this method can be brought to life. I

hope that the peer review process will help to develop best practice and identifiable standards for the therapeutic community treatment method.

The second part to this process involved a visit from staff from Clearwater House therapeutic community in Belfast. The commitment involved in this process, judged by geographical distance traveled alone, is immense. Again, there were huge differences between Clearwater House and Dovegate TC. Clearwater House's client population consists of elderly people with severe mental illness, most of whom had been psychiatrically institutionalized for significant periods of their adult lives.

I enjoyed their visit very much, and felt that I was able to learn from the fact that questions were asked that we don't ask ourselves anymore. I realized, or was reminded, that once a habit is

formed one rarely questions it; and after so few months of being open as a functioning TC it was amazing how many habits we had already formed. I found it particularly helpful that our reviewers were from a different context entirely, as they asked questions that perhaps prison TC professionals would not have asked. It helped to open up a creative process, and for new ideas to surface. I felt that the residents were really surprised that there were people coming from as far as Belfast to visit and to ask them questions about the quality of their treatment. They were frank in answering questions, and appreciated being heard.

The researchers from the College who also took part in the review process were supportive on both our visit to Lytton House and when visited by Clearwater House.

I sincerely hope that the peer review process will be the beginning of a long tradition of learning and development.

THE COMMUNITY OF COMMUNITIES AT THE ROYAL COLLEGE OF PSYCHIATRISTS' RESEARCH UNIT IS ORGANISING A ONE-DAY ANNUAL MEMBERS' FORUM ON THURSDAY 13TH FEBRUARY 2003 AT THE ROYAL COLLEGE OF PATHOLOGISTS, LONDON.

The day will consist of:

- Presentation of key findings from the first year of reviews
- Review of the achievements of individual therapeutic communities
- Discussion of future development of the

Community of Communities

- Parallel workshops to explore findings from the review process, exchange with peers and make action plans
- Plenary session for all communities to exchange and reflect

Cost: £55 for members and £130 for non-members. Assisted places are available.

Please contact Joanne Moffat, Community of Communities, Royal College of Psychiatrists' Research Unit, 6th Floor, 83 Victoria Street, London, SW1H 0HW Tel: 020 7227 0847 E-mail:

joanne.moffat@virgin.net

Letters from Grendon C Wing after the peer-review visit to Ingrebourne

C Wing
 HMP Grendon
 Grendon Underwood
 Aylesbury
 Bucks
 HP18 0TL

HMP Grendon
 October 2002

To all members of Ingrebourne

Just a brief note to say how much myself, David Jones and the two lads from C Wing, Devis and John, enjoyed our visit to yourselves.

The men at HMP Grendon infrequently get the privilege to leave jail for the day - let alone visit another therapeutic community. I think we found it heartening to find that the perennial issues that are pertinent for our men here, were very similar to your own issues. This in itself had the effect of making our men – and we staff – less alienated with problems – which is a keystone issue in therapy - having the effect of boosting confidence. This, as you can appreciate, is particularly important for prisoners whose self confidence/esteem - although raised by being at Grendon – through years of imprisonment certainly takes a knock.

Also much enjoyed were informal chats – with you all at the time of the cigarette break. We felt very welcome. Thanks again.

Best wishes for the future

Officer Jane Coltman

Dear Sir,

Having visited Ingrebourne Therapeutic Community on 22 July 2002, I would like to provide the following observations.

Firstly, I found the visit fascinating and very informative. I just didn't realise that these types of communities existed! We were made very welcome and everyone was honest in their replies and observations. Though I did notice the clients were more 'open' once the staff left the room. In talking with everyone, I realised that their community mirrored our own. The only difference being we are serving a prison sentence. I felt an affinity with the place and could see the sense of community they have. Their commitment is to be admired.

The downside - well, the physical location and general wear and tear of their building was sad to see. When we were visiting they were having to 'give up' another part of the building due to cash restraints.

That aside, it was an eye opener and I came away feeling happy that there are places out in the community that are trying to help to bring a sense of understanding to people who are trying to regain their lives though doing therapy and the huge amount of support it gives them.

Yours sincerely

John James Claxton

**THE COMMUNITY OF COMMUNITIES AT THE ROYAL
 COLLEGE OF PSYCHIATRISTS' RESEARCH UNIT
 IS ORGANISING A ONE-DAY ANNUAL MEMBERS' FORUM
 ON THURSDAY 13TH FEBRUARY 2003 AT THE ROYAL
 COLLEGE OF PATHOLOGISTS, LONDON.**

The forum is aimed at:

- All therapeutic community staff and client members involved in the Community of Communities reviews
- All commissioners, managers, staff members, client members and ex-client members interested in the Community of Communities Quality Network of Therapeutic Communities

**Cost: £55 for members and £130 for non-members. Assisted places are available.
 Please contact Joanne Moffat, Community of Communities, Royal College of Psychiatrists'
 Research Unit, 6th Floor, 83 Victoria Street, London, SW1H 0HW Tel: 020 7227 0847 E-mail:
joanne.moffat@virgin.net**

“OFF OUR TROLLEY!” - Francis Dixon Lodge Celebrates

Moving back to our revamped building in June 2001 was a surreal experience. The building had been enlarged and redecorated. The most dramatic and amazing change had taken place in the kitchen. Acres of gleaming stainless steel incorporating a new catering style cooker, grill, dishwasher and serving hatch now greeted the eye. Gone was the chipped Formica and dilapidated urn of Francis Dixon Lodge's domestic past. Of course it had taken a while to have this experience.

The staff team had been talking about the therapeutic value of cooking and eating together for many years. Many obstacles were put in our way. One obvious and genuine concern of Trust managers was that food would need to be bought and prepared safely by individuals who were untrained to do so. The perfect opportunity to begin to effect this change came whilst the building was being extended and we had to move to a temporary location. We took the bull by the horns and began to prepare a community meal together on Fridays at lunchtime. Initially the idea was viewed by staff and residents with some resistance and ambivalence. The community group usually did the shopping on a Thursday evening, then split into two groups on Fridays: one responsible for cooking, the other responsible for cleaning, after the community meeting. Residents and staff found this an uncomfortable, new and challenging experience initially. Mealtimes have often been remembered as places of extreme family tension where destructive dynamics could be re-enacted. Replacing this with a different

experience can have great therapeutic potential, for individuals and the group.

The quality of the meal was appreciated; the giving and receiving aspect was intimate rather than impersonal and institutionalised. Those who helped and those who did not became a much more important issue. Accommodation of individual needs and choice became a caring gesture. How much or how little

**Clare Peters,
Deputy Ward
Manager
Francis Dixon Lodge,
REPORTS...**

food was eaten was more apparent as people were eating together. The link between emotional nourishment and eating food was real. We are what we eat after all. Certain residents excel in the kitchen; others don't, preferring to cope with the washing up. Others need to learn basic skills. Clearly this experience was providing much material that could be explored further. We wanted to become a self-catering unit when we returned to FDL and do away with the institutional trolley!

Managers within the Trust needed reassurance that we were going to manage the process safely and professionally. Meetings were held with the Catering department and Budget holders so that we could take advice on how to shop, store, prepare and clear away safely. Highest safety standards were expected. Risk management was a significant factor because of the 'user involvement' which was still

a relatively new idea then for the Trust. However, as a Therapeutic Community, we had been negotiating residents being empowered in this way for years and it had been frustrating, as we had introduced the idea to different managers who arrived and departed frequently. From their point of view a case of food poisoning or a failed hygiene inspection could mean closure. The new kitchen was even designed with the capacity to prepare frozen meals which would be steam cooked in the convertible oven should the Self-Catering project fail.

We arranged Food and Hygiene training on site and everyone attended. We now do this every six months to ensure newcomers are informed. All staff have to do the Basic Certificate course. We plan to also provide this course for residents who could then use this as a recognised qualification when they leave. The Catering Department provided support and structure to work from in order to formulate a self-catering policy.

When we moved back to FDL we implemented systems of monitoring and control and Risk Management. We have a weekly informal Food and Hygiene inspection with residents who are responsible for this area for one month. This is now fed back into a short Food Issues/Work Group meeting to ensure that the group keeps working together. Food needs to be temperature probed to ensure it is safe to eat and fridge temperatures recorded. The kitchen needs to be kept clean and tidy; foods need to be stored correctly. The meeting is also used to identify the practical and

emotional issues raised by shopping, working and eating together.

Sara Moore and myself led this development though everyone in the community contributed. We visited Lexham House (CMHT) in London and saw how they managed their self-catering. It was helpful to realise further what a central part food plays in all our lives and hence it should be in a therapeutic community. We also rang other therapeutic communities such as Webb House and Winterbourne to glean ideas. We wanted residents to do the shopping with money as we considered this valuable therapy. We noted a considerable economic saving could be made if we dispensed with the trolley. Indeed £10,000 at least was saved in the first year!

Residents now do the main shop on a Monday evening and prepare community evening meals after the 5:00pm Community Meeting. At other times residents help themselves to breakfast and lunch.

Ending our week, Friday lunchtimes continue bringing everyone together before we close in the afternoon. The kitchen has become the hub of FDL; mealtimes are a measure of the group's morale and cohesiveness. We have provided some valuable structured informal time for staff with residents. Our self-catering endeavours have also shown us that as a community we can effect important changes that are really meaningful to residents.

Initially the Trust Managers were extremely anxious, checking our budgets and telling us off if we bought too many puddings! But a recent visit from the Commission for Health Improvements ended with lunch cooked by residents and staff. They were impressed and perhaps a little surprised, and subsequently the Chief Executive refers to her experience of stirring custard in our kitchen as an example of good staff/patient relationships!

So here at FDL we're off our trolley!

ISPS UK day conference

“MAKING THE ACUTE WARD A THERAPEUTIC ENVIRONMENT!”

The DICE Centre, Nottingham,

Friday 6 December 2002, 9.30 - 16.30

TARGET AUDIENCE: all involved on acute wards including: nursing staff; ward & service managers; psychiatrists; arts therapists; carers; psychologists; service managers; psychotherapists; service users.

Programme includes

Dr. Lenny Fagin, Consultant Psychiatrist:
“Therapeutic and counter therapeutic factors on acute wards.”

Cath Gamble, Nurse Consultant:
“The DoH Guide on Adult Acute Inpatient Care Provision, Panel discussion with its authors & clinical directors.”

Dr. Jeremy Holmes, Consultant Psychiatrist in Psychotherapy:
“Improving the therapeutic environment, research findings”

Parallel workshops on conference theme:

“Power relations at work - Art therapy on acute wards.” Nick Sarra

“Messages to professionals from Users' experiences”

“Delivering clinical psychology on acute wards: a practical solution.” Peter Kinderman

“Supporting staff to facilitate a therapeutic environment.” David Kennard & Graeme Farquharson

Plenary session chaired by Dr. Brian Martindale, Chair, ISPS UK

Cost includes lunch and refreshments £75, ISPS UK members £60, users and carers (limited number) £20 ISPS UK is grateful for the support of Lilly, Lundbeck and Sanofi-Synthelabo

For further information, or to book a place, contact:

ISPS UK Nottingham Conference,
c/o Dr. Steffan Davies, Arnold Lodge, Cordelia Close, Leicester, LE5 6FA,
0116-225-6124
Steffan.davies@arnoldl.cnhc-tr.trent.nhs.uk

USER INVOLVEMENT IN THE BRENCHLEY UNIT - AN EXPERIMENT ON DEMOCRACY

Ruth M Hiron

Consultant Psychotherapist, Deputy Medical Director, The Brencley Unit

The current trend for user involvement in the business of running the NHS has long been a part of the culture of Therapeutic Communities. Such communities have encouraged users to, e.g., select new members, chair meetings, discuss protocol and in general take as much responsibility as seems possible in the life of the community.

We have felt that User Involvement in the NHS as a whole has sometimes appeared to be a token gesture in which the users have no real power or say, but are expected simply to endorse and comply with the professionals' decision making process.

In this piece, I shall endeavour to describe the way in which we tried to put our principles into practice in the process of selecting a new therapist to join our staff team.

The Brencley Unit is a Day Therapeutic Community for patients with severe personality disorders. We have 18 places for people who have a long previous history of mental health involvement and who, typically, self harm, overdose, abuse drugs and alcohol, and become involved in chaotic destructive relationships. The unit is characterised by constant acting out and intense drama on a daily basis, and is manned by a small team of dedicated and enthusiastic therapists.

Our philosophy is based on Rapaport's 4 components of a therapeutic community, elucidated in 1960 when he made a study of the Henderson Hospital.

These components are:

- 1) Democratisation, with a flattening of the old Medical hierarchy. This process of democratisation includes all members of staff and patients in the decision making process.
- 2) Communalism - which means the fostering of a sense of community and the sharing of tasks between staff and users alike.
- 3) Permissiveness, which involves tolerating the expression of a wide range of feelings and behaviours which would be viewed askance elsewhere.
- 4) Reality confrontation, where both residents and staff give constructive feedback to one another on aspects of their behaviour.

We have been open for three years, and had not previously lost any of our small staff team, but we had the opportunity this summer of working out our selection process from scratch when one of our thera-

pists left.

We decided to involve everyone as much as possible in appointing a new colleague. All applicants for the post were invited to spend a day in the unit, during which time they attended meetings in the unit all day long, and met alone with the members for 1/2 hour at lunch time.

The members were invited to give feedback on each candidate, as were the staff team. Each member of staff was then given copies of the applicants' CVs and was asked to make a short list of four candidates. To our delight, we all selected the same four possible new staff members out of a list of eight. Our process then started in earnest.

The users were invited to put forward a committee of four who would interview the four candidates. Two of the four selected users had been involved in a destructive and damaging sexual relationship with one another. Their affair had ended the week before with mutual attack and recriminations, and the community had had to tolerate much shouting and abuse as they had to come to terms with their hurt and angry feelings. However, in order to perform their adult task of selecting a new member, and in order to undertake the necessary work, they put their fight on one side. Another of the selected users was a lady who usually talks in an incoherent manner, never finishing her sentences, which usually end lamely with "you know what I mean". I feared that she would be unable to string a clear question together, or that our ex-lovers would break into one of their repeated fights during the interview process.

The day before we were due to appoint, I met with our four users, and asked them to consider what they

were looking for in a candidate and what questions they might ask in order to make a decision.

They had all taken their task very seriously, and found a sudden spurt of responsible adult ego. Our inarticulate member had written a list of perceptive, probing questions on a sheet of paper. The remainder of the group came up with lively ideas, and had soon appointed a chairman from amongst them. The chairman put us to shame by typing up all the questions and devising a grid to mark candidates by. Meanwhile, the staff team, comprising the secretary and two therapists, devised a separate list of questions. The two managers and I made up a third group, with yet another set of scenarios for our candidates to tackle.

On the day, our four candidates were interviewed separately by each of the three groups. The whole process went very smoothly until we all met together at the end of the day. The users were armed with sheaves of notes and paper, and with great enthusiasm talked about their process and gave us their rank order of candidates. Unfortunately, each of the three groups had selected someone different as their chosen person. As the Consultant of the unit, I had a clear favourite for the job. However, I was well aware that my favourite was not the person wanted by the majority of users and staff team. I felt that I could push my authority in order to persuade them, but was also aware that a choice made in a democratic manner would be owned by all, and that the community would make a strong investment in a staff member if they were part of the decision making process.

I therefore sat back and listened to the reflective and well-argued discussions that ensued over the merits and demerits of each of the candidates. Suddenly, I found myself thinking that the users had picked up aspects of each of the candidates that I and my two manager colleagues had missed. They gave good, coherent reasons for not wanting our candidate, and my position began to shift.

The staff team had equally perceptive and strong arguments, and it was clear that the candidates had shown different aspects of themselves to each of the groups, clearly regarding my group as the "authority", whereas the patients had been related to in a much more familiar manner.

By the end of our discussions, we had all moved our positions quite a bit, but, most particularly, I had recognised some of the bias I had had in the selection process, and how our choice of candidate may have

been made on the basis of some dynamic in our interviewing group rather than from an objective position.

The end result of our deliberation was that we selected the candidate who had been everyone's second choice. The users felt grateful that we had listened to their views, and as a result that I had changed my mind about who I wanted. The staff team were equally pleased and relieved. They had feared that, as the Consultant, I would pay only lip service to their views and would do what I wanted anyway. The feedback they gave was that they now feel reassured and enthused by the sense that they have a real say. I feel that, after all, my choice had been based on a not entirely objective sense of personal loyalty which was rightly overturned by the community, and I feel confident that our eventual choice was of a sound, reliable candidate.

The community was buzzing with life the next day, and it seemed to us that the members felt enhanced by the process. However, as expected, by lunch time our separated couple were screaming at each other again, and our incoherent member had reverted back to her usual style of woolly non-communication.

I think we have learned over again that, in treatment of this client group, the establishment of a real democratic process, with the execution of real power, brings out a maturity and wisdom in our users. They are only able to sustain this for short periods, but, in the community as a whole, the regression of several members will bring out the containment and reparative drives in others.

The overall therapeutic milieu is dependent on everyone subscribing to the process, and on the ability of those at the top of the hierarchy to lead by example rather than by imposition.

Whenever we have trusted to this process, and to the health inherent in the group, we have been immensely satisfied with the outcome and have seen our members developing in their capacity to handle situations and tasks in the outside world.

We would therefore advocate with all user groups that responsibility be devolved to the users as soon as they are capable of taking it, and that a sense of real responsibility is a major aspect of any therapeutic intervention, since it strengthens and enhances the capacity of the ego to deal with complex reality tasks.



One Day Conference:

'THE TRANSITION BETWEEN THERAPEUTIC COMMUNITY AND WIDER COMMUNITY'

A one day conference to explore the role of Outreach Services in therapeutic communities was held at the Cassel Hospital on Thursday, 31 October, 2002.

52 staff and users attended from eight therapeutic communities and ten other organisations throughout England and Northern Ireland. In particular, the Henderson Hospital, Main House, Francis Dixon Lodge and the Cassel Hospital were well represented.

Kevin Healy
Cassel Hospital

of a multi-tiered service for personality disordered individuals.

- ◆ Marco Chiesa gave an overview of the Cassel Adult Outreach Service, and presented a method for evaluating such a service.
- ◆ Marco reported that 30% of patients change from personality disorder caseness to non-caseness at 36 months of treatment.

The programme was packed and very simulating. The breaks for coffee, lunch, and tea were much appreciated, to help process the information being shared. The day was softly and gently chaired by Chris Newrith from Birmingham Outreach. There was an active input from the audience or seated participants throughout the day.

A number of interesting points were made:

- ◆ The importance of managing expectations was highlighted within our services.
- ◆ The psychodynamics of hatred and envy are often to the fore between staff groups and between staff and patient groups.
- ◆ There is an inherent paradox that at times the provision of an Outreach Service feels like deprivation, due to the absence of staff who are spending time in different locations.
- ◆ The importance of engaging with our host Mental Health Trusts was emphasised.
- ◆ There is often too much idealisation of the new service.
- ◆ Many of the presenters used Powerpoint, overheads, and handouts to excellent effect, reflecting an innovative approach to how we in the TC world might present ourselves.
- ◆ We heard about Outreach telephone support networks, and specifics about the location of the Outreach Service.
- ◆ Rex Haigh gave us a gossipy introduction to the Winterbourne Service and to his dream or vision

The whole day usefully came together within a large group experience at the end. The process of doing research within institutions was discussed. The tensions between TCs and Outreach teams was highlighted. Some people made a plea to keep our focus on the needs of our patients, rather than just highlighting the tensions between staff, although clearly these needed to be understood. Kevin Healy spoke of the primary task of the Cassel services being redefined as enabling patients to better use their local services. Of an audit of referrals done on the Adult Service two years ago, only 11% of patients referred for assessment to the service actually completed inpatient treatment. The corollary of this is that in 89% of cases potentially extensive work was done with local services to better meet the needs of the patients they had referred. These figures are probably similar within other therapeutic communities.

There was some further discussion about race and ethnicity within our services. In particular, many felt we do not meet the needs of Afro-Caribbean and Asian patients.

The day ended with a request to those attending to write up the day for the ATC Newsletter. No one was specifically identified to do this. It will be interesting to see whether such a non-specific request gets results within a community that came together just for one day

[See Anita Bracey, "Taking a look behind the scenes", page ---; and Chris Newrith, "Extending the Matrix: Outreach Conference held at the Cassel Hospital", page ---; -ed.]

ATC Group Members: Is your Online Directory Entry Accurate and Up-to-Date? Check it out at <http://www.therapeuticcommunities.org>. The Directory pages get over 1,000 hits each month.

**An Opportunity to join:
EDITORIAL BOARD
MEMBERSHIP
OF THE JOURNAL
THERAPEUTIC
COMMUNITIES**

The Editorial Board of the journal Therapeutic Communities is currently thinking about its membership and considering appointing new members who will contribute new areas of expertise, not currently represented among existing board members.

We are aware that there may be suitable candidates, who we may not have in mind, but who nevertheless would be able to significantly contribute to the development of the journal. Their expertise may relate to new and innovative areas of therapeutic community practice, or the application of these ideas to other settings.

In general, Editorial Board members are expected to have substantial experience of and expertise in *two* of the following: therapeutic community practice, theory, research, and/or the application of therapeutic

community ideas in other settings.

In addition, Editorial Board members need to: -

- Show a commitment to supporting and developing the vision and aims of the journal.
- Be able and available to assess papers submitted to the journal and advise authors on the details of revising their work. (Some experience of authorship or editing is desirable, though the opportunity for some mentoring is possible).
- An ability and willingness to solicit and commission papers, attend four editorial board meetings each year, and take on other responsibilities in respect of the journal.

If you think you could offer something to the journal that would contribute to its development, and possess or are willing to develop the attributes above, we would like to hear from you.

In the first instance you should contact Adrian Ward, the Editor, by either emailing him at Adrian.ward@uea.ac.uk or phoning him on tel: 01603 593386.

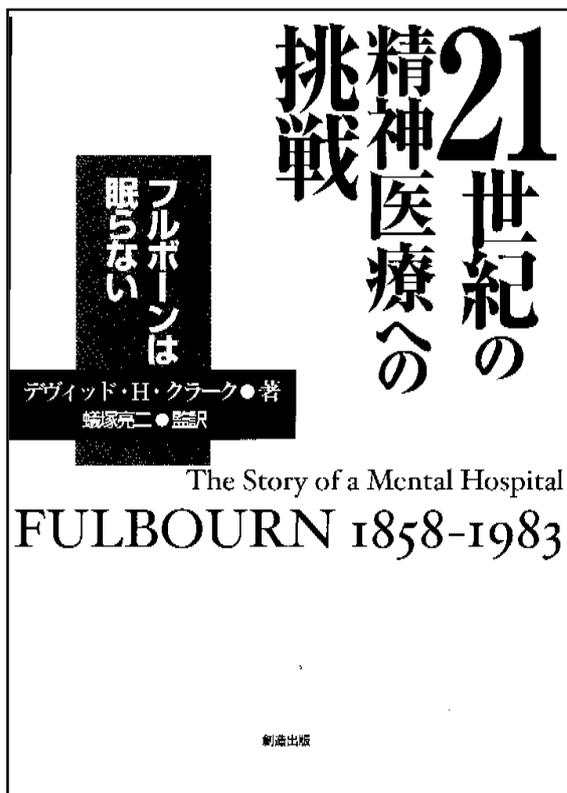
We look forward to hearing from you!

PUBLICATION NEWS

ATC Founding Chairman David Clark's classic study of an old County asylum, which was transformed under his leadership into a leading exemplar of therapeutic community - which was then systematically dismantled after his retirement - has been translated into Japanese and published by Sozo Shuppan of Tokyo (details left).

Originally published by Process Press in 1996, **The Story of a Mental Hospital: Fulbourn 1858-1983**, with a Foreword from the late Roy Porter, is available from the Planned Environment Therapy Trust for £10 (+p and p), but has also been made available by Process Press's Robert Young, in its entirety, on the Free Associations web-site: <http://human-nature.com/free-associations/clark/index.html>

David Clark's earlier book about his service during World War II - **Descent into Conflict, 1945: A Doctor's War**, published in England by The Book Guild in 1995 - , was translated into Japanese and published by Sozo Shuppan in 1998. ISBN 88158-248-8.



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VOLUNTEER WORK AT THE P.E.T.T ARCHIVE AND STUDY CENTRE

Anya Turner

On my first day at the archive, back in August, Craig issued me with a pile of volunteer project sheets, and as I read through them I was amazed and excited by the variety of work I would be doing. I had been expecting to be filing papers day in, day out; and although there is a certain amount of that involved, who would have thought I would be looking forward to the possibility of putting together an exhibition of Marjorie Franklin's paintings, or going to interview a donor of materials relating to Hollymoor Hospital, or possibly even helping to design the P.E.T.T Christmas card?

This being the 30th anniversary of the ATC, one of my tasks has been to research the early days of the Association, outlining the history and noting key figures. In order to do this I have read every ATC newsletter since 1972, many of the journals, and even some of the minutes from meetings of the "Round Table", the forerunner of the ATC. It certainly has made some interesting reading, and has been useful in getting me acquainted with the various people and places whose names regularly crop up in the archive.

Something I like to think of as my 'pet project' is the archive of a former therapeutic community for young people, which Craig was keen for me to get started on while the weather was still hot and sunny. So, most of September I was outside, brushing the mould and mildew from every single page of about 20 boxes

of books, files and documents, which had spent several years in a damp basement. I remember thinking it was like archaeology - meticulous, laborious, and dirty work which uncovered the odd gem. In this case the gems were photographs, or a child's drawing, or the invoice for "a gorilla and a chicken" which Maureen found amongst the accounts.

More recently I have been sorting out the new "Airing Room", dismantling and re-assembling bookcases and generally making space for one cleaned but quarantined collection to be stored before it goes on to the next stage in the archiving process. I thought my mould brushing days were over for a while, until Craig turned up last week with a transit van crammed full of cob-web covered boxes containing paperwork, books, etc. which had been kept in a shed for many years; and there's plenty more still to come.

Aside from the practical work though, I'm ploughing through various books on oral history (which plays a big part in the archive's collections) and I'm also reading up about Hollymoor Hospital. The main problem with working around many interesting books is that you end up wanting to read them all, and it's easy to get sidetracked.

As I am currently studying for a BA(Hons) in Fine Art, one of my aims as a Volunteer is to make the archive's various visual artefacts more accessible, by putting them onto the website. Hopefully, before very long you will be able to see some of the paintings, drawings, photographs and objects that complement the books and documents kept at the archive. Coming soon (perhaps!)... Josephine Lomax-Simpson's collection of tea towels!!!



PEOPLE WHO MAKE THE CENTRE

Tim Hoyle, pictured left with the reel-to-reel tape recorder he has given to the Archive and Study Centre. A beautiful machine in perfect working order which Tim Hoyle made in 1963, based on a state-of-the-art Brenell Mk.5 Series 2 deck with additions and modifications of his own - complete with the full sales and service documentation, and tapes, including his first: an off-air recording of a BBC broadcast following the assassination of John F. Kennedy. Given the range of machines and formats used in recording over the years, the Archive's emphasis on oral history in its collections, and the increasing difficulty of finding good reel-to-reel machines in working order, the gift is an invaluable addition to the Revox A77 and Uher 4000 Report-L reel-to-reel which have been the mainstays (with another which has given up the ghost) up till now. Very welcome would be old tape dictation machines in good working order!

RECORDING WINDSOR - AND AN APOLOGY

Craig Fees

With a £150 bursary from the ATC I am away to the Windsor Conference, to record for posterity *the* annual gathering of the field. Preparing is a bit of a military operation: 30 some-odd separate speaker sessions over four days, sometimes in parallel session; unpredictable and extraordinary range - often decided at the last minute - of room, chair, and speaker arrangement. And this year, two days before the conference, I learn that the inhouse infrastructure of underfloor cabling and preamp/amp system on which I've relied in the past has gone down. The aim this year is therefore to be entirely self-contained.

It's also to do as much of the post-recording processing as possible during the four days of the conference, so that there is less to do once I get home. Like most oral historians, I have moved at least partly into minidisk recording, but after a number of disastrous episodes I don't trust digital, despite the beauty and versatility of a successful recording, and my plan is to have an audio-cassette back-up for each recording session. That means four machines (to record main as well as parallel sessions), and that means four sets of dubbing - because of the irreplaceability and vulnerability of an original recording, it is imperative to make a master copy as soon as possible onto an archivally reliable medium, from which all future copies will be made. Minidisk is *not* archivally reliable. Audiocassette is not ideal, but it is tested. Unfortunately, to make a copy from minidisk to audiocassette you have to dub in real time: A forty-five minute paper takes forty-five minutes to copy. Fortunately, once the copy is made I have a high-speed audiocassette duplicator, which dubs both sides in a matter of minutes. But how do you cram a day of recording into an evening of dubbing? This presumably is why professional sound men have assistants, and sleep until noon.

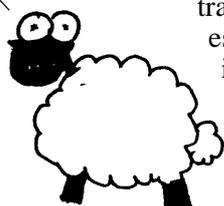
Arriving at the late hour that Cumberland Lodge requests so as to clear their previous guests, I have about half an hour after unloading my several thousand pounds worth of equipment and tapes to set up for the first session. A box full of connectors and cables, so that I can run a microphone cable to the side of the room, where I can change tapes and disks without interfering with anyone, where I can monitor the recording and, if something goes wrong, do something about it. Unfortunately, I have not brought any shielded cable, and the noise on the extension is intolerable. Have an idea it's something to do with the blasted lighting, but in effect it means that clean recordings can only be made either in the dark or using the short length of the microphone's inbuilt cable. To get a reasonable microphone placement the machines will have to be within about six feet of the speaker. I can not bear the idea of monitoring and fiddling with equipment so distractingly close to a speaker. People are beginning to come into the room and fill chairs. Place minidisk and microphone as close as possible to potential speaker, set it going (minidisk, at 74 minutes continuous recording, should handle most sessions), and try to find an adequate placement for the audio-cassette's mike where I'm sitting at the side of the room. Am also experimenting with a radio mike for the parallel sessions. Do not find the most obvious place for the audiocassette microphone until the van der Linden Lecture; am glad I finally did: When Joe Berke bangs the table, the minidisk recorder shuts down. In all, I lose a total of three minidisk recordings across the four days, only one through ineptitude.

Another year of hanging loose and tolerating ambiguity. Perfect microphone placement, and then appears a huge computer projector plumped down right beside it, whirring and interfering quietly away. Or the overhead projector. This year we had one presentation by a group of people who had spread themselves among the large group sitting in a large circle around the room. Sheila Gatiss, who will predictably do what is right rather than what is

PUBLICATION NEWS: A Life Well Lived: Maxwell Jones - A Memoir

Steve?

"Beginning with their first meeting in 1956 and ending with Maxwell Jones' death in 1990, *A Life Well Lived* follows the growth of a friendship between two key figures in social psychiatry and tracks the evolution of therapeutic communities from their experimental beginnings to the established practices that exist today. As a close friend and frequent collaborator, Briggs is able to recount in detail Jones' revolutionary work in mental hospitals, prisons, communities and schools, and offers a rare and engaging insight into the mind of one of the most important pioneers in the therapeutic community field."



by Dennie Briggs

Jessica Kingsley

Number 11 in the *Therapeutic Communities* series

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1-84310-740-6

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comfortable, decided to create a performance space in one corner of the room in the minutes before the session was to begin. Others spoke from the podium to an old-fashioned proscenium-style seating; stood, sat, walked around; spoke sitting from the circle, spoke standing within it. Changed their minds. An interesting exercise.

My aim from the Archive's point of view in going to Windsor is simply to record a piece of history. Just having the interplay of Joe Berke and Stuart Whiteley on tape makes it all worth while, but future generations – if they value the field at all – will find huge riches among these recordings. But here's where I have to make an apology. Whenever the Archive and Study Centre does an oral history interview, we automatically make a copy of the tape and the transcript for the speaker – for me, it's a matter of ethics and practicality, as well as a way to

say thankyou. When several people asked me during the conference what I would be doing with the recordings, therefore, I automatically said (among other things) that each speaker would be sent a copy of their own recording. Back at work, the realities set in. Especially with the loss of my assistant archivist in March, and the virtual loss of the archive assistant since September (see elsewhere), time has become critical; and, of course, there is the question of costs. I simply can't do it on my budget, at least not with any immediacy, and of course the ATC does not have a budget for it. It's possible, too, that there's no demand. If there were, we could perhaps set up differently for next year. But possibly not. To do it right would either cost the organisers and hence the conference goes a lot of money, or change the character of the conference, or both: I can't see Sheila Gatiss speaking from the front of the room simply because that's where the microphone is.



PEOPLE WHO MAKE THE CENTRE

Helen Frye, a busy psychotherapist, member of the Severnside Institute of Psychotherapy, a trustee of the Planned Environment Therapy Trust. As the Hon. Librarian she has been giving a day a week for several years to the reorganisation, development and upkeep of the Library, which in itself could be a full-time job.

For the past several months neighbour Liz Avitabile has been entering the books Helen has organised into a database; when she wasn't busy helping in other ways. Once the Newsletter is in bed, we should be able to begin to get some of this up on the Internet.

PERSONAL AND PROFESSIONAL NOTES

Craig Fees

A tremendous amount has happened since the last formal Archivist/Director's report in the Newsletter. Not for the first time, I find that the various constraints involved in bringing the Newsletter together militate against writing a proper report. It needs time, and it needs space. It may be that someone else will be doing the DTPing next time, or it may be that we will have worked our procedures out well enough to take the crunch out of those long and late-night weeks which inevitably follow the deadline. In any event, there is a great deal to share, and it would be my intention to try, at length, in the next issue.

One of the key things affecting the Archive and Study Centre at the moment is the arrangement with the ATC, where a PETT team has jointly taken on the Administrator's role handed on by Sue Matoff. Maureen Ward, who has been an essential part of the work in the Archive for many years as a part-time (a part-time shared with the Trust as such) archive assistant has been absorbed almost entirely into the work of transition of the administration. Had it not been for the appearance on our doorstep of an extremely talented, committed and thoughtful volunteer, in the person of Anya Turner, we might very well be squeezed extremely tightly. Anya got in touch because she is interested in pursuing a career in archives. She is the kind of person whom, if we had the

resources, we would immediately want to employ, as a kind of gift to the field. We (those of us involved with therapeutic community) are not overflowing with concerned archivists; it has always been my view that there is enough work here for three full-time specialist archivists, as well as support staff: One for adult therapeutic community, one for children and young people therapeutic community; one for progressive/alternative/democratic education.

My place within the arrangement with the ATC is relatively minor; although, having said that, the potential is there. I take minutes for the Steering Group and the Research Group, look after email groups, and take responsibility for the web-site. I also respond to queries, and for the first time I have

a direct sense of the needs of the enquiring public in relation to the ATC web-site, and to the possibilities beyond its immediate and increasingly obvious limitations. I think of the frustration Sue Matoff must have felt simply trying to get communities to keep their Directory entries up to date. One recent caller asked for the hardcopy of the Directory, because the on-line version was three years out of date. I had to tell him the truth; that the on-line Directory is as current as you get.

Every newsletter I have put together, certainly over the past few years, has had an apology, like a dedication stone which had to be put in place before the newsletter could be put to bed. I struggled in the last issue, because so much has been done here that it felt slightly absurd; I wondered whether I was being a tinge dishonest. After considerable wrestling and on balance the apology finally went in, but it was uncomfortable, and I have had to think about it carefully since. We have acquired a dog, a chocolate Labrador whom we are fostering for a Camphill family on sabbatical, and especially over the past few weeks as we have taken the late night walk, through the cows, across the fields, alongside the river, I have been trying to work it out. And it's really very simple.

This is an extraordinary field. The people in it do extraordinary things. You can not meet people in this field and not like them deeply, or at least respect their capacity to be human with people whom other people would just as soon erase. I have

made specific commitments to a number of those people which I have not yet been able to meet; and I have also seen possibilities which I have not yet been able to realize. It is partly to do with resources, about which more in a moment. But, of course, it is also to do with me. The apology is a hope that those people to whom I owe a debt – and often it is as simple a debt as coming and recording; and yet – will know that I know I owe it, and intend to pay. If they want to remind me, then that will in fact be welcome. I don't know about others, but I become irrationally crippled and tongue tied with the knowledge of unpaid debt. So, that's the apology.

* * *

Speaking of which. The Trust has always had a contingency plan in relation to the Archive and Study Centre, with a series of well-defined levels of, for example, staffing and maintenance. There is an absolute level below which they are not willing to go; this is the level at which the integrity of the existing archives and, for example, the environmental controls are maintained, with some part-time salary for someone to keep an eye on things, answer queries, and do such processing as time allows. Until recently this existed in a kind of abstract, as part of a policy document. The vicissitudes of the stock market over the year, on top of the costs of the recent construction, have now made it a live issue, and my task is to ensure that it does not become a close one. Because I will be concentrating on raising funds, we will be going into a period where I am less able even than I have been to meet the debts spoken of above. Which is the key

apology for this issue of the Newsletter. My feeling is that doing the work, and raising the money to make the work possible, will not fit well together.

Meanwhile, this year marks several personal milestones. In February I turned fifty. It has been twenty-one years since I came to this country. Twenty since I stumbled into a therapeutic community. Ten years since that therapeutic community came to an end.

When I stumbled into that community, every naïve American civic-minded flag-waving, god and country-loving fibre quivered; here was a commitment to others that I could understand. I found it impossible to resist something that was so manifestly giving; nor, apart from my PhD, was there an alternative centre of gravity in Britain of sufficient density to attract me away – and, in the event, the Conservative government was in the process of stripping the stability and certainty away from the universities, and my department was one of the casualties.

In the ten years in which I was a part of the team – five as a volunteer, five as a part-time paid member of the team – I learned and observed more than I could possibly ever have imagined. For all of that time I thought it was safe, and that British society supported it. I don't know that I was wrong, but I know I wasn't right. The field had not built up and secured its own wealth of memory; and when tested, at least in the field of child and youth therapeutic community, being manifestly good proved not to be good enough.

PEOPLE WHO MAKE THE CENTRE

The Researchers: Kevin Polley, of the Cotswold Community, who settles into Barns House, and then goes through our Research Library and archives like a surgeon's knife, making us aware of intricate connections among papers and people, and of gems: An unpublished paper by Tom Main, for example, which is now in the pipeline for publication in the journal. John Diamond, of the Mulberry Bush, who discovered a typescript paper by Marjorie Franklin among the Q Camps archives, which is en route to publication on the Internet. Michael Bennett of Main House, turning books into practice and theory....



The PETT Research Library Helen Frye Hon Librarian

People who visit us at the PETT Archive and Study Centre in Toddington are often delighted to find a Research Library on site entirely devoted to the specialist fields of **social psychiatry, therapeutic community, environment therapy, and alternative/ progressive/ democratic education.**

The collection includes books, journals, papers, offprints, unpublished theses, on-line publications, and some video and tape material.

There are also many materials in the supporting fields of: child and adolescent psychology; adult

psychology and psychiatry; child welfare and residential care; delinquency and penology; psychoanalysis, group analysis, individual and group therapy; sociology and social psychology; history of education and educational psychology; educational pioneers and innovators; American education; and alternative communities.

The Library is housed in the main Study Area of the Archive and Study Centre and most items are easily accessible on open shelves. The Study Area is a well-lit space with a large table and comfortable chairs adjacent to the Library alcove. Video/audiotape and computer equipment is available on request, and for a small charge there are photocopying facilities at hand.

There are also some Special Collections housed separately in

the Archive Storage Rooms. Not all of these are open to researchers – but it is always worth asking.

The Archive and Study Centre welcomes visitors and researchers who wish to use the facilities on a daily basis. A small kitchen is available on the first floor for refreshments during the day. There are generally people around, working on archival projects or administrative tasks, who will take an interest and may be able to offer a certain amount of help,

It is also sometimes possible to accommodate people for longer periods of study and research. We have some self-catering accommodation which, if it is not required for conferences or other residential uses, may be available at moderate cost. Please enquire if you are interested in this possibility.

PEOPLE WHO MAKE THE CENTRE

Members of the Wennington Old Scholars Association, a changing party (that seems the appropriate word!) over two days of six to nine former students of Wennington School, many of whom stayed the night in Barns House or tented on the field. Wennington was a Quaker-influenced progressive boarding school in Yorkshire, founded by Kenneth and Francis Barnes in 1940, closing in 1975. The kind of school you'd love to be able to send your own children to. The Old Scholars have recently agreed to add the archives of Wennington to those of Kenneth Barnes, given earlier by Eleanor Barnes, and added to at this meeting from their personal collections by John Adamson, Michael Birkett, Pat Mitchell and Sam Doncaster. Over the two days the working group, which plans to return in March, worked on the Kenneth Barnes Collection: They sleeved, numbered, and scanned photographs; scanned and transcribed documents; broke for coffee and tea; ate; and recorded about four hours of information about and discussion and reminiscence sparked by photographs.



“We, the writers of this memorandum, have spent five years in study and experiment with the object of discovering some point at which might be laid, without violent upheaval, the foundations of a changed and just society within the scope of the common people.”

- Preamble from “A Proposal for A New School” by Kenneth C. Barnes and G. Francis Barnes, published from Bedales in January 1936.

One of a number of documents from the Kenneth C. Barnes Collection scanned or word-processed by the working party. It is currently available in pdf format at <http://www.pettarchiv.org.uk/wennington/proposal.pdf>. Compare with the 1936 Q Camps Memorandum, at <http://www.pettarchiv.org.uk/survey-saq2-2memoranda.htm>

CHARTERHOUSE GROUP AGM

CHG's 3rd Annual General Meeting was held on 26 September 2002. David Lambert stood down as Chair after three energetic, committed years steering the group forward through a time of enormous development. One of the things that has been very clear to me since recently joining CHG is just how greatly David's work has been appreciated, and I thank him here on behalf of the group. Richard Rollinson has been elected to take the temporary position of Acting-Chair for CHG. He will continue in this holding-role until the process of electing a new chair has taken place.

The group was extremely pleased to welcome Rex Haigh (Chair, Association of Therapeutic

Communities) who addressed the meeting, providing a focal point. By way of cross-fertilisation and development of the mutual exchange between CHG and ATC, Rex expanded upon his developmental model of therapeutic community intervention as set out in his 'The Quintessence of a Therapeutic Environment'¹ which was a fundamental influence in the writing of CHG's 'Standards'². Focusing on the direct application of his five ingredients of a therapeutic culture (*attachment, containment, communication, involvement and agency*) to therapeutic communities for children and young people, Rex went on to explore the ways in which the five principles might enable those in the external environment to engage with the Therapeutic Community approach. Thanks were given to Rex for his thoughtful and very stimulating presentation.

In my view, bringing a therapeutic community influence to the way in which the wider organisations and statutory bodies plan, function, and operate represents a common goal for both CHG and ATC. This brings to mind Sandra Bloom's inspiring Maxwell Jones lecture in September, in which she described the various ways in which she has set to do just this after the closure of the community to which she had devoted herself for a number of years. We need constantly to be reviewing and developing the interface between our communities and the context of the external environment. If that environment operates in a way that reflects therapeutic community ethos, that task may feel less threatening.

Sarah Tucker
Director of Strategic Development

¹ Rex Haigh 'The Quintessence of a Therapeutic Environment: Five Universal Qualities' in *Therapeutic Communities: Past, Present and Future* eds. P.Campling and R.Haigh (Jessica Kingsley, 1999)

² *Standards for Therapeutic Community Childcare, Health and Education* Charterhouse Group 2001

RESEARCH INTO SPECIALIST RESIDENTIAL THERAPEUTIC COMMUNITY CHILD CARE, HEALTH AND EDUCATION Keith M Coulston, Director: Organisational Development

Introduction

The Charterhouse Group is committed to building upon the pilot research project that has proved so successful. To this end Trustees have allocated some limited funding in the current financial year that will enable a relatively modest expansion and maintain momentum. The long-term future, not surprisingly, is dependent upon access to further funding and it is hoped to achieve this through our focused fundraising activity. Any informed advice on this critical issue would be warmly welcomed!

The lack of research into this area of very specialist provision for some of the most troubled, complex and 'difficult to place' children is nationally acknowledged. No such previous research has been attempted in terms of size and approach. The concept of 'practice based evidence' will be operationalised to produce evidence based practice. Integral to this approach is the systematic involvement of practitioners in the outcome monitoring process that simultaneously informs practice. This research project will also

support the quality assurance agenda and help to raise the profile of the Group particularly through the dissemination process. The beneficiaries are wide ranging and include the children and young people, staff, Charterhouse Group member organisations, commissioners and policy makers.

The need for routine outcome monitoring

The impetus to conduct audit on the care, education and treatment provided within the Charterhouse Group membership comes from a number of sources. Firstly, from the wish of management to provide data derived outcome study can be construed as indicative of a poorly thought out research design. The study seeks to gather baseline data that will provide an account of the problems encountered by young people and their families and which require them to seek specialist residential provision. Collection of baseline data may also support the assessment process. When pooled across individuals it will begin to supply profiles of the types of referrals and allow comparisons



with those not placed in therapeutic community settings.

During placement further data will be routinely gathered from the young person, their family and from members of staff. This process is perceived as the audit work of the therapeutic community and most of the data gathered will be quantitative and analysed statistically; some of the data at entry and exit will also include qualitative aspects.

It is the staff supported with appropriate levels of supervision and training that undertake the routine tasks - not external researchers 'parachuted' into establishments. Evidence from the pilot demonstrates the value of this approach and how the systematic use of outcome monitoring tools can be integrated into practice to inform care and treatment planning.

The database

The Charterhouse Group database will be developed from the existing Peper Harow Foundation PROM system that has been designed to collect demographic data as well as information regarding psychosocial development. It will be located in the communities through provision of a CD ROM. The data collected will be easily accessed for individual young people, for each community or combined for all of the participating organisations.

The Monitoring Tools

The following outcome monitoring tools will be used within the project:

- Youth Self Report Form (Achenbach 1991a)
- Child Behaviour Checklist (Achenbach 1991b)
- Teacher Report Form (Achenbach 1991c)
- Severity of Psychosocial Stressors : Children and Adolescents (American Psychiatric Association 1994)
- Paddington Complexity Scale
- Children's Global Assessment Scale (Shaffer et al 1982)

- Health of the Nation Outcome Scales (University of Liverpool 1999)

Manual development

Consideration is being given to the production of a manual that describes what members offer (eg: therapeutic interventions, 1:1, group work, education) and relates the work to the literature available. The manual could include comment on the methodological base, aims, and principles; that the work of members is not based upon formal diagnosis; and, that highlights the complexity of the task.

Management

A Research Steering Committee has been established that will report to the Board of Trustees and through the Board to the membership. Members of the Research Steering Committee include a Trustee, officers, participating member organisations and representatives of the academic institutions.

Implementation

Work has already begun! The database is being developed; new participating members have been identified; the process of recruitment for a Research Assistant (part time) has started and links are being established with respected academic institutions. Core elements of the implementation plan for those engaging in the outcome monitoring process include:

- (a) *Induction*
Open forum to discuss research related issues and the opening up of different perspectives; description & reasons for use of the outcome monitoring tools, examples of successful research etc
- (b) *Training in use of outcome monitoring tools*
- (c) *Inter-rater reliability training*
- (d) *collection of data and input onto database*

We will continue to provide updates on this important project and look forward to describing progress made between now and the next edition.

DID YOU CATCH...

According to a paper in the Journal of the American Medical Association (*JAMA* 288 (2002), pp.1740-1748), as picked up by Reuters and reported on Medscape, "The brain volume in children and adolescents with attention-deficit/hyperactivity disorder (ADHD) appears to be approximately 3% smaller than that of healthy controls without ADHD" though "the growth trajectories of all structures, except the caudate nucleus, were essentially parallel for the two groups throughout late childhood and adolescence" and "Over time, differences in caudate nucleus volumes disappeared between the groups." So, according to the authors, "fundamental developmental processes active during late childhood and adolescence are essentially healthy in ADHD, and ... neuropsychiatric symptoms appear to reflect fixed earlier neurobiological insults or abnormalities."

Medscape also carries a Reuters report of a Danish study published in *Acta Paediatrica* 91 (2002), pp.960-964, to the effect that "It is not necessary to treat enuretic children for any emotional or behavioral problems they may have prior to treating them for bedwetting...Treating such children first for nocturnal enuresis may largely eliminate the other problems...[and] children with emotional problems appear to respond to behavioral-approach management of enuresis as well as other children do."

Charterhouse Group Standards - Update

Sarah Tucker

Director of Strategic Development

The Charterhouse Group *Standards for Therapeutic Community Childcare, Health, and Education* has had an updated second printing, overseen by Sheila Gatiss, who continues to work hard, in collaboration with me, to develop the relationship between CHG, the Royal College of Psychiatrists' Research Unit, and the ATC in respect of the Community of Communities project. The second printing of the Standards reflects this aim: It has a smart new front cover, and contains a new preface written in collaboration by David Lambert (ex-Chair - CHG), Rex Haigh (Chair - ATC) and Adrian Worrall (Programme Manager - College Research Unit). Copies of the reprint of the Standards have been distributed across CHG membership. In addition, work has begun to use the Standards - as an example of good practice, to promote CHG, and to influence statutory regulatory standards in the wider field at a number of meetings, seminars and conferences. Direct response to this initiative has included written expression of interest in CHG Standards from Roger Morgan (Care Standards Commission), liaison from Alison Williams (Children's Residential Care Unit - National Children's Bureau) and liaison with Phil Hayes (Social Exclusion Unit), who has a particular interest in drawing on CHG and the standards in regard to training.

By way of taking work forward on implementing the Standards within CHG, the **Standards Working Group** is to be re-convened, with its first meeting on **13 November 2002 11.30am-1.30pm at Station House**. Membership will include those involved in Care and Treatment in CHG as well as others interested in taking this important enterprise forward. The group will aim to focus on the following tasks:

- 1) To develop an audit tool that has cycles, involves a review process that evaluates, defines strategy for action, development, and change, and has a process of reflection.
- 2) To integrate the National Minimum Standards into the review process alongside CHG Standards.
- 3) To initiate, manage and support the implementation of the standards via the audit/review process in CHG member communities.
- 4) To manage and develop the relationship between Charterhouse Group Standards, and Community of Communities Standards (ATC/Royal College of Psychiatrists' Research Unit).
- 5) To establish a CHG Standards Advisory Panel consisting of key external professionals in the field as well as internal members.

Those interested in joining the group should contact me at Station House or by e-mail on sarah1.tucker@virgin.net.

PRIORY SERVICES FOR YOUNG PEOPLE PRIORY SERVICES FOR YOUNG PEOPLE PRIORY SERVICES

JACQUES HALL FOUNDATION

Situated in rural Essex

THERAPEUTIC COMMUNITY

Jacques Hall is an independent, co-educational, residential therapeutic community for emotionally damaged adolescents. We aim to provide a nurturing environment and a range of therapeutic interventions to effect positive change. As part of our continuing growth and development, we wish to recruit Residential Social Workers for the following posts:

COMMUNITY SUPPORT WORKER

(£12,000-13,750)

COMMUNITY WORKER

(£14,000-16,000)

You will need to be: dynamic, able to work in a multi-disciplinary team with high professional standards, resilient to the testing out of troubled adolescents, and enjoy the opportunity of working long-term with adolescents in an establishment at the fore-front of residential therapeutic child care and special education. Experience and Level 3 NVQ Caring for Children and Young People or equivalent an advantage.

RESIDENTIAL WORKERS

(Hourly rate £8.41)

Experienced workers with adolescents prepared to work shifts as required. You will receive pro-rata holiday entitlement payment and have access to a full range of employee benefits.

We are also seeking a:

CLASSROOM ASSISTANT

(£10,000 - £14,000)

This post offers opportunities for small group work, an innovative approach to the curriculum and a range of community roles outside the classroom. You will need to be resourceful and resilient, capable of building effective relations with troubled teenagers.

Closing date: 3 December 1999

(A benefits package applies to all positions)

In order to reflect the ethnic mix of our client group, we would welcome applicants in accordance with Section 38(1) of the Race Relations Act 1976

Phone for application: 01255 870311 (office hours)

JACQUES HALL THERAPEUTIC COMMUNITY

[part of Priory Childcare Services]

Harwich Rd, Bradfield,

Manningtree, Essex CO11 2XW

Charterhouse Heads of Education Focus Group

Andy Lole (Headteacher, Mulberry Bush School) is currently chair of this group. In a letter to all Charterhouse Group Heads of Education he writes:

...For many years now the Heads of Education of the Charterhouse Group have met once a term to provide support and advice to one another. This has included sharing our experiences of a wide range of issues, including curriculum development, dynamics within organisations, links with the outside world, recruiting and retaining staff, examination options, and general pressures associated with leading and managing the educational component of a therapeutic school or community. Over the last 5 years we have also organised and run an annual training day for all teachers and teaching assistants of member schools and communities, focusing on specific aspects of our work as educators.

...My experience over more than 8 years is that the group has been very helpful to supporting me in my work. Despite the fact that across the group we work with different aged children and young people I

have always found that there is much to be shared, and learnt from one another. It is also refreshing to get out from one's own work place to get a different perspective on things. As the current chair of the Group I am writing to ask that you place your involvement in the Group as a high priority for both yourself and your organisation...

At the most recent meeting on the 18th October discussion in the group included:

Programmes for social and educational, various approaches to homework/catch up work, the diversity of support systems for staff and the issue of staff bringing charges against pupils who assault them.

At the next meeting on 31st January 2003 the group will plan the annual Education Conference to be held in March 2003.

For further information please contact:

**Andy Lole, Headteacher,
Mulberry Bush School,
Standlake,
Witney, Oxon,
OX8 7RW,
Tel: 01865 300 202, Fax: 01865 300 084**

Call for interest:

A one day workshop on Staffing Issues for Charterhouse Group Therapeutic Communities

Over recent weeks a number of Charterhouse Group members have expressed concern about a variety of staffing issues. In response to this we are interested to know how many members would be interested in joining a one day workshop to think about ways in which members can join together to address these issues:

Suggested areas for discussion and potential joint work include:

- Recruitment
- Retention
- Morale and Culture
- Bank Staff

Please send expressions of interest in Charterhouse Group organising this workshop, together with any additional suggested areas for discussion to:

Sarah Tucker
Director of Strategic Development
Charterhouse Group
Station House
150 Waterloo Road
London SE1 8SB
020 7803 0550
sarah1.tucker@virgin.net

CHARTERHOUSE GROUP FUNDRAISING STEERING GROUP

Sarah Tucker, Director of Strategic Development, Charterhouse Group

The Charterhouse Group Fundraising Steering Group has recently been re-established. Chaired by Richard Rollinson (Acting Chair - CHG), the group has agreed to place funding applications for CHG research as a top priority. In addition, the group will, in the long term, endeavour to raise funds for work concerning the implementation of CHG Standards in member communities, for public relations, and for training. It is early days in the new life of the group, but it is particularly good to have Ian Timmins (Fundraiser – Cumberlow Community) on board, bringing energy, expertise and a breadth of experience in the field. We are also grateful for the commitment of John Diamond (Director - Mulberry Bush), who has produced a statement about the work of CHG which is intended to be adaptably included in our applications. This statement reminds us, too, in a clear and direct way, of the historical context and focus for the work of CHG.

THE CHARTERHOUSE GROUP OF THERAPEUTIC COMMUNITIES FUNDRAISING STATEMENT

For much of the last half of the 20th century, the practice of therapeutic child care for severely emotionally troubled children and adolescents was carried out within residential schools and communities which often operated out of the 'mainstream' of the current trends in childcare and education philosophy. By nature then (and this is now regarded as their shortcoming), these communities were largely isolated from each other, and insular in their relationships with the 'outside' world. On the other hand, their strength lay in their ability to develop innovative and flexible programmes of psychodynamic care, treatment, and education, tailored to the needs of their client group.

These communities did, and continue to, provide high quality psychodynamic treatment and education for severely emotionally deprived young people. Their practice is based on therapeutic community principles of developing close and dependent relationships, within a group living milieu. The children and adolescents who are referred to the communities have been grossly deprived of secure nurturing experiences in the earliest years of their lives. On top of this 'basic fault' they have often experienced ongoing abuse and neglect which has led them to a deep mistrust of relationships, and the accompanying intense emotional and behavioural problems. This model of treatment, based on the provision of integrated individual and group experiences within a safe environment, allows the young people to 'work through' and internalise a re-education in

John Diamond Director, Mulberry Bush School

relationship building, thereby understanding or resolving the traumatic experiences of the past which up until now have debilitated them.

These schools and communities are often national resources for some of the most damaged and anti-social young people within our society. Their task, then, is to heal and rehabilitate the 'hurt minds' of youngsters who would otherwise eventually find themselves within the penal or psychiatric systems. The potential of such an early intervention is therefore cost-saving for society in the long-term.

By the early 1990s a series of high profile cases of abuse within residential care homes (e.g. 'Pindown', Levy and Kahan 1991; Leicestershire, Kirkwood, 1993) created a national debate and public awareness of the need for increased accountability and monitoring of all aspects of the safety and welfare of children in the public care. This climate, along with the introduction of The Children Act 1989, led the way for a new wave of legislation from the Government (e.g., Utting 1991, Howe 1992, Warner 1992), to focus on developing new systems of accountability for the care and control of these most vulnerable of young people.

The formation of the Charterhouse Group in 1987 by seven Directors of Therapeutic Communities can be

regarded, then, as a timely foresight, and a necessary conjunction to integrate the diverse network of communities within this rapidly changing social and political landscape. The CHG was created to provide an 'umbrella' organisation to discuss and share common concerns and purpose related to residential therapeutic child care and education. The founder and current members wish to ensure that an active voice for the continuation and development of a psychodynamic treatment approach is heard. For member communities, the CHG provides an important ongoing focus for sharing practice and disseminating information about the importance and value of their work at all levels of society and government.

To ensure the continuation of this work, the CHG is currently fundraising to support activities to promote the development of many aspects of our work. These are likely to include:

- The lobbying of politicians and others in positions of influence.
- Influencing practice through involvement in child care initiatives, representing therapeutic child care.
- Active collaboration with other organisations.
- Research and surveys.
- National conferences.
- Creation of focussed work groups.
- Training initiatives.
- Marketing, attendance at conferences and publishing of papers and articles.

YEARS GONE BY BUT BETTER NOT TO BE FORGOTTEN – RECORDS UNCOVERED

Archives from the Mulberry Bush School

For various reasons John Diamond, current Director of the Mulberry Bush, and Rich Rollinson, his immediate predecessor, recently have had cause to go back through old records and minutes of meetings of the Committee of Management. Perhaps the most interesting “discovery” was the very first Minute Book that starts in 1955 when the “Bush” was officially “recognised” as a residential special school by the then Ministry of Education. Before that it was linked to the Home Office, as it had developed out of the evacuee programme overseen by that government department. For many years, in fact well into the 60s, the proceedings are entered in beautiful “copperplate” handwriting, truly a labour of love and expertise. Those in attendance sometimes read like a who’s who in residential therapeutic treatment. Chris Beedell’s arrival is announced simply by the first of his many and diverse positive contributions to discussions and debates.

Exploring further, John and I came across a number of papers/briefings, two of which we reproduce below. While written quite some years ago they still have important things to say to us today, particularly when we can feel so bombarded at times by overconcrete standards and by demands to ensure that there is absolutely no risk in our work or settings. The first entry is by Mrs. Dockar – Drysdale, the founder, along with her husband Stephen, of the “Bush”. She was writing in response to a request from the Committee of Managers in 1968. Her commentary is, we trust, self-explanatory. Not only does it offer material for discussion and debate, it also highlights her ability to look at something from a different, illuminating, and often challenging perspective. The other entry is a report from a member of the Committee of Managers about his “official” visit in 1974. Food for thought indeed.

There are other documents we’d like to share with readers over time, and we’d be very interested to read things from other communities which until now may have been biding their time to be rediscovered and reclaimed. Is this the start of a regular Newsletter feature? Time will tell. Meanwhile, enjoy.

**Rich Rollinson (Acting Chair, Charterhouse Group) and John Diamond
(Director, Mulberry Bush School)**

1. Recommended Reading for Workers in the field of Residential Treatment of Disturbed Children.

It is very difficult to guess what people working with children should read, at different stages of their personal emotional development, training and actual experience with children.

My feeling is that experience and emotional development go so closely together that, if we consider happenings in the course of experience, we can often get a glimpse of the areas where there are basic emotional difficulties for the person concerned. For example: it is easy to distinguish between empathy and projective identification whilst listening to a description of a happening between grown-up and child; but

the fact that the person is not capable of empathy and is still using mechanisms as primitive as projective identification would not make one feel that the grown-up concerned should read about the concept of projective identification. Rather, it would suggest that, in reading about various experiences with disturbed children, the grown-up might pick up something which could link with his own experiences in a tolerable way which would allow him to gain insight.

I have my doubts about the advisability of reading novels or stories which can be discussed and connected with grown-up’s experience. Obviously anyone is liable to be subjective, but a novelist does not even have an obligation to try to be as objective as possible. His primary task is usually to interest his reader. For example: “Lord of the Flies” certainly makes fascinating reading, but in it there are certain basic assumptions (such as the facility to reach disintegration) which are not really valid. A book like this could make a student feel that children are entirely dependent on forces outside themselves, rather than on ego

strength within - which may need support. This may well be what the writer feels, but this does not make a valid basis for considering integration.

A novelist may have enormous intuition, but this is not the same as insight and is much more subjective, because it is less conscious.

I think therefore that early reading should be based as objectively as possible and should be closely linked with the grown-up's own experiences. Ideally, I would like to see all theoretical reading stemming from the person's actual experience with children. So much practical work implies observation without involvement in this sort of way, so that workers may gain knowledge without insight: knowledge which can in fact be used as an intellectual defence against insight.

I like to be in a position, at the Mulberry Bush, to refer members of our team to this or that paper or chapter, which arises naturally from a happening which we have been discussing. For example: we have just had a valuable discussion on answering questions from disturbed children about sex; I was annoyed to find that we do not seem to have a copy of Selina Freiburg's paper "Enlightenment and Confusion", which I would have liked them to have read because what she writes would be so relevant at this point. I do not feel that plodding through book after book is the right way to read, in this field. Often people can dip and skim through books, getting the gist of them and learning where to look for material when it is needed as the result of experience. I think it is especially important to accept incompatibility between authors and readers: one can not digest what is ego-alien, and I think this fact must be respected.

One often finds that students or young workers know very little about normal development. If they are to understand about emotional disturbance they must start from a basis of realisation of the nature of normality.

Residential treatment involves living with other people, so some initial reading must consider the problems of group living - but not in such a way that a "group" acquires an autonomous existence of its own. People can become terribly preoccupied with group dynamics: this can lead to de-personalisation and many other problems. Much later, workers who have gained experience and insight can tolerate the implications of counter-transference: but here again, a premature intellectual understanding of the concept can be used as a defence against realisation of the implications in terms of the person's own experience..

From this point onwards I assume that the worker has the opportunity for discussing experiences with a consultant and with his colleagues. He can find such experiences

considered as clinical material in books such as :

Virgina Axline "Dibs"

Fritz Redl "Controls from within"

Bruno Bettelheim "The empty fortress"

This sort of experience followed by reading and discussion should lead the worker gradually to theoretical papers:

Anna Freud "The ego and the mechanisms of defence"

Virgina Axline "Play Therapy"

Sechehaye "Symbolic Realization"

D.W. Winnicott "Maturational Growth and the Facilitating Environment"

Robert Shields "A Cure of Delinquents"

As the worker begins not only to realise his experiences but to conceptualise them, he will become aware of the need for psychoanalytic concepts to organise his ideas. He will probably have been using these implicitly for some time.

So now I think he could read:

Hannah Segal "An Introduction to Melanie Klein"

Sigmund Freud "Introduction to Psychoanalysis"

D.W. Winnicott "Collected Papers"

Jung "The Psychoanalytic Study of the Child" : Vols. 1 - 12 (?)

are full of valuable papers, to which workers can be referred.

Derek Miller "Growth to Freedom" - is a splendid challenge to institutions; but not a book to read without having gained some insight.

I believe that such a course of reading would both support and lead the worker on, in terms of his experiences and maturation. It would give him a fairly comprehensive view of residential treatment without excluding other kinds of therapeutic work.

B.E Dockar Drysdale ***November 1968***

2.

Report of a Visit to the Mulberry Bush

I visited the Mulberry Bush on 22 November 1974 and to describe the visit I must first place it in its context, as this was very particular. I spent the morning visiting another boarding school for children with a handicap other than maladjustment as I had been asked to see a boy who had been showing problems in behaviour for some time. His was a mixed school of some 70 pupils, not all from the same county. The school was clearly well organised from the point of view of curriculum, but the general atmosphere

was bleak and I felt an almost total lack of care and concern. I was not given the opportunity of speaking to any residential social workers, and when I suggested this I was briskly told "The teachers are in charge." When I asked for a description of X's problems the Head came out with a string of attributes with which X was presumed to be endowed - violence and aggression predominating. All my attempts to elicit any description of situations in which either violent or aggressive behaviour had been shown were unsuccessful. Nor was I able to help any of the staff involved understand that behaviours can be determined by situations as well as by inherent traits. I left the boy in tears (he himself is very frightened of his aggressive feelings). A sharp awareness of his solitude and the knowledge that no one would offer him comfort, let alone help, made tears of my own as I left that school.

When I arrived at the "Bush" my sadness had already changed to anger, and it was impossible not to tell the children at lunch of the experience that I had had and why it made me sad and then angry. Their observations were acute and perceptive, and the ease with which they could consider not only the problems posed by disability, organisation and individual needs was all the more striking as no such ease had been shown by the adults with whom I had spent the morning. I was more impressed than ever by the facility with which the children at the Mulberry Bush can talk about their feelings and understand the way in which their feelings influence their behaviour and how we all vary in our capacity to "manage" (their word) feelings and that a school's purpose was in part to help each individual manage more successfully. This was an explicit statement made by one boy who described his own progress in terms of being able to "manage more". A later discussion with John Armstrong (the Headmaster) confirmed the boy's own assessment.

During the staff meeting three boys showed me around the school. It was sad to see the damage caused by the leaking roof, but the emergency repairs left no feeling of shabbiness, and the three boys I was with said "we hope to have it all fixed up soon". As a group of three they were not easy, one clowning and the other two becoming excited. I suggested that we split and the clown was, by the choice of all three, excluded. The other two attributed the blame to him yet at the same time described the way their responses influenced his behaviour. I spent some time in the school bus talking to one particular boy as I knew the

psychiatrist had been unable to review his case owing to his mother's peregrinations. Then I wandered about and watched a class in the kitchen. Here I was impressed by the way in which a simple exercise in cooking (turning a sponge flan out of its case) was used as a way of helping a boy to understand and increase his control of his environment. He was not shown what to do but advised to look at the tin and the plate and in this way helped to relate his own observations to his knowledge of the phenomenon of gravity. He then successfully manipulated the tin, the plate and the oven cloth, centring the flan neatly on his plate.

I did not visit any other teaching groups but saw the work of the three boys I was with initially and saw evidence of considerable achievement and application.

I then joined the staff for tea. It seems as though there is still some difficulty experienced by residential social work staff in getting sufficiently free of the school in their off duty time, but I was impressed again by the easy relationship between teaching and care staff and their willingness to support and help each other during periods of particular difficulty. Because of my own situation at the time of the visit I was preoccupied with management structures as the reorganisation of the NHS has shown clearly how problems can arise because previous management structures were not sufficiently defined. Systems had worked well because of the relationships between people involved, but this collapsed with the stress of change. This led to my discussing with the staff the management structures within the school and, in particular, lines of responsibility and accountability. Indeed this is something I would be interested to follow further as I am convinced that it is of particular importance in any institution where there is likely to be stress and pressure on individuals. If people have a clear understanding of the organisation which plays some part in determining their role, then this understanding could increase their freedom to use their own personal qualities - the organisational framework offering, as it were, an imperceptible, unobtrusive but reassuring base from which to depart, and return.

I must confess to remaining a little uncertain about the Manager's role, and when I conveyed this uncertainty to the staff someone observed "This is something that every Manager says". If this is so, then I suggest that we devote some part of the next Managers' meeting to this topic.



TAKE THREE BOYS, LOTS OF PUDDLES, AND A PLENTIFUL SUPPLY OF HOT CHOCOLATE AND HOB-NOBS.....

Tricia Bowring
Care Worker, Jigsaw House
Mulberry Bush School

(Re-printed with kind permission from the Mulberry Bush Newsletter)

...and you have a recipe for a good morning's stroll. While many of the children were away on a camping trip to various places, the adults back at school sought to provide fun and interesting activities for the non-camping children to do in and around the school grounds. Many of these children had not been at the school for very long and still needed to get to know the school and the people who work here.

So equipped with waterproofs and wellies, binoculars, and the aforementioned hot chocolate and Hob-Nobs, a small staff group took three energetic young boys for a walk in the country lanes that surround the school.

There were a lot of puddles and a lot of splashing, and much

emptying of wellies went on. We listened out for bird song, and kept our eyes open for rabbits, foxes and any other wildlife that might be around. After a while we came upon a picnic area and the hot chocolate and Hob-Nobs were



Photograph: Ian Holmes

soon devoured. SPECIAL TIP: Try dipping the Hob-Nob in the hot chocolate, it's lovely! After a run-around and a bit of bird watching we headed back to the puddles where the fearsome threesome had a competition to see who had the most water in their wellies when they got back to school!

After a hot shower and a change of clothes, we had some quiet play and a nice lunch. It was the first time I had ever walked the route that we took that morning and it made me realise that there is a lot of unexplored countryside that doesn't get used. I had a really nice time and have since walked that route with other children.

We did take a digital camera with us [see next door!].

!! BERLIN MARATHON 2002 !!

My role at Jacques Hall is a fairly varied one. It involves a good deal of work with young people both prior to their admission and within their first months at the community, but also includes all that 'behind the scenes' administration. Extremely necessary as it is, my natural character takes issue with this substantial administrative task. It's just so anti-physical!

or
**How to punch
your way out of
a plastic
computer**

Chris Nicholson, Jacques Hall Community

me, do your worst." By the end of the day I am absolutely canned, and Descartes' *cogito ergo sum* has been reformulated to 'I report, therefore I am.' If I don't report, according to my bosses, 'I am not.' So, this year, I took myself aside and

I told myself, I said, "look here, get up and do something!"

What about that marathon thing you talk about year on year to avoid actually doing?"

Sometimes I dream of the Cartesian split – were this actually possible, I could leave my brain and fingertips at the computer while the rest of me could go and do something more useful than sitting like dormant meat. When I get up in the morning, I first have to undo the can. If I manage this, I might arrive at work fuelled up on coffee for the day and feeling almost human. "OK, computer," I say, "it's you and

"Well," I replied, "blooming cheek!" I said, "how do you expect me to train for this marathon thing when I'm working 40 thousand hours a week and producing all these reports? Do you know," I said, "I produce yearly reports, monthly reports, and weekly reports, reports on the hour and the minute. As yet, no one has noticed that I still have seconds free! Shussss!! No one seems to mind if I don't *do* any work – so

long as I can submit a report about it. And if I don't summit one of these reports (crucial to the National Concern), then a report must be filed explaining this heinous omission."

"Ah yes," I said, "but this is all in working hours; what about in your free time?"

When I had picked myself up and wiped the tears of overwhelming hilarity from my eyes, I replied "OK, I take your point. It's not very big. In fact it's getting smaller by the day – but I will try for my sanity."

I emailed my bosses to explain the situation. They said that this action was perfectly permissible (with the right kind of PR) so long as it didn't comprise my self-effacement, which, they said, had always been very much to my diminishing credit.

So, I set up a training schedule consisting of runs taking place between 3 and 5am, weekdays. I look back now with wonderment at the night skies with their seeping rivers of blue cloud trailing around an iridescent star-map, all held in concert by a pivotal moon – sights I had only heretofore seen through my office window.

...!*?!...

Months later and utterly exhausted, a supportive colleague, who had just joined the community, suggested doing some of these twi-light runs on my behalf, "if that would help?" I said I thought it would, but he received an email from my bosses saying that though they "absolutely believed in the importance of flattened hierarchies (once), any fool could see that boundaries around 'roles' were important – especially when someone on the other side of yours was clearly going down in flames." I am certain that the promotion of my colleague 'who had just joined the community' to a post above that of my own has everything to do with his kindness in offering to help me and nothing to do with the ease by which he received the caring advice from our benign bosses.

...!*?!...

On the day of the race Berlin was looking fantastic. I had a little difficulty getting to the start of the race, using the tube; it's a complex system. I thought I'd save time by following other people in sports kits who were wearing race numbers. Unfortunately, after several tours of both East and West Berlin, I realised

that these were runners from 2001 still trying to get home.

...!*?!...

At the start of the race there was a lot of talk about endurance and pain. I said, "That's all right, I work in a therapeutic community!"

Then there was talk about 'hitting the wall' at about 18 miles. This puzzled me, as I had heard that the Wall had come down. Anyway, if any part of it was still standing, why didn't the runners go round it? I consulted my race map for significant landmarks.

Soon a gun was fired; everybody ducked, and then set off.

I can't tell you how great the race was. I mean, *I really can't tell you!* I hit 'the wall' at about three miles in, entered some kind of Eastern mystical trance, and, I believe, astral travelled the remaining twenty-three miles. Otherwise, I clearly would not have made it. But I heard afterwards from other competitors that this had been the largest marathon in the world ever, with an amazing 47, 000 competitors, including roller-skaters and thousands competing in wheelchairs. Apparently there had been musical bands all along the route – folk, rock, jazz - and wonderfully warm and cheering crowds. Some spoke about the strange pull that helps you along when you run with a human 'herd'. One world class runner said something like "Birds fly, fish swim, humans run." Beautiful.

...!*?!...

What did this event teach me? That I can raise money for charity and self-esteem at the same time. That running a marathon is hard, recovering from it harder, but chasing up your sponsorship nearly impossible. So, if anyone out there owes me some, please send it in I'm knackered!

Finally, when you run a marathon you are supposed, according to sporting and medical advice, to replenish your energy levels with sweet, carbohydrate-type snacks. When I arrived at the finish line in Berlin, the first thing I did was eat half a pound of delicious German cheese. This should have killed me. Apparently, however, I am not dead. If I were, I would have received an email from my bosses requesting that I submit a report.



THE 10TH ANNUAL INTERNATIONAL DEMOCRATIC EDUCATION CONFERENCE

(IDEC/10)

David Gribble

IDEC (the International Democratic Education Conference) is not an organisation, it is simply a series of conferences. Each year a school volunteers to run the conference, and is then entirely responsible for all arrangements, including guest speakers (if any), accommodation, style and theme. The 2002 IDEC was held in Christchurch, New Zealand, from August 15th to 23rd. It was hosted by Tamariki School and there were about 200 participants, of whom about half were of school age. They came from Australia, Germany, India, Israel, Japan, Korea, Nepal, New Zealand, the UK and the USA.

The atmosphere of the conference was purposeful and optimistic. The tone was set by Yakov Hecht from the Institute for Democratic Education in Israel, who gave the opening speech. He told how the Institute had found that schools that declared they wanted to become more democratic easily accepted two of the three essential elements - the notion of sharing government with the students, and the need for an easy-going social relationship between young people and adults. The third element was much more difficult - allowing children to choose what to learn and when to learn it. This he referred to as pluralistic learning. Most teaching is concerned with a very small area of human knowledge, and pluralistic learning opens up the opportunity to study beyond the usual limits. This means that young people learn to value and respect different points of view. It is only through such tolerance and understanding that world peace can be assured. The conflict in the Middle East is not primarily between Jews

and Arabs, but between people who believe that discussion and reason are the way to growth, and people who believe that it is better to impose their own world-view by force. You find such people on both sides of any frontier.

The time for democratic education is at hand, said Yakov.

During the conference a group spent many hours trying to define "democratic education". Their final statement was as follows: "The diverse participants in Democratic Education are united in upholding the spirit of the Declaration of Human Rights and the Convention on the Rights of the Child and implementing this as the primary framework for the day-to-day practices in all learning environments." There were some objections to this wording, and there was argument about the inclusion of the Convention on the Rights of the Child, which advocates consulting children rather than allowing them to choose for themselves, and gives them the dubious right to be compelled to attend school. Nevertheless the diverse participants at the conference felt able to support the general intention of the statement.

It was also agreed that WREN - Worldwide Real Education Network, the current network for schools associated with the IDEC ideals - should be renamed IDEN, the International Democratic Education Net. The "real" in WREN seemed too vague. Something more dignified was needed. The word "democratic" was chosen in preference to "free", "child-centred", "progressive" or "non-formal" because, in spite of the wide range of implications, it appears to be less controversial.

The conference was encouraged by news about the growing number of democratic schools or free learning spaces in different countries around the West Pacific and in India. Several regional networks with similar objectives already exist in different parts of the world, for instance NCACS in the United States, the Australasian Association for Alternative Progressive Education, the Japanese organisation, which has

contacts in Korea, Thailand and the Philippines, and the Institute for Democratic Education in Israel. Another network is being established in India. There are links in every continent of the world except Antarctica.

The 2003 IDEC will be hosted next summer by Albany Free School, in New York State in the USA, in association with the Alternative Education Resource Organisation, and the 2004 IDEC will be in Madras in southern India during January, organised by Amukta Mahapatra, with the support of Abacus School and Concern for Working Children.

Amukta, who is Education Consultant for the state of Tamil Nadu, overseeing the education of six million children, gave a talk in which she listed some of her educational principles, which were probably shared by most of the people at the conference:

1. Children must be allowed to talk and move in the classroom.
2. Children need to make a choice about their learning.
3. Handed-down knowledge cannot be learnt.
4. The main aim is the development of the child.
5. Children must construct their own learning through actions they have chosen themselves.
6. The child must be met where he/she is - learning must be individual.
7. Children need learning materials in the classroom; then the teacher does not need to teach everything to sixty children, and can stop being a policeman.

Amukta voiced another theme that was often repeated - that democratic educators and conventional educators are not enemies. "It is not a matter of 'us' and 'them'," she said, "we are all part of the same Mobius strip. When we realise this things will change."

With the optimism and confidence demonstrated at the conference by Yakov and Amukta, it is clear that democratic education is becoming a movement rather than a group of scattered enclaves.



SFUK OPEN MAT 5: A CASE STUDY IN COMMUNITY SPIRIT AND COLLABORATIVE LEARNING

John Hopton

Department of Applied Social Science, University of Manchester

e-mail: John.Hopton@man.ac.uk

PREFACE

When the media focus on the martial arts, they focus almost entirely on what goes on in the mat or in the ring/cage/octagon. Furthermore, much of this coverage reflects considerable ignorance of what the discipline of mixed martial arts is really about. This is reflected in headlines such as “Caged Beasts” (in an otherwise more or less fair article in “The Sun” on the day of UFC 38). However, when you look beyond the tournaments and consider the wider culture of martial arts, it soon becomes apparent that the practice of mixed martial arts is a creative pursuit sustained by a cohesive and supportive community. This article examines how SFUK’s Open Mat 5 exemplified this spirit.

INTRODUCTION

In political and sociological discussions about politics, health and social care, human development and education, reference is often made to the concept of “community”. This is usually meant to evoke thoughts of people working together to achieve a common goal and/or support each other. The reality, though is often very different. For example, “community health care” really means any alternative to hospital care (most of which still leave the client/patient and his/her family fairly isolated); “community safety” refers to initiatives to reduce crime and nuisance in specific neighbourhoods but often has very little to do with collective action, and terms such as “the gay community” and the “black community” do not usually describe groups of people actually working or living together but simply reflect assumptions that people who belong to so-called minority groups all share the same hopes and aspirations. In other words, despite the political rhetoric, true communities in the sense of people interacting with each other and who are committed to helping each other out are not that common. True community spirit can probably be found in some pubs, social clubs, churches etc, and – to a certain extent – a real community spirit is evident in some of the virtual communities found on the Internet. In this article, I will argue that the spirit of SFUK Open Mat

5 may have been the reflection that SFUK amounts to more than a virtual community in cyberspace. In order to do this I will draw on what I learnt from my last academic research project which focused on so-called “therapeutic communities” in mental health services.

The therapeutic community exists on the fringes of mental health services, but has a long and somewhat curious history. It has its origins in a military psychiatric hospital near Birmingham during the Second World War. (Before and after

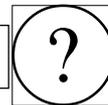
This article first appeared on the SFUK web-site in August, and is published here through the kindness of the author. For the Internet version, see http://sfuk.tripod.com/articles_02/openmat_spirit.html.

the War this was actually a civilian psychiatric hospital known as Hollymoor, but for the duration of the Second World War, it was known as Northfield Military Hospital). Progressive army psychiatrists at Northfield decided that the best way to get soldiers fit enough to return to normal military duties was to organise them into groups who would work together and take responsibility for themselves, each other and their environment¹. From the 1950s onwards, some of these psychiatrists led a movement to apply similar methods in civilian psychiatric hospitals, and although the movement hit a peak in the 1960s to 1970s, therapeutic communities still exist today.

COMMUNITY SPIRIT

Over the years, people involved in therapeutic community work have tried to identify just what characteristics these self contained communities should have if they are going to efficiently and effectively provide psychological and social support for their members and foster their personal development. There are various ways of describing this, but two of the most recent alternative methods for determining whether something might be called a therapeutic community are as follows. One set of criteria² is: 1) that people have a sense of ‘belonging’ to the community, 2) the creation of an environment in which people feel emotionally and psychologically secure, 3) a culture of openness, 4) a culture of participation, and 5) a culture of empowerment. An alternative set of criteria³

SFUK = “Submission Fighting UK”



is: 1) a culture of enquiry, 2) communalism, 3) democracy, 4) permissiveness, 5) reality confrontation, and 6) the notion of learning about oneself through living alongside others (aka the living-learning experience).

Looking at Open Mat 5, there seemed to be quite a close fit between the features of therapeutic communities and the experience of participating in the Open Mat. While this might sound a bit fanciful, consider the following. Several people involved in mixed martial arts have told me how you learn a lot about yourself in mixed martial arts (not least because it requires strength of character not to give up when you spend your first few months of training literally “being sat on”); that it involves the development of problem-solving skills (how

do I get out of here; how do I get that submission from this position etc); that it is non-hierarchical; while I have seen myself how helpful many leading figures on the mixed martial arts scene can be to beginners and researchers. Also, while therapeutic communities have their own specific independent history, there are links between the therapeutic community movement and the movement for progressive and democratic education. This may be relevant inasmuch as there may be similarities between such approaches and the way in which mixed martial arts are often taught. For example, in mixed martial arts there is often equality between a teacher and his/her students and there is a culture of students being able to challenge the teacher’s teaching when what is being taught doesn’t seem plausible, without being made to feel foolish or unworthy.

If we take the first set of criteria used to describe a therapeutic community, they seem to describe the Open Mat as well as they describe a therapeutic community. In general terms people at the Open Mat

seemed to see themselves as belonging to something. Most of the people I spoke to were active members of the SFUK Internet Forum, had attended previous Open Mats, or both; while people went out of their way to make those of us who might have been new to the experience feel part of it. There was no competitiveness and no obvious hierarchy and, in very broad terms this perhaps has come kind of relationship with helping people feel “emotionally and psy-

chologically secure”. There was a culture of openness in the sense that there was a lot of sharing of knowledge and skill in evidence. Finally, in the sense that everyone was encouraged to participate but no-one was put under any kind of obligation to participate in anything that they didn’t want to do; it could be said that there was a culture of participation and empowerment.

Arguably, though, the second set of

criteria for describing a therapeutic community, has an even closer fit with the culture of the Open Mat. Commitment to finding out what works and what doesn’t is central to the culture of mixed martial arts, and is clearly evidence of a culture of enquiry as well as being a form of reality confrontation. These concerns with reality testing and enquiry were evident in just about everything that could be seen on the mats at Open Mat 5. Communalism and democracy were evident in the absence of visible hierarchies arts and in the willingness of people at the Open Mat to share knowledge, skills and the benefit of their experience. Permissiveness was clearly in evidence in the sense that one could participate as much or as little as one wanted to. As regards the idea of the Open Mat being a living-learning experience, this necessarily involves a stretch of the imagination, as the Open Mat focused on one specific activity: the art of submission fighting. It also involves subjective judgement (unless of course someone formally interviews a cross-section of the participants). However,

Submission fighting may also be known as mixed martial arts. It incorporates elements of boxing, Olympic wrestling, submission grappling and the oriental martial arts. It may be learnt for its own sake, for self-defence or for the purpose of entering amateur or professional sporting contests.

In the UK there is an interesting subculture around this activity characterised by rejection of the hierarchies associated with oriental martial arts and a belief in testing whether or not techniques work in realistic sparring scenarios and in tournaments. While it can be intensely competitive and there are some well-known instances of discord between a few high profile individuals on the scene, there is nevertheless a culture of people visiting each other’s clubs to train with different instructors and sparring partners as well as sharing training tips and other similar information on web-based forums such as <http://SFUK.net>.

Although sparring may involve striking as well as all kinds of grappling, the sparring at the Open Mat was based on groundfighting (i.e. wrestling for dominant position on the ground and attempting submission holds). This is known as ‘rolling’.

Dr. John Hopton



the content of positive comments and the absence of negative comments about the event on the SFUK Internet Forum could perhaps be construed as evidence that the Open Mat was structured in a way that was socially welcoming and maximized participants' opportunities to learn.

CONCLUSION

In conclusion, involvement in combat sports and martial arts can facilitate a deepening of self-knowledge. Typically, this can come from recognising one's own vulnerabilities; confronting one's fears; letting go of one's ego so that one can learn new techniques instead of using tried and tested ones which ensure that you always look like the best fighter; or sharing knowledge with others rather than keeping your best techniques to yourself so that you always have the edge. All such learning activities/opportunities were in evidence at the Open Mat. What marked the Open Mat out from many similar events which occur in the martial arts world, though, was its context. There was no guru/sensei/ sifu directing everyone's learning; and the admission charge reflected the collaborative nature of the event as it was clearly intended to cover costs rather than to result in profit. Until people started rolling together, talking with each other or publicly sharing expertise with the group, there was no way of distinguishing the experts from the novices. Even the belts worn by those in gis were no real clue because it was not immediately obvious who were experienced in mixed martial arts and whose background was wholly in traditional martial arts. Furthermore, people were generally as willing to teach a novice as they were to further their own learning by rolling with someone more experienced. The whole event was characterised by a spirit of comradeship, commitment to collaborative, co-operative and supportive learning,

the sharing of knowledge and skills and the acquisition of self-knowledge through controlled and disciplined sparring.

I have been involved in mental health care as a nurse, as a teacher and as a researcher (not all at the same time!) since 1975 and I have been involved in the professional and academic education of adults since 1984. In all that time, I have often been involved (as a teacher and as a participant) in events which are supposedly structured around collaborative, co-operative and supportive learning. In my view Open Mat 5 was one of the better examples of experiential co-operative learning. It may have only lasted for four hours on a hot Sunday afternoon in July, but for that short time it existed as a true community. Perhaps the question for those involved in mixed martial arts is whether that same community spirit can be nurtured and sustained via the SFUK Internet Forum.

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Note:

For further information about Northfield Military Hospital and Progressive and Democratic Education, see <http://www.pettarchiv.org.uk>

WHICH REMINDS ME OF A STORY...

Daniel Benveniste shares a holiday memory

When I was working at Marin Lodge, I had worked for months or maybe even over a year without a vacation and finally I took some time off, packed my bags, took a bus into downtown San Francisco, took a bus to the airport, flew to Honolulu, caught a second flight to the Big Island of Hawaii, hitchhiked around the island to the crater of the volcano, and hiked all around it to a campground that had a big open barbe-que specially made for pig-roasting luaus. I was dead tired after that exceedingly long day of travel,

but it felt good to be gone, to be so far from home, and so far from the gurgling schizophrenia of Marin Lodge. I pitched camp and fell asleep.

In the morning, while I was getting ready to start my day, I noticed that a woman had slept in the bar-be-que pit over night. When she saw me she said "Hello, I am the goddess of lightness and darkness and Christ's child" or something like that, and I said something to the effect of "That's real nice. Have a good day. I'm outta here!"

Daniel Benveniste, an American psychologist living and working in Venezuela, wrote of his experiences as a young professional growing up in the tumultuous therapeutic environments of the San Francisco Bay Area in the last issue of the Newsletter.

Do you have a favourite holiday memory you'd like to share?

**TIGGER TALES****Bill McGowan/Ruth Winbourne**

The Therapeutic Community Interest Group East Sussex Region (TcIGgEsR), affectionately known as 'TIGGER', was formed by a group of mental health professionals within the East Sussex area in 1990. It developed following attendance by a number of local professionals at the one year RCN/ATC Certificate in Therapeutic Practice Course which was held between 1987 and 1992. This course provided a unique group/community experience which was balanced with a rigorous intellectual programme of academic study. Those of us who attended, experienced the course in different ways. We loved and hated aspects of it in equal measure, but we had found it emotionally engaging and intellectually challenging, such that we felt the need to continue to provide a similar community focus in our local area. We judged that the formation of an interest group would help cultivate a sense of belonging, mobilise professional support, and help keep our enthusiasm alive. Following a survey of interest which drew a positive response from the local professional community, it was agreed to form a Therapeutic Community Interest Group. At the beginning, a core group organised four to six informal meetings a year at different venues. These meetings were hosted by different clinical teams in the area to open up a dialogue and explore the relevance of therapeutic community ideas to our work.

The aims of the group in the early years were, and still are, to:

- (1) Provide a forum for mutual professional support.
- (2) Provide a forum for the exploration of theoretical and practice issues.
- (3) Provide an opportunity to explore the extent to which therapeutic community principles may be relevant to our clinical practice.
- (4) To provide a forum for the sharing of experience and the exchange of ideas.

Since the early days, the core group has developed a regular programme of twice-yearly day conferences, shorter special interest seminars, and, in collaboration with other organisations, the occasional special interest workshop.

Over the last twelve years, Tigger has organised twenty two interdisciplinary day conferences, two special interest workshops, and one special interest seminar, and has produced eight Newsletters.

The Day Conferences are held at local venues and are organised around two main themes: 'Models for

Practice', and 'Issues and Processes'. In the 'Models for Practice' theme, we have 'showcased' both established and newly emerging innovative group or network-based organisations. These have ranged from the long established national TCs such as the Henderson Unit, the Cassel Hospital, and the Arbours Association, to the new contemporary national hybrids such as Newpin, the Community Housing and Therapy residential communities; and, closer to home, the Hove Family Project, the Allen Centre, Hastings Seaview Centre, the Hastings APCMI Befriending Network and Bexhill's Phoenix House community, to name but a few. The 'Issues and Processes' theme has covered such diverse areas as: permissiveness, power, authority and boundary management, sexuality, interdisciplinary dynamics, clinical supervision, the therapeutic use of self, the psycho-dynamics of anger and rage, and pastoral care.

Our recent day conference in April of this year was entitled 'Groups: 2 + 2 = 4 or does it?'. The day conference coincided with an experiential module on groupwork being run for a cohort of second year mental health nursing students on the Pre-registration Diploma in Mental Health Nursing programme at the University of Brighton. This two week experiential module was entitled 'Group and group working in relation to Mental Health Nursing', and was designed to provide a simulated therapeutic community experience, foster a culture of enquiry, and facilitate the development of a peer learning community. As the day conference fell on the fourth day of their first modular week it provided an ideal opportunity to introduce a broader interdisciplinary dimension and widen the boundaries of the modular group's experience; it was decided to dovetail and integrate the Tigger conference with the modular programme. The conference design was in keeping with the modular structure and included two large community group experiences and a variety of small group experiences. What follows is an account of how one participant experienced the day.

'I was only aware of this particular study day the evening before and unfortunately was not in a position to cancel an early morning appointment. It was calculated that I would arrive at the venue in time for coffee and so I would miss the first activity. In addition I had not had an opportunity to receive and therefore read the literature about the day. I believe it was mentioned that it would be on group work but this was not expanded upon, because I did not consider it necessary to do so and an opportunity did not arise. I was also an outsider although a welcomed one,



because I am a passive rather than an active participator in the activities of the therapeutic community. Furthermore I was not one of a group of psychiatric nursing students from the University of Brighton who had spent the earlier part of the week working on group work. In fact I was a user of the local mental health services.

My experience on entering the seminar room and seeing fifty silent individuals sitting in a circle around the perimeter of the large room was confusing to say the least. I was embarrassed that I might have disturbed a significant point in the morning's proceedings. It then slipped into my head that because of the recent death of the Queen Mother, for some extraordinary reason, they were holding another two minute silence; but I quickly dismissed this as unlikely! When eventually I found a seat I became more bewildered when someone talked about using a space hopper in the central space. One attempts to find a rational explanation as to what is happening in such an unexplained situation. It is essential to seek reasons, however far off the mark they may be. My only comparable experience to this was when a long time ago I attended a Quaker meeting and at the beginning there was a long drawn out silence whilst everyone sat around waiting for the Holy Ghost to descend.

After the coffee break, I joined a smaller group allocated to experience group therapy. This was a far more structured group, and having now read the article by John Bernard Harris 'how group therapy works', I now realise more fully that this was an example of how gestalt therapy works. Some of the group, myself included, may not have been sufficiently prepared for the indepth questioning of some of the individuals. However, we did have a skilled facilitator who, I felt, was able to bring the group together at the end of the group. The disadvantage of attempting this demonstration of group therapy, despite the therapist's excellent attempts at getting a disparate group of people to know each other, was that we appeared to have been there not entirely of our own volition. I would assume this would occur in a normal therapy group.

During lunch I had the opportunity to talk to other people attending the day and found out that this particular TIGGER day was the climax of a series of days on groups. This enabled me to feel less of an outsider during the plenary session in the afternoon. The afternoon session appeared to be a repetition of the morning but I was more aware of what would happen and what was to be

expected of myself. The group was asked to talk about our feelings regarding the mornings activities and then left without a facilitator. I felt much more confident and secure that I could safely make my contribution.

However, I did have some concerns about some negative comments that people made about the physical space people found themselves in - still sitting in a large circle with a space in the middle. As far as I was concerned we had not been asked to be in a large circle. We all sat on the chairs as they had been left following the morning plenary session. Certain people expressed their discomfort about the space in the centre of the room, but were unwilling to negotiate with the group, a way of lessening their distress. Others appeared to sit and hear these comments and were not prepared to offer or suggest how to change the situation. Generally I had the feeling that people were tending to make their remarks in isolation. I appreciate that fifty people is a large number and makes it difficult to relate to such a large number of people. I attempted to change the size of the large group but got no response. I did have very serious concerns about this. Some of those present are completing their training as psychiatric nurses. I felt that they were unable to externalise their feelings about the distress of others in a group of people I considered to be non-judgmental. However, despite my remarks something must have occurred during the day to affect the whole group because there was certainly less silence and more talking and exchange of ideas than in the morning.'

Tigger continues with a core group to provide a twice yearly reflective space providing professionals with the opportunity to take 'time out' from the relentless demands of their everyday practice to learn about and from each other.

For further information, contact:

Eugenie Hobden
Institute of Nursing and Midwifery
University of Brighton
Robert Dodd Building
49 Darley Road
BN20 7UR
Eastbourne
East Sussex
Tel: 01273 643662
e-mail: e.c.e.gerlac@brighton.ac.uk



PETT Team takes on ATC Role

In what ATC Chair Rex Haigh has called “a creative and exciting development in the relationship of the two trusts,” a team from the Planned Environment Therapy Trust has taken over responsibility for the administration of the ATC. Sue Matoff, who was appointed Administrator in 1993 and retired from the post after the AGM in September, had revolutionized the Association’s administration, making possible the kind of development in its work and activities that has seen the rise of the Quality Network and other initiatives. “Having looked at it, we felt that it would take at least three people to fill Sue’s shoes,” explained John Cross, PETT’s Executive Chairman. “We’re beginning to see that that may have been an underestimate.”

The new Administrator is Joanna Jansen, the Trust’s Conference and Accommodation Officer, who has a long-standing interest in the field. Like Sue, she will personally be available in the office two days a week, Tuesdays and Thursdays, between 10 and 4. “Because we are a close-knit team - in aggregate we have known and worked with one another for over a quarter of a century,” she said, “there can be quite an over-lap in what we do; and though I am here formally in my capacity as Administrator to the ATC only two days a week, with the three of us there will generally be an informed ATC presence between 9 and 4 throughout the working week, throughout the year. Indeed, I know that Craig has already taken calls when he was working in the Archive in the evening.”

The other two members of the team are Maureen Ward, the Trust’s Secretary and Accounts Officer (“and archive assistant, and almost anything else you can name”), and Craig Fees, Director and Archivist for the PETT Archive and Study Centre, who stood

down from the Steering Group in order to join the team. Maureen will be the focus for the Association’s finances and accounts, as well as individual memberships, and Craig will look after the web-site, email groups, and technical things. Joanna will take minutes for and generally service the Admin Group, while Craig will take minutes for meetings of the Steering Group. “We will share things like queries,” explained Joanna, “depending on who answers the phone, and who is best placed to give an answer. We each have our special areas, and our specific responsibilities, but just as in a therapeutic community we are each available to help the others, or simply to do what needs to be done.”

With the change, the Association’s offices have moved, from London to the foot of the Cotswolds. “It’s a beautiful place,” said Joanna, “and we have access to resources built up by the PETT, like the Research Library, and the Survey. They can be quite handy for certain kinds of queries. We’re also learning – we’ve had contact from at least two therapeutic communities of which we weren’t aware, who are not members of the ATC. It really does make it exciting.”

For more information, contact
Mrs. Joanna Jansen, Administrator
Association of Therapeutic Communities
Barns Centre
Church Lane
Toddington, Cheltenham
Glos. GL54 5DQ
United Kingdom

The email address remains the same – post@therapeuticcommunities.org - but the phone/fax number has changed, to 01242 620077.

Some thoughts on Robert Laslett (1923-2002):

Robert tutored me and my now colleague on the B.Phil(Ed) course at Birmingham University, starting in 1983. I was actually in Colin Smith’s group, but found my way to Robert to ask him to supervise my dissertation. I found him gentle, whimsical, and inspirational. When, in 1986, I had the idea of setting up an independent school for children with E.B.D. Robert was the first person whose advice I sought. I turned up, as arranged, at his house on a Saturday morning. Pam and Robert looked unusually distressed to see me. Then they told me that they had just returned from the vet’s, where they had gone to have their dog put down. True to Robert’s style he still involved himself in my plans. He became our first visitor and friend of the school. We looked to him for advice in establishing “The Old School”, as it is called.(near Nuneaton). We asked Robert to be a governor. He thought for a while, then told us that the governors are supposed to appoint the staff - not the other way round! In recent years contact became restricted to occasional letters and phone calls, with a visit, with Pam, for our Christmas celebrations - He was an oasis of bemused calm amidst the flurry. We share the loss.

Georgina Fudge

(an obituary of Robert Laslett, a long-standing trustee of the PETT and an eminent figure in the field, appeared in the last issue)

a TC is born!

CEDARS COMMUNITY!

Lorna Bennion

Assistant Psychologist

Cedars Community, Rampton Hospital

A Therapeutic Community for severely mentally ill patients within a high security hospital! An interesting concept and one that I'm sure will be met with much scepticism as well as enthusiasm and optimism. The Cedars Community, formally the High Dependency Villa Project, at Rampton Hospital, officially opened its doors on Sunday 7th September 2002. Rampton is one of three high security hospitals in England, places where the spirit of inquiry usually brings to mind investigations following the latest scandal or media allegations. A group of patients and staff moved from a main building ward to a villa, a freestanding two storey building within the secure perimeter.

The history behind the community's development, its ethos and principles, is a result of the dedication and persistence of everyone involved. But why were we looking to do something so different in the first place? Imagine a patient who has been involved with psychiatric services for much of their life. Often an in-patient at various hospitals before being admitted to a high security hospital for a number of years, sometimes decades, with little or no improvement or relief from their severe and enduring mental illness. A patient who appears untreatable and experiences severe positive or negative symptoms of psychosis, or both, but who is not considered a high risk within Rampton. Someone who could be over active and thought disordered, or incredibly withdrawn, or who finds it hard to engage in any human contact. These are the patients who we are trying to treat in the therapeutic community and give them back a sense of autonomy and a better quality of life, as well as relief from their mental illness. All within a highly structured and supportive environment.

To some this may sound like an impossible task, but it was felt that something had to be done for these patients. The initial plan was to develop a Token Economy, but this found little support amongst clinicians. Changes in personnel, particularly the appointment of a new consultant and ward manager, led to the proposal to use modified therapeutic community principles. The overall idea has been born out of two years of hurdles and obstacles, as well as

research, core group meetings, staff arrivals and departures, away days, risk management/security meetings, planning meetings, management meeting, directorate meetings, etc., etc., and finally the Cedars Community is born!

So what are the principles of our modified therapeutic community and how on earth are we actually going to make a difference to this seemingly unhelpable group of patients? The biggest visible change has been in the environment itself. Moving from a main building ward to a villa ward has enabled the atmosphere to become more relaxed, and the patients already seem to be benefiting from this. The service is focussed solely on this patient group, and the ward program is designed around their needs. It includes daily community meetings that are short (around 15 minutes), rather informal (with cups of tea in the dining room), and generally focus on the here and now issues, but which are very well attended. Other activities focus on daily living skills, getting out into the fresh air and hospital grounds, and encouraging group activities such as watching and discussing films, games of snooker, and an art group.

Many of the patients are already engaging in more human contact than before. The staff based on the ward have all chosen to be part of the team, and are all dedicated, enthusiastic, and caring, supporting patients to engage in the ward programme. The groups and meetings run alongside one to one sessions, such as occupational, art, and speech & language therapies, psychology and named-nurse sessions. These are also tied into the hospital-wide patient reward scheme that has recently become more flexible and can now be tailored to patients' abilities.

The basic TC principles of flattened hierarchy, democracy, permissiveness, reality confrontation and a spirit of enquiry inform the running of the community. The prominent principles within the community are a flattened hierarchy between all members, both staff and patients. The staff have, for a long time, been working towards a flattened hierarchy, trying to involve all grades of staff in the project. The cohesiveness of the team is continually being developed, and it is beginning to rub off on the patients.

A sense of democracy is also being sought, and the patients are slowly becoming more involved in making decisions about running the ward. They are also more



involved in planning their treatment programmes, although these are often limited by confronting the realities of being within a high security hospital. However, a greater sense of permissiveness is consistently being developed and patients are encouraged to express themselves more and more. The general atmosphere is a lot more relaxed than on the main building wards, but there is still a way to go in developing an atmosphere of trust and safety. This all fits in with the general 'spirit of enquiry' and evolutionary approach that we are taking. Part of the programme is about confronting reality; in fact this is one of the underlying principles, and the continuing ethos of looking at the here and now is

proving to be helpful as well as generating therapeutic optimism.

Finally, there is already a sense of achievement among people: We've managed to re-locate ourselves physically, which was a huge obstacle, and we've managed to generate a very different 'feel' from many of the other wards within the hospital. Although it's early days and there are undoubtedly problems ahead, with continuing commitment to our model of care and the community, we hope to improve our understanding and generate a unit that is unique and does the job that it set out to do.

Birth of a Doctor

Abstract:

“Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond”

Helen Spandler

**Department of Psychology and
Speech Pathology**

Manchester Metropolitan University

**Thesis submitted in partial fulfillment for the
award of Ph.D.
(October 2002)**

Therapeutic Communities occupy a paradoxical position within wider social practices of psychoanalysis, user involvement and social action. This thesis examines the limitations and possibilities of Therapeutic Communities as radical initiatives in mental health services and explores the constraints and opportunities opened up through the application of psychoanalytic ideas and practices of user involvement. I examine these questions by focusing on two case studies, a historical study of Paddington Day Hospital in the early 1970s and a contemporary Therapeutic Community.

Most of the thesis concerns the history and interpretations of Paddington Day Hospital, about which Claire Baron's *Asylum to Anarchy* (1987) remains the dominant account. Rather than a discourse of 'asylum to anarchy' I develop alternative narratives which highlight the importance of social action and notions of paradox. I draw on a variety of

sources, including oral history interviews and archival material in order to document and analyse a number of pioneering 'moments' in the life of Paddington Day Hospital. These events include the campaign to defend it from closure in 1971; the formation of the Mental Patients Union; and its crisis and ultimate closure in 1979. I highlight how it served as a pioneering example of innovative practice in the history of Therapeutic Communities and the Patients Movement and yet, paradoxically, was also seen as an example of 'bad' therapeutic practice and subsequently pathologised.

Throughout this thesis I explore the tensions and links between Therapeutic Community practice, patients' challenge, and collective action. More specifically, I consider the impact of social practices of 'othering' both on the internal dynamics of a Therapeutic Community and their wider location within discourses and practices of acceptability in psychiatric services. Juxtaposing my analysis of Paddington Day Hospital alongside a snapshot of contemporary Therapeutic Community practice, I draw attention to ongoing conflicts and dilemmas which remain at the heart of these practices. Arguing that these dilemmas require acknowledgement and sustained attention, the analysis developed here informs an exploration of wider questions regarding the importance of Social Movements and critical social theory in Therapeutic Communities, and the need for continued innovation and experimentation. The thesis ends by indicating what might lie beyond Therapeutic Communities, calling for the need to challenge and extend current conceptualisations and practices of 'cultures of enquiry', democracy and community.

Helen has kindly deposited a copy of her thesis in the Archive and Study Centre Research Library

another Doctor is born

extracts from the English-language Summary:

**A.S. NEILL UND
SUMMERHILL**
Eine Rezeptions- und
Wirkungsanalyse
Axel D. Kühn

**Dissertation zur Erlangung des akademischen
Grades Doktor der Sozialwissenschaften in
der Fakultät für Sozial- und Verhal-
tenswissenschaften an der Eberhard-Karls-
Universität Tübingen
2002**

This thesis deals primarily with the German, but also considers the international response to and influence of British educationalist A.S. Neill and his well-known school, "Summerhill".

The first part of the thesis, "Literarisches", outlines the story of A.S. Neill's life, focusing largely on his publications and the public's response to them.

The opening biographical sketch describes his childhood and youth...The first part of the thesis also traces the further development and the various "ups and downs" of Neill's school and of his educational thinking. All of his books and most of his articles are discussed, as is the debate which accompanied them. So, too, are contemporary publications relating to Neill and his school.

Part One of the thesis ends with Neill's death in 1973, followed by a brief outline of Summerhill's subsequent history.

Another thread has accompanied the school since the end of World War II. The British Ministry of

Education in its various permutations since the war has regularly threatened to close the school if this or that requirement was not met. ... Finally, in 1998, after a steady stream of invasive inspections, the issue came to a head and Summerhill went to court. The school triumphed over the Government; the judges decided that international residential free schools have a wider scope to express their educational concepts than state schools. The history of these inspections and the related discussions and facts are described chronologically...

Part Three, "Akademisches", concludes the chronological survey begun in Part One with a brief characterization of all available publications on Neill and Summerhill which have appeared since his death.

Academic and scholarly publications on Neill and Summerhill are gathered together and described in a concluding chapter, in which it is shown that Neill was consistently discussed in relation to several educational movements, such as "Reformpädagogik" (the progressive education movement at the beginning of the 20th century), and as representative of the connection between education and psycho-analysis.

In the résumé of the thesis, the recent popular and academic discussion about Neill's educational idea and its importance are reflected.

The Bibliography lists in chronological order all available articles and books which have a connection with Neill and Summerhill, beginning with the first years of the 20th century, and covering the whole of the century. A special chapter briefly describes the reception of Neill's ideas and work in Japan and Asia, relying on data mainly from Japanese, but also from Thai and other sources. A final section lists all of those publications by Neill which it was possible to gather together in the preparation of the thesis.

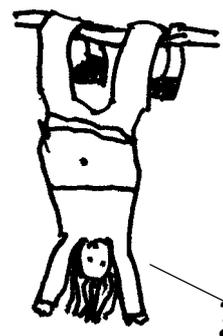
**The full German language text of Axel's thesis, with pictures, is on the Internet at
<http://w210.ub.uni-tuebingen.de/dbt/volltexte/2002/609>**

and...at the Cassel...a head of service is born

Congratulations to Lesley Day, Head of Training and Consultancy at the Cassel Hospital, who has just been appointed (as well) to the part-time position as Head of Service, to work alongside Cassel Hospital Clinical Director Kevin Healy.

and...at Arbours...ANOTHER BIRTHDAY!!

The Arbours Crisis Centre will celebrate its 30th anniversary next year with a two-day conference entitled "The Container and the Contained", with Cumberland Lodge as a suggested venue. Keep watching the *Joint Newsletter* for details!





HOLDING MANY TELESCOPES

Some first thoughts on being a leader at Jacques Hall

Chris Tanner

Principal, Jacques Hall

If I were Ricky Gervais, or even Tony Blair, this would be the time to announce proudly my programme for the “first hundred days” and then (hopefully) bask in glory when, as the hallowed date arrives, I show my prowess in meeting every single one of those “ambitious”, “challenging” targets. I sit here now, about thirty days into this new post as Principal at Jacques Hall, wondering what’s so different about being a leader in this strange animal known as a therapeutic community.

The curious thing is, I thought I knew this particular animal: I came here in 1989, working as the technology teacher for five or six years. Then, for a similar length of time, I was the Head of Education. They were both demanding and fruitful roles. But looking back now, I wonder if they both benefit from a bit of necessary tunnel vision – when the focus is clearly on maximising students’ learning in a classroom, it’s possible to limit the field of view and achieve just that: It’s been marvellous, for example, seeing more and more young people at Jacques gain GCSEs over the last three years.

By contrast, being a leader means holding many telescopes – there can be no restriction to the field of view. I like John Diamond’s recent image of the leader at the boundary. My additional comment would be that it’s by beating the bounds - that delightful rural ritual - that one really appreciates the true enormity of the field.

At risk of overworking the analogy, there is then the problem of how to create a rich and varied crop. In Jacques Hall’s particular pasture we have a community of around twenty-one young people, aged 11-16, and around sixty workers. I’m curious about how this group can keep on creating a community that can repeatedly succeed in emotionally nurturing its members. In these first few days I’ve spent a lot of time reiterating to staff Rex Haigh’s excellent map of secondary emotional development. It can be used to pose some searching questions: How do we help young people feel they belong? How do we help them feel safe and listened to? How do we help young people find a role, and then to go out into the world?

But I’m also aware that I’ve got to do more than lift up stones and ask questions.

There is powerful, emotionally-stretching work going on within these walls. Everything that Klein, Bion *et al* wrote about is writ large here. Anxious children protect themselves as best they can by projecting their anxieties. And even if the staff team are given every support in reflecting about these processes, the time-honoured person with whom to leave all the group’s projections is usually the leader. I’ve seen more alpha and beta function in the last month than I’ve seen hot dinners.

And then today – one of those moments that reminds me that this is all so human – a boy comes in – sees I’m on the phone, gives me a little hug, and writes on a post-it note, “How are you?” before sticking it on the desk and going out. “So what?” some may say. I think it is marvellous that within this environment, and with all his own difficulties, this lad has somehow noticed *my* new role here, and has shown that he cares.

I take my hat off to my predecessors in this role. Tim Rodwell has done immense work over the last four years helping to stabilise the place, and giving it a heart. And before that, of course, Terry Lee, who did that most foolhardy thing of actually establishing, from zero, a therapeutic community. Thanks to these two there is a set of traditions for us to hold to as our anchor. We’re working with children who respect no protocols, so, occasionally, to be able to say, “this is the way we do things here, and here are our reasons” keeps alive some necessary touches of continuity. And here, perhaps, is another boundary that the leader keeps – the boundary between that mountain of tradition, and the bright new opportunities for change and for thinking in different ways.

I don’t know what I’ll be saying when the hundred day marker comes around; they will have been the opposite of a hundred days of solitude. But then, whoever it was who talked about the loneliness of the leader was right – it’s strange how the room empties just *before* the big decision has to be made. I won’t have completed a glorious multi-point programme, but, with luck, and the support of a great team of people here, I will, along with the rest of us, be smiling, knowing there are new horizons ahead.



Community Minded Doctor...

AN EXPERIENCE OF JACQUES HALL

Dr Terry Bruce – MA MB Bchir DPM; FRC Psych

As Dr Terry Bruce takes his leave of Jacques Hall he reflects on his experience of being the Consultant Child & Adolescent Psychiatrist at the Community over the last six years.

With the spring of 1996 I had begun work at the Jacques Hall Therapeutic Community in Essex. I felt that I was returning to my professional roots. My first jobs in psychiatry as a junior doctor had been in Fulbourn Hospital in Cambridge, with David Clark, who had been one of the pioneers in adapting therapeutic community principles to work in a large psychiatric hospital. Subsequently, my first Consultant job in adolescent psychiatry had been with John Evans at the Young People's Unit of the Royal Edinburgh Hospital. John Evans had come to the Royal Edinburgh from the Cassel Hospital Adolescent Unit, and the Edinburgh Young People's Unit was run very much along Cassel lines.

My experiences with David Clark and with John Evans had taught me to respect the power of flattened hierarchical structure, where everybody's views - patients, and whole staff group - were taken into account. For me, the notion of a Consultant coming into a complex organisation just for a few hours a week prescribing and delivering treatment has always seemed bizarre in the extreme, given that - as for our patients - time is spent with the nurses and RSWs who have responsibility for them throughout 24 hours. Most of what I have learnt about the management of young people, either in adolescent psychiatric units or in therapeutic communities such as Jacques Hall, has been taught me by nurses and the Residential Social Workers, many of whom have had years of experience of managing young people day after day. The fact is that most child and adolescent psychiatrists have little or no experience of managing disturbed young people within in-patient or therapeutic community settings.

In the six years I have spent in Jacques Hall I have observed, with a growing concern, the increasing influence of a purely medical model as an explanation of childhood disturbance. It is clear from their history that most of the children who have been referred and admitted to Jacques Hall have had conduct disorders based upon their experiences of privation and abuse. Nevertheless, and with increasing numbers, as year follows year, many of these young people are arriving at Jacques having been diagnosed as suffering from Attention Deficit Hyperactivity Disorder, or described as being "on the autistic spectrum". Many young people also come on medication, such as Ritalin and Resperidone. And many of the young people come to regard themselves

as being "ill", rather than struggling to make sense of overwhelmingly frightening and abusive experiences.

As a result of this creeping medicalisation, there were two main consequences to my role in Jacques Hall. First was that much of my time had to be spent in supporting residential staff in holding on to the belief that *they* and the relationships that they had from day-to-day with the children were the "main treatments", as against a view that they were simply there to childmind the children whilst 'proper' therapy went on elsewhere. The second was that I found myself having to put a good deal of energy into standing on the boundary of the institution in order to field the demands from outside agencies that the children be given what is frequently called "packages of treatment". The impression is often given that the more numerous the contents of this package, the more valuable must the treatment be. There were frequent demands that I personally, as a psychiatrist, should take the children on for "therapy", and there was often little understanding that our children would make little or no use of once or twice weekly psychological therapy because their disturbance was with them throughout the day and the night - that it was the RSWs who had to help and contain the children when they were at their most disturbed (frequently in the early hours of the morning when they were having to grapple with the return of terrifying memories of "abuse").

Along with the increased medicalisation of our children by the psychiatric profession, I have also observed in my time at Jacques changes in working practices in the Social Services Departments referring children to us. Increasingly, social workers no longer see themselves as offering assessment, care, and treatment to children and their families; rather, they regard themselves as simply agents for the purchasing of such services from outside agencies, such as Jacques Hall. With some noticeable exceptions, it is often my impression that once the child had been handed over to us their social worker no longer regarded themselves as directly involved in that child's care - indeed, some of our children did not have a social worker at all. One of the serious consequences of this withdrawal by social workers from the therapeutic field is the absence of consistent work with the child's family of origin whilst they are placed at Jacques Hall. Events within the child's family would disturb the child, but without our



hearing of these events from the child's social worker. Where family events were totally overwhelming the child, I would myself, on occasion, visit the child's family in order to get a clearer idea of what the child was having to cope with. This was, however, a chance that I could undertake for very few of the children, and organisations such as Jacques Hall are, in my opinion, themselves going to have to appoint their own social workers who can spend the whole time liaising with field social workers and such organisations as Family Support.

Organisations such as Jacques Hall, which is set up to help people with severe conduct disorders using therapeutic communities principles, are very few in numbers. Increasingly, I expect such young people to end up in secure training centres or in local authority secure units.

It was my good fortune in my time at Jacques to see many young people with apparently very dark

prognoses settle and come to terms with their past experiences to the extent that they were able to go back out into the world and begin to live more satisfying lives. A significant number of these children, without such help, would have gone on to develop personality disorders. At a time when the Government is concerned with minimising the risk to the public from people suffering from severe personality disorders, therapeutic communities such as Jacques Hall should be advertising their ability to head off - at least in the case of some children - the development of personality disorder from its origins in severe conduct disorder.

It is the unique ability of therapeutic communities such as Jacques Hall, using the combined resources and talents of the total resident and staff group, which should ensure for such an approach a continuing place in the management of some of the most disturbed children in our society.

Extending the Matrix: Outreach Conference held at The Cassel Hospital Dr Chris Newrith, Birmingham Outreach

On Thursday 24th October 2002 a one-day conference was held at the Cassel Hospital, entitled "The Transition Between Therapeutic Community and Wider Community". This conference was dedicated to exploring the role and development of Outreach Services in Therapeutic Communities, and to the best of our knowledge may represent something of a landmark in the development of Therapeutic Communities in that as far as we can tell this is the first conference to be held on this particular subject.

In recognition of this fact, this conference aimed to bring speakers together from many different services. The speakers had been invited to talk on any subject to do with Outreach work that they considered was interesting or relevant to other Therapeutic Community workers. This brief was kept deliberately broad so that an impression could be gained of the diverse activities being carried out in Outreach work. Presentations were given by both staff and users from a variety of Services, including the Henderson Hospital, Webb House, Main House, Francis Dixon Lodge, Winterbourne Therapeutic Community, and the Cassel Hospital. The day ended with a large group in order to allow the delegates a chance to explore any of the topics that came up during the day, and also to let other delegates know of any particular aspect of Outreach work that was going on in the delegates' own Services.

One of the interesting observations made during the day was the way in which a sort of "parallel evolution" appears to be going on in Outreach Services, where,

despite the particular local differences in approach and emphasis, there are broad similarities in the way that Outreach Services are developing. This suggests that the various Outreach Services are meeting a broad need that is present in a space between the Therapeutic Community and the Outside World.

It was an enjoyable day, and it was noticeable that there was a considerable degree of reassurance for Outreach workers to find that their colleagues in other Services were often grappling with similar problems; this seems to be particularly so with the difficult dynamics that having Therapeutic Community workers in such close alliance with the outside world seems to bring for Residential Therapeutic Community workers. It was also apparent that resources (both human and financial) are a real issue in most Outreach Services, exacerbated by the often large geographical areas and large populations that an Outreach Service may have to cover.

The contribution of ex- and current users was valuable, and seemed particularly noteworthy given that there had been no particular brief to either invite or not invite users. This led me to wonder whether there is something about Outreach work that particularly lends itself to user involvement in a way that is not so straightforward while users are in the residential phase of Therapeutic Community treatment. Might "Users Involvement in Outreach Practice" be a good topic for the next Outreach Conference?

BREDA O'SULLIVAN OF HERONBROOK HOUSE (1940-2002)

Craig Fees writes:

"I was fortunate enough to visit Maxwell Jones a few weeks before his death in 1990. We were sitting and talking in his 'ashram' when he suddenly stopped and said "Now, I've got something that I really want to share. If you said to me 'Where can I see what you would regard as a totally satisfying therapeutic community', I could only name one place. Breda O'Sullivan is in charge..." This was Heronbrook House, near Birmingham, a therapeutic community run by the Sisters of Charity of St. Paul the Apostle. He said it had "an atmosphere which is absolutely perfect and adds what we never had, the spiritual." He called it a place "of intense freedom".

He and Breda O'Sullivan met, by chance (or "synchronicity" - Max), when she was doing her PhD. at Boston University. Her thesis (dedicated to her parents, Timothy and Kathleen, "who, in a family of ten children, first taught me the give-and-take nec-

essary to work in any therapeutic community.") was completed in 1985, and was called "*Characteristics of Therapists in a Therapeutic Community: Expected and Perceived Therapist Qualities in a Psychotheological Community*". It argued "that to better understand the therapeutic community we need to accurately and frequently assess the characteristics, training, activities and theories of persons who practice psychotherapy in a therapeutic community." Based on research in four residential centres of the American psychotheological therapeutic community the House of Affirmation, it was the first "empirical investigation of characteristics of therapists who work in therapeutic communities." Needless to say, when she and Max met they "spent days talking nonstop about the whole [therapeutic community] concept." "Breda is a remarkable woman," Max said, "with this knowledge plus the spiritual dimension. I'm lucky to have met her."

- A Recollection...

Sheila Millard

Breda O'Sullivan telephoned me at the beginning of the 1990s to invite me, as a Group Analyst, to come and talk to her about the possibility of my coming to facilitate the weekly Staff Group of Therapists working at Heronbrook House. We decided that I would begin. Breda was a Religious Sister with a brisk businesslike capacity for clear thought and decision making; there were no ifs and buts and I found this very refreshing.

Heronbrook House was, and still is, though now used with a different purpose and focus, a Roman Catholic organisation. The Service provided was a Therapeutic Community for a clientele of mainly Priests and Religious (from within the Roman Catholic Church and also from The Church of England) in distress and in need for a variety of reasons. The clients came from the UK, from Eire, and abroad, from missions, fields, and parishes. The staff team was composed also of Priests and Religious, and some lay professional people. There were some visiting therapists and doctors. There was a staff consultant/supervisor, Dr. Stuart Whiteley, who was also expert and very experienced in Therapeutic Community matters.

Breda as Director of Therapy at Heronbrook was head of the clinical team and leader of the organisation. She was the main link with the Church hierarchy, the referrers and the families of the clients. Writing this, I realise that she was a captain of the ship who seldom left the bridge. She must have worked very long hours in the Therapeutic Community, and at the same time fulfilled the obligations of her faith and commitment. Of many memories coming to the minds of Sisters, Priests, family, friends and colleagues, following her death, an important one will surely be that none of this pressure of commitment to her faith, obligations, and work for Heronbrook ever showed in her personal appearance and presentation. I never saw her look hassled, even slightly disheveled, or harrassed. She had the main weight of the task of integrating for herself, and for others, the sometimes conflicting loyalties of faith, Church, clientele, and public needs and perceptions. She also had roles in the Church hierarchy, outside of Heronbrook House, which were senior and challenging, while at the same time they informed and enriched her work within the House.

Breda O'Sullivan was a multi-talented, intellectually gifted, hardworking, very witty and nice woman. It is a sad loss for those of us who knew her, but I think many people will feel that they have taken something precious from the experience of knowing her.

We understand that Stuart Whiteley has also agreed to write an appreciation of Breda O'Sullivan for the journal.



Anthony Rodway died of a heart attack during the night of July 24. He was 73 years old. For 27 years he was Principal of Tylehurst School, which was “something very special: a therapeutic environment based on unconditional love and the continuity of relationships”, according to his obituary in the Guardian (August 15). From its closure in 1985 until his death Anthony maintained aftercare and counselling of former Tylehurst children. A book about Tylehurst compiled by former children was published last year (see Joint Newsletter 4 (March 2002) p. 20); a Tylehurst web-site has been started: <http://www.tylehurstsociety.org.uk>.

His funeral took place on July 31. The eulogy, printed here, was given by his brother, Simon Rodway, OBE, Honorary President of the Charterhouse Group and Chairman of the Council of the Caldecott Community, whose own life-time commitment to the field stretches back to a student placement at the Mulberry Bush School in Mrs. Dockar-Drysdale’s days.

ANTHONY RODWAY

It was 8 years ago this month that we gathered here in this Church to pay tribute to Anthony’s and my Mother. I am so grateful to the Vicar, David Butlin, for agreeing to our celebrating Anthony’s life here today. At our Mother’s service I talked about her strong-mindedness, her special gift of communicating with children, getting close to them and really listening to and comforting them, and of how she had touched the lives of so many, many people. I realise that those are the very qualities that I now attribute to Anthony.

Anthony was a highly intelligent and sensitive child. We were sent away to boarding school during the Second World War and I remember watching this poor little boy, my older brother, being bullied because he didn’t care much for games and was so clever the maths master got him to set his own sums. From there he won the top scholarship to Bradfield, but was unhappy at this conventional public school and my Mother had the good sense to remove him. He finally found himself at Long Dene School where he was accepted and he flourished.

After Long Dene he went to Reading University for a short period to study psychology and then landed at Tylehurst where Dorothy Mumford asked him to spend his holidays to look after particular children. Now began a life long journey to help unhappy and disturbed children. Maybe his early years of pain, his suffering at Prep School, and his breakdown at Bradfield gave him a particular and sensitive understanding of the needs of the children in his care. For he had a most remarkable ability to understand their problems, and get close to them. For over 30 years Anthony was the Principal at Tylehurst and spent hours and hours helping children work through their problems. He and Wendy lived near the school and Wendy’s delicious cooking was all part of the care that the children received. Some of the boys at the school had great disturbances, but no one was beyond the help, which Anthony was prepared to give. There are lots of people here today who would

witness what Anthony helped them to achieve and what difficulties he enabled them to overcome.

During the last week I have had so many letters and phone calls paying tribute to Anthony and I should like to quote a few. The first was from Nick Levinson whom Anthony had known since we were all children here in Hurst Green. Nick writes, “Recently I read his book on Tylehurst and it made a very strong impression on me. His philosophy and achievements at Tylehurst made a great impact. It is only sad that today so little of his way of thinking seems to be taken up. Apart from this, of course, I remember and appreciate Anthony as a friend in those far off Oxted days. The walks with you and him, your dogs Rufus and Tess on the common and long talks about life, war, pacifism, and no doubt many other things. Also his love of music and his long-horned wind-up gramophone!” The second letter is from a friend of mine who was a Director at Caldecott and had never met Anthony, but she says, “I remember him speaking at some gathering of professionals and being deeply moved and helped by what he said – genuine, deeply feeling, and wise. Over the years many must have learned from him and many many children known his friendship and concern for them.” The third is from a young man who used to deliver Anthony’s paper to him. His wife says, “Anthony showed us nothing but kindness and consideration, he helped my husband with his driving lessons and over our housing problems. He was indeed a very special person and will always be remembered with deep affection and love especially in our house, where he has made such a tremendous difference to our lives.” The last letter I wish to quote is from someone who was an eminent psychiatrist at the Tavistock Clinic, and says, “I admired and respected Anthony greatly for his idealism, vision, integrity and his enduring love for all those children who passed through his care, but above all for his determination to make these ideals a reality. He will be sadly missed, but he lives on in the minds of all those he helped and cared for.”

Some of the phone calls I have had from ex-Tylehurst pupils have been deeply distressing. After Tylehurst finally closed, Anthony continued to counsel an enormous number of men and women who had been at the school. Despite the fact that 15 years ago Anthony had a serious brain haemorrhage he always continued to give his time unstintingly to supporting those in need. I had a phone call from an ex-Tylehurst man in Holland a few days ago, who said, "Anthony was the one good thing that has happened in my life and now that has gone. I just can't believe it. He was the most fantastic person, and I shall miss him unbelievably." Those tributes have been echoed to me time and time again.

I am glad today to be able to say some of the things about Anthony that somehow I was never able to say to him while he was alive. In some ways we shared so much. We did the same kind of work, we held the same politics (he was so proud when he had a letter from Tony Blair acknowledging his 50 years as a member of the Labour Party, although he was not too keen on some of the things that were happening today. His great hero was Tony Benn who came down and supported Anthony when he stood for the local Council), had many of the same beliefs, and both adored dogs. We also had the same love of horse racing, although he was rather better at picking winners than me! We were both vegetarians (although he thought I was a phoney, because I eat fish). But in some ways Anthony was a very private person, and I often wondered what went through his mind in those hours that he listened to classical music.

Anthony had no interest in and sometimes no understanding of money, or the material things of life. He gave up everything to help those people who were badly in need and had the deepest empathy for them. Above all, he valued and loved every human being. Once a person understood him and his sometimes remote manner, that person loved him forever. He could be awkward, sometimes very awkward! But his integrity never wavered and he stuck to his principles. He always sought after the truth, quite doggedly; and I can remember so well the occasional arguments that Tony and I had with him about religion over lunch in the Pizza Piazza.

"It has been one of the most remarkable experiences over the years to observe how many of the children who came to Tylehurst have changed in their relationships with their own children. They do not feel the anger and hatred towards their children which at times their parents had felt towards them. The change has meant that they are able to give their children the love and understanding and support which they did not experience at home themselves. The freedom to find themselves in the Tylehurst community had given something of great value to them."

- Anthony Roadway

from Tylehurst School: unconditional love and the continuity of relationships (published by The Byre, Little Achfrish, Terryside, Lairg, Scotland, 2001. ISBN 0 9531724 3 0)

Anthony was a man of great honesty - to such an extent that he would even send money to the tax inspector if he thought he hadn't been charged enough. He was meticulous in all he did and scrupulously fair. When a few years ago his integrity was challenged he felt betrayed and shattered. Those of us who knew that he was a man of principle also knew that he would come through. He did, and the book that he subsequently had published is an expression of this; but the damage he suffered took a terrible toll on him.

Anthony was not a Christian. However, he could often be found sitting alone in a Church or a Cathedral listening to the music or just meditating. He was a spiritual man and that spirit will live on in you, Adrian, in you, Ray, in you Chloe, in you Terry, and countless other men and women and their children; for the goodness and compassion that he had in him can be seen in those people who loved him.

When my Mother died, Anthony and I had published a little booklet of the memorial service. He wrote a piece at the end, which sums up his beliefs: *"In a world that often seems to me to be so sad, often overwhelmed by the pain and suffering of a mankind in turmoil, we all need to have hope. It is difficult when for hundreds of years so many human beings have been so cruel to each other. It is my hope that some of the words from this book may help to give to those who read them the hope that we all need to reach. I believe that all human beings need to be together. We all need to hold each other by the hand and together to stretch towards our dream, the gate to eternity."* If we want to honour Anthony let us never forget these words.

And now Anthony's name has gone into the Tylehurst book of remembrance. Anthony spent his life looking after the sons of other people, as he became a Father to them. We ask you, Father God, to get your Son to take special care of this remarkable man.

Amen.

LimboMetalia Bambino

Out of a slow sleepy depression I crawl,
 Seeing how clear the world is, away from the smog that
 surrounded me, my anxieties run wild. Fear is smelt
 in the air of the supposed free. Spiritless
 organisms stumble to a point of convenience, to a place
 surrounded by barriers. Smiles form on
 empty searching faces, glaring, glancing
 for a return of this gesture. But these smiles only form at the mouth,
 positioned in an unnatural pose, as they
 move, breathe, return to the little person inside it
 falls and crumbles to the ground. Splat.
 On the pavement, they pull and scrapple to retrieve it,
 On the floor they lay searching desperately for the
 piece of them that was never there in the
 beginning. Without it they seem reduced to nothingness,
 Still marching onwards, location. Location
 Of the mind, but it is as empty as their face.

I take in my first deep breath of this new world
 I've found, the air hits my throat like a bullet, choking
 And gasping I grab at the gravel, cutting
 My hands on shards of glass, feeling.
 A new pain, shocking, detrimental to me. Another
 Breath, a small pistol, I attempt to mimic the grins,
 My face is not structured in this way, my jaw
 Aches, my hands tremble, there is no
 Going back. Faint smog
 Wafts around me. I'm not seen, treading on my hands, bones cracking and
 crunching. My spiritless spirit does not attempt to alter.
 It remains.

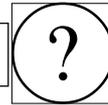
Staring upwards the sun bleaches my eyes, as I spin
 My head the shapes I had seen previously have blended together,
 A blob of visible nothingness.
 There are none like me here, My presence is that
 Of another hair on a lion's mane. I look down,
 Legs collapsing before me. Up or
 Down? An in between. Closing eyes,
 Pushing, heaving, wrestling with the surface, scratching
 The skin of my palms. I AM
 STUCK.
 There is no up or down for me, there are
 Facades conforming lip-service.
 The middle. Not so smoggy
 That I can't breathe, but not so clear that I don't care
 That I can.

Scenario

I feel so odd and aware of the world. The place I am in disappears as do I, out of the fume infested building, air ways open, so wide. Going away on another journey, finding a home. I am on my own, I have been for so long now, so long that I am fearful of the day I won't be. Moving away from the little me, now I have my own voice. Feelings, senses, touch, see, smell, hear, taste, being. I'm still unsure though, of who I am, and why I am. Watching the world from high above and low down, crossing out the people on the list of life, waiting for the day when no-one is left to give me what I want.

I don't know what I expect from these people, I want them though, I need them, surround myself with them, draping all over me, until I am no longer seen, not a dot, not a speck, everything in me silenced, just sound around me. A breeze, a beautiful soft light, a spirit, a kiss goodnight, a hug goodbye, a wave hello, a little child crying for her mummy, an old couple sharing strawberries on a weathered bench, a wedding full of white, clean, fresh, innocent white. Further away I see, the world opening, embracing, holding hands in circles. I don't need a voice for this, I am silly, I am never alone, I am on my own, but I get to see.

Hold on baby, that world you look at with those big
 Deep eyes, try and see it,
 You know? Look at it, find where things belong.
 Breathe baby, take each breath like it's your last,
 Take in the air, *Have you done it?*
 Where did you go,
 Your heart, it was beating fast last night, your head,
 Was looking heavy, your neck, that beautiful
 Feminine neck was looking frail,
 More so than usual. Your eyes couldn't focus,
 You couldn't see me baby,
 Staring at you, I was in the corner.
 Baby, why did you wake up that way? You were
 The princess, My princess, our princess.
 But, when you woke up like
 that, it went. Your breath; short,
 skin; pale, eyes; troubled, forehead; creased.
 Body twisted and mangled like metal
 On the trash heap, so shiny, so smooth.
 It looks painful, you look painful, metal
 on the trash heap. It can't change now,
 you've twisted too much, we could try to
 untwist you, but if we did you'd break,
Do you hear me baby?
You'd break.
 Come back baby, it will be good this time. I'll
 see you through, I'm here to smile at you
 when you chuckle. When you say your first
 words they'll be to me, and I'll keep those words.
 Hide them from the world, because
 it's cruel baby, they'll take your words and
 change them, the master copy will be destroyed.
 You belong to me baby, and that's scary, because, baby,
You know don't you?
 Tell me you know, I'm you.
 I'm you baby, I'm your mother, your father, your siblings,
 your lover, your friend, your drugs, your sex, your meaning.
 I'm your camera I film it all.
 I'm you baby and you're
 Me, we are one person. *Baby?*
 I love you, we make her, well
 you do, I just do the touch
 ups, make sure the makeup hasn't
 Rubbed.

**I don't know what I would do if I couldn't write...****Sarrita Adams**

The following writings collectively describe the feeling of, neediness, frustration, sadness, wanting, longing, smiling, life, but bigger than life: love. In the little time I have lived I have had the fortune of being able to feel. This is always a good thing but we must prepare ourselves to feel everything even the dirty, nasty things. In these monologues and poems there is a deep sense of searching, but amongst a crowd all stuffed together, so nobody can see, I managed to look over a few shoulders or glance at clothes, shoes or anything that makes a person, then I looked at myself. Then I looked around, you wouldn't believe what I found.

Inside a Bubble.

I'm not that profound, I'm not that clever,
I'm not that articulate.

I just live in a bubble, nothing comes in
and nothing goes out.

The only way I could cope with that was to shout random words.

Of course they all bounced off my protection,
and finally came back to me.

I just rearranged them;

Over and over,

Then I got

These notes.

Don't Hold Your Breath

Somehow I flew through my life so
Quick that I didn't get a chance to let go of
my breath.

One day I was running for a train, my heart beat quickened,
My body tensed, I was weak, I stopped
Running and let go of my breath.

Every sense imaginable was restored that day,
It was scary, I felt so small, but then I realised there
Is more to my world than I could ever imagine.

I still wish sometimes that I had never let go of my breath,
A part of me would rather be

Shut off from all the noises, feelings, actions, heartache
And pain of the world.

But, then I look around me, I wave to my reflection in the mirror,
I dance even when I'm hurt, so.

I guess I think it ain't that bad; at least I can,
See, hear, touch, smell, taste and breathe better now.

(poems continued on inside back page)

17 year old Sarrita Adams is a recent graduate of the Cassel Adolescent Unit. These are the opening poems in a 28 pages meditation, the whole of which we are hoping to be able to share on the Cassel web-site.

ALMOST HAIKU

Neill Edwards

No veiled allusion

To find here, no time of year;

Instead, confusion.

School's out. Summer's in:

We all teach those left behind;

Unlock locked-up minds.

These grubby faces -

A sea of dirt, spots and stains:

Who'd guess they have minds?

Those perfect children -

Clean hands, faces, clothes – no marks:

Outside, nor inside.

"Well-groomed" doesn't fit

The learning process: to learn

One must get grimy!

The purpose of school:

Unlearn pure reason. Logic?

In the outside world?

Justify the world's

Savage inequalities:

Teach kids to Obey.

So you're a Master

Of ? – or so this paper says -

IT qualifies you ?

Master swordmaker:

After fifty years he thinks he's

Just getting the hang.

The blade was easy;

Pommel decoration good;

Problem-child ?: The Tang.

Neill Edwards, a former child at Red Hill School when founder Otto Shaw was very much alive, found himself teaching summerschool high school students in Connecticut this year. Summer school is a traditional American punishment for children who don't make the grade. Earlier poems by Neill have appeared in issue Number 4.