

# The Joint Newsletter

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

Number 2

July 2001

## MARY BARNES - *a life ends*

*The floodgates of my soul are open, and the water of my life, flows out, into the endless sea of light.*

- DEATH, by Mary Barnes

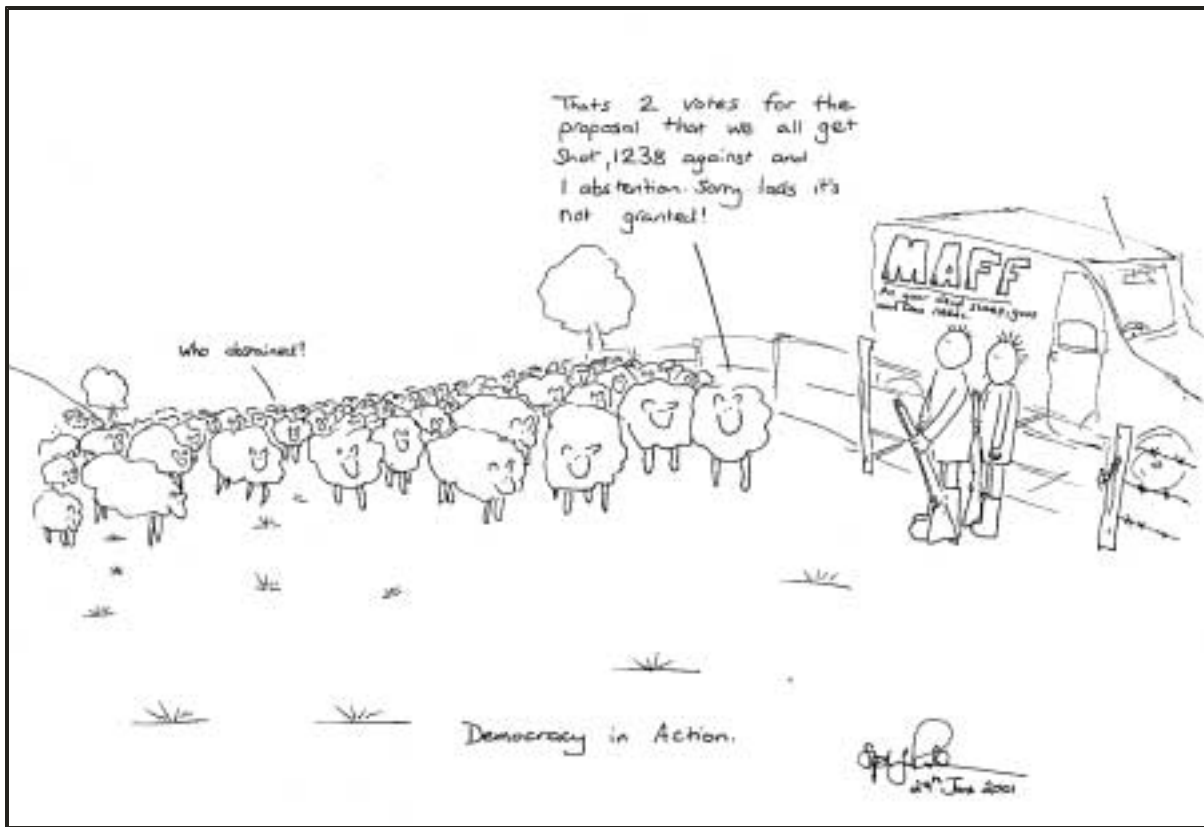
Mary Barnes, “a paradigm of an alternative vision of mental health” (Dr. Joseph Berke) died unexpectedly in Scotland on Friday, June 29, at the age of 78. She was born in 1923, “before I was ready”, from a three day home labour in which it

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## CAMPBILL COMMUNITY SAVES HERD

Oaklands Park Farm Camphill Community in Gloucestershire received local, national and international attention in April when it notified the Ministry of Agriculture Fisheries and Food that it was not prepared to accept a directive to allow the 100 sheep and 60 dairy cattle bred at the Farm to be slaughtered as part of the government’s attempt to control the spread of the foot and mouth virus. Farm co-ordinator Pat Thompson was quoted by the Associated Press as saying: “These animals are

**continued on page 2**



“Who abstained?” --- Democracy in Action.

Cartoon by Steve Paddock

bred to work with people with learning disabilities who live at the farm”, and reported Oaklands Park managers as saying “that would destroy a 25 year tradition of rearing animals that keeps the community in organically produced meat and vegetables.” The farm, on 150 acres between the Forest of Dean and the River Severn, also provides organic vegetables to 80 households in the locality, and has a weavery as well as a large woodwork shop which provides the community with furniture and makes toys which are sold around the world..

The crisis in April arose when sheep on neighbouring Bullo Farm were deemed infected by the foot and mouth virus and slaughtered, and Maff informed Oaklands that their animals were a “dangerous contact” and would have to be killed. But the 116 strong community, 48 of whom are adults with learning difficulties, set up a legal challenge, contacted the press, set up a web-site, and organised a peaceful but effective barricade of the farm gates and lane on April 19 when the Maff slaughtering crew arrived. In an event which clearly won the sympathy of TV crews and journalists - who added to the 100 to 200 adults, children, cars, vans and prams blocking the entrance to the farm - the Maff officials were turned back. An anonymous Ministry spokesman helped keep the Ministry’s options open, saying “It is seen as a special case because of the special circumstances.”

A month after the original destruction order, and having inspected the animals on three separate occasions, on May 13 Ministry vets finally agreed to take and test blood samples. Ten days later, on May 23rd, Oaklands Park was told that its livestock had indeed tested negative for the disease, and the farm was downgraded from an ‘A’ notice to a ‘D’. Having stood their ground and saved their animals, they were “delighted”.

<http://www.oaklandspark.org.uk>

was assumed she had died - until the slap, the breath and the cry.

The story of Mary Barnes - which hinges on her years at Kingsley Hall (1965-1970) - has been told compellingly - in Mary Barnes: Two Accounts of a Journey Through Madness with Joseph Berke, first published in 1971 and going into another (New York) edition next year; in David Edgar’s 1979 play Mary Barnes, since performed around the world; in Something Sacred: conversations, writings, paintings with Ann Scott, 1989; in her own lectures, given around the world; her participation in radio and television programmes; in her paintings. Joseph Berke has been approached about the possibility of a film, and an opera. There will undoubtedly be a more extensive appreciation in the ATC’s journal *Therapeutic Communities*.

Why? Because she gave truth, reality and hope to the myth of the descent into the underworld and the re-emergence from that crucifying death - reborn, healed, and herself a healer: giving a granite foundation to that belief in love, self, and community which she then shared, supported and expressed - in Philadelphia Association houses, in support of the

Arbours

Association, in Devon, in St. Dymphna’s, in the creation of the Shealin Trust in Glasgow in 1987, in her enduring friendship with a girl in a mental hospital in Sweden - enabling countless people around the world to realise that possibility for others and themselves.

*UNTITLED*, by Mary Barnes

Softly we touch,  
here, and there,  
as the current  
of our life, flows  
on its way

How lightly we step on  
the  
sand.

- How soon comes the  
Tide.

The Joint Newsletter is edited by Kevin Healy and Nadia Al-Khudairy, on behalf of the ATC; Jane Pooley, on behalf of CHG; and Craig Fees, on behalf of PETT.

The Newsletter is sent free to members of the Association of Therapeutic Communities and the Charterhouse Group, and to Friends and Associates of the Planned Environment Therapy Trust. Subscriptions are £10/year for three issues. To subscribe, or for further information, contact Jane Pooley, ‘Newsletter’, Charterhouse Group, Station House, 150 Waterloo Road, London SE1 8SB U.K. Email: [chg@btclick.com](mailto:chg@btclick.com)

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## RESEARCH, DEVELOPMENT AND TRAINING

This Newsletter is highlighting research, development and training within the three organisations contributing to the Newsletter (as yet with no name - keep sending us your ideas. Suggestions so far: CATCH - 'ATC' in the middle -, INSIDE OUT - "getting the message out; getting people out !!" -, and 'The 8:30').

Why do we do research? Research is a systematic gathering of meaningful information. In itself it is of no significance except to those who need to satisfy their own curiosity. However, when published and disseminated, it may be of real interest to others who wish to develop their services along lines supported by the research, and to those who wish to question the effectiveness of their services that run along lines not supported by research. Putting research into practice is largely what makes it meaningful and relevant.

In this issue, we hear about some of the research activity of the ATC and the Charterhouse Group, and of the research base being built up and supported by PETT. The ATC Research Group is an active, vibrant group, chaired by Rachel Jukes ([rjukes@psychotherapy.mhss-tr.nwest.nhs.uk](mailto:rjukes@psychotherapy.mhss-tr.nwest.nhs.uk)). It oversees the co-ordination of the National Lotteries Board-Funded Multi-Site Therapeutic Communities Research Project. It is also a forum for participants to present ongoing work from their respective communities, and to receive feedback, comments and constructive criticism from others. In this issue, we read about projects on "User Involvement and Audit", on "Suicide in Therapeutic Communities", on "Outcome Studies" and work by our colleagues in Belgium.

Reliable and robust research leads on to developments of services. We also read in this issue about the impact of research on proposed developments at the Cassel Hospital and elsewhere. Good research can lead to personal development of patients, residents and users, of staff as individuals and in teams, and of institutions. It can lead to more effective and more cost-effective practice.

Trainings best serve an organisation when they fit with the developmental needs of the individual and the organisation. This too is best informed by research and audit. In the last edition we heard about training developments at Community Housing and Therapy (CHT) and at Caldecott College. In this edition further developments at Reading, Tavistock and Peper Harow are explored. These issues are highlighted throughout this issue of the Newsletter.

The training, learning and organisational development that emerges from effective consultancy is a cornerstone of reflective therapeutic practice. Perhaps we could explore these links in a future newsletter?

We hope you enjoy this newsletter, and feel able to comment and to be constructively critical, so that future Newsletters develop to meet your particular needs and preoccupations. We think there's a lot here, and a lot going on out there.

**Kevin Healy, Jane Pooley**

### STOP PRESS

#### **- National Minimum Standards Childrens Homes Regulations**

The Department of Health has just published the standards for consultation. The Consultation period ends on 21 September 2001.

These are the Standards that will regulate all public, voluntary and private sector homes and against which they/your provisions will be inspected. Do have a look at them and give feedback.

#### **- National Minimum Standards for Care Homes for younger Adults and adult placements**

These have also just been published, and out for a consultation period ending on 21 September 2001.

Both sets of Standards can be found on [www.doh.gov.uk/ncsc](http://www.doh.gov.uk/ncsc), then select "Standards and Regulations".

**- Jane Pooley**

# HELP SHAPE THE FUTURE OF THERAPEUTIC CHILD CARE: CUMBERLAND LODGE CONFERENCE, 30-31 AUGUST

In the last issue of the Newsletter we reported on the “Standards and Criteria for Therapeutic Community Childcare, Education and Health Settings” published in March by the Charterhouse Group. Based on work by Sheila J. Gatiss, Friends Therapeutic Community Trust, and in consultation across the membership of Charterhouse, and in conjunction with Jane Pooley, it is available either in hard copy - send £5.00 made payable to Charterhouse Group to the Administrator, Charterhouse Group, 150 Waterloo Road, London SE1 8SB -; or free on the Internet at <http://www.pettarchiv.org.uk/charterhouse/standards.htm>.

Written as a ‘value add-on’ to the new National Minimum Standards for Childcare Settings - focusing on the particular additional Standards that define a Therapeutic Community model of practice in children’s services - the next stage is to develop an audit tool that can be used to assess practice, peer review and to use as a basis for discussion with inspection bodies and other interested agencies. To this end Cumberland Lodge, Windsor, has been booked for a 2 day event to explore the methodology of using an audit tool that will help us operationalise the standards in a meaningful way. A ‘how do we know we are doing what we say/think we are doing?’

approach. In good TC style it is hoped that we can develop a tool that supports knowledge and development in an ethos of sharing and growth.

So come along if you can and help us shape this next phase of our work. The 2 days will cost £155/per person. Pretty cheap for a lovely setting, good food, and the opportunity to really inform and develop our practice in ways that we can talk about and feel proud of.

*To reserve a place for 30-31 August please contact: Sheila Gatiss at Glebe House, Friends Therapeutic Community, Shudy Camps, Cambridge, CB1 6RB or tel 01233 357957.*

## WINDSOR CONFERENCE 2001

### “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

10-13 September 2001

This 4-day residential conference takes place in the glorious surroundings of a former Royal hunting lodge in Windsor Great Park, Berkshire, UK. Accommodation and food are first class, with lounges and library for relaxation and informal get-togethers.

The Conference will discuss issues and themes concerning therapeutic communities, including:

- The learning journey, how we progress and the changes that follow.
- Staff turnover, slow or rapid, what does that say about a particular institution?
- What, if any, is the most important and defining element in a therapeutic community?
- Making the transition to leaving and re-integrating with the world;
- How to maintain any progress.

Fees include Conference Fees, Accommodation, all Meals.

A.T.C. Members: Single occupancy room: £390. Shared room: £340

Non-ATC Members per person: Single occupancy room £440; Shared room £390

**Contact: Sue Matoff, Administrator, Association of Therapeutic Communities, 13-15 Pine Street, London EC1R 0JG Tel/Fax: (+44) 0 20 8950 9557 Email: [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)**

**10 June 2001**

*(hot on my return from Madrid - 35 degrees outside the Prado when I was there with our eldest son last Friday)*

### **Re: Therapeutic Communities in Spain**

Well, unlike the Italians, they hardly know about them - and what they do know is mostly about what we would call directive TCs for treatment of drug and alcohol problems. But Luis Javier Irastorza Eguskiza, an English-speaking psychiatrist from Madrid, had found some ATC material of interest on the website and invited me over to talk to them.

He set up a day's conference on personality disorders and invited people from all disciplines in the mental health and criminal justice fields. It was in the Gregorio Maranon Hospital, which I was told is one of the largest general hospitals in Europe - it's in a leafy part of Madrid, with plenty of cafes lining the streets, about half a mile from the eastern edge of the splendid Retiro park - and about 120 came.

The day was called "PSICOPATIAS: CONCEPTO, CLINICA Y ABORDAJE" and it included a legal talk from a senior magistrate, epidemiological and classification papers from psychiatrists, description of a prison programme, and me telling them what TCs are up to in this country. Luis was determined to get his pound of flesh, I suspect, so he asked me to do two hour-long sessions - one on types of services in the UK and the other on what a TC is. Why is it that these warm Mediterranean countries - like Spain, Italy and Greece - are where they are interested in TCs?

The first talk was called 'TCs in the UK: Policy and Evidence'. I first explained the current context to what is happening here, particularly in the NHS - but also the relevance to criminal justice, educational and voluntary sectors. In the introduction, I focused on user involvement, evidence based practice, clinical governance and the way "modernisation" attaches strings to any new money in the system. I then gave a straight account of the evidence as we are arguing it over here - the International Systematic Review, the cost-offset argument and what the 25-centre Lottery-funded project is all about. I explained KLAC and how we hope to develop it into a quality network - and unsuccessfully asked for volunteers to translate it into Spanish, so it could go on our website alongside the English and Italian versions.

The second paper was 'TCs in the UK: Theory and Practice'. Although none of them seemed to know about Rapoport anyway, I explained how I thought his themes were now very out of date - but were brilliant in capturing and conveying what was going on at that time. I suppose they were in the middle of their long Francoist isolation at the time. I gave a quick run down of the big tent psychological theory with the attachment - containment - communication - inclusion - agency developmental sequence, and went on to describe day unit features, based on what we do at Winterbourne. They appreciated some psychodynamic theory in an otherwise dry day, and some were perplexed as to why we do not use medication.

There was a panel at the end with all the day's speakers. The only person I met who seemed to "be on the same wavelength" about democratic TCs was a prison deputy from outside Madrid, Maite Lorenzo - who seems to have a nucleus of interested people around her in that unit, but they are otherwise unique in Spain. If anybody from the British prison TCs wants to contact her, I think she would be delighted: [mlorenzo@intersep.org](mailto:mlorenzo@intersep.org) .

The most interesting question I was asked was "why do you think TCs are part of the NHS in the UK? In Spain the similar services could only exist in the private sector". The response I gave was waffly and about evidence base - so not really on target. So, answers on a postcard please - maybe we should give a prize for the best.

**Rex (Haigh)**

Chair, ATC

*[What is it like for a therapeutic community 'old boy' to visit a therapeutic community today?  
Excerpts from an email from Finchden Manor old boy Jon Broad may give an idea:]*

**June 22, 2001**

Last month I visited Winterbourne Therapeutic Community in Reading and met some great folk. It was very different to any expectation I may have had. Not surprisingly I was very nervous going back into a TC after all those years, wondering what, if any, issues the feel, sights, sounds and smells of the place and people might resurrect for me. As I entered Winterbourne I thought 'Is this really what I want to do to myself, and if so why' and I answered my own question with 'Time will tell'. I soon realized that it was not the community members which made me nervous, but the staff.

A cup of tea and chat soon put me at rest. The oddest thing about my first impression was noticing that there were things like 'No smoking' signs everywhere, and no less than 4 - yes, 4 - different colours of chopping boards in the kitchen, all to be used for different things. Anything of that sort at Finchden would have at best been ignored but more likely used by the boys to challenge the author and their authority; it simply could not have happened or worked. I wondered what help is about today for people such as we then were.

Having said which, Winterbourne is working with an older age group; but then one difficulty Finchden found in its later years was that the sorts of issues Mr Lyward was so good with were presenting in younger and younger people: that began to run him into the education system and its requirements. It did make me wonder a lot about what is about today for the mid/late teens. It clearly would be quite wrong if bureaucracy got in the way of giving other people the chance I had.

**Jon Broad**

*[Editor's note: Finchden Manor was a therapeutic community in Kent, run by George Lyward who was one of the leading pioneers of the therapeutic community model. Jon goes on to say:]* "Those 4 years started a process which continues today, 35 years later, and it took most of those 4 years to 'start' anything for me. The difference it made was to exchange a life destined mainly for prison for a free life, wife, family and the ability to give some of what I received back. Finchden was a community of teenage and older boys on whom it felt to me that every other helping agency had given up hope: in a way, one elite, of the disenfranchised and maladjusted; most of whom have gone on to lead successful autonomous lives instead of the drearily dismal prospect of rotating through prisons and mental hospitals which awaited me".

**2 July 2001**

*The ATC's Administrator writes of*

... the noticeable increase in enquiries received by the ATC office for TCs with a horticultural or agricultural emphasis. The "therapeutic" (in the lay sense) value of being in a garden, or green space, and of having trees around seems to be widely acknowledged, and it would therefore seem to follow that having the opportunity to work with plants would also be beneficial. It would be interesting to know if TCs that have the opportunity to offer their members this type of work, find that it is advantageous, and whether any new "start-up" TCs have identified this as an area they intend to pursue.

**Sue Matoff**

**Administrator, Association of Therapeutic Communities**

## From our Far East Correspondent

Major life changes. They are not to be undertaken lightly.

Having worked in Reading for 16 years I took the decision to move last year, from the south east where I had always lived, to Norwich, taking up a post at The University of East Anglia. Although this was a carefully considered move, it has turned out to be a difficult and at times disturbing year, during which I have learned more about transition and trauma than I wanted to know. At first it was a bit like taking early retirement (don't tell my new employers this), leaving behind both the team I had worked with for many years and an enterprise (the MA in Therapeutic Child Care) which was very fulfilling to be part of. I had come to a very different kind of place, where research was 'king', and where at first there didn't appear to be much happening in terms of therapeutic community practice.

As the year has unfolded, however, things have slowly begun to emerge and I have been able to find some 'familiar places'. The Peper Harow Foundation has a very exciting and promising project locally, at Earthsea House. This is led by Jeanette Langfeld, who recently completed the Reading course, and the Deputy is Don Evans who is currently on that same course, thus providing a bit of continuity locally. Not far away there is also Sheridan House, which takes a psychodynamic and family therapy approach to the residential treatment of young people, and there are several other small units run by local charities, as well as a number of local authority children's homes, some of which are being redesignated as therapeutic units. There is also the Ashcroft Project, a remarkable community for women with mental

health problems, which was described in the first issue of this Newsletter, and 'Bridges', a splendid drop-in centre in Norwich for people with mental health problems. There is probably much more remaining to be discovered, but this is a good beginning.

Many people have asked what I will be doing at the UEA, and I have not always known how to answer. My first responsibility will be to lead the Diploma in Social Work, a two-year Master's programme, and I will also be teaching on the Post Qualifying Award in Child Care and the Doctorate in Social Work, among others. On the research front, I am working on a proposal to examine 'process and outcomes of residential treatment' at a number of sites including the Mulberry Bush School. This will be a large scale and long-term project, and we have recently approached the Dept of Health for funding. I am working with others on a book about the TCs for children and young people, for the Jessica Kingsley series on therapeutic communities, and I am still editing the Therapeutic Communities journal, which again has provided a vital link back into the world of practice. There are several other possibilities for writing and research, and I will be pleased to hear from others in the field who may wish to renew or begin links. I guess I see my work as expanding and exploring the connections between the personal, the professional and the academic worlds, looking at what they can teach each other, and I am at least as interested in what TCs can teach University departments as vice versa. Perhaps that is why I wanted to write this piece in quite a personal style. Do make contact if you are interested in working or learning together.

**Adrian Ward**

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01603 592068

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### JUST PUBLISHED BY JESSICA KINGSLEY (London)

www.jkp.com

*Helping Families in  
Family Centres:  
Working at Therapeutic  
Practice*  
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McMahon and Adrian  
Ward

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Rowdy Yates  
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**CONFIDENTIAL**

**July 8, 2001**

**IMPORTANT CALL FOR “VOLUNTEERS”**

You may have heard of the “community of communities” we are developing in the UK - a system where regular visits are held between TCs to support each other and learn about interesting things that are going on in each other’s communities.

We decided at the setting-up meeting on Friday that we need to involve “service users” ASAP. So is there anybody out there who would volunteer to be part of the thinking in setting it up? Here are some details of what you’d be needed for immediately -

1. Next planning meeting - near Victoria in London Fri 12 October 10am
2. Launch conference - (also in London, I’m afraid) - Friends Meeting House near Euston, Fri 26 October midday onwards .

If you want to get involved, or are interested, e-mail [marybp@wbpcs-tr.anglox.nhs.uk](mailto:marybp@wbpcs-tr.anglox.nhs.uk). Also, if

you know of others who might be interested but not on e-mail, please put them in touch.

It’s only two or three people we need right now, but there will be opportunity for many to be involved in the next stages (including invitations to the launch itself, and the regular visits that will happen from then onwards). We’ll probably have to do it on a first-come first-served basis for now, but for those extras who get in contact, we will circulate you with any more information for ways of being involved later.

We have agreed that any service users or ex-users involved will be paid £20 for a session plus travelling expenses. (Professionals and staff will be expected to do it in work time, and get expenses from work). We know that’s not very much, but it is better than some others offer!

**Rex Haigh**  
Chair, ATC

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**July 6, 2001**

**CASSEL ALUMNI ASSOCIATION**

We believe the time is now ripe to form an association of Cassel alumni. This refers to all those who have worked and learned at the Cassel Hospital, whether as staff or as patients. We believe such an association can make valuable contributions to the future of the Cassel Hospital, whether in the form of support at times of threat, or input into the ongoing evaluation and research into our assessment and treatment programmes.

There are two specific issues that concern us particularly at present. Firstly, the future of the hospital is threatened by a fall in referrals, a fall in occupancy and a consequent fall in income. This, coupled with inadequate funding arrangements for specialist services such as the Cassel within the NHS, puts the future of the hospital in question. The West London Mental Health NHS Trust, of which the Cassel is part, have set up a Review of Cassel Services to report back to the Trust Board by October of this year. It would therefore be very helpful to have the support of alumni in person or in writing when considering the response of the hospital to this threat.

Secondly, we are concerned about improving our services, and particularly in focusing on the continuity of care provided pre-admission, during admission and post-admission to all patients. Some alumni may have strong views on this, and views which could usefully inform how we might develop our services. We believe it is important to have a forum to air these views and to act on them accordingly. With both of these issues in mind, an inaugural meeting of the Cassel Alumni Association will be held at the Cassel Hospital on Saturday 14th July 2001, after the annual Cassel garden party. Alumni who can’t attend on the day will be kept informed of the issues discussed at the meeting if they wish. Whether or not ex-staff and patients attend, it is very helpful to have their views in writing concerning their experience of the Cassel Hospital, whether or not they see it as valuable in the current NHS, and what changes they would like to see introduced to the work of the hospital.

**Kevin Healy,**  
Director, Cassel Hospital

**Miss Rebecca Neeld,**  
Lead Nurse, Cassel Hospital

*[See article on threatened closure of the Cassel elsewhere in this issue - ed.]*

July 6, 2001

## Dear Friends

As I am sure you are aware from Harry Wright, the Community in Aberdeen are facing the loss of the seconded Psycho-Social Nurse.

As a Patient within the Community, I find it incredible that Grampian Primary Health Care Trust could jeopardise a service which all of us find so useful.

I am actively involved with the User Network in Aberdeen and Service Users are supposed to be involved with decisions about Service Provision. Not in this case!

In losing the Psycho-Social role, not only is there a negation of the Therapeutic Community ethos, but there is an active denial around the social isolation people feel.

Psycho-Social Nursing is such an important part of a Therapeutic Community. Group Therapy has its merits, but nothing means as much as 'just being' with folk.

I suppose it's support the Aberdeen campaign! But it's so important.

Yours Aye

**Lorraine McL Barr**

*[The Therapeutic Community, Psychotherapy Department, Upper Garden Villa, Royal Cornhill Hospital, Aberdeen / Tel: 01224 663131 extension 57397]*

### **Recent themes on [atc@psyctc.org](mailto:atc@psyctc.org), - "the essential e-mail communication group for anyone involved in therapeutic community"**

#### **What's in a name? -**

Anita Bracey's query about the terms used for people who live in and use therapeutic communities gave rise to a lively debate, in which the meaning and purpose of therapeutic community, the experience of it, and the role of language in defining and resolving different roles rolled in and out of people's replies. David Kennard pointed out: "Names aren't a static situation. They evolve as the settings evolve and as the wider culture evolves". *Patients, clients* - "Certainly not the politically-correct 'consumers' -, *members, guests, residents, survivors* (a special debate kicked up around this term). *The boys, or the girls* (for children

and adolescents). *Family members, Family* - "I have heard residents calling each other 'brothers' and 'sisters.'" How and why, over the past three years, has the term "adults" supplanted Barbara Dockar-Drysdale's preferred "grown-ups"?"

#### **What is the importance of photographs in therapeutic communities for children? What is the literature?**

#### **Should people diagnosed with psychosis be treated in the same unit as persons diagnosed with personality disorder?**

#### **What about theft in a therapeutic community? What**

#### **is other's experience and what do other people do about it?**

#### **Points of information - positions vacant, new publication details, personal news, announcements of workshops, conferences, and seminars.**

#### **Democracy in the therapeutic community movement, and more particularly the practical involvement of residents and ex-clients in the institutions and networks of the work.** (some of the practical ramifications of which can be seen within this newsletter).

To join the list simply send a blank email with the word "subscribe" in the Subject field to [atc-request@psyctc.org](mailto:atc-request@psyctc.org)

Seven of us met on Friday 24<sup>th</sup> March. The meeting was called as a result of discussion at the Halliwick conference of Therapeutic Communities where the seven people who had expressed interest arranged to meet again to talk about the formation of some kind of Association, the production of a newsletter and the determination of the date and place of the next conference ...

Feelings expressed at the meeting showed some disagreement as to whether structure politics, action, etc. should have precedence and it was finally agreed that in this circular we should just try and communicate the discussion that went on at the conference at this meeting. To this end we have attached our own comments to the circular in the hope that they will give rise to wider discussion...

COMMENTS...

Joan Karmen, Ingrebourne Centre.

Having just come home from seeing the film "Family Life" I am reminded of my reasons for working in a therapeutic community as opposed to a "traditional" Mental Hospital. Of all forms of "institutional" treatment for psychiatric patients, these centres are the least offenders in terms of institutionalising, dehumanising and depriving the patients of their dignity as individuals. The emphasis as I see it is on social insight rather than social control - therefore it is my belief that a person exposed to "treatment" in therapeutic communities (whether "cured or not") leaves a better and person than when he came in.

At the Halliwick conference I was much impressed by the relative openness and sharing that eventually occurred and I had the distinct impression that a "left" and "right" wing emerged in terms of attitude toward authority (e.g. government) - the left wing view seeming to be that authority's role is to maintain the status quo and protect the interests they serve - thus stressing the function of a therapeutic community movement in political pressure terms (as emerged informally for the Paddington Day's crisis). The "right" wing seems to have confidence in the justness and objectivity of authority and if "wrong" decisions are made it is the consequence of being mis or ill-informed, therefore it would be a movements function to relay relevant data to e.g. Sir Keith Joseph. It was even suggested that the form that treatment takes is a political issue - the threat coming from our centres to the establishment as whole. The question in my mind is whether both factions can co-exist and in what form?

This newsletter can spread information, educate, and express opinions as well as mobilising around critical issues. It needn't take a unilateral stand - there is room for all sorts of sub-groupings in this potential movement. (At least it is worth a try).

.....

John Tibbits, John Conolly Hospital, Birmingham.

I would like to be part of an Association whose theory and practice were constantly reviewed and never separated. Motto "There is no longer any difference between theory and practice". Structures: to be as flexible and minima as possible in a libertarian-syndicalist mode. The aims and purposes would grow out of the aspiration of individuals and clusters of individuals who wish to commit themselves to work together at particular projects and basically from the full assemblies.

I suggest we might call ourselves Association of Therapeutic and Allied Communities (A.T.A.C. The "Allied" to allow of such things as schools to affiliate) or Mutual Aid, and Social Study Association of Therapeutic and Allied Communities (M.A.S.S.A.T.A.C)

I think the Research and Study aspects could include:

- (1) Dynamics of Intra-Community Theory-Practice
- (2) Dynamics of Relationships with Local Society.
- (3) Dynamics of the Politics of Therapeutic Communities and other social structures (particularly repressive power - bureaucratic forces.)
- (4) Individual and community. Critiques of our own "ideologies" and blind spots.
- (5) The place of encounter in Therapeutic Communities.

# ATC NOTES

## Compiled by Kevin Healy

### Lost ATC Members

Sadly, four former (?) therapeutic communities have recently been removed from the on-line and printed ATC directories because they have not responded to repeated invitations to renew their memberships. One of these, the Ingrebourne Centre, is particularly poignant because it is one of the founding /pioneering members of the ATC under its founding Director, Richard Crocket. The other communities are High Oaks in Norfolk, the Cawley Centre at the Maudsley Hospital and Rutland House in Oxford. If any readers know what is happening or has happened with these communities please let me know on [KHealy@btinternet.com](mailto:KHealy@btinternet.com).

Former ATC Chair **Jeff Roberts** has retired from the Steering Group after many years of commitment, service and leadership within the Association. All his colleagues would like to thank him for his great contribution and wish him well for his future.

**Steve Paddock** is stepping down as Treasurer of the ATC. His colleagues on the Steering Group and within the ATC thank him for his dedication and effort and wish him well in his ongoing clinical work in the world of therapeutic communities.

### New Day Project in Carlisle

Dr Mike Rigby, Consultant Psychotherapist, is developing a new day therapeutic community programme in Carlisle. This follows on the model of day therapeutic communities already established at the Winterbourne Centre and in Red House in Manchester and supports the aim of the ATC of having a day therapeutic community in each district with access to inpatient therapeutic community resources on a regional level throughout the NHS.

### Initiative to develop network for/of former residents

The Steering Group of the ATC narrowly voted at its April meeting against residential user participation at this year's Windsor Conference. This was an important moment in the life of the ATC and reflects a growing push in many of the communities for greater user/resident say, not just in the running of local communities but also in influencing the direction of the Association of Therapeutic Communities itself.

A working group has been established, led by Kevin Healy (Cassel Hospital) and Mary Beth Primmer (Winterbourne Therapeutic Community) to take forward the issue of user involvement within the ATC. Winterbourne Therapeutic Community has had a number of meetings looking at what user led research could mean for TC and TC members. A series of three meetings have been planned in which ex-TC members from Winterbourne can explore whether or not a formal ex-TC group needs to be started. The first meeting occurred in June 2001. At the Cassel Hospital an Alumni Association of ex Cassel patients and staff is being formed on 14 July, 2001 and is open to all those who have worked and learned at the Cassel Hospital in the past.

Areas to focus on in this working group are :

1. Involvement of users / ex users on the working group.
2. Involvement of users / ex users in research and development activity.
3. Involvement of users / ex users in putting research into practice.
4. Involvement of users / ex users in furthering the aims of the ATC.
5. Specific involvement of users / ex users in furthering the political agenda

# Foot and Mouth Crisis: and a Creative Challenge for the ATC Living Learning Experience Workshop

**Sarah Tucker, *Community  
Housing and Therapy*  
ATC Workshop Team**

Cancellation was imminent for the May Workshop as the foot and mouth crisis closed in on Commonwork in Kent, where the transient community usually takes place. However, with the perspicacious work of Sue Mattof (ATC Administrator) alternative accommodation was found for the Workshop at Hengrave Hall near Bury St Edmund's.

The 'Hall' is peacefully set in spacious formal gardens, and presented us with a regal environment. It is run by an ecumenical Christian Community led by Sister Jill. The Christian Community live together, and some of the ideas that inspire their communal life did seem to echo Therapeutic Community themes - in particular an emphasis on making contact with each other through working on everyday tasks together. Much of the income at Hengrave Hall is made through hiring of the premises to companies providing residential management training; and so, making

provision for another, if transient, community was perhaps an anomaly.

Indeed then, the foot and mouth crisis created various challenges for the ATC transient community in May. There was the challenge of creating a new community, within the context of another, well-established community which had its own set of moral and religious principles in place. In addition - by contrast to previous ATC workshops, where cooking is an integral and inevitably binding part of the time the community spends together - at Hengrave Hall our community was *served* meals. Further, we caught glimpses of smartly dressed solicitors using other areas of the hall for their own purposes.

The ATC community had the task of establishing its own identity and principles, of working with the interface between our community and that of our host's and those from the corporate world, as well as finding a way to be together, doing things together, that would create real responsibility in the absence of the responsibility for food. In my view the community faced all these challenges with a sense of creativity. Perhaps, though, they were issues that many face in their ongoing work, where Therapeutic Communities are set within the context of larger, well-established institutions - NHS or Social Services - and there are the questions of divergent values underpinning how we work and of how to manage the interface between the Therapeutic Community and the larger organisation. Further, tightening regulations such as health and safety and risk assessment perhaps force us to be creative in the way we create real responsibilities for each other. The community certainly gave me a place to reflect on the ongoing impact that such issues have at work.

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## ***A LIVING LEARNING EXPERIENCE IN A THERAPEUTIC COMMUNITY***

**November 6-8, 2001 at Commonwork, Chiddingstone, Kent**

This Workshop is for staff working within therapeutic communities, supportive organisations, rehabilitative or residential care settings, and for anyone who wishes to gain a greater understanding of the psychosocial dynamics of residential living.

**Participants will:**

- have the opportunity to experience and participate in a temporary Therapeutic Community as a resident;

- have the opportunity to explore self in relation to others' cultural diversity;

- be involved in community meeting, small, large and work groups, and other activities designed to explore the experience of being a member of this short-lived community;

- meet with colleagues sharing your experience and concerns;

- enjoy the facilities and attractive location of Commonwork, a rural residential centre in Kent.

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To apply, or for more information: **Sue Matoff, Administrator, ATC, 13-15 Pine Street, London EC1R 0JG** Tel/Fax: (+44) 0 20 8950 9557 Email: [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)

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# Pilot audit for the Prison Service and the development of the Kennard-Lees Audit Checklist (KLAC).

**Jan Lees**

*Research Associate,  
Francis Dixon Lodge  
Therapeutic Community*

In 1999, the Association of Therapeutic Communities was asked to provide two consultants to assist the Prison Service in developing an audit tool for prison-based democratic therapeutic communities. David Kennard from the Retreat, and Janine Lees from Francis Dixon Lodge Therapeutic Community were asked to do this on behalf of the Association.

The first stage in the process was to devise an audit tool that was acceptable and appropriate both to the Prison Service and to the Association of Therapeutic Communities. The initial checklist was devised by David and Jan, together with

representatives from prison-based therapeutic communities. This was then submitted to the Prison Service for comment, and circulated to members of therapeutic communities nationally for comments. The checklist was then revised by David and Jan several times in the light of these discussions - by now it had come to be known, affectionately or not, as the KLAC.

Subsequently, David and Jan and a representative of the Prison Service undertook a full audit of a prison-based therapeutic community, with David and Jan responsible for the audit of the therapeutic community as a whole. This was completed over three days in January this year. In the light of this, the KLAC was refined and expanded so it could be used for scoring and annotation. David and Jan also devised questionnaires for use as

part of the audit process, together with guidelines for their use. The final version of KLAC is now available from the authors and on the ATC's web-site (in both English and Italian), and a related article on the audit process has been submitted to the Therapeutic Communities Journal.

The next stage is for David and Jan and a representative of the Prison Service to return to the prison-based democratic therapeutic community to undertake a full audit, and submit a final report to the Prison Service Joint Accreditation Panel. It is hoped this audit proper will take place this autumn.

If you want any further information about KLAC or the audit process, please contact Jan Lees on [jan.lees@nottingham.ac.uk](mailto:jan.lees@nottingham.ac.uk) or 0115-928-3248, or David Kennard on [d.kennard@virgin.net](mailto:d.kennard@virgin.net).

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## Report from The Retreat

**David Kennard**

*Consultant Psychologist, The Retreat*

The Jepson Unit at The Retreat is for people with severe mental disorders who have been in the psychiatric system for anything between 1 to 30 years.

In October 2000 we did a big relocation job, moving residents into three smaller units of 8-10 people trying to match needs as best we could. At the time of this move all the staff and residents were asked to complete a short questionnaire on whether they

thought they would get better or worse in different aspects of how they functioned - e.g. getting on with other people, doing things for themselves. (Okay, not every resident did this, but most did, sometimes with support.)

6 months later we repeated the exercise on the 'how was it for you' principle. At the same time as this was going on a new psychiatrist Susan Mitchell joined the team. Now Susan, the

programme leader Maggie Scott, and I (the unit psychologist) are writing something up about these changes and the questionnaire results (data analysis by our psychology assistant Steve Lankshear) and this has been accepted as a paper for the ISPS Conference in Reading September 13-14 (straight after Windsor conference - that will be a hectic week for me).

# Update from the Cassel Hospital

**Kevin Healy, *Director, Cassel Hospital***

Maybe it's a law. In his Peter van der Linden Lecture at the Windsor Conference in 1999, David Clark talked about the cyclical attempts to close the Henderson Hospital - "that happens sort of every - oh, once or twice a decade..." he said, with a reflective intake of breath. And so it is at the Cassel. In 1991 we came very close to closure, mounting a major publicity and fundraising campaign which brought us back from the brink. And here we are, exactly a decade later, in 2001, wrestling with the possibility of losing our funding again. What's going on?

Over the past four years the Cassel Hospital has recognised a pattern of decreasing numbers of referrals, decreasing numbers of admissions, and a consequent shortfall in income. This is likely to have arisen because of the focus within the National Service Framework on development of local services as opposed to the provision of tertiary specialist services. It arises also from the absence of any specialist funding mechanism to support specially designated services.

Having said that, while the Cassel Hospital costs approximately £70,000 for a full year's inpatient treatment, this compares very favourably with the cost of a year's admission to forensic services, acute general psychiatry services, and admissions to the private sector, all of which are realistic alternatives to a Cassel admission.

The decreasing pattern of referrals has been noted and actively tackled by Cassel staff. Intensive marketing via letters, telephone calls and personal contacts, has increased the number of referrals to the adult service and adolescent service to their level of four years

ago. On the other hand, the numbers of referrals to the family service were less responsive and we clearly need to find a better way of making the family service more attractive to potential referrers in psychiatry, social services, and the courts.

The referral pattern was also noted with major concern by the incoming Trust board, of the newly merged West London Mental Health Trust (incorporating Broadmoor Special Hospital and Ealing, Hammersmith and Fulham Mental Health Trust). The Board has asked a reviewing panel to undertake a review of Cassel services and to report back in October to the West London Mental Health Trust Board meeting.

The review panel will be particularly interested in the views of patients, ex-patients, referrers, commissioners and other interested parties. Your views would be very welcome.

All of this has prompted us to form an Alumni Association open to all

those who have worked and learned at the Cassel Hospital, whether as a patient or staff member. The inaugural meeting takes place on 14 July, 2001 at the Cassel Hospital, after the annual Cassel Garden Party.

We are striving to develop our services in a flexible way while still holding on to the essence of therapeutic community work informed by psychoanalytic thinking.

We are clear about our primary task, which is to assess and treat personality disordered individuals, treat and support their families and carers, and offer education and training to their professional network.

We are expanding our Outreach Services to meet this task more effectively and will shortly seek to appoint a full-time social worker to the adolescent and adult services.

We are also appointing psychology assistants to work within the therapeutic community alongside the nursing and patient input.

## ***HOW CAN YOU HELP?***

- We welcome letters and e-mails commenting on the Cassel services and on their place within the modern NHS.
- In particular, we welcome constructive criticisms and suggestions as to how Cassel services may be more responsive to the needs of patients, their families and carers and their professional networks.
- Please address all correspondence to me at the Cassel Hospital and include permission to use what you have written in presenting our case to the review, and to other bodies.

Dr. Kevin Healy

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United Kingdom

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Fax: 020 8237 2996  
Email: [KHealy@btinternet.com](mailto:KHealy@btinternet.com)

Our website is at [www.TheCasselHospital.org](http://www.TheCasselHospital.org). Over the coming months we aim to make it more interactive, responsive and more central to the on-going provision of our services. Visit, and tell us what you think!

## “REHABILITATING FAMILIES OR REMOVING CHILDREN: CAN WE FIND THE RIGHT BALANCE?”

THURSDAY 4TH OCTOBER 2001

Making decisions about a child's future is always very anxiety provoking. This conference aims to provide a setting where professionals can explore the conflicts and the dilemmas involved.

There will be an opportunity for delegates to explore these issues in small groups.

Papers will be presented by:

Professor A. Cooper from the Tavistock Clinic who will give an overview of policies concerning the separation and rehabilitation of families in Europe.

Dr. Kennedy and the Family Unit of the Cassel Hospital describing dynamics of reaching clinical decisions.

The Hon. Mr. Justice Colledge, discussing Family Courts and their role in deciding children's futures.

*This conference would be of interest to child care workers and other professionals who work with families at risk including Guardians, Social Workers, Solicitors, Barristers, Expert Witnesses.*

**Date: 04.10.2001**

**Time: 9.30 a.m. to 5.00 p.m. (Registration 9.00 a.m.)**

**Venue: Cassel Hospital**

**Cost: £80 before 7 September 2001 and £95 after 7 September 2001**

**(Including lunch and refreshments)**

**Closing date: 20th September 2001 (Places are limited, please reply early)**

## MANAGEMENT AND LEADERSHIP IN MENTAL HEALTH SERVICES: UNDERSTANDING AND MANAGING CHANGE

### PART 1: AN INTRODUCTION TO GROUP AND ORGANISATIONAL DYNAMICS

*September 27th - 28th, November 1st-2nd, 2001*

Managing and leading change processes are now part of most senior roles in mental health organisations. This course offers a psychodynamic conceptual framework for thinking about these processes, and an opportunity for participants to learn how to take up their changing roles more effectively and with less stress.

Each day theoretical inputs, discussion of pre-course reading, and application groups where members can explore their current work situations in a confidential setting. For the first two days, the focus of the application groups will be on changes in members' roles due to recent promotion, job-re-design, or organisational restructuring. During the second two days the focus will be on managing the emotional impact of

mergers and other kinds of organisational changes on workforce well-being and on service delivery.

Topics will include:

- Introduction to open systems theory
- Managing boundaries
- The impact of change on roles and systems
- Rational and irrational aspects of design
- Finding and using authority in changing roles
- Resistance to change
- Managing during and after mergers
- Leadership and stress

**Course Organiser: Vega Roberts, Director of the Cassel Hospital Management and Leadership Programme**

**Venue: Cassel Hospital**

**Cost: £475 (£425 before September 1st) including lunch, refreshments and all reading materials.**

The course is likely to be particularly relevant for managers of clinical services (mental health, substance misuse, learning disabilities, forensic), senior clinicians, and people in internal consultancy of OD roles. Applications are welcome from people working in the NHS, Social Services, combined health and social care Trusts, and in independent sector mental health agencies.

**To apply for a place on one of these courses, or for further information, Contact: Fiona Wilkins, Cassel Hospital, 1 Ham Common, Richmond, Surrey, TW10 7JF**

Tel: 0208 2947 Fax 0208 237 2996 Email: [Training.Cassel@btinternet.com](mailto:Training.Cassel@btinternet.com)

**Charterhouse Group:**

**Research and Audit  
Group Update**

**John Wright**

*Consultant Clinical Psychologist,  
Northgate Junior Adolescent Unit*

The main project underway in CHG at the moment is an outcome monitoring project which currently involves three members (Cotswold, Cumberlow and Northgate Junior) in a benchmarking partnership. A number of psychometrically robust measures have been selected to monitor young people's responsiveness to therapy across their stay at the communities and at follow-up. The measures involve participation by the young people themselves, their main carers, and staff on the units. Relevant data is also collected from the wider network. So far the project has been submitted to expert scrutiny by a number of professional bodies, and supported by the Directors of CHG. This latter point is very important as it meant we have co-opted Jane Pooley (Strategic Director) to help in the management and implementation of this task. We are currently looking at issues of reliability and training in the use of the measures across the units, with staff directly involved in data collection taking part in inter-rater reliability tests. Results to date are mixed, with some measures getting high agreement and others appearing more random. Clearly we want to get into a position where we all agree (to a reasonable extent) about the nature of the problems the young people we work with have, in order to feel confident about any changes we

then observe. Looking into the future, we then hope to take the work further by implementing it as a systematic part of routine practice in the units. The goal is for this data to provide both immediate benefits for contributing to current understanding of the individual young people concerned, and in the longer term provide a database from which we can make some meaningful observations about who benefits from the work we do and under what conditions.

A number of smaller scale projects are also underway. For example, Will Crouch (trainee Clinical Psychologist) is just completing a doctoral thesis from work he did at Northgate Junior. Will's project looks at understanding cycles of self-harm in adolescents and is based on participant observations of a number of community meetings at the clinic triangulated with a series of semi-structured interviews he conducted with the young people about their understanding of self-harm. Will hopes to have completed this project by September 2001 so watch this space!

I thought to conclude this piece by inviting other members who have or are aware of research or audit initiatives taking place to write in and let us know. There's nothing more helpful to getting research done than support (oh and time, space and plenty of coffee).

**TO GET IN TOUCH:**

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**RESEARCHER PROFILE: Mary-Beth Primmer**

In March 2001 I was offered the position of clinical researcher at Winterbourne House in Reading. Having no previous experience with therapeutic communities the past four months have been a steep learning curve.

Six years ago I completed an undergraduate degree in psychology at McGill University in Montreal at which point I moved to Durham to do a Masters degree in Counselling. After completing my Masters I decided to embark on a PhD looking at research methodology within counselling. The title of my thesis is The Sense of Self in the Conduct of Research in Counselling. It explores the self of the researcher within the process of researching. The methodological realm of this exploration is qualitative, in particular constructivism.

I am involved in a variety of process and outcome research in and around the issue of therapeutic communities, although my personal research interests at Winterbourne House largely revolve around user-led/user-involved research within the TC. Parallel to raising potential research questions and areas we are exploring the relationship between user-led research and empowerment and the therapeutic journey and empowerment.

In addition to my interest in user-led/user-involved research I am passionate about qualitative research methodology and increasing its profile and use.

**Winterbourne House  
53-55 Argyle Road  
Reading, RG1 7YL  
0118 956 1250  
MARYBethP@wbpcs-tr.anglox.nhs.uk**

## The ATC Research Group looks for user involvement

The ATC Research Group meets four times a year. The people who attend are mostly staff who work in therapeutic communities. We represent a wide range of expertise in research, and we are interested in supporting each other to conduct research projects, however large or small. We would like

to know whether any people who have been treated in therapeutic communities are interested in being involved in designing and conducting research projects in TCs. If you are, please contact Rachel Jukes at the Red House, 78 Manchester Road, Manchester M27 5FG. e-mail : [Rjuk@psy](mailto:Rjuk@psy)

[chotherapy.mhss-tr.nwe@st.nhs.uk](mailto:chotherapy.mhss-tr.nwe@st.nhs.uk) This invitation stems from a fascinating presentation by Nicola Morant on "User Involvement and Audit" to the April Research Group Meeting. We are also aware of the interests from our own service users to be involved in generating the information that will lead to future

developments of the services that have had a major impact on their lives. This interest is mirrored in R&D strategies throughout the NHS. There is a strong lobby now for "consumer" involvement in all research and development activities.

### Should your name be on this list?

Starting with this issue we are presenting profiles of researchers who have recently or are currently doing research in, on, or about therapeutic community in some way. It's a broad brush. Do you, or someone you know, belong here?

George Anderson; Claire Blount; Anita Bracey; Eric Broekaert; Lesley Caldwell; Penny Campling; Marco Chiesa; Hebe Comerford; Abi Cox; Will Crouch; Steffan Davies; George De Leon; Ilse Derluyn; Chris Evans; David Glenister; Michael Gopfert; David Gribble; Jeremy Harvey; Dave Higgins; John Hopton; James Inciardi; Kylie Innocente; David Kennard; Ian Kerr; Jan Lees; Nick Manning; Gale McLeod; Edmund McMahon; Inês Meneses; Rudy Moos; Margaret Newton; Susan Ormrod; Christabel Owens; Malcolm Pines; Kevin Polley; Mary-Beth Primmer; Barbara Rawlings; Robin Reeves; John Shine; Sharon Smith; Veerle Soyez; Helen Spandler; Judith Stinton; Nafsika Thalassis; Keith Tudor; Wouter Vanderplasschen;

### RESEARCHER PROFILE: Dr. Christabel Owens

I am a teacher by profession and have an M.A. and a Ph.D. in modern German theology, but I have been working in applied research, first in Education and more recently in Health Services Research, for the last ten years. I now work as a full-time researcher in the Department of Mental Health at the University of Exeter.

I stumbled into the world of therapeutic communities last year, when I was invited to undertake a pilot study of a small, privately-run community in South Devon known as the Community of St Antony and St Elias. This community was founded in 1973 by Father Benedict Ramsden, a Russian Orthodox priest, and his wife Lilah, to continue the work that had begun spontaneously, many years earlier, of giving sanctuary and support within their own family home to people with mental health problems. It now accommodates up to 30 residents from all over the south of England with very severe and persistent mental illness who would otherwise remain hospitalized, and aims to provide an experience of normal, domestic living within a safe and structured environment. It is not a TC in the strict sense defined by Kennard and Lees, yet there is no doubt that it is very much a community and also therapeutic.

The pilot study took the form of a micro-ethnography, using

participant observation and semi-structured interviews with residents, staff and managers. I am about to embark on a longer study, combining further ethnographic work on the process of care with a fully controlled evaluation of outcomes.

What is striking about the above community is that it is managed and staffed entirely by non-professionals. I am interested in residential facilities that exist for this patient group outside the mainstream health-care 'system' and am gathering preliminary data on other religious communities that have an interest in mental health work.

I have other work in progress concerned with lay beliefs about mental illness and lay understandings of suicide.

**Research Fellow,  
Department of Mental  
Health,  
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**"I believe emphatically that research is something we ought to support if publicly funded group analysis is to flourish, perhaps even if it is to survive." - Chris Evans, *Group Analysis* 34:2 (2001), p. 301.**

## RESEARCHER PROFILE: Jan Lees

Jan Lees is currently a Research Associate at Francis Dixon Lodge, and a Research Consultant for the ATC/NLCB Therapeutic Communities Research Project, as well as a psychodynamic counsellor. Her interest in therapeutic communities started from a piece of research she did on residential care for children, as her dissertation for her M.Sc in Applied Social Studies, with David Millard as her supervisor. As a result of this new interest, Jan obtained a placement as a social work student on Ward 1 of Maudsley Hospital, then led by John Steiner, in 1974. Jan experienced therapeutic communities as offering a more humane, democratic and empowering approach to residential care for people, and particularly for people with mental health difficulties, as compared to the type of care she had experienced in other mental hospitals. She has remained enthusiastic about, and committed to therapeutic communities as a way of organising care for people ever since, but also is excited by the possibilities they offer for people living and working together in any setting.

After a total of nine years as a social worker Jan returned to research, starting a Ph.D. at the University of Kent in 1979. Her research focussed on evaluating therapeutic community practice, and she undertook her fieldwork at Henderson Hospital. At this stage, she was particularly interested in the effects of environment on behaviour, and particularly the effects of treatment environments in therapeutic communities in relation to changes and improvements in therapeutic community members' symptoms and coping skills and strategies. It was at this stage that she came across the work of Rudy Moos, which has been particularly influential in her understanding of, and approach to, therapeutic community research.

In 1983, Jan, together with Nick Manning, obtained a research grant from the Australian Commonwealth Department of Health to evaluate in-treatment changes in members of 6 Richmond Fellowship therapeutic communities working with adults with mental health problems. These communities were based in Brisbane, Sydney, Melbourne and Perth. Nick and Jan spent intensive blocks of time in each house over a three month period, measuring the environments of the houses,

the treatment experiences of their residents, and the changes made in their mental health as a result of being treated in a therapeutic community.

Jan then took time out from therapeutic community practice and research, and taught social work students in Kent for 12 years - although one of the areas she taught was therapeutic community practice, and groupwork, and group care as a whole. In 1996, she and Nick moved to Nottingham, and Jan was offered a job at Francis Dixon Lodge as a researcher. Since then, she has undertaken, with Nick and Barbara Rawlings of Manchester University, a systematic literature review of the effectiveness of therapeutic communities for people with personality disorder. She has also, for the last 20 months, been a research consultant for the ATC/NLCB Therapeutic Communities Research Project, evaluating the effectiveness of a range of therapeutic communities working with people with personality disorders, in England and Scotland. Jan is mainly responsible for organising the quantitative part of this study, the data collection for which started in April and will continue until September 2002. Barbara has completed two of her intended three qualitative studies of different kinds of communities, and will complete the third next year. The next stage of the project involves visiting all of the communities concerned, and measuring a range of aspects of the physical and social elements of therapeutic community environments. Preliminary results from the initial stages of this research should be available over the next twelve months.

Jan continues to be interested in ways of defining what a therapeutic community is, and how it enables people to change - she is currently, with David Kennard, involved in developing a therapeutic community audit checklist [*the KLAC - see elsewhere in this issue - ed.*] and piloting the audit of prison-based democratic therapeutic communities for the Prison Service. Jan is also interested in developing our understanding of the theoretical bases for therapeutic community practice. Finally, Jan has a particular interest in working with adult survivors of physical and sexual abuse, and in exploring and understanding how both groupwork, and the therapeutic community as a whole, affects survivors.

Jan can be contacted either at [jan.lees@nottingham.ac.uk](mailto:jan.lees@nottingham.ac.uk) or on 0115-928-3248.

# ATC/NLCB Therapeutic Communities Project

**Jan Lees**  
*Research Associate,  
Francis Dixon Lodge  
Therapeutic Community*

In September, 1999, the Association for Therapeutic Communities received a grant of £158,000 from the National Lottery Charities Board (as it was then) to undertake a comparative evaluation of the effectiveness of therapeutic communities for people (adults) with personality disorders. The project is being administered by the University of Nottingham, and the lead researchers are Professor Nick Manning from the University of Nottingham, Janine Lees, Research Associate at Francis Dixon Lodge Therapeutic Community in Leicester, and Barbara Rawlings, Honorary Fellow in Sociology at the University of Manchester.

The project aims to measure and describe some elements of the treatment environments of therapeutic communities, and some treatment outcomes, and to try and relate the elements of the treatment environment to the

treatment outcomes. In the process, the study hopes to describe the range of people admitted to a range of therapeutic communities, and the variations in the treatment programmes offered, as well as the differential treatment outcomes. It hopes then to draw out any implications for therapeutic community work with people with personality disorders, as well as for therapeutic community research as a whole. The project is evaluating mostly democratic therapeutic communities, but the study includes one secure, and one non-secure concept-based therapeutic community, and one unit employing dialectical behavioural therapy, for comparison.

The study is both quantitative and qualitative. The study is divided into three phases. The first phase involved recruiting as many therapeutic communities as possible; finalising the measures to be used; and obtaining appropriate Ethics Committee approvals. This latter involved getting Multi-Regional Ethics Committee approval, and Local Regional Ethics

Committee approval for 13 Health Authorities, as well as Prison Health Research Ethics Committee approval. This has taken considerably longer than was at first anticipated.

The second phase is the fieldwork and data collection. This began on 2nd April, 2001, and the second test administration is taking place from 2 July, 2001. The data collection period will continue until September, 2002. This data is being collected by staff on-site, many of whom attended a related training workshop last summer.

The final phase is that of data analysis, producing the final report, and then the dissemination of findings. As part of this process, the study also includes three major qualitative studies of three units, one a democratic prison-based therapeutic community, one a special hospital community, and the third an NHS residential democratic therapeutic community. Barbara Rawlings is undertaking these, and the fieldwork for the first two has been completed.

**If you would like any more information about this research study, please contact Jan Lees, either on [jan.lees@nottingham.ac.uk](mailto:jan.lees@nottingham.ac.uk) or on 0115-928-3248.**

## **RESEARCHER PROFILE: Stijn Vandeveld**

For the past year I have been working at the Department of Orthopedagogics of Ghent University in Belgium. I am very interested in the democratic therapeutic community movement and more specifically in how Maxwell Jones developed the T.C. I am preparing a research project about the therapeutic community in prisons, and I am focusing on both the English 'democratic' tradition and the American 'hierarchical' line. More specifically, I want to investigate

the motivation and readiness towards treatment of substance abusing offenders with learning (mental) disabilities, and the perceived suitability of the T.C. as a treatment modality.

The Supervisor/Promoter of the research is Prof. Dr. Eric Broekaert of the Department of Orthopedagogics. Research interests include the study of Maxwell Jones and the development of the T.C., the application of the T.C. for specific

target groups, therapeutic communities (especially in prisons) and substance abuse treatment to specific target groups such as ethnically and culturally diverse clients, prisoners, people with learning disabilities, etc.

**Department of  
Orthopedagogics  
Ghent University, Belgium**

**Personal website:  
<http://ortserve.rug.ac.be>,  
under 'staff'**

# Department of Orthopedagogics, Ghent University (Belgium)

Stijn Vandevelde

The Department of Orthopedagogics of Ghent University, in Belgium, is especially interested in three major research domains:

1. Substance Abuse Treatment (Prof. Dr. E. Broekaert)
2. Disability Studies (Prof. Dr. G. Van Hove)
3. Study and Treatment of Behavioural and Emotional Problems (Franky D'Oosterlinck – Orthopedagogical Orientation and Observation Centre, a school and observation and treatment service in which the principles of the 'New School Movement' are implemented)

In this short overview, I will focus on research specifically associated with therapeutic communities.

Within the field of Substance Abuse Treatment, a lot of attention has been given to the therapeutic community approach for substance abusers. This focus has primarily grown out of an intensive cooperation and exchange among several organisations/federations, such as the European Federation of Therapeutic Communities - EFTC (President : Anthony Slater – Phoenix House Haga, Mysen, Norway), the European Workshop On Drug Policy Oriented Research - EWODOR (President: Prof. Dr. Eric Broekaert / Secretary: Prof. Rowdy Yates – Scottish Drugs Training Project, University of Stirling, Scotland), an intensive Socrates-cooperation (with, e.g., student and teacher mobility) and a partnership with several other organisations, situated in 'the field' as well as in 'academic surroundings'.

Alongside this interest in what is commonly called the 'concept' therapeutic community, there is also a focus in the department on the democratic therapeutic community (as pioneered by Maxwell Jones, Harold Bridger, Tom Main...). The similarities and relations between both 'traditions' of therapeutic communities is only one example of a related issue on which the work, especially of Prof. Dr. Broekaert, has been focused. The influence of important pioneers such as Maxwell

Jones and Harold Bridger on the development of the therapeutic community in diverse settings (e.g. prison) is also an important topic in current research.

Current research projects (of which Prof. Dr. Broekaert is supervisor) include : substance abuse treatment of addicted mothers with young children (Ilse Derluyn); the influence of social networks on retention in and success after therapeutic community treatment (Veerle Soyez); co-ordination and continuity in substance abuse treatment in East-Flanders (Wouter Vanderplasschen); substance abuse treatment of imprisoned addicted offenders with learning disabilities (Stijn Vandevelde); gender differences and relapse prevention in therapeutic communities in Flanders.

An overview of recent publications, research projects and information about staff members (personal websites) can be found on the department's website, which can be consulted at <http://ortserve.rug.ac.be>

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## NOTE:

Keith Burnett, drugs worker with CAN in Northamptonshire and contributor to the recent Jessica Kingsley volume "Therapeutic Communities for the Treatment of Drug Users", has written a review of a number of Department of Orthopedagogics publications, which will appear in a future issue of the ATC's journal, *Therapeutic Communities*.

# Research on Suicides in Therapeutic Communities

**Kevin Healy**

*Director, Cassel Hospital*

*on behalf of the Suicide Audit Working Party*

We have recently completed an audit and have an ongoing action research programme looking at patient suicides at the Cassel Hospital over the past 15 years. Our interest in doing this stems from findings of the Cassel Personality Disorder Study, from a recognition of the shock of suicide that impacts throughout the therapeutic community, from a wish to learn from critical incidents as part of the culture of enquiring at the Cassel, and from our resolve to risk facing potentially disturbing facts about our practice.

The suicide audit working party has been meeting now for almost two years, and has looked at all known suicides of patients admitted to the Cassel over the past fifteen years. Methodology has involved a literature search, formulation of questions, review of case notes, development and exploration of themes, all resulting in reports and recommendations to the hospital management board.

Ten suicides were identified in the study: two were classified as late suicides and occurred some

years after discharge from the Cassel Hospital. Eight were classified as early suicides, and all occurred within three months of admission to the Cassel Hospital. The suicide risk had been recognised in all cases. However, five of the eight early suicides were not perceived as acutely and seriously suicidal at the time of their deaths. No special observations were in place around them. Two suicides occurred in adult patients on the Family Service (0.5% of all adults admitted to the Family Service), two suicides occurred on the Adolescent Service (1.1% of all adolescent admissions), and six suicides occurred on the Adult Service (1.3% of all adult admissions). Early loss, physical and emotional abuse and neglect in childhood were prominent features in completed suicides. No suicides occurred at the Cassel Hospital (where patients share bedrooms). Four of the eight early suicide patients left to kill themselves elsewhere.

Patients identified as most at risk have made serious prior suicide attempts, have suffered early loss, neglect and abuse, have had previous psychiatric

hospitalisations, have been recently admitted to the therapeutic community, have a history of manipulative suicide gestures. There has often been some delay in passing on relevant information to relevant authorities, i.e. police, social services, other hospitals, other services. From our audit it is clear that self-harming behaviour is distinct from suicidal behaviour, and does not in itself indicate an increased risk of suicide.

The audit has led to the following recommendations:

1. ongoing training in the recognition, assessment and management of suicide risk;
2. needs and risk assessment as part of the care programme approach;
3. reviewing the physical environment at the Cassel;
4. risk assessment be carried out prior to granting to leave to patients at high risk;
5. multidisciplinary review is essential post-suicide;
6. prompt and open contact with families is encouraged.

The process of doing the review has been painful, difficult and extremely informative for those of us on the working party, all in the hospital who have been involved in whole hospital discussions on our findings. The work is ongoing. We on the working party would like to encourage other therapeutic communities to take the risk in learning from patient suicides also.

## **NEW BOOK: The Cassel Hospital Monograph Series No.2 :**

### **REFLECTIVE ENQUIRY INTO THERAPEUTIC INSTITUTIONS,**

Edited by Lesley Day and Pam Pringle (2001)

Karnac Books (London)  
ISBN 1 85575 248 4  
£14.95 (paperback)

**Contents:** Foreword: Kevin Healy. Introduction: Lesley Day. Chapter 1: Knowledge, learning and freedom from thought, Tom Main, commentary by David Bell. Chapter 2: Enquiring into a culture of enquiry, Peter Griffiths and R D Hinshelwood. Chapter 3: Internal

and External Reality: enquiring into their interplay in an inpatient setting, Wilhelm Skogstad. Chapter 4: Reflective space and group processes, Agata Pisula. Chapter 5: Reflections on a supervisory relationship, Pamela Pringle.

# Putting Research into Practice at the Cassel Hospital

**Kevin Healy**  
*Director, Cassel  
Hospital*

**The Cassel Hospital Personality Disorder Study was undertaken at the Cassel between 1993 and 1999.** (See Chiesa, M. and Fonagy, P. (2000) *British Journal of Psychiatry* 176, 485-491)

Information from this study has been central in informing developments at the Cassel Hospital since then.

At the time of the study 50% of patients dropped-out before completing their year's inpatient treatment on the Adult Service. They experienced many difficulties at times of transition - for example, engagement in treatment, admission to hospital, and discharge from hospital. The group of patients provided with integrated continuing care did better on all outcome measures.

Patients' experiences and preferences in relation to treatment were gathered and listened to, and as a result of this, two main areas of work have been identified:

## 1. Drop-out:

We are exploring innovative ways to help patients engage in

assessment and treatment, and plan their admission to hospital.

Patients and staff are looking closely at our treatment programme to consider what is most helpful, what seems to be essential, and what might best be delivered more flexibly.

We recognise the value but also the downside of the intensity of the living experience, and are exploring ways to address this. In particular, we are looking at developing "a third space" that will allow patients to process the intensity of their experience. This space, for example, may be provided by a more open door policy from the Director and Lead Nurse in the hospital, thus facilitating patients and staff placing their intense difficult interactions more easily in context.

## 2. Continuity of Care:

Provision of continuity of care pre-admission, during admission, and post-admission is seen as an important development to the Cassel services. Resources are being shifted within the hospital to adequately resource outreach teams on the Adult Service and the Adolescent Service. The Family Service continues to link closely with local social services departments to ensure this continuity.

The primary task of the Cassel Hospital has been re-clarified as follows:

*To assess and to treat individuals with personality disorders, to offer support, education and treatment to their families and carers, and to provide support, consultancy and training to the*

*professional networks involved in their care, so as to facilitate optimum and continuing use of local services where appropriate on discharge from inpatient admission, to the satisfaction of patients, their families and carers, and their professional networks.*

## *The pain of self-reflective change*

It hasn't been easy for the Cassel Hospital as an institution to take on board the value of research. The appointment of a Consultant to do research was fraught with difficulty ten years ago. Dr. Marco Chiesa has had a major task in shifting the institution to a position where we as workers are interested in looking at ourselves and the outcome of our work.

Initially, we saw the value of being seen to do research, and used this politically for the hospital. When initial results from the research did not support our favoured and perhaps fantasy view of ourselves as providing a very effective service, we "attacked the messenger", criticised the methodology, and sought all sorts of reasons not to believe what was placed before us. Over the past number of years we have matured as an institution, and now, I believe, can take on board the deficiencies in our practice which have been highlighted by our research.

It's a relief to have arrived at this position, and it makes possible further effective development of the Cassel Hospital services. I do not believe the Cassel is different from any other institution struggling to look at itself. It is a difficult and painful process.

# Helping Troubled Children: A Training Course at the Cassel

**Deirdre Dowling**  
*Head Child Psychotherapist,  
Cassel Hospital*

On 27<sup>th</sup> and 28<sup>th</sup> June a group of sixteen professionals gathered on a training course to develop their skills and exchange ideas on the difficult task of helping children in distress.

The participants came from a wide range of settings: Two came from a school for the deaf, another two from a secure unit for adolescents, there were several nurses from children's treatment centres, social workers, a night orderly and a support worker from the Cassel. Two participants had flown from much further afield: a community worker from Scotland came to discuss a new project to support families of the mentally ill, and another from Ireland came from a child mental health team. Also represented was a project being set up to help the families where parents are involved in drug taking.

The range of experience and skills of the participants meant that it was a challenging and stimulating event for the course leaders, a child psychotherapist and a nurse. The course offers both theoretical models of containment, child development and symbolic communication - to provide a way of understanding children's behaviour and responses to adults -, and practical exercises, in which individuals try out their skills in talking to children and responding appropriately.

There is also an important element of consultation:

Participants are asked to bring examples of difficult situations in their own work settings. The group then uses this material to explore the dynamics of family breakdown and childhood disturbance, and to come up with ways of working which participants can take back to their own work settings. It became evident that the conditions in which group members had to deal with difficult young people were very different: some were supported and supervised, while others had to get on without any supervision structure and manage their feelings alone.

The key principle of the course was that of containment, how children need safety and understanding to explore their feelings, and how workers need a supportive or containing setting in order to meet the challenge of these young people and children. A breakdown in their setting occurs, for example, either through staff shortages or a crisis in the care of the children. This has a serious impact on the staff, and their care of the young children deteriorates.

Participants left the course with renewed confidence and enthusiasm, determined to get more support, but also excited about trying new ideas in their work with child and their families.

## Cassel Hospital Training and Consultancy Service

West London Mental Health NHS Trust

The Cassel Hospital has pioneered a psychosocial model of treatment for individuals, patients and families that integrates psychoanalytic and social systems theory. This Model extends beyond clinical practice, providing a framework for understanding group and organisational dynamics and the life of the institution.

These services are designed to be of particular interest to managers and practitioners seeking to work therapeutically in mental health, learning difficulties, or child and family services.

### Consultancy Services:

**Role Consultancy:** for individual managers who wish to explore options for development of their roles, both at an individual and organisational level.

**Team Development:** for groups of professionals who wish to develop their functioning as a team.

**Organisational Development:** for an institution to examine the dynamics of the whole system.

**Clinical Consultation:** provided by members of the medical, psychotherapy or nursing staff concerning the treatment of severe emotional and behavioural disturbances in both individuals and families.

### Training Services:

- **Diploma in Psychosocial Nursing:** validated by Manchester University at Levels 1 and 2.

- **Short Courses and Workshops on Psychosocial Practice**

- **Management and Leadership in Mental Health Services:** short courses and Action learning seminars.

- **Skills and Techniques in Communicating with Children and Adolescents:** Two day short course.

- **Training Placements in the Therapeutic Community**

- **Visitors Days**

- **Study Days and Workshops**

- **Ongoing Professional Development:** clinical supervision, action learning sets, practice-based work discussion groups.

These training and consultancy services can be individually tailored to the special needs of the client, and can be located at the Cassel Hospital or at the client's base.

## The MA in Therapeutic Child Care at the University of Reading -

### A model for training in therapeutic practice - *testing the model at a time of transition*

**Linnet McMahon**  
*Course leader*

Last October eleven students embarked on the two-year MA in Therapeutic Child Care at Reading University. All are senior workers and between them they represent a wide range of child care services. Some are leaders and managers in residential children's schools and homes, several of which come under the Charterhouse umbrella; others work in different kinds of settings, including a primary school, a CAMHS team, field social work in Social Services, a Family Service Unit and a service for children with learning disability. Their professional backgrounds are in social work, teaching and mental health nursing. Multi-professional working and learning brings its own tensions as different working cultures meet and potentially collide. However, there are also rich benefits from a diverse group of people sharing experience and working together towards a common goal of helping emotionally troubled children and young people. Moreover there seems to be a positive value to learning which takes place away from the workplace and its hierarchies and relationships, however well managed. The task is to find a

way of working together which maximises the possibilities for learning, including those arising out of the recognition of difference. As well as differences in professional and agency background, differences of race, gender, class and so on, also need to be worked with. In pursuit of the task Winnicott's idea of the 'holding environment' is helpful, and also takes us back to thinking about the needs of damaged children.

Emotionally unintegrated children, whether they live in residential settings, in foster or adoptive care or with their families, need sensitive responsive care with attention to reliability and continuity - Dockar-Drysdale described it as the provision of a complete experience. That is, they need a 'holding environment'. So too do their workers and carers; not, I hasten to add, because they are unintegrated, but because effective work requires the provision of a mental space in which it is possible to think about the meaning of a child's behaviour and to respond accordingly, and in a coordinated way with other people in the child's life. Further the work makes extra-ordinary demands on the self of the worker, involving feelings which need to be worked with rather than

defended against. Child care which takes place within a setting which works at providing the 'holding environment' of the therapeutic community model, whether explicitly or implicitly, has a better chance of being achieved and sustained. All of this is, of course, well understood in therapeutic communities but much less so in the outside world.

If a 'holding environment' supports the worker in practice it is arguable that the worker in training needs similar emotional holding. Bringing together theory and practice, connecting thinking and feeling, and reflecting from a position of 'not knowing' requires an immense personal engagement and a willingness to explore how our own earlier experiences feed into our response. In 1990 Adrian Ward drew up a model for training in therapeutic child care to match the model for practice. This became the MA in Therapeutic Child Care course which he led for ten years at the University of Reading. The 'matching principle' means that the working methods of the group of students and staff reflect some of the working methods in the therapeutic community. Thus there is an emphasis on working together as a whole group, sharing experiences and learning from one another, in all aspects of

the course, including management and decision making. The day's work is designed with this principle in mind. It starts with an Opening Meeting of staff and students, usually chaired by a student, for sharing important issues from each person's work and life in the previous week and discussing and deciding on any issues related to the work of the course. Similarly there is a Closing Meeting at the end of the day for attending to any 'unfinished business' and making the transition back into the outside world. 'Teaching' takes the form of discussion seminars, based on the reading of a paper the previous week, in which reflection on current practice situations and attention to *process* is key. The weekly Experiential Group helps peel back further layers of connection between personal history and professional practice. The Staff Meeting at the end of the day is a crucial time for piecing together and understanding the day's events.

Adrian brought his personal blend of creativity and insight,

reflection and rigour, irreverence and kindness to his ten years of course leadership. When the staff team sadly said goodbye to him last summer, on his move to the University of East Anglia, the question became, how would the course be without him? It seemed like a test of the course design? Would it work without him? A year on I feel

### Thank you

The transition has been greatly helped by the support of Richard Rollinson and the staff team of the Mulberry Bush School, by the continuing support of the Peper Harow Foundation, and Brian Bishop in particular, who have made possible the extended use of the bursary fund for students for this first year, and also by support from Jane Pooley and the Charterhouse Group. We are particularly appreciative of the help received in setting up students' one week Visits of Observation, part of the sequence in *Observing and Understanding Organisations*, and thank all those concerned for the hospitality provided on students' visits.

encouraged. Although the students' working cultures vary hugely, the structures of the course and the emphasis on shared exploration seem to have made for a coherent working group in which everyone has much to offer and there is much learning from one another. The culture of openness and mutual support feels very real, and people are finding some profound personal connections with the work, and demonstrating fine examples of reflective and responsive practice. Everyone is working under pressure and struggling to find space for the work of the course, as well as personal breathing space. We are only half way and there is still much to do and much to learn - for the new staff team as well as for the students, but it is exciting and encouraging stuff.

If you would like to read accounts of good practice in therapeutic child care, or to reflect further on the needs of training, read **Intuition Is Not Enough: Matching Learning with Practice in Therapeutic Child Care**, by Adrian Ward and Linnet McMahon (1998 Routledge).

### *... and sustaining the culture in a time of transition*

In a time of transition it has felt important to sustain the working culture of the course. A new venture has been **The Ongoing Therapeutic Child Care Group**, a termly evening meeting open to all past students and staff on the Therapeutic Child Care course, facilitated by Teresa Howard who leads the weekly Experiential Group. There have been three meetings so far when a group of eight or so people have met to reflect on what is going on for them and to engage in some really productive work.

### **The next intake for the MA in Therapeutic Child Care Course is October 2002.**

For information, contact:

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**Linnet McMahon** is a lecturer in the Department of Health and Social Care, as well as tutor on the MA in Therapeutic Child Care course. With Adrian Ward she co edited [Intuition Is Not Enough: Learning for Therapeutic Practice in Child Care](#). She teaches infant and child observation; attachment and loss; therapeutic communication with

children and provides play therapy and supervision. She has written the [Handbook of Play Therapy](#), which has been translated into Hebrew, Russian and Japanese. She is currently writing about therapeutic work in family centres and has a special interest in the emotional needs of children with learning disabilities.

## Middlesex/ Tavistock/ Peper Harow Training...

### ...3 YEARS ON

**Alan Worthington**  
*Regional Manager, Peper Harow  
Foundation*

The training programme for residential workers set up by the partnership between the Middlesex University School of Social Science, the Tavistock Clinic, and the Peper Harow Foundation is now completing its third year of operation. This work-based programme, normally taken over two years, may be taken by staff at either undergraduate or post-graduate levels, leading respectively to the Diploma in Higher Education (Dip HE) or Post-graduate Diploma (PG Dip) in The Practice and Psychodynamics of Residential Care. Post-graduates are given the opportunity to complete an MSc with an additional third year. Currently, the programme has 26 students registered across three of the Foundation's residential centres - Thornby Hall, Goldwell, and Earthsea House. Two more centres, Cumberlow Community and Abington House, are likely to join the programme in the coming academic year.

The development of this programme has its roots in a dialogue established between the three partner institutions from 1996. Thornby Hall, responding to increasing external pressures to have an "appropriately qualified" residential staff team, had been exploring ways in which it might develop an already established, psychodynamic staff development structure towards a training qualification carrying academic credits. This was supported at a crucial stage by the Middlesex University - Tavistock Clinic partnership, established through existing collaborative programmes.

The programme, run as a pilot for the first time at Thornby Hall in 1998 and now established, has been developed around four modules, which cover practice, theory, experiential learning and supervision. The entire programme encourages reflective practice using the work with the respective client groups as its primary focus and

source. One of the key aims of the programmes is to address the impact of the work on the staff within the context of the dynamic relationships taking place within the work environment.

Inevitably, as with any new course and particularly with the common, inherent problems associated with running trainings in the residential sector, the question of change and development is a key task for the programme leaders - Jenny Pearce (Middlesex), Philip Stokoe (Tavistock Clinic), and Alan Worthington (Peper Harow), - and for the Programme Management Group. One of the key issues is the pending DoH requirement that all residential staff in our particular sector undertake the NVQ in *Caring for Children & Young People*. How this is to be accommodated or even possibly challenged, given issues of compatibility, is central in our current preoccupations, and we would be interested to hear other views on this, particularly those who have experience of having implemented the NVQ. Our own view is that an inflexible policy on this, especially given the quality of a number of emerging psychodynamic trainings in work with young people (such as those established at the University of Reading, Caldecott College, and Cassel Hospital) will be regressive and short-sighted.

Nevertheless, the response to the programme and its development has been very positive. The external examiner's report commends the "innovative nature of the training" and notes that "the course provides a sound structure and consistent teaching for student learning and reflection on their practice", while the "quality of the work of the students is of a consistently high standard". The evaluation feedback - which included the views of students, other staff and management - regarding the programme "as a valuable and important resource for the staff and the practice" is rated as overwhelmingly positive (all scores on 4 or 5 on a 5-point scale). Interestingly, as changes have been implemented following the first year of the pilot, the student drop-out rate has fallen from 45% (5/11) in the first pilot year to 11.7% (4/34) in the subsequent two years. This includes students/ staff who have left employment.

**For further information about this programme, please contact Peter Finn, Training Officer, Peper Harow Foundation, London (0207 928 7388) or any of the programme leaders.**

**DIRECTOR**  
**GOLDWELL AND**  
**GREENFIELDS**  
**BIDDENDEN, KENT**

**Salary Band : minimum £40k**

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The Peper Harow Foundation is seeking a DIRECTOR for this exciting therapeutic residential centre and special school. This vacancy is due to the retirement of the founding Director.

Goldwell and Greenfields are specially designed and provide an integrated planned environment of the highest standard to facilitate and support the therapeutic task.

The therapeutic community currently accommodates 7 children who have experienced traumatic experiences as well as multiple placement breakdowns. Plans are in place for a transition to enlarged residential accommodation.

The Director will have proven residential management experience and shared vision for the positive potential in this challenging field of work plus a commitment to psychodynamic practice in the best tradition of the therapeutic community movement. They will also bring skills that will ensure a culture of partnership with local authorities.

For further information and an application form call Liz Hunter at Peper Harow Foundation on 020 7928 7388

Closing date for applications:

**Monday 30<sup>th</sup> July 2001**

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Providing a Caring Environment for  
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At Little Acorns School it is our aim to provide the children in our care with the skills and attitudes that will help them grow into confident, well-adjusted adults, within the atmosphere of a unique small family community. Working in close liaison with the main Unit we are entrusted by them to promote the intellectual, spiritual, moral, social and cultural development of these very special children, recognising their very particular needs.

**We are seeking a teacher to cover  
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There is the possibility of a longer-term appointment.

Salary dependent upon experience.

For a job description and application form  
phone :

**Alison Bracken at Little Acorns**

**01580 761330.**

**Jane Pooley -**

# **MEETING ANN COLWELL, founding Director of Goldwell**

*Ann Colwell, the founding Director of Goldwell, will be retiring at the end of the year. I recently talked to her about her work, in order to find out what had inspired her to create and run a therapeutic community home and school for children, and to hear her story.*

Ann worked as a social worker from 1976-1990 - initially as a generic social worker, then in a number of childcare posts, child protection, intermediate treatment with adolescents, and Homefinding. She recalls having had to place many children in settings that were far from ideal: "In the 70s and early 80s children's homes were very institutionalised," she recalls. "Children lined up to have their shoes polished, and once received into the care system never had the opportunity to experience family life. This often meant that they had no life skills or chance of success when they had to leave age 16-18."

The last experience Ann had while working for Kent County Council was to attempt to "turn around" a closed residential unit, which had been implicated, by association, with a notorious case involving serious malpractice. The theoretical focus of the unit had originally been based on the work of Barbara Dockar-Drysdale. However, this had been seriously misused, leading to abusive malpractices. After a nine-month period of struggle a decision was taken to close this unit, and Ann was unexpectedly offered early retirement. This experience left her with concerns, and a resolution to explore the work of Dockar-Drysdale and the theory of psychodynamics in depth.

After a period of working for Kent and East Sussex Social Services Departments as an Independent social worker, Ann and a colleague set up a small private children's home that they ran successfully together for 18 months. Ann, supported by her husband and two valued members of staff, then set up independently, initially leasing and then purchasing Goldwell. She has a deeply held philosophy that if children are unable to live either in their own families or in foster families they are entitled to the best possible care. To this end, Ann arranged for her own external consultancy plus two professional advisors, one a child psychotherapist and one a practice advisor. She had learnt from her earlier experiences that these external guides were vital to the well being of the service.

*Goldwell, a member of the Charterhouse Group, currently provides a therapeutic environment for up to six children under 11 in a seven bedroomed, 16th century Farmhouse building set in three acres of grounds surrounded by farmland and woodlands in Kent. Influenced by the work of Winnicott and Dockar-Drysdale, Goldwell specialises in the treatment of unintegrated children who have experienced neglect, emotional or sexual abuse, multiple moves and breakdown of placements. (For more information, please see: [www.pettarchiv.org.uk/charterhouse/goldwell.htm](http://www.pettarchiv.org.uk/charterhouse/goldwell.htm)).*

Goldwell started in 1995 with 3 children. The arrival of the 4<sup>th</sup> child highlighted the need to begin to set up a school on site, as he was not able to tolerate the local school. So, in 1996, Greenfields school was started. Goldwell now has 7 children and an active school that can also take in local children with special needs. Goldwell also has a special family placement project jointly run with the Caldecott Community, which has now been successfully operating for two years.

In October 1998 a Guardian ad Litem who was also a manager of the Peper Harow Foundation came to visit one of the children living at Goldwell. Ann and her team were delighted to be invited to become part of the Peper Harow Foundation provision. In April 1999 this was achieved and has

resulted in a number of exciting expansions to the service. Goldwell was accepted as a member of the Charterhouse Group later in 1999, and Goldwell staff have benefited from the management support and training. The Peper Harow-Tavistock training course[ *described elsewhere in this issue - ed.*], the Practice and Psychodynamics of Residential Care Dip. H.E. has been delivered 'in-house' and has successfully completed its first year.

Peper Harow has purchased a larger house for the children living at Goldwell to move to later this year. It is at present being refurbished. Greenfields School is also in the middle of a building programme which, when finished, should lead to the school achieving full registration with the DfEE. This will facilitate a gradual expansion to

accommodate up to 12 children, including some day pupils.

Ann will be leaving with some of the questions that she has worked with such as, 'Why do I always end up trying to put things right?' She has come to a realisation that Goldwell has been an important project for her and for the children, as it has been in some degree a sort of reparation for all the children in the 70s and 80s whom she was unable to help appropriately due to the childcare systems of the time.

*Ann, thank you for your thoughtful work. I hope and am sure we will be seeing more of you in different ways in the future.*

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## Big Changes at the Mulberry Bush School

**Adrian Ward**  
*University of East Anglia*

The farewell for Richard Rollinson, in his role as Director of the Mulberry Bush School, was held at the school on Friday 29th June. This was a gathering of the managers and senior staff of the school plus a good number of 'friends' of the school, both local and national, including a welcome return by Robin Reeves, Rich's predecessor as Director. Tribute was paid to Rich both by Guy Wilson, the chair of the managers, and by Adrian Ward.

Rich's involvement at the school stretches back over 25 years and although he temporarily left the school in the mid-eighties to teach at Reading University, he retained a very strong connection with the school during that time. He returned as Director in 1991,

at a time of some crisis, and took a lead in the re-development which is now nearing completion. Stage by stage all the living accommodation and the educational areas have been rebuilt or re-designed, and the grounds landscaped, including new play and sport areas. The rebuilding has been financed by a very successful programme of fund-raising from both government and charitable trusts, overseen both by Rich and by Stephanie Wilson, who was Director of Development for most of this time.

Guests at the farewell were taken on an escorted tour of the new developments, which were widely seen as a lasting tribute to Rich's extraordinary contribution to the school. It was also acknowledged, however, that Rich's greatest achievement was that during the extended

period of building and development, the therapeutic focus of the school was never lost. Indeed the work with the children was also further developed and enhanced in many ways during Rich's time. This was achieved partly through the move from one large living group to four smaller households, but also through the creation of a 'Family Team' of social workers who now work closely with the children's families.

Rich has already taken up duties in his new post with The Peper Harow Foundation, from which Brian Bishop who will also be greatly missed has now taken early retirement. Rich's successor at the Bush is John Diamond, who had been Head of Residential Therapy at the Mulberry Bush through most of Rich's time, having previously held a senior post at the Cotswold Community.

# BUILDING YOUNG PEOPLE:

## *Northgate Junior wins Diana, Princess of Wales Memorial Award for Young People*

In recognition of the construction of a woodwork shop in the grounds of the Unit, Northgate Junior has been awarded a Diana, Princess of Wales Memorial Award. The Award was established in 1997 to receive charitable donations from members of the public, to commemorate the life of the Princess and to support the causes with which she was associated - with a notable emphasis on 'vulnerable young people', 'children', 'the socially excluded' and 'survivors'.

Northgate Junior Adolescent Unit is a specialist NHS psychiatric inpatient service for adolescents of both sexes between the ages of 12 and 16 whose psychological development is being impaired to such an extent that they are not able to function (or be treated and/or supported) in the community without suffering further harm. Using an eclectic approach - drawing on ideas from psychodynamic, systemic and medical models - we offer asylum (in the original sense of the word), giving adolescents the experience of a safe and containing environment, with the space and opportunity to think both about intrapsychic and relationship issues, while working with the system of which the adolescent is a part to create a context for change.

The award is particularly significant, as construction of the woodwork shop was started from scratch by six of the young people themselves, under supervision from staff. During the course of the work they learnt a great deal about the principles of construction, as well as having to face and overcome fears around the use of sharp tools, in order to use them in safe and skillful ways. And now the completed workshop is available for all the community to use in any weather!

The idea behind the project was based on the connection between fixing broken objects and making them functional again, and the mental healing and wellbeing of the residents of the unit.

For further information on the project and/or the award, please contact:

Ms Sue Jackson, Headteacher,  
Northgate School  
Edgware Community Hospital,  
Burnt Oak Broadway,  
Edgware,  
Middlesex HA8 0AD

Tel: 0208 732 6433 Fax: 0208 732 6401

Email: [northgate.junior@virgin.net](mailto:northgate.junior@virgin.net)



**The new woodwork shop**

**Northgate offers placements for training of professionals of different disciplines, and are available as a teaching and/or consultation service for other individuals and institutions. We also aim to promote research which can not only test and refine our own practice, but also be relevant to those involved in related work with young people and their families.**

# Multicoloured Symbol of Community: *The parachute Game*

**Chris Nicholson**  
*Admissions & Assessment Officer,  
Jacques Hall Therapeutic Community*

Twelve students at the Jacques Hall community sit in a circle. Inside the circle is a multi-coloured, hexagonal parachute with one handle on each of the thirteen sections. Walter Blacker, a drama teacher with a long history and experience of using communication games, looms over the group pronouncing the rules.

He says that the idea is for everyone to stand up holding the parachute which, if everyone keeps taut, will bow up into a bright dome. The rules are fairly simple he says, "we all have to work together, and if we can't we can go back inside and do drama theory."

Walter isn't dominating the group ( indeed, he is the thirteenth member ); he's giving the students a set of rules and the power to use or abuse those rules in the knowledge of the social consequences of doing so. I can see each one of these young people contemplating a chance to try it out. It's interesting because this group is very mixed in terms of age, sex, background and inclination. One student in the circle has lived at Jacques for over two years; another is nervously experiencing only their second day.

Walter gives the signal for them to stand. The parachute, for a moment, stays level. Then the air-flow draw it and lifts it up above the students heads. Immediately, everyone's face is hidden under a segment of colour; blue, green, yellow, red. It has worked, the parachute is raised. Now for the real game! Walter explains the next step: everyone has a number, several of these numbers are to be called out and those students must swiftly swap places. If they are not quick enough the parachute will come down; if those holding the parachute meanwhile do not keep the sheeting taut, again the parachute will come down. The group manage this seven or eight times with varying degrees of success, but the parachute does stay up. Then, Walter counts down from five to one and the group sits. The bright dome hovers for a moment, then slowly sinks to the grass; individual faces re-emerge, all a little brighter than before.

In this game no one makes the effort purely for other people and no one makes it just for themselves. The effort is made for whatever that thing is that lies in the centre, paint it in what colours you will, that connects us. This is interdependency at its best and hardest with no rests until we all rest.

## UNREPEATABLE STOCK CLEARANCE OFFER!

Complete sets of back numbers of THERAPEUTIC COMMUNITIES Journal are being made available for a limited time only, at a very low cost.

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**Sue Matoff, Administrator, Association of Therapeutic Communities, 13-15 Pine Street, London EC1R  
0JG Tel/Fax: (+44) 0 20 8950 9557 Email: [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)**

Two years ago the Charterhouse Group of Therapeutic Communities(CHG) for children and young people took the decisive step of hiring Jane Pooley as Director of Strategic Development to set up a development and expansion programme. At the end of September she will be leaving to pursue other things. We asked her to do a piece about her time and she wrote.....

## An awfully big adventure.....

Once upon a time, there was a land full of therapeutic communities for children and young people called CHG. The citizens of this land had been meeting together over the years to offer each other support and guidance. The trouble was, there was a very fine line to walk on to get from one building to another, and the line kept changing, and sometimes it just seemed to disappear altogether!! And, there seemed ever so many big hungry ogres out there ready to pounce and gobble anyone up if they so much as put a tiny little toe out of place as they scurried along. Sometimes the ogre really did eat one of the little citizens; but sometimes the brave citizens marshalled their troops and stood their ground. And on one of these occasions they even decided to be *really, really* brave and to shout from the roof tops of the castle "Oy!! We are here and we have got something to say about caring for kids who can't live in their families!!" And do you know what they did then? Well, *really!* A *funny* thing happened. They invited this little fairy queen to come into their land, and asked her to spread the magic and the word about what they were up to throughout the land and beyond...

Well, in she flounced, tutu twirling. Lots of the citizens were pleased to see her, and some were a little unsure - which the fairy thought was quite understandable, in a fairy sort of way. So, she just got on twirling around and around, and finding ways of spinning her magic web. Gently and slowly - and ever so carefully (at least when anyone was looking!) - she sowed, and wove, and began the job of magic propagation. Lots of kind elves came to support her, and together they beavered away and set up signposts to the land of CHG, so that citizens from other lands could come to find out a bit more about creating a world where children who had experienced things they never should have could come and find something new: A land where people worked hard to listen to each other, and to respect each other, and even when they got cross and upset - yes, it happens even in CHG land! - everyone tried to find a way through the rough and tumble of living and sharing together.

This was a funny sort of land, it struck the fairy. In travelling through other lands the fairy queen had mostly found them full of citizens who were only happy when they were being Right,

and other people Wrong, and they were always looking around for someone to blame, or forever looking over their little shoulders worrying about who was going to blame them!! Actually, these were unhappy lands, with very little real magic left in them. Sometimes this happened in CHG land, and that made the fairy very, very sad. See, the fairy queen believed that citizens usually try their best; and she noticed how important it was to be valued.

So, off she went with her elves and set up her own best value quality network. Together they grew all manner of things: a website, a research project, a set of standards of practice, a book, training days and peer support groups. They went out, too, and shouted from the roof tops, and had a conference, and talked to lots of Giants and HoBods in the government and civil service. They wrote and talked to citizens all over the country and they even took part in getting a newsletter going with their mates! And do you know - more and more other people got interested in what was going on, and more and more elves applied for citizenship, and the citizens got better and better at supporting each other and better and better about knowing how important it is for them to talk to citizens from other lands and to help each other out!!! The chief council of the land really got itself in hand. It sorted out the constitution of the land, and made sure they had shekels in its coffers, and good people to administer and guide them, and said to anyone who asked them "flowers can't grow without roots!"

Well, two years went by, and the fairy queen looked around. She could smell the scent of change. She remembered how she had been travelling before she came to CHG land, and she looked ahead. "It is time for me to go", she told the sad citizens and elves. It was time to find another land to play in. And she was happy, for she knew that the citizens of CHG land would go on developing their culture; that they would keep playing their magical tunes; and she could see new fairies and elves following the signs, coming their way, bringing their own magic (and tutus). And they were happy too, because they could smell the winds of change as well.

*Thank you all for the privilege of the adventure.  
See you in the sunbeams.....*

**Jane Pooley**

# The 5th Annual Maxwell Jones Lecture

The Henderson Hospital invites you to the Fifth Annual Maxwell Jones Lecture

Friday, September 14, 2001 at 7:45 p.m.

Wine and buffet reception at 7.00

Place: RIBA  
66 Portland Place  
London W1

LECTURE:

“TCs - Is it time to break free and think afresh?”

Dr. Jane Knowles  
Consultant Psychiatrist in Psychotherapy  
Winterbourne House  
(Berkshire Health Care NHS Trust)

RESPONDANT:

Dr. Penny Campling  
Consultant Psychotherapist  
Francis Dixon Lodge Therapeutic Community

ADMISSION FREE

For further information, please contact:

Sue Garner  
Henderson Hospital  
0208 652 2810  
[sgarner@swlstg-tr.nhs.uk](mailto:sgarner@swlstg-tr.nhs.uk)

## Publication News:

Maconochie's Experiment

By John Clay

John Murray, £17.99

ISBN 0 7195 6045 4

This will clearly be an exciting book for someone in the therapeutic community world to review. Written by John Clay, one of that handful of people who, with Melvyn Rose, transformed Park House Approved School into a Therapeutic Community, this is “My homage to Peper Harow” - the story of Alexander Maconochie, a sailor, farmer, academic, civil servant - who took the brutal Australian penal colony of Norfolk Island, turned its culture upside down, succeeded radically through theory and methods which will be familiar to readers of this newsletter today, and then failed. That, too, will be a familiar story. A roots book: Therapeutic community 100 years before the term was coined.

## KINGSLEY HALL VIDEO

Video copies of artist Luke Fowler's film on Kingsley Hall - “What you see is where you're at”, which premiered at Dundee Contemporary Arts in April - is available from the author for “£20 or cultural exchange for any other interesting documentary/experimental film”. He can be contacted by e-mail at [kid\\_nikam@hotmail.com](mailto:kid_nikam@hotmail.com).

## THERAPEUTIC COMMUNITIES The International Journal for Therapeutic and Supportive Organizations

Editor: Adrian Ward, School of Social Work  
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*‘The premier journal of and for our field’*

# A CHANGING TRUST

**Craig Fees**

*Archivist, Planned Environment Therapy Trust*

The founder of the Planned Environment Therapy Trust, Dr. Marjorie Franklin (b. 1877), was by all accounts a remarkable woman: Charlotte Mason trained teacher, a medical doctor who set up a maternity hospital in France at the beginning of World War I, a psychoanalyst who studied under Sandor Ferenczi - he proposed her membership in the British Psycho-Analytical Society - and a pioneer of what is now called therapeutic community methods. But though remarkable and brilliant and apparently very good with psychotics, she was professionally and personally extremely difficult to work with. Ernest Jones accused Sandor Ferenczi of trying to pull a fast one. David Wills and Arthur Barron, who had worked with her on and off since the pre-war Hawkspur Camp days, agreed to become founding Trustess of the PETT on condition that the Trust would not do anything until she died. And from its founding in 1966 until her death in 1975 it was pretty quiet. There was some publication, and some consultation, but the real development of the Trust had to wait.

And then it began to grow. Over the next twenty years, slowly and fairly quietly, it developed into a grant-making Trust: supporting student bursaries, research, practitioner's training, and specific therapeutic projects: helping with building at the Arbours, subsidising journals for the Reading Therapeutic Child Care Course, organising a conference at Cumberland Lodge in 1978 to bring leading figures from the field together - Stuart Whiteley and Eric Miller were among the speakers. Then, in 1989, kicked off with a bequest from David and Elizabeth Wills (no relation to the tobacco Wills, unfortunately; David and Elizabeth were Quakers who had just happened to buy a house in the Cotswolds when they were still inexpensive; when Elizabeth died in 1987 Cotswold property prices had gone through the sky), and under the chairmanship of Robert Laslett and then John Cross, the Trust began an exciting, unique, and even extraordinary development.

In 1989 it established the foundations of the Archive and Study Centre, hiring a full-time archivist, creating a facility in which the records of the work can be gathered, conserved, stored in appropriate archival conditions, protected, and then made available - except where rules of confidentiality prohibit it - to people who are thinking, learning, and exploring the history, the practice, and the future of the field.

Over the past several years the Trust has gone one step further, and through the sale of land has made it possible to build a residential/conference-seminar-meeting/retreat facility for the field. It opened in March - professionals have already met there, researchers have stayed overnight, and children from a special school have camped on the field, using the new kitchen and dining facilities.

**The Change:** Although it has firmly decided to retain the grant-making role it has carefully developed over the past 25 years, with its huge investment in facilities for the field the Trust has realised that it also needs to become a grant-raising, donation-seeking body as well. This is a new role, and it is unfamiliar territory for the Trust. Any help - any donations! - any advice, help, and experience - will be gratefully received.

## “WHAT IS ‘PLANNED ENVIRONMENT THERAPY’?”

*For all intents and purposes “planned environment therapy” is interchangeable with “therapeutic community”.*

“Environment therapy” was coined before the last war. The North Americans tended to go for the Continental-sounding “*milieu* therapy” (‘*milieu*’ and ‘environment’ being direct translations of one another), and here in Britain we tended to prefer the good old English word. But the pioneering work being done required something more, so “*planned* environment therapy” was coined. Then came the war, Mill Hill, Northfield, and Tom Main’s seminal 1946 article. The rest is history. “Therapeutic community” was unleashed, and began its remarkable career. “Planned environment (or environmental) therapy” receded, though by 1966 - when the Trust was founded - not so far as it has now..

In an undated letter to David Wills, one of the founders of the Planned Environment Therapy Trust - from internal evidence the letter must be from the early 1950s - his work at Hawkspur therapeutic Camp just before the war (for which the term “planned environment therapy” was partly coined) comes up “*in connection with Dr. Maxwell Jones and his rehabilitation unit. I was sitting next to Ben and at the end [of the lecture] he said ‘Its just Hawkspur all over again’. Ben was quite indignant at the idea of Maxwell Jones’ methods being handed to us as something new.*”

[PP/WDW 2 Unidentified correspondent]

**What is an “archive”?**

Archives are a form of social memory. They hold the consequences of mnemonic technologies created by human beings - writing, typescripts, duplicated material; films, photographs, videos; computer disks, CDs, mini-discs, DAT; gramophone disks, reel-to-reel and audio-cassette tapes: Whatever people create to record the present, we hold the results.

But why? What is it for?

*What is memory for?*

Archivist: Dr. Craig Fees  
 Assistant Archivist: Teresa Wilmshurst  
 Archive Assistant: Maureen Ward  
 Librarian: Helen Frye  
 Specialist Curator: Albert Lamb  
 Email: [archive@pettarchiv.org.uk](mailto:archive@pettarchiv.org.uk)

**You’re a researcher. You’ve just finished your thesis. What do you do with it now?**

First, write a paper for the journal *Therapeutic Communities*. Then, deposit a copy of your thesis in the Archive and Study Centre’s Research Library, where it can be read by others.

**And what about your research materials?**

Put them in the Archive. If they’re confidential, they will be kept confidential. If they can be used, we will make them available. Meanwhile they will be listed, stored in archival materials and conditions, and looked after. If you need them, they’re there.

***Building a research base.  
 Building a common memory.***

**A Note from the Archivist:**

I tend to regard the people who live and work in therapeutic communities, and those who research and study them - current and retired - as shareholders in the Archive and Study Centre. It is through their (your!) investments of archive material, of books and journals, of time, and of memories and experiences for the oral history programme that it continues to grow, and to be such an effective resource for others in the field. I like to give a regular report on developments here, but have run out of space and time. If you would like to receive the end of year report, please be in touch. We are about to be able to move things into the new storage facilities. Which is a good thing, because we have had 35 additions to the archive collections already this year!

**THANKYOU!**

**BARNS HOUSE and Conference Centre**

Whether you are looking for somewhere to relax, reflect and unwind, or to use as a base for walking in the Cotswolds, or as a venue for a special family occasion, or to do research, or to hold a small conference, seminar, professional meeting, or team-building event - we are certain the setting of Barns House, and the new facilities of the Conference Centre, along with the associated Archive and Study Centre, will meet your needs and enhance your stay.

**FOR FURTHER INFORMATION, OR TO BOOK:**

Conference and Bookings Administrator  
 Barns House and Conference Centre  
 Church Lane, Toddington, near Cheltenham  
 GLOS. GL54 5DQ  
 Phone: 01242 621200 /Fax: 01242 620125  
 E-mail: [BarnsHouse@PETTrust.org.uk](mailto:BarnsHouse@PETTrust.org.uk)



*The village of Toddington, close to the Cotswold Way, is the home of the Gloucestershire Warwickshire Steam Railway, and is surrounded by many places of interest, including Broadway village and Sudeley Castle, with Stratford-on-Avon only a short drive away. It is within easy reach of several interesting country towns, with good shopping facilities, including Cheltenham, Evesham and Tewkesbury.*

Set within its own grounds in the small village of Toddington, on the edge of the Cotswolds, the newly built Barns House provides eleven spacious twin rooms, with a large shower room situated between each pair of rooms.

# BACK PAGE

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## ***The Charterhouse Group Of Therapeutic Communities***

***Registered Charity No. 1077652***

Station House, 150 Waterloo Road, London SE1 8SB United Kingdom  
Phone: 0207 803 0550 FAX: 0207 261 1307 Email: chg@btclick.com  
<http://www.charterhousegroup.org.uk>

The Charterhouse Group of Therapeutic Communities is a charitable organisation working to promote, support and inform the development of work in specialist care, treatment and education settings for severely emotionally deprived and damaged children, adolescents and their carers.

Our member organisations care for over 300 children and young people in residential settings. All the children and young people in our care have been through multiple placement and school breakdowns in the community with the subsequent disaffection and difficulties in trusting and making relationships with peers and adults. Our members aim to rebuild the lives of the children and teach them that they are of worth and that each has a contribution to make to the well-being of their group and to society in general. The families of the children, and community professionals, are also 'secondary gain' beneficiaries of our work. The Charterhouse Group exists to highlight the needs of these often forgotten and poorly understood children.

The model of therapeutic community care has been refined over many years. It takes account of all aspects of the child's needs, social, emotional and educational. Staff are trained to provide a consistent living / learning daily routine and to work with the child's fear and mistrust across these areas of need so that they can begin to form appropriate attachment relationships and therefore will subsequently be able to maintain life within a family and go on to have a better chance of adequately parenting themselves and of contributing positively to society.

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## ***The Association of Therapeutic Communities***

***Registered Charity No. 326108***

Pine Street Day Centre, 13-15 Pine Street, London EC1R 0JH, United Kingdom  
TEL/FAX : 0208 950 9557 Email: [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)  
<http://www.therapeuticcommunities.org>

The Association of Therapeutic Communities grew up in the 1960s and 1970s as a supportive organisation for professionals who worked in therapeutic communities, who visited each others' units and shared ideas. It acts as a focus for information, debate, training and support - for anybody who wants their milieu to have a therapeutic effect on the residents, patients or clients; or for anyone who works in a therapeutic community.

The ATC also responds and makes representation to appropriate bodies on political and training issues, and liaises with organisations whose interests overlap with ours.

Individual members include nurses, social workers, researchers, psychologists, creative therapists, managers, residential care staff, teachers, psychotherapists, academics and psychiatrists. We also have a user group.

These individuals share the view that the most effective kind of residential treatment or day care is where all members are involved in creating and maintaining the therapeutic environment.

They believe that change occurs through belonging to and involvement in the life of a group or community - in a culture of enquiry and openness. With a secure sense of attachment and containment, the distress behind symptoms of problematic behaviour can be articulated, understood and changed.

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## ***The Planned Environment Therapy Trust***

***Registered Charity No. 248633***

Church Lane, Toddington, near Cheltenham, GLOS. GL54 5DQ United Kingdom  
TEL/FAX: (01242) 621200 Email: [Information@PETTrust.org.uk](mailto:Information@PETTrust.org.uk)  
<http://www.pettrust.org.uk>

The PETT was founded in 1966 by Marjorie Franklin to promote research and discussion furthering the support and use of approaches to living and working with unhappy, disturbed, delinquent or disturbing individuals, in which all the resources of a thoughtfully created environment, the shared living experience, and above all the enormous healing potential of relationships, are brought together for therapeutic ends.

The specific objects of the Trust, to quote from the original title deed, are: "To investigate and study, publish results and expositions and train workers and carry out in practice methods of treatment of emotionally disturbed, maladjusted or delinquent children, young persons or adults, by means of a Planned Environment Therapy especially in association with specialist psycho-therapy."

<b>DEADLINE FOR MATERIAL FOR THE NEXT ISSUE: OCTOBER 17</b>
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