

Dealing With Healing

Therapeutic Education at Raddery

With residential care still 'at a crossroads' after 20 years, David Dean looks back on the successes and failures in his work at Raddery School since its foundation in 1979.

For nearly 20 years observers and practitioners have been saying that residential care is at a crossroads. Giving the David Wills Lecture in 1980, Simon Rodway, currently Vice Chair of the Caldecott Community Trustees and Chair of the Charterhouse Group of Therapeutic Communities, predicted that, unless recognition and resources in proper measure were given to such programmes the future looked bleak. David Wills himself had spoken of regular pendulum swings but said that on each backward swing the pendulum seemed not to go quite so far.

Dwindling resources and wavering commitment from some policy makers who base their ideology on even more flimsy understanding of the real needs of children and how these can best be addressed - particularly by therapeutic residential intervention - means that we are now in another period of backward swing for residential work. Mercifully the swing is being tempered by the appearance of the book *Growing up in Groups* (1994), edited by Barbara Kahan OBE, Vice President of the Children's Bureau, which develops, from a children's perspective, the work undertaken mainly for older people's needs in *A Positive Choice*, the national review conducted in 1988 by Lady Wagner OBE.

Mrs Kahan says that 'the core issues of residential care and the good practices needed to address them are centred around the detailed care of individuals, contemporary hazards of growing up (smoking, drugs, solvents, sexually transmitted diseases, personal relationships and sexuality), arrival, settling in and leaving as essential stages in any placement'.

Mrs Kahan is also immensely enthusiastic in her introduction to Melvyn Rose's book *The Trouble With Teenagers*. This short work identifies the essence of a residential therapeutic environment as experienced by Rose in his lengthy period as Founder Director of Peper Harow Therapeutic Community and about which he has written more extensively in *Healing Hurt Minds*. It is a much needed response which he was invited to make to counter current political and media favouring of harsher methods of dealing with troublesome teenagers. For despite the lessons learned about treatment when Willie Whitelaw was last Home Secretary, society seems hell bent on returning to strong-arm tactics.

When Raddery Started in 1979, we were enthusiastic to take the best of past good practice in residential programmes and explore new ways of working. It could just be that we were more sure about the kind of practice we wanted to avoid than having a crystal clear vision, beyond a certain point, of what we should do and what, within our competence, we *could* do. The concept of healing and growth for emotionally damaged



children is still far more relevant than that of containment and training and if in the north of Scotland in 1979 we were to use phrases like 'holistic workforce', 'wholefood based diets', 'therapeutic environment' and 'symbolic potential' we knew the risks we were running.

After all, in the country as a whole there were too many establishments offering mediocre service, gritting their teeth daily to face the task of managing the unmanageable and loving the unlovable. The concept of love in this work was not, and still is not, accommodated comfortably.

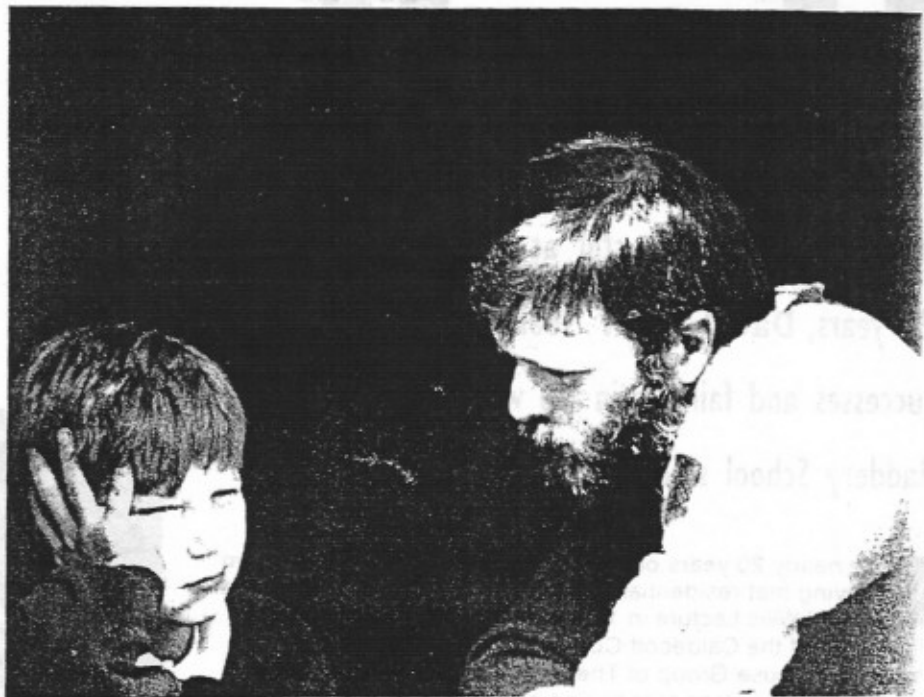
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Anthony Rodway, Founder Headmaster of Tylehurst School in Sussex, writes in the Introduction to **Residential Experience**: 'Sadly it is the behaviour of a disturbed child which a society cares about most. It also needs to be remembered that behind behaviour are the basic feelings inside the child. Children may feel violent and unsure of themselves; they may experience anxiety, panic and deep depression and they may often feel unwanted by their parents and families. These factors all need to be considered when it is being decided whether an individual child needs residential care. It needs to be remembered that behaviour in itself may not manifest the depth of emotional distress.'

It is a response to these factors that schools who do work with children need to develop. Many already endorse such approaches: Balbernie in Cotswold, Barron in Hawkspur Camp, Dockar-Drysdale in Mulberry Bush, John Cross in New Barns to name but a few. These people, and others like them, can give the benefit of years of hands-on work and reflection which ought to be etched on the reasoning of every psychologist, social worker, psychiatrist, practitioner and decision maker for young people in trouble in the land.

It was into an atmosphere of exciting but hard-won psychotherapeutic achievement elsewhere - but which was not practised extensively in residential special schools - that Raddery was launched. A strong component of our programme was to be - as it still is - as real a link with families as we could be. We saw this as an essential precursor to any undertaking to work effectively with a child.

With support - competition even - from three regions to have it sited in their territory, the new independent charitable-status school eventually settled for a site two miles north of Fortrose on the Black Isle. Whilst striving to establish good primary care and provision which acknowledged the psychological significance of just about everything adults and children did, we also wanted to ensure a quality of life for all which could appear at least not to be devised clinically.



Thus the outdoor education and animal husbandry components in particular started in very low-key fashion and were seen as providing light relief from the real business. At Raddery currently we are in the middle of our fourteenth lambing and kidding season and experiencing, if we needed to, an annual reminder of the symbolism and rhythmic significance of the connection between child and creature.

Interest and commitment, fantasy and hard slog are demonstrated throughout the seasons as up to eight young animal keepers at any one time are elected to contribute an hour of their day - more in the breeding season and at weekends - to the tending of ducks, sheep, geese, hens and goats. Because it is a public act, and therefore witnessed by everyone else in the community, the effect is more widespread and everyone benefits from the ambience of the animals being there.

There are times when it all does not go to plan. Children renege on the undertakings they have given with regard to the care of the creatures, rows break out and demarcation disputes occur. Far from light relief, such incidents bring adult skills from more conventional situations of an adversarial setting into play to find solutions and enable insight gained by the participants to play its part in the next occasion in which the children are similarly taxed.

In the animal context, birth and death, injury and sickness, vulnerability and threat all present themselves to be reckoned with and for connections to be made. These features, and the animals themselves, can be talked about in meetings where a sense of common ownership by the whole community is evident. In short, they are part of our way of life and contribute significantly to the healing process.

In outdoor education activities the starting point was play. Burns, rock pools, woods, mini waterfalls and huts led to 'survival camps', first in the grounds and then at Eathie Beach and later for five days at Glenelg. We have Canadian canoed the Spey from Loch Inch to Spey Bay and climbed the three highest peaks in the UK. But these are only the showpieces: skiing downhill and langlauf, loch canoeing, mountain biking and touring, gorge running and wilderness camping are far more common to most young people at Raddery.



Elements of a therapeutic approach

In his contribution to **Residential Experience**, John Cross lays out the elements which to a greater or lesser degree would be found in any school or unit where a therapeutic approach is part of 'Planned Environment Therapy'. These are:

- Shared responsibility between workers and clients in a climate of living which frees to sharers 'to be themselves' and creates one unitary community rather than two separate ones.
- The application of psychodynamic techniques to a residential setting with special emphasis on the appropriate use of transference and counter-transference.
- While allowing for the fact that not all team members would claim to be environmental therapists, they all should subscribe to the community's therapeutic task and at some level forward its therapeutic endeavour.
- Recognition of the fact that disturbed and disruptive behaviours exhibited by children properly placed in residential care are a symptom of deprivation, trauma and disturbance in early emotional experience.
- Acceptance of the fundamental need for proper and adequate experience of dependency before embarking on the path of independence and independent living.
- Awareness in the community and among individual workers of the need to provide boundaries and structure appropriate to each child, within the security of which the child can develop relationships and ego function and strength.
- Recognition by members of the team of the unconscious motivations of behaviour. They should not react to surface behaviour only and they should be aware of the phenomena of transference and counter transference as features of their relationships with children.
- Recognition of the primacy of relationship formation, or giving children unconditional affection, and not behaving in ways which make this more difficult.

- Acceptance of the fact that retributory punishment is not an effective or appropriate way of controlling children's behaviour - although they may assent to sanctions agreed by the community.
- Belief in the value of restitution and reparation and the provision of opportunities for these to take place.
- Awareness of the significance and potential value of the unique ritual, language and symbolism created by any long-standing community and the importance of identifying and, in a positive fashion, developing and using these phenomena.
- Sensitivity in the community environment to a child's needs - which should in fact be determined by these needs. The community regime should be flexible, offering ample scope for the therapeutic use of a variety of artistic and creative activities.
- Provision of adequate and appropriate opportunities for the children's educational advance together with provision for creative experience, reflecting the emphasis put on the strengthening and building upon the sound or healthy aspects of a child's personality.
- Absence of a permanent and institutionalised hierarchical 'staff' structure. There should be some clearly defined apparatus for shared responsibility, bringing about change by a process of consensus and allowing for an appropriate degree of self-determination by all members of the community, both workers and children.

In an attempt to achieve some sort of consensus in order that a generation or more of desperately needy children shall not be lost Cross goes on to say:

'Residential work with children forcibly confronts us with the awareness of how complex human growth and development is, both in terms of individuals and in terms of growth. This brings us to an understanding that one body of ideas does not have to be wrong in order for another to be right; the elements and, therefore (in this context), the potential in human beings, is far more varied and complex than we can possibly imagine.'



If some individual practices ceased to be used, the atmosphere which allowed them to flourish, albeit briefly in some cases, continues in the ambience created by the adults.

To see these activities in terms of recreational light relief is, in reality, misleading and in the integrated plan for each child and for the group they are as strictly devised and defined as any other component.

Integration of experience does not come easily. Primary education and social needs are addressed in terms of body, mind and spirit. If education is to be an essential therapeutic tool for traumatised children, the nature of these traumas and the needs which arise from them need to be appreciated fully by those who recommend by their inspections future developments in our residential special schools and communities.

In a recent letter to the **Times Educational Supplement** (14th April, 1995), Ludwig Lowenstein, himself a psychologist and residential school principal, expresses the fears of many residential establishments south of the border which have experienced OFSTED inspections. Whilst there has always been a small core of inspectors whose understanding of and support for the therapeutic task is real and usefully furthers the understanding of special needs at different levels, this competence will have to become more prevalent. Currently the OFSTED grasp of the therapeutic residential task is causing dismay.

In Scotland we depend on wisdom and knowledge passing from one specialist HMI group to their successors and then being disseminated amongst other inspection team members. My own experience of HMI inspections at Raddery (Scottish Office Education Department Report - Raddery School,



November 1986 and March 1994) suggests a very keen willingness on the part of inspectors to grasp the essential difference between the education of a maladjusted child and a child in more normal circumstances. They appreciate that there is a residential opportunity but in 1994 offered no real discussion on the psychological underpinning of the therapeutic approach.

In the latest inspection, by strong contrast with their advice in 1986, they recommended the imposing of a hierarchical staffing organisation of line management specifically - and rightly - outlawed by Cross and Wills as a retrograde step and an inappropriate role model for children whose manipulation of adults is one of their only means of survival. Such a structure can only reinforce and encourage that manipulation.

The aim of HMI was to recommend adequate staff direction, support and accountability. What they might have said was that if at Raddery we chose to adopt a 'flattened pyramid' staff organisation model and it was found wanting in respect of two or three staff out of a workforce of 35, rather than abandoning it we should overhaul and reinforce it to a point of greater effectiveness. At all costs preserve the non-hierarchical model which children need to emulate.

Adult significance to children is determined more by overall chemistry and availability and might benefit by not being subverted by imposing an unhelpful hierarchical and demarcational culture. Thus while teachers teach, they are also significant at non-classroom times, allying themselves with the groupworker task. Groupworkers and team leaders who between them have case responsibility also 'teach'. Cooks and houseworkers are appointed not only on the strength of their cooking and domestic skills but also on their potential for contributing to primary care needs, to the overall milieu and to the developing of a therapeutic relationship with one child. All workers therefore have to be trained.

At the first Raddery Conference held in Inverness in 1988, Lorraine Fox, then Director of a residential programme in California designed to address the difficulties of abused teenage girls, told the delegates of the sophisticated lead-up to the opening of her Centre. Eventually everything was in place, the physical provision had been devised carefully and the staff had undergone extensive preparatory training. In the first three days of operating, Lorraine discovered a girl had made a disclosure - not to one of those who were ready and waiting but to the cook. 'I forgot to train the cook!' she confessed.

The therapeutic potential of all workers can be assessed and harnessed as long as they are appointed with that expanded role in mind and included in both training programmes and in the process of responsibility and decision making. In exploring new ways of working, we were attracted by some alternative approaches which were gaining or regaining a hearing in the late 1970s and early 1980s. The parameters of

our interest had to be determined by what was relatively acceptable within our setting and culture. Attitudes at large varied from hostility to bemusement to enthusiastic support. There was no yardstick of acceptability by which we could work.

However in looking to homeopathic treatment we were attempting to break the cycle of over-zealous treatment by antibiotics which had become the established pattern for a number of girls and which might eventually impair their immune systems. The Bach remedies offered a much acclaimed way of addressing dysfunctioning emotional states. With both approaches, though, clinical trials had been unable to confirm their effectiveness and so to introduce them with confidence to our programme was difficult.

Both the Glasgow Homeopathic Hospital and Camphill Rudolf Steiner were encouraging but without an enthusiastic practitioner as our own Medical Officer we could do no more than dabble and then let the issue drop.

Guided meditation and visualisation based on the work of the Italian psychologist Roberto Assagioli and developed by Diana Whitmore in Britain has had a more lasting influence with us in group work, psychosynthesis-based relaxation sessions and whole group meetings. Most therapeutic strategies require us to articulate competently and silence can present an unnerving threat. Much of the value of these sessions lies perhaps in the fact that they present an opportunity for children and adults to process and experience non-verbally.

Children would often acknowledge a feeling of enablement after a session and undisguised joy on Friday nights which were 'feet night'. In front of the Common Room log-fire, foot massage (after Robert St John's Metamorphic Technique) was simple and allowed legitimate touch and service as children and adults massaged each other's feet to produce a feeling of calm and well-being. The practice manual and the claimed benefits, however, were not altogether easy to accept and, like many of our attempts to secure such practice in the overall programme, it faded and is no longer in use. A new wave of courage when the time is right may see a reassessment of these therapies.

If some individual practices ceased to be used, the atmosphere which allowed them to flourish, albeit briefly in some cases, continues in the ambience created by the adults. Whilst the adults represent diverse talents and personalities, there is an inescapable extra dimension to their offerings to each other and to children.

Over 16 years this has rarely faltered and perhaps accounts for a cohesion which however sorely tested - as it is from time to time - holds fast. The result is an overall 24-hour programme skilfully crafted and delivered in digestible child-size portions and which is, alongside other innovative and well-designed residential intervention programmes elsewhere, arguably the only adequate response to some children's level of dysfunctioning. Under the Education Act it is these children's entitlement. More significantly, it may be their only hope.

Can bodies such as the new Centre for Residential Child Care based at Strathclyde University, the Scottish Independent Special Schools Group, the Association of Heads of Scottish Residential Special Schools and others, with the encouragement they have already had from the Scottish Office, identify and develop impressively sound examples of residential therapeutic intervention? And thus armed can they, in the short time left before the new Councils set their policies and budgets, ensure that our type of intervention will be the first choice, not the last, and will be of service to a very considerable number of damaged children in years to come? That is the question ■

David Dean OBE, Founder and Principal at Raddery for the last 16 years, retires from the school and therapeutic community this summer to become, amongst other things, a consultant in residential work and writer.