

Introduction

Richard Balbernie wrote this paper in 1973 and delivered it at a conference, “The Evolving of Caring Systems”, at the University of Dundee. When he wrote this the Cotswold Community had become a therapeutic community but the ordeal of transforming an Approved School was still very raw and this comes across in the paper. Richard was also very aware just how precarious the future could be for the Cotswold Community. This paper was also written on the cusp of the transfer of ownership and management from the Rainer Foundation to Wiltshire County Council. A highly anxious time for him as Principal.

John Whitwell

The Management of an Evolving Care System

(or – ‘more by luck than good management!’)

Richard Balbernie

A Razor’s Edge

In 1967 the managers decided that the Cotswold School must change ‘totally’. It was given a specific conversion task – “The Headship has fallen vacant at a time when new legislation is likely to affect the context of residential care for some years to come. Whatever the role of the Approved Schools in the new system, the Foundation is convinced that the future success of the school depends on the provision of a therapeutic community offering a total treatment plan involving remedial and social education, a positive group living experience, individual and family casework, and community links”.

The hypothesis to be explored and tested was that it might be possible in a residential institution to develop and implement strategies of therapy for young offenders that might be more effective than the practices of the ordinary Approved School.

In the second year of this conversion task the voluntary society managing the school opted out for reasons I will later discuss – and a second task was defined – Testing the feasibility of locating such an enterprise within the local authority structure. It had become quite clear that there was no alternative to this and that in itself this task seemed desirable in the context of the Act as it had by now appeared. The proposals of the Act implied a need for units of this kind catering for the severely disturbed. It, however, did not provide any structure whatever for experimental change or for selective diversification of tasks. There was little or no available information on which to base this anyway. It seemed extremely important to explore the considerable managerial problems that this change would pose. That became the second task.

The late Derek Morrell, the Under Secretary of State at the Home Office at this time, who was the author of the new Act, put the task as follows:

“The task is to establish an oasis of creative effort within a system that can be expected to move only at a relatively slow pace towards the assimilation of pioneering work. The acid test as we see it with regard to the possibility of establishing a new general system which is realistically creative is whether or not we can, jointly with suitable local authorities, provide the protection needed by a few creative individuals if they are to run successfully specialist, even within reason idiosyncratic, establishments as a source of insights and practices which can gradually inform the general system.”

I am grateful for this opportunity to share some of the hopes and aspirations, the doubts, the uncertainties, the anxieties and the conflicts in relation to the treatment of severely disturbed and damaged young people and to look at the magnitude of some of the problems which beset us all under the new Act, and also the opportunities and challenges.

Before I came to the Cotswold Community I had carried out some research in an Approved School and was surprised then, as I was later when I first came here, at the amount of management interference and the way they were involved in what I would have regarded as professional and casework decision making. I was surprised to find, too, how it seemed to be rather at the level of crumbling sentimentality. ‘You are so right Master’ stuff (or ‘Brigadier’, or ‘Commander’). People deeply socially concerned and deeply involved but incredibly unconscious and often blindly paternalistic. I was equally concerned with the way that field social workers, (splendidly independent people compared to residential workers!) often rode roughshod in their decision making over others. The keynote of ‘management’ seemed interference rather than protection from interference. A now increasingly anachronistic kind of over involvement and, as I say, with this so often went the fact that key staff seemed reduced to mere functionaries. It was necessary to start from the beginning by re-teaching all adults to knock on boys’ doors rather than barging in. In fact a stage further back still we had to replace first the doors themselves, which had been removed to reduce homosexuality buggery and other perversions in the vicious subculture with all its ruthless primitivisation.

Townsend in his book “Up the Organisation”¹ describes the ‘group’ insulation and dynamic of such management. “It is a pleasant, vague world of ceremony and ritual around regular board and committee meetings. The chief executive if he wants to be effective spends a token amount of time eating lotus with these Mandarins”. “Most hierarchies are nowadays so cumbered with rules and traditions, so bound in by public laws, that high employees do not have to lead anyone anywhere in the sense of pointing out the direction of setting the pace. They simply follow precedents, obey regulations and move at the head of the crowd.

¹ Townsend, R. “Up the Organisation”. Coronet Books 1971.

Such employees lead only in the sense that the carved wooden figurehead leads the ship". He quotes a Chinese saying "As for the best leaders people do not notice their existence, the next best the people honour and praise, the next the people fear, and the next the people hate. When the best leader's work is done the people will say "We did it ourselves".

This paper is about working with severely disturbed adolescents stuck at the earliest stages of arrested maturational processes and the part played by internal and external management.

It is a good thing that it is really very difficult to "plan" for persons – many retain enough spirit to resist this in fact! We need a model of management that can support the growth of the individual and what we get is so often the opposite of this and so inhibiting and crippling to it. Our task is release – not imprisonment. The instinct of management must pay tribute to that which is hidden and dark – for which one cannot plan. Basically human evolution is hidden and a "process" – one which we can facilitate or inhibit but we cannot *make*. We can impinge on it.

Everyone seems to know the answer to the treatment of the deviant and 'the delinquent', either at one extreme or the other, at one end a kind of woolly, "loving" permissiveness and at the other over-determined rigidity. Get off the straight and narrow and everyone seems identified with some theory or idea or splendid plan or blueprint. We are looking for that order which George Lyward would call "stern love" – the kind of order, the kind of organisation that may get into these unformulated, disordered and disorganised lives in a helpful way.

One thing is certain and that is that no blueprint will work. People, especially these young people, defeat any such simple strategies. If one identifies with theories about people one will never understand anyone. I am reminded of one of the most refreshing papers I ever read in the British Journal of Medical Psychology – but it is you who are wild and fey who will understand this better than I. The paper was called "Highland and Island Psychiatric Reflections" and was by a Dr Whittet². He was critical of those who would put right the affairs of others – "They are strangers to the language and manners, the advantages and wants of the people whose lives they would remodel and whose evils they would remedy". In a glorious paragraph he wrote "Providence may well have said inwardly in high places "Let us have these highlands and islands that are attractively different and ambiguously difficult in order to confound the urban generalisations of sophisticate man about his own species; to bring some unreality to the realist; nagging doubt to the cloistered historian; and panic to the planner, haunting him with the endless vision of timeless men. Men who do not seem to fit in to the plan yet have a disarming courtesy and politeness. Men in fact who can be depended on not to budge a fraction of an inch until the deep stirrings of the centuries of thought within them are ready and willing to do so".

² Whittet, M.M. "Highland and Island Psychiatric Reflections". Brit. J. Med. Psych., Vol. 40, Pt. 1, 1967

The inhibited level of functioning of staff seemed to me much the same in Approved Schools as in traditional Children's Homes within local authority Children's Department. The bureaucratic and anxious control systems of some of the old Departments very much meant that staff often had to "ask permission" for example for expenditure of even relatively small sums of money rather than take individual and clearly delegated responsibility for costing and budgeting and so to involve their charges in this. The opposite of taking risks, of making mistakes, of anxiety, uncertainty, conflict, and of learning and evolving through making those mistakes – such control systems, especially when threatened, resorted to pretty ruthless depersonalisation. If an individual steps out of line he will be ruthlessly 'put down'.

Change is both vulnerable and threatening to traditional patterns. It means disturbing a complacently slumbering dragon or dinosaur. For instance the social role of the 'delinquent' as scapegoat 'bad object' – may be disturbed, some of the projections of the morally superior majority may have to be withdrawn, even integrated. The social role of 'the delinquent' is a very powerful one. It is assumed that there are only two ways of working, the woolly permissive with beards and long hair and long ears and sandals, and the cruel and punitive. Public anxiety is extremely understandable. Who on earth wants these people on their doorstep, and not only one's own "local" young people but other people's from a long way off. Not only do people not want this but they really understandably do not want to know too much about it. That I think must be respected and not underestimated. As an example. In her anxiety our local schoolmistress wrote to a senior member of my staff (and I think her anxiety largely stemmed from the fact that we were controlling and managing these difficult boys without resorting to corporal punishment). She had got together a small group of local protestors. The object was to demand a public enquiry as to the way we were managing boys. The main accusation was that the police were in collusion with us and covering up all the ghastly things that were happening. It was assumed that these were not meeting the light of day. She wrote "I think you should know that far more is known about the Community than you would wish. I am not talking about rumour or gossip but actual information which has come to us quite voluntarily from adults – at least two of us have qualifications in psychology! We are not so naïve as you think – there is no hostility towards the boys but a great deal of concern about the management of them – we feel justified in asking -

1. Whether there is any justification for "experimenting" on human beings and with whose approval is this being done?
2. Why with such an excellent staff ratio the supervision is so inadequate.

The interesting and important thing here I think, is the reversal – the complaints are not against the boys as bad objects – they are fine – it is against the staff – a complete reversal of the social role of the delinquent!

We were very fortunate indeed in having the consultant help of the late Kenneth Rice of the Tavistock Institute Applied Social Studies Unit from the

outset, and later, after his sad death, the help of Isabel Menzies. Eric Miller also helped us in the early stages.

Painful conflicts, previously plastered over collusively, begin to surface.

Rice and Miller (“Systems of Organisation”)³ observed that strict controls were necessary to protect experimental situations, especially those that involved social change. Without protection – diminishing as the experimental change becomes more acceptable – interference can lead to “too early crystallisation in social and economic dimensions because of anxiety about the disturbance of traditional patterns. Even so all too often controls are imposed not to protect the task system from interference but to protect management against anxiety. Parameters are controlled not because they are relevant but because they are measurable. Their function is to create an illusion of certainty as a means of coping with intolerable uncertainty”.

So I want to look at these opposing processes, and how on the boundary between inside and outside of such an enterprise, given such a task, one feels at times decidedly split! On one side support for ego functioning and the individual, on the other system which may seek to cover up and gloss over anxiety and conflict by maintaining a low level of ‘dependency’ and functioning – a mutually collusive system.

Management may find they have spawned something from which emerges so much that is unbargained for and threatening that they may be unable to accept it. It may be difficult for them to understand why a neat, polite, good-looking fair haired boy, well dressed, and arriving from another institution, may within two weeks no longer continuously disrupt and attack adults and children, but having made himself a small padded cell (or perhaps a cot?) between a number of chairs may be found shrieking and moaning and banging about inconsolably and liable to scream should anyone touch him or attempt to hold him.

However, they might be more understanding of this apparent falling to pieces to nothing of this little boy, the complete disintegration of the false self, had they known that he spent the first three years of his life in hospital, had then been fostered out and battered repeatedly and brutally in an adoption which broke down, and that subsequently he had continuously been carefully held together in one residential institution after another.

Paradoxically in this work with such severely damaged young people the unit that is well ordered and happy will not be doing its job. Winnicott⁴ has vividly described the inter group dynamic and anxieties which are set up accordingly

³ Rice, A.K. & Miller, E.J. “Systems of Organisation”. Tavistock Publications 1967.

⁴ Winnicott, D.W. “*The Family and Individual Development*”, Chapter 17 “*Group Influences and the Maladjusted Child*”. Tavistock Publications 1965

to how much is “covered” and how it is covered – I am thinking here of two kinds of cover, one of which might be called cover therapy which is that order which can contain therapy and the other might better be called “covering up”. We need to know much more than we do at present exactly what kind of external order each person needs in relation to his lack of inner order and structure for these very damaged personalities and who can and cannot be treated, and from this the diversification of units needed. We need to know *exactly* the ‘cover therapy’ each individual needs, according to the level of ego functioning achieved. We need to know who can be treated with who and in what circumstances.

However, it is often more tolerable for the public or for management to see that kind of external order imposed which completely splits off the inner chaos. The fact that two year’s later there may be a battering or torturing of the client’s own children or their wife is not connected up. Those establishments giving 100% cover as it were are far less vulnerable to public criticism. Winnicott⁴ observed that the wardens of such places need to be dictators and would no doubt think the failures of other places were due to lack of discipline “but the children have not yet started. They are getting ready to start. In places where children lie about on the floor, cannot get up, refuse to eat, mess their pants, steal whenever they feel a loving impulse, torture cats, kill mice or bury them so as to have a cemetery where they can go and cry, in these places there should be a notice “Visitors not Admitted”, the wardens of these places have a perpetual job of covering naked souls and they see as much suffering as can be seen in a mental hospital for adults. How difficult it is to keep a good staff under these conditions!”

If one is more ‘open’ on the inside, with less façade, less ‘covered up’, one has to be less ‘socially’ integrated locally, thus new suspicions and phantasies are aroused and have to be dealt with in new ways – for it is then assumed that awful things are being ‘hushed up’!

In addition to the emergent threats from within are the external control systems and the conflicts there as new systems begin painfully to be established. These have their teething troubles also. I recently received a sort of Part 1 or Part 2 Order from “H.Q.” - These are the very early teething troubles of the moment but no less important for that. Instruction No. 1 read “It is the intention of Social Service H.Q. to issue in a standard format all the information you need to refer to, to enable you to manage and administer your particular establishment in accordance with the policies of the Social Services Committee” “All matters of policy will be decided at H.Q.” The following bit has shades of the old, long abandoned, inspectorate function, and refers to someone now called “The Visiting Officer” – “Subsequent reports will also make reference to any defects or deficiencies in the buildings and equipment noted and any discrepancies or incorrect administrative practices observed”! There is much hammering out to be done!

Social work is carried out in the field at the point of engagement, not by H.Q.’s – it is here at this point that there are those who are in touch with the feeling

content of situations. Here are the listening and the feeling posts, the patrols often deep in unknown and frightening territory and often way out on a limb.

The Hidden Task. Unborn and unformulated beings. Undreamed of early damage.

I began to describe one very small slice of the astounding and appalling rag bag of grossly damaged personalities which come our way. The small boy mentioned would not be experiencing the kind of disintegration that was shown so vividly in the film 'John' produced by the Robertsons. He would not be re-membering in safer conditions those agonies of protest, of despair, of loss of good experience, and eventual withdrawal and detachment which were so vividly portrayed. There was no separation since there was no basic attachment. The problem would lie in the very earliest primary processes. Many seemed to be stuck "at the beginning" and never seemed to have been securely either inside or outside anyone. I am not talking of generalised regression. He would need to start again from the beginning in one area. There were a few functioning bits to hold on to and strengthen. It must be highly disciplined and professional work and requires a high level of skill. Only within an appropriate framework of management and order can there be therapy, and therapy must have a structure which will fit into the management framework. I have tried to bring out the implications of this for a more integrated child and family service in studies reported elsewhere⁵.

We have needed and have had much help in illuminating and understanding this daunting experience. There was a particular slice of the original population embedded in the vicious sub-culture of sadists and victims who seemed perhaps helpable in an open environment. It was clear that they needed very firm containment and when feeling in any sort of life empty space they became acutely panicky and disruptive and acted out violently and impulsively, like a baby 'rooting back'. I remember asking for Dr Winnicott's help at this time. He wrote "At times you must be sickened quite physically by destructiveness that is senseless, or that seems to be senseless, and perhaps it is meant to be senseless. Anything that can be said constructively about this compulsive destruction can be valuable, at any rate theoretically, although it doesn't help you I expect to deal with actual crises. How much nicer is hate than murder and how silly we are if we mind when children scream out fuck and other obscenities".

We were to find that in so many cases there was no border control, no capacity to control reactive impulses because there was no consciousness, no differentiation between inside and outside. I was very fortunate in obtaining the help of Mrs Dockar-Drysdale with her experience of work in this field. What appeared dramatically at this point was the fact that as soon as staff were really in open communication with boys, acting out immediately decreased, but it appeared again as soon as communication broke down.

⁵ Balbernie, R. *"Residential Worker with Children"*. Human Context Books. Camelot Press 1972.

There seemed to be no inner structure of an ego and an id, no formed needs, aspirations or attitudes, desires or emotions. So many unformulated pre-people. Staff would often be experiencing something like an empty shell, a nobody, no small lost child behind the scene. These are not those young people who can evolve given a helpful and facilitating environment, they are stuck at the very beginning. A high proportion of this rag bag is very different indeed to the ordinary residential child care population and task. We found the experience of the severity of the undreamed of damage in this population extremely frightening. When the false self collapsed there was seldom a well protected vulnerable little boy inside the shell – staff were face to face with the naked panic of non-being, of chaos. They are faced with raw nastiness and their own hate, no “loving saviour figure” stuff.

Such damage is beginning to be described in the literature by psychotherapists in relation to patients who have on the whole so far been regarded as untreatable but whom some are just beginning to attempt to treat. But they need a context for living that can contain and support treatment.⁶

Treatment rests on individual consciousness and empathetic identification. Empathetic capacities are aroused only because the therapist is able to withstand in himself similar experience and similar problems to those of his client. This is very frightening experience. This is the opposite of labelling. It is only of course when the therapist is aware of similar problems in himself that he is able to be empathetic and involved but if he is not conscious of his problems he is likely to be infected and invaded and damaged by the experience. He will become impoverished or annihilated. Residentially we live with such patients. But I will return to conflicts in staff learning and exposure later.

James Reinhardt wrote ⁷, “There is in prisons all over the world the offender who was born into a world of pitiless neglect and who during the whole of infancy and childhood received no compassion. He lacked affection at an age when he was too young to put his hurts into words. The unvocalised pain caused by early cruelty had made it impossible for him to accept kindness in later life. In most instances at some time something generous had knocked at the gate but it was too late. The gate had been closed.” “He is not stirred by the revival of memories of his mother’s feelings or moved by recollections of village life, of a family reunion, of a share of victory in a schoolhouse ground. Little indeed awakens his imagination or touches his heart. This sad man is in the dark”. Their complete failure cannot be related to a fractured core of personality. There were no lost worlds they can hope to regain or fragments they can reintegrate. For them the current assumptions of modern psychiatry are not valid. Exploration along the path of lucid memories only leads to a dreary desert. Psychiatrists must surely gain with such people a curious feeling that the libidinal quintessence is completely lacking.” Yet he describes

⁶ Adler, G., “*Helplessness in the Helpers*”. Brit. J Med. Pscyh., Vol. 45 Pt. 4, December 1972.

⁷ Reinhardt J. “*Offenders who are but Empty Shells.*” INT. J Offender Therapy, Vol. 15, No. 3, 1971.

how, for each, there seemed something special that meant everything to them, something vital, a special ray of sunlight in a cell, a particular rose that bloomed each year. Repeated early environmental failure produces a conviction, an underlying terror of being alone and empty, of abandonment and loss of the person they first needed because they drove off or destroyed that crucial person. The experience is like that of annihilation and inner non-being. This exactly mirrors the experience of staff in working with so many of these very damaged boys, their feelings of helplessness hopelessness and annihilation – a sense of overwhelming abandonment, loss and impotent rage, earliest despair and hopelessness. Only rarely does one see a flash of a child behind the scenes in more integrated people. I remember reading an article in the Observer where a articulate young female burglar talked of the first time she burgled with another girl. “The first time was with a girl I met in an Approved School. We decided to go on a housebreaking spree over in Barnet. We got into a house but then she sat down and started eating a big chunk of ham. She was most extraordinary, she used to treat these places like home. Mind you I have my own peculiarities. Although I used to think I would just go after jewellery or money I used to wind up wanting a bedspread or something crazy like that.”

The Approved School has in the past held and contained an appalling confusion of incredible damage. We have had off-loaded into us the untreatable and some that can be treated, an appalling rag bag of brain damaged, of borderline psychotic, of psychopathic, irretrievably institutionalised or brutalised, and of grossly emotionally damaged young people. Out of every twenty referrals about five may be treatable, about five need closed and secure provision, if staff are to be able to function helpfully and the remaining ten are of this rag-bag. It seems to me that about fifty per cent could not, without damage to themselves or others be treated in an open environment. All this damage has largely been plastered over the traditional Approved School.

We began to recognise that a particular and relatively small slice of this population seemed to be treatable in an open environment. I shall be talking of this small slice of this vast “residual” population. For the majority we have no diversified treatment resources available as yet and we do not even know their needs. So far these have been contained but between 65 and 85% have gone on to Borstal and a high proportion of these on to prison repeatedly. Many would appear to have been more harmed than helped by the experience in a traditional Approved School. The majority are perhaps outside the range of present knowledge or resources. In the last five years we have found some, formerly believed to be untreatable, whom we believe we may be able to help, for in this population we found many suffering from immense damage *very early in their lives* whom we felt it possible to attempt to treat. They are not the most damaged but we are just beginning to identify them and to understand their needs. They are only a fraction of the huge problem and I wish to make no generalisations whatsoever. I am talking of one specific slice of experience only. Perhaps quite a few of those who are referred do not need such milieu therapy and may not even required to be placed residentially - I am singling out a small number who essentially do

require special residential therapeutic provision. They are severely emotionally deprived and act out continuously in a state of panic and disruption when they are not contained and held. They are continuously involved in repetitive acts of damage, theft and trespass on property and people.

Conflict with regard to selection

I want to bring out some of the more difficult conflicts which emerge starkly with change. Who *can* support and protect such a selective task? Who can determine what slice of such a damaged residual population in social space a unit should serve? What are the criteria when so much is hidden and unknown? How can we and who should determine what the primary task and its parameters should be? For each unit to function needs a clear baseline, must know what the damage is, what the treatment is, and for whom it is suitable and unsuitable?

But each unit has to know what its primary task is – that task which it exists to perform, the task it must perform to survive. Our task is treatment. Our brief was to produce a treatment environment. Rice and Miller (“Systems of Organisation”) repeatedly refer to the evidence available that a high level of discrimination and consciousness in admission leads to greater chances of recovery for the majority. “We also know that the imposition of the controls necessary to achieve this require an exercise of judgement and decision making running wholly counter to the training of those who manage caring and treatment institutions. It is also clear that from the point of view of society in general far too many resources are spent on the virtually hopeless, while those who could recover or even survive with the minimum help go helpless.” Failure to control the intake boundary results eventually “in greater suffering for the very people for whom these caring institutions exist.”

And of course if we expose staff to too much naked damage at any one time they will feel helpless and hopeless, become impoverished and break down.

If we do take in those we cannot treat they are likely to be further damaged and to fall to pieces and we shall have to ask for their removal. Furthermore we must not take in those we cannot contain because they will act out destructively locally in an open environment and bring the task to a close. But the pressure to take in boys for whom the unit is unsuitable and as the off-loading of all other systems and agencies is, of course, immense. This is ‘stern-love’ indeed. Management needs to be very firm.

The Primary Task

The task was to attempt to provide therapy for boys suffering from severe psychological disturbance and damage to their personalities whose behaviour had led to delinquency of such an order that they had appeared before the Courts and had been committed to an Approved School formerly on an Approved School Order but now to a Community Home under a Care Order (whatever a Community Home is to be).

It seemed to me clear that whether we are going to be able to make any headway with this task or not depended very much on the functioning, organisation and structure, of both internal and external management and their interaction.

I had some year's ago carried out a study in which I followed a number of young people regularly over three years in each of four different residential institutions. I was attempting to look at the quality of staff consciousness, of interaction and understanding and involvement, and what determined this. I wanted to understand better what seemed to determine the quality of help many children received in relation to their needs and the ways in which staff became aware of these needs. What surprised me was that the quality of their care and relationships with children so closely echoed the quality and nature of the interaction between external management and the Head, and as to whether this was static or organic and evolving. There seemed to be a very strong connection between his reliability to his staff and his availability to them, and the confidence and quality of reliability and availability in relationships between staff and children in relation to their needs, or on the other hand the uncertainty and relative superficiality of involvement where anxiety and uncertainty were engendered by management. This seemed a complex process of interaction, but one which seemed to need much further and clearer study in depth.

One thing interested me particularly, though I did not pursue it far enough at the time, and that was that whenever in this process of interaction between management and workers something was happening that seemed creative there always seemed to be outside the committees some wise grey head, someone more conscious and with a degree of externality and authority, someone outside the 'group dynamics'.

The primary task is to develop the ego function of the individual. To help him to take a more mature responsibility for his own behaviour, to help him to discriminate better between what to select and what to avoid, when to conform and when to deviate – to help the young person himself to control the relations between himself and his environment.

So it seemed clear that we had to provide a model that was well structured, with well-defined 'boundaries' and adequate controls over transactions across them.⁸ "Members of the Community must be clear about and committed to the task of the whole and the different tasks of its different parts, they must be clear about their structure and accept the different responsibilities and authorities of the different roles they take. They must be aware of change in situation and role and change in response called for. In this way the Community could provide a model of an institution and of institutional behaviour and the staff of appropriate adult order and authority with which the boys might identify. Moreover the model should be transferable to the external world and must be of use to the boys when they leave. Direct

⁸ Rice, A.K. "Working Note No. 1". C.A.S.R. 1967. Unpublished

individual therapy cannot take more than a comparatively small proportion of a boy's life. The context in which it takes place must therefore reinforce and support specific treatment but if it does not support it or worse, contradicts it, then any results of therapy would almost certainly be jeopardised." The institution itself and staff behaviour had to provide the therapy.

In so far as our task is to strengthen the capacity of the young person to take a more mature and sophisticated responsibility for his own behaviour as an individual, all internal and external management functions must ideally support and protect this task. This requires clear and mutually understood and respected systems of *individual* command, control, and responsibility for tasks. Impingement will be harmful although non-interference and delegation will greatly increase the managerial anxiety and conflict. It is important to distinguish between responsibility for tasks and actual task performance. Management take much risk in delegating task yet remaining responsible. The management lines of communication and who is responsible to whom for what must be clear.

We owe much to Ken Rice's inestimable help in these early stages. In his first Working Note ⁸ he summarised his own work and experience thus 'In general, it can be said that without adequate definitions for activity systems and groups, organisational boundaries are difficult to define and frontier skirmishing is inevitable. It is perhaps a major paradox of modern complex enterprises that the more certainly boundaries can be located the more easily formal (*task* directed, open, cultural rather than sub-cultural) communication systems can be established. Unless a boundary is adequately located different people will draw it in different places and hence there will be confusion between inside and outside. In the individual this confusion leads to breakdown, in enterprises to inefficiency and failure!"

Management as organic and responsive to change in people and situations

Management in all areas requires a high level of consciousness. The charismatic ('You are so right Master') – manager or leader keeps people functioning at a childlike level of dependency. The opposite, however, is mere buck passing. I suppose management could be compared to the role of a conductor of an orchestra.

My family lived in India and used to manage a tea plantation in Chittagong on the Assam border. Neither they nor others really questioned their privileged life. Time was when there was an absolute respect between the natives and their overlords and this was unquestioned. Their masters regarded themselves as models of rectitude in behaviour and of respectability and behaved accordingly. They were privileged and well served. I used to worry that the servants lived often in conditions of such squalor but this was also regulated by a rigid cast system which sentenced one person to sweep and another to yell at him. They had little on their own. They had little say in their own affairs. They were regarded as children. Charismatic leadership was appropriate – such people forego their ego functions – they have never had

them in fact. Then the natives became very much more unsettled than this and some were very politically aware and very restless indeed. They were becoming conscious. At this point some of their “masters” became intensely anxious, ruthless, dominating and bullying, the more anxious and frightened they were some attempted change and others moved out. Whenever there seemed no channel for discussion and the development of natural aggression was frustrated they became highly emotional. Some of the sahibs began to recognise that a new role was necessary. They tried to move in step somehow. Some increasingly tried to delegate responsibility and were supportive to individual growth. They gradually diminished themselves. With consciousness came guilt of what had been – some could not accept this. Their management froze whilst that of some became in a sense therapeutic.

Cottage Seven. Staff Learning and exposure.

I want to describe the evolution of a treatment unit – the task and difficulties of management whilst people and new structure evolve – complex organic processes where impingement or abdication can be destructive.

I want to describe the degree and nature of psychic exposure in such change and its effect on staff as they move out of institutional functions which leave out themselves and into meaningful therapeutic involvement. Many staff may initially have been drawn into the traditional penal institution unconsciously to get away from frightening personal problems – in change many will come face to face with these very problems – their own shadow – and may or may not be able to accept and integrate them. The false self will tend to “breakdown” as they become conscious of them.

When change starts boys test new and vulnerable structures to destruction.

In change from a situation in which so much of the underlying damage in boys has been buried, there is in the early stages a swamping and annihilating amount of aggression and destructiveness. Staff anticipating and phantasying or experiencing “loss of control” or swamping chaos, will need considerable help and support in both sharing and containing their own anxiety. Failing this, communication will break down and their own and boys acting out will increase massively, there tends at first in terms of management of boys to be a wild swinging between abdication and woolly permissiveness, authoritarianism or else withdrawal. Staff will swing between being completely dominated and swamped under adolescent omnipotence or will retreat into institutional defences and barriers against their own reactive violent feelings, often experienced for the first time. As yet the underlying panic anxiety in boys hidden behind the smokescreen of aggression – their vulnerability – will not have emerged.

In the early stages of uncertain oscillation there are times at which staff find themselves so anxious that they tend to meet demands rather than needs and are engulfed. Boys become omnipotent and there is nothing more difficult than when these boys who are themselves so often both deprived and indulged, since they have never known either consistent affection or

management, find they have swallowed up staff on whose survival and externality they must depend. Staff found themselves trapped and dominated by omnipotent boys because their fear of reactive acting out or violence if they pull out of this. It is easier to mop up after than tackle their mess then.

During this stage the internal team level of functioning and confidence of staff may be insufficient to survive. Boys are still testing the cover to destruction and cannot yet use it. External management was needed to support and cover and supplement staff ego functioning in a skilled way, one which did not damage the development of confidence within the unit team. This was called "super egoing" but gradually it seemed to become more ego supportive. In retrospect I think often it was the former through fear and anxiety, and was then more destructive than constructive, even when in crises it, at the time, seemed essential almost to take over commands.

As staff and boys gain confidence the initial testing and aggression gave way to an increase in dependence and the underlying panic anxiety was held by staff more steadily. These underlying fears now become very apparent, very raw and very naked, and boys tend to become very vulnerable and paranoid as they regress to unintegration. Enormous strain was placed upon the staff who found themselves providing the totality of ego functioning. Then the terrible emptiness of many of these young people appeared. The damage in some is so great that it is necessary to separate them out primarily so that staff may survive and continue to help the majority.

Staff throughout needed especially skilled and conscious management and skilled consultant support to survive. It is important to them that the two functions do not become confused. As staff develop confidence external management increasingly had to provide 'cover' only at exceptional times but the relative withdrawal must be conscious. With increasing delegation there is considerable conflict in this as either information may be held back and then passed in a flood of anxiety and panic or it may become "processed" and institutionalised. Staff will swing between splitting off their anxiety and then vomiting it out in a flood until they learn to hold it and then share it within a context that can help them accept and work on it.

The structure of roles and functions increasingly becomes important. Who is responsible to whom for what, and what is and should and should not be communicated to whom, becomes a very important aspect of staff learning. At this point too there will be inevitable confusion between who is responsible for task and actual task performance and much collusive and complex blurring of responsibilities and commands. Considerable help will be needed in clarifying appropriate structures as this experience develops, and considerable trust in managers and consultants.

It becomes more appropriate for external management to stand close by and let unit management go through experience that is extremely painful and threatening. Staff will need to be "let down" in a very conscious and careful and skilled way. A few years ago this would only have led to such increased anxiety that it could not be contained but this time the leader says "Look here,

I want to try and if I want help I'll ask for it". He begins to establish his own command and requires this to be respected. Management begins to become at this point and at this moment a service task in a different sense, its authority changes.

It was noticeable that one older staff member with more previous institutional experience than the others and whose doubts and uncertainties were considerable was unable to express his anxieties to his younger male colleagues and it became clear that all his anxiety was being acted out through the women staff. Male staff were not sharing or holding their own anxiety and so were not holding boys anxiety, and acting out and aggression was turning directly against the women. As male management began to develop in the unit boys at first became immensely hostile and threatening towards men as they emerged from collusion and acting out and violence evaded by earlier collusive pairing and abdication was paid for heavily.

At this stage several staff found themselves near the edge of breakdown. Paradoxically – they were changing however and 'finding themselves' also. Their wives and families needed much support and the wives met together to help to develop their understanding of the task and its implications. Strangely, many understood at a deep level the developing aggression in their husbands. As unit leadership developed it became noticeable that male staff were beginning to talk about their anxieties and uncertainties more firmly, openly and easily. As these were no longer split off and institutionally "processed" they tended at first to be somewhat swamping to themselves and their colleagues. It was clear that communication could only begin to open up in this way when the staff structure itself was steady and firm enough and as internal management began to gain confidence. This was only partly a matter of clearer definition of roles and functions so that staff themselves became more clear as to who was inside and who was outside what in terms of responsibility. The underlying panic anxiety in staff became more tolerable and integrated and as this began to be contained it was more possible to discern the underlying conflicts and doubts which had previously been denied – the shadow. The women staff in these meetings said that they felt far less threatened in crises. They felt for the first time that staff anxieties were no longer being acted out through boys. They observed that boys had remained in open communication during a critical period in a change in leadership and had been able to stay with their own feelings at this difficult time rather than act them out and in fact how little acting out and tension there had been.

Staff had for some time been rating the level of communication of boys as either (a), (b) or (c) each day. It had long been noted that a (c) level of communication very soon led into acting out.

What they now observed was that there was an almost exact correlation between this and the daily level of communication between staff. This is obvious but the important thing was that they themselves saw this for themselves and it could be objectified in this way. At this stage it becomes possible for teams to work together to produce specific 24 hour therapeutic management programmes for each boy which are not mere technocratic

prescriptions but heart-felt. As male staff began to tackle rather than evade the mess in the boys, so women found themselves less as drudges mopping up after them.

Conflict and stress with regard to essential staff learning and insight

These are essential but extremely anxiety provoking processes of staff learning in and for residential therapy – therapeutic involvement. Staff may come in to this work to avoid their own shadow by projecting it on to the delinquent and then meet this daunting ghost face to face in themselves. They go through absolute hell. Many are unconsciously drawn into this work to seek lost and foreign parts of themselves, but the parts they consciously seek are often only the “best” parts and they are deeply shocked when what they meet is that which is most primitive, most weak, most threatening, and least acceptable in themselves. They learn in fact on the verges and edges of breakdown. It requires confidence to be firm rather than attack.

Management has a very special and difficult function during such periods for they will be witnessing the birth of a strange creature, all sorts of dragons which they find are spawning. Being a midwife to these monsters can be quite nerve shattering! Their lot is extremely hard and unenviable, but I will return to this.

Jules Henry in an important study “Types of Institutional Structure”⁹ differentiated between the traditional children’s psychiatric hospital structure and Bettelheim’s therapeutic community. I will take only two parts of his analysis.

Worker Personality

- A. The large energy output drawn from the inner needs is accepted and utilised.
- B. Inner needs are masked under routine and frozen professional competence.
- A. The worker seeks a solution of his own problems in work with patients.
- B. The worker seeking resolution of his own problems in work with patients is not desired.
- A. The worker is possessive of the patient.
- B. Possessiveness is considered as an obstacle to work.

The Patients

- A. The worker is deeply involved in the patient.
- B. Involvement of the worker in the patient is an obstacle to the functioning of the system.

⁹ Henry, J. “Types of Institutional Structure” – In “The Patient and the Mental Hospital. Contributions of Research in the Sciences of Social Behaviour. Ed. Greenblatt, M. et al 1957. Free Press, Glencoe, Ill.

- A. The patient is internalised by the worker.
- B. Internalisation of the patient by the worker does not occur.
- A. The status of the worker is dependent on his involvement in the patient.
- B. The status of the worker is dependent on his relative detachment.
- A. The worker and the patient systems are separate
- B. They are not separated.

He describes the counselling of a worker who sees in a mute child with whom she is deeply involved the things she needs rather than actually perceiving herself in him. She says this is not true although it is in a sense true of another boy in whose acting out she sees something she would like to do but cannot. "Mary, another counsellor comes by and joins the conversation. She says she sees herself so much in Gertie, one of her children, that it is hard to disentangle what is Gertie and what is herself, "Which is very trying". Henry concludes that the motivation of staff must derive "in considerable part from inner needs and that in working with the children the counsellor seeks as Ann and others have put it so well, to find herself in and through the children". Thus the fundamental reality in task performance is that the counsellor seeks herself through the rehabilitation of the child. "Any organisation that grants such far reaching autonomy to the performance of its task whether they make aluminium sheets or egos, must expect as a consequence intense personal involvement on their part".

Management may be in considerable conflict in supporting and in fact protecting as 'outsiders' such processes.

Downward delegation of such painful responsibilities and learning will be an essential feature and the traditional 'hierarchy' would increasingly become anti-task. Increasingly the 'hierarchy' will be that of professional service tasks and consultant tasks. Management will therefore have a changing organic function and a very difficult one indeed. They will certainly have a boundary function but that function will change towards what the Americans have called "management by exception". The discipline, professionalism, and management skill of staff in a treatment environment is of exceptionally high and demanding order.

From mere functionary to key focal therapist

In the traditional institution any staff member who is attempting to function in involvement is a threat to the institution itself. It is quite awful how the experience and insights of people who are living with and emotionally involved with young people in institutions can be so threatening to the hierarchy within the institution and to its management. These staff in fact learn to deny the very experiences that they are having, their own truth and consciousness, for there can be absolutely no communication of this reality upwards. If junior staff (and through them – clients) persist in raising inadmissible anxieties and conflicts they will eventually be ruthlessly shut up or shouted at and told that these conflicts don't really exist at all – or finally shouldered out. In these circumstances it is appalling how quickly young, vulnerable therapeutic personalities manage to split off the experience, the truth that they are

experiencing. The seeing is not allowed and therefore does not occur. They can experience appalling panic or anxiety or depression in a boy but this will not be permissible "seeing". They can experience the very vulnerable regressed ego beneath and behind the outer shell and smokescreen of indifference and anger and aggression and yet at the same time listen to a boy being punished, lectured at, and completely split off and forget what even minutes before they were directly seeing and experiencing. Worse, they actually disbelieve it. The therapeutic task becomes sub-cultural to the management task. They must collude, leave or break down.

1965. The case of the Elusive Brief. More luck than good management

I want now to concentrate on external management and task. Ken Rice (first Working Note) observed "If the Cotswold Community is to carry out an experiment the form of management must be simplified to some extent, what can be stated with some degree of certainty is that if the task is to be experimental then it requires special protection, in particular protection from interference. The more it is buried in the administrative structure the more likely it is to have its freedom restricted by the need to satisfy too many authorities. I hope the Community can be given "special" status as an experimental unit under national rather than local control. It will be more appropriate to an experimental unit if any local body were advisory rather than executive. This would remove one more level in the hierarchy between the Principal and the Home Office. By the accident of recent appointments, the Community has been given considerable freedom to reconsider its task and to reorganise. But without the personal interest of highly placed officials in the Home Office the system could still frustrate many desirable reforms. I believe that the Foundation has a very special role to play in the situation by providing a screen between the system and the Community, a screen that can facilitate selected direct contacts between the Home Office and the Community, and inhibit others. In America such a role has been "institutionalised" and I believe is known in government circles as "running interference".

But any notions we might have had of special status perished for the new Act provided for no such support or possibilities and the Foundation felt it had to withdraw. In fact we lost Derek Morrell who tragically died and we lost the voluntary foundation, we lost our local managers, we eventually lost the Home Office itself. This left us with freedoms but no real management except that at this stage for a while Ted Brown, our local Children's Officer concerned himself deeply – but he too was shortly swept away by change!

There was no way under the Act in which a voluntary society could have funds for radical experimentation and there was to be no differentiation or discrimination. In a report at that time I note "The Home Office appreciates the dilemma with which the Foundation is faced and added to the bleakness of the prospect by suggesting that the Cotswold Community, because of its site and location, was unlikely to be acceptable to the Regional Planning Committee which would have to decide on the pattern of Community Homes in that area. Nevertheless they would be agreeable to its continuation and would even welcome its continuation until new legislation was enacted. It

would then be for the Foundation and the Regional Planning Committee to see if they could find a suitable place for the Community within the new scheme of things as the Home Office would no longer be involved. The Foundation raised the possibility of the Community continuing to be used in what was supposed to be “an area of special national need” with regard to the treatment of *severely disturbed* young people and which had been mentioned in the White Paper. The Home Office replied that this was hardly likely as they had in mind that the requirement in this direction would be for secure institutions for highly disturbed cases”!

At that time we found ourselves in limbo with regard to management – this also had its positive side. Derek Morrell had felt very strongly indeed that experimental work must be integrated within the general system and be able to survive under local authority management. I felt very strongly that until suitable public systems of support and protection from interference existed, voluntary management support would be essential but he warned of the danger of such opting out from the general plan. Just before the time of his death Morrell wrote – “But to do so would be at the expense of demonstrating (or so it would be represented) that local and central government cannot provide a protective setting for really important experimental work. I do not believe this to be so. If I did I would have to change my job. But experience over the past year has taught me that the inhibitions of the Approved School system are too severe, and it was probably a mistake to introduce so radical an experiment ahead of general reform of a system.”

We shall see.

The Primary Task and the interaction of internal and external management

It was clear that given an experiment of this kind the task of external management was not going to be an easy one. Too much intervention would harm the therapeutic task, withdrawal be equally harmful. What seems clear was that support was needed from some body that could satisfy itself as to the broad rationale of the therapeutic approach and my own capacity to implement it as director. Having done so it could perhaps then have a positive and supportive role both externally and internally. Externally it should protect the unit from ill informed criticism and actively promote administrative controls and procedures appropriate to special needs especially those not consistent with those applied to conventional Approved Schools, or to conventional residential Child Care. They would also have a particularly important but difficult task of safeguarding the experiment from the pressure of Social Service Departments (including the local one!) to unload cases for which the unit was unsuitable. It could help the Principal and staff by being prepared to mop up some of the stress inevitable in change and also by clinging on to long term objectives when these seemed likely to be overshadowed by day to day pressures.

What mattered was that it should be in sympathy with the primary task.

The inevitability of continuous conflict. Management task in accepting this.

'Management' must provide a model of behaviour and organisation consistent with the primary task and relevant to staff and boys. This applies to both internal and external management. Management is involved in and part of a therapeutic process, a process of change from system maintenance to help for the individual.

The task of external management is an extremely and increasingly difficult one in change. The hand of management may be either dead or alive, either creative or destructive. They will need to be in touch with the feeling content of the situation and yet they will have to be outside. Management is either a dead academic 'subject' or it is an art, a very special art – the most human of all arts I think, one about which we have most to learn from mothers and children rather than theoretical knowing about or blueprints. It seems all too often to degenerate to a power business (but that is flight from its complexity) a business from which human instinct shrinks and fades or revolts. Change will bring into the open previously denied conflicts and anxieties that have been collusively plastered over and are intolerably threatening, and there may be no helpful context for the open discussion and acceptance of these.

I think I have seen more clearly something of what is involved in thinking about the experience of students. It seems to me their learning task is that they should be able through their own personal experience, to empathise and "feel with" staff whilst at the same time remain external and not impinging even in crises to fill gaps and spaces blindly. This is a very particular kind of an outsideness and it requires particular experience. I think this model of being able to "feel with" through *experience* must apply to a proportion of managers in any management body. This is, of course, especially difficult when the terrain is new and uncharted, and where there are so many anxieties and risks and so much is at stake.

It seems to me that the management of an enterprise concerned with therapy as distinct from say a relatively more stationary task such as residential child care, is a particularly difficult one. The continuing developing consciousness of that which is hidden, that which is unknown and with that which is dark and that which is threatening, gives them a very special protective function and one of running interference.

The human spirit is indomitable and the unconscious insists on being attended to in one way or another.

There has to be a *context* for consciousness, a receptivity for truth, however painful, an attitude into which something may come. The question arises then as to how management can be helped in such circumstances to sustain a sufficient degree of openness and consciousness and receptiveness. How can one make people conscious of what they don't want to be conscious of, especially those things which may threaten the basic assumptions of external collectivities?

There must be a *process* of conscious reciprocal interaction between the enterprise and its external management. Management at any level seems more a matter of dying rather than living for one's job, dying into firmer authority.

I have stressed that our primary task is not residential child care but therapy. In the last five years we first attempted a conversion task within the generalised framework of Approved Schools; in a sense moved from that generalised system to another, that of residential child care. Throughout it has been firmly emphasised by the Home Office, and latterly within the local authority framework, that we are *not* 'experimental'. But it has been possible to introduce into our management body a small number of co-opted members over against local authority representatives).

Too many Masters

Throughout the period we have had people involved at different levels in different agencies, complex multiple controls and systems with no clear structure or subordination of one to another. Little or no clarity as to who is responsible to whom for what (least of all myself!). The Home Office, the old Inspectorate, local managers, the Secretariat of a Voluntary Society, the Children's Officer, members of the Children's Committee, the new Social Services Department, elected members of the Social Services Committee, the officers of the new Social Services Department, and the D.H.S.S., to name but a few. At present the confusion being worked at is between the 'management' body and the functions and responsibilities of the "officers of the County Council".

Throughout we have had a deep fund of concern and goodwill and support and I am talking here of the immense difficulties of managers. Recently when I was talking about staff stress, a Manager, obviously deeply empathetic, said, "My reaction is to want to rush in and help whenever I hear these things". Just where managers most want to help and most need a role, they may find themselves in fact role deprived and kept out. The conflicts of management and their anxieties are likely to be enormous in such a conversion task.

Where management fails in its task of protecting the director and the enterprise from external interference it may well be that the director, far from being supported, will be split too completely between managing the conversion task internally and protecting it from damaging external influences which its managers have failed to inhibit or in fact have engendered. It is here he needs help and support in his task.

The Watchers on the Border

The task of external management will be to help to run interference in order to help all individuals within the enterprise increasingly to develop greater personal responsibility – but it will be subjected to administrative pressures, procedures and control systems which require statements and blueprints to be produced in order to feed systems which demand predictability, over-

simplification, and computer and calculator consciousness and planning. The dream of the illusory developing predicatable state. The greater the degree of actual unpredictability, of that which is hidden, the greater will the anxiety be which is engendered and the greater the pressure to deny the intolerable uncertainty. All sorts of manipulative techniques are likely to be introduced to produce “processed” illusions of certainty as cover to satisfy what in the current jargon is called “public accountability” and “credibility”, “cost efficiency”, “cost benefit”, and so on. Large organisations must inevitably attempt to reduce the complex to calculable and ‘manageable’ simplicity. The following is part of a computer coded questionnaire for staff resigning.

Labour Wastage Analysis

“One of the most important functions of personnel management is to control wastage where it is avoidable, for you will appreciate that an unstable labour force undermines efficiency and productivity apart from the considerable financial cost involved.

You have recently tendered your resignation and in order that an analysis may be made of labour wastage I should be glad if you would complete the form overleaf and return it as soon as possible.

It is appreciated that it is often difficult to establish one single factor for resignation as there may be several underlying dissatisfactions which have been felt for some time before something precipitates a resignation. In these circumstances please indicate all the circumstances which have brought about your resignation and where necessary one of my staff will discuss this matter with you so that a dominant factor can be established. It is imperative of course that you be as frank as possible in completing the form so that an accurate assessment of staff needs can be made. When completed the form should be returned in the enclosed envelope direct to Staffing Section”.

Management is needed as a buffer against this sort of ‘processing’ into industrial units! If it is an appendage to the department it cannot help in these real and important conflicts of opposing interests and responsibilities.

It is important to ask therefore how management can be helped to examine itself in relation to its own primary task in order to determine whether or not it is facilitating or inhibiting the task within the enterprise? Can one be trained for this task and if so, how, and with what objectives in mind?”

It is perhaps significant that the only time in five years that I have really had an effective and quick response to an urgent request was by cutting through all the red tape of the lower echelons of administrative entanglement in which we have been embedded and going direct to Derek Morrell. Action was immediate and substantial. Other than that, despite the enormous goodwill of all individuals involved, I would not just at this present moment know to whom to turn for such help – but work on it goes on – I am talking about management at a crucial but very early stage in change and development.

The 1969 Act was based on some pretty woolly generalised assumptions about the relevance of residential child care to the treatment of these severely damaged young offenders. (Though the evidence on which it was based was limited and specific to one small, quiet rural area where it was shown that a few children coming to court had been placed in homes under a Care Order rather than in Approved Schools had not reappeared in court – but at least this started something!)

Special anxieties are also raised in the conversion task to a therapeutic community where leadership is lay rather than medical. A doctor in this field has a much more accepted social role than a lay person – no matter what his training or experience. This I think is extremely important and must be adapted to. A social role exists in medicine which we are denied – and perhaps rightly so as yet. A couple of suicides in a medically directed unit may hardly ripple the surface but a suicide in a lay unit might easily bring it to a close. This makes our task increasingly vulnerable to interference.

We must control the intake and the risk taking. We are having to deal with boys who are on the verge of drug addiction or who are in severe depression and suicidal at times – and we are very exposed on this front. The public's anxiety must be honoured and understood and adapted to, but it is another immense conflict for management. It is interesting however that the one 'special' "Youth Treatment" Centre which has been opened was originally medically directed but after a year's working, the post of Director is now being advertised as either medical or lay. Management is having to support as "therapists", young, intelligent and gifted therapeutic personalities, very vulnerable people in incredibly difficult work and in unknown territory. The role of environmental therapist has not yet emerged professionally with any public acceptance, not by a long chalk, though paradoxically I feel this is right, for premature institutionalisation would probably gell it inappropriately.

The traditional medical model of treatment is in fact an inhibiting one. It is not like knowing what the illness is and so being able to prescribe its cure, it is infinitely more hidden. We only begin to see the needs of another as they emerge in a substantial empathetic relationship in involvement. So much of our work is in the dark. Staff, for example, are, in terms of an accurate assessment of needs at entry, dependent on those that have previously been emotionally involved for the information they need. This understanding (as distinct from know about) spreads upwards and outwards from the client through those centrally involved, the focal therapist and his supporting team and the function of management changes to the support of this new "centring" rather than to directing from outside – in fact to different and more specialised service tasks, and tasks which become very much more differentiated.

There has been one thread, a strange one, in all the experience. Change seems to have been facilitated primarily by a rightly placed individual of personal standing outside the collectivities and fashions and jostlings for positions, less anxiously competitive and powerish than the rest. Someone committed to a personal philosophy compatible with the underlying objectives

of the primary task and able to support and protect and buffer the enterprise over against public anxiety and the anxiety and pressures of public bodies.

The model becomes rather like that in the Indian legend of the Little Rainmaker – the person who quietly goes about his business outside the village in his little hut, and “allows” the rain to come – people who are not even especially noticeable, yet around whom things happen. They are very invisible and their work is very invisible. They are the people around whom life blossoms but they do not cause the blossoming. I should think rainmakers are the evil to manage! An absolute respect and reverence for those processes and forces which are dark and hidden is needed.

Probably eventually there will need to be a differentiated system within the Social Services Department concerned with therapy – whether residential or non-residential – but I think that may be a long way off.

My main aim has been to try to distil for you our experience, so that there can be more conscious awareness of what the implications for management in change are, and so perhaps more thought given to it in advance.

The main tasks of management I think are:-

1. Support for the development of individuals (that is, if you like, of *central* government!)
2. Support for the primary task through the director. A conscious support for delegation of responsibility over against collusive ‘hierarchical’ systems that *maintain* function at a low level in order to reduce conflict and anxiety. External management has to ‘pace’ this exactly as internal management boundaries have to ‘pace’ and adapt according to the levels of functions achieved in each person and unit.

Quite simply it seems to me the boundary function of external management anywhere and at any level, is to help the internal manager on the boundary of his own system. The trouble is that there may very well be differences and conflicts about what the job is, and how it should be done. There will not of course be “agreement” since the job is so unknown and hidden!

3. To help the director in defining and redefining the primary task and the baseline of selection in social space as the enterprise evolves.

Where the task is *therapy*, management will have an especially difficult time of it. This may be slightly lessened either in units which are closed or those which provide high levels of “cover”. In these the underlying damage and cruelty and the viciousness may well be more or less invisible to themselves and the public outside, at least whilst the inmates are *in* the institution.

4. Liaison with social service departments on behalf of the enterprise. Managers will need help to develop the convictions of their courage.

What help will they need?

Change and “diminishment” and specificity in management tasks is going to be an extremely complex matter as our experience increases. If management is the midwife to creative endeavour it is the father’s task to protect instinctive “processes” of differentiation within the inner circle of unformed and unformulated ‘child and mother’ from impingement. If the staff are the “parents” to this change in orientation and philosophy then external management is ideally some sort of midwife and I think very special skill and consciousness will be required, especially at the early stages where the maximum protection is required from interference, otherwise too early crystallisation and rigidities may develop in control systems as they form which would be impossible subsequently to reverse.

So finally to the things which I think are important:

1. Somewhere management is going to need a special element within itself – a number of people who are rightly placed and who can from experience support the specific primary task *therapy*.
2. It seems to me that management is increasingly a highly skilled function. It needs to be differentiated from the roles of consultants and it can inhibit internal management development unless it is conscious and responsive. What training is required for the development of the specific skills needed?
3. It would seem important in our thinking and plans that there be a deliberate selection of certain units for experimental conversion and special support and “protection” for interference, and status given to such a specific task. It may be more possible to work out the range of units and structures you need by limited, planned experimental change of this sort rather than by an overall generalised sentence to change?
4. Local authority jargon like “public accountability” and “credibility” seem to me just the sort of understandable but inhibiting stuff that are stifling to both experimentation and initiative.

But perhaps it is not possible to experiment in any bold way under a publicly controlled system in this field at this stage?

This I do not yet know and we may all yet get “processed” in the computer or calculator consciousness of the new system.

5. Can the new systems support the individual?

In a few days time, on April 1st, we officially become a ‘controlled’ status Community Home. There need then be no other managers than the ‘Officers of the Department’. Theoretically this could even knock out the management changes which might be wrought by local elections! It means a possibility of

increasing exposure to and incursion by those whose tasks are inevitably concerned with levelling and equalising processes of distribution of 'limited resources' and so on. They *could* increasingly barge in with no buffer – not even knocking at the door. A new sentence with all the opportunities and anxieties this brings. Increased conflict between the single and collective.

Is it possible to serve the hidden instinctive living spirit of the individual in a pro-life way rather than “sentence” it in an anti-life way? For that spirit is not only individual but indomitable.

But as the focus shifts to painful staff learning and insight – as it focuses on the behaviour of staff (and their difficulties and problems) and the withdrawal of some of the self fulfilling projections and labels around this work such as “the delinquent” (rather than the boy) so ideally should management shift and adjust and respond to this with their hearts and not just with their heads. Protection and support is needed but it must be heartfelt. Maybe it may in time be possible to celebrate a vital reciprocal partnership of insiders and outsiders bent on the performance of a common task, to celebrate a less collusive partnership in which conflict may be accepted rather than suppressed ruthlessly, one in which there need be less abdication of ego function, and less abandonment of truth to surface gloss and façade. But that is not so easy!

Social Service for the needy has itself quite suddenly become “big business”, competitive, powerish and technocratic. The individual may become possessed by the “group dynamic” and lose touch with himself – his own shadow. The acid test will be whether there is any place possible for the more vulnerable (especially in the early stages of change) and self aware, or will these predatory machines be so threatened that they will react first by steam-rolling and bullying, and ultimately reject them. For such people may adapt but cannot blindly sell themselves out. Failing this our new Community Homes will become small pieces of property entirely surrounded by legislation.