

A Critical Historical Analysis of
an Approved School
Transforming into a
Therapeutic Community: The
Journey of a Healing Culture.

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Abstract

This research project conducted a critical historical analysis of the Cotswold Community, an approved school that transformed into a therapeutic community treating disturbed adolescent boys. To do this, the study created a definition of a successful healing culture, it used this definition to measure the change and to track the developments of the healing culture. The study used a combination of a thorough exploration of the relevant literature and qualitative research methods to gain in-depth knowledge of each type of institution and the process of transition that took place. The results showed four key areas to the transition: power and hierarchy, treatment, staff-pupil relationships and group living. In conclusion the study found a severe lack of successful healing culture within the approved school in all aspects; it only demonstrated a punitive and oppressive regime for all concerned. Secondly to this, it was found that the therapeutic community successfully demonstrated healing culture characteristics in all areas, which was also considered by some to be fundamental in binding the entire community together; representation of the culture's success.

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Chapter 1: Introduction

This dissertation will explore the process of a transition that was made in the 1960s (Wills, 1971) of an approved school into a therapeutic community. The institution existed to treat disturbed adolescent boys. The Cotswold school (as it was known whilst an approved school) resided in the Wiltshire countryside on a farm of 350 acres (Cooper, 2011). The school was run by the Reiner Foundation and was used to conduct a daunting, yet potentially revolutionary pilot project that was encouraged by the Home Office at a time when approved schools more generally were on the receiving end of much public attention (Wills, 1971). The press were 'outing' cases of abuse and misconduct that was present at many of these institutions and it was felt by the Reiner Foundation that they had avoided this so far by sheer luck (Wills, 1971). A monumental change took place to transform the school into a therapeutic community; to lead the change a new headmaster was appointed, Richard Balbernie (Wills, 1971).

The Cotswold Community (as it was later referred to after the transition to becoming a therapeutic community) is of special personal interest to myself. Both of my parents worked at the therapeutic community, meeting there in the early 1980s. I grew up there for a significant part of my life as we lived onsite. This has spurred my interest into the history of the Community as I hold a genuine passion for a special place.

Both institutions had an aim of helping young disturbed boys; therefore in their own separate ways they were trying to create a healing culture. This is central to the aims of this research. This dissertation aims to embark on a critical historical analysis of the transition from the approved school to the therapeutic community to discover the key elements that went into this, and the ways in which the healing culture changed throughout this journey. This will be done through a thorough exploration of relevant literature then creating a definition of a successful healing culture. The study will then use qualitative research methods to gain insight into the main features of the transition and the characteristics of each institution.

Chapter 2: Literature Review

This literature review will begin by providing a thorough explanation of both approved schools and therapeutic communities. This will include their characteristics and relevant theoretical frameworks. An exploration of healing cultures will follow, culminating in a definition of a successful healing culture.

Approved Schools

Originally named 'reformatory schools' or 'training schools', approved schools were institutions that existed as places for the courts to send misbehaving youths (Corpun, 2013) (Tutt, 1974). The institutions were under the control of the Home Office (O'Neill, 2001), and the idea was not to replicate prisons, rather approved schools should be likened to boarding schools. A system consisting of uniforms, a Headmaster, dormitories, pastoral care and other similar characteristics (Corpun, 2013); their aim and objective being one of formal training and 'correction' (Hyland, 1993). Approved schools tried to reform youths by creating a strict environment in which this was possible. Youths would be admitted following an 'approved school order' from a juvenile court (Wills, 1971 p.18); it was considered that they were taking on children who were "exceptionally disturbed, exceptionally unruly and uncooperative or persistent absconders" (O'Neill, 2001 p. 65).

Therapeutic Communities

Therapeutic communities that existed to treat troubled youths also had a focus to 'reform' and therefore to create a 'reforming' environment. They used differing language reflecting their differing focus, their work being about 'healing' as opposed to 'correcting'. The term 'therapeutic community' has been used to describe many different types of institution, which makes narrowing the term down to a specific definition challenging. Different versions of therapeutic communities have been developing since the mid 18th century. They began by providing a more moral treatment of the mentally ill, who at this time were considered mad or less than human (Manning, 1989). What eventually developed was the idea that mental illness could be treated with care in small, social, residential environments (Manning, 1989). It seemed that the establishment of all the attributes associated with this 'family atmosphere' were healing (Kennard, 1998).

There were many theoretical influences on therapeutic communities. One of the earliest influences was the Christian ideology of 'love' and of being able to bring out the best in 'even the worst offenders' (Kennard, 1998 p.11). This provides a stark contrast to the "unofficial beatings and causal brutality" (Corpun, 2013) found in the approved schools, where the Christian ideology of 'love' does not appear to be reflected. It is of interest to note that not all Christian institutions were acting in an honourable, 'loving' way (the contemporary notion that is held of 'loving'). Child abuse within children's homes, including Christian institutions, has been brought to the attention of the press very recently. One example of this

is the 325 Christian Brothers accused of child abuse in over 100 schools across Northern Ireland (BBC, 2013). This evidence brings attention to the issues that surrounds Christian ideology; it cannot be taken for granted as necessarily moral and upstanding.

The style of therapeutic community used to treat disturbed adolescents would resemble a “caring institution, where the human rights and dignity of the inmates are recognised and respected” (Kennard, 1998 p.21). For David Kennard (1998) there exists a ‘therapeutic community impulse’ within these institutions. This impulse aims to “focus on the quality of relationships and communication between people” (Kennard, 1998 p. 11). One could argue this creates a certain type of environment, a caring one. This provides an interesting comparison to approved schools, which used formal training and correction creating a very different type of environment.

Characteristics of Approved Schools

Approved schools were characterised as training institutions (Hyland, 1993). Upon arrival children would be assigned a number that would be used to label all their belongings and by which they would also be referred (Wills, 1971). Parental rights were handed to the school (Hyland, 1993), and the youths that stayed there believed themselves to be placed in the school for ‘reform and correction’ (Home Office Research Unit Report, 1974). Corporal punishment was an integral part of the training regime, and was standardised by the Home Office in the *Approved School Rules 1933* (Corpun, 2013). The Headmaster, who at the

time believed he was acting in good faith, would issue prescribed punishments often with the assistance of the deputy Head. Over time evidence has emerged that these boys were also subjected to beatings and brutality (Corpun, 2013). In 2014 such acts would be considered a crime inflicting pain and humiliation; one is left to speculate how the teachers felt about it at the time.

The children received formal education during their time at the approved school. They were also given vocational training such as farm or building work to prepare them for the outside world (Hyland, 1993). The running of the establishment was regimented, the students would march from place to place (Godfree, 1972) and they would be subject to discipline based on punishment and reward (Godfree, 1972). Aspects of this system, such as the vocational training, display steps towards helping the children prepare themselves for life after school. However, the children were taught harsh values through the strict punitive discipline, with little compassion. For example, children were beaten for stepping out of line on the way to mass. Humiliation and lack of dignity were also prominent forms of punishment, for example by labeling children that wet the bed with 'wet bed' sheets (Godfree, 1972). In an attempt to help the children functionally contribute to society, practical skills-training was offered, however there is no mention of providing a means of emotional 'readjustment', only humiliating rituals. It therefore appears the system was not catering for the full package of human fulfillment upon the child's discharge.

The schools were managed on a day-to-day basis by the Head teacher, who stood at the top of the hierarchy and was responsible for running all areas of the school

(Hyland, 1993). It was also supervised by a board of voluntary managers, one of whom had to be part of the local authority. They were responsible for expenditure and staffing and it was required that they should visit the school on a monthly basis at minimum. Meetings too should be held monthly or as much as it was possible to do so (Hyland, 1993). This suggests that those who were in charge of staffing the school were unqualified and potentially naïve to the workings and goings on of the institution.

Something that seems particularly concerning in this situation is that these unqualified volunteers were in charge of deciding who was to be in closest proximity to, and taking care of highly disturbed young children. With such few visits and such little contact, it could be suggested that these managers should not have had such an influential role in the selection of staff due to their lack of presence. The employed staff were to be the most significant adults in the children's lives for the duration of their stay, making the selection process of staff seem to have little care for the children. This is supported by the emergence of a culture that has more recently been discovered, one that existed within many institutions. It was a culture that allowed staff to feel free to do as they pleased allowing the kinds of activity that, for example Jimmy Savile has been found guilty of. With no-one taking a careful look at who was in these schools and taking care of the children, characters such as Jimmy Savile were able to commit heinous acts of child abuse. This is evident from the number of allegations and cases that have been brought to the public's attention, particularly since Savile's death (The Guardian, 2014).

Characteristics of Therapeutic Communities

Therapeutic communities ran somewhat differently to approved schools, not only in their approach but also in their administration. Maxwell Jones was a pioneer in the area of therapeutic communities. Through his work he found several aspects that he deemed key to the development of these institutions. These aspects included social participation, relaxed structures, cohesiveness, strong leadership as well as Freudian influences of psychotherapy (Manning, 1989). The environment of a therapeutic community would be informal with no uniforms, the use of first names, and the sharing of chores between staff and patients alike (Kennard, 1998). These aspects contrast hugely to the characteristics of approved schools, the notions of regime and corporal punishment are a direct and stark comparator to the relaxed structures and cohesiveness of therapeutic communities.

As outlined, the approved school system used strict hierarchical structures of power. In contrast to this, therapeutic communities used more relaxed structures with power and responsibility being pushed down and shared. In some adult communities this responsibility was shared with the patients (Kennard, 1998). Decisions did not all come from the top, and staff would be encouraged to manage situations without necessarily needing to refer to the Head (Wills, 1971). Within therapeutic environments there was much less conventional authority over the patients and no punishment (Kennard, 1998). Even in the 18th century when moral treatment was first developed punishment was not employed. Instead positive reinforcement and strong relationships

would be used to encourage patients to 'control' their own actions, or at the very least begin to learn from them (Kennard, 1998).

Instead, therapeutic communities would use therapeutic methods to achieve their task of healing their patients; often based around psychotherapy and theories about emotional development interrupted by deprivation, neglect and abuse (Tomlinson, 2004). Their methods would use the expression and exploration of feelings and relationships as well as the forging of strong, trusting, adult - patient relationships (Kennard, 1998 p.49). An example of the therapeutic thought and method that would have been employed is the notion of 'emotional containment' (Tomlinson, 2004). This refers to an aspect of mother infant relationships whereby an infant would project their feelings of anxiety and fear onto the mother, "the mother is able to hold onto these feelings, think about them consciously and unconsciously, and then return the feelings back to the infant, but in a more tolerable form" (Tomlinson, 2004 p.19). This emotional containment was used as a key aspect of the therapeutic care of adolescents. Carers would strive for their young patients to gradually reach a point whereby the patient would be capable of containing their own emotions more of the time (Tomlinson, 2004). This shows another instance of the significant difference between approved schools and therapeutic communities, with methods based around the emotional needs of the child rather than being about training.

Theoretical framework of approved schools

It could be argued that one of the key reasons behind the differences in approach taken by these two types of institution was their theoretical basis. Investigations into why children became delinquent and found themselves in institutions like approved schools have been pondered for some time. Theories of the physiological nature have been explored through the work of Lombroso, who fundamentally suggested “criminals are genetically subnormal” (Tutt, 1974 p.16). This line of theory has been explored by others (Burt, 1925) who proposed that there exists a lower intelligence rate in delinquents (Tutt, 1974 p.16). This theory has met significant critique and according to Tutt (1974), its evidence as being a cause of juvenile delinquency is lacking. Psychological theories have also been considered as a possible cause of delinquency. Work stemming from Freudian theory suggested that “delinquents had a poorly developed super-ego [conscience] which left the Id [instinctual drives] unrestrained and unmodified [...] making the individual unloving, guilt-free, impulsive and aggressive” (Tutt, 1974 p.17). For Freud this ‘poorly developed super-ego’ was a result of insufficient and inconsistent parenting that encompassed ‘poor emotional relationships’ between the child and its parent, this could include neglect and rejection from the parent (Tutt, 1974 p.17). This theory was somewhat dismissed as it was considered not to offer a full enough explanation of criminal behavior amongst adolescents (Tutt, 1974).

According to Tutt’s research (1974) both sociological and psychological theories explain delinquency in adolescents and the causes behind why certain boys are

referred to approved schools. His research stated that “an important personality trait, that of *achievement motivation*, is often lacking amongst delinquents because of a combination of child-rearing practices and social environment” (Tutt, 1973 p.21). This is reflected in the treatment of these adolescents in terms of training regimes and punitive systems that exist in approved schools (Tutt, 1974).

Theoretical framework of therapeutic communities

The therapeutic community approach offers a very different view to that of approved schools in terms of their theoretical framework. Therapeutic communities treat different types of patients, however those that treat adolescents often take the psychoanalytic approach, which this review will focus on. Therapeutic communities derived their task from the theory of Freud’s understanding of the Id and the ego. “The therapeutic task [...] is to provide the conditions within which the boy can begin to form an ego-boundary and become capable of managing his internal world in relation to his environment” (Whitwell, 1987). From this it can be deduced that the child needs an environment which enables him to build a conscience, an internal restraint of the primitive drives and impulses which had not been able to develop in early childhood due to inadequate parenting (Whitwell, 1987). This theory leads into the understanding of children who have either ‘integrated’ internal worlds or ‘unintegrated’ internal worlds (Tomlinson, 2004 p.18), this is described aptly by Tomlinson (2004):

“ ‘Unintegrated’ is the term Winnicott (1962) used to describe the emotional state of the infant from birth and during the first few months of life. Winnicott ascertained that the ‘holding’ [emotional and physical] of the infant by the mother enables the infant to mature towards integration, [...] ‘holding’ gives the infant the experience of being gathered together, which makes him a unit self – a whole person living in the body. [...] This process is gradually internalised by the infant enabling him to build an expectation of his needs being met [this is the basis of a secure attachment]. He [...] gradually internalizes the mother’s capacity to organize and hold his world together, enabling him to do this for himself”

(Tomlinson 2004 p.18).

The children for whom this process is disrupted fail to reach integration and can therefore be described as suffering from attachment disorder (whether that be insecure attachment pattern or a disorganised attachment pattern) (Bowlby, 1969) (Tomlinson, 2004 p.19). They do not feel securely ‘held’ in any way by their significant adults or their environment (Howe, 2005). This is the theoretical framework which has been used by many therapeutic communities and is the reasoning behind their therapeutic methods and planned environment.

This provides more examples of the glaring differences between approved schools and therapeutic communities through their differing theoretical approaches. This dissertation will look specifically at the Cotswold Community, and embark on a critical historical analysis to discover the key elements of its journey from an approved school to a therapeutic community. To do this it will refer back to the definition of a ‘healing culture’.

Healing Culture

The notion of a 'healing culture' is fundamental to this research as it is an integral part of the aims of both types of institution, albeit referred to slightly differently by each. For the approved school this was an environment in which to 'reform' and 'correct'. For therapeutic communities it was an environment to 'heal'. This dissertation will now refer to this 'environment' as the healing culture.

The idea of a healing culture is an abstract one and can be interpreted in many different ways. This makes it necessary to explore its different values and to define the ways in which a successful healing culture will be conceptualised for the purpose of this research.

There are several international examples of organisations (Ananth, 2009) (Neigher & Hakim, 2012) (Samueli Institute, 2013) that have taken on the notion of a healing culture in order to enhance their company values and mission. Atlantic Health Systems (AHS) (Neigher & Hakim, 2012) is one of these, and began an initiative to create a healing culture within their hospitals. For them, this surrounds the notion of preparing patients for recovery. According to AHS "about 15% of healing takes place within our walls; the rest is up to the patient and a host of other factors within and outside their control" (Neigher & Hakim, 2012 pp.6). They seek to help their patients become more adaptable in terms of their own health care, and to encourage them to take more responsibility for it.

Owensboro Medical Health System (OMHS) (Ananth, 2009) face similar challenges of creating a 'healing organisation'. Greg Carlson, the Chief Executive Officer (CEO) (Ananth, 2009 p.59), concerned himself especially with this task. For him, key elements involve 'collaborative efforts' of a team of people, where power can be shared along with responsibility (Ananth, 2009 p.59). Clear values for the organisation as a whole are, to Carlson, of upmost importance along with strong communication of these values (Ananth, 2009 p. 59).

The evidence provided from the examples of AHS and OMHS make it possible to establish that a healing culture is unique to each organisation that uses it. The Cotswold Community (as a therapeutic community) was dealing with young boys who suffered from attachment disorders; their focus was on healing relationships and helping the boys become ready to adapt to life outside the microcosm of society that they resided in (Balbernie, 2011, 1971, Whitwell, 1987, 2011). The Approved school were dealing with the same young boys, however viewed them as delinquent. They too were attempting to prepare boys to reintegrate into society.

Similar to AHS's approach, there was a need to prepare the boys for continuing their healing once they had left the institution, they needed to encourage adaptability with the view of dealing with new relationships, interactions, and situations in wider society (Whitwell, 1987). This was facilitated at the therapeutic community by a team of staff who unified to apply therapeutic methods (Whitwell, 1987). As discussed, therapeutic methods were essential to therapeutic communities and their step towards healing patients. This also links

to Greg Carlson's emphasis for the need of teamwork and shared responsibility (Ananth, 2009 p.59).

For the purpose of this dissertation, the definition of a healing culture will consist of: therapeutic methods, a united front and shared responsibility. However, there is one final point that must be added to the meaning of a healing culture in the context of the Cotswold Community, this is the notion of 'love'. "Love is not a word that you will often hear at the Cotswold, but its presence is unmistakable" (Wills, 1971 p.153). This notion of love that was once used in some of the first therapeutic communities expressed Christian ideology and has roots in the Cotswold Community itself. While the Community's framework did not stem from Christian ideology, the farm itself was previously inhabited by the Bruderhof community, a Christian community dedicated to "put action in Christ's command to love God and neighbour" (Bruderhof, 2014). They lived on the farm for a decade and maintained an invested interest in the site as a cemetery for their lost ones still remained (Godree, 1972,). Love is the final ingredient in the definition of the healing culture that this study will use. This definition will be used as a measurement to gain critical insight into the process of change from the approved school to the therapeutic community.

Chapter 3: Methodology

The objective of this research was to identify the main features of the transition of the approved school to the therapeutic community, and to explore the journey of the healing culture. To do this a combination of qualitative research and analysis of relevant literature written specifically on the Cotswold Community itself was used.

The Cotswold Community closed in 2011, which therefore limited the research methods available and also affected the logistics of the chosen method in terms of people that would be available and ease of contacting them.

After considerable deliberation about the best form of data collection to use, and after considering methods such as focus groups, ethnography and questionnaires, it became evident that semi-structured individual interviews would be the most effective research method for the study at hand.

Focus groups were given the greatest consideration of the methods above because this method possesses many utilisable qualities that would have been beneficial for the research and the aims. Focus groups are particularly good at generating large amounts of data from group discussion (Bryman, 2008) (David & Sutton, 2011). They provide a forum for people to express their ideas and have them challenged by others creating a stimulating space for exploration of the topic (David & Sutton, 2011). However, the drawbacks to focus groups outweighed the advantages. Firstly, due to the passionate nature of the topic for the participants, it seemed evident that a focus group situation would generate

lots of discussion and keeping the topic from deviating too far would have been challenging. There would also be the added disadvantage of a complex transcription process with the possibility of lots of people talking at once (Bryman, 2008). A further problem lay in the sensitivity of the topic; the use of focus groups could cause 'discomfort' for participants making it challenging for them to express their true feelings on a topic (Madriz, 2000). This could limit the findings of the research and affect the validity. In this case it was decided this was also an ethical issue potentially putting participants at risk of distress, the management of which would have been beyond the scope of this study. This was the final reason to decide against from the use of focus groups.

The method of semi-structured individual interviews was selected for numerous reasons. Firstly, due to the nature of the research it was necessary to provide a space where participants could talk freely and explore their perspectives on the topic (Seale, 2004). The semi-structured aspect of the individual interviews facilitated this through not constraining participants to a rigorous set of questions, in semi-structured interviews going off on a tangent is encouraged (to which participants took full advantage), because it can lead to the discovery of new ideas (Bryman, 2008). Participants may also feel more able to talk about sensitive topics or opinions in one-to-one situations (Bryman, 2008).

This method does however present some limitations, one of these being interviewee bias; whereby the interviewees can attempt to give the answers that they think the researcher wishes (Seale, 2004). This could affect the reliability and validity of the results. This limitation was not of huge concern however as

the participants were being questioned on their memories as opposed to their opinions. Another limitation that should be acknowledged is that interviews about past events rely on individual's memory; they may not recollect events correctly or they may recollect with bias, affecting the results. An added concern is that the topic is sensitive, and despite not being in a group situation it may have still been an issue for participants to discuss certain topics. In order to overcome this, particular care was taken when devising the interview questions, and participants were made to understand that they could refrain from answering at any time.

After considering these limitations it was decided that individual interviews were the best option for the research aims, at which point it was necessary to consider the sampling method. Because of the nature of the boys that were treated at the Community as well as what is known from the literature review of the toxic environment that was approved schools, there was a sensitivity that had to be acknowledged and respected surrounding this research. On these grounds it was decided that, for ethical reasons, past students would not be contacted as potential participants, however the use of ex staff members would be highly insightful. Through the personal connections held with the Community, convenience sampling was the most plausible sampling method to use.

Before beginning the research it was important to consider any ethical issues that the research may face and to submit an ethical approval form (to which ethical approval was received). The risk involved in interviewing these professionals was considered very low, however precautions were taken to gain

fully informed consent. Participants were made aware that they could pull out of the study at anytime or refrain from answering any of the questions. Finally, included was the option to keep their names anonymous through not revealing their names in the study. Despite providing this option and all participants being happy to have their names used, it was decided that anonymity for the participants would be safest for them; therefore all participants have been kept anonymous. Consequently all ethical precautions were taken into account and exercised.

At this point it was possible to contact the participants that had been identified, a sample of 5 participants were chosen, all of whom worked at the therapeutic community and one of whom began working at the Cotswold when it was an approved school and just beginning its transition. Emails were sent to all participants requesting their time, to which all were willing. All participants were presented with an information sheet and consent form, and a list of questions were drawn together (see appendix 1). Interviews were arranged to suit the participants at a variety of locations, they lasted on average an hour and a half, and all were recorded. Once all interviews had been conducted they were kept in a secure location, transcribed and coded to reveal four main areas of transition that were key to the approved school movement to the therapeutic community, and to the journey of the healing culture.

Chapter 4: Discussion

As a result of the research conducted, four key areas were raised as major transitional markers of the approved school into a therapeutic community and therefore also marker the progress of the healing culture. These markers are; power dynamics and hierarchy, treatment methods, relationships between staff and boys, and group living. This chapter will go on to critically analyse the approved school approach compared with the therapeutic community approach to these key areas, and in what ways their approaches affected their respective healing culture.

Power and Hierarchy

The Power systems were the first key area, which were raised by the results of research as an influential 'change marker' for the institutions. Power systems encompass the organisation of responsibility, decision-making, and hierarchical structures. The aim of this section is to critically review the evidence concerning the use of power systems in both institutions, their effect and their contribution to each healing culture.

As acknowledged by the literature review, approved schools were managed in a hierarchical manner. The Cotswold school was no exception to this. According to several participants the school was "defined by a steep hierarchy", a dictatorship

where one person made all the decisions (Whitwell, 1987, 2011) (Wills, 1971) and was of a “sadistic nature”. The participants also made a point of recognising that the boys and some care staff (those directly in charge of taking care of the boys on a day-to-day basis) were at the bottom of that hierarchy meaning very little responsibility was entrusted to them. This first acknowledgement suggests a regime that is autocratic due to its features of dictatorship. This would appear to be quite opposite to the definition of a successful healing culture, which advocates shared responsibility and a united front, factors that suggest a more democratic outlook. This assumption of an autocratic regime becomes further supported and its effects suggested by the participants through their accounts of the approved school attitude. According to them it was one of “you have to do it our way, there is no other way” and “I know what is best because you are you and I’ve got the power”. This culture was described as “oppressive”, “abusive” and “collusive”; it became evident through the participants information that the effects of the steep hierarchy were detrimental for the rest of the school including the staff and the boys that stayed there.

For the staff the hierarchy meant that they “weren’t given any real responsibility” therefore there was “a sense of being demeaned and belittled [which] would be pushed onto the boys”. Firstly, this indicates no sense of a united front of staff because a united front in which team members are belittled by each other is not a convincing one. Secondly, it alludes to the treatment that the boys received from the staff; the notion that these feelings (such as belittlement) were transferred onto the boys suggests that the lack of responsibility and oppressive nature of the hierarchy had direct and potentially

serious effects on the children through this treatment that they received from staff. Evidence of this treatment is provided by participants in their account that the “smaller boys [...] were beaten up by older boys ... [and the staff turned] a blind eye”; the culture was explained as one where staff would bully staff, staff would bully boys, and boys would bully boys. This reveals how important the structural elements of shared responsibility and a united front are to institutions aiming to generate a healing culture. Without them it appears, in this institution, that it bred a culture of cruelty and corruption that affected the children’s safety within the school. According to one participant, a healing culture is a place where the feeling of safety for the boys is of utmost importance. Safety is not demonstrated in these examples, nor are the essential characteristics of a successful healing culture (shared responsibility and a united front).

The therapeutic community approached management very differently. According to participants who worked during the change, Richard Balbernie the Principal who was in charge of the transition could clearly see the difficulties faced by the approved school and had strong ideas about how to go about changing the culture. The changes that took place in the hierarchy have been described clearly by participants; “for the therapeutic culture to really develop the staff who were at the coal face [...] with the boys needed to be empowered”. This was done by flattening the hierarchy and appointing areas of responsibility to each member of staff working with the boys. One participant stated “I am sure it helped their effectiveness with the young people”, explaining that this empowerment was essential for staff to then be able to build therapeutic relationships with the boys.

These relationships were referred to in the literature review as highly important within therapeutic communities.

These changes that took place resembled a more democratic regime, the changes being about sharing responsibility with staff who needed to feel empowered. However, it also appears to go beyond democracy and shows the importance of respect; respect given to staff by the hierarchy through trusting them with areas of responsibility. With respect comes dignity and one could argue that in the case of the approved school the negative effects of the hierarchy were projected onto the boys. It could therefore be suggested that in the case of the therapeutic community, the positive effects of the hierarchy (respect and dignity) could too be transferred onto the boys.

This assumption is supported, firstly though the account given about staff's effectiveness with the boys being enhanced with their increased responsibility (effectiveness does not suggest bullying ways). Secondly, by participants who explained that another of the changes that took place was to give the boys dignity and respect. This was done in ways such as, encouraging staff to allow boys to choose clothing for themselves rather than being supplied with matching prison like uniforms, as was the case during the approved school regime, and through referring to them by name as opposed to by number. Giving the boys a choice in their clothing and using their proper name is something that offered them respect. It can therefore be seen that the changes in the hierarchy were more than changes to decision-making processes, they were changes that had an effect on the staff's attitudes; the difference being one of staff feeling oppressed to

empowered, and thus from bullying to encouraging. It consequently helped to change their treatment of the boys. This demonstrates characteristics promoted by the definition of a successful healing culture, and validates them by providing good evidence of the positive effects that sharing responsibility can have.

The therapeutic community, while empowering the staff, was also careful to support them. Morning meetings were one of the ways this was done as participants explained. “[Something] I always found hugely helpful was to have a morning management meeting”; managers from all over the Community would come together to discuss what was happening in their area, any problems that they might be facing and any advice that might be offered. The result of this being “more people were involved in the management task...[which] led to a spreading out of that management and authority” and therefore further sharing of responsibility. Evidence of a united team of staff through the support that they offered each other, the second element of the successful healing culture characteristics that the research has uncovered in the therapeutic community.

This evidence of the therapeutic community with a structure resembling a united team of staff, supporting each other, working together and sharing responsibility could not be more of a stark contrast to the ‘dictatorship’ and bullying that went on in the approved school. It provides evidence of the transition that was made from one institution to the other through a change in power structures and furthermore, steps that were made through these changes towards a successful healing culture.

Treatment

The second key area of transition that the research highlighted was treatment. This requires firstly an understanding of the differing theoretical frameworks that formed the basis of each approach to treatment, and from there the different ways in which each institution aimed to help the young boys in their care. This section therefore aims to critically analyse each approach to treatment with the view of creating a healing culture.

As discussed in the literature review the approved school approach used a theoretical framework that was based on the notion of correcting 'naughty boys' and teaching them right from wrong. This is supported by evidence from participants who acknowledged this and described the school as a place that "trained them to accept authority" through 'regimentation', 'discipline' and a system of punishment and reward. It was "penal and punitive in its thinking" and viewed the boys as 'bad people', the boys were locked up and treated in a system which allowed for "abusive and [...] corrupt practices" to prevail.

The Cotswold as a therapeutic community worked from an entirely different theoretical framework. As the literature review outlined their framework was based on attachment theory; the boys not having received adequate enough mothering as infants resulting in boys who were classed as 'unintegrated'

(Tomlinson, 2004). Their 'deviant behaviour' therefore, far from being considered an act of naughty boys, was understood as their lack of development of the 'ego' resulting in the absence of the ability to restrain their impulses and desires (the id) as well as being a defense mechanism. The task was to help boys to form a reliable attachment. The difference was explained by participants; "it wasn't about being naughty, it was about not managing it", this very different way of viewing the same behaviour underpins the differences in each institution. It was these differences that resulted in such differing treatment. With the understanding of the different theoretical approaches, it is possible to critically assess the two treatments and their contribution to a healing culture.

The Cotswold school, along with other approved schools, used corporal punishment alongside a grading system that appeared to be the most concrete aspect of their treatment regime. The grading system was "the heart and soul of the school" (Wills, 1971 p. 30). Boys would move up and down the grades according to their behaviour, which participants described as a "game of snakes and ladders" whereby "you could earn your way out". This gives the impression that the boys needed to learn how to play a game, a notion that detracts from the seriousness of the task of helping young boys return into society. Learning a game of snakes and ladders would suggest learning ways of surviving as opposed to fulfilled living, superficial learning about immediate tactics rather than life lessons to be cherished. This is a crucial point about what the boys were learning at the approved school. The successful healing culture definition encourages adaptability, and while this system does promote a 'tactical' adaptability (to survive) in the sense of "keeping your nose clean" and keeping out of trouble, it

does not appear to offer fulfilling lessons on adaptability that would be beneficial for a satisfying and rewarding life. Such as, adaptability in terms of adapting their behaviour for the better or improving their relationships and ways of relating to others, one could assume that these disturbed young boys may have struggled with these things. Learning adaptability in this sense would be hugely beneficial to the boys, however it is not something that is evident in the school's treatment regime.

The therapeutic community approach could not appear to be a further contradiction to the approved school approach to treatment. Upon Richard Balbernie's arrival, according to participants and the relevant literature (Wills, 1971) (Whitwell, 1987), one of the first changes that he made was to eradicate the punishment system; this included the grading system and any corporal punishment. Treatment became about understanding the boys and "why this behaviour was coming through? What was it about?" According to participants it was not thought that these boys were being naughty, they simply could not cope with situations they were faced with and were fearful and anxious. Treatment was about providing a setting whereby "their primary needs could be met in order to grow and develop emotionally, [...] it was about providing emotional experiences" and thus helping the boys to form attachments and meaningful relationships. These experiences come under the bracket of the therapeutic methods that are referred to in the definition of the successful healing culture. These methods also reflect the 'containment' theory that is mentioned in the literature review, a therapeutic method based on the parent (or in this case the carer) making sense of the child's feelings of fear and anxiety for them. It was

explained by participants that this was an essential part of the therapeutic relationships; it was about “containing them”.

These emotional experiences could come in many different forms. For example, at the approved school the boys would march from place to place and they would be punished if they stepped out of line (Godfree, 1972). In the therapeutic community on the other hand, several participants described the way in which boys would go from their household to school everyday; “boys would go over on skateboards [...] being pulled along by their key worker, they might have their teddies, the key worker might be carrying their teddies”. It was about providing experiences that the boys missed out on as infants. This kind of behaviour (adolescent boys with teddy bears) was completely normal within the therapeutic community, and the culture was one where it was accepted despite acknowledging that it was something that “age appropriately you would see with more 3,4,5 year olds”. Participants confirmed that there existed “a culture in a household where that was okay”.

This could be compared to the attitude in the approved school that was held of boys that wet the bed, something that could be considered common of the age group of children that would be expected to have teddy bears (3,4,5 year olds). These adolescent children that wet the bed far from being accepted, were humiliated, and this was the treatment method. They were as participants described, given sheets with the label ‘WET BED’ stamped over them. One could suggest that cuddly toys in the approved school would be met with a similar humiliating punishment. In the therapeutic community one participant described

the way in which they personally ruled that all 'WET BED' labeled sheets would be disposed of; an act reflecting the change of treatment approach, and an act of humanization. This provides evidence of the glaring differences in the treatment of the boys. It goes further than simply 'treating' their behaviour and making it acceptable for them to act according to their emotional age, it also gave them dignity and respect; simple human rights that are expected in contemporary society and are also highlighted by the literature review as key to therapeutic communities.

Relationships

Participants raised the quality of relationships as the third area of change that was hugely significant from the approved school to the therapeutic community. Boys who suffered from attachment disorder, it could be assumed, had not experienced enough positive relationships. Therefore their experience of relationships in the institutions that were trying to heal them were of utmost importance. This section will be exploring these relationships within the two institutions, their significance, and whether they were an aspect that contributed to the healing culture.

The approved school as previously discussed had a very severe hierarchy that placed boys at the bottom. According to participants the boys and staff were very much separate. This ranged from the eating arrangements, which had staff eating separately to boys and receiving "silver service" (as one participant described) while the boys ate "rubbish" en masse, to their care arrangements. One

participant described the way in which the cleaners would spend a morning in a male member of staff's flat tidying up for him, making his bed and putting his clothes on the radiator so that they were warm for him. This resembles mothering, not something that the boys could have hoped to expect. This is demonstrated in a participant's story of boys being shocked to find her cleaning the urinals, exclaiming "But Miss, that is our job! What you doing that for?" They evidently expected no 'favours' let alone mothering care. Initial observations could suggest that these divides between staff and children would have made it very difficult for either party to identify with the other, nor for a meaningful relationship or sensitive bond to form. This assumption is supported by evidence from participants describing the attitude and characteristics of the approved school staff as a "larger than life authority figure that could scare people", an "ability to frighten children" with a "macho" attitude. These characteristics do not resemble the attitude of approachable adults or carers, and certainly not an adult to form a bond with or with whom issues could be talked through. Even less so do these characteristics resemble any aspects of love as scaring children can hardly be considered loving, and love is considered essential to the successful healing culture definition.

One particular aspect of the school providing overwhelming evidence for this absence of positive relationships was the numbering system. This system, as mentioned in the literature review, was common to approved schools and the Cotswold was no exception. Upon arriving at the school the boys were given a number that they kept for the duration of their stay, this number was used to mark clothes and possessions as well as letters home to their parents (Godfree,

1972). Boys were also referred to by their number; one participant described this aptly. "If you are a number you are told '457 where are you?' 'Oh here sir', it is very different from saying 'Where is David? Have you seen him?' [...] It is a different attitude". This demonstrates a depersonalisation of the boys, which was reinforced by many other factors such as their matching uniforms and the "one size fits all" attitude that was held by the school, and described by participants. This gives substantiation to the assumption that this institution was a place that could almost be considered barren of any positive staff, student relationships. The depersonalisation suggests only a cold distance between the boys and the staff, where little warmth seemed likely to cross and where meaningful relationships would appear unwelcome. Rather attitudes were of 'male macho figures', there to frighten the children into being 'good'. This absence of relationship is confirmed by Home Office research, which discovered that boys in approved schools were unlikely to approach staff if they were faced with a problem and that their attitudes towards staff were "hostile and mistrusting" (Home Office Research Unit, p. 66). A positive relationship that could help young boys would require trust and understanding, something that very evidently lacked in the approved school, along with any elements of love; additional proof of a seemingly absent healing culture.

The therapeutic community nurtured an environment that was hugely different to that of the approved school. It was acknowledged by participants that "in the 60s, 70s and 80s the general idea was that staff shouldn't get too close to children", therefore providing some level of understanding as to the reason for the distance between staff and boys at the approved school. Participants

explained that the therapeutic community was very unique and unusual for its time “encouraging the closeness, albeit a professional closeness, [...] recognising that for children who had never had strong reliable attachment figures in their lives, that's what they needed”. This understanding formed the basis for all the relationships between staff and children in the Community. In this explanation of what the therapeutic community encouraged, it becomes striking this difference in attitude between the two institutions. This is a huge change; from a cold distance between boys and staff to an encouraged closeness.

Quality relationships were described by all participants as one of the most key aspects to the ‘therapeutic plan’ of each child. Several weeks after arrival children would be assessed and a therapeutic plan would then be formulated with a ‘key worker’ at the centre of it. This key worker would be the main person in the child’s treatment, it was this person who was to form a ‘special’ relationship with the child and look after him 5 out of 7 days in the week. The job was to “be preoccupied by him, look out for him [...] one of those things that parents naturally do with small children [...] their eyes and their ears open to what is going on”. This role was described by several participants as similar to that of a “parental figure”. The idea of a parental figure links back to the literature review in its discussion of therapeutic methods; containment is described as an unconscious act that parents do for their infants. This links well here because carers aimed (as participants explained) to contain and ‘hold’ (emotionally) the boys they were looking after, as parents do for their infants. This role of a “parental figure” came with many challenges.

Participants explained that the boys lacked trust, as their previous experiences were ones of being let down by adults. The key workers were constantly challenged by the boy's behaviour, for example boys throwing their meal across the room at dinner time with displays of "You say you care for me, prove it. [...] I will behave really badly! Prove it!" The process was one of "gaining their trust, their confidence that someone did worry about them and did want to do their best for them". This provides further evidence of the transition from the approved school attitude to that of the therapeutic community; despite the boy's 'bad' behaviour, they were supported and understood. In the approved school boys would have been beaten for such a display, in the therapeutic community the reaction was one of "What is that about? Why don't we go somewhere else" with a tone of firm containment.

This provides evidence of the staff's persistent efforts to help the boys, and of the therapeutic methods that were used; thus more evidence of the therapeutic community demonstrating aspects of the successful healing culture.

The process of building these strong relationships with the boys was so important to the therapeutic community; a huge emphasis was placed on understanding behaviour and the causes of it, which meant asking why? One particular participant referred to this many times in examples such as, when a boy went missing; on his return the question would be "What was that about?" Talking about their behaviour and trying to understand it was done through a relationship of trust and understanding. Staff had to constantly demonstrate their continuing efforts at understanding and their care for the boy in the relationship due to the children's lack of trust. This could be demonstrated

through small things and one participant gave these examples; knowing where the child liked his hot water bottle to be put in his bed, or commenting for the child “Oh where has teddy gone? He always sits on the bed?” These small elements of understanding are not only therapeutic, but they are loving because as a participant pointed out, they are the things a parent knows about their child. As described in the literature review, “love is not a word that you will often hear at the Cotswold, but its presence is unmistakable” (Wills, 1971, p.153), one could argue that its presence is displayed in those caring acts of understanding. The glaring differences with the approved school seem more evident in the difference of attitude. As previously mentioned, a teddy in the approved school would more likely be ridiculed and punished. It would certainly not be treated as an object to show concern for, as this would show concern for the boy who owned it, an emotion that could be considered loving and from the research love has not proven to be evident in the approved school.

Two participants told the story of one boy who, through a member of staff bringing a rugby ball into a household to play with, discovered a love of rugby and eventually played a game for England. Their relationship blossomed through rugby, one participant told of how “I had a little patch of grass outside the farm workshop, and in Winter evenings I would take a couple of tractors out and put the headlights on and we used to play in the dark, even in Winter”. This provides an example of a member of staff going out of his way to practice rugby with a boy, because the boy loved to play. It is an excellent example of an act that demonstrates something loving in a very inconspicuous way.

Other examples come from relationships boys had with the cleaners; another participant described how the cleaners would often take the boys jumpers home with them to hand wash so that they could smell nice, and so have that element of care, being smartly folded up and placed on the boy's bed for the next day. Cleaners would sew the ear of a teddy back on if it had been pulled off, or enjoy gardening in the Summer with one of the boys helping; the participant explained the banter that would go on between the two of them; "That's not a weed that's a flower! Goodness I would never let you loose in my garden!" These were all elements that were part of the culture at the Community, a sense of generosity and care that was genuine among all the staff. It appears to be loving without being explicit, and contributes to the overall healing culture.

Group Living

The final area of change that was raised by participants was the way in which the Community as a whole lived together. This ranged from aspects such as the physical distribution of where boys and staff lived, to community events that everybody took part in. Therefore the last section will be exploring the way in which these aspects changed from the approved school to the therapeutic community, and how this contributed to a successful healing culture.

At the approved school, participants described the large volumes of boys that were housed together. "They would have lived in groups, houses of maybe 30 each, dormitory living" with "beds [that] were metal like army beds, biscuit mattresses" and minimal supervision with one staff member in charge who slept

in a separate living area. The approved school used a large dining room that would fit 120 children, and had a living area, which was “a big room [...] with a board running around the wall and that was where they sat”. The staff lived separately in flats or houses; they ate separately, and had different food, however they did live onsite.

The participants described the large kitchen that mass-produced food with little care or thought put into it. For example, hot chocolate was made at 4pm into big dispensers and given to the children at 8pm when it was lukewarm and quite probably unpleasant. These characteristics, though not strikingly unkind, were not warm and comforting either. This simply resembles the institutional attitude of efficiency through the mass production of food and large numbers of boys on army beds, it adds to the depersonalising attitude of the entire regime. One would find it hard to identify successful healing culture attributes within this system. It is clear that staff and boys were very much separate; they shared no facilities, even the dining room. Sharing would have possibly helped with bridging the gap between staff and boys, and thus creating a culture more likely to have healing characteristics. If the staff and boys could have felt closer to one another by sharing facilities, it may have helped to reduce ‘cold distance’ that was described as existing between them. They may have felt more able to identify with each other and thus develop more successful and healing relationships.

Evidence for the size of this gap which existed between staff and children was provided by one participant; they explained a situation that they were faced with upon arriving at the Cotswold (while it was an approved school) and Richard Balbernie was working to transform the school into a therapeutic community. This story describes beautifully the begrudging attitude of staff. "I had the door of my flat thrown open one morning by a very irate male member of staff with a handful of knives and forks in his hand, ... he threw them at me and he said 'and you expect us to eat our food in the houses with this?'" These knives and forks were those used by the boys, and the reaction shows that the staff were used to much more luxury than the boys; the thought of sharing with them and using the cutlery that they used was offensive. This gives some insight into the attitudes that underpinned the huge divides that existed in the approved school if simply using the same cutlery and eating with the boys was such an awful thought. It therefore provides further support for the absence of a healing culture, through the absence of 'love' or therapeutic methods in the form of positive relationships.

At the Cotswold Community when the change started to take effect, boys were taken out of the large dormitories and put into household with a maximum of around 8 boys. This new arrangement was "trying to mirror how you would imagine a good large family would function", the idea being that the houses would create "a sense of community and belonging". It was essential that each boy had his own room that was "decorated well, [...] warm, welcoming, clean, comfortable and it [was] his space". They would cook and eat meals in the households, making clear to the boys the effort and care that was going into the food, something that was considered hugely therapeutic for the boys, and

resembling much more a family home. This had the further effect of creating something loving; a family home gives the sense of a loving atmosphere. These aspects resemble characteristics of unspoken love, which so importantly contributed to the healing culture.

The communal aspect of the Community was explained by one participant as something more than living together, it was described as making memories, doing things together as a community that everyone, be it staff member or boy, would remember fondly. For example the participant described "I used to go to the school and say 'Right, we're doing this today, you want to help? [...]' And they would close the school down on Wednesday and everybody would come out and help and there would be kids everywhere loading up and unloading straw bales and having a really good time". This participant explained that these boys did not have 'good memories', they had nothing fond to recollect, therefore these activities were creating these memories, "just good memories, the healing part". For this participant it was this that was healing for the boys, a sense of being part of something positive. It was "special because it did create a village, and it did create a therapeutic village" where it seems a sense of love and care was bound together in every aspect, every bit that went into the children's care was thought about and considered, which is something loving in itself.

There is no evidence from the research to suggest that the approved school created fond memories for the boys who attended, and the evidence provided from the therapeutic community only adds to a picture that has been created of two quite opposing institutions in their approach to young people. This most

recent evidence shows that the therapeutic community displayed love in so many different aspects of its group living approach; from housing the boys in their own cosy bedrooms (compared with dormitories of 30 on army beds), to creating good memories for them; further contributions to the successful healing culture, and further evidence of the massive change that took place from the approved school to the therapeutic community.

The evidence that has been presented provides a strong argument for the therapeutic community demonstrating all aspects that are referred to in the successful healing culture definition; therapeutic methods through their healing relationships, a united front through their organisation of management, shared responsibility through their empowerment of staff and love through every aspect of their care for the boys. According to John Whitwell (2012) “the richness, strength and wholeness of the healing culture is at the heart of the matter” (Whitwell, 2012), the healing culture is what keeps the Community together. In comparison the approved school demonstrated their inability to provide the aspects of a successful healing culture that have been identified as necessary, their oppressive hierarchy, strict punishment system, poor relationships and institutional attitude made it a place where it was impossible for healing characteristics to develop.

Chapter 5: Conclusion

This dissertation has aimed to embark on a critical historical analysis of an approved school that transformed to a therapeutic community, in order to gauge the main features of the transition and the subsequent journey of its healing culture. The results of this research allow significant conclusions to be drawn. From the evidence presented it is clear the huge transition that was made from the approved school to the therapeutic community. What is also made clear is the lack of successful healing culture that existed in the approved school, and the hugely successful healing culture of the therapeutic community.

This change in culture is made evident through several areas; firstly through the change in the organisation of power which was done through changes within hierarchies, changes that moved from the steep, oppressive hierarchy of the approved school to the more relaxed regime of the therapeutic community, with its focus on sharing responsibility and a united front of staff.

Further evidence of the change in culture was provided in the analysis of the treatment of the boys; here is seen a massive contrast between the system used by the approved school, a system based on punishment and reward and clearly seen to not be a healing culture, and that of the therapeutic community. This was a healing culture and was seen to be based on therapeutic methods and understanding.

The third area of change concerned the relationships between staff and boys. The

results display the lack of positive relationships that existed at the approved school and an environment that did little to encourage this, compared with the therapeutic community where close relationships were formed and were the most important aspect of the children's treatment and care. This also provides proof of the 'love' that existed in the Community.

Finally the group living aspect displayed a deep separation between staff and boys at the approved school and the lack of care that went into their living arrangements. This compares with the love and care that went into every aspect of the boys living at the therapeutic community from their warmly decorated rooms to the communal activities. These final conclusions are able to prove the huge change that took place between these two institutions and that the healing culture was very much a part of that change. There is no evidence of the healing culture in any aspect of the approved school and it seems to be very much apparent in almost every aspect of the therapeutic community.

This dissertation provides strong evidence of the transition and the journey of the healing culture; it has strengths in its use of staff members as participants, providing good reliability and validity. However, time was a significant limiting factor restricting the number of participants that could be interviewed. The sensitivity of the topic was another limiting factor because the boys that attended either institution could not be interviewed, it was beyond the scope of this study, however it is something that would have been highly insightful for the research and is something that would be recommended for further research. Researcher bias is another potential limiting factor that must be acknowledged,

due to the personal interest surrounding the project it must be noted the bias that may be present.

Further research into the Cotswold Community is something that would be hugely interesting, there are many more areas that lend themselves to this, examples of these are: the development of gender roles, the roles played by families of staff that lived onsite, the therapeutic role of the farm in treatment and finally what it was that was so special about the Cotswold Community? Many of the staff members, it was evident, hold a very special place in their hearts for the Community, why and how this became such a special place is fascinating.

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Appendices

Appendix 1: Interview Questions

1. What was your role at the community? (Context)

2. When did you first start working at the community?

Were you there during the transition? Or did you work with people that were there during the transition?

3. What do you think the primary task was at the approved school? What were they doing there?

How did they do it? Beneficial? Would it work for the children who behaved in that delinquent way?

4. What was the primary task of the Cotswold Community? What were they trying to achieve?

5. I want to know what the Cotswold Community culture was built on, what the key concepts were and the theory behind that?

6. In your understanding of the how the place changed and the transition, what would be the main features?

What was it about the approved school that needed to change in order for a healing culture to develop? What was done differently? What was the transition?

- Structures
- Group living
- Gender roles
- Power and punishment
- Delegating authority
- Staff - training old staff or getting new staff?
- Understand children (development) emotional development

- Primary task - mission statement

7. What did Richard Balbernie do?

What did he implement? Measures that he took? How did they make this change happen?

- Staff
- Community meetings
- Hierarchy

8. From your knowledge, what was it like as things started to change?

- The boys
- The staff
- Tensions?
- Problems?

9. What happened when things started to improve? How did it happen?

10. How important was the role of the farm as a therapeutic tool? How did you see the change in the focus of the role of the farm?

- As approved school?
- As therapeutic community?
- What changed?

11. What aspects of the Cotswold Community as a healing culture stand out for you?

12. What was special about the healing culture?

Lots of people say how special the Community was, what is your understanding of that?