# RE-THINKING COMMUNITY CARE: THE CAMPHILL VILLAGE MODEL

## A Critical Appraisal

**A Discussion Paper in association with the Camphill Research Network**

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# SUMMARY

Policy-makers in the UK have, for a long-time, echoed the call of people with intellectual disabilities that they should have rights as full citizens and that they wish to be fully included in ordinary life. However, in reality, many people have found their lives held back, either by low expectation, by the actual organisation of so-called 'community care' services or by a society where these ideals are not taken seriously by many.

Until recently the main debate has between those advocating inclusion and those advocating some form of institutional or residential care. However, as Maria Lyons describes in this paper, we may be losing sight of what is really important and failing to take seriously people's rightful desire to belong, to have loving relationships and to be treated as a valuable individual with our own unique contribution to make. Given that far too many people (not just people with intellectual disabilities) are still unable to achieve these fundamental needs, it may be time to re-examine some of our assumptions about what is the best way forward.

One important effort to help people with intellectual disabilities flourish and live in meaningful community has been the Camphill movement. During the debate about institutional closure Camphill communities were often ignored or treated as peculiar forms of the institution. However Maria Lyons argues that there is strong evidence that the Camphill communities are rarely institutional and that they often achieve higher levels of inclusion than are typically being achieved in mainstream community life.

This paper proposes that it is now time for advocates of inclusion, albeit from different traditions, to learn from each other. Camphill communities may not suit everyone with an intellectual disability, but they have something to teach us about what makes for a real community where people can belong, contribute and flourish. It is time for greater openness in our research and thinking.

# 1. INTRODUCTION: A PLACE ON EARTH FOR ME?

*"Once one has served a cause, or is involved in loving another human being, happiness occurs by itself."*

(Frankl, 2011)

**Some of the most ordinary things in life are what provide us with our most profound experiences of meaning and wellbeing. Loving and being loved; needing and being needed: these are the everyday human occurrences from which a person derives a sense of place and a sense of purpose.**

Social policy in the UK is rooted in the recognition that people of all physical and mental capacities have the right to experience and enjoy the ordinary things in life. This ideal drives efforts to move people with learning disabilities away from isolated, segregated settings and integrate them into the mainstream population. Through this it is hoped to guarantee them the same possibilities to work, to learn, to socialise, to own things, to travel, to seek pleasure and fulfilment in all the manifold ways available to human beings.

   Yet, in spite of many positive changes over the last three decades, the situation for many people with learning disabilities as a whole remains far from ordinary. We are told that at least 65% of people with a learning disability express a desire to work. However less than one in five people with learning disabilities work, and those who do are predominantly part-time and low-paid (Papworth Trust, 2013; 225). People with learning disabilities continue to have limited opportunities to form and sustain personal relationships, both intimate and friendly. They are far less likely than the general population to marry or have a long term partner to share their lives with (Department of Health, 2001). For many, personal relationships are confined to immediate family, and the high number who live with elderly parents will soon no longer have even that social context (Papworth Trust, 2013). Many, as a result, are lonely.

   Given these tendencies, combined with the many other disadvantages endured by people with learning disabilities, it is perhaps unsurprising that the prevalence of mental health problems is higher for them than for those without a learning disability (Royal College of Nursing, 2010; 13). Psychologists have identified connections between the absence of meaning and purpose and "emotional maladjustment" (Frankl, 2011; 89). For most of us, what gives us our sense of place is our network of personal relationships:

family, romantic partners, friends and colleagues. It is through the work that we do that we seek a purpose for ourselves and hope to bring some meaning to our existence. In Maslow's words, "the business of self-actualization" can best be carried out "via a commitment to an important job" (cited in Frankl, 2011; 84).

The isolation and marginalisation of people with learning disabilities is widely acknowledged. The cause is widely agreed to be their exclusion from activities performed and places visited by non-disabled people. As such, all efforts are focussed on inclusion. The apparent assumption, behind policy at least, is that a sense of place and purpose will be an automatic by-product of living an ordinary life, surrounded by ordinary people. We know, however, that this is frequently not the case for any number of reasons. Work that is low paid, for instance, is generally low status and therefore unlikely to bestow a sense of value. It is not any old job, but an important job that is self-actualising, and it is specifically from those jobs that society perceives to be important that people with learning disabilities are excluded.

Likewise, regular social contact does not necessarily mean genuine relating, living amongst the general population does not necessarily mean one is welcomed there, access to privileges does not necessarily mean one has the capacity to enjoy them, and so on. Care in the community is a worthy concept but an empty one if the emotional, psychological and spiritual aspects of community are mistaken for or equated with purely geographical or physical factors. In today's society it is perfectly plausible for a person to exercise all the rights of citizenship while experiencing none of the benefits of community.

We are often told that people with learning disabilities want to be ordinary. When someone expresses this desire, perhaps he or she is asking for something which is not easy to articulate, nor indeed to measure: the opportunity to feel loved and needed, to be of service and so have a sense of belonging within a community, to make a contribution and feel appreciated for it, to have a personal status and respect. For many individuals with learning disabilities, these ordinary yet fundamental experiences will never be possible in mainstream society; that is, in a society where value and status are determined by money, power, complexity, technological skill, intellectual dexterity, physical perfection, competitiveness and self-sufficiency. People with learning disabilities simply cannot 'compete' in this environment and will continue to be treated, at best, with "benevolent prejudice" (Papworth Trust, 2013; 29).

The purpose of highlighting this situation is not merely to bemoan it, but to suggest that until such time as what we call mainstream society undergoes a further transformation in its value system, we will have to be more imaginative in finding ways to ensure learning disabled people can find a

place within it. Integration has allowed people with learning disabilities to hold the proverbial mirror to society, and, up close and personal, society continues to be found wanting.

This paper presents some arguments in favour of examining alternatives to current mainstreaming schemes; in particular it attempts to make the case for further research into the Camphill communities. The ongoing challenges of integration described above lend support to the idea that specialist settings like Camphill should be part of the spectrum of provision for people with learning disabilities. Settings, that is, which are special not only in terms of living, working and lifestyle arrangements but in terms of the values and priorities framework they can offer.

Camphill represents a radically unorthodox approach to addressing the needs of people with learning disabilities. It is arguably an illustration of the fact that instead of emphasising the 'sameness' of people with learning disabilities and fitting them into existing norms, it is possible to celebrate their differences and develop new norms; instead of placing all faith in the conventional structures of ordinary life and hoping for the right outcomes, it is possible to pay attention to deeper human strivings and create new structures which foster their realisation. Exploring the degree to which these communities achieve these aims is in itself a worthy endeavour.

Because they are counter-cultural, the Camphill communities are necessarily separate from the general population. In this sense, they are at odds with the ideal of inclusion. However, an initial review of the literature suggests that rather than rejecting inclusion, Camphill works out of a different interpretation of what it means to be inclusive. The value of studying Camphill, therefore, may not lie in its widespread applicability as a service model, but in the fact that it constitutes a solid 'test-case' example of how a different ethos and alternative practices can affect outcomes. There are two questions, then, that ought to be considered: Does Camphill's approach enable its residents to enjoy the ordinary things in life; and, in over two generations of social experimentation, have 'Camphillers' learned anything that might be of benefit to the rest of the world?

# 2. THE POLICY CONTEXT

*"Our focus must never be diverted by norms, away from the human beings who are our concern."*

(Segal, 1974)

**Since 'care in the community' was advocated by the 1971 White Paper *Better Services for the Mentally Handicapped*, single tenancy or small group households (collectively known as dispersed housing) have been overwhelmingly the favoured model of service provision for adults with a learning disability in the UK. Starting as a critique of the dominant institutional model of care from a human rights perspective, the so-called normalisation agenda was not intended to enforce normality, but enable people with special needs to, as far as possible, lead ordinary lives and have access to the same rights and privileges as the rest of society. This included possibilities for forming meaningful relationships, participating in the community, access to education, leisure and recreational activities, employment opportunities, freedom to develop, privacy, and generally the chance to live a "full life" (Scottish Executive, 2000; 51).**

Although in recent years policy makers have indicated a commitment to the development of a range of service models and to ensuring that people are enabled to make genuine, informed choices about their living arrangements (Hallam, 2002), the wording of policy documents continues to show a decided preference for care for individuals "alongside the rest of the population" (Scottish Executive, 2000; iv). Where evidence is cited, it is often implied that negative statistics relating specifically to former hospital campuses apply to 'separate' or 'enclosed' settings in general, contributing to the overall message that the latter, if not always entirely inappropriate, are certainly the least attractive option available.

This one-sidedness is re-enforced by a tendency for 'choice' to be presented in terms of an either/or decision between just two broad types of provision: 'residential campuses' or 'dispersed housing' in the general community. Little or nothing is said about living situations which do not strictly speaking belong in either category. The Scottish Government's review of services, for instance, mentioned "other forms of shared living" only to suggest somewhat vaguely that they "should be reduced" (Scottish Executive, 2000; 94). This in spite of the fact that its own evidence source concluded that "village communities" perform either the same as or better than dispersed housing schemes on 14 out of 20 quality indicators (Mansell, 2008; 51-3). Twelve years later, the Government's follow up consultation report contains

no discussion or definition of "village communities" nor does it include representatives from "village communities" in its sample of living situations (Scottish Executive, 2012).

This absence may be considered surprising in the light of the fact that the 2001 UK White Paper Valuing People stated that its preparatory research had found 3,000 people with intellectual disabilities in 73 "village and intentional communities" across the country (Department of Health, 2001; 73). These communities were not named, but were defined as "services operated by independent sector organisations" consisting of "houses clustered on one site with some shared central facilities", with some being "based on philosophical or religious beliefs" (Department of Health, 2001; 132-133). The White Paper also stated that some local authorities were found to be reluctant to support individuals wishing to live in these communities, but no explanation for this was offered (Department of Health, 2001; 73). Eight years later, the follow on White Paper Valuing People Now (Department of Health, 2009) makes no mention at all of village or intentional communities.

The clearest explanation for selectiveness on the part of policy-makers when citing evidence is a sustained commitment to the principle of normalisation. While repeated abuse scandals surrounding long-stay hospitals fuelled a strong popular momentum for more open, integrated care, they also created an environment in which any form of self-contained, communal living was suspect. The influence of Goffman's Asylums (Goffman, 1968), which listed the latent and ultimately oppressive functions of long-stay institutions, cannot be understated. In the 1980s normalisation "epitomised the way forward for the design of social services" (Chappell 1997; 3) and although criticism may no longer be "tantamount to heresy" the principle maintains much of its status as the epitome for all forms of social progress. To highlight shared living models as an option, let alone potentially high quality ones, would be to undermine not only the validity of an ideological position but the entire package of social service reforms which rests upon its assumptions.

Today, in an ongoing reaction to this critique, the theme of individual rights and liberties remains at the forefront of social services delivery and development discourses. The Department of Health (England) strategy for people with learning disabilities published in 2009 (Valuing People Now) claimed to adopt a "human rights based approach" and re-affirmed the principles set out in the 2001 White Paper Valuing People which emphasised access, informed choice and inclusion. The standards set out by the National Care Commission are also presented in terms of rights, resting on the principles of dignity, privacy, choice, safety, realising potential and

equality and diversity. This last includes the right to live a life which is "rich in purpose, meaning and personal fulfilment", the right to be valued for one's ethnicity, culture, language and faith, and the rights to be treated equally and live in an environment free from discrimination.

A second theme within social care services today is the explicit move away from the language of 'normalisation' to that of 'personalisation'. "All systems, processes, staff and services need to put people at the centre" (SCIE, 2012; 2). There are several terms associated with this wider agenda, including 'person centred planning' or 'care', 'independent living' and 'self directed support', all of which stress the paramount importance of choice and control for people with disabilities in going about their daily lives.

Although the personalisation agenda is ostensibly about fitting services to individuals rather than individuals to services (SCIE, 2012; 3), the reality of choice and control is brought into question by the above-mentioned political priorities, as well as funding cuts. People with disabilities and their families may have the 'consumer freedoms' that come with greater control over their own budgets, but remain obliged to choose from a limited menu of living models, whether this be due to the actual absence of alternatives or a lack of information about alternatives. Either way, the extent to which vulnerable people have control over their own lives will be undermined so long as they and their carers are strongly nudged in a particular direction by the powers that be (Duffy, 2011; 12).

*"The problems arose when the rules determining service provision became overly dogmatic and rigid, and prevented learning disability service staff from delivering tailor-made services flexibly and cost-effectively and on the basis of common sense, logical and clear evidence of beneficial outcomes."*

(Jackson and Irvine, 2012; 1-2)

The continued policy focus on single tenancy or small group housing as the most appropriate 'homes' for adults with learning disabilities thus raises a number of important questions. Firstly, what alternatives to dispersed community housing are in fact available for those wishing to leave either their family home or a traditional residential setting? Secondly, what evidence exists that these alternatives offer adults with learning disabilities a full life and guarantee their human rights which are said to be a top priority in social service policy? In particular, given the lingering sense that large, shared-living settings are institutions in all but name, what is the experience of 'bounded' communities like Camphill villages?

# 3. LIMITATIONS OF QUANTITATIVE RESEARCH

**The absence of answers to these questions within political documents can in part be explained by the fact that there is little empirical evidence to inform decision makers of the strengths and weaknesses of the whole range of different types of provision and 'care packages' across all three sectors. The political preoccupation with the relative advantages of the two dominant models is mirrored in the research community. While the last two decades have generated a large body of research on services for people with disabilities generally, "most of this research has focused on the transition from large institutions to smaller settings, especially to dispersed housing, in the community" (Mansell, 2008; 9).**

In addition to being scarce, major studies which have investigated various forms of clustered housing – that is, living units which form a separate community from the surrounding population (Mansell, 2008) – have a number of limitations. The first relates to a tendency for over-generalisation. This is exemplified by a 1999 study commissioned by the Health Department (Emerson et al, 1999) which was used as a definitive source of evidence by policy-makers at the time (Scottish Executive, 2000). Although aiming to be a comparative analysis of the quality and costs of "village communities", "residential campuses" and "dispersed housing schemes", the study not only fails to provide a definition of "village communities", but looks at only three 'village communities' out of a total sample of 18 providers (Mansell, 2008; 49). The authors themselves note that "…the small number of participating organisations does limit the extent to which the results may be generalised with confidence to a wider universe of village communities, residential campuses and dispersed housing schemes" (cited in Jackson, 2000; 142).

Both the lack of empirical evidence and the problem of over-generalisation are illustrated by another major study carried out 10 years later. Mansell et al (2009) aimed to identify and summarise all existing research which in some way compared the quality and costs of dispersed community based housing to various forms of clustered housing. The authors found 19 papers based on 10 studies carried out in a number of countries since 1990. Within the single category "clustered housing", however, the Review includes settings as diverse as life-sharing "intentional" communities like the Camphill villages, residential campuses developed as part of the hospital closure programme, and clusters of houses set in a secluded section of a residential area such as a cul-de-sac. This groups together such a variation in service models that the category itself has little informative value.

Moreover, although the authors claimed to have a "sizeable body of research" from which to draw their broad conclusions, nine of the 19 papers examined were based on the 1999 study, which as we have seen had a sample of only three "village communities". None of the other studies looked at villages or any other form of 'intentional' community. It is not clear from Mansell's review how these communities differed in terms of experience, expertise, ethos and practices from residential campuses; nor indeed how residential campuses differed from other types of clustered settings such as might be found in a cul-de-sac of an otherwise 'ordinary' neighbourhood.

Mansell highlighted a second methodological limitation of much of the body of research on service provision. All but one of the 10 studies reviewed used quantitative research methods to measure quality of life based on the eight-domain 'quality of life framework'. The arguments against adopting quantitative instruments for the analysis of what are essentially qualitative experiences are well rehearsed (Jackson, 2011). Such research cannot offer in-depth knowledge nor can it capture the multiple and often contradictory perspectives of events and circumstances within a particular context (Stake, 1995). In urging for more qualitative studies to be carried out in the field of voluntary and community action, Scott and Russell suggest that even small-scale case studies can sensitise policymakers and practitioners to more complex realities than revealed by quantitative approaches (Scott and Russell, 2005).

One final limitation within the existing body of research is highlighted by the review undertaken by Mansell et al. The authors state as their aim the attempt to determine whether "*it is better* to support people in ordinary housing dispersed among the general population or to support people in housing clustered together to form a separate enclave or community" (Mansell et al, 2009; 9: *my emphasis*). Since it cannot be claimed that people with learning disabilities form a homogeneous group, nor that populations living in different settings are necessarily generally comparable, this is a questionable starting point. If the goal is to encourage a range of high quality services capable of meeting a diversity of wishes and needs, then the research agenda must reflect this.

Rather than setting up dichotomies and attempting to prove once and for all the superiority of this or that model, researchers should seek to investigate the strengths and weaknesses of different approaches by exploring values, priorities and key characteristics and communicating the particular experiences of frontline practitioners. In particular, there is far greater potential for the voices of existing and prospective service users and their families to be heard and allowed to influence the discussion. As Scott and Russell point out, "most of the inhabitants of these spaces have great stories to tell, if only we will let them" (2005; 68).

# 4. CARE IN WHAT COMMUNITY?

**To support its continued emphasis on community integration defined as accommodation "alongside the rest of the population", the Scottish Government's consultation report (Scottish Executive, 2012) drew heavily on a survey carried out by Enable Scotland in 2006 which sought to find out "what matters most to people with learning disabilities and autistic spectrum disorders in Scotland today" (Curtice, 2006; 5). The report revealed that maintaining regular family contact, having more friends and opportunities to form intimate relationships and the chance to work were among the most common wishes expressed by those surveyed. Many cited the death of parents and loss of health as their biggest worries for the future, indicating significant concerns about long-term and sustainable levels of support as they got older and passed through major life-changes (Curtice, 2006).**

In its conclusion the Enable Scotland report states that "those who first promoted ordinary living for people with learning disabilities were right to focus on the home as the first step" (Curtice, 2006; 17). The author proposes a number of reasons why "your home is so important", including safety, security and shelter, freedom to live the way you want and not have to ask permission to do things, a growth in confidence and self-esteem, and learning to take responsibility (Curtice, 2006).

What the report fails to acknowledge, however, is that whether or not these things are achieved by placing people in single tenancies in the community will depend on any number of surrounding factors. The tendency within both policy and research communities to translate the desire for 'a home' into the desire for "ownership, possession and being like everyone else'"(Curtice, 2006; 17) has been shown to be overly simplistic, not the least because it fails to properly distinguish between physical and social integration (Cummins, 2003). At the same time, it downplays the very real risks of isolation, alienation, boredom, loneliness, sedentary living and exposure to hostile treatment faced by vulnerable people when living alone (Shaw et al, 2011; Papworth Trust, 2013).

What also needs to be taken into account is that ageing is likely to alter needs and priorities and we must be careful not to apply the wishes of a selected demographic to the whole population. This returns to the issue of assuming that people with learning disabilities are not only 'the same as us', but all are the same as each other. Although Curtice (2006) points out that older age groups, as well as people with multiple and profound disabilities, are under-represented in the survey, this does not prevent the Government from using the survey responses as justification for a universal policy.

A number of authors (Jackson and Irvine, 2013; Chappell, 1997) have pointed out that in concentrating on sameness there is a danger that the particular qualities and vulnerabilities of disabled people are under-appreciated. The Enable Scotland report itself highlighted the significant difficulties people who are intellectually, emotionally or verbally impaired have forming meaningful, lasting relationships, particularly intimate ones (Curtice, 2006). As Christie (1989) noted over three decades ago, these difficulties are only likely to be exacerbated by cultural transformations which have seen people's social networks become further and further removed from their immediate neighbourhoods and neighbours. Where social interaction is increasingly facilitated not by physical proximity but by communication and transport technologies that many disabled people are unable to access, the potential is for them to be further shut out from the type of human contact which fosters a sense of purpose and place.

Acknowledging some of these obstacles, Curtice makes the general observation that the most meaningful and satisfying connections are usually to be found amongst people who share similar interests and experiences. For people with learning disabilities this is likely to be other people with learning disabilities, which may be more or less severe than their own (Curtice, 2006). Again, this observation would appear to be at odds with the policy of mainstream integration that the report is used to promote. When free to choose, people tend to associate with their own kind and congregate in groupings where there is an experience of commonality:

*"It is not common for a so-called normal person to seek social interaction, educational opportunities and or living circumstances with others who are socially different, or who are intellectually superior or who have a totally different life style. We all tend to snuggle into the comfort of being with those whom we perceive to be like us. We don't want to stand out in a crowd. Why then do we suppose mentally retarded persons yearn to live apart from their peers?"*

(Hendrix, 1981 cited in Cummins and Lau, 2003; 152)

Also highlighting the importance of peer community, Cummins et al challenge the "almost universal belief that integration with the general community confers benefit" (Cummins et al, 2003; 146). They note that integration is almost always perceived by researchers and service providers to mean "being physically present in locations frequented by the general public" (ibid). Echoing the point made above about the limitations of quantitative research, they argue that the most important measure in determining the success of integration cannot be physical facts or objective indicators, such as how many times a week someone visits their local sports centre, goes shopping, uses public transport or meets friends. Rather, the most important determinant is "how people feel about themselves and

their lives" (ibid; 148). Cummins et al suggest that in focusing so much on preserving their right to be ordinary, the integration agenda is forcing people with learning disabilities into abnormal situations, or at least ones that take little account of emotional and psychological phenomena.

In arguing that people with intellectual disabilities be allowed to integrate into their own "primary community", which is more likely to be family and peers than some abstract or possibly even mythical ordinary society, the authors do not advocate placing any restrictions on wider social activities or interaction, simply that we "lay to rest the implicit belief that associations with non-disabled people are in some sense superior" (Cummins et al, 2003; 153). They conclude that for community integration to be successful, that is, beneficial to the wellbeing of the one being integrated, it must ensure that they "feel part of a readily available, supportive and dependable social structure" which emphasises "connectedness, personal interdependency, and a sense of belonging" (ibid). They suggest that "a new literature is required, and new policies need to be implemented that redefine and recognize community integration at the level of engendering a sense of community" (Cummins et al; 154).

In a similar vein, Hagerty et al argued in the 1990s that establishing and maintaining a relatedness to others is a pervasive human concern and "a sense of belonging" is one hugely important component of "connecting one's self into the fabric of surrounding people, places and things" (Hagerty et al, 1992; 173 ). Presenting sense of belonging as a vital and under-appreciated mental health concept, they too caution the use of behavioural referents when determining degrees of social integration, "because participation, activity, and proximity do not necessarily constitute sense of belonging" (ibid; 175). "Belongingness" is defined as a "sense of personal involvement in a social system so that a person feels themselves to be an indispensable and integral part of the system" (ibid). Crucially, it implies "recognition and acceptance of a member by other members in a group" (ibid; 173).

Belonging, then, has multiple dimensions, which include not only feeling valued, needed and accepted but also that one's individual characteristics complement the system itself; one 'fits in' and has a proper place and purpose. These, we might say, are the characteristic features of 'home' and if taken seriously, reveal that creating 'a home' or encouraging feelings of 'at homeness' is a far more complex and subtle process than that of guaranteeing rights of ownership and possession, as important as those rights are in themselves.

# 5. CAMPHILL COMMUNITIES

As a model of service provision (housing, education and employment) for both children and adults with special needs, the Camphill community existed prior to hospital closures, and as such does not fall into the categories of 'residential campus' or 'special village' assigned to clustered housing on former hospital sites. In fact, the Camphill communities form a unique category of their own (with the exception of L'Arche, perhaps), being largely reliant on volunteers who commit to sharing their homes and lives with people who have special needs for a period of at least one year. This includes the adoption of a particular set of social and cultural practices and a dedication to a particular ideal of interdependent living. According to Fulgosi, Camphill communities aim to be communities with and not for those with special needs:

*"Pupils, students, villagers and older residents live together with co-workers and their families in such a way as to foster mutual help and understanding. Helper and helped live side by side, each learning from the other."*

(Fulgosi, 1990: 40)

The network of special schools, working villages, craft centres, group homes, workshops, colleges and training schemes collectively known as Camphill was founded in 1940 in Scotland by a group of refugees from Nazi-occupied central Europe, under the guidance of Austrian paediatrician Karl Koenig. Koenig sought to offer mentally and physically disabled children a quality of life that at that time was still largely denied them by mainstream society. As well as therapy and medical treatment, this included opportunities for learning skills and crafts and taking part in a variety of agricultural, domestic, cultural and artistic activities. A holistic or 'integrated' approach was considered the key, one which took into account not only physical and mental but emotional, environmental and social factors (Bang, 2010).

  The 1948 Prospectus of the first Camphill Special School opened in Aberdeen stated that each child has "the right to demand that he is given all possible help towards bringing his potentialities to fullest expression" (cited in Costa, 2008; 33). Frankl observed that: "if we are to bring out the human potential at its best, we must first believe in its existence and presence" (Frankl, 2011; 88). The founders of Camphill not only believed in the potential of these children, but put their ideals into practice more than two decades before the publication of Stanley Segal's seminal work

*No Child is Ineducable* (1974). Hence they can be regarded not just as experimenters in alternative living but as pioneers in the study of intellectual disability and in the wider field of holistic social care, or what is now increasingly termed 'social pedagogy' (Jackson, 2011).

In spite of this apparent progressivism and the expansion of Camphill into a worldwide movement represented on five continents, the communities remain largely unstudied and hence unknown outside a circle of immediate stakeholders and enthusiasts. The explanation lies partly in the story of Camphill's own development. As a counter-cultural, explicitly Christian 'intentional community' movement, individual centres were traditionally relatively closed and inward-looking, in spite of their statutory relationship with local authorities and the families of beneficiaries. Thanks to the Moravian background of co-founder Tilla Maasberg, the influence of the Moravian Church is visible in Camphill's commitment to the simple, devotional life, to sharing, to work, to honouring beauty and nature and striving to create a peaceful, ordered environment (Jackson, 2008). Its own self-image of separateness, amounting even to defensiveness, has perhaps contributed to a perception of Camphill's work as irrelevant to mainstream social life and needs (Skinner and Baron, 2011: 289-10).

Further emphasising a sense of otherness from Scottish, secular society, life in Camphill was strongly influenced by the founders' study of Rudolf Steiner's anthroposophy, a deeply spiritual view of the world rooted in an interpretation of Christianity which synthesises Western and Eastern esoteric traditions into a single, epic cosmology. Training and education of staff in Camphill communities is informed by this unconventional perspective of the world and the human being, as are therapies, treatment of the land and its cultivation, seasonal and cultural celebrations, every day practices and customs. Although Koenig identified working to raise public awareness of the issues surrounding disability as a key task (Costa, 2008; 34), Camphill's history is nevertheless characterised by a tendency to shy away from self-promotion, a failure to communicate its unusual principles in a language understandable to other professionals, and a lack of effort to either conduct or welcome critical investigations.

Today the Camphill communities are spread across the UK, varying greatly in size, setting and focus and catering to different age-groups and to different needs. In England, Wales and Northern Ireland 22 rural (mostly land-based) and 8 urban life-sharing clustered housing communities support over 700 young people and adults with learning disabilities and other special needs. Individual communities offer anywhere between 4 and 104 residential places and many also provide additional day placement services/workshops. In Scotland there are 11 Camphill centres supporting approximately 400 individuals with special needs. These centres include two residential special schools, two large farming estates which provide work

and training opportunities for young adults, five rural working communities for adults including two which operate on a 'village' model, one small urban assisted living complex and one elderly care home.

| Name | Date Founded | Registration status | Supported Individuals (residential) | Latest Care inspectorate quality grades | | | |
|---|---|---|---|---|---|---|---|
| | | | | Care & Support | Environment | Staffing | Management & Leadership |
| Camphill School | 1940 | School Care Accommodation Service | 50 | very good | very good | very good | very good |
| Newton Dee | 1945 | Housing Support Service | 86 | excellent | n/a | excellent | excellent |
| Ochil Tower | 1972 | School Care Accommodation Service | 26 | very good | very good | very good | very good |
| Milltown | 1974 | Housing Support Service | 7 | very good | n/a | good | very good |
| Blair Drummond | 1976 | Care Home Service Adults | 40 | very good | very good | very good | very good |
| Beannacher | 1978 | Support Service Without Care at Home | 27 | excellent | excellent | excellent | excellent |
| Corbenic | 1978 | Care Home Service Adults | 28 | very good | very good | very good | good |
| Loch Arthur | 1984 | Housing Support Service | 28 | excellent | n/a | very good | very good |
| Simeon | 1984 | Care Home Service Adults | 18 | excellent | very good | very good | very good |
| Tigh a' Chomainn | 1987 | Care Home Service Adults | 7 | good | very good | good | good |
| Tipbereth | 1993 | Care Home Service Adults | 12 | very good | very good | very good | very good |
| Resident figures true for 2012. Scottish Care Inspectorate figures 2013/14 | | | | | | | |

Table 1. CAMPHILL COMMUNITIES IN SCOTLAND

Table 1 demonstrates the longevity and growth in numbers of the communities within Scotland and the fact that they are recognised by national and local authorities as a high quality resource (see also Camphill Scotland Research Group, 2012). According to Mansell, although Camphill's high scoring on performance measures indicates that the communities are an important part of the spectrum of service provision, because they depend on a supply of people willing to share their homes with disabled residents, the model is unlikely to be widely applicable (Mansell, 2008). There is no doubt that the Camphill approach requires enormous and sustained commitment and a particular ethical, if not specifically religious,

orientation. The communities offer a whole 'package' which is not easily broken up into distinct 'services'. Evidently these settings would not be the ideal option for everyone and, as the review states, they are "only ever likely to occupy a niche in the market for care" (Mansell, 2008; 106).

Although the Camphill model may be restricted in a physical sense, study of it has potentially a great deal to offer the field of social care in both practical and theoretical terms. As a long-running project in community-building and supporting people in alternative settings, both the successes and failings of Camphill communities may be instructive in a wider sense. Given the present preoccupation with how to cope with the growing number of people classified as having "special needs", the difficulties facing an ageing population, the efforts made to balance human rights concerns and the growing need for community cohesion, the 70-year-long experience of Camphill remains a largely untapped source.

This experience may be of particular relevance in light of the current move toward personalisation in care services, and understanding the implications this agenda has for fostering integration at a level that encompasses things like a "sense of community", "homeliness" and "belonging". According to the Social Care Institute for Excellence, set up by the UK Government in 2001, the personalisation agenda is not just about tailoring services to individual needs, but represents an attempt to shift the balance of power among carers and cared-for, from relationships of dependency to relationships of mutuality (SCIE, 2012; 19). The aim is to move away from both the perception and treatment of those with learning disabilities as passive recipients of services and encourage arrangements of co-production, where they are equal participants in the management of their own support and care plans.

Beyond that, the significance of feeling useful as a key ingredient in the experience of community is directly acknowledged: "...communities are stronger where people who use services are helped to find good ways of making a valued local contribution, not just seen as in need of care" (SCIE, 2012; 19). Some have taken this even further; it is not just a matter of helping the intellectually disabled person to develop self-esteem and a sense of identity through performing socially useful tasks, but a matter of becoming more conscious of the social value of disability in and of itself. The "gift of disability" is that it presents "each of us individually, and society as a whole, with an opportunity to respond to another person's needs with decency" (Duffy, 2011; 4).

*"The reality of disability is that it cuts through the myths we weave around ourselves. It shows us that life is not about consumption, wealth or power. We are confronted by the needs of another human being and these needs place*

*demands upon us and, at the same time, if we are prepared to really look and listen, we are also confronted with the real meaning of our needs: our need for connection, for contribution, for dignity and respect. We might say that we are increasingly clear that we have a need for citizenship."*

(Duffy, 2011; 3)

Both the premises of starting with the person rather than a service model, and treating the act of service as a learning and growth opportunity for people with and without disabilities, are identifiable as essentials in the Camphill literature (Skinner and Baron, 2011; 289). According to their own accounts, the early Camphillers placed great importance on what they referred to as the "spiritual uniqueness" of each individual and their right to be recognised as equals regardless of outwardly perceivable differences or handicaps (Koenig, cited in Bang, 2010; 29). It was Koenig's view that the starting point for any kind of healing is the formation of meaningful and reciprocal relationships (Pietzner, 1966). It was this reciprocity – the meeting of people on equal terms, in mutual interest and in full recognition of each other's humanity – that was to be the foundation of the therapeutic communities he envisioned.

Although work is seen as a crucial aspect of belonging, the Camphill villages do not regard themselves as working communities. Nor do they regard themselves specifically as caring communities; in fact, the label 'carer' is often explicitly disavowed, in favour of terms like 'enabler' or the more common 'co-worker'. Likewise, support staff members do not see their tasks and responsibilities as a 'job' but prefer the term 'way of life'. According to Christie, it is this outlook which allows those with special needs to be celebrated as individualities and not identified purely with their disability (Christie, 1989). People are in the Camphill village not to be cared for, treated, housed, educated or employed, but to live. Life, in all its complexity, is the main purpose and business of the community and it is this multiplicity of purpose – or holism – which distinguishes a 'community' from an 'institution'.

The Camphill communities thus occupy an interesting position in the spectrum of provision, presenting two contrasting pictures. On the one hand, they represent a seemingly out-dated, distinctly out of favour model, being living units which form a separate community from the surrounding population, where residents may spend their entire adult life and have little social interaction beyond its boundaries. Although early on Camphill appears to have much in common with the disability rights movement, including opposition to the medical model of care, paradigm shifts since the 1960s have left Camphill situated within a category of provision which is perceived as anti-individualist, even one opposed to progress.

On the other hand, Camphill claims to embody principles which have not only become professionally advocated but are increasingly politically prioritised. This extends beyond immediate practical questions of service delivery and addresses wider socio-cultural issues which impact on society's general ability to support its vulnerable and disadvantaged members. The Camphill communities have arguably been practising for decades what for the mainstream care sector are as yet merely statements of intent or long-term ambition.

Both these pictures constitute compelling reasons for research which enables the ethos, methods and outcomes of Camphill to be more widely understood. Moreover, there are strong indications that now is an opportune time to carry out such research. Due to both shifts in internal attitudes (Plant, in Jackson, 2011) and in response to changes in the social policy and regulatory environment, the last decade has seen Camphill markedly increase its engagement with professional, political and academic communities. Particularly in Scotland, the communities have done a great deal to raise their public profile through the formation of representative bodies, participation in government policy consultations, creating partnerships and collaborating with other organisations, including universities, and commissioning formal studies on their approach to care (Skinner and Baron, 2011). All this signifies that there is a greater openness on the part of Camphill communities, increased accessibility and a growing external interest in their work.

# 6. RESEARCH ON CAMPHILL

**While one can find a substantial body of literature on or relating to Camphill, the vast majority of it is 'in-house' – or, more accurately described, 'in movement' – publications. Many books consist of portraits of everyday life, weaving together description and personal reflection or are of archival character. These books invariably present Camphill in a positive light, as a beacon of hope and potential social renewal in a troubled world. As such, although these works serve as a valuable resource in introducing Camphill history, values and practices to the outsider, they lack the formal methodology and critical distance necessary to inform policy, professional and academic debates.**

The body of work that draws on empirical studies of Camphill communities in action is much smaller, is generally restricted to small scale, qualitative investigations on a single community or group of communities within a particular political and geographical context, and much of it is in the form of unpublished student dissertations. Moreover, Camphill is clearly not a franchise but a collection of highly individualised communities, each with its own identity and characteristics. As such, what is true for one may not be for others and care must be taken when making generalisations. Despite these limitations, there is sufficient material to build up a picture of Camphill and its key features as a setting for people with learning disabilities, and formulate some hypotheses which can be tested by further research.

## Are they sects?

The first question that needs to be addressed in the context of Camphill's legitimacy as a social service is whether the communities are sectarian, catering predominantly to people with specific religious beliefs. Studying Camphill in the USA in the context of the broader phenomenon of 'intentional community' living, McKanan (2007) concluded that Camphill occupies a 'middle ground' somewhere between sectarian and secular. Although spiritual in outlook and attempting to embody anthroposophical principles, the communities welcome people of all and no faiths. McKanan found support for co-founder Karl Koenig's declaration that Camphill works out of Christianity, not for Christianity (McKanan, 2007).

   The twofold mission combines a commitment to life sharing and the creation of therapeutic environments with the more long-term goal of becoming a seed for the blossoming of new social forms and attitudes.

Drawing on interviews and participant observation, McKanan suggests that Camphill is neither a mere collection of housing communities nor a strictly closed social world; the Movement embraces family life, but its members rarely assume that their children will provide the next generation of Camphillers and although "Camphill aspires to be the seed of a new social order, Camphillers do not imagine a future that will be Camphill writ large" (McKanan, 2007; 83).

While McKanan's work focuses on Camphill's ability to maintain a flexible engagement with outsiders, Swinton, Falconer and Brock (2006) examined the significance of spirituality for those living and working within it. In-depth interviews and focus groups with 74 special needs individuals and 51 co-workers in three UK settings explored people's understanding of the term 'spirituality', their sense of the spiritual in their everyday lives and the significance of this for their lives and overall wellbeing. The researchers adopted a broad concept of spirituality, as something that exists both within and outside traditions and religious systems, relating to the ways in which people seek meaning, value and purpose in their lives and answers to existential questions.

Significantly, they found that for people with special needs, spirituality is important but experientially rather than intellectually. Spiritual wellbeing was almost always described in connection to tangible, everyday things, in particular, work, relationships and the natural world. It was through concrete activities that they sought and found answers to fundamental, existential questions: friends give one a sense of one's own identity and value; communal rhythms and rituals provide a sense of belonging and 'homefullness'. Work, whether a service or creative enterprise, fosters a sense of purposefulness and thus becomes imbued with meaning. The researchers concluded that work took on a spiritual element if the experience of it expressed inner hopes or desires, if it captured something of what the individual wanted to be rather than just giving him or her something to do (Swinton et al, 2006).

In general, Swinton et al found that spirituality still has special significance in Camphill, but that the ways in which it manifests itself are changing. Traditionally spiritual life revolved around church services, bible readings, Christian and seasonal festivals. For some, these formal practices are becoming less important, for others they are not important at all. "Like many people in the Western world the people in Camphill seemed to be expressing and living out diverse and individualised spiritual lives that may include, but are no longer necessarily defined by, formal religious or philosophical structures and assumptions" (Swinton et al, 2006; 78). However, for a significant number, anthroposophy was important in

informing their spiritual concepts, in particular with regard to issues surrounding dying, death and the afterlife.

In a study based on participant observation of a Camphill school community for children with autism, Schapiro (in Jackson, 2011) likewise identifies spirituality as an essential dynamic that contributes to the quality of life and particular atmosphere of Camphill communities. Describing spirituality as an "ethos rather than a dogma" she states that "prescribed spiritual practices and philosophies are present, but they seem to provide a frame or backdrop for the expression of core humanistic values" (Schapiro, 2011; 109). Significantly, since many of the children in these communities are unable to speak, the spiritual element of life must be communicated emotionally rather than verbally. Echoing Swinton et al, spirituality is described as a feeling experience, not an intellectual one, most profoundly connected to a celebration of nature and the nurturing of the unaffected "divine spark" in each child (Schapiro, 2011; 110).

Schapiro also identifies attention to order and rhythm as a key feature of the Camphill community. Structure is particularly important for autistic spectrum children for whom knowing what is going to happen provides a sense of security and comfort. Community rhythms are organised in line with both human and natural cycles, with the intention of establishing 'routines' and 'rituals' which can nevertheless be subtly broken by adding "variation that children can handle" (Schapiro, 2011; 106). This involves a delicate balance between offering security and encouraging change, adaptability and growth.

Schapiro argues that living in such a community thus has a profound developmental affect on children with severe difficulties, an effect which goes far beyond what can be accomplished in more conventional social skills training programmes. Here, children with diverse needs and challenges are obliged to learn to live together and cope with individuals as unpredictable as themselves. The act of helping another person can be very therapeutic; those with emotional difficulties thrive in assisting the physically disabled, or Asperger's children learn to be more flexible faced with such variety.

*"In this way Camphill is a social learning 'playground' for children who might otherwise become isolated…Living with so many people is quite challenging, but it is a powerful means of learning to be a social human being."*

(Schapiro, 2011; 111)

Snellgrove (2013) also discusses Camphill in terms of socialisation processes, suggesting they are more heavily in evidence than engagement with abstract principles or ideals. In an ethnographic study of three communities in Scotland, she reports that "much of the discussion around

developing the whole child/adult centred on pragmatic concerns around behaviour management and fostering social skills" (Snellgrove, 2013; 171). The children and adults who come to the communities often present what is termed as "challenging behaviour". In other words, they are unable to integrate into normal family or social life due to deviant and sometimes violent conduct. A key priority at the sites she studied, then, consisted in "working and managing boundary behaviour" (ibid).

Importantly, this is done in such a way as to seem a natural part of life, incorporated seamlessly into daily structures and rhythms. The fixed and repetitive order of day-to-day events, such as shared mealtimes, services, watching or performing a play, folk dancing, has a specific purpose: each activity allows the appropriate behaviours for a given social situation to be subtly yet continuously reinforced: at mealtimes when to be silent and still, when it is acceptable to jump around, and so on. In this way "the troubled history and troubled behaviour can over time be turned into a successful social self with knowledge of how to manage and control the expectations of different social worlds" (Snellgrove, 2013; 181).

Although observing that Camphill places great emphasis on the importance of "becoming social beings", Snellgrove does not conclude that within Camphill socialisation is the end goal in itself, nor is 'social behaviour' understood purely in terms of fitting in or conforming to the norms of the group. Rather, socialisation is part of developing not just a successful and functioning self, but a complete self; the ability to integrate is seen as inextricably connected to living a meaningful, worthwhile and full life. Knowing how to be social involves knowing how to relate to and interact with other human beings, and this is empowering for people who have been isolated and obstructed by their inability to form genuine relationships. "[T]he learning of social etiquette alongside ritual and festive practices, combined with the various educational training situations the child/adult finds themselves in, are all in one way or another aimed at the realisation of the person's potential" (Snellgrove, 2013; 172).

The accounts of McKanan, Swinton et al, Schapiro and Snellgrove suggest that Camphill's ethos is spiritually inclusive rather than exclusive, geared more toward a healthy, integrated lifestyle and practical and social education than adherence to religious practices for their own sake. Where present, rather than being particularly restrictive or imposed, the spiritual outlook appears to have a positive therapeutic effect on individuals supported. Schapiro found that the adoption of an essentially sacred view of 'selfhood' leads to an attitude of honour and respect which can enhance the self-esteem and confidence of children who are often under-appreciated in mainstream society. Similarly, care and attention to 'natural' cycles of life

helps create a safe environment for children to face challenges and develop at their own pace (Schapiro, 2011).

On the other hand, although community living offers "unparalleled opportunities for connectedness and learning", for those who like to be alone the situation may be overwhelming and lead to increased anxiety (Schapiro, 2011; 113). Observance of specific spiritual practices and/or religious rituals can bring discomfort to people from different backgrounds. Restrictions on what is allowed into the community from outside "may limit residents' exposure to elements of modern culture" (ibid; 113). This in turn raises questions about the degree to which Camphill communities enable those within their care to connect with people who are not part of the community and prepare them for potential re-integration into the mainstream population.

These observations highlight the fact that the impact of Camphill's intertwined dynamics will be different for each personality, and so an environment which may be immensely rewarding for one individual may be totally unsuitable for another. As Schapiro notes, this applies to staff as well as residents. The effort that goes into providing such a high level of support and monitoring, and the general intensity of community living, can come at the cost of personal time and space for staff. Living together means they must be permanently responsible and constantly available – if not always physically, certainly emotionally. In these circumstances the self-care of staff can be compromised and lead to exhaustion or burnout (Schapiro, 2011). This in turn may have implications for a community's ability to maintain standards of care.

## Are they institutions?

In the light of the discussion on socialisation, a second key question that needs to be asked of Camphill is what effect the shared-living arrangements and highly organised and bounded social context have on the individual rights and liberties of the people who live there. The obvious focus on social control and group integration highlighted by the above studies, begs the question of what type of 'self' these settings are designed to foster (Snellgrove, 2013). In a study which looked at the organisational aspects and power dynamics of five Camphill villages in Norway over 20 years ago, Christie (1989) directly tackled the question of whether these villages displayed the negative characteristics described in Goffman's seminal critique of institutions (Asylums, 1961).

Christie (1989) suggests that Camphill villages are similar to institutions in that all activities, including work, play, meals and sleep, occur within

a single location. At the same time, it is this very characteristic which makes them dissimilar to institutions. In the villages, both able and those labelled disabled eat together, socialise in the same rooms, sleep next door to each other; there is "no segregation according to "ability" or "normality" (Christie, 1989; 27). Christie identifies this sharing of both tasks and spaces as a feature which helps to minimise the differences between staff and non-staff. Most importantly, unlike in conventional institutions, staff members do not "go home" at the end of the day or at the end of their shift. In other words, they do not leave the limited geographical area of the village, because the village is their home. Their house, their family, their social lives are all within the village. In this sense it is a totality but "a total community, not a total institution" (ibid; 91).

A further feature which for Christie makes the villages unlike institutions is the emphasis on non-contractual relationships, achieved by the decoupling of tasks from financial reward. In a conventional institution, the time spent by staff within its walls is "labour for money". In the Camphill villages, co-workers are not paid a salary but have their needs met from a common pool of resources. Not only does this affect the quality of interaction between staff and non-staff (being cared for by someone who is paid for, is qualitatively different from being cared for by someone who is a volunteer), but it affects relationships amongst staff themselves. "Persons can be evaluated – and evaluate themselves – according to what they do and how they do it, not according to what sort of money it brings" (Christie, 1989; 44).

With regard to the third attribute of institutions, namely that all activities combine to form a single, rational plan designed to fulfil clearly specified aims, Christie again argues that the Camphill villages do not fit the mould. The very quality of being 'total communities' in fact means they cannot be assigned a specific purpose. Treatment happens, but only when members are ill as in ordinary communities; you cannot 'treat' Down's syndrome or autistic spectrum disorder. 'Healing' in a wider sense happens, but not as a temporary activity but a "continuous and everlasting process" which is as important for those who are not classified as learning disabled as for those who are. Caring happens too, indeed "villages are full of care" (Christie, 1984; 92) but this is part of life as in any community. Education and learning, cultural and religious practices, work and training, all these also happen within the villages, but none of them constitute aims in themselves or primary objectives.

Finally, Camphill villages are similar to institutions in that they contain an unusually high concentration of 'similar' people within one geographical area, that is, similar in the respect that they are entitled to some form of social assistance because of a medically diagnosed learning disability. As

Goffman noted, institutional life tends to extinguish differences between individuals, resulting in a weakening, even suppression, of personality and an enhanced identification with the collective and its ways. However, while members of Camphill villages are distinguished by their difference from the majority of the population, from the perspective of the village they are all different from each other. Christie paints a somewhat idyllic picture of tightly knit rural communities where everyone is on first name terms and eccentricities are not only welcomed but celebrated. He concludes that the Camphill villages are not institutions, "but they are not examples of ordinary life either" (Christie, 1989; 7).

A small-scale qualitative analysis of a Camphill village in England paints a similar picture. Cumella et al (2009) describe "a life of activity and friendship, in which people with ID feel secure and have a sense of being a useful member of a community that responds to their needs" (ibid; 724). The principle negative of community living identified by the adults with learning disabilities they interviewed was a lack of privacy, which chimes with Schapiro's observation that "connectedness" can come at the cost of personal space and solitude.

Cumella et al posit a number of explanations for the overwhelmingly positive response of participants. The first is "the absence of the overt subordination of residents to staff", again echoing Christie and Snellgrove's assessments. A second advantage is "the facilitation of friendship with other people with an ID". Friendship is aided by the perceived personal safety of life in the village, which encourages trust; moreover, the proximity and regular accessibility provided by the village setting make it easier to communicate and sustain friendships. Thirdly, there are "high levels of meaningful employment". Community organisation means there are fewer barriers to work, including the fact that there is no need for formal contracts and applications and no need to negotiate transportation and other practical difficulties. The onsite availability of a variety of skilled and unskilled job opportunities, moreover, provides residents with meaningful choices. Finally, "a sense of community" is created through the combination of sharing responsibility for village economy and sustainability, sharing decision-making and sharing village rituals and religious practices. The close network of friendships "enables members to re-affirm their sense of community identity and belonging" (Cumella et al, 2009; 724).

The authors suggest that these features are in contrast with residential care and supported living services operating on a for-profit basis, where cost pressures often mean low wages and poor training, which in turn leads to difficulties recruiting and retaining staff. High staff turnover affects the quality of relationships that can be formed between carers and cared for, and inadequate training leads to poor quality care. This supports Christie's

opinion that the unconventional remuneration structures that characterise Camphill communities – bed and board rather than a formal wage system – have a significant impact on care quality. In a Camphill school setting, Brown (2009) likewise determined that "continuity of personnel and consistency of approach coming from a shared value base is important in building child and parental trust" (Brown, 2009; 95). He noted that "personnel were highly skilled and showed a high level of understanding and commitment to children and their families" (ibid).

Returning to the theme of socialisation and the question of what kind of personalities these environments encourage, Snellgrove suggests that while the co-workers work constantly to train residents and/or pupils into "an awareness and learned acceptance" of rules, these are the recognised "normative social rules and behaviour of wider society" (Snellgrove, 2013; 166). In other words, success is measured in terms of everyday achievements that for most people would be deemed ordinary adult behaviour: not kicking, screaming or spitting, not burping during meals, saying please and thank you, not talking in the cinema, and so on. In this case, the socialisation occurring in Camphill communities is no more controlling than are mainstream social institutions such as families, schools and companies. They are engaged in the process of "normalisation", but in "socially bounded spaces" and by means of non-mainstream, intensified practices, specifically catering to individuals who do not have normal needs (Snellgrove, 2013).

According to Snellgrove, this helping people with learning disabilities or behavioural problems to behave 'normally' is not about encouraging them to be the same as everybody else, but about enabling them to be identified by something other than their disability or behavioural problem. Those working in Camphill communities are "secure in the knowledge that the environments they work in, the lives that the children and adults will lead…, the routines and cultural festivities, are as, if not more powerful than a label of autism". The troubled histories "mean something but do not mean everything, and most importantly they are not seen as a limit to what an individual can achieve" (Snellgrove, 2013; 196).

## Quality of life in bounded spaces

The argument that the environment which Camphill communities create has a powerful therapeutic and educational effect is supported by a quality of life study carried out in Camphill's founding school in Aberdeen in 2006. The project was commissioned to evaluate the potential effect on pupils of a proposed major new roadway system being constructed near to their community. The children attending the Camphill School are described as

multiply disabled, many presenting severe behavioural disturbances and many having experienced "repeated failure in other educational settings prior to admission" (Brown, 2009). They constitute, in other words, a particularly vulnerable and challenging group, with very little ability to cope with change and instability.

Brown's conclusions are that "a key and unique feature of [Camphill School Aberdeen] is the provision of a quiet and peaceful environment. This is of critical importance given the children's particular vulnerability to ambient stimulation" (Brown, 2009; 3). Reporting on parents' perceptions, he states that "the quality of the quiet and stable environment, the integrated and inclusive approach and quality of the personnel are the main features which parents value and consider key in their child's quality of life and improvement" (ibid; 94). Both parents and personnel report a wide range of progress and reduction in aberrant behaviours after placement at the school. With regard to the holistic approach, Brown asserts that is "consistent with modern practices in terms of quality of life, both for children and families" (ibid).

Importantly, Brown's study reveals the value of residential placements for parents and siblings. Caring for a child or adult with unpredictable and often uncontrollable behaviour can seriously disrupt family life and relationships and compromise the quality of life for all concerned. Admittance to the school provided "much needed time for the re-stabilisation of the family unit" (Brown, 2009; 3). The report thus highlights the fact that the availability of this type of provision can help with wider issues surrounding disability and ensure a place exists for those who would under no circumstances be able to integrate into the mainstream population. In Brown's view, Camphill is "an 'experimental' model and any damage to its holistic approach is likely to impede the generation of knowledge and experience, which is desperately needed as society encounters greater numbers of children with complex and multiple additional support needs (ibid; 92).

# 7. RECOMMENDATIONS

**The studies reviewed, despite being carried out in different types of community in different countries and at different historical points, tell a fairly consistent story of what Camphill is like as a setting for people with learning disabilities. This is a story of close-knit communities where the language of connectedness, reciprocity and social learning is more primary than that of choice, control and autonomy. Rather than quashing individuality, however, shared lives and shared spaces provides the context for people to develop a personal interest in and knowledge of each other, which in turn allows for the recognition and valuing of individuals.**

Although some – for instance Collins (1996) – have argued that large-scale residential settings make people with learning disabilities vulnerable to neglect and abuse, there is nothing in the literature to suggest that this is the case in Camphill communities. On the contrary, high levels of daytime employment, including work, educational, cultural and social activities, signifies residents are active, engaged and closely monitored. The enclosed settings provide physical safety as well as a psychological sense of security. Residents can go out alone, walk to work, go to the shops and visit friends, in other words, do ordinary things with a degree of independence which might not be possible in an ordinary neighbourhood. The enclosed setting also facilitates the making and sustaining of friendships with other people with learning disabilities, which, as we have seen argued above, constitutes a more meaningful kind of integration again than may be possible in many ordinary neighbourhoods.

The literature suggests that Camphill communities are neither oppressive sects nor are they dehumanising in the way medical long-stay institutions can be. Nevertheless, some concerns are raised about what might be deemed the 'totality' of the lifestyle, activities and value system within the individual Camphill communities and the ways this might be imposed on residents with special needs. The fact that volunteers who choose to spend their lives within Camphill may be un-interested in the outside world, lacking engagement with and therefore exposure to popular culture, can mean they become dependent on the sheltered environment of the community. This in itself can constitute conditions for forms of institutionalisation and inflexibility.

The extent to which this is a reality within Camphill communities, and the extent to which members are aware of the phenomenon and doing something about it, would certainly be worth exploring. The question of how bounded Camphill communities are – that is, how engaged with

their local surroundings – is not only an issue for those supported within them, but has implications for wider social cohesion and attitudes toward disability. Opponents of congregate care express concern that separate settings can fuel discrimination by re-enforcing stereotypes and perceptions of 'difference' (Collins, 1996). Do Camphill communities have this effect, or are they rather encouraging the opposite by facilitating contact between disabled and non-disabled within protected spaces?

In 2012 a series of papers were published on behalf of the National Care Forum which looked at the distinctive contribution of the not-for-profit sector in social care, particularly in terms of quality of workforce, levels of innovation, and building social capital. The report stated that charitable organisations are able to attract and retain a dedicated workforce because they appeal to particular values systems, such as a sense of duty or calling. Individuals working out of these motivations have a high level of commitment and sense of responsibility and this has a positive impact on quality of care. Charitable organisations also lead the way in innovative design and delivery of services because they are able to re-invest surplus capital into training and education and improvement of equipment and facilities, and they have the capacity to raise extra funds through donations and legacies. Finally, charities often cultivate social capital through collective communal action, including by bringing people from diverse backgrounds together in a common cause, engaging the local community through volunteering, creating leadership opportunities and involving service users (Institute of Public Care, 2012).

The studies reviewed, in one way or another, identify all of these factors as contributors to Camphill's positive outcomes. In times of austerity, when public services are hard hit, the not-for-profit sector is increasingly being looked to not only to make up the shortfall but for innovative ideas and guidance (Institute of Public Care, 2012). Being long-standing, widespread, with different sites offering different services within different types of local setting, all held together by one over-arching social mission, the Camphill communities are ideally situated to demonstrate what can be accomplished by collective communal action in a great diversity of circumstances.

The growing interest in and reliance on the voluntary sector in social care provisions draws attention to an issue which has not been addressed in the studies reviewed, namely, the question of Camphill's cost-effectiveness in comparison to other service providers. Does the model, with its practices of shared capital, shared assets, shared accommodation and volunteer working arrangements, enable a higher quality of life (for carers ad cared for) with fewer resources than would otherwise be necessary? What are the implications of both the positive and negative answers to this question?

To conclude, the findings of this review must be treated with caution, given that there has been no replication of a single design in more than one case study. It would require a consistent methodology to test some of the assertions discussed. Moreover, as Snellgrove observes, the research is dominated by the staff and co-worker perspective. This "silencing of the voices of the residents" (Snellgrove, 2013) is problematic since Camphill's mission is to foster meaningful communal participation for marginalised and vulnerable people. Civic participation means having a voice not just in one's immediate community, but in wider society. Having noted these caveats, however, the results of research to date are overwhelmingly positive and strongly suggest that "Camphillers" – co-workers and residents alike – have something to say that is worthy of the world's attention.

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# ABOUT THE AUTHOR

**Maria Lyons** spent the first 17 years of her life in a Camphill community in Scotland. After teaching abroad for some years, she returned to the UK to study international relations and later the political, economic and philosophical foundations of education. After completing her formal studies she began researching Camphill communities as an independent researcher. Maria participated in a research group initiated by Camphill Scotland (lead by Prof. Steve Baron, now retired) before the group was discontinued in 2014. Maria set up the Camphill Research Network in an effort to carry on and build on the work of that group, with considerable support from Robin Jackson.

Maria continues to work as an independent researcher and has a major interest in promoting dialogue and cooperation between anthroposophically-inspired organisations and mainstream political and academic institutions. She now lives in London; pursuing her interests in educational freedom and financial and economic reform, as well as community development.

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# PUBLISHING INFORMATION

# CAMPHILL RESEARCH NETWORK

The Camphill Research Network is an informal network for anyone interested in research related to Camphill communities and the wider intentional community movement.

To find out more visit: www.camphillresearch.com

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