

# Successful intervention for young men who have harmed sexually: a fifty year journey to establishing an outstanding residential service

**Peter Clarke and Sue Brock-Hollinshead**

## **Abstract**

This article maps the development of a Quaker led residential Therapeutic Community that specialises in the treatment of young men who have sexually harmed. It details the theoretical model based on Rapoport's Four Cornerstones. The intervention model was evaluated using a longitudinal outcome research project spanning over 10 years. The researchers noted a substantial and dramatic reduction in sexual and non-sexual recidivism when the comparison group's outcomes were considered. The long-term life trajectories of the young people leaving the service led to further service development. Every young person completing the two year programme is offered an 18 month transitions service that is free at point of delivery.

## **Keywords**

Therapeutic community, harmful sexual behaviour, research outcomes, residential care, male adolescents, treatment programme, circle of support and accountability, charity.

## **Article history**

*Date received* 24 February 2017

*Date accepted* 20 November 2017

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## Introduction

This article is about male looked-after children with histories of harmful sexual behaviour who have undertaken a two year intervention programme in a therapeutic community. There are measures now in place to support also the transitional period after placement.

We acknowledge that the definition of childhood is in essence about the boundaries which are largely set by law and shaped by cultural custom and practice. Suffice it to say that these boundaries in the UK and globally change and have done over the fifty year period of this charitable Trust's activity. They include the ages of majority, criminal responsibility, voting, consent to sexual activity, leaving school, driving, drinking, smoking and more.

One significant change we note is the shift away from the third sector providing residential services for children. In 1946 there were 125,000 children in residential homes (Dame Curtis cited in Cunningham, 2006, p195) but by 2015 there were close to 70,000 children in care placements with just 5290 of those in Children's Homes (Narey, 2016, p6), so reflecting a change of approach in state parenting. As a charity running a residential children's home we are now one of only a handful of services that are neither for-profit nor state run. The cultural approach brought by charities adds value and the sector is impoverished by the absence of charities as a strong voice.

## History of The Friends Therapeutic Community Trust

What were you doing on 16 October 1965, or even 13 January 1969? Few of us born before that time would be able to remember. For the handful of Quakers who were willing to commit themselves to the concept of the Friends Therapeutic Community Trust, the first date marks the signing of The Trust Deed. The second is the day the first three young men moved into Glebe House – the residential Therapeutic Community service the Trust has run ever since.

In the early 1960s, David Wills, a Quaker, wrote a letter in *The Friend* (a weekly Quaker publication) suggesting that something should be set up for appropriate young people which was non-penal, non-custodial and therapeutic. Wills (1903-1981) had been involved in the treatment of offenders and his bold approaches to treatment broke new ground. His central idea of working with lads who 'were profoundly dissatisfied with themselves, saw themselves as failures and hated themselves' was that staff and residents should live and work together, often on

environmental projects, embracing communalism and democracy (Wills, 1947). In what became known as a therapeutic community, and instead of imposing discipline, David Wills, and his wife Ruth, encouraged and expected such lads to work with the freedom they were being given, and 'to begin to discipline themselves'.

Geoffrey Brogden, a Quaker and a Probation Officer in Suffolk, knew from his work that there was the need for such a residential facility, and so took up the challenge in response to David Wills' article. Geoffrey is the first to say that the 'concern' really was that of David Wills, and is self-effacing in the way in which he talks about the 'concern' when it is attributed to him. Geoffrey took his 'concern' through local and national Quaker processes until it was considered by the Quaker representative body, Meeting for Sufferings. That led to the Quaker community identifying with this vision.

A working group secured funding from the Gulbenkian Foundation and found a property. The Trust Deed was signed on 16 October 1965 and the Object of The Trust 'shall be the establishment of a Therapeutic Community for the treatment and help of children and young people who are unstable and maladjusted and in need of assistance'. Geoffrey is one of the signatories to the Deed.

The service was registered initially with the Department of Health and Social Services (DHSS) and inspected by the Social Services Inspectorate (SSI). Geoffrey undertook statutory visits to Glebe House at least every fortnight until he resigned in the late 1980s.

There have been troubled times at Glebe House and it was 'brought round' in the late 1980s when there was the recognition and acceptance that management structures, financial controls and governance were needed to underpin the instinctive tolerance and essence of acceptance found in a therapeutic community. The service now has a long history of 'Outstanding' ratings from OFSTED.

Throughout the history of The Trust the young people have been funded by their home Local Authority. Initially the number of residents was about ten and now Glebe House is registered with OFSTED as a Children's Home for 17 (male) residents. Now that Glebe House is registered as an Independent School some youngsters are 15 when they arrive, but not all. During the two year programme a number of the young people turn 18 which is when legally they become adults. The Trust is registered with the Care Quality Commission (CQC) so that we have a regulator attending to the care of adults.

Since the 1990s the focus of the work has been with young males with histories of sexually harmful behaviour.

## **The Therapeutic Community model and Quaker Values**

### **Rapoport's Four Cornerstones Model:**

Therapeutic community practice arose from a philosophical position, that of placing the person's experience at the centre of therapeutic care and the promotion of autonomy through interdependence, rather than a desire to implement particular procedures for their therapeutic effectiveness.

(Pearce and Haigh, 2017, p55).

Rapoport was Research Director in the Social Rehabilitation Unit of Belmont Hospital, in Surrey, England. He worked under the psychiatrist Maxwell Jones, who was developing the concept of a therapeutic community. In 1960, he published his first book, *Community as Doctor* (Rapoport, 1960) which described a model that now serves as a working definition of the function of Glebe House as a democratic Therapeutic Community:

- Democracy - the Community Meeting is the central decision making forum at Glebe House. The process of discussion is used as a therapeutic tool and decisions are made through consensus rather than voting.
- Communalism is the belief that the process of living together is itself therapeutic. Understanding how to 'hold' power appropriately and challenge those who are more powerful or you feel close to can be important as a future life-skill.
- Tolerance (previously Permissiveness) raises a number of dilemmas. Rapoport defined permissiveness as:

the Unit's belief that it should function with all its members tolerating from one another a wide degree of behaviour that might be distressing or seem deviant according to 'ordinary' norms (Rapoport, 1960, p58).

Challenging behaviour at Glebe House can be tolerated provided the individual and the community are kept within acceptable levels of safety, and provided that the law of the land is maintained. It is the Community's task to think about whether behaviours are keeping the individual and the group at an acceptable level of safety and it is this sort of discussion that often is the most fruitful

process in therapeutic terms. This Cornerstone was renamed following discussions at a Full Community Think Day in 2015.

- Reality Confrontation is the process where behaviour is discussed and thought about in an attempt to both understand its possible meanings and to reflect on how others might see and understand that behaviour.

All Trustees are Quakers, meaning they are in Membership of the Religious Society of Friends. Quakers, or Friends, as we are sometimes called, proclaim four testimonies namely:

- Truth
- Peace
- Equality
- Simplicity

Being a Quaker is experiential. These testimonies sit comfortably alongside the four cornerstones mentioned above and epitomise 'attending to what love requires of you'. Members of the Senior Management Team and Trustees have looked at how Quaker values and Rapoport's four cornerstones inform the way in which The Trust conducts its business and form the foundations of the therapeutic process.

## **Relationship Approaches**

At the heart of the work is a drive to facilitate positive change in the young people. This is based around an approach that sees good or the potential for good in everyone. Past hurt is recognised, and the relationships built by all members of the Therapeutic Community give space for the young people to approach the big questions they face in their adolescence: 'What kind of an adult do I want to be and how do I become that person?'

A number of ingredients are needed for this approach to flourish. It needs an open and respectful culture, a curiosity about why things are as they are in the whole organisation ('culture of enquiry'), an agreement of a shared task that values all voices ('experts by experience'), and a commitment to the four cornerstones. These ingredients are supported by a programme that includes three daily Community Meetings.

## Outcome Research

The effectiveness of the Therapeutic Community-based intervention was extensively evaluated by a longitudinal research project running for 14 years and reporting in 2014 (Boswell, Wedge, Mosely, Dominey and Poland, 2016). This long-term outcome research tracked a cohort of young people for up to 10 years. They were assessed at the point of entry into the programme, and at fixed points during and after placement. The evaluation included a number of 'emotional wellness' indicators.

The overall picture is of a considerable increase in reported emotional wellness from a picture including considerable 'Adverse Childhood Experiences' (Public Health Wales, 2015). There is a sense of hope in the views of the young people, (even in sometimes dire personal circumstances). This may be a significant contributory factor in the recidivism rates (sexual and non-sexual) when seen within the context of a Comparison Group. The Comparison Group had been matched from the young people referred but not placed at Glebe House, and might be seen as a benchmark for the effects and outcomes for the programme completers.

Previous outcome research had identified the significant increase in risk for future non-sexual crime for teenagers who received interventions for Harmful Sexual Behaviour (Hackett, Phillips, Masson and Balfe, 2012). However, the recidivism rates were 16% (seven out of 43 young men, only one sexual and one violent offence) for the Glebe House Programme Completer Group, as against 44% (19 out of 43 young men, five sexual and five violent offences) for the Comparison Group. There is little long-term outcome data available in the field, and the findings from Glebe House are impressive. What has been observed has been a significant reduction in prevalence of sexual crime and nonsexual crime.

## Transitions

One concern highlighted by the research related to the challenges young people face post placement. Many have little more than an unreliable social network, and as these young men are faced with the challenges of 'adult' responsibility they are in need of considerable support to help them. The research message through the annual reports shifted over time. Still the desperately inconsistent leaving care support was often lacking, and the frequency of good practice reduced. The prospects for employment remained bleak.

Bearing in mind that relationships should be two-way, the Trust has begun to consider how to ameliorate some of these stresses and pressures. We are developing a model for a free-at-point-of-delivery enhanced transitions service. At its heart is a study regarding the viability of the Circles of Support and Accountability model that has worked successfully with older high risk offenders for over 15 years ([www.circles-uk.org.uk/resources/research-journal-articles](http://www.circles-uk.org.uk/resources/research-journal-articles)). The young people who have worked so hard during their time at Glebe House need to be given every opportunity to sustain and develop their life skills.

Society is beginning to recognise that there is a significant period in young peoples' lives between the ages of eighteen and twenty five when they are no longer considered to be 'children' but may not yet be, or feel like, 'adults'. For the past fifty years the Trust has held on to values and approaches which are known to be effective while also taking account of legal and societal changes and the need to continue to develop practices and resources for young males with a certain history.

## **About the authors**

### **Peter Clarke**

Peter Clarke ([Peter.clarke@glebehouse.org.uk](mailto:Peter.clarke@glebehouse.org.uk)) is the Director of Glebe House. He has approximately 30 years of experience working in Therapeutic Communities and over 25 years of experience working therapeutically with teenagers who have sexually harmed.

He is a qualified social worker who holds a research based MA from University of East Anglia. His research base is therapeutic and residential interventions for young people who have sexually harmed and has published on the themes of sexually harmful behaviour, residential services and therapeutic interventions and therapeutic communities.

In addition to sitting on a range of advisory bodies and steering groups Peter is Chair of the Anglia Branch of the National Organisation for the Treatment of Abusers (NOTA).

## Sue Brock-Hollinshead

Sue Brock-Hollinshead has been Clerk to Trustees at Glebe House for 7 years. Since the 1970s Sue has had an intermittent association with the Friends Therapeutic Community Trust (Glebe House).

Having taught initially in the UK and Nigeria, Sue then pursued a career as a qualified social worker in social work practice and management before working for the regulator of social work education and training. She completed an MA in Social Work – Policy, Research and Evaluation at the University of Hertfordshire.

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