

**BREAKING DOWN AND BUILDING UP:
Building for Social Health**

by

Ros Tennyson

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INTRODUCTION

In the Autumn of 1990 the Marylebone Centre Trust set up a series of five public lectures under the title BUILDING FOR HEALTH: STRUCTURES AND RELATIONSHIPS.

The lectures were on the following subjects:

RAISING THE ROOF: Sick buildings in a sick society

Anthony Pickering and John Macnicol

SACRED SPACE: The tradition of scared building and a modern interpretation

Keith Critchlow

VISION AND PROCESS: Community participation in the creation of an ideal

John Thompson

BREAKING DOWN AND BUILDING UP: Building for social health

Ros Tennyson

LAYING THE FOUNDATIONS: the launch of the Building for Health Campaign

Patrick Pietroni, Jennifer Wates and Richard McLaren

It was agreed to publish some of the material from the series to make it more widely available in an attempt to broaden the frame of reference of professionals from architecture, planning and design; health and social services as well as those concerned with the environment, urban regeneration and community development.

It is hoped the series will also contribute to an increased commitment to an inter-professional and multi-disciplinary approach to all the issues associated with communities and community building.

The house, drawn by Ricky (aged 6)

BUILDING FOR SOCIAL HEALTH

As a founder member of an unusual housing project, I want to explore and share something of the process of setting up a large, specially designed house and the experience of living in it with a mixed group of people.

The physical building is light, open-plan and accessible - no signs yet of sick-building syndrome! It offers a home to ten adults and three children from such a wide range of personal backgrounds that it is living demonstration of the possibility of drawing people in from the margins and effectively banishing the reality of an 'underclass' within the project.

Although the project has not been based upon religious principles as such, there are spiritual truths which underpin it. Spiritual questions can be understood as questions of meaning and questions of soul. The project undoubtedly raises these questions and offers some insights, I believe, in its attempt to operate within a human scale and from humane values.

The project also has its part to play in the contribution it makes to urban development and renewal - because an urban community cannot just be a physical location but must also be a place where people feel wanted and welcomed. Our project is grounded in its local community and offers quite a radical model of community participation, community development and community care.



BREAKING DOWN

There is an increasing sense of breakdown at many different levels - ecological, economic, political, social, personal. Starting with the breaking down of our world because of our careless use of resources - an image of breakdown in an almost cosmic sense.

On the physical level we are surrounded by images of decay and dereliction, particularly in the inner cities and we watch the actual demolition of high rise buildings which only a few decades ago were heralded as the creative answer to inner city housing needs.

There is increasing fragmentation in family and social structures. As a society we now turn to professionals to deal with the crises that would either not have been identified or would have been absorbed within the natural family or neighbourhood networks.

On an individual level, and I am sure that doctors and social workers would endorse this, there is an increasing amount of personal breakdown and illness which arise from stress, social isolation and essentially a sense of not being valued, not having a worthwhile role in society.

This sense of breakdown does not just apply to a sub-section of the population, it applies to all of us at some level or other. The fundamental principle of the project I am going to describe is that there is a great deal of 'building up' to be done and that this applies across all class and cultural boundaries. There is, at a basic level, an equality between all human beings and ours is not a project designed for a particular undergroup, it is a participatory project of equals. By 'equal', I mean equal in importance.

BUILDING UP

Michael Sorensen, one of those far-sighted Quakers who started one of the most innovative community care projects some 22 years ago, has greatly influenced my thinking. His work was regarded as

very radical, based as it was on a principle of every individual's need for self-respect - especially after years of institutional experience. He had a wonderful line he often quoted when talking about his work:

We are all the poorer for the crushing of one man since the dimming of the light anywhere darkens us all

Our project has its origins in this belief and has attempted the task of rebuilding against the backdrop of the images of destruction and fragmentation outlined above. We were not just building to meet individual need but constructing a 'social' building. If I had to summarise the project under a *Building for Health* banner I would describe it as building for social health.

In setting out a concise and detailed account of the process by which the project unfolded I will also try and punctuate it with the words of one of the members of the project, Peter, who has become our "campus philosopher". About 2 years ago he wrote a detailed description of his discharge from psychiatric hospital and what it felt like to move into the real world, the unsheltered world. His description started like this :

When I went into hospital in 1968 I was incapable of ordering my life and glad to give my sick mind a rest. At first the hospital seemed rather like a holiday with happy periods - making things in occupational therapy. There was a hospital church and social centre. These places appeared to connect us to the unsheltered world outside.

But when the patients went down town after they had got rather better I know there was a feeling of 'them' and 'us'. In the pub you felt that the regular clients knew where you had come from and that they thought you were a dossing nutter

We had substantial food in hospital and a comfortable bed but I didn't strike up a meaningful relationship with anyone.

Hospital gives you a rest, but as time progresses and your mental stability is

supported, perhaps by drugs, the institution becomes stale to you and you long for a bit of privacy, independence and freedom of action.

This kind of personal experience - the piecing together of a fragmented life - is the fundamental starting point of the project.

BALANCE AND USEFULNESS

The project had essentially two initiators who were two of the four founder members. All four had significant and individual input into its development. My own contribution was, I am sure, heavily influenced by my interest in the philosophy of Taoism.

For me there are two concepts at the heart of the project *balance* and *usefulness*.

*Under heaven all can see beauty as beauty
Only because there is ugliness
All can know good as good
Only because there is evil.*

*Therefore having and not having arise together
Difficult and easy complement each other
Long and short contrast each other
High and low rest upon each other
Voice and sound harmonise each other
Front and back follow one another*

*The sage goes about doing nothing
Teaching no-talking
The 10,000 things rise and fall without cease
Creating yet not possessing
Working yet not taking credit
Work is done then forgotten
Therefore it lasts forever*

Tao Te Ching Chapter 2

This illustrates the importance of acknowledging and balancing opposites. Everybody has (sometimes contrary) personal needs. These need to be met and it has been important to establish appropriate balances in all the

following ways: between inward and outward living; inter-action/privacy; noise/silence; activity/passivity. Within the house we all try and strike a balance between meeting residents' needs and offering opportunities for them to give, on an individual and equal basis.

The other one is the concept of usefulness. I believe that every human being has a fundamental need to feel and be useful.

*Thirty spokes share the wheel's hub
It is the centre hole that makes it useful
Shape clay into a vessel
It is the space within that makes it useful
Cut doors and windows for a room
It is the holes which make it useful
Therefore profit comes from what is there
Usefulness from what is not there*

Tao Te Ching Chapter 11

WHICH COMMUNITY ? WHAT CARE ?

The other important context for our project is the socio-political one. The project was not originally described or funded as a community care project but it has come to be seen as a useful model for community care projects, in part at least because it has been able to bring people together from divergent backgrounds and create a real sense of 'home'.

Most people who have been part of the community care programme will probably agree that the principle of de-institutionalisation is tremendous but in practice it has been ill thought out. The community care policy is being implemented against great odds - with inadequate training, resourcing and community consultation.

A lot of the thinking behind our project was based on the experience of a voluntary organisation called the Peter Bedford Trust - the community care project started by Michael Sorensen. In 1984 the Trust gave evidence to the

Social Services Select Committee in Parliament as follows :

In our experience community care is a much used and abused term. "Community" must mean more than not being in a recognised institution. It must involve other people in the locality sharing in the lives of those seen to be in need of assistance, and it must give rise to such people having a sense of being part of a community, of belonging to something they value according to their own judgement.

"Care" must not only be something one group (which is active) gives to another group (which is passive). "Community Care" must become a collaborative act. The collaboration must be such that it encourages active participation from all concerned.

The experience of the Peter Bedford Trust was that the participants, who in some instances had been institutionalised for 20, 30 even 40 years survived in the Trust surprisingly well. There were however 3 disturbing facts:

1. Participants never really integrated in the local community. There was tremendous internal support - a whole internal network of community life - but the ability to relate to the community at large seemed to be very limited indeed. So it was still specialised care within a community setting not community care.
2. While it had been conceptualised as a temporary project - the intention being that people would move in, out and on after a certain amount of time - in fact nobody wanted to move on into the larger community (council housing for example) out of a terror of isolation.
3. Despite the security of housing and sheltered work, which the Peter Bedford Trust did provide, there was little opportunity for the formation of natural social relationships, e.g. relationships to children, wider social activities, contacts with people from different backgrounds all of which we would expect as part of our everyday lives and which make our lives rich.

For me one of the most poignant issues is that most of those 150 people in the Trust were isolated from children and therefore cut off from any sense of, or hope for, the future.

Somebody somewhere had to start the process of creating another layer of less sheltered but not completely unsheltered ways of living which were flexible, integrated and accepting.

GETTING IT BUILT

This is an extract from our original project proposal in September 1984 :

It is not a project set up to help those who might be seen or see themselves as being in need of help. Rather it is based on a recognition that we all have our discontents, however hidden, that we all need support and assistance at various times in our lives, and that most often such support is best accepted when offered in friendship through naturally arising situations.

The firm of architects that undertook the project had the following brief:

To design a shared house for 14 people - 10 adults and 4 children - which would have the following attributes :

1. a good balance between communal and personal space
2. be workable for a very mixed group of residents
3. be flexible to suit different needs and circumstances
4. with specifically :
 - a large kitchen (we envisaged lots of people washing up as opposed to one person, we also thought that some people would need to learn how to cook and we needed enough space to share)
 - good storage space
 - laundry facilities
 - office space
 - a separate TV room on the basis that not everyone wants to watch TV all the time
5. be accessible - at least at ground floor level - to visitors because we saw the communal aspect of the house offering an

exciting space to a large number of visitors including people with physical disabilities.

The house is part of a "campus" where there are 2 other housing units in the same road which have self-contained flats so there are 8 other people living as part of the project with the large shared house as the heart. We were able to house within the separate units people who did not want to live communally or, for some reason, would not have been appropriate to house communally but who in fact relate to the house to a greater or lesser extent joining in communal meals, special events and so on.

NOT IN MY BACK-YARD, THANK YOU

While the house was being built the people in the immediate neighbourhood were initially unreceptive and the housing association who sponsored the building got their fair share of telephone calls saying "we do not want maniacs, ex-cons, alcoholics living next to us, it devalues our properties". We had quite a lot of the initial hostility which is common to most community care projects. One of the founder members offered to go and meet one of the more vitriolic people who got through to the housing association. When telephoned however she said: "Don't bother, you sound alright, it's the others we are worried about". So we didn't get far with dealing with hostility in advance.

In the event, once the house was built and we all started living apparently perfectly normal lives the sense of bristling resentment lessened to passive tolerance and very active friendships developed with the four immediate neighbours.

WELL, IT DOESN'T QUITE FIT OUR REGULATIONS

The project is part of a housing co-operative and is therefore self-

managed. The cooperative has 3 other major housing schemes so this project is not completely isolated from other housing experiments and sympathetic supporters. It is important to be part of a bigger network. The housing co-operative put together the initial scheme and presented it to our sponsoring housing association.

We had theoretical support for the principles of social mix and balance in the project, but we had some quite extraordinary debates about implementing it with the housing association management committee.

For example, it was acceptable to house people with special needs, but what about those who didn't have special needs, weren't homeless and had perfectly reasonable incomes? How could it be justified to offer public housing to people in those categories?

After many extremely frustrating debates on the subject I suggested (with a certain edge of sarcasm) that if they wanted to they could pay 3 or 4 of those who were seen as the most able, an annual salary as wardens which would have cost a considerable amount in extra annual expenditure but would have fitted more neatly into their interpretation of the housing regulations.

Clearly this would have completely undermined the principle of equality between the tenants and would, at one stroke, have turned the project into a group home rather than an extended household. Of course we understood their concerns about the expenditure of public funds but this attitude of 'playing it by the book' mitigates against creative change. Fighting intransigence and bureaucracy is frustrating, time consuming and exhausting. The housing association accepted our approach in the end but more because they were pestered than because they were really fired by it or understood it. They now quote this house as an ideal model of community care!

The Housing Corporation were more creative in their support and thought it

was a wonderful idea feeling that this exemplified the kind of experimental project they felt they ought to be funding. Though even they said "We would like to fund you but this project is not all single mothers, all psychiatric patients or all mentally handicapped so your application for funds does not fit into any of our normal committee structures". They actually re-wrote our application to conform to their policy requirements so they could fund it. Later they too quoted this as an ideal project.

The London Borough of Islington was already familiar with the Peter Bedford Trust and we argued that this was, in a sense, a logical development of the Trust's work so in the end the Borough too accepted it.

All in all, it was a long process

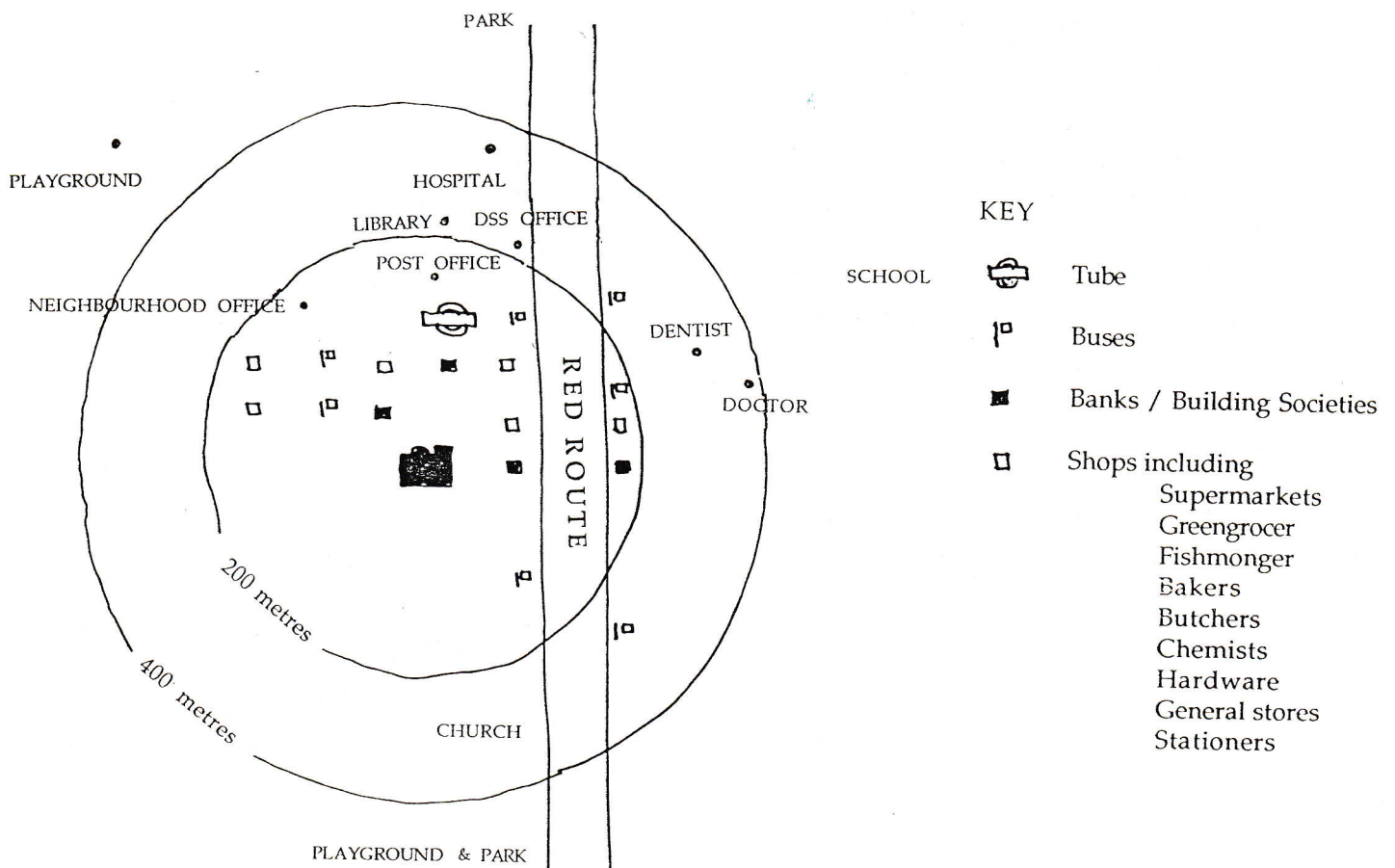
SETTING THE SCENE

The project is in a fairly run down part of North London in an area described recently in the Guardian as "squeezed between expensive Highgate and up-and-coming Highbury". It is on the edge of a "red route" into central London and there are always proposals under consideration for the demolition of a large number of domestic properties (including those virtually opposite our house) in order to widen the Holloway road.

Proposals like this decimate any kind of community life and undoubtedly make people feel as if they, their homes and their neighbourhood are of little or no value. The whole area at the time the house was built had an air of neglect and squalor.

The difficulties (physical and psychological) of living in a neighbourhood such as this are, however, considerably off-set by the advantages of the local amenities and the accessibility of public transport.

Diagram of neighbourhood



It is again, a question of balance. The area is harsh : there are always long queues of people outside the DSS office; a small cluster of homeless people who huddle in local doorways for shelter; the all-night shop means that there are noisy comings and goings at all hours and a great deal of vermin-attracting litter; there have been several street fights and incidents in the 3 years we have been there.

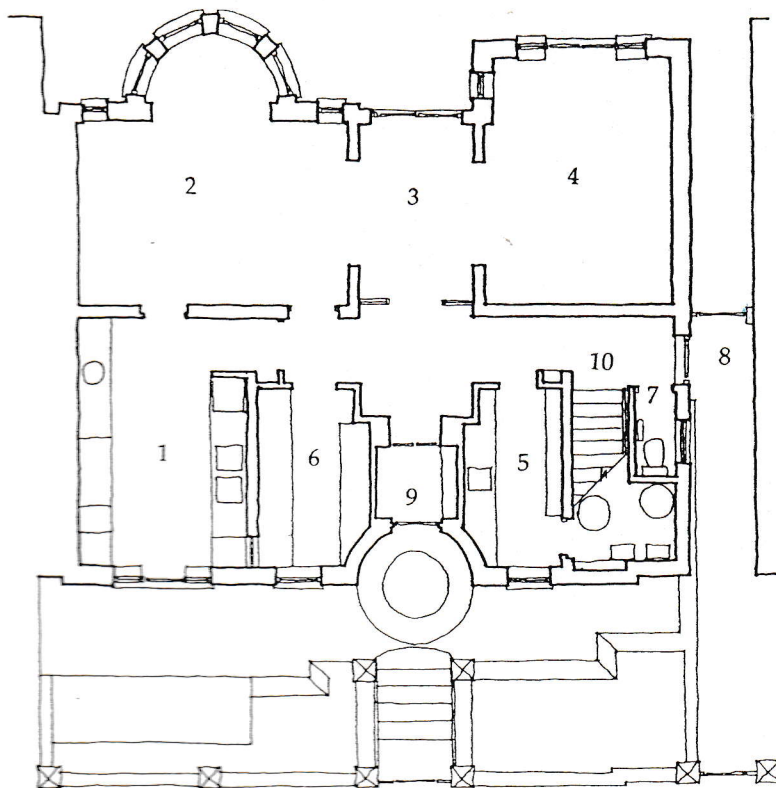
Hard though it is, in some ways, to live alongside these things and be constantly reminded of the brutal realities of the worst of modern urban life, this proximity does also constantly reinforce the aims and ideals of the project and its "raison d'etre". In any case the project itself has had its own part to play in the slow growth and changes in the neighbourhood.

THE PROJECT UNDER DEVELOPMENT

The house took eighteen months to build and involved the demolition of two terraced houses. Then started the slow process of constructing the new house watched with great anticipation and some anxiety by those of us already involved and living in the units along the road.

Seeing it from foundations to roof-top took on almost a symbolic quality - new from old; a phoenix arising from the ashes; a fresh start; a new opportunity; a step into the exciting unknown - all cliches no doubt but the sense of adventure and excitement grew with the growth of the building.

Ground floor plan



KEY

1. Kitchen
2. Dining room
3. Conservatory
4. Sitting room
5. Laundry
6. Food store
7. W.C.
8. Disabled access
9. Entrance Hall
10. Stairs to upper 3 floors

Looking at the project with the benefits of 3 years experience I think 7 key architectural features which have contributed to its undoubted success as a comfortable, functional, attractive and easy place to live. These features are :

1. An excellent balance between the communal space on the ground-floor and personal space on the floors above. The ground-floor is open, accessible and welcoming but as soon as you climb the stairs the atmosphere is quiet, contained and private.

2. This is due in large measure to the decision to place the stairs on the side of the building separated from each floor by a door rather than as a feature in the centre of the house which is more typical of a large family dwelling.

3. On each floor, at the back, the central section is indented so that there can be large windows letting a lot of natural light on to each landing. It has meant smaller bedrooms but gives the possibility for each landing to have its own additional sitting/ communal area.

4. Superb sound insulation is probably the single most important technical aspect. You really cannot hear noises from other rooms so that the daily irritations that might easily arise with such a mixed group of residents from anti-social noise are minimal. I once calculated that there was only 2 hours in any 24-hour period when the whole household was asleep - one of the adults rarely going to bed before 3am and the youngest child waking at 5.

5. The house has also proved to be very flexible : residents have changed rooms, rooms have been adapted for different purposes and, most importantly from the point of view of a responsible use of public funds, the first floor has the capacity to be converted into a self-contained flat for a warden should it ever transpire that the shared house does not work. This in its own way relieves the pressure to make it work because there is a built-in viable alternative use.

6. The budget was worked in such a way that the finishing details were of good quality which helps enormously to take away any sense of a hostel. For example, the ground floor has carpet in the sitting room, a beautiful wooden floor in the dining room and quarry tiles in the central conservatory area and kitchen rather than the ubiquitous institutional lino.

7. We were lucky to have a site which had enough space for a reasonable garden - and the house has doors and french windows leading into it from each room at the back. The garden works well as a natural extension of the house and apart from giving welcome play space for the children and their friends, has given great opportunities for creative and satisfying activity for adults. We have planted several trees which helps to create a sense of permanence and longevity for the household.

THE PROJECT IN ACTION

The ground-floor, with its open plan design and central conservatory area manages to absorb quite large numbers of people and still have a good sense of a pleasant and homely living space.

The upper floors have all developed their own independent characters - for example, the children all live on the 2nd floor and that landing has become their space where they can have some quiet time together at the end of the day.

We have one shared meal a day (in the evening during the week and at lunchtime at the week-ends). At other times everyone caters for themselves as and when they want to. We share cooking, cleaning and washing up - more of this in due course.

It is hard to describe the household accurately and concisely but on the occasions when we are looking for a new tenant we describe it as follows :

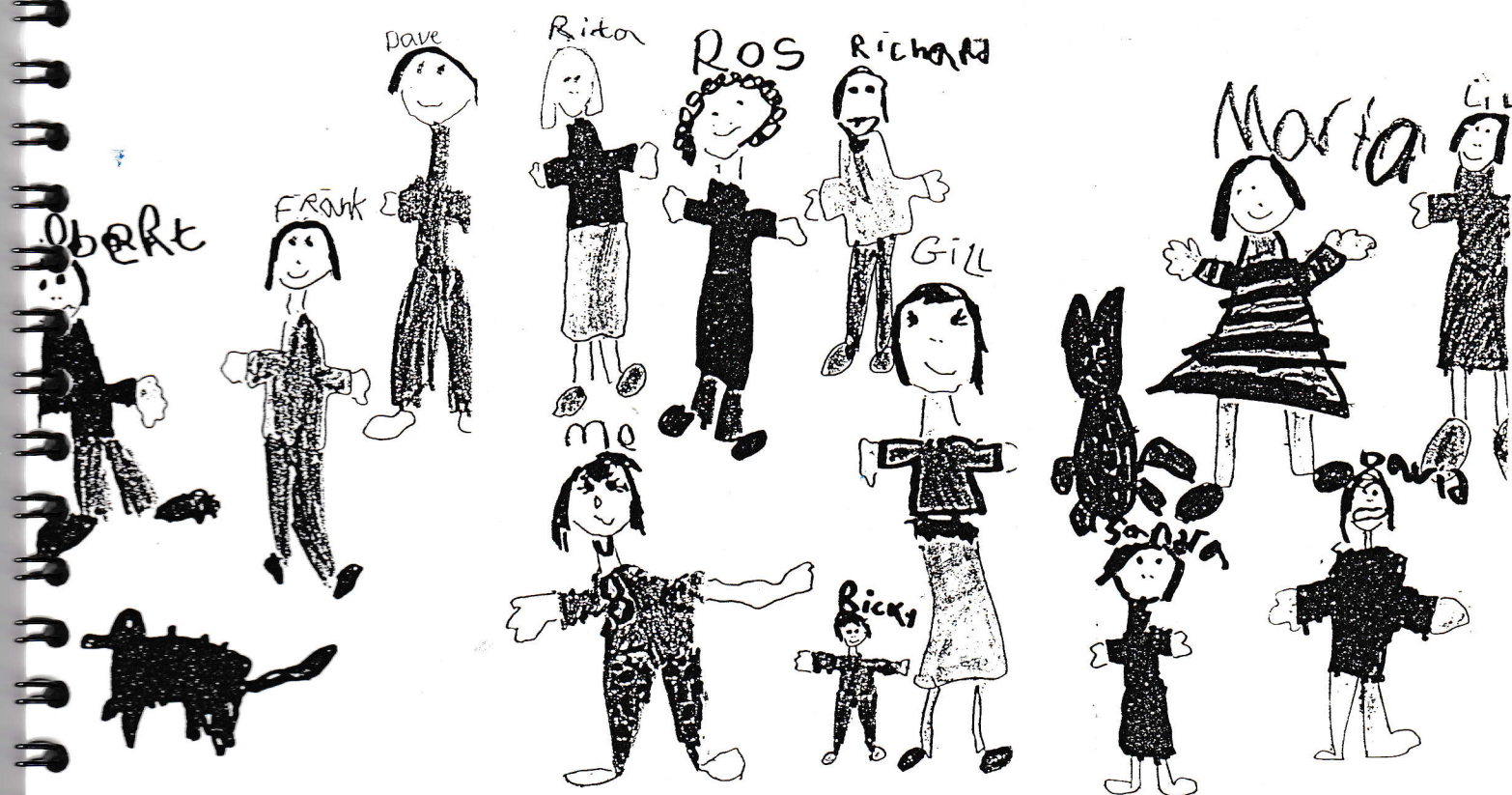
Currently the house has 10 adults and 3 children. The 3 children live with

their foster-parents and are aged 1, 7 and 15. Their natural parents visit them most weeks. The 15 year old is learning disabled and is at a special boarding school coming back to the house for her holidays.

The 10 adults come from a wide range of backgrounds - the oldest is 66 and the youngest 25, 1 is retired, 2 are students, 2 attend day centres, 1 goes to a sheltered workshop and 4 have full time jobs.

During the day the house is quite empty and quiet but between 5 and 8pm it bustles with a lot of comings and goings. It is very quiet from about 10pm onwards.

We describe ourselves as an "extended household" having some reservations about using the word "community". Our life style is low key and very much about respecting each other's independence and individuality rather than imposing communality. Our philosophy is based on a belief in integration and acceptance.



Everyone in our house, by Tessa (aged 7)

A more vivid and personal description is provided by Peter who wrote at the end of the first year of the project :

When you have had psychiatric drugs for 26 years how can you expect your brain to function dynamically in the rush and hurly-burly of commercial life especially in London?

I am glad that I can read and draw and paint and do a little part-time work with people I can relate to. We are not criminals. We do not murder, rob or build nuclear missiles.

There is a place in this world for every loving creative person. It does not really matter about stupendous careers. We all knit into the pattern that is living. I recognise that some people must have careers. They have great responsibilities and often help the less fortunate. Often they can set the vital and exciting challenges for the weaker amongst us.

It is wonderful for ex-mental patients to live alongside and mix with more fortunate people because we all have something to offer each other.

MEETING NEEDS

The project was created to meet needs and as part of the monitoring required by the housing association we have drawn up a summary of some key facts about residents - though we have insisted on this monitoring being undertaken in strict anonymity.

Personal circumstances of residents at the point of housing

(includes all adults involved in the project including those who have left, excludes children except where indicated)

	House	Campus
Housing:		
from housing assn.	2	3
from sheltered housing	3	7
homeless	6	7
private tenancies	2	3

	House	Campus
Income:		
pension	1	3
social security	2	4
disability allowance	1	2
student grant	2	3
low earned income	3	3
average earned income	4	5

Physical/Mental disability and health issues (including children):

learning disabled	3	3
mental illness	2	5
brain damage	2	2
epilepsy (mild)	3	3
diabetes	2	2
chronic back pain	1	1
frail	1	2
addiction	1	3

(Note : some residents have more than one disability and others have none)

Nationality/Ethnic origin:

white British	8	13
Dutch	1	1
Greek Cypriot	1	1
Irish	0	1
mixed race	3	4
(German, Indian, Sudanese, Arabic)		

SHARING TASKS

Part of our approach to meeting needs is to explore ways of sharing decisions and the necessary day to day tasks. Clearly not all of us have natural aptitudes for every kind of task and responsibility, but finding out everybody's individual capacity is important and capacity can develop over time as long as the inclination, commitment and trust is there.

We have rotas for cleaning, cooking and money management (bills, rent, food) and these tasks are on the whole undertaken willingly and efficiently although the cleaning goes in bursts, being the least popular of the tasks.

Less formally we find ways of sharing gardening, child-care and the issues concerned with health and well-being (regulating medication, accompanying

some people for health checks or visits to the dentist or simply caring for each other when illness strikes).

It is important that these tasks are done but it is equally important how they are done. Developing (and sustaining) a spirit of cooperation and a willingness to make a bit of an effort on behalf of one's fellow residents is crucial.

However, we have also become better at realising that such commitment inevitably ebbs and flows and that we all have to be able to opt out of responsibility as well as opting in. One member of the household disappears for a week at a time 2 or 3 times a year with a bike and a sleeping bag as his way of reminding himself (and us) that his personal independence is fundamental. This is true of us all though we express it in different ways.

ISSUES RAISED

Of course, living in this way has raised lots of issues and these have been addressed as and when they have arisen. It is inappropriate to go into great detail here but it would be negligent not to acknowledge some of those issues in a representative presentation of the project.

Again the concept of balance is crucial. I came to understand quite early on, that my own set of principles are only one among many. There is rarely an absolutely right or wrong approach or attitude to anything. Learning to tolerate and even enjoy my fellow residents' personal quirks and eccentricities has the unexpected spin-off of feeling that my own quirks and eccentricities are equally accepted.

It is a humbling but also uplifting process!

The most important issues which we would list are (in alphabetical order) :

Culture and class

The house cuts straight across conventional culture and class boundaries

which must be quite unusual in our still very stratified society. Does it work?

Food Fads

Everyone has his or her own particular food fads - from committed vegetarians to dedicated carnivores; from those who eat anything to those who eat virtually nothing; from those who thrive on fry-ups to those who wilt without salads.

Friends and Relatives

How far can one expect the household to absorb each individual's friends and relatives? How much pressure do we put on our personal friendships and our family networks by expecting them to understand and even integrate into the household?

Hygiene

Standards of both personal and domestic hygiene vary considerably and depend largely on what people's personal circumstances were prior to moving in. Whose job is it to set up the standards? If standards slip too far who takes action and how?

Moving on

How does the household cope when someone decides to leave? The house has had quite a low turnover so far but people leaving has always been painful. It is important to accept that for some the house offers a sense of permanence and for others it is more of a stepping stone to something else. Both are equally valid. In any case it is good for the household to have changes as well as stability.

Sexuality

How do residents co-exist with a range of sexual needs and identities? Clearly a very sensitive issue and on the whole each resident deals with the issue in a personal and private way but it does sometimes cause some difficulty in the household and on the rare occasions when it does it has felt most comfortable to discuss it in separate groups of men and women.

There are more issues but these are the key ones we have identified to date.

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THE QUESTION OF MONEY

The house cost £400,000 to build. There is no revenue funding but we do get a small management allowance from the Housing Association - currently about £1,200 p.a.

A group home would have cost the same or more to build and can cost anything from £5,000 and £30,000 per resident in annual costs depending on the level of staffing.

In addition to the annual revenue savings as compared with more conventional community care group homes we economise on space: we have 14 bedrooms compared with 8 bedrooms in the equivalent space in a housing association project next door.

Operating as one household we have one washing machine, one lawn mower, one vacuum cleaner, one set of standing charges for services, one shared telephone, etc. so there are the additional benefits of an economy of resources.

There are however internal financial arrangements which aim at beginning to even out the discrepancies in incomes. Contributions towards food, household bills and special events are on sliding scales and the house has largely been furnished by those residents with greater resources.

CONCLUSION

Is it possible to offer any helpful concluding thoughts on this project? It seems to be effective for those of us who live there but each resident would have their own views on that and should properly be asked individually. The project has had some influence already just through natural day to day contacts with neighbours, friends and relatives and with the professionals with whom we have had dealings (the 3 foster children, for example, have had 13 social workers involved with their "cases" over the past 3 years).

Should it seek to be more influential with policy-makers, funders, the general public? Could it be a useful model for a more integrated approach to community care? Might it offer a useful model for more of us who do not need community care as such but who are just vaguely dissatisfied with our conventional lifestyles?

Is this project replicable at all? Maybe it is - adapted to local circumstances and infused with the (possibly very different) visions of other founder members. To those who live in the project its replication as such is not of paramount importance. For us its value is that it has given us new opportunities for living that suit us all for very diverse reasons.

Perhaps the single most important lesson for those outside the project is that it demonstrates that people have the capacity to make an effort for each other when the environment and circumstances are favourable.

We hope that other people will be encouraged to try their own experiment but for that to happen it is essential that those who control the key resources are prepared to take risks and make those resources available.

To close by giving Peter the last word :

So-called handicapped people often produce the most amazing gems of intuition, love, wisdom, keen intelligence and skill.

Life is a many faceted diamond and when one aspect of a person is ignored or forgotten much of the value and transparency of the precious stone is lost.

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