

**PRELIMINARY EXAMINATION OF THE EFFECTS OF THE
PROPOSED ABERDEEN WESTERN PERIPHERAL ROUTE ON
THE CAMPHILL COMMUNITIES, ABERDEEN.**

**CONSULTANT'S REPORT ON BEHALF OF
THE SAVE CAMPHILL CAMPAIGN**

INITIAL REPORT

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Executive Overview

The proposal to build the Aberdeen Western Peripheral Route between the Camphill Communities on Newton Dee and Murtle Estates at Bielside, Aberdeen, raises a number of issues for Camphill. The Communities state that their services and approach to people with learning disabilities will be damaged, “*Devastate the tranquil therapeutic environment*”, while as the birthplace and centre of the Camphill Movement it will damage their international reputation, “*Jeopardise the centre of excellence at the heart of the International Camphill Movement*”. To understand Camphill’s concern it is necessary to understand its history, philosophy and value system. It is also necessary to appreciate the diverse nature of its clients, their behavioural patterns and their specific vulnerabilities. The co-workers and staff believe client health and well-being will be damaged and therapy will be rendered ineffective for many clients if this particular and, for them, intrusive plan for the Aberdeen Western Peripheral Route is pursued.

It is probably wise to consider the effects of building the road separately from the use of the road itself. In other words, there are short-term negative effects (due to the construction of the road) and long-term negative effects (due to subsequent continuous use of the road by traffic). Each has likely significant effects, which for some clients may be devastating. The issue is that the proposed peripheral route will not only cause short and long term intrusion, which will have negative effects on client quality of life, but will also prevent the two Camphill Communities from practising and demonstrating their philosophy and values as a model of service delivery.

Most of the clients who come to the Camphill communities have long-term learning disabilities. It is accepted in this Report that at least some of the clients could live in the outside community, where they would be subjected to the everyday aspects of a busy and fairly intrusive environment. Indeed, many professionals advocate that it is in such a normal environment that many individuals with learning disabilities *should* live and learn and where with skilled help are able to do so. However, it is also well recognised in the field of learning disabilities that there are many challenges which remain to be answered. We live at a time when extreme and mission oriented approaches advocate full community inclusion, and although there is ample evidence to suggest inclusion has many advantages and positive effects, there are a number of issues that experts in this field admit have not been dealt with. These include the greater longevity of people with learning disabilities resulting from more effective medical and social practices. In some cases this has given rise to people surviving who, because of the severity of their conditions, would previously have died. Another consequence of ageing is that we are seeing a great increase in the number of elderly persons with learning disabilities. Society has not yet worked out how to deal with this increase in numbers and the challenges involved. These concerns are seen as critical, requiring effective planning and development. It is generally accepted that as society becomes more complex so new forms of learning disabilities arise from, for example, increased survival following premature birth, vehicle accidents (e.g., brain injury to infants and young children), drug and substance abuse (e.g., Foetal Alcohol Syndrome), as well as from psychological and physical abuse from within and outside the family. There is also a concern that there is a

substantial rise in the number of children diagnosed with Autistic Spectrum Disorder which, in most cases, involves learning disability. In many of these instances we are unclear how these challenges can best be met. It is into this framework that Camphill fits, for it provides services based on a particular set of values and philosophy, which determine the type of intervention taking place. It provides resources the demands for which have been sufficiently high that, although Camphill as an organisation started in Aberdeen, it now functions in many countries. There are 11 Camphill communities in Scotland and overall there are 90 communities in 20 countries worldwide. It is reasonable to state that Camphill services are well recognised and provide support, care and intervention for many individuals in need.

Camphill Scotland, which is based on Murtle Estate, supports the Scottish Camphill Communities. It makes representations to the Scottish Executive, the UK Government and other national bodies and provides information and advice on legislative changes to the Communities. It also acts as an information resource for the Communities and members of the public, supports the Communities in responding to the changing needs for services and co-ordinates the development of initiatives of mutual interest to the Communities (see:<http://www.camphillscotland.org.uk>). That the Camphill Communities can do this in a unique way is a result of the philosophy and practice the organisation pursues.

The University of Aberdeen in collaboration with the Camphill Rudolf Steiner Schools offers a BA in Curative Education programme which is recognised by the Scottish Social Services Council as an appropriate qualification for anyone working in the care sector in Scotland. Students attending this and allied courses in curative education, live and work within the residential settings (see:<http://www.abdn.ac.uk>). This is an example of the esteem in which Camphill is held and its impact in the tertiary education system.

Camphill Medical Practice located on Murtle Estate aims to provide an integrated approach to individual and community healthcare where the needs of the whole person are taken into account. It forms part of the holistic and sensitive approach to people with disabilities while linking to the outside community.

These Camphill initiatives are based on specific ideals and encompass an holistic approach which will be difficult to uphold if these attributes are to a lesser or greater degree taken away from the community.

In brief, the Camphill Communities in Aberdeen were founded on clear principles which they believe should be maintained. These principles are recognised by co-workers and staff, and are applied as consistently as possible. Due to the application of these principles, these Communities attempt to absorb and apply new knowledge, yet they provide a different approach from most services which currently exist in the community. They therefore offer a unique opportunity to investigate new approaches to learning

disability within a particular historical framework and provide resources and opportunities not available within many other organisations (see for example, Bopp et al 2003). The Camphill Communities in Aberdeen also set a focus for a worldwide movement and provide Scotland with resources which can expand to meet the growing needs of people with learning disabilities and their families. In so doing they provide a high level of well-being for adults and children with special needs, which include many of the major characteristics recommended in international quality of life research.

It is apparent that the building of the Aberdeen Western Peripheral Route between the Camphill communities on Newton Dee and Murtle is likely to impact negatively on the quality of life for most, if not all, of the children and adults with special needs living in, or attending as day placements at, the Newton Dee and Murtle Estates. It will impact on the physical, psychological, educational and social aspects of quality of life, both in the short-term and in the long-term life of the proposed route. For some that impact is likely to be considerable and has the potential to harm the development of both adults and children with special needs and possibly result in behavioural regression because of the massive scale of the likely intrusion.

1 Comment

Part of the philosophical and value system of Camphill involves how people are to be perceived and therefore the following terms are used at Camphill, and their meanings are noted and are used throughout this Report.

Resident: *An adult individual with special needs who lives on Newton Dee Estate and works as is appropriate within the Estate, and is provided with care, support and intervention. Note: Newton Dee is stated as providing ‘supported living’ rather than residential care.*

Pupil: *A child with special needs who is attending the Camphill Rudolf Steiner School.*

Co-worker: *An individual who would normally be called staff in other services. The term co-worker normally applies to non-salaried workers, both short and long term, who work in the community. Generally they live on-site, some with the adults and children with special needs, some not, and their needs are met from the pooled community resources.*

Staff: *Those working within the Camphill communities who receive a salary.*

2 Introduction

This Report has been developed as the result of a request from the Save Camphill Campaign responsible for responding to the proposed new dual carriageway, part of the Aberdeen Western Peripheral Route (AWPR), between the Camphill Communities of Camphill Rudolf Steiner Schools (CRSS) on Murtle Estate and Newton Dee Community, Camphill Village Trust (CVT), on Newton Dee Estate. The brief is to make a preliminary review of the likely effects of such a road development on the Communities, residents, pupils and co-workers and staff. In more specific terms it is to review the impact on the quality of life of individuals and indicate the likely impact on lifestyle, care, support and therapy or intervention.

In terms of individual quality of life, this Report aims only to outline the areas of potential impact. To do this more precisely would take a considerable amount of time and effort and would require more financial resources. However, at this stage the reader should be able to gain from the Report a clear idea of the areas of concern and the implications for the Communities, both as organisations and in terms of the individuals who live and work there.

The Report presents an indicator of some of the challenges that lie ahead if the road is approved. Much further investigation will need to be carried out to fully and accurately represent these issues. This writer is not competent to assess some of these impacts. For example, both Communities have farms which have been run on biodynamic/organic

principles for many years and the intrusion of a major road through or adjacent to the land, either owned or rented, is likely to have an impact on the land quality and its future suitability for biodynamic/organic farming. Such potential effects need to be carefully assessed by an agriculturalist with the appropriate qualifications and experience to conduct such an evaluation.

3 Learning Disability

Learning disability in the United Kingdom refers to individuals who, by virtue of below average intelligence and social challenges relating to community, employment and/or home living skills, are unable to support themselves in the community without substantial professional service support and intervention. Several definitions in the international literature register these main points (see American Association on Mental Retardation 1992, Thomas & Woods 2003 [Chapter1]). Learning disabilities are seen as developmental in origin, ranging from conditions occurring due to hereditary and genetic anomalies, injury or damage during pregnancy or challenges arising during or after birth, and in the ensuing years.

In specific terms individuals may have suffered from environmental damage, either due to physical events, such as lead pollution, or from psychological neglect and abuse. This latter cause may or may not include physical harm, or poor/neglected social economic situations. Most of the individuals with mild disability now attend normal schools and frequently gain employment when they reach adulthood. Often individuals have multiple disabilities and their learning disability is complicated by physical and/or emotional disabilities. The impact of paediatric and other health intervention has resulted in an increasing ability to enable premature infants of very low birthweight to survive. This group displays a higher proportion of individuals with learning disabilities than in the rest of the population.

3.1 Learning Disability and Life Expectancy

Individuals with learning disabilities are now living much longer and the discrepancy between their life expectancy and that found in the non-disabled population is closing rapidly. In 1999 it was only 2 % less than that for the general population, except for Down's syndrome where it is somewhat lower (Janicki and Ansello 2000, Bigby 2004). According to Bigby the increase in life expectancy in industrialised countries for those with learning disabilities has, in recent years, been more rapid than in the general population. She notes that this trend is demonstrated consistently by United Kingdom statistics. This is a major issue in terms of quality of care and quality of life for people with learning disabilities. The above should also be considered in the light of a waiting list for spaces. Although it is not clear how extensive this is, as detailed statistics were not available, there is a strong likelihood that waiting lists will increase because of the above factors. Indeed, recently I received the following information regarding ageing persons with learning disabilities in Scotland from Information @ enable.org.uk:

Dear Professor Brown

There are 1,777 people with learning disabilities aged over 65 known to local authorities in Scotland (our local civic government) according to a statistics release issued earlier this year. This is a significant under-recording as there are many other people still cared for at home by elderly carers and not in receipt of local services or simply not known in other ways.

The statistics release can be found at: <http://www.scotland.gov.uk/stats/bulletins/00326-00.asp>

3.2 Special needs

It should be noted that although most of the individuals in Camphill have learning disabilities the term 'special needs' is used more commonly to describe both individuals

who have learning disabilities and a minority who, though they do not have learning disabilities, do present a wide range of behaviour and emotional challenges.

4 Quality of Life

4.1 Relevance to Camphill and AWPR proposal

One of the key issues surrounding the AWPR proposal relates to the well-being and quality of life of residents, pupils, co-workers and staff. Quality of life for people with disabilities has emerged as a major area of social science and disability studies over the past 25 years. It is an area well recognised by the World Health Organisation (see: <http://www.who.int/>). Those working in this area (e.g. Schalock et al. 2002) are concerned that, as society develops and changes, and as services for people with intellectual disabilities (international terminology) or learning disabilities (United Kingdom terminology) aim to provide more sophisticated services, consideration of individual and family well-being and quality of life become crucial. This is an international consideration and the Camphill Communities represent one example of an attempt to satisfy these goals not only in Scotland but also in other countries around the world.

4.2 Modern principles of quality of life in relation to learning disabilities

It may be helpful to outline these principles and ideas so as to demonstrate the areas in which the Camphill Communities seek to enhance quality of life and the way in which the AWPR proposal may challenge and limit these concepts and principles.

The following have been abstracted from Brown, I and Brown, R.I. (2003) *Quality of Life and Disability: An Approach for Community Practitioner*. Pp 102-106.

Definitions and descriptions of quality of life

Bach, M. and Rioux, M. (1996)

- The social well-being enjoyed by people, communities and their society.

Cummins, R. (1997)

- Is both objective and subjective, involving material well-being, health, productivity, intimacy, safety, community and emotional well-being.

Felce, D. and Perry, J. (1997)

- A multidimensional concept involving personal well-being. Is concerned with intimate relationships, family life, friendships, standard of living, work, neighbourhood, city or town of residence, the state of the nation, housing, education, health and self.

Goode, D. (1988)

- Is experienced when a person's basic needs are met and when he or she has the opportunity to pursue and achieve goals in major life settings.

Goode, D. (1990)

- When an individual, with or without disabilities, is able to meet important needs in major life settings (work, school, home, community) while also

satisfying the normative expectations that others hold for him or her in those settings, he or she is more likely to experience a high quality of life.

Goode, D. (1997)

- An emphasis on promoting general feelings or perceptions of well-being, opportunities to fulfil potential and feelings of positive social involvement.

MacFarlane, C., Brown, R.I. and Bayer, M. (1989)

- The discrepancy between a person's unmet needs and desires. Referring to the subjective or perceived as well as objective assessment. Relates to all life domains. Recognizes interaction between individual and environment.

Parmenter, T. (1988)

- Represents the degree to which an individual has met his or her needs to create their own meanings so that they can establish and sustain a viable self in the social world.

Renwick, R. and Brown, I. (1996) and Rootman et al. (1992)

- The degree to which an individual enjoys the important possibilities of his or her life.

Schalock, R. (1997)

- Person's desired condition of living (primarily related to home and community living, school or work, health and wellness).

Taylor, S. (1994)

- A useful sensitizing concept that focuses research on the broader life-defining issues by attempting to comprehend the perspectives of the person with a disability.

Quality of life goals

- achieving physical, emotional and material well-being
- being satisfied with life
- developing positive self-concepts
- enhancing personal meaning
- enhancing various areas (domains) of life
- enjoying life
- improving social and environmental conditions
- meeting needs.

Ways to reach quality of life goals

- perceiving needs
- recognizing individuals' feelings about the good things of life
- recognizing ways a person wants to live
- responding to what is important to individuals
- ensuring opportunities are available
- improving social inclusion and social involvement.

How quality of life functions

- as a sensitizing concept
- as an interaction between the individual and his or her environment
- as a complex of objective and subjective measures
- as the discrepancy between what one has and what one would like.

Some suggested domains of quality of life

About the individual

- Material wellbeing
- Physical health
- Psychological well-being
- Spiritual well-being
- Social well-being
- Self-image
- Self-determination

About what the individual does

- Work
- Leisure activities
- Personal development
- Interpersonal relations
- Intimacy
- Education

About the environment

- Social inclusion
- Rights
- Safety
- Societal well-being
- Home life/housing
- Community resources

To this list Mitchell and Winslade (1997) and others add '*Political Climate*'.

The above definitions and principles are to a considerable degree demonstrated through the work of Camphill Communities and these are illustrated in the following commentary. Although each of these concepts and principles will need to be examined more closely in later submissions, here they provide an outline of some the challenges raised by the proposed AWPR.

5 How is This Relevant to Camphill?

The Camphill Communities provide services for people with special needs. Starting in 1940 in Aberdeen as a provision for children with special needs, this remit was later expanded (1960) to include adults. The two Communities directly affected by the AWPR proposal separately serve children and adults. It is probably fair to conclude that the Camphill Rudolf Steiner Schools are able to deal with more extreme emotional and learning disabilities. That does not imply that the adults in the Newton Dee Community have greater ability but rather that the Community does not accept or continue to work with adults who have major violent propensities. The Newton Dee Community as a supported living establishment does not provide services for those with the most severe aggressive emotional problems or for those who are totally bed ridden, though a wide range of individuals show emotional difficulties and most show moderate to severe learning disabilities. Some have additional physical disabilities.

5.1 Camphill Aberdeen Populations

A description of the populations of the two Camphill Communities, from data supplied by Camphill, Aberdeen, September 2004 follows.

5.1.1 Newton Dee Estate: Adults with Special Needs

Total: 102 individuals with special needs (39 female, 63 male), of which 88 are residents and 14 are day placements.

Special needs: 86 of the 88 residents have learning disabilities, with 13 of these having Down Syndrome. The remaining 2 residents have other special needs. 13 of the 14 day placements have learning disabilities, with the remaining individual having other special needs.

Age: The age range of the residents is 25-79years, with an average of 50.6years. The age range of the day placements is 27-53years, with an average of 37.6 years.

Length of Residency: The range of the current residencies varies from 3 months to 44 years, with an average of 25 years. Most residencies are long term, with 77 residents having spent 10 years or more in Newton Dee.

Length of Day Placements: The range is 2 months-14 years with an average of 5.2 years. Although those coming for day placements do so between the hours of 9am and 5pm, many also participate in the cultural life of the community.

5.1.2 Camphill Rudolf Steiner Schools, Murtle Estate only: Children and Young People with Special Needs

Total: 31 pupils (12 female, 19 male), of which 25 live in and 6 are day pupils.

Age: The range is 8-17 years.

Special Needs: Pupils may have more than one diagnostic classification and the categories and numbers in each are shown in **Table 1** below.

Table 1

Learning disability	29
Asperger's Syndrome	2
Autism	11
Severe Sleeping Disorder	7
Challenging behaviour	23
Epilepsy	5
Angelman Syndrome	2
Fragile-X Syndrome	2
Down Syndrome	3

(See Gilbert (1996) for a summary description of relevant conditions.)

5.2 Learning disabilities at Camphill and vulnerability

It should also be noted that a wide range of learning disabilities exist and each poses particular challenges. In terms of vulnerability to change and intrusion into the environment those with Autistic Spectrum Disorder, challenging behaviours and epilepsy are likely to be the most vulnerable. It should also be observed that individual variability within conditions is extreme both in terms of severity and frequency.

The list of additional behavioural and allied symptoms observed is given below and refers to both children and adults.

- Head and brain injury
- Depression
- Anxiety disorders
- Challenging behaviour including inappropriate sexual behaviour
- Severe aggressive and destructive behaviours in children
- Obsessional and ritualistic behaviour
- Severe memory and language challenges
- Motor disabilities
- Severe language limitations
- Disorientation and wandering

All the above are found in combination with, or are the cause of, learning disability. They are noted here because they should give the reader a clearer idea of the population and the issues involved. Obviously some of these situations are exacerbated by environmental events and some are ameliorated by positively adjusting the environment. It is these aspects which need to be considered when assessing the effects that the road proposal may have on the individuals in the Communities.

6 Resources of Camphill

There are six Camphill Communities in total in the Aberdeen area, serving the needs of individuals from the earliest years up to old age (for details see Appendix 1). Although functioning as autonomous units, the communities co-operate and mutually support each other in accordance with their philosophical principles. For example, older pupils of CRSS Murtle Estate have work experience in Newton Dee and pupils from CRSS

Camphill Estate use the educational, therapeutic and recreational facilities on Murtle Estate.

6.1 Management structure

Newton Dee Estate is owned by a UK-wide organisation and registered charity, the Camphill Village Trust (CVT). It is managed at a local level by the local management Committee (LMC), consisting of members both from within and outside the community. Murtle Estate, one of three estates housing the CRSS, is owned by Camphill Rudolf Steiner Estates (CRSE), a non-profit making limited company and Scottish charity.

The management structure is complex. At the time of writing there was an overarching CRSE 12 member Council, consisting of an equal number of internal (representing various aspects of the Camphill community and operations), and external members. The council oversees land and major property development. The operational management of

CRSS is the responsibility of the CRSS Council, which has 15 members 7 of whom are external.

6.2 Land Resources

In terms of land, the Camphill Communities in Aberdeen cover some 141 hectares (350 acres), as detailed in **Table 2**. The land associated with the projected road concerns two of the estates, one primarily for children, Murtle Estate, which consists of educational facilities plus residential accommodation, and an estate for adults, Newton Dee, which involves residential accommodation in the form of supported tenancies and a wide range of work opportunities.

Table 2. Camphill Communities, Aberdeen: Land Usage (in Hectares)

Estate	House & Amenities	Woodland	Market/Herb Garden	Farmed Land	Total Land Owned	Leased & Farmed
Newton Dee	12	15.4	1 oc	44.6 oc	73	*10 oc
Murtle Estate	10.5	8.7	0.8 oc	23.5 oc	43.5	34 (15oc)
Camphill Estate	4	5.6	0.4	0	10	0
Cairnlee	2	0	0.2	0	2.2	0
Beannachar	3.25	3	1 oc	3.75	11	0
Tigh a Chomainn	0.4	0	0	0	0.4	0
Total	32.15	32.7	3.4	71.85	140.1	44

Ewe Haugh: leased and ½ used by Murtle Estate

oc: organic certification UK6

Amenities: non-residential buildings
roads
domestic gardens
communal lawns/grass
sports/recreational areas

For further details on land use see **Appendix 2**.

6.3 Residential Accommodation and Function

The residential accommodation on both estates is set out in village style and the homes scattered, each one on a spacious lot but in sight of its neighbours. They would be regarded as relatively secluded in terms of distance, affording privacy and a relatively high level of protection from neighbourhood noise and other local activity. The roadways serving the homes, like those in the rest of the community, are narrow and very quiet. Traffic, such as it is, moves slowly and quietly, generally slowing down to a walking pace or stopping if there are pedestrians nearby. These features are seen as expressions of the original plan for the needs of people with learning disabilities

Newton Dee Estate houses individuals in varied family like settings, integrated with co-workers and their families, in units ranging from 1 to 10 individuals but with most around 4-5 individuals per house. Supervision within the homes varies. At one extreme there are residents who live more independently. For example, a partnered couple have their accommodation together in a separate house and receive minimal supervision. At the other extreme there are residents who require supervision around the clock, much of the time on a one-to-one basis, because their needs as ageing individuals have increased.

Wherever feasible, the residents make their own meals, having developed a roster with or without the help of co-workers. The general atmosphere that I saw was relaxed, warm and friendly. Most people would regard the physical accommodation as normal from an outside community perspective but in my experience it is more quiet and secluded than most community group homes and has closer and familiar professional supports available.

6.4 Schooling

On Murtle Estate the pupils are accommodated in family style units ranging from 3 to 10 pupils per house, along with co-workers and, in some cases, co-worker families. Supervision is varied depending on needs. This includes detailed and intensive supervision of children who have violent and/or uncontrolled behaviour (e.g. wandering).

On Murtle Estate there is also a school and, since August 2004, the Amber Kindergarten. The latter is an integrated form of provision which serves both special needs and non-special needs children aged 3-6 years from the local community and beyond. This represents one of the ways in which Camphill is adjusting to new knowledge and new requirements by providing effective services for those with learning disabilities. It is also an example of how Camphill seeks to bring about inclusion with the local neighbourhood ensuring, through demonstration, that learning takes place as a 'two way street'. The kindergarten, which includes an outside play area, will, I am informed, be approximately

200 metres from the proposed road. This must be regarded as of real concern given the nature of the programme and some of the children involved.

6.5 Farms

There are three main mixed farms, one on Murtle Estate and two on the Newton Dee Estate. A much smaller estate, Beannachar, also owned by CRSE, has a small farm which is tended on biodynamic/organic principles. Overall, the 120 hectares (300 acres) of biodynamic/organically tended farm and market garden land supply the Camphill Communities, as well as an organic produce distributor, with organic fruit and vegetables. The issues associated with this type of farming need to be further explored. The impact of the proposed roadway on the ability of Camphill Communities to market their produce and supply their own residents with organic produce, along with the possibly effects on residents and pupils with allergies or allied sensitivity needs to be taken into account. In addition, a good number of the Newton Dee residents work on the farms.

6.6 Other Workshops and Services

There are several other work areas and workshops located on the Newton Dee Estate and I visited these in addition to the farm. There is a market garden, metal, toy and craft workshop, and also a joinery. In addition, a cafeteria, a bakery, a general store and gift shop are all open to the general public and are well supported by the neighbouring districts of Cults, Bielside, Milltimber and beyond. Again the atmosphere in each of

these places was relaxed with work slowly taking place which was monitored, guided and supported by Newton Dee co-workers and staff. The co-workers and staff were supportive, friendly and nurturing of the special needs adults. In some areas work is produced not only for the Community but also the local market. In at least once instance items are exported to the United States.

7 Camphill: Philosophy and Values – International Context

In today's terms, with the move to full community integration and living for people with disabilities, the Camphill arrangement may be seen as representing a more traditional and protected environment. However, the Camphill communities should not be confused with the traditional institutions which have been largely closed down in western countries. Its longstanding ethos and value system is of a different kind. Both Communities see the positive attributes of the local neighbourhood sharing and participating in their life. Indeed, many of Camphill's approaches are innovative and forward looking and in this sense it is also non-traditional.

The Camphill Communities in Aberdeen also represent the foundation of a worldwide movement. There are now Camphill communities in twenty nations and a glance at the Save Camphill campaign website (<http://www.savecamphill.org.uk>) confirms the strong appeal and allegiance there is internationally to this Community near Aberdeen. Some of its basic tenets go back further than the inauguration of the Camphill Movement in Aberdeen (1940), for the schooling system and many of the values are derived from the Austrian scientist, philosopher and educator, Rudolf Steiner (1861-1925). His innovative and forward thinking ideas made valuable contributions in areas such as spirituality,

health, education, agriculture and community living. The principles underlying the Camphill communities can be summarised as follows:

- Recognition of the uniqueness of every person
- Respect for the dignity and choices of the individual
- The importance of physical, psychological and spiritual well-being for full health
- The role of social, cultural, artistic and educational activities in supporting healing

In some ways the Communities are similar to other well-known faith intentional communities such as L'Arche, but it would probably be fair to say that Camphill communities are more ecumenical. Although there are Christian values which drive its cause, the literature speaks to an ethos which is wider than this. In reading this literature I note the frequency of terms describing people's needs in terms such as fulfilment, spirituality, tranquillity and peacefulness. The relationships and setting are viewed as "social architecture" (Pietzner 1990, p.67). The surroundings are seen as critical to the well-being of its members. The opportunity to move at a pace of life which is commensurate with each individual's skills, abilities and dignity, is recognised as a cornerstone of effective practice. Wages are seen as a barrier to human relationships and friendship (Pietzner 1990, p 65). So strong are these views that one of the tenets, to some degree fading in practice in the 21st century, is the notion that one should not be

remunerated for working with people who have disabilities if those individuals are to reside in a loving and long- term family like atmosphere. If individuals are to be at peace, to have serenity and to develop their well-being, they require equal dignity with those who ‘work’ with and for them. As a consequence of this belief, the Communities provide for the needs of its co-workers and residents alike. Money is used where necessary but the amount of this appears to be related to people’s agreed needs and not to the amount or level of activity that goes on.

Much has been written about Camphill and published by its members. Documentaries, brochures, articles and books have been one of the ways that Camphill has disseminated its approach and practice. A listing of some of this material is contained in **Appendix 3**. The question arises *“How can Camphill continue with its work on all these fronts if its values and philosophy are transgressed at a practical level by the intrusion of developments which contradict the way of life which has been developed for over half a century?”*

7.1 Values pivotal to a modern approach to learning disabilities

I have gone into this background in some detail as it is generally recognised in quality of life research that individual and group value systems are important in understanding why a service or community or home functions the way it does (Schalock 1997, Brown and Brown 2003). People believe the way they do because of their perceptions (Andrews 1974) and these perceptions are fundamental to why Camphill was built and to the way it

functions today. To enforce a change in the Camphill Communities approach and prevent them actively pursuing their goals is seen by them as the destruction of the Camphill system and its integrated application. It is against these values that the needs of the residents and the pupils should be judged and not by external, and what some might feel are modern, values in the service community. That Camphill is respected is seen by the extent to which it is supported by local authorities and other authorities throughout Scotland and the UK. They continue to place clients in the Community's care for training and support, in the case of Newton Dee often for the duration of a person's life. Indeed it is the philosophy of the Community that persons who are becoming elderly should be able to remain in the Community as long as they are not totally bedridden or experience dementia to such a degree that they cannot be appropriately cared for within the existing facilities. The community is currently reviewing this situation. The fact remains that Camphill can and does provide care for those who are ageing, a need which is likely to expand in the future. In this way it constitutes a valuable resource at a time when the demands within Scotland and elsewhere are increasing to a considerable extent.

7.2 Medical Practice: An Example of Inclusion

There are a variety of therapies used in the Community along with a National Health Service medical practice, which provides a diverse and rich range of allied health resources. Camphill Medical Practice, located on Murtle Estate, provides an extended approach to medicine within a primary healthcare setting to the Camphill Communities and the wider adjoining local neighbourhood and beyond. Since April 2000 it has

provided the full range primary care medical and nursing services to the wider local community alongside the intensive specialist care required by the adults and children in the Camphill communities. The practice has a patient list of just over 1000 of all ages, which includes around 250 patients with moderate to severe complex learning disabilities and with chronic mental health problems. It also treats around 200 referred patients per year who have long-term, unresolved illness or disabilities, such as:

- Learning disabilities
- Mental illness
- Multiple Sclerosis
- Asthma

In addition, the practice currently looks after some 50 patients with cancer. These patients are referred through:

- Other GPs in the North East
- Grampian Homeopathy Service
- Oncologists
- Cancer Link Aberdeen and North: CLAN
- MacMillan nurses
- Self-referral.

The high referral figures are recognition of the expertise and unique multi-faceted approach employed by Camphill Medical Practice to treat these groups of patients. People with learning disabilities or chronic illness gain particular benefit from such a holistic approach. The integrated strategy provides a valuable opportunity for patients to

develop their inner capacity to address the physical, psychological and spiritual elements of their disease or illness. The principles underlying the Camphill Medical Practice approach are drawn from the work of Rudolf Steiner, the Austrian scientist, philosopher, and founder of Anthroposophy. In 1999, the Camphill Medical Practice won the Innovative Practice Award from the Royal College of General Practitioners for its integrated and radical approach to Primary Care.

7.3 Other Examples of Putting Values into Practice

7.3.1 Support and Well-Being

It may be worth noting that in recent research carried out in several countries in relation to family quality of life, spirituality, broadly interpreted, has been shown to be one of the key determinants of overall family quality of life (Brown et al 2004). The lack of neighbourliness towards families with a person with learning disabilities in the external community, and the lack of support from wider family noted in a number of recent studies reduce individual and family well-being (Turnbull, Brown and Turnbull 2004). This was also reported by several presenters at the Quality of Life Round Table at the IASSID (International Association for the Scientific Study of Intellectual Disability) Conference in Sydney, Australia in October 2004. Both these aspects of need are met within the Communities.

7.3.2 Natural and Organic Foods

There are those who would argue that natural and organic foods are one factor influencing the behaviour of vulnerable individuals, which helps to stabilise behaviour because of the lack of additives and the residue from insecticides and other agents causing pollution. The issue of lead and other heavy metal poisoning in relation to learning disability has been recognised for sometime as a likely component of some learning disabilities (see Graham 1983), including attention deficit disorder, both through automobile pollution and other industrial sources (see for example Minemata's disease). Suffice it to say at this point that the biodynamic/organic farms represent one aspect of attempting to provide biologically natural foodstuffs which may be important in stabilising behaviour in learning disability. That the original developers envisaged this is recognised in the publication, *A Candle on the Hill: Images of Camphill Life* (1990). The proposed road is expected to run adjacent to and to go through some of this land.

8 Summary of Key Points

Several conclusions can be reached from the above:

1. Camphill represents a strand of service delivery to people with learning disabilities which, although not mainstream, provides an alternative to community care. It represents a longstanding value system. Several of the Communities' practices and procedures are currently identified as being key contributors to the quality of life for individuals with learning disabilities in the

wider community and which are often lacking there. Some of these values and practices are likely to be compromised if the road goes ahead.

2. In order to understand the position of members of the Camphill community, it is essential to understand the organisation's stated and practiced value system. Key aspects of this are a recognition of the inherent value, uniqueness and spirituality of the individual, their need for peace and quiet, and for a lifestyle which can, when wanted, include the local outside community. Nonetheless, for those that need it, Camphill can remain a place of refuge with low levels of daily stress.

3. The Camphill Communities are complex and integrated structures. Subsequently the quality of life and well-being which result are the outcomes of

many contributing components. This is well supported by the quality of life literature and lessening in any aspect of this holistic delivery is likely to impede the Communities' effectiveness.

4. The production of organic foods by the Camphill communities may be one factor associated with increasing well-being, therefore enhancing the quality of life amongst the residents. The fact that the land has been tended according to bio-dynamic/organic principles for over 60 years and is seen as ideal for producing fresh food, with low levels of added chemicals and pesticides is relevant to learning disabilities.

5. It is likely that some of the impact of the proposed dual carriageway may be less severe if precautions are taken to modify its structure by building the road in a tunnel. However, it appears that road junction(s) are likely to abut the area causing an increase in night lighting. In addition the effects of the proposed bridge over the River Dee still need to be examined. Noise from heavy vehicles and motorcycles is likely to be noticeable. Most of the land on which the Communities stand is well above the level of the River Dee and sound from local activities on the other side of the river is already easily heard. Pollution expectations need to be measured in terms of their likely potential impact.

6. Any possible reduction in, or cuts to, actual or potential provision for people with disabilities, for example, Autistic Spectrum Disorder, at a time of increasing demand in Scotland, would be undesirable. This also applies to ageing people with learning disabilities and individuals with conditions such as Foetal Alcohol Syndrome.

7. There is an underestimate in Scotland (as in other western countries) of people with learning disabilities who are ageing and live with the elderly parents. These individuals in many, if not most, cases will need accommodation and support in the near future.

When interpreting the likely effects of the proposed Aberdeen Western Peripheral Route on Camphill these key points should be addressed.

9 Visit

My visit to Camphill site took place over three days in September 2004. During this period I interviewed a number of staff and clients. I had several meetings with Stefan Geider and Aileen Falconer, and met with Robin Jackson who is a member of the Research Responsibility Group of the Save Camphill Campaign. I also met with key co-workers in both locations and also with several other co-workers and staff during a tour of the premises. I was shown the expected lie of the dual-carriageway, as far as was known at the time, and learned of buildings which would have to be removed and reconstructed. I also viewed workshops, farm, cafeteria and bakery. In the course of these visits I was given access to a number of residents without the presence of co-workers or staff and discussed with them their perceptions about Camphill. Although they knew in some instances about the possibility of a dual-carriageway between the Newton Dee and Murtle Estates, they were understandably not conversant with all the potential implications. However, they mentioned the importance of quiet surroundings and in some cases expressed concern about traffic. In some instances their fear of noise was readily apparent. It is my opinion that this aspect of quality of life must be followed up in greater detail. I visited several of the residential homes and ate lunch in a residence with co-workers and children on Murtle Estate. I observed a wide range of facilities including those used by the local external community. I was shown maps of the proposed

dual-carriageway and test drillings sites. The likely site of the bridge crossing the River Dee was noted, as were the various footpaths used by residents, pupils, co-workers and staff.

9.1 Impact of Road Development: Some Early Indicators

In order to make a full assessment of the likely impact of the proposed road on the Communities, there would need to be an assessment of the use of each of the 4 footpaths. It is apparent that several homes will be near to the proposed roadway. These particular homes house children, several of whom have Autistic Spectrum Disorder. It is noted that co-workers and staff feel that disturbance has already been experienced by children particularly those with Autism (see Letter 13/9/04 to AWPR managing agent in **Appendix 4**). My visit coincided with a discussion of this issue, as a recent test drilling had occurred and I was able to obtain fresh accounts of the effects of this drilling from co-workers. I also observed one child running away from a group home, screaming and distraught. This home is near to the projected road. It was also noted that the test drilling had disturbed and agitated horses on the Murtle estate. These horses form part of the riding therapy provision for the special needs children and adults.

These observations require that consideration should be given to both phases of the proposed road development: the initial construction phase 1 and the subsequent usage phase 2. To a degree some of the factors of concern- increased danger, noise and light intrusion- are likely to be present in both phases, albeit with differing sources and

intensity. In phase 1, there are bound to be effects associated with increased risks to residents and pupils safety and the overall disruption of construction, including high levels of noise and lighting, which are known to have negative effects on many individuals with special needs. The activities caused by building the dual-carriageway are likely to have major impacts on individuals with Autistic Spectrum Disorder, who often have undue sensitivity to changes in environment. This sometimes results in grossly disturbed behaviour, such as screaming, throwing objects, running away, hiding, covering ears or eyes or accentuating ritualistic behaviours which are common in such individuals. There are a number of other individuals who are also susceptible to major environmental impacts such as continuous or sudden noise, changes in lighting, noise from moving vehicles and changes in environment (e.g., those with epilepsy and others with behavioural disturbance). At this stage I am unable to report on the number of individuals likely to be affected but experience suggests that all individuals with Autistic Spectrum Disorder are likely to be susceptible to the major, and possibly also to the minor, noise impacts to the environment. Most do not welcome change and often show deterioration in behaviour and development. Their conditions are seen as fragile. The literature strongly attests to this (see below).

Grandin, T. (1990). Needs of high functioning teenagers and adults with autism (Tips from a recovered autistic). *Focus on Autistic Behaviour*, 5 (1), 1-16. [Grandin, herself suffers from Autism Spectrum Disorder]

Grandin (1990, p. 13) ‘...my auditory system is like an open microphone

set at full-blast volume. I can turn the mike on or off but the volume cannot be adjusted.’

Ornitz, E. M. (1989). Autism and the interface between sensory and information processing. *In: G. Dawson, ed. Autism: Nature, Diagnosis and Treatment*. New York: Guilford Press, 1989, pp.174-207.

Ornitz proposes that individuals with autism have a disturbance of sensory modulation- an under or over reactivity to sensory stimuli.

Wing, L. (1996). *The Autistic Spectrum: A Guide for Parents and Professionals*. London: Constable.

Wing (1996, p. 51) ‘...may find some sounds intensely distressing and will cover their ears and cringe away, for example, the roar of a motor bike or the barking dog or even some comparatively quiet sounds, though they never seem to be sensitive to the noises they make themselves’.

For further commentary on sensory issues see:

Bogdashina, O. (2003) *Sensory Perceptual Issues in Autism: Different Sensory Experiences, Different Perceptual Worlds*. London: Jessica Kingsley

To some extent similar effects are likely to occur during phase 2 but here there will be the disruptions of continuous, but variable, noise and lighting during both day and night. Although it might be reasonable to suggest that some adaptation may take place during

this second phase, it must be recognized that many of the special needs people are particular sensitive to noise and lighting changes and do not easily adapt to new situations.

It can be seen from the attached map¹ (shaded area shows likely road development) that some homes are close to the building site of the road. This proximity will almost certainly require that these homes be rebuilt, not because they need to be demolished for road development, but because children with severe disorders are likely to be impoverished in terms of quality of life. Even making such changes in housing are likely to have a major effect on some children who find change extremely upsetting. At this point I cannot estimate the number of children who are likely to be affected but a number of people with epilepsy, emotional stress disorder and Autistic Spectrum Disorder are potentially very vulnerable.

Recent test drilling has exposed individuals to an unacceptable level of noise. Amongst individuals with Autistic Spectrum Disorder the effects of noise and indeed any changes in environment can be considerable and disastrously negative (e.g., obsessive ritual behaviour, crouching in corners, loss of language and general regression in behaviour). For these individuals new accommodation would have to be provided away from the activity and noise. For a number of individuals who are not used to fast flowing traffic, the impact is unknown but could require a period of adaptation or removal to more serene surroundings

¹ For the latest published map on the proposed route see: <http://www.awpr.co.uk>

9.2 Camphill: An Holistic Environment

The Camphill Communities attempt to ensure that each individual has a well-rounded life relating to education, employment, community living and leisure. They also subscribe to choices for individuals and therefore a great diversity of opportunity exists. Individuals can walk, accompanied or unaccompanied depending on their needs, by the River Dee or they can walk around the whole community. They can visit the local neighbourhood and will meet on the estate many visitors using the community shop, cafeteria, bakery etc. Individual self-image is carefully considered and promoted. There is an accent on community and spiritual needs, which are currently being identified as critical indicators of family and individual well-being (see Turnbull, Brown and Turnbull 2004). It is recognised that many of the residents and pupils need a quiet environment in both residence and countryside, with opportunities for solitude and personal time, as well as opportunities to gain and maintain physical and mental health. All these attributes are built into the system and are likely jeopardised by the proposed road.

10 Further Investigations Required

In the time available to me when visiting the two Camphill Estates, it has not been possible to document in detail the precise, or even some of the specific, effects that may occur as a result of the proposed AWPR. My initial examination has suggested a number of areas of actual or potential concern. If it is decided to proceed with the suggested route more exact information should be collected, with clear recommendations resulting from the impacts which will occur. The information required is outlined below.

Critical need for intensive inquiry:

- 1. Exact location of the proposed route, including precise indicators of proximity to housing.**

- 2. Precise detail relating to who lives in which home plus the behavioural effects and conditions which currently prevail and are likely to prevail with increases in decibel level, luminescence and sound and light variations.**

- 3. Methods for dealing with the impact, and the precise cost of providing new housing and allied facilities for individuals who are vulnerable to the above factors.**

- 4. The impact of loss of access to the surrounding countryside and /or the additional staffing, including its costs, in the short and long term to protect individuals who are**

likely to wander or become disturbed by a variable environment where artificial noise and lighting has occurred.

5. The kinds, and effects, of pollution expected and their impact on the Camphill biodynamic/organic land and food supplies over the long term.

6. An assessment of the overall effects on individuals and their families in terms of well-being and quality of life. In addition, a more detailed accounting of the likely impact of the growing incidence of disability, including increased age and learning

disability on the wider Scottish society, if Camphill's facility has to be modified or, in some instances, curtailed.

7. A detailed account of the effects of the proposed dual-carriageway on the ability of Camphill to promote its views and practices and continue to provide its multi-faceted and integrated service if this project goes ahead.

8. An assessment of the impact of the proposed dual-carriageway on the viability and future development of the six interacting Camphill Communities, Aberdeen.

The above will take considerable time and effort, and the setting of firm dates for this extensive study should now be planned.

Respectfully submitted-

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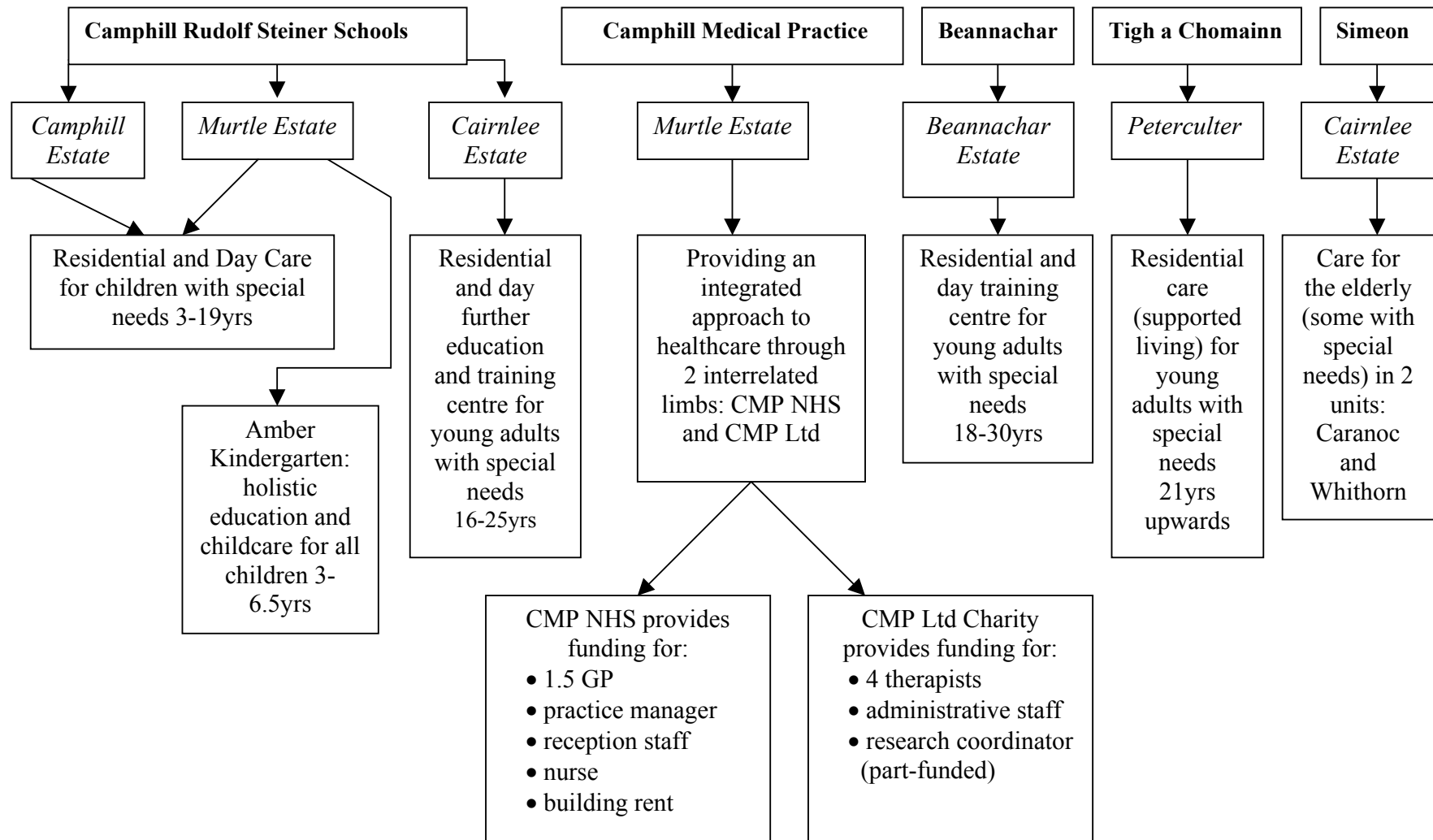
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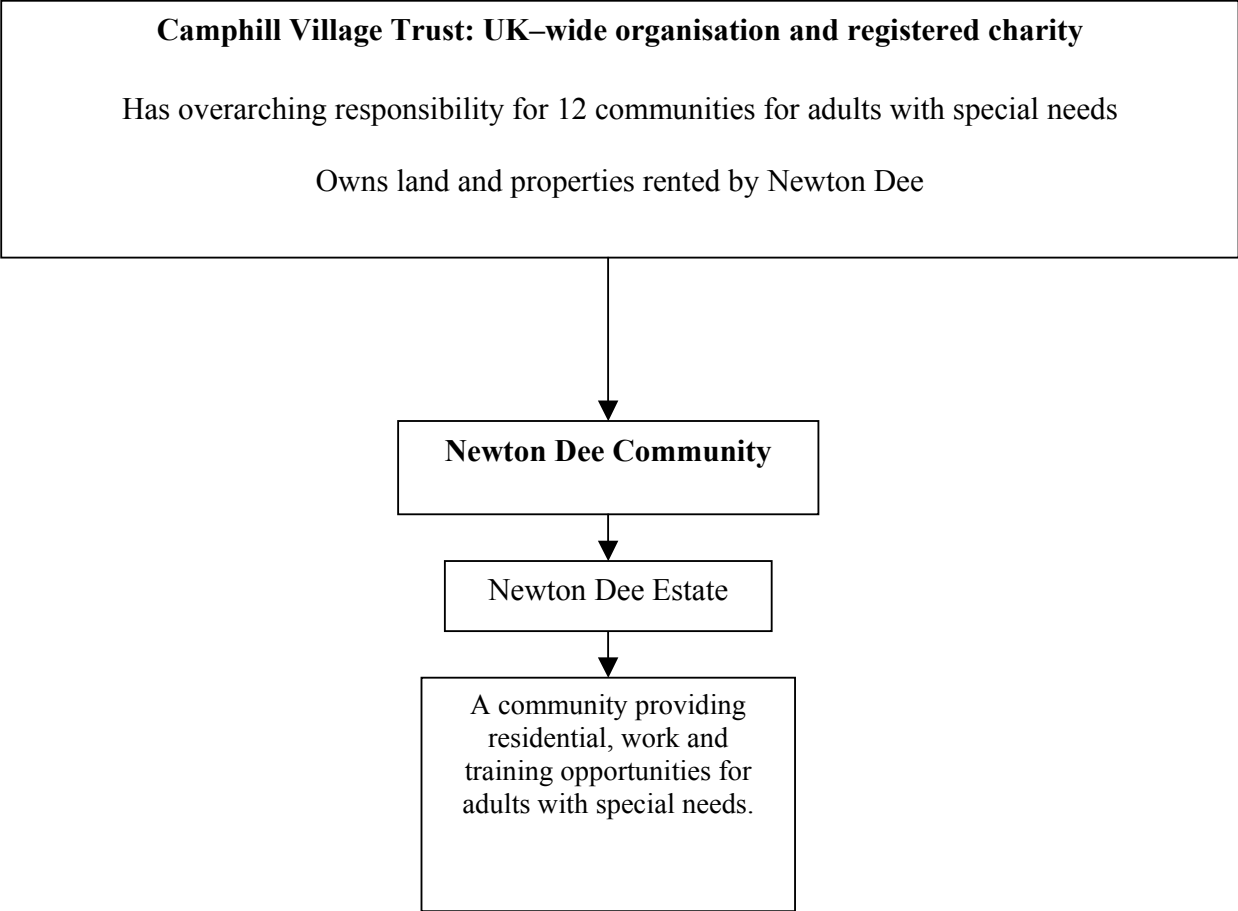
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APPENDIX 1:
Camphill Aberdeen
Relationship of
Communities

Camphill Rudolf Steiner Estates: non-profit making property company
Owns land and properties rented from it by the Companies below



APPENDIX 1
CONT.



APPENDIX 2

Camphill Aberdeen: Land Acreage and Usage

Notes on information contained in Table 2

1. Land Ownership

1.1 *Camphill Rudolf Steiner Estates (CRSE) own all of the land and buildings on:*

- Murtle Estate: CRSS and Camphill Medical Practice
- Camphill Estate: CRSS
- Cairnlee: CRSS and Simeon Care for the Elderly
- Beannachar
- Tigh a Chomainn

Total: 67.1 hectares

1.2 *Camphill Village Trust own Newton Dee Estate: 73 hectares*

2. Land use

2.1 *Land has been categorised in the following ways:*

- Farmed
- Market garden, including herb garden
- Woodland
- Housing and other amenities

2.2 *There are:*

- 4 farms: Newton Dee, Morven (both on Newton Dee estate), Murtle, Beannachar
- 5 market gardens: Newton Dee (2), Murtle, Camphill, Beannachar
- 1 herb garden: Beannachar

3. Farmed Land

3.1 *There are 2 sources:*

- Owned land: all tended according to biodynamic/organic principles; 68.1 hectares with organic certification UK6
- Leased land: 44 hectares of which 25 have organic certification UK6

3.2 Farms

Newton Dee and Morven:

- Size: 44.6 hectares plus 5 hectares of leased land(Ewe Haugh). All with organic certification UK6
- Livestock: Dairy herd (Newton Dee farm), beef herd, pigs, chickens(Morven).
- Land use: for grazing, producing feed for the animals and root and brassica crops for the community. Also grow hay and silage for own use.
- Produce usage: Dairy herd supplies all Camphill communities with organic milk. Animals supply Newton Dee with meat, eggs.

Murtle Farm:

- Size: 23.5 hectares owned plus 39 hectares rented (includes 5 ha of Ewe Haugh). Total: 62.5 hectares
- Livestock: Beef herd, 30 sheep
- Land use: for grazing, producing feed for the animals and potatoes.
- Produce usage: Supply CRSS and Simeon with meat, Newton Dee with lamb.

Beannachar:

- Size: 3.75 hectares, all farmed biodynamically/ organically; 1 hectare with organic certification UK6
- Livestock: Small cattle herd (5/6, from Newton Dee calves)
1 Sow, 1 Boar plus piglets (approx. 10 at any one time)
12 ewes, 2 rams (Icelandic and Jacob)
Free range Rhodes Island hens: 24
- Land use: grazing, producing feed for animals (swedes, occasionally hay, silage) plus potatoes for the community.
- Produce usage: The meat and eggs from the above are used in the community. Wool from sheep used in weaving workshop

4. Market Gardens

All grow a range of fruit and vegetables suited to the northeast climate. Tended according to biodynamic/organic principles. 2.8 hectares with organic certification UK6.

4.1 *Newton Dee*: produce is used within the community.

4.2 *Murtle*: rents land to organic grower and distributor, ²Lembas, who supplies Camphill communities with fruit and vegetables, and also distributes to the general public via a box scheme and Newton Dee store.

4.3 *Beannachar*: supply own community with fruit and vegetable and also sell to Lembas.

4.4 *Herb garden*: 0.1 hectare of the garden at Beannachar is used to produce biodynamic, organic herbs that are used in a range of therapeutic products produced by the Beannachar herb workshop. These are used within the communities and also outlet to the general public.

5. Woodland:

Classified as woodland and managed as such.

This accounts for approx. 15.4 hectares of Newton Dee's land and 17.3 hectares of CRSE land, with 8.7 hectares of that being on Murtle Estate.

6. Houses and amenities:

This includes:

- Residential units
- Non-residential buildings: eg gym, halls, store, café, workshops
- Roads
- Domestic gardens
- Communal lawns
- Sports/recreational areas.

² **Lembas**: local organic grower and distributor, Paul van Midden, who has a small holding relatively near to the Camphill communities. Lembas supplies the communities and the general public with organic produce including fruit, vegetable, eggs and chicken. It relies on Beannachar and Murtle produce to augment its outsourced supplies. In turn it supplies the communities with organic the organic fruit and vegetables they are not able to grow themselves at a reasonable rate.

APPENDIX 3

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Grampian TV Programme October 2004: Craig Millar Files: Road Rage

Fran Faulkes: Walking pace video of the route November 2004

BBC Radio 4 Programme: Sacred Gardens: Freida Morrison

Camphill Rudolf Steiner Schools, Aberdeen : Information Video

Leaflets/Brochures/ Web Sites

(General Information on Camphill)

Association of Camphill Communities: *List of members and Related Initiatives*: Brochure

Ibid: *The Camphill Movement*: leaflet

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Foundations: Newsletter of the Camphill Foundation

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Newton Dee

Newton Dee Information Brochure

Newton Dee Community Brochure: *Newton Dee at a glance*

Camphill Village Trust Annual Review 2003-2004

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CRSS Aberdeen: Annual Review 2003-2004

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Amber Kindergarten Leaflet 2004

<http://www.camphillschools.org.uk>

<http://www.abdn.ac.uk>

Other Camphill Communities

Beannachar

Beannachar Information leaflet

Beannachar Student's Magazine May 2004-12-15

<http://www.beannachar.co.uk>

Simeon Care for the Elderly

Newsletter

<http://www.simeoncare.org>

Camphill Medical Practice

Rhythms: Newsletter
Practice and Therapy Information Leaflets

<http://www.camphillmedical.org.uk>

APPENDIX 4

Letter from Dr Stefan Geider, GP Principal Camphill Medical Practice and CRSS Medical Officer to AWPR team managing agent regarding Health and Safety on Murtle Estate, 13/9/04.

13 September 2004

Derick Murray
AWPR Managing Agent
Aberdeen Business centre
Willowbank House
Willowbank Road
Aberdeen
AB11 6YG

Dear Mr Murray

AWPR Observance of Health and Safety on Murtle Estate

As GP Principal of Camphill Medical Practice and Medical Officer responsible for the health and well-being for the children and co-workers of CRSS, I would like to complain about the approach of the AWPR team to Health and Safety issues on and near to Murtle Estate and about lack of consultation regarding the impact of drilling activities on the community. Recent incidents fuelling such grave concerns are as follows:

1. Sunday 5th September a drilling rig was erected next to the footpath at the entrance Murtle Estate. This was:
 - wrongly sited
 - done without the knowledge of or consultation with the Estates manager
 - left in an unstable condition without a protective fence or guard in place until a complaint was received from ourselves.
2. Heavy engineering and 4x4 vehicles accessing the estate in connection with the AWPR are not adhering to the 15 mph speed limit, despite cautions from estate staff. These same roads are used by our children and co-workers going about their daily routine, horse riding therapy team, as well as by patients, (including Newton Dee residents, on foot) accessing the medical practice. This is not only a serious risk to safety but has also disrupted our horse riding therapy, due to the unsettling effect of unpredictable and increased noise from both traffic and drilling on the horses' behaviour.
3. Drilling rigs close to one of our residential units, Robert Owen, have been set up and operated without prior consultation with those living in the unit. These are currently causing disruption making conversation and sleep difficult. Drilling is continuing past the childrens' bedtime and outwith normal working hours (weekend and up to 10.00pm), and the childrens' rest hour has not been observed.

If at this early and apparently 'non-invasive' stage, things can go so wrong and have such an impact, what assurances can you give in reality for the health and safety of our children and co-workers once the massive construction period begins?

At this stage I seek a clear reply detailing the measures that have been and will be put in place by the AWPR team regarding points 1-3 above to ensure that Health and Safety issues are a priority and that further detrimental impact on the community is minimised.

Yours sincerely

Dr Stefan Geider

cc Nicol Stephen
Malcolm Chisholm
Vincent D'Agostino, CRSS

