Abstract

There is little existing research on the long-term impact of a Therapeutic Community (TC) on staff and service users alike, particularly for a TC that no longer exists. With TCs becoming a "dying breed", often due to funding cuts, this information is as important as its ever been.

The Acorn Programme at The Retreat, York, closed its doors in 2018 after 18 years as a TC for women with self-defeating behaviours. Staff and service users from across the span of the programme were asked about the impact of having been a member of the TC, 4 years after the physical unit had closed. The themes from their answers were drawn out using Interpretive Phenomenological Analysis, which includes reflexivity from the Lived Experience Research - a former client from the Acorn Programme.

The themes arising could be grouped into several broad categories; impact on life, impact on interacting with others, impact in managing stressful events, impact in dealing with mental health services, useful things taken forward and negative impacts. With members having taken the ethos of Acorn forward into their work and personal lives after having left the programme.

The message was clear, being a member of a therapeutic community does have a significant impact - mostly positive, although some negative - on the staff and service users involved. This stands the test of time, withstands other difficult life experiences and the TC lives on in the hearts and lives of the people who were part of it, long after the physical place has gone.

Background

The Acorn Programme was an inpatient Therapeutic Community (TC) for working age women with a diagnosis of Borderline Personality Disorder (BPD) and/or struggles with self-defeating behaviours (Coakes, Miles & Lawson, 2007).

The unit was part of a larger hospital, The Retreat in York. The Retreat itself is an important part of modern-day psychiatric history. In 1791 a Quaker widow, Hannah Mills, died in the York Asylum and the York Quaker Friends were shocked that they had never been allowed to see her and suspected that she had not been treated well (Glover, M, 1984). The Friends felt that there must be ways to improve on the way the insane were treated. In his 1813 Description of The Retreat: An Institution Near York, for Insane Persons of the Society of Friends", Samuel Tuke (Grandson of The Retreat's founder, William Tuke) writes:

> *"In particular, it was conceived that peculiar advantage would be derived to the Society of Friends, by having an Institution of this kind under their own care, in which a milder and more appropriate system of treatment, than that usually practised, might be adopted; and where, during lucid intervals, or the state of convalescence, the patient might enjoy the society of those who were of similar habits and opinions."*

Founded on Quaker principles, The Retreat opened its doors in 1796, as an alternative to a traditional asylum. Here, the residents were treated in a more humane manner - including a relational approach to therapy named "Moral Treatment" which was in place of the more "traditional" methods of restraint usually suffered by an insane person in this era. (Digby, 1985). Moral treatment may have preceded the current TC approach as an early form of TC (McFetridge & Coakes, 2010). Although by the time The Retreat was open, moral treatment was not a new phenomenon; it was considered a successful practitioner of the ideas (Digby, 1985) and the Tuke family are often considered the founders of moral treatment (Borthwick et al, 2001).

About Acorn

After its initial conceptualisation phase in 1999, the Acorn Programme ran from 2000-2018, during which time many women who struggled with mental health problems including BPD (up to 96% of clients (McFetridge & Coakes, 2010)) and Complex Trauma, amongst other diagnoses such as Eating Disorders, passed through its doors. The Programme aimed to assist women who had a history of "self-defeating behaviours" that were sufficiently severe to warrant a tertiary NHS referral, and subsequently, funding (Dunlop & McFetridge, 2020). This naturally meant that many of the women arriving on Acorn had had years, even decades of hospitalisations, involvement with mental health services and repeated cycles of self-defeating behaviour. For many, it was a "last chance saloon", where all previous attempts at treatment had failed. An important part of the programme was that residents needed to work towards being informal (not detained under the mental health act) either before they arrived on the unit (85%) or within the first two weeks of admission (McFetridge & Coakes, 2010). This for many, may have been the first time they had not been detained under the mental health act for many years, an important first step to taking responsibility for one's own behaviour and well-being, and having a choice over their own treatment.

The programme lasted up to 12 months, with people able to graduate from the programme from 8 months onwards. Not everyone who entered the programme left as a graduate. There were a variety of circumstances that lead to people being unable to complete the programme. The joining process for some - who had had unclear boundaries and insecure attachments growing up - could almost constitute "a crisis" and did lead to many choosing to drop out of the programme before the therapeutic community "took hold" (Coakes et al, 2007) - that is to say that the relational bonds with staff and other clients became secure, safe and containing for the client. But for those who did complete the programme, support continued for a further 12 months via the "Graduate Group", which took place at The Retreat, one afternoon a month.

The programme itself, as well as being built on the Therapeutic Community model - which involves user empowerment, developing a sense of agency and democracy through the day to day running of the programme and the powers of shared decision-making and peer therapy (Lees et al, 2021) - was trauma-informed and Dialectical Behaviour Therapy-based with a rolling 6 month DBT programme which graduates would usually complete twice during their stay. Evidence suggests DBT-informed therapeutic communities have good clinical effectiveness, as it offers a contained opportunity to consolidate DBT skills, especially on an interpersonal level (McFetridge et al, 2015). The unit was run as a "flattened hierarchy" - staff and clients had a more equal say in how the unit was run. This included accepting new admissions onto the programme after their initial assessment. For many, this was their first time being in an environment where boundaries were clear, but was also their first chance at "belonging" somewhere.

The unit was staffed by an MDT of psychiatrists, psychologists, nurses, support workers and occupational therapists, who had all completed the DBT intensive training programme and took part in a weekly staff consultation team meeting and supervision (McFetridge & Coakes, 2010). Many staff members had also attended "Living-Learning Experience Workshops - a residential training course allowing staff to explore the experience of being a member of a residential TC programme (Lees et al, 2021).

The Acorn programme was closed in April 2018 due to business reasons, after nearly 2 decades of service. The graduate group continued until the summer of 2018 when was a natural end-point for the service-users currently in the group. The impact of this closure was significant, with people who were part-way through the programme having to cut their stay short, staff who had worked at the unit for many years having to move to other jobs within The Retreat or beyond. I myself, as an inpatient on the Acorn programme during its twilight time from 2016-2017, and still in the graduate group when the decision was made to close the programme, felt this loss as did many of my peers. At the Annual Forum of The Community of Communities in 2018, there was a palpable sadness to be felt at the closure of a significant presence in Therapeutic Communities in the UK.

As the years passed by, I found myself repeatedly drawn to talking about Acorn, relationships with peers from the programme continued to stand the test of time, numerous opportunities arose for me after I left, because of connections and experiences with Acorn. Therefore, in 2022, I found myself thinking about the decline of the use of therapeutic communities, and realising that there is a longer-term impact that is not being researched and recorded. Thus, 4 years after the closure of The Acorn Programme, I set about finding out, first hand, if there was a long-term impact for both staff and service users and if Acorn and its morals lived on beyond the closure of the physical unit. I asked the question "What is the long-term impact of being part of a Therapeutic Community for staff and service-users, 4 years after the closure of the service?"

Method

Initially, I conducted an online survey, which was disseminated to staff and service users using a waterfall approach of people passing it on to each other. Although this was a very informal approach, and unpredictable as to who it reached, as a service user I had no access to lists of people who had been involved with the programme over the years. The survey consisted of several demographic questions (e.g. length of time with the programme, whether the respondent was staff or service user etc.), followed by seven specific questions about how Acorn had impacted on various areas of people's lives. These are outlined in more detail in the discussion below and offered a free-text box to respond in. The final question asked was whether the respondent would like to take part in a semi-structured interview via phone or video, to further expand on their answers.

17 participants took part in the online survey - 5 service users and 12 staff. From these participants, a further 6 undertook the semi-structured interview via video link and one other via e-mail to expand on their survey answers. The responses were collated, and themes arising were drawn out from each question asked.

The analysis method used was Interpretative Phenomenological Analysis (IPA) as it produces accounts of lived experience in its own terms as opposed to one prescribed by pre-existing conceptions (Smith & Osborn, 2015). This method was particularly useful as we were discussing emotions and my own lived experience was being taken into account.

Using Lived Experience Research and reflexivity

An important aspect to this research is the inclusion of the lived experience of myself as the researcher (as a former member of the Acorn programme) and reflexivity on how this affects the entire research process including analysis. Traditionally, research has been for professionals, clinicians and academics (Abell et al, 2007), but in recent years the status of people living with mental health problems as researchers themselves, is beginning to change (Faulkner (2017) and survivor-led research is increasingly becoming part of the bigger picture of research in the country.

However, as a whole, it is still difficult for Lived Experience Researchers to be involved in academic and clinical research without compromising our priorities somewhat in order be able to be respected in the research world. By standing outside of the "research norm", and seeking to develop more independent user-controlled research, we naturally have less access to funds and thus a lesser potential to impact on services (Faulkner 2017). Without funding, lived experienced research relies heavily on the willingness of people to commit their free time and goodwill to research, and this limits the amount of people with lived experience who stay involved in research (Abell et al, 2007). In research teams, with a combination of lived experience researchers and academics and clinicians, there is often a natural power imbalance that makes the sharing of power in the research difficult (NIHR, 2021).

However there are a number of great advantages to lived experience research, and this includes the ability to include subjectivity in the qualitative research process. Researcher reflexivity helps to account for how subjectivity can shape the research and the enquiry (Francisco et al, 2022).

This could never be a truly objective paper, as my experiences will affect the way the research is conceptualised, the way the participants interact with me and the way the data is interpreted. But part of the goal of engaging reflexivity is neutralising the influence of the researcher's subjectivity, acknowledging it, explaining it or capitalising it (Francisco et al, 2022). As a newer researcher myself, there are more concerns that ambiguity arising from using my own experiences could make the research less credible (Francisco et al, 2022) than that of a further-removed party.

About the participants

For service users taking part, the average length of stay was around a year - as per the programme, with one respondent having stayed just over a year and another leaving at around the 4 month mark. All service users who took part left in 2016 or 2017. Since leaving Acorn there were a variety of experiences including further hospitalisation, work, study, living in supported accommodation, running one's own business, parenthood and varied interactions with mental health services. Sadly, there has also been a handful of completed suicides of graduates of the Acorn programme.

For staff members, the length of time with the Acorn programme varied from 1 year to 17 years. Staff interviewed included those who had been involved in the creation of the unit, right through to those who had stayed until the closure in 2018, which meant there was staff representation for the entire history of the Acorn programme. Overall the year of leaving ranged from 2009-2018. Subsequent staff destinations included retirement, working elsewhere at The Retreat, running one's own business, working in other mental health services in the community, hospitals, prisons and education.

Discussion and themes

The results were broken down into areas of impact and then further broken down into themes arising within these areas. The areas of impact are impact on life, interactions with others, dealing with stressful events, dealing with mental health services, negative impacts and things that the participants took forward as the most important and impactful aspects overall. Direct quotes from the participants are referenced throughout. Due to confidentiality and with a small sample size these are simply referred to as "staff member" or "Acorn client" rather than pseudonyms.

Impact on life:

Pride: Participants reported a sense of pride in being involved with Acorn, and that it impacted their future relationships and how they developed professionally and personally.

Reflectiveness and mindfulness: Participants felt that they became more reflective in themselves (and their practice, for clinicians). They generally felt that they became more mindful of the here and now.

"*Acorn made me think in a different way" - staff member*

Belonging and Togetherness: Being on Acorn brought a sense of belonging and togetherness. Both staff and service users derived a sense of comfort and security in being part of something together and this feeling of being part of something "bigger" transcended into the time beyond their practical involvement with Acorn. Service users reported that it was often the first time they had felt they had belonged somewhere, as many had experienced tumulus upbringings with difficult family relationships, experiences of being taken into care, and repeated hospitalisations due to their mental illness and even feeling ostracised for their experiences.

Learning: The experience of being on Acorn was described by most as a learning experience. Participants talked of learning from each other, understanding themselves and other people and

learning from mistakes. This was particularly evident in the staff responses, where many explained that they had learnt more from clients on the Acorn programme sharing their experiences, than they had ever learnt in training. Participants attributed the supportive, safe and contained atmosphere of Acorn in helping people learn and shape who they are in the present day.

Understanding trauma and self-destructive behaviours: Both staff and service users learnt to understand and recognise the different emotions, accepting them, being willing to experience them and taking a step back before acting impulsively or in a self-destructive way. For professionals, being a part of the programme brought a deeper understanding of trauma and dissociation, and a realisation that looking at people's difficulties holistically was important to their progress.

Shared responsibility: The experience of truly sharing responsibility was important. From clients choosing to stay on the unit informally, without the use of the mental health act, to the less-restrictive option of handing in dangerous items rather than having them removed. This helped clients (and staff) understand how partnership and co-production in care could produce sustainable and lasting changes. People stated that service users having a choice in treatment is something that they carried forward with them. Staff working in subsequent roles in very restrictive environments such as prisons, found ways to create partnership and choice in care despite these rigid systems.

Positive risk-taking: As opposed to the automatic response many mental health services have of avoiding risk altogether, Acorn had a much more positive view of risk and risk-taking. Understanding that sometimes risks can and do happen, but that we can learn from this, was vital in moving forwards and allowed people to cope in the future when it would be impossible to live in a risk-free world. For staff, this was sometimes a difficult learning process, in particular having to sit with the knowledge that risks may occur without jumping in and acting in a knee-jerk, risk-averse fashion.

Acknowledging stress and emotions: Accepting that life is stressful, emotions exist and will happen and can be safe to experience was a clear theme, along with a recognition that sometimes anger is an easier emotion to express than fear. People learnt to acknowledge when they need help or support and to share this with others. Many reported that they had learnt that talking and using groups to manage these feelings was effective compared to their previous habits of shutting down or "bottling things up".

Self-worth: Everyone has a value and deserves to be heard. Several service users made such statements as:

"Before Acorn, I felt worthless and insignificant" - Acorn Client

However, being on Acorn had helped them find some self-worth and carry this forward with them beyond the end of the programme.

<u>Impact on interactions with others:</u>

DBT (in particular Interpersonal Effectiveness and Mindfulness skills) was mentioned by many participants as having had an important effect on their interactions with other people and mental health services, and this has continued to the present day.

Empathy: Understanding the impact of one's behaviour on others was a significant part of the Acorn learning journey. This may have been the first time that many service users had had to come face to face with the reality of the impact of their behaviour on those around them. Part of this came from experiencing the impact on themselves from how other people on the programme (whether staff or service users) were behaving. Many participants reported finding it easier to support others and understand their experiences since leaving the programme and had become someone who friends and family would come to for emotional advice and support.

Impact of actions on others: Participants felt that they had more of an awareness of the impact of actions and adapting interactions accordingly - sometimes taking a step back from the situation if necessary. A unique aspect of Acorn was that service users could challenge staff on their behaviour - both staff and service users reported that this had a useful impact on their practice and ability to speak up when something isn't right. Service users felt much more able to challenge things such as inadequate mental health care than they had done before the programme.

Openness: The ability to communicate more effectively in interactions, be vulnerable and more open about emotions was a reported benefit for many.

Boundaries and confidence upholding these: Many participants reported feeling more self-assured in interactions. Boundaries - and their importance in relationships - was a strong theme, as was the improved ability to assert these boundaries and one's needs. Boundaries were a significant part of the Acorn programme and indeed this may have been, for many, the first time they had experienced clear, stable and fair boundaries in their lives. This was not necessarily easy for people whilst they were on the programme - especially at the beginning, but was something that people valued taking with them after they left Acorn. People noted that this made it easier for them now to maintain healthy relationships with others. Staff reported this helping in managing high risk service users.

Mindfulness and curiosity: Members of Acorn felt the programme's "culture of curiosity" meant they became more curious and thoughtful about what is behind others' actions and learnt to *"look beneath the surface"* - rather than jump to conclusions.

Working together: The importance of partnerships, sharing experiences, goals and working with people rather than patients was a prevalent theme throughout. An understanding of the importance of group work and the dynamics that come with it, as well as team working, was also a strong theme. Many participants (particularly staff), expressed frustration at the lack of team work in subsequent posts elsewhere, whilst service users felt they had comparatively less control over their own care after leaving Acorn.

Making mistakes: Both service users and staff reported that they learnt from making mistakes:

"Professionals are not always right" - Staff member

"It is OK not to know the answer or to make mistakes and admit it" - Staff member

This allowed service users to challenge mental health professionals when they felt something wasn't right, and for staff and service users, acknowledging and learning from mistakes was an important take-away. They also spoke about the importance of acknowledging there is not always an answer, and sometimes the right approach is to not "jump in" with solutions, but sit with the difficulties for a while. The importance of accepting that *"sometimes stuff is just rubbish",* and validating this, was key.

Flattened hierarchy: The unit had a unique model of a "flattened hierarchy" - meaning that staff and service users had a more equal input into how the unit was run.

"No one here is the expert" - staff member

Staff in particular mentioned that spending leisure time together - alongside the therapeutic groups - was really important and helped maintain that everyone was human. For example, it wasn't uncommon for service users to be teaching staff new skills in leisure time!

Impact on managing stressful events:

Recognising stress: Respondents felt that they could recognise stress and stressful situations much more easily. This then allowed them to reflect on their responses and learn to change them, as people on Acorn fed back to each other about how they were responding to various scenarios. For example, one staff member mentioned that they hadn't realised they were a very defensive person until other people on the programme fed back to them that they were incredibly quick to come back with a defensive comment when challenged.

Learning to "break the circuit": Many people fed back that they learnt a lot of skills to stop, take a step back and prevent a situation from spiralling. This included using breathing techniques, even when struggling to decide or think about something, having self-awareness that one was "*headed towards explosion"* and to be able to put a circuit breaker in place.

Coping with challenges and navigating tension: An increased confidence in tolerating and navigating tension was reported by many, including aspects such as working with anger, rather than against it. People appreciated the space to challenge and be challenged. Acorn felt like a safe space to explore this:

"We'd all agreed to it ahead of time - its what we signed up for" - Acorn client

Impact on dealing with mental health services:

Collaborative and team working: All respondents mentioned at some point in their answers, that one great strength of Acorn was collaborative and team working. But many then went on to say this was something they struggled to find in subsequent services in the same high quality as it occurred on Acorn. Staff spoke about working with a consensus, rather than top-heavy MDT decisions was something that doesn't seem to transfer to many modern mental health services. Many found that they want to work as a team, but the new teams they now work in post-Acorn, don't have that same level of team ethos.

Service users being involved in their care: Service users felt empowered post-Acorn to advocate for their needs and wants in services going forwards. This wasn't without its challenges as many reported the services did not recognise the change in them after after Acorn - thus could potentially be a big frustration for service users in future care. Staff members have taken forward with them the ability to encourage other team members to be more reflective and discuss decisions and plans together with the service user present.

Struggling with the reality of other mental health services: Many of the staff in particular spoke about their want to bring in ideas and ways of working from Acorn to their new services but often there wasn't space or time for this way of working. Some had attempted to transfer the model to other services - including more secure services such as prisons, but felt it was difficult, takes skill and needs expertise to implement and more importantly, the receiving service needs to have the right culture and ethos to be open to more "radical" ways of working.

For service users, sometimes this meant a struggle with their home teams to be understood now compared to before Acorn.

"I feel like I have matured but my home service doesn't recognise this, that I'm not the person I was before", - Acorn client

"I don't feel like they [the mental health service] give me credit for what I'm doing (or not doing)" - Acorn client

One service user reported that they had chosen to be discharged from services as "*I don't need them anymore"* - the felt they were hindering her progress and holding her back by being too risk-averse.

Approach to services: One respondent commented that as a staff member they now actively sought out being part of the services they wanted. Another had created their own organisation which reflected a lot of the ethos of Acorn. Service users reflected a similar feeling of not just settling for what they were given, but advocating and speaking up about whether services were useful or not. Many staff members felt that after being on Acorn, in such a transparent team and being party to more management decisions, they were much more compassionate towards their own management now - having understood a bit more of the reality of the issues and dilemmas that arise when managing a service. Others found themselves shocked at how top-heavy Multi-Disciplinary Team (MDT) meetings were outside of Acorn and found this a difficult adjustment.

Risk management: A major feature of the Acorn programme was its approach to risk and positive risk-taking. This is something that other services hold a lot of fear about - as often practice in mental health settings is somewhat defensive, fostered by organisational cultures of risk aversion (Manuel & Crowe, 2014). Staff post-Acorn accept that self harm or self-defeating behaviours may happen, but that by knowing their service users more, they can recognise escalation and minimise risk. Clients on Acorn had often endured many years of over-zealous services with restrictive practices around risk management and very little relational aspect to managing risk. However staff felt that the more they knew their clients, the more risk could be managed in a relational and non-restrictive way.

"Clients are fine if you let them use their own initiative" - Staff member

Giving a bit of yourself to services: Staff reported that to work on Acorn you had to *"give a bit of yourself to Acorn, and that can be hard"*, but they felt overall this had been a good thing, and service users also reflected this by commenting that it was helpful to know that staff had vulnerabilities too. On Acorn, staff would briefly check in in start-of-day and end-of-day groups, so service users might be aware that a staff member wasn't have the best time in their personal life and thus were able to be mindful of this in their interactions and expectations of the staff member. Staff struggled to find a way to give a bit of themselves to their new services - one noted that this was particularly difficult in prisons, but found a way to do this very superficially. Another commented that they now work in a psychiatric liaison team and the fast pace of the team doesn't make bringing a bit of yourself that easy.

<u>The most useful things learnt/taken forward:</u>

Shaping the person one is today: Many respondents spoke about how Acorn had shaped who they are (both personally and professionally) today. Staff felt that, especially if they started working on the unit as a newly qualified nurse, they didn't have to *"unlearn stuff"* when working on Acorn as they may have had to do in other environments.

"[Acorn] made me into the nurse I am now - it shaped me" - Staff member

"If you put into it [Acorn], it will become part of you" - Acorn client

Many spoke about the dynamic of wanting to leave, but knowing they needed to be there, and that riding out this conflict ultimately made them discover resilience they didn't know they had. The theme of "desire to leave and determined to stay" was a strong theme drawn out by Coakes et al. (2007) in their work around client experiences of joining the Acorn TC and these difficult dynamics were also reflected in this study.

"[I was] not always wanting to be there - but it was the place I most needed to be" - Acorn client

Looking after staff: Both staff and service users commented on the fairly low sickness levels amongst staff, and the low use of agency staff on Acorn. This gave the unit a stability which is often not found elsewhere where posts may be vacant and high levels of agency staff are relied upon to keep units running. Where possible staff who were familiar bank staff were used, or occasionally staff from other parts of The Retreat who were familiar with the ethos of Acorn.

"L*ook after staff first, and then they will look after clients" - Staff member*

Clients on the unit knew that staff had a strong team dynamic, and plenty of opportunity to support each other with difficult aspects of working on the unit and this was reassuring for them.

Relationships: The importance of relationships in the TC was very clear. One respondent commented that the toughest times were before the community (and therefore relationships) had "kicked in" with a new client - managing high risk at these times was difficult, especially knowing when to take responsibility for someone's safety away from the community. However, as time went on the relationships formed were viewed as containing - rather than having to rely on restrictive practice. The longevity of these relationships surpassed someone completing the programme and even the end of the Acorn programme as a whole - with staff commenting that they still think about the clients for whom they acted as key worker, and service users commenting about thinking about staff and also enjoying continuing friendships with other service users for many years after Acorn.

The importance of endings: Endings were an important part of the Acorn programme. Clients were encouraged to take control of their own ending of their time on the programme. This may have included throwing a party, asking people to write in their leaving book, and tying up any loose ends that were important to them. Some people chose to slip away quietly, others meticulously organised their last few weeks. But the important aspect was that it was within the client's control. Many clients on Acorn had not previously experienced having choice and control over something ending in their lives.

Other useful aspects that were noted included that Acorn was less about graphs of progress, and more about how the person felt - even if this was just a bit better. Learning from when things go wrong was mentioned throughout the feedback, as was the importance of having boundaries, not rules. Service users mentioned that the fact that the baseline for being on the unit was usually a BPD diagnosis, left space to focus on everything else about a person - whereas NHS services previously experienced had concentrated on the BPD diagnosis and nothing else about the person.

Finally, the simple comment of *"Acorn got a lot of things right"* from one staff member, sums up the overall theme of Acorn bringing a largely positive impact to people's lives.

<u>Negative impacts of being in a TC:</u>

Although it was clear that there were many positives people took forward with them after Acorn, there were also some negative aspects to being part of the TC.

"Nothing lives up to Acorn": By far the strongest negative theme was disappointment and frustration that other services didn't compare to Acorn Programme. Participants expressed frustration around lack of resources, funding, boundaries and team/community ethos. Some service users described the effects of being in inadequate mental health services subsequent to Acorn as *"devastating"*. Staff and service users found it hard not to compare current services with Acorn and felt that in this way, Acorn was somewhat idealistic and didn't always prepare people for the real world.

"*Acorn feels like the Holy Grail" - Staff member*

A common theme was frustration with the way mental health services are critical or dismissive of service users with BPD or are unable to operate in a trauma-informed manner. Staff found it unrealistic in terms of the investment in care (especially as informal patients) for clients on Acorn - it was just not replicable elsewhere.

Too much pressure: Service users reported that they felt a lot of pressure and expectations on Acorn. They felt that at times they had too much involvement in other people's care and treatment

and that at times, this was too intense as there was always something happening, and that it was difficult being so involved in other people's treatment - including making significant decisions about a person's care. Service users could have a negative impact on each other - particularly where trauma was involved.

All-consuming: Staff felt that Acorn could encroach on your personal life too much, some reported that at particularly difficult times on the unit, they felt it was hard to be fully present at home. There was a lot of time invested in working on Acorn and this could have a detrimental effect on personal lives.

Traumatic memories: Both staff and service users indicated that there were some difficult and traumatic moments on the unit and these remained present in the mind - sometimes bringing fear and hyper-vigilance into life in the present day. Some could recall certain moments of fear that came up whilst on the unit.

Insular environment: The TC was quite siloed within The Retreat as a whole - as it worked in a very different way to most of the other units there. Staff recognised that the unit wasn't great at communicating externally, and that there might have been more support if this had been better. It was also felt that the possibility for scapegoating was much higher in this environment.

Safeguarding and negative relationships: some service users named specific issues to do with safe guarding that they felt had a negative impact on them going forwards. There were reports of bullying and negative relationships with other service uses also having a lasting negative impact - and that sometimes the service users themselves caused unnecessary stress and even trauma.

The ending of Acorn: Although this discussion is not about what brought Acorn to a close, it was an aspect that came up multiple times for respondents. The way Acorn ended and was finally closed was quite negative - staff mentioned being upset that the overall decision was a financial one - going against actual evidence. Towards the end, the decisions around the unit were becoming very financially minded, referrals stopped because of lack of NHS funding for patients that needed to be informal.

There were issues with senior management of the hospital as a whole not understanding Therapeutic Communities.

"[The] powers that be eroded it - they were interfering in something that had worked for years that they knew little about." - Staff member

Staff reported that by sitting in a larger hospital, this had often put Acorn at a disadvantage because of its different ways of working. Service user respondents recognised these issues towards the end - that the programme was slipping (alongside its vital boundaries), they were aware to some extent of the bigger issues and it had an effect on the service users "*we weren't as tight towards the end".* Others who were still on the unit when it had closed had the treatment they had been waiting for - sometimes for years - cut short, and the reality after Acorn was not always a good one for service users. For those who had just left, and were still in the graduate group, the ending had a big effect on not having that continued support and "Acorn presence" they had expected.

Many staff who had stayed until the end (or just before the end) reported that they didn't choose to leave and it was difficult to move to a new role, even if it was still within The Retreat Hospital. Most wouldn't have chosen to move on at that stage in their careers, people expressed feelings of sadness and anger and uncertainty at the direction their future would now go in. People found it hard to move to work in other services without that robust structure surrounding them.

"*It was like leaving the Mary Rose for a dinghy" - Staff member*

About this research

Impact and uses of this research: The initial impact of this research has been small but well-received. It has been shared in a variety of forums and media (poster presentation at a conference, podcast recording, numerous presentations to a variety of audiences). Therapeutic Communities are currently somewhat of a dying breed, and therefore evidence of their effectiveness has the potential to be useful in future consideration of the use of TCs. The feedback from participants in the research was that taking part had been in itself an impactful and reflective experience. Many members thanked me for undertaking this research task, and were pleased to know what there were still people actively wanting to carry the culture of Acorn. I myself, found the impact of delving back into the Acorn community to be much larger than I expected and undertaking this research has definitely changed some of the ways I reflect on Acorn and view some aspects of unit life.

Limitations: This was a small, informal study with no funding and only one person undertaking the design, research interviews, analysis and dissemination which limits the level of research that could be done.

The fact that this study was undertaken by one person could pave the way for potential bias. The nature of qualitative studies can bring into question objectivity and validity of findings (Coakes et al, 2007) and as a past member of the Acorn community myself, I can never be entirely objective. The use of IPA allows more room for this subjectivity, but this is still definitely a limitation of this study. Ideally there would have been more people undertaking the research and analysis, but still working in a reflexive way, considering how their own experiences impacted on the research.

Although there was a wider spread of representation amongst the staff that took part, all the service users were from the final couple of years of Acorn which didn't provide a full view of the longer term impact for clients. The waterfall method of disseminating the initial survey was never going to bring a reliable breadth of participants - particularly service users. As a non-clinician, not attached to a university, this is another barrier of lived experience research as we are often unable to access data, journals, and many other things a clinical or academic researcher would take for granted.

Although the fact that this piece of research has been conducted by a member of the Acorn community is widely a positive feature (especially regarding comments around "you had to be there to understand" and a general feeling that those outside of Acorn would never fully understand what Acorn was) - there is also a chance that this could have meant that the participants held back on what they said in the interviews.

Conclusion

Overall, the impact of being in a therapeutic community is clearly long-lasting and significant. The simple fact that there were 14 participants within 48 hours of the survey being released, proved that even 4 years on, Acorn was still at the forefront of people's minds. Although the unit itself is no longer, the ethos and values of Acorn *"stay with you, and never fully wane".*

"I think about Acorn all the time" - Acorn client

"Acorn is never far from my mind" - Staff member

"I miss being with people who just get it" - Acorn client

People missed the relational security, the safe learning and reflective environment with others that understood. Many felt now, 4 years after its closure, that they understood that Acorn was not a physical place, but an emotional one.

"Acorn is not a physical place - it is internalised within those who were a part of it and carry it with them" - Staff member.

"All those Acorns, spreading their tentacles and dispersing over a much wider area" - Acorn client.

"Culture carriers keep Acorn alive" - Staff member

Even participating in this project made people think more deeply about the impact of Acorn and realise quite how big it was. One staff member reflected *"Acorn has definitely changed me, its hard to pin down…its more like a way of being".*

In conclusion, the culture of the Therapeutic Community lives on, long after the doors were closed, and the ethos and values continue to be spread far and wide by its members. From little Acorns, mighty oaks really do grow.

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