

# **Caring Community Circle**

**Findhorn Foundation & Community**

# **The Evolution of a Caring Community**

**History & Achievements 1980/90s - 2020**

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Updated 25th August 2020

**Note regarding the purpose and use of this text:**

This text is written as an open-(re)source text and is meant to grow and be developed over time. More stories and details came to the surface once questions were asked, it was impossible to include them all within the limits of the given budget.

I (Ilona) provided the seed text, which would have not been possible without the help of those personally involved in the evolution of our Caring Community (a special thanks to Cornelia Featherstone, thank you also to Dürten Lau and Judith Berry).

The text can be seen as a living archive, divided into chapters on the different areas covered by the CCC. Within each chapter and subchapter, we follow a chronological order, which inevitably creates a few repetitions throughout the whole text. This is intentional so that each chapter can function as a stand-alone unit.

Others will hopefully take on the task to develop these first building blocks into a more coherent and complete story of the Evolution of a Caring Community, showing the CCC's roots and fruits within a diverse and ever-changing community.

I am sure an abundance of photos, documents, personal stories, videos, pictures etc are waiting to be excavated to become an inspiring and rich addition to this initial text.

Ilona Kästner, 25 June 2020

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# HOLISTIC HEALTHCARE

## Beginnings

In the 1980s, the Findhorn Foundation had active **Health and Wholeness Departments** both in Cluny and in The Park.

Jock Millenson set up the **Apothecary** in Eileen's toilet block (currently the Visitor Centre) as one of the first independent businesses in 1986.

In 1991 the two departments of Cluny and The Park joined and the new **Findhorn Bay Holistic Health Centre (FBHHC)** was created, focalised by Cornelia Featherstone, with its new base in "Meridian", a facility in the newly built Bagend Cluster in a residential area of The Park. As this was not easily accessible, the FBHHC reception was moved to a central location of The Park in 1994. The team included Dürten Lau, Katie Lloyd (now Lloyd-Nunn), Deborah Lewin and Barbara Faro.

When the FBHHC started it had the vision to support people's overall health and wellbeing, not only to deal with ill health. To achieve that several strategies were identified: self-care and co-caring, education, a health scheme and access to choice in health care.

## Self-care and co-caring

Education in self-care techniques such as Touch for Health, Co-Counselling, stress management and others were an essential part of community education throughout. The FBHHC provided a comprehensive workshop programme in two terms (Spring and Autumn) to provide access to courses that supported members in their self-care.

FBHHC staff and volunteers supported the building of neighbourhood and friends networks to support people in need.

A subscription health scheme (People Care Scheme) was started in 1993. For £5 per month, a member was entitled to choose one taster treatment every month, one health workshop in the Holistic Health Education programme, and an annual health overhaul by Cornelia Featherstone (a qualified GP) for free. The taster treatments were gifted by the complementary practitioners associated with the FBHHC.

## Access to choice in health care

In the 90s a concept of integrated healthcare, **Medical Marriage**, was developed through a series of conferences under the same title, hosted by Cornelia Featherstone. Among others, local GPs and consultants were invited and participated in this cross-professional attempt to develop and promote a patient-centred, integrated approach of complementary/alternative therapies and orthodox medicine. Part of the concept was to build good relationships with the local medical care providers to make sure congruent care was available for community members when required.

Due to changes within the Findhorn Foundation, several departments were encouraged to become independent and set up their own charities. In 1993 the staff of the FBHHC set up Holistic Health Care Ltd, a Scottish charity.

In 1994, the charity bought a property in Forres that already housed a successful osteopathy practice. Thus **HealthWorks** as a holistic health care centre was established ([www.healthworks.uk.net](http://www.healthworks.uk.net)). The concept was to bring together practitioners of different complementary disciplines to provide a choice in health care to the local population. Since its launch, the centre has grown from a small team of health care practitioners to a well-established network offering a variety of complementary and alternative health care approaches. The centre also provides educational activities and projects on holistic health care. From the operating surplus of the centre the charity has set up a bursary fund to assist qualifying clients with treatment costs.

For a few years, until 1998, there were two holistic health centres, one in The Park (FBHHC) and one in Forres (HealthWorks). In 1998 the FBHHC in The Park closed as a number of changes resulted in the closure of Meridian as a treatment centre. The provision of complementary therapies was continued by practitioners using other spaces for their practices. A group of community volunteers continued to support care in community.

Another aspect of the work of FBHHC was coordinating complementary practitioners. In 1991, a small number of complementary therapists were inspired to develop a **Code of Ethics and Practice** to safeguard high standards of care and safety for their clients. Practitioners signed up to that code were listed in a complementary **Practitioners Directory** ([www.findhornpractitioners.co.uk](http://www.findhornpractitioners.co.uk)). Both of these are still in use and active today, complementing HealthWorks in Forres and representing a growing and diverse field of complementary therapies locally.

Overall, the story of holistic healthcare in the community is a story of bridging the gap between a very open and alternative community culture in the early years and the mainstream world. Health care professional community members, with a foot in both camps played a crucial role in bridging these two worlds. Over the years, both sides came closer and are now much more integrated. People are using

health and social care services more effectively, with greater confidence in making their choices, while statutory services have become more open, allowing more self-responsibility and individual choices.

## CARE IN COMMUNITY

### Care from Cradle to Grave

In its early stages, the Findhorn Foundation was primarily dedicated to work and service. The community was not yet able to own and integrate the whole spectrum of life, from birth to death. Whilst there was quite a number of older members in the community, few actually died here, most of them suddenly, with very few requiring care. Community members who were no longer able to actively contribute, left the community. Elders, young families or those living with a disability or illness did not find the conditions suitable for them to stay or more likely did not want to be a burden to the community.

In the late 80s, a community member suffering from dementia had to go to a local care home as the community was not able to provide support and care. Around the same time, two couples left as well as a very spritely and inspiring 81-year-old community member, as they feared they might become a burden. This loss was deeply felt by a lot of community members and brought up questions about the limitations of community life and culture at that time.

In 1992, with the support of the Findhorn Bay Holistic Health Centre (FBHHC) and volunteers, a community member, Elfreda, was looked after and was able to stay in her caravan, located next to the Community Centre, until close to her end.

In 1996, when the best friend of Eileen Caddy, Joanie Hartnell-Beavis, needed to be cared for, the confidence within the community had grown enough to initiate change. A circle of volunteers formed under the lead of Barbara Faro (now Vincent), initially providing light support and after a fall, **end-of-life care** for her over a period of three months. Funds were raised to pay for her care, as that was not yet covered by the Council - this was the birth of the Elderfund (later renamed Community Care Fund).

This volunteer group (including Barbara Faro, Judith Berry, Fay Blackburn, Jane McDuff and Cornelia Featherstone) stayed connected and continued to support care at home, allowing several community members to stay in the community and die here. In 2009 the informal volunteer group became the **NFA Community Care Circle**, initiated by Barbara Faro when she was NFA councillor.

Fay Blackburn started to work as a paid carer within the community and played a crucial role in making the self-directed support (SDS) resource from Health and Social Care<sup>1</sup> accessible to community

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<sup>1</sup> The new law on Self-directed support came into being in 2013, with the Scottish government aiming for a big cultural shift around the delivery of care and support in Scotland, with self-directed support becoming the

members. She set up several care teams and was the main carer in many of them. She and other members of the CCC actively supported carers, paid and unpaid, in many different ways, recognising that carers were underpaid, poorly supported, and were at risk of burnout due to their inherent willingness to serve the people they work with. Community recognition and appreciation was one way to attempt to balance that.

In 2003, when Eileen Caddy, co-founder of the community, started needing more hands-on care, a SDS package was put in place for her. This expanded to 24 hour care in 2004 and the community's ability to provide such care moved to a more professional level. She was successfully cared for in her own home for 2 years with a large team of carers, family and volunteers providing the necessary 24/7 care fully funded by the local council. Thus Eileen did not need to call on the fund she herself had initiated.

From 2010 a long term community member suffering from dementia was nursed at home for four and a half years by a large team of carers managed by Fay Blackburn under the SDS scheme. Not only was this the longest and most intense care provision to date, but it was in parallel with several other care teams that were needed within the community at the same time. In 2014 as many as 7 care teams at a time employed an increasing number of paid carers and were supported by friends, neighbours and community volunteers.

Dorothy MacLean, the last living co-founder, returned to the community in 2009, settling in as an elder in the Findhorn Foundation. After a short time, she began to receive support and care from Judy McAllister (Findhorn Foundation), some privately paid carers, and volunteers. Judy organised her care, including the eventual implementation of an SDS package, and coordinated the circle of volunteers and paid carers until Dorothy's death in 2020 (just after her 100th birthday!). The CCC provided advice and support for the care team and was instrumental in finding new team members as Dorothy's care needs increased. Sadly, at this point in time, the local council was no longer able to fund 24 hour care. Mid 2019, it became clear that Dorothy's personal funds would not be sufficient to sustain her ongoing care costs. The CCC undertook a successful fundraising campaign and were able to contribute to the costs of her care for the last 4 months of Dorothy's life. The excess of the funds raised were added to the Community Care Fund which will be used to support other community members in need of similar care.

In 2018 The Community Care Circle changed its name to **Caring Community Circle (CCC)**. The old name had become misleading as Scottish Health and Social Care services were now providing Care in

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mainstream approach: Social Care (Self-directed Support) (Scotland) Act 2013. Before that, a variety of different regulations and laws prepared the ground. Including the Community Care (Direct Payments) Act 1996, the Regulation of Care (Scotland) Act 2001, and section 7 of the Community Care and Health (Scotland) Act 2002. They all placed a duty on local authorities, to offer direct payments to people, enabling them to arrange and purchase the community care they have been assessed as needing. Source: <https://www2.gov.scot/resource/doc/329971/0106962.pdf>



Community, i.e. paid for hands-on care at home, including here in the community. The CCC was supporting this by facilitating a community culture that made it possible for people to stay at home and age in place but was not providing care services as such.

Since its beginnings, the CCC has developed into a hub for a growing informal support network based on personal relationships, that has accompanied many community members through the different stages of dependence and the final transition of death and dying.

Throughout the years, the members of the **People Care Circle** of the CCC have kept an awareness of vulnerable people within the community and provided practical support by linking volunteers (including enabling respite to carers) and resources to those in need. This includes strategic support through the sharing of knowledge (working with the system as smartly as possible), and connecting paid carers with those receiving care packages from Moray Council. In other situations, when people are not eligible to receive funds from the local council, friends and neighbours are supported to provide the help needed. The People Care Circle meets on a regular basis to keep the level of awareness up-to-date, covering all aspects of vulnerability within the community.

This informal awareness holding is completely reliant on personal relationships and social networks. As the community gets more and more complex and needs rise due to an ageing population a more sustainable and comprehensive structure was needed to complement this. In 2019 the CCC was successful in raising sufficient funds from different sources to secure a part-time Caring Community Coordinator (CCCoordinator) post for 18 months.

### **Carers Support**

The informal peer support for carers was strengthened in 2018 when a community member brought her professional experience as therapist and supervisor to the CCC. She took on the role of Carers Support and organised a big carers appreciation dinner in the Community Centre in December 2018, as the CCC had collated a list of cared for in the community and identified at least 124 carers - paid and unpaid. Over 35 of those attended the dinner and celebration, being recognised for their crucial role in creating caring community.

### **Mental Health and Wellbeing**

As the educational activity in the Findhorn Foundation increased, so did the awareness that personal development work can trigger extraordinary states of consciousness, including mental health crises. Differentiating between a genuine mental health crisis and a 'spiritual emergence' requires a lot of care

and skill<sup>2</sup>.

From the 80s, experienced community members organised a **Tender Love and Care (TLC) group** to support individuals and the community in such situations. In the 90s this evolved into a **Special Care Awareness** system. A basic training in recognising alarm signals for all staff, and the identification of a group of experienced members to facilitate skilled intervention to prevent escalation wherever possible. This was formalised through organisational policies in the Findhorn Foundation. These continue today and are backed by some local professionals in the NHS and Social Care system.

As the community grew ever more complex, the need for other community organisations to be similarly informed and equipped became evident. Recognising this need and acknowledging the fact that an incident generally affects more than one organisation, the CCC facilitated the establishment of a cross-organisational **Mental Health Strategy Group** in 2018. The aims for this group are to support organisations in creating policies to allow a coherent approach to safety netting within the community, to identify gaps and overlaps which may pose a risk to that safety netting and to communicate and collaborate effectively. The group identified the need for up-skilling across the community. This led to the Health and Wellbeing in Community curriculum that started in 2019 to offer courses to all residents and staff. The hope is to create simple effective flow charts showing the levels of intervention clearly and comprehensively. They will then be distributed widely throughout the community and its organisations. The Mental Health Strategy Group meets twice a year to ensure that the work continues to be grounded within the different organisations.

## Self care

Self-care and self-awareness in community are essential. The community's **Common Ground** outlines the different principles and practices. Over the years many of the educational activities of the CCC have been aimed at strengthening self-care and self-awareness to enhance agency, sovereignty and mutuality. If an individual experiences challenges to wellbeing, including mental wellbeing, the People Care Circle, and the CCCoordinator, endeavour to provide support. This takes the form of providing information and resources to access appropriate services and helping to strengthen personal support networks. For more complex care situations the CCC has developed the tool of personal Asset Maps, listing all the many different aspects of an individual's assets: social networks, health and social care, advance care plans (including end-of-life planning), legal arrangements such as Power of Attorney etc.. This allows an individual to make choices for their care based on their own values and strengths, retaining as much agency and sovereignty as possible even when they experience increasing

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<sup>2</sup> <https://sc-portfolio.com/wp-content/uploads/2018/06/Psychology-Spiritual-Emergency.pdf>

dependency. With this in place individuals experience greater choice and congruence with their value system compared to situations where crises force decisions when there are not many choices left. Early addressing of issues of increasing dependence is often experienced as freeing and empowering. Having their house in order, people can get on with living their lives to the full.

## Conscious Dying

In 1992, during the first Medical Marriage conference, Ina May Gaskin from The Farm in Tennessee, USA, a sister community, challenged us with the concept that a community can only find its own sovereignty when it has reclaimed birth and death. At the time the Findhorn Foundation Community acknowledged that we had made a lot of progress around birth, but that we had not reclaimed death and dying. With a growing awareness and a series of different events and efforts the community slowly learned how to integrate death and dying in a relational and conscious way.

When Joanie Hartnell-Beavis died in her bungalow in 1996, her body stayed there for a whole day so people could say goodbye to her before the undertaker took her away and organised the cremation. This was a first and much appreciated especially by the volunteers who had been working with Joanie over the many months.

In spring 1997, Doris O. died very suddenly. Her next of kin, another elderly community member, wondered if it would be possible to keep Doris in her home rather than hand her over to an undertaker. Her body was washed, wrapped and laid into a coffin to take her to the crematorium in Inverness in an estate car of a community member. This was the first time community members acted as undertakers.

In 1998 the first privately held burial took place. A community member was buried in a cardboard coffin at Minton house, a privately owned community project.

All this eased the way within the community towards death becoming something to address, talk about and take care of. It was anchored in 1998, when the Findhorn Foundation held a conference on **Conscious Living, Conscious Dying**.

The conference was also the starting point for the **Alanna Trust**, founded by Judith Berry, Barbara Faro, and Fay Blackburn and supported by community members. The purpose of the trust was to raise consciousness around the end of life, death and dying, and in particular end-of-life care. The group was supported by Phyllida Anam-Aire, a keynote speaker at the conference, who lived in the area for a while and became part of the Alanna Trust. She had trained and worked with Elizabeth Kübler-Ross and also shared her wisdom that was rooted in the traditional Celtic ways of being with the dying.

The main projects the trust initiated and supported were 3 week-long visits by women from the Derry

Well Women organisation in Belfast, Northern Ireland. Alanna funded the first respite weeks offered to 6 women who had experienced cancer and the trauma of the 'Troubles'. The wider community was invited to support and the response was immediate with people offering therapies, art sessions, rituals and ceremonies, house visits, outings and more. Even the local Quaker group got involved. This project was repeated over a number of years, but after the first year was self-funded by the women coming from Northern Ireland. Alanna also supported a Respite Week, held at Newbold House, and facilitated by Phyllida-Anam-Aire, for a group of women hospice workers from Germany who requested this week. It was a time of deep healing and sharing of experiences around death and dying.'

In the early 2000s, members of the Alanna Trust (Fay Blackburn, Judith Berry) and Cornelia Featherstone heard about "Green Burial Grounds" and decided to put a proposal together. This was taken forward by Jonathan Caddy and in 2007 the Hinterland Trust got planning permission for the **Wilkie's Wood Green Burial Ground** on the Findhorn Hinterland as an official graveyard. Alanna members were involved in the creation of the facility and continue to be part of the green burial management committee. For further details see [www.findhornhinterland.org](http://www.findhornhinterland.org).

During all these years, experience and skills have grown within the community. A number of people have become trained Interfaith ministers who now hold funerals and life celebrations and assist in all areas of death and dying. "Shaping your own funeral" has become a community asset and part of a flourishing community culture that embraces all aspects of a caring community.

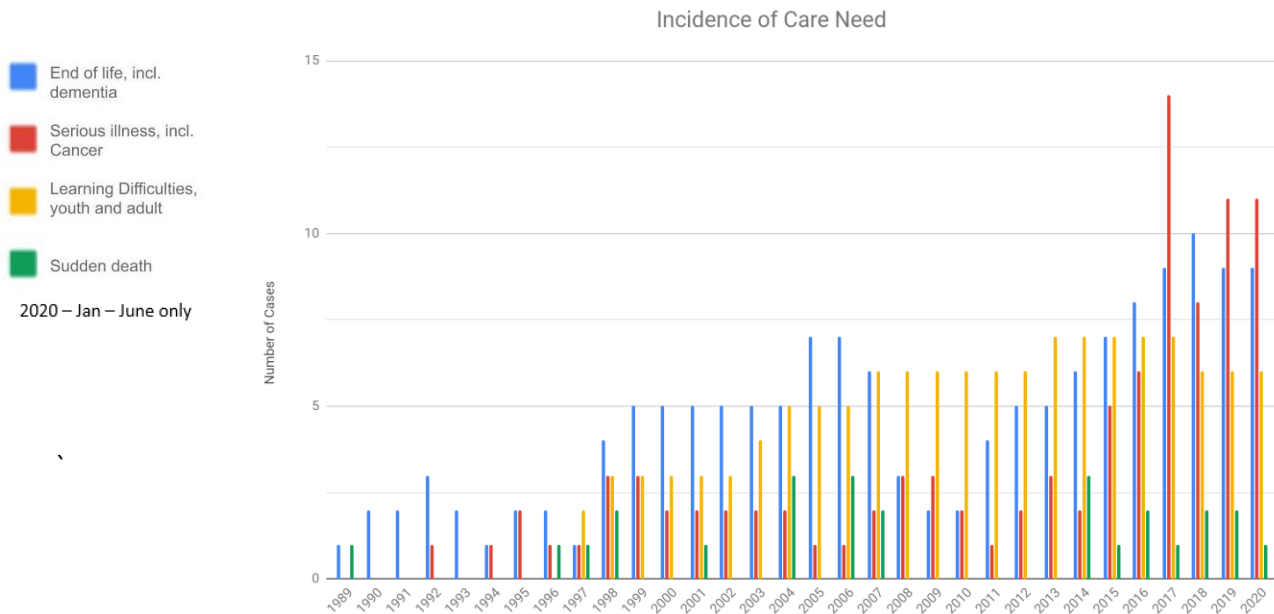
Two particularly active interfaith ministers were Angie Alexandra and Will Russell. They have both held many of the funeral ceremonies that have taken place at the green burial ground in Wilkie's Wood. In April 2007 Will also became the Funeral Coordinator for the Wilkie's Wood green burial ground, a role he still holds today and in this same month it was also the first green burial that took place within the burial ground itself. As of July 2020 the green burial ground has had 38 burials.

The practical and cultural work of the Alanna Trust played a big part in enabling the community to "grow up", step into a more mature relationship with death and to take responsibility and agency for conscious ways of holding this essential aspect of life. After 10 years, the Alanna Trust decided to release its name and form but continued its work through the wider body of the Caring Community Circle.

### Care in Community - In Numbers

Since 1989 at least 76 community members have been in need of care due to chronic illness, cancer, mental health, learning disabilities, because they reached their end of life or they lost a loved one. This compares with 8 deaths remembered by long term community members in the 1970s and 80s - most were sudden deaths or death at old age with little care needed. The following table shows the incidence

of care needs in the various categories for each year since 1989.



In 2018 the CCC did an informal survey looking in more detail at the present care needs in the community. This included for the first time adult mental health issues, and temporary illness/disability. These two categories are not shown in the table above. 48 vulnerable members were identified, 3 of whom died within the year, 5 were temporarily in need of support due to limited illness or surgery, 28 were elderly and/or living with cancer, 8 children and young people with learning difficulties or medical challenges, and 12 adults with mental health challenges. The total number of carers supporting these people was identified as 124. It was acknowledged that there were likely more who were not listed. Of those listed 28 were paid carers, 37 family carers, 32 looking after a friend/neighbour, and 32 community volunteers (looking after more than 1 person).

As part of the response to the Covid pandemic in 2020 another informal survey was undertaken to list all members over the age 70 and those deemed vulnerable or at risk due to Covid or social isolation as a result of lockdown. 117 individuals were identified, many were in their 70s and in good health, 8 were cared for with chronic conditions/end-of-life (in addition, one person was living in a local nursing home), 10 had a severe illness including cancer, and 1 young person with learning difficulties who was living independently. Individuals living with mental health challenges and children/young people with learning difficulties living with their families were not listed in this particular survey.

From January to June 2020 there have been 7 deaths (not Covid related, 3 due to old age, 3 due to cancer and 1 sudden death).

Even though these surveys are informal and therefore not comprehensive, they show a clear trend of increasing vulnerability and need for care in community.

### Community Care Fund

The **Community Care Fund** was initiated in 1996 by Barbara Faro and strongly supported by Eileen Caddy to ensure her friend Joanie got the 24-hour care she needed and the necessary amount was raised very quickly. This happened at a time when the local council did not yet cover costs for care at home. The situation changed with the Community Care (Direct Payments) Act (1996), which came into force in 1997 but took time to get implemented.

The fund is still in operation and supports community members who require care in the community by supplementing the available support from statutory sources, like Moray Council, health and social care services as well as from private sources.

So far the Community Care Fund made it possible to

- facilitate 24-hour nursing care at home when the full amounts required were not paid for by care allowances
- pay upfront for funeral arrangements
- buy a specialist bed, an electric buggy and a bath hoist for elders that allowed them to remain independent longer and to facilitate care at home.

The fund was recently reactivated to enable the Caring Community Circle to raise enough money to pay for the continuation of Dorothy's 24-hour care. The funds remaining from this campaign after her death have added to the Community Care Fund to support community members in future.

## EDUCATION

There are two strands to education:

- workshops and trainings within the community to increase the knowledge, skills, experience and practice of community members as well as practitioners
- international conferences where cross fertilisation with inspiring leaders in the field, and other projects and communities enhance the evolution of caring community here.

### Holistic Health Education in Community

In the late 70s and early 80s, **Harbour House** in Findhorn village was the first Health and Wholeness Centre. It offered many workshops on topics such as Touch for Health and Co-Counselling which shaped the community culture at the time.

In the 90s, the **Findhorn Bay Holistic Health Centre (FBHHC)**, focalised by Cornelia Featherstone, provided the Holistic Health Education Programme which at its height, offered two terms (Spring and Autumn) and covered a wide range of introductory workshops, as well as self-help course on stress management and self-care. There were also more indepth training in different complementary therapies on offer.

Since the closure of the FBHHC in 1998 health related workshops are offered by many different complementary practitioners and teachers living within the community, as well as others who are invited to come here and teach. Often community members bring presenters whom they were personally inspired by to share their teachings here. This is facilitated by the availability of different excellent workshop venues within the community and the strong communication structures (a weekly community newsletter, several themes facebook pages etc.).

After the **Conscious Living, Conscious Dying** conference organised by the Findhorn Foundation three members of the early Caring Community Circle - Judith Berry, Barbara Faro, and Fay Blackburn - were inspired to set up the **Alanna Trust**. In the following 10 years, the Alanna Trust provided education on death and dying within the community. Most of its educational activity was led by Phyllida Anam-Aire who had been trained by and then worked with Elizabeth Kübler -Ross and had also a background in the Celtic ways of being with the dying. She offered workshops for the members of the Trust and for the wider community, incl. 20-day residential course '**Death the Final Healing**' based on Kübler-Ross's work. Shorter workshops addressed themes like dealing with unfinished business, facing your own death, stages of death, how to accompany people through their final stages of life, grief and bereavement.

This work was continued by two interfaith ministers, Angie Alexandra and Will Russell, who have held many different events (large and small) over the years to help support and facilitate conversations on death and dying. These were initially held one evening per month over the course of 4 months during winter and they called it Conversations on Death and Dying. This then opened up even wider dialogues and awareness in the community about what is and isn't possible in this, sometimes sensitive, area to talk about. From those events other similar events happened on a small scale at their home and on a larger scale in the Universal Hall with the most recent event taking place within the MAC with a question and answer afternoon. Those attending were invited to ask anything with regards to green burials, cremations and general end of life planning.

In 2011 the CCC started an educational programme called **Curriculum for the 4th Age**, with the intention to teach skills and share information needed for the different stages of dependence. The programme included a series of 15 workshops on diverse subjects: financing care, clutter clearing, the wheelchair-friendly home, care strategy, preparing for continued independent living, facing fears around ageing and death, life review, buddy networks, how to train your carer, bucket list and review of the bucket list, making a will, power of attorney, dementia and funeral preparations.

<https://findhorn.cc/groups/community-care-circle/notes-from-curriculum>)

In parallel with the workshops, a film club was established, covering some of these themes, and bi-weekly film screenings were organised to raise awareness of the many issues involved in end-of-life, death and dying, advance decisions, assisted suicide etc. and facilitate discussions.

<https://findhorn.cc/wp-content/uploads/2015/03/4th-Age-Film-list-CCC-owned-only.pdf>)

This whole area has since been taken up by another CCC member, Jane Duncan Rogers, and has grown into a successful social enterprise called **Before I Go Solutions**, which provides information and education on how to prepare for your death to people also beyond the community in the local area as well as worldwide.

In 2015, the CCC People Care Circle brainstormed aspects which facilitated care in the community (=grease) and those that made it more difficult (=grit). Many basic principles were identified, and **Grease and Grit in Community Care** was born.

<b>Grease</b>	<b>Grit</b>
Ability to communicate needs	Feeling unaccepted due to disability/need



Support system to 'catch' individual if under the weather/off their legs	Over-developed independence/self-reliance
Buddy system	"If there is anything I can do, let me know" - unspecific offers of help
Sense of belonging/being claimed by community	Unspecified needs, general sense of neediness
Communicate efficiently when unwell	"Locked front door"
Being known by many/strong social networks	Overwhelmed/feeling invaded by community interest, need for privacy
Specific offers of support in crisis	Self-isolating to avoid attention, "friendliness" from others/secretcy
Appropriate communication	General, unspecified unhappiness/dissatisfaction
Living within central area/walking distance	Isolated location
Graciousness - carers feeling nourished	irritation/frustration/whining
Kind/loving all their lives	Passive aggression
Neighbourliness	Pedantic controlling
Building relationship/caring about carers (compassion, interest, nourishing	Unmanageable anxiety, mistrust, fear
Sharing gifts/interests	Overdependence (being waited on hand&foot)
Easy going	bossy/weepy/impatient/general distress

Specific requests (with good reason)	Demanding (without cause)
Strong relationship builder close to the person - carers/volunteers want to be around them	Overnight care needed
Care system clearly held by a coordinator	Overextending relationships in the support environment =>burnout
Regular carers' meetings	Contradictory communication/instructions between different parties - carers/family, family/friends
carers'/volunteers' supervision - as group and individuals	Taking too much on as volunteers/carers - risking overwhelm/burn out
reliable/effective care package coordinator	Self-directed care - supervision done by family/not paid for => stress
Training carers/volunteers - specific client related details	Not accepting support/equipment early enough => crisis = limited choices
Log book for carers' communications	Not accessing health and social care appropriately
Effective support from local services (district nurses, OT)	Fear, distrust, paranoia
Strong community involvement	Overly concerned with appearance
experienced/skilled carers	Financial worries
Family supportive of cared-for	Physical aggression
Family supportive of community support	"Not wanting to be a bother"

(volunteers/carers)	
Advance care planning - as many aspects as possible	High level of medical intervention/nursing care needed

In order to convey this learning to the community, CCC member Vivien Maule, who had a background in community theatre, organised an event that used Forum Theatre ([https://en.wikipedia.org/wiki/Forum\\_theatre](https://en.wikipedia.org/wiki/Forum_theatre)) to engage the community in this learning.

In 2016 the first **Threads of Life** workshop was held in the Community. Vivien Maule, an experienced homoeopath, used her professional experience in the healing gift of history taking to formulate a group process. This process brings 5 participants together and facilitates them to tell/show their life story over the course of 7 sessions. Vivien held the first workshop for participants who potentially wanted to facilitate future workshops. Since then one other course of Threads of Life has been held which brought a lot of healing and connectedness to all participants. Three of the people having done the Threads of Life process have since died, and each one had found the work done helpful in the final stages of their lives. In August 2020 she revised the handbook and offered it as a community resource through the CCC.

In 2018, the CCC held a **workshop series on Dementia**. This was in response to several community members raising concerns about friends or neighbours with memory problems and asking for support. In response, Maggie la Tourelle organised a series of workshops in collaboration with the local coordinator of Alzheimer’s Scotland. In exploring dementia-friendly community it became clear that a caring community is a dementia-friendly community and that the principles of a dementia-friendly community can help us evolve an even better caring community.

In 2018 Stephanie Mines was a frequent visitor to the community as she was preparing for the Climate Change and Consciousness 2019 conference. She is the creator of the Tara Approach (<http://www.tara-approach.org/>). During one of her visits she became aware of the work of the CCC and was inspired to donate several major works to the community by giving free access to them through the CCC webpage (<https://findhorn.cc/groups/caring-community-circle/>). This inspired two local Tara practitioners to offer weekly practice sessions to ground this approach to stress management and preventative healthcare in the community.

In 2018, the CCC brought together a cross-organizational **Mental Health Strategy Group** where the different organisations within The Park considered their policies and procedures regarding responses to mental health crisis. As part of this, the need for more education of all staff and residents was identified. A **Curriculum for Health and Wellbeing in Community** was drafted in collaboration with the Findhorn

Foundation's Internal Training coordinator. Five workshops have been delivered so far in 2019/20 before Covid19 put a stop to face-to-face training for the moment. Topics covered include trauma-informed group facilitation, risk assessment of crisis situations, Scottish Mental Health First Aid and Suicide Intervention Prevention Planning. The latter two were delivered in partnership with the Moray Wellbeing Hub - a collaboration which we hope to expand on.

### International Conferences

The Findhorn Bay Holistic Health Centre (FHBBC) held a series of international conferences called **Medical Marriage** in 1992, 1994, 1996 and 1998. Participants came from all over the world, as well as from the local area, bringing together pioneers in integrative health care with complementary practitioners, open-minded 'conventional' GPs and specialists, as well as passionate representatives of communities and 'patients'. Speakers included Caroline Myss, Patch Adams, Ina May Gaskin, and David Reilly from the Glasgow Homeopathic Hospital.

A model for more integrated healthcare was developed during these conferences, working towards cooperative partnerships between mainstream and complementary medicine, based on the self-responsibility of the patient. A book was published, authored by Cornelia Featherstone and Lori Forsyth, *Medical Marriage – the new partnership between orthodox and complementary medicine*, Findhorn Press, 1997.

In May 1995 a conference on the **Healing Potential of Community** was held, focusing on the power of community to bring health and wholeness to individuals and collectives. It was inspired by The Peckham Experiment, an investigation into the nature of health which ran from 1926-1950 in Peckham South London. This model was one of the options discussed when the future NHS was planned in the UK (1946). The Experiment concluded that health is more than just an absence of disease, and identified the crucial role played by the environment in promoting health. About 50 people attended the conference. Speakers included Cornelia Featherstone, Andrew Arthur, Dr Gordon Paterson, Dr Derek Browne, and Patch Adams.

In 1998 the **Conscious Living, Conscious Dying** conference was organised by the Findhorn Foundation, one of the keynote speakers was Phyllida Anam-Aire who had been trained by and then worked with Elizabeth Kübler-Ross and had also a background in the Celtic ways of being with the dying. This conference was a transforming experience for the community giving it the confidence to work with death and dying in a holistic, open way.

The Findhorn Foundation held many other conferences over the years that continued to contribute to the evolution of our caring community.

A community member, Michael Hawkins, who focalised several healing related conferences writes: “All Findhorn Conferences have contributed something potent, tangible, both energetically and pragmatically. Participants/delegates journey home and change happens, something is birthed in themselves and where they live and/or further afield.

The 1990s and onwards, however, marked a turning point as certain healing themed conferences started to directly affect the community and beyond. For me the Medical Marriage Conferences, themed on an integrated health care system, was pivotal in fusing a marriage between mainstream and complementary medicine. Within the community it catalysed a wider interest in alternative therapies, but also in how orthodox medicine could dovetail with this possibly unorthodox paradigm. Outside it filtered into the medical transformation that was happening in the world.

The Flower Essence Conference, focalised by the late Marion Leigh surged on this wave and attracted so many that marquees had to be erected to accommodate participants and flower essence bottles.

The Spirit of Healing Conference in 2004 linked with this as Marion and a small group made a flower essence, gathered from Findhorn gorse flowers and gave a bottle to each participant and everyone involved– 300 plus bottles in a week!”

There were other health related conferences over the years, more recently, in 2016 Healthy Birth Healthy Earth reconnected us with the note sounded by Ina May Gaskin (Spiritual Midwifery) in the first Medical Marriage conference in 1992. Revisiting this important topic in a new generation was very powerful.

The 2019 during the Climate Change and Consciousness Conference Stephanie Mines anchored the importance of self-care when facing these traumatic times. Her gift of the Tara Approach resources to the community continues to shape the practices and awareness within the community.

## CARING COMMUNITY CULTURE

Throughout the years, a Caring Community Culture was always present within the community, showing and expressing itself in different ways, and it changed, adapted, grew and evolved in response to inner and outer circumstances.

In the 80s, the Findhorn Foundation (FF) had dedicated staff in two Health and Wholeness departments (Cluny and The Park). As the community around the FF grew, healthcare became increasingly self-organised through practitioners living in the community supporting their peers. One of the first independent businesses that evolved out of the FF was the Apothecary, set up by Jock Millenson, a herbalist.

In the 90s the two Health and Wholeness departments of the FF were brought together in the Findhorn Bay Holistic Health Centre (FBHHC) which explored new ways of maintaining health in the community. Yet, especially in these early years, the good intentions and aspirations of a working community quickly met their limitations when it came to caring for each other in all stages of life.

The available resources grew and the desire to be more holistic “from cradle to grave” became strong in the 90s. While the focus was still on holistic healthcare, people care came more to the foreground. From there many different aspects of a caring community culture unfolded organically to become what it is today, rooted in community life, growing social capacities and infrastructures like networking, communication, and joined-up policies between organisations.

### Caring Community Culture in Action

When the Findhorn Bay Holistic Health Centre (FBHHC) closed down in Summer 1998, a **Community Help Line** was established for about seven years. It was a volunteer service coordinating neighbourhood and community help and offering a source of reassurance and support. During that period the need and therefore requests from within the community changed. People learned to ask for their needs and felt more empowered to use their own resources, which made the Community Help Line obsolete. Instead, the CCC encouraged a **Buddy System** for ongoing peer support and a lift share scheme was organised through the NFA website.

The latter has since evolved into a **Liftmatch scheme** in collaboration with Moray Carshare, a community-based car club, that connects people in need of transport with members of the car club to arrange lifts and transport.

A **fitness class** was initiated by CCC members in 2014. It thereafter started to run independently on a weekly basis. From 2014 to 2019, around 50 community members participated in the classes, most of them aged over 55.

In 2015/16 the CCC received funding from tsiMoray for an intergenerational project **Minding the Gap** which brought Youngers and Olders together through a variety of shared social activities and intergenerational events. “It takes a village to raise a child” was a theme that inspired many community events and it is still vibrant with more young families settling in the Park and providing a strong support network for each other.

After someone on the fringe of the community had died and notification of next of kin was not possible because of lack of information, the CCC initiated a **database for NFA members** to collect **information for sudden illness or disability**.

Another Caring Community Tool was recently formalised into what is now called **Individual Asset Mapping**: a mapping of all support networks a person has already available when they suddenly find themselves in the situation of needing support or care. The process focuses on the strengths of the individual system to enable the person to stay in their agency and make sure they receive what they need. It recognises that allowing others to help builds community and strengthens relationships in mutuality. This led to exploring **Community Asset Mapping** to make resources and strengths visible thereby increasing collective as well as individual resilience.

In 2020, a **Volunteer Action Group** was formed in response to the Covid-19 crisis and the following lockdown. Very quickly a communication infrastructure was established to coordinate and link the need for support, eg. shopping, pharmacy pick-ups, social contact) and resources, eg. masks, thermometers etc. with available offers (weekly volunteer lists, trained active listeners, neighbourhood representatives). In addition, picking up on the old tradition of Town Criers, a very creative and skilled group came together to galvanise community spirit and help ensure all relevant information was received by everyone living in The Park.

Out of this temporary support structure a new model for **Caring Neighbourhoods** evolved and is about to be developed and tested.

### **From Volunteer Network to Sustainable Organisation**

The **People Care Circle** came informally into being in 1996, when a group of volunteers joined together to provide longer term end-of-life care for the first time for a community member so she could stay at home. Since then core members of this group have held an awareness of vulnerable members in the

community based on their personal relationships and social networks. Through regular meetings they support each other with their insights and expertise (many members of the group were former healthcare professionals). The People Care Circle is the grassroots network for support in the community within the **Caring Community Circle** (former Community Care Circle).

In 2015 this core group started to realise that it would soon reach its limits due to its ageing members, the increasing complexity of the community and the increasing needs of an ageing population. As most members of the group were former health care professionals offering their time and skills, it became clear that none of them was easily replaceable. To enable the CCC to continue its work in the medium- to long-term future an organisational development was needed. What had emerged as informal networks based on longstanding relationships between friends and community members needed a more sustainable structure. The solution presented after a yearlong community consultation was to create a paid position for a Caring Community Coordinator to continue and evolve the work of the People Care Circle<sup>3</sup>.

In 2019 CCC member Maggie La Tourelle was successful in securing a grant for a **dementia coordinator** from the Life Changes Trust (Lottery-funded). Maggie and Marcus Lindner, with the help of the community, raised the additional funds to cover the expanded post of the **Caring Community Coordinator** and in March 2020 Laura Shreenan was employed by the Caring Community Circle.

The CCCoordinator supports and connects vulnerable people, carers and volunteers with appropriate support and resources and is working with individuals and organisations to help develop the caring community culture and associated infrastructure within the community.

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<sup>3</sup> People Care Circles in the Findhorn Foundation Community Report NFA GatherIn 2018 Award (<https://findhorn.cc/wp-content/uploads/2019/05/People-Care-GatherIn-2018-final-report.pdf>)



## MATERIAL INFRASTRUCTURE

### Treatment Facilities

In the 80s and 90s, the Findhorn Foundation had several infrastructures dedicated to Holistic Healthcare:

**Harbour House** in Findhorn village was the first Health and Wholeness Centre. It was a communal living space for Findhorn Foundation members, and also offered a treatment and educational space.

**Station House** in the Findhorn village had a treatment room available for practitioners to rent, and a sauna was part of the building structure. In 2008 Stationhouse was sold to Station House Co-operative Ltd. and became a community linked housing coop.

In **Cluny**, since the 80s, the **Bodhy room** is serving as a treatment room. From 1989 to 1993, a couple of other rooms were available for treatments, counselling and massage, like the changing room for the in-house Sauna, which could be used when the sauna was not in use. There was also a small library and apothecary.

In **The Park**, there was the **Apothecary** in the famous toilet block with a caravan, **Merlin**, next to it. It had two treatment rooms and a library. From 1991 to 1998, **Meridian**, a newly built house in Bagend, with three treatment rooms, was the base of the Holistic Health Department (later Findhorn Bay Holistic Health Centre) in the Park. As it was at the edge of The Park, a **central office space** next to the General Office was established to allow people to drop in, book rooms, treatments or educational workshops, as well as for helpful chats and personal support.

From 1994 **HealthWorks** in Forres enabled more practitioners to offer their services in a way that was more accessible to the local population.

### Community Owned Care Flats and Affordable Housing

In 2010, the CCC, together with members of the Elders Meditation, successfully raised the funds needed (in donations and interest free loans) to support the **purchase of 2 community-owned care flats in East Whins**. In 2013, the first tenants moved into the flats.

The group is also involved in the allocation of **affordable housing units** by the Land & Housing Trust (Ekopia) to enable vulnerable community members to live a more socially inclusive life. In 2017 a revised

**allocation policy including criteria for health and social care** was adopted through community participation, including a community survey. Community members can now apply for affordable housing under this category and the CCC is asked to comment on such a request and application. This happened for the first time for the affordable housing units in West Whins in 2017.

2016-2018 Marcus Lindner and Cornelia Featherstone explored in depth a project for **social inclusion living at the heart of The Park** in collaboration with a property owner and a small national charity. It was envisioned that 6 small flats under one roof would enable residents to co-care to some degree and share carer input by the sheer fact of proximity. Sadly, this project failed at the 11th hour with the funder pulling out. The concept was much like a successful model in the Netherlands ('ThuisHuis' which can be translated into 'HomeHouse') and we hope that there will be other opportunities to explore such innovative models in the future.

### Care Equipment

The CCC owns essential **equipment**, some donated by various people, some purchased by the Community Care Fund. It includes a couple of electric beds which make care at home so much easier, several wheelchairs and walking aids.

List of available equipment is kept up-to-date by Terri Guest and available from the Caring Community Coordinator, Laura Shreenan.

## FUNDING AND AWARDS

Initially the whole area of care in the community was held within the Findhorn Foundation (FF) and funded through a small budget and staff allowance. When the charity Holistic Health Care Ltd was set up in 1993 the funding came from an initial support from the FF for the first couple of years, as well as activities such as educational workshops, People Care Scheme, and health consultations with Cornelia Featherstone. The centre in Forres, HealthWorks was and is funded through rent income from the complementary practitioners.

In 1996 Barbara Faro and Eileen Caddy established the Elders Fund (later changed to **Community Care Fund**) with the specific purpose of supporting community members requiring care in the community. Its purpose is to supplement rather than replace any support available from statutory bodies such as Moray Council, social work or the health service and private sources. This fund was initially supported by a worldwide fundraising campaign. Later on it was added to by legacies gifted by community members and several regular monthly payments. In 2019 another worldwide campaign (in collaboration with the Findhorn Foundation Fundraising department) raised funds for the care of Dorothy Maclean. The fund continues to be supported by several monthly contributions from individuals.

After the closure of the Findhorn Bay Holistic Health Centre in 1998 the group was simply a grassroots volunteer group of community members, friends and neighbours looking out for each other. It continued the work of care in community and created caring community culture. During that time there was no funding for any of the activities. In 2009 the group was formalised as the NFA Community Care Circle and from 2013 received an **annual grant from the NFA** of £500 to cover mainly admin costs, room rental etc.

In 2015 the **Findhorn Windpark Community Fund** supported a CCC's social inclusion initiative with £375. This allowed mileage to be paid to volunteers who took elderly community members on outings and for visits to a care home in Elgin where one of them lived.

In 2015 the intergenerational Minding the Gap project was awarded £1490 by **tsiMoray** following a participatory budgeting process in Moray. This project delivered intergenerational shared meals, a film club and an arts project resulting in a metal sculpture which is in the roundabout planter by the Phoenix Shop.

2 members of the CCC were also recognised by the **tsiMoray Community Champion Awards** - Cornelia Featherstone in 2017 and Fay Blackburn in 2018.

In 2016 Greta Bergman and Cornelia Featherstone were given a space in the SIRClE's Evoneers' Journey

[https://www.sircle-project.eu/?page\\_id=25](https://www.sircle-project.eu/?page_id=25)) to explore the next steps for care in the Findhorn Foundation Community.

In 2018 the NFA membership supported the CCC's research in the future of People Care Circles in the Findhorn Foundation Community with a **NFA GatherIn Award** of £700. This report concluded with the recommendation of creating a paid coordinator post to ensure sustainability of people care within the community. (<https://findhorn.cc/wp-content/uploads/2019/05/People-Care-GatherIn-2018-final-report.pdf>)

In 2019 a **CCC supporter** donated £2000 for the specific purpose of creating a sustainable funding strategy for the post of Caring Community Coordinator. A community consultation resulted in a report that presently informs the CCC Fundraising Group's work.

In 2019 the NFA membership supported an application by Maggie la Tourelle for a Needs Assessment for a Caring Community Coordinator with a **NFA GatherIn Award** of £566. This report supported an application to the Life Changes Trust. ([https://findhorn.cc/wp-content/uploads/2019/07/CCCReport\\_final\\_130719.pdf](https://findhorn.cc/wp-content/uploads/2019/07/CCCReport_final_130719.pdf)).

Subsequently Maggie la Tourelle led a successful application process for a grant from the **Life Changes Trust** (Lottery funded). CCC was awarded £15,000 for 18 months for a Dementia Coordinator Post. In response to this Marcus Lindner and Maggie la Tourelle raised another £11,000 from individual community members to allow for a wider remit and more hours for the Caring Community Coordinator post. Laura Shreenan was appointed and started in the post of CCoordinator on 1st March 2020.

In 2020 **CCC supporters** donated £450 to allow the CCC Management Committee to pay a minute taker to support them in their work.

During the Covid19 crisis the work of the CCC Volunteer Action Group was supported by grants from the **William Grant Foundation** (£250 for PPE), and from **Highlands and Islands Enterprise** with £1860 to cover the cost of 5 extra hours/week of the CCoordinator's time (£900); the remainder covered volunteers' transport costs and the provision of blessings packs for vulnerable members. For the next phase of coming out of lockdown a further £3800 was received from HIE for the Coordinator's time and to support people as they re-socialise.