

No Going Back

Forgotten Voices from
Prudhoe Hospital

Tim Keilty and Kellie Woodley

PRUDHOE HALL COLONY

FOR MENTAL DEFECTIVES



No Going Back

Forgotten Voices from Prudhoe Hospital

Tim Keilty and Kellie Woodley

2013

No Going Back – Forgotten Voices from Prudhoe Hospital
© Tim Keilty and Kellie Woodley 2013.

No Going Back is published by The Centre for Welfare Reform.

In association with:

Skills for People
Key House
Tankerville Place
Jesmond
Newcastle upon Tyne
NE2 3AT

www.skillsforpeople.org.uk

First published February 2013

Reprinted November 2014

All rights reserved. No part of this book may be reproduced in any form without permission from the publisher except for the quotation of brief passages in reviews.

104 pp

ISBN print 978-1-907790-43-0

ISBN download 978-1-907790-42-3



Acknowledgments

We'd like to thank the Heritage Lottery Fund for funding this project. Our first bid was unsuccessful, and we are grateful for the encouragement they gave us to apply again. In particular we'd like to thank our grants officer, Ellen Creighton, who believed in this project and patiently guided us through the process.

We would also like to thank the Specials Laboratory Fund whose grant through the Community Foundation started the project off.

We are also grateful to John Faulkner whose portraits illuminate this book.

Obviously we would like to thank the storytellers, but also the staff who supported them to make arrangements to meet us.

We'd like to thank the people who used to work at Prudhoe Hospital who came along to our open day and brought their memories and photographs of life at Prudhoe.

Thanks to the steering group for helping shape and guide the project - Morag Hunter, Gary Fawcett, Kay Warren, Chris Anderson, Kate Fulton and Derek Henderson.

Thanks also to Jan Walmsley whose presence calmed the waters – she encouraged us, and we took great solace in the fact that 'she's done this before...'

Contents

Foreword 7

Introduction - Why This, Why Now? 9

Chapter 1 – Learning Disability Hospitals 11

Chapter 2 – Prudhoe Hospital 19

Chapter 3 – Forgotten Voices 25

Chapter 4 – Life in Prudhoe Hospital 53

Chapter 5 – Exploring the Grey 79

Conclusion – No Going Back 93

References and Further Reading 101

Photographs

Cover photo © Tony Jackson

Portraits of the Storytellers and the Storytellers and Steering Group
Members photo © John Faulkner

Site plans and floor plan of villa © Peter Higginbotham

Classic 1920s villa and resistance and escape © Andrew Curtis

All other photographs taken by the authors and kindly donated by
Philip Hardie, M.V Elliot, Eileen Shell, Derek Henderson, Sonia Taylor.

Foreword

Skills for People have been supporting people with learning disabilities in the North East for nearly 30 years.

Through our role as advocates and allies of people with learning disabilities, we have supported many people who have experienced life in Prudhoe Hospital and other long-stay institutions. We have always recognised the power of people's stories and celebrated the strength and resilience of the people we support to gain control over their lives.

Prudhoe Hospital closed without any acknowledgment of the part it played in the lives of thousands of people. I hope this work allows people to gain an insight. The book shares memories of people who haven't had the chance to share them before. As the generation of people who lived through institutional care grows older and many sadly die, I hope this book means their voices are not forgotten and that they serve as a reminder that institutional care must be a thing of the past.

I am proud and inspired by the bravery it has taken for people to go back in time and recount experiences which were at times painful. I hope that you will be inspired by people's courage, endurance, and humility which illuminate these stories.

Liz Wright, Chief Executive, Skills for People

My Poem by Suzie Fothergill

*I'm a woman who has talent
That they can't take away.
They tried with drugs
And needles to dope me every day.*

*Institutions stink,
They make you want to puke,
The doctors think they're it
And they'll read you like a book.*

*I was kicked around and used
Insulted and abused;
They messed my mind right from the start
Treated me like a dirty tart.*

*But it was them that did that,
It was them that scarred my mind,
It was them that corrupted my innocence,
And left me feeling that no one cared.*

*They shoved me in a hostel
As a guest of the Salvation Army,
With the company of drunks and punks
It was enough to send a poor lass barmy.*

*I wonder why it had to be that all my life
No one to love me
No one to care
No one to see
No one to listen properly.*

*So now my second life begun -
A new chance to live life through my son;
A reason for living I have found
And it's going to be better second time round.
So now I tell you*

*I've got a voice
I've got a right to make a choice.
I'm not a toy for you to abuse
I'm a woman of spirit and now I'll refuse...
To take that abuse anymore.*

Introduction - Why This, Why Now?



The drive leading to Prudhoe Hall, with the Church of Our Lady and St. Cuthbert 1891

Prudhoe Hospital opened its doors to people in 1914 – it closed them for good in 2012, nearly 100 years later! The time has come to mark the end of institutional care for people who have learning disabilities. We first started talking about capturing people’s stories when we worked for an advocacy organisation in Gateshead with our friend Kate Fulton; the people we supported wanted a big bonfire to celebrate the hospital closing. That was probably in about 2003, we both thought it would be closed long before now.

Our passion for writing *No Going Back* comes from listening to people who experienced living in long-stay hospitals and from getting a small insight into what life was like for them. It’s hard to imagine what it must have been like for people who had little or no say over the course their life would take; no control over what they ate, how they dressed and how they were treated. Over the years we’ve been inspired by the people who lived there, by those

who survived the experience by conforming to the system and by those who constantly kicked back against it and gathered some 'reputations' as a result.

We know that the legacy of people's time in long-stay hospitals carries strong echoes through the rest of their lives; from the man who now fills his room with newspapers because they are *his* newspapers, to the men who share a house and still see no need for privacy because privacy is something that was denied them for years. We've been inspired by the people who have come out the other side and found their place in the world, bought their own homes, got married, had children. We also know that, for a generation of people, institutional care was all they experienced; there was no other side, literally it was from the cradle to the grave.

The little snippets of stories we've heard from patients, advocates, families and staff convinced us there was huge value in documenting those stories and giving them some real power by having them published.

Prudhoe Hospital was closing the whole time we visited and worked with people there, though it sometimes felt it would never happen. Now the hospital has finally closed, we want people to share what it felt like to live in there. We want young people with learning disabilities to understand their heritage; we want the general public to know that this is how we treated our brothers and sisters; we want everyone to know that big institutions are not the answer if we want a world where everyone has a right to belong and take part. Being a citizen of our society is a right, not a privilege. Together we are better!!!

Tim Keilty and Kellie Woodley

February 2013

Chapter 1

Learning Disability Hospitals

Hospitals dominated services for people with learning disabilities for much of the twentieth century. Before the later 1800s most people with learning disabilities lived with families, in lunatic asylums or were placed in workhouses. Specialist learning disability facilities began with the founding of Royal Earlswood at Redhill, Surrey in 1855, a charitable institution. This, and similar foundations like the Royal Albert, which served the northern counties, were essentially optimistic in outlook. Their aim was to take in young people, and teach them trades so that they could leave equipped to be productive members of society.

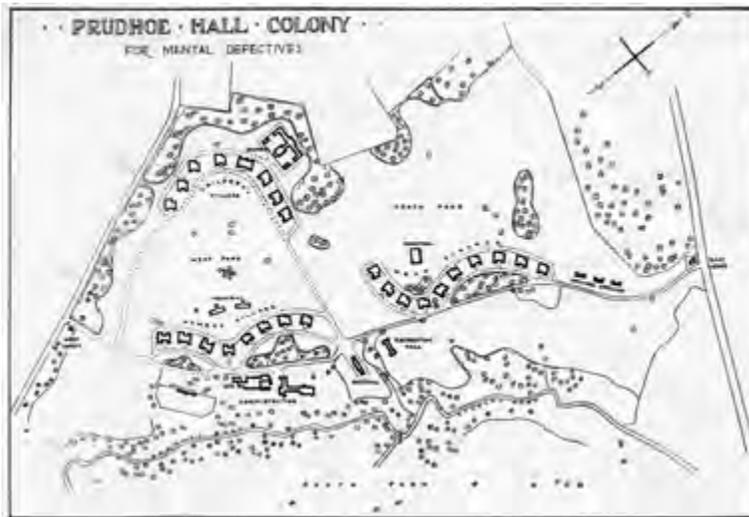
However, thinking changed in the later nineteenth century, influenced by the fashionable science of eugenics. People no longer believed that with education and training people with learning disabilities could develop and contribute, instead people thought that they were dangerous and needed to be kept away from society. People who believed in eugenics argued that 'defectives' would cause a deterioration in the quality of the population unless prevented from child-bearing through segregation or sterilisation.

Their campaign led to the passing in 1913 of a Mental Deficiency Act which said that 'Mental Defectives' should either be closely supervised at home, or maintained in a 'mental deficiency colony', providing permanent settlement for both children and adults in an isolated environment. People who would today be labelled as having learning disabilities were graded. The lowest grades were 'idiots' (profoundly disabled) and 'imbeciles'- people unable to care for themselves.

Then there were two types of mildly disabled people: ‘feebleminded’ - those who were able to contribute to their own support and ‘moral defectives’ - people of normal intelligence who were considered wayward by having children out of wedlock, or by committing minor crimes.

Arguably, even though we may condemn the thinking behind the Act, the founding of colonies was probably an improvement on what had gone before. It would be hard to defend the treatment of people with learning disabilities in workhouses and lunatic asylums, while families were often hard pressed and some were undoubtedly abusive or neglectful. Some reports described people being chained up like animals.

Local authorities were responsible for labelling, supervising and institutionalising ‘defectives’. Gradually a network of colonies was established across the country. Poor Law Unions in the North East were quick off the mark in purchasing land for Prudhoe Hall Colony in 1914, only months after the Act was passed. Many counties were much slower in founding their own local institution. Responsibility for Prudhoe passed to the National Health Service in 1948, in common with all mental deficiency institutions.



Site plan

Prudhoe was in many respects a typical colony. It started small, with 146 patients soon after its opening in 1916, but grew to house almost 1400 people in 1960. Patients lived in detached ‘villas’, each housing up to 60 people. Separation of boys and girls, men and women was regarded as essential to prevent them having children. Children and adults lived separately and there were

special villas for people with challenging behaviour, referred to by residents as punishment wards. There were also special wards for the so-called ‘cot and chair’ cases, people who rarely left the ward. Patients slept in multiple rows in large dormitories, with a day room on the ground floor. Overcrowding became an increasing problem, particularly in the 1950s when temporary beds had to be used and 3 dormitory huts established.



Isabel Wilson School

There was a children’s school. There were workshops for the adults, kitchens, bakery, laundry, recreation hall, infirmary, staff quarters, playing fields and a small mortuary. No one need ever leave. Prudhoe, in common with many other colonies, ran its own farm with market gardens, stables, poultry, pigs, herds of cows and greenhouses. During the Second World War Prudhoe’s farm was self-sufficient in poultry, wheat, vegetables and hay crops, with a small surplus for sale. The farm closed in 1969, and the land was sold off.

Colonies like Prudhoe relied on patient labour. Most patients worked in the laundries and workshops or on the farm. Women patients helped out with more severely disabled residents and worked as domestics in doctors’ houses. There was a nominal payment in vouchers to be spent in the hospital canteen. Some well-behaved patients were allowed to work outside the colony on licence – in 1956, 10% of Prudhoe patients were out on licence.

Staffing of institutions was difficult, particularly after the Second World War. Discharge of more able patients meant that more paid staff were needed. But people were increasingly disinclined to take a job which meant living on site and submitting to military style discipline. This meant that in 1949 only 39 of 65 posts on the female side at Prudhoe were filled. At Prudhoe, the staff shortage was eased by the establishment of a nursing school and a cadet

nurse scheme; however, shortage of staff continued to be a problem and was mentioned by our staff respondents as a serious issue in the 1960s and 70s, causing drugs to be widely used to control patients.



A forestry class at work

Although, when they were founded, colonies were regarded as a positive step in caring for people with learning disabilities, lack of investment and frequently poor leadership led to their deteriorating into places of often dreary confinement. Whilst the philosophy was that people should come, learn a trade and leave, in practice many stayed due to institutional inertia, lack of anywhere suitable to go if discharged and the need for patient labour to maintain the institution. Colonies were closed to the outside world and practices lingered on which would not have been acceptable in other settings. As late as the 1970s, strong suits were in use to restrain patients and family visits were confined to one day a month. Even on visiting days families were not allowed to visit the wards where their relatives were staying. As Ruth's story shows in Chapter 4, families really did not know what was going on inside the hospital. For example, Maureen Oswin's observations of children in a long-stay hospital in the south of England in 1971 portrayed heart-breaking emotional neglect.

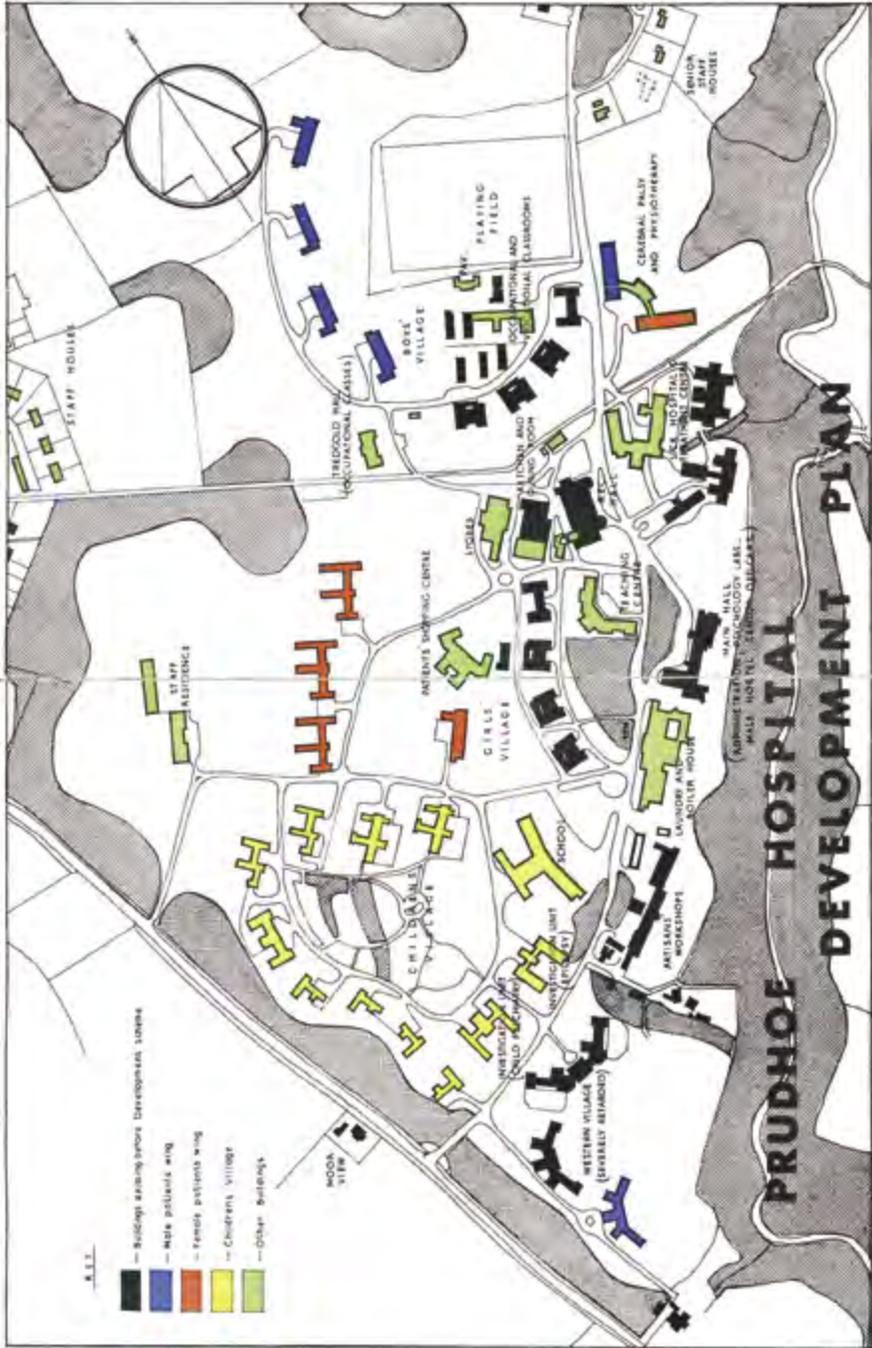


Junior staff common room

From the late 1960s there were a series of abuse scandals in hospitals, firstly Ely, then Cardiff in 1969, which eventually contributed to their closure. It became increasingly obvious that they were not suitable sites for care, particularly as ideas like ‘normalisation’ – the right of people to live as normal a life as possible – gained acceptance. What could be less normal than spending your life in one place where you lived, worked and played – and could never leave without permission?



Sleeping quarters



The plans from the developments to Prudhoe Hospital made in 1963

Prudhoe was never the subject of investigation. However, in 1988 fewer than 40% of the wards met the minimum standards for bedroom space and, according to the testimony we had from a senior nurse, low staffing levels led to patients being dosed heavily with sedative drugs.

Like other hospitals of its kind, Prudhoe eventually closed.

Chapter 2

Prudhoe Hospital

We want to give you a *sense* of the place, a *feel* of the place as well as photos and stories, so we've written our own personal reflections of the hospital.

First Impressions

Kellie

I visited Prudhoe Hospital for the first time when I was 19 years old. I was supporting a group of people who had all moved out of the hospital and one person still had a friend who lived there; we were supporting him to visit.

I remember feeling anticipation and curiosity about where I was heading. I had read information that had been written by hospital staff and heard short tales of this odd existence. I can't fully describe how it felt to see it for the first time: a mixture of fear and disbelief is the best I can offer. I wasn't to know then that I would spend many years doing that same drive and working with people who lived there to help them discover another life they could lead, a better life.

On the many visits I made, I always listened to the radio in the car. When I turned into the entrance of Prudhoe Hospital I would turn the radio off, I had no logic for doing this, apart from that it felt right, almost like I needed all of my senses focused. It just made me feel that way!

Tim

I was about 18 or 19 I think, I was working in a 'village community' for people with learning disabilities, Prudhoe was a name which I heard a lot from the people I supported, as lots of people had moved straight from Prudhoe to where I was working. From one isolated community to another. I first went to Prudhoe to pick up a man I supported who had been there for treatment; he was in one of the 'back' wards.

I remember the long drive there, but most of all I remember the immense scale of the place. Even then, twenty years ago, it felt like it was closing, a kind of shabby down-at-heel feel - especially when you strayed off the main road, the drive.



The drive

I remember the feeling of entering another world when we drove up the avenue of trees, up the main drive. I remember being sure that there were no birds singing, although I was surrounded by trees. I remember being almost shocked when we drove back down the avenue of trees and I glimpsed some people playing golf through the hedge, almost a surreal contrast to the austere imagined silence of the vast hospital, juxtaposed with Pringle sweaters and talk of business over a round of golf - a collision of worlds.

Prudhoe wasn't the 'classic' institution; it wasn't a big Victorian building with hundreds of windows and endless corridors - we've been to places like that and Prudhoe had a different feel.

Kellie's Tour

The drive was long and winding and from the beginning you had no idea of the vast scale of what lay ahead. It was lined with large, mature trees; I often thought it would serve as a good hiding place. As the drive wound into the grounds, the place opened up.

The buildings on the right hand side, known as the doctor's houses, were lovely cottage-style homes, with gardens and fields with cows and horses, almost idyllic!

As you moved up the drive there were large buildings on both sides with no indication of what they were, and it was not immediately obvious that these were people's homes, if you could call them that.



The avenue of trees lining the drive



An aerial view of Prudhoe Hospital, 1963

The size and scale of the hospital took your breath away, it was so vast; it was this that confirmed the actual enormity of the institution. It felt so different, it was in our world, just didn't quite feel the same.

As we have talked about earlier, the hospital had everything it needed to be entirely self-sufficient. Some of the things that stood out to me were the social club (for staff), the recreation hall – with cinema screen, pottery room, a row of shops selling clothes and sweets, sewing and mending room, a tea room, a canteen (for staff), a massive laundry, and walled garden; a morgue... a world within a world.

There were winding banks and side roads that led you up to the top end, later described to me as the 'bad end'! This was for people who were 'difficult' people who might hit back or shout and make a fuss.

As the main road continued there lay a huge stately home, serving as offices and the central place for the hospital functions, where people and staff could get money.

As you moved through the hospital grounds, there was a bus stop, a block of public toilets, a children's play area and a school like any comprehensive school in the country. Dotted all over the grounds were the villas which were what people called home.

The villas had their own staff teams and their own rules, their own roll-call of names: Cavell, Nesta, Tyne, Tees, Brinkburn, Nightingale, Westwell, Norham.

There was a big home for trainee nurses who lived on the site, this was up at the back of the hospital, and also a housing estate built for staff. The buildings got younger as the site unfolded - away from the Victorian walled garden

and the Edwardian villas to the developments of the 50s, 60s and 70s, the newer buildings looking shabbier than the old ones. The place which, at one time, 1,500 citizens of the North East had to call home.



Taken from Architects plans for Norham ward; storytellers in the book will confirm Norham was indeed a 'troublesome' villa

Tim's Tour

I walked the site described by Kellie with my tutor, when I was a social work student. My tutor was a fantastic woman called Joy, who had worked in a big institution in Essex in the 80s and had her own tales to tell of hospitals.

That tour gave me my first real sense of life for people in Prudhoe. I was on a placement at a residential home where five people who had lived at Prudhoe had recently moved to. It must have been 1998; we tramped the site, from the clipped lawns of the area around the main hall to the overgrown wastes of the 'back' wards. It was sunny; in fact I think it has always been sunny when I've been there, sunny, crisp and silent.



Abandoned villas in the Men's Village

The people who lived in the house where I was placed didn't use a lot of words, so Joy took me to Prudhoe to tell me their stories, I remember peering through the windows of recently closed wards and Joy would point out:

“ that's where Brian used to sit, sit and rock, on that windowsill. He lost all his teeth because he ate so quickly that he'd regurgitate his food in order to taste it, and the stomach acid eroded his teeth away.

“ *That’s where Peter used to live; when we first met him he had a ‘P’ painted on the back of his wheelchair; before the staff brought him over to us they sprayed him with air freshener.*

“ *Mary lived here, and here, and here, she spent some time in Rampton, then back here; she lost her teeth as well, but hers were taken out so she couldn’t bite people anymore.*

And so the tour continued and as I walked the site, my view of the people I was supporting was transformed. I think I’ve always had a morbid fascination with institutions. I remember visiting my Granda Raine in St. George’s in Morpeth; he died there; I must have been ten years old. St. George’s was the place my peers called the ‘Loony Bin’. My fascination is with endurance, I think. How are people so resilient? How do they come out of the other side?

The Black, White and the All-Important Grey

You can probably tell we have some views on institutional care, but from the outset of *No Going Back* we’ve wanted to tell an honest story of people’s lives at the hospital. It would be easy to say patients were good and staff were bad. The truth is more in the grey. However, staff chose to be there and were paid and patients were sent or detained there. We’ve met some great staff who did their best in a system of care which made that difficult, and heard of staff who treated people badly in a system which made that easy. We’ll explore these issues later in the book.

Chapter 3

Forgotten Voices

To tell this honest story of the hospital we set out to interview patients, with the understanding that staff had an important story to tell as well. We've rightly given the majority of the space in this book to the people who lived there but are grateful to the members of staff we interviewed and those who have provided us with information, who have helped us piece together the whole experience of Prudhoe Hospital, and also to the many staff who have helped us with photos, memories and cine films of life at Prudhoe, many of which are included in this book.

Gathering Stories

We tried many ways to recruit storytellers and managed to find twelve people who experienced life at Prudhoe over the last 60 years. We know that there are many more stories to tell of life at Prudhoe. From our experience we know that many people who lived there have been encouraged to *'forget about that, life has moved on'* or *'don't talk about that, it'll only upset you.'* We hope that the stories in this book can serve as a tribute to all of those who have a story to tell but haven't had the opportunity to tell it.

Each storyteller *has their own page* with a snapshot of their life at Prudhoe and a contrast with their life now. We hope people's stories will illuminate a forgotten period of the lives of our fellow citizens. We also hope that stories of the *few* documented here, can help us piece together the experiences of the *many* who experienced life in Prudhoe Hospital.

For those who say ‘we have to move on’, ‘forget about the past’ and ‘things are better now’ here’s an old Russian proverb:

“ If you keep one eye on the past, you are blind in one eye. If you forget your history you are blind in both.

At the start of the project we visited a social work team to tell them about it and one social worker asked, “How do you know people’s stories will be true?” We panicked, both looking at each other and thinking “Oh no, this is a huge ethical dilemma which we haven’t considered!” A few seconds later we both said in unison, “We just believe what people tell us.”



Storytellers and Steering Group Members outside Skills for People

The storytellers



John Kelly

● Life in Prudhoe

I didn't like Prudhoe at all. A little bit I did but not all that time. I got decked on the floor a couple of times for going after staff; well I was in a bad temper. I was on grade 5 then I went down to grade 1. I lost my temper with the ward manager, I told him to go to hell.

It was madness, there was a lot of people rushing about.

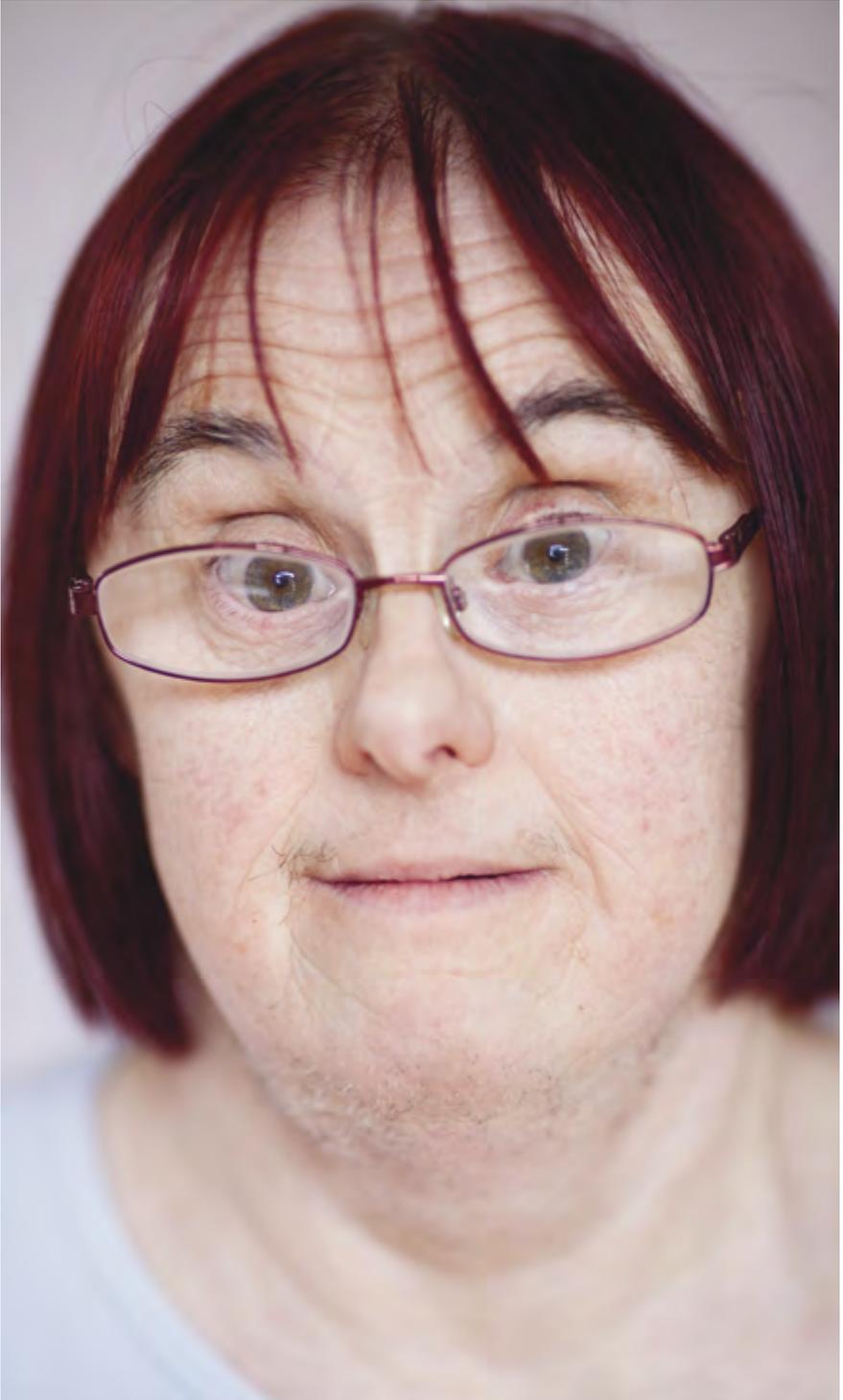
I got a chair on my head from another patient, nearly smashed my head – he got wrong for it like.

My brother came to visit me, I would meet him on the ward and the next week I would go to his house for my tea.

● Life Now

I got out of it, I'm in a house now, I'm making it look nice. I go to the paper shop and get my paper and a can. I'm an early riser now, I get up at 6.30am. I still go to my brother's for tea, and I'm planning a holiday to Lanzarote in September.

"I'm free and I don't have to go back."



Kay Warren

● Life in Prudhoe

I was there for 12 years, I had my 21st birthday up there as well.

I saw the staff feeding them by holding their noses, that's not right. I was trying to speak up for the people in wheelchairs. They dragged me out, took me back and doped me. I was just speaking up for the people in wheelchairs, they shouldn't get fed by their noses, it's wrong.

When I left some of the staff said, "You'll come back you, you'll be back in again. She won't last five minutes"; I just said, "I'm never coming back to this stupid place."

● Life Now

Kay has now bought her own home. She lives by herself with some support. Recently Kay won an award for her services to the community recognising her as an Extraordinary Woman.

"I went up to Prudhoe and watched my old ward being demolished, I thought thank God for that."



Malcolm Johnson

Malcolm doesn't use a lot of words, his story of life in Prudhoe has been pieced together with the help of his advocate and his staff team.

● Life in Prudhoe

Malcolm lived in Prudhoe Hospital for many years. The ward was noisy with little to do; Malcolm's advocate at the time remembers Malcolm used to stand in front of the TV moving from one leg to another for hours on end.

His advocate said – “Often when I visited Malcolm he would not greet you or look in to your eyes, like he couldn't afford to raise his hopes. If we went out together, he would cheer up and be chatty. Going back to the ward he would shut down again.”

In Malcolm's words at our steering group meeting: “It wasn't nice.”

● Life Now

Malcolm moved out of hospital 7 years ago and lives in his own house sharing with one other person.

He loves going shopping and having food in the fridge, going to the pub, watching football on TV and doing to discos. Malcolm has had many new experiences like going on holiday, going fishing, feeding the chickens, going in a hot tub....Staff around Malcolm say that he is a great man to work with, he is funny and caring, and they feel he is so much happier now.



Ruth Cook

● Life in Prudhoe

My sister was ten years old when she went into Prudhoe and I would only have been six or seven. She was too much for my Mam. We'd never been apart, always together, slept together, got into trouble together.

When she went to Prudhoe we were taken into the office and a nurse took my sister and we never got the chance to say tarah to her. We never saw her for two months and we got a letter from the doctor saying, "You'll have to do something about your sister, she's creating havoc."

They said they used to go on trips, she never went but they used to tell us that she did.

● Life Now

She has her own mobility car, goes out every day, shopping, bar meals, where she never went before. Two holidays a year - she loves her holidays! She loves our family, she's coming tomorrow, God knows what time she will go home.

She calls my partner Frank 'Dad' because she can't say Frank.

Prudhoe Hospital

on the 11th of February
1964 I went to live at
Prudhoe Hospital. There
was over 1,500 Patients
there.

While I was in the
Hospital I got my photo
taken it was incase I
ran away so that they
knew me on the photo.



My first home was
Female Sick Quarters
to see if I was o.k.
and nothing wrong with
me.

Eileen Shell

● Life in Prudhoe

Me and my sister got separated, you know. We were just little.

Visiting days were Saturdays once a month 2 til 4. Oh there was tears down my eyes. Every day I used to say to the nurses – “Oh, am I not getting anyone?” and they used to give me a clout.

When I went in I went to female sick quarters. You always go there first to make sure that you are ok and that. What a horrible photograph they took. You used to have to face the camera and then the side. In case I ran away. There was nowhere to hide I can tell you. I used to put my tongue out to the nurses. I got punished for that, I did.

● Life Now

Eileen lives in her own flat in Northumberland - she goes to a social club to play bingo and to her local Catholic Church - and goes camping with her friends. Since leaving Prudhoe Eileen has found a job and found her sister.

“There were tears down my eyes when I found my sister.”

NOTE ▶ Eileen didn't want to be photographed – the adjacent photograph is taken from her own story of life in Prudhoe.



Metallica

● Life in Prudhoe

The staff were very strict when I was in Prudhoe Hospital. Staff put them to sleep to control their temper. I remember an awful lot of people who got injections.

When I was 19 years old I had to escape from Prudhoe hospital. Sometimes I used to do long-distance walks by myself – I'd spend all day right up until dusk. Sometimes I would pass a ward and it was like people shouting, crying like babies and sometimes banging goes on as well. I used to know all about this when I was in Prudhoe Hospital.

● Life Now

Since leaving Prudhoe Hospital Metallica moved around the North East and eventually got his own place. Metallica visited Prudhoe again recently as part of his own life story work.

“It was like freedom when I left, with all this time to think.”



Suzie Fothergill

● Life in Prudhoe

When I first went into Prudhoe they took my ragdoll off me, said I wouldn't be needing it anymore. I didn't make any real friends at Prudhoe, I had to be friends with one woman because she was very violent, so I felt I had to stay on the right side of her.

It was the most scariest place I've ever been to, I've seen horror films that are not as bad as that place.

● Life Now

My life now is totally different. I have the most beautiful children who have changed my life. I have a new house, I have a great supporter. My son is just a star – he protects me, talks to me, gives me cuddles every day. My daughter is my stroppy princess. We do acting together as a family.

My dog Pippen is lovely, a little Yorkie terrier, sits on my knee. I've got friends and life is great now. Smiles, laughter, kids, music playing, dog barking. Thank God I can watch my kids enjoy a good life. Life could not be any different.



Mr J

● Life in Prudhoe

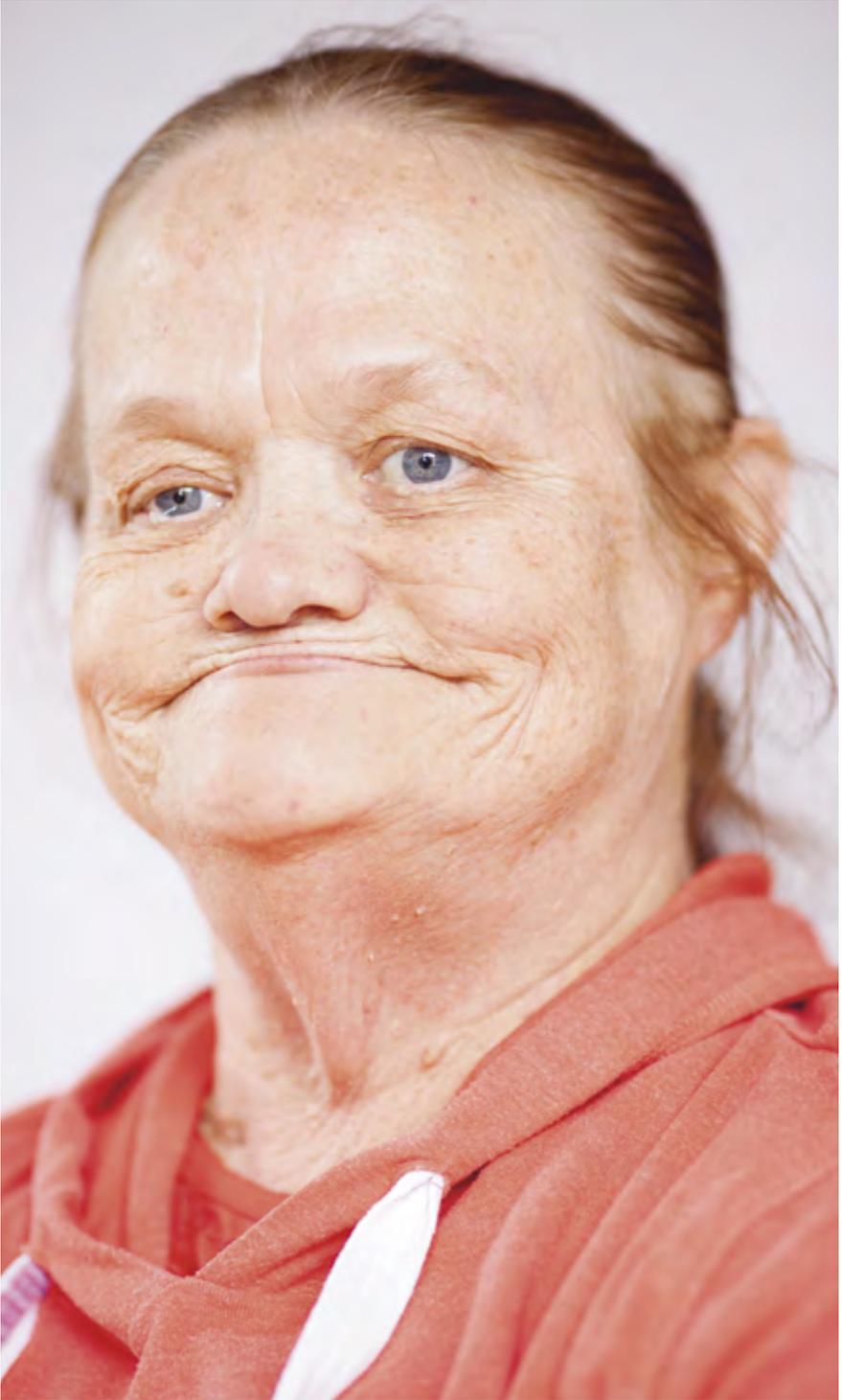
I went there in 1969, it was a sunny day, unusual because it was November. It was nice, it was a good hospital. I have been to Northgate before and it was naff compared to Prudhoe. Prudhoe was more modern. I went in again in the seventies and then I went in again in the eighties, so I went in three times.

They used to have a band on, like a jazz band, and the music was old-fashioned, but it was good. Then you used to take your partner and you used to dance.

● Life now

I have my own home now, which I own. I have my own support team who I really like, and I can choose to do what I want when I want to.

NOTE > Mr J wishes to remain anonymous – the adjacent photograph is the corridor in the main hall at Prudhoe Hospital.



Sharon Harrison

● Life in Prudhoe

I was 2 or 3 when I went into Prudhoe hospital and I left when I was 19, long years!!

I used to love school, we used to make dolls' houses and everything, and you didn't need to read properly.

My mother got me out when I was 19. I went to live with her for a while and I had to go back to Prudhoe for holiday and I got beaten again, so I told me mother to get me out. I didn't like it at all!

● Life now

I got married and had a son. My husband has died. I'm in residential. I don't get hit or shouted at. I go to different places, arts and crafts and cookery and that. Go to the pictures and that. All of the staff where I live is lovely, I've got a job and a cat called Baby.



Phillip Atkinson

● Life in Prudhoe

I was in Prudhoe a long time ago, I was 10 when I went in and came out when I was 21. I was in Midway West, I liked it, it had a pool downstairs. I'd go in it down the lift.

I spent a lot of time in the corridor on Midway, to look out of the windows at all the pretty girls.

There were five other people on my ward with me, they are all dead now.

● Life Now

Life now is alright, I want to get a bungalow. I go out for a drive, I get up to all sorts, I've had a good life.

I've got loads of CDs and DVDs and lots of technology to help me, electric curtains and I've got a box that controls everything.

“I see my sister a lot now.”



Robert Hall

● Life in Prudhoe

I don't want to go back in them places.

I worked myself and went to grade 1. Then I went up to grade 5 after that. You couldn't go anywhere unless you were on grade 5 and then you could go anywhere you liked.

That's the canteen – I used to go in there to get chips. For the staff at the pottery. I didn't get any. I went the messages, that's all. Do you not think if the staff have a canteen that the patients should as well?

● Life Now

My life is different now because I go out places I want to and get up when I want. I go to Newton Aycliffe on a Monday to go shopping or to a drop-in on a Tuesday.

I go to the local shops for my own paper and chat to them.

I like the staff and they take care of me. My home is a nice place and I have been here 8 years.



Mary Ann Smith

● Life in Prudhoe

Well it was alright and it wasn't alright, my first impression was that it was like a big massive village – you would get lost if you walked out on your own.

I never liked having to help other patients, I didn't mind doing the cleaning and I was only 14 and wasn't there to look after other patients.

One of the worst things about it was missing out on my schooling even though there was a school there.

● Life now

I am having the best life ever now. I am my own tenant in my own house. CIC are my care provider and it is the best thing ever. I am independent. I go away on holiday every year. I am doing everything I dream about. I went to see Cliff Richard last year. My support staff are the best thing that has happened to me in all my life.

Chapter 4

Life in Prudhoe Hospital

From the hours and hours of interviews conducted, we have pulled together people's comments under some common themes which we hope will give a rich picture of life in Prudhoe Hospital. The comments in these themed sections have been left anonymous for reasons which will become apparent as you read. In addition to the people identified in this book many others have contributed their memories and experiences to this portrait of life in Prudhoe Hospital.

Going In To Prudhoe



Still taken from cine film showing the main entrance to Prudhoe Hospital

People were admitted to Prudhoe Hospital for a whole host of reasons, from having children out of wedlock and being labelled a 'moral defective' to being sent there for treatment for a short period. The storytellers talk of the routines of admission, of photographs being taken and a series of medical checks carried out.

For some, like Ruth's vivid memory of her sister's admission in Chapter 4, these memories are powerful, for others they have faded over the years of life in the hospital:

“ I don't have any first memories of the hospital as I was too young. What I remember is sitting around a lot. But we did used to have holidays and all that, and birthday parties and all that. We used to go on trips to Tynemouth, Whitley Bay and all those places.

“ As I got older I took overdoses, I wanted to kill myself because of what was going on at home and school. I was bullied at school, teachers used to hit me because I was slow. So I got taken into Prudhoe. I went into Lewis Ward.

“ I heard my Dad say to my Mam about 'sending my daughter to Prudhoe Hospital.' My Mam just looked at him and didn't say anything. When I heard him say Prudhoe Hospital to my Mam, guess what I done? I had to run away in the end.

“ One of my sisters told me, 'You are going into Prudhoe today John.' I said, 'I know I am, stop rubbing it in'. I was 27. I lived there for 20 years, till I was 47.

Where we lived



Plans of the 'classic' Prudhoe villa, home to fifty people

The wards of Prudhoe Hospital changed use over the years. In the early days of the hospital, patients, nurses and administrative staff were all housed in the main hall.

For many patients life on a ward sharing with fifty and sometimes sixty people was the norm:

“ I went to the Riding Ward, my first impression was good, I thought it was like a big massive village – you would get lost if you walked out on your own. I mean when I was on the Riding it was great because I never had any really bad experiences, apart from the male staff coming in the bathroom and only getting an hour’s schooling a day.

“ It was overcrowded on the wards. There were 48 residents on one ward, sometimes 60. There used to be about 4 staff. There were 20 people in a dormitory. You had a locker and a bed so it was quite a big dormitory. They did have side rooms; if you took ill they used to put you in the side room.

“ Seven the Drive was the best. You could do more for yourself. Redburn was worst.

“ Because I was always complaining they put me on Cavell, put me in a side room. You got fed using plastic cups and saucers so that you wouldn’t smash them up.

“ We went to different homes. I can tell you a few I have been in; Cavell, that’s a punishment home. Oh well Cavell – I was wicked when I went there, I was absolutely wicked.

“ Cedars and Lime Villa are nice places. On the ward you were allowed to keep animals. I had a goldfish called Goldfish. We had some good times on the old Ash Villa. It was noisy because there were lots of residents on there so we had some good times and bad times.

“ I didn’t want to go to Mitford. In it were people who were badly behaved and it was like an overflow for Stephenson Ward because there was no room.



Classic 1920s villa

“ Sometimes the staff used to make me go and make beds. I didn't mind doing it for the children, but I hated making beds for the adults.

“ There were about another 30 people on the ward. It got busy.

“ I didn't like Norham very much, it was all male and to me it wasn't a clean ward. The Riding was lovely and clean compared to Norham. They were stricter on Norham because it was the punishment ward, anybody that misbehaved got sent to Norham.

“ When I was in Fraser House I used to go visiting inside of the special care unit and they showed me all the rooms, including the padded cells. The building was like a square and I went all the way through but had to lock the door behind me because no-one was allowed out. Then I was kept in one room and the windows were made of toughened glass so people couldn't break out. But at least I wasn't based there. I wasn't one of those people.

Food

Food was prepared in the huge kitchens, which also served the staff canteen, and delivered to the wards. In later years food was brought down from Northgate Hospital twenty five miles away.



The staff canteen at Prudhoe, 1963

“ We used to pinch hard-boiled eggs from the kitchen and had them for a midnight feast.

“ They just gave me custard. Because I was working myself about the puddings. They were horrible. It was sloppy and the custard was lumpy. They brought it from Northgate. I liked sticky toffee pudding.

“ Meals came at certain times and you couldn't have any food or drink at other times. It wasn't enough food or drink. The food was disgusting – we couldn't eat it – I would rather have eaten nothing.

“ I hated the food at Prudhoe. When I was too old to go to the school, I used to wander the grounds during the day and I told the kitchen staff that the food looked like slop when it came to the ward. They said I could help them wheel the trolley of food and then I could eat with them in the kitchen. That was a lot better.

PATIENTS MENU			
SUNDAY Porridge, milk, poloney, marmalade	Cold rst. beef, swedes, rst. potatoes prunes, custard mould.	Boiled ham cake, jam.	Tea, bread, marg. meat paste.
MONDAY Boiled eggs.	Mince & dumplings, peas, potatoes, tapioca pudding	Spaghetti, jam	Cocoa, bread, marg., cheese
TUESDAY Fish cakes, marmalade	Brown stew, mixed veg., potatoes, jam tart.	Brawn, tea cake.	Soup, bread, marg., dess. fruit
WEDNESDAY Porridge, milk, blk. pudding, marmalade	Rst. mutton, cabbage, potatoes, sultana roll, custard.	Scones, cherry cake, meat paste	Coffee, bread, marg., cheese.
THURSDAY Faggots.	Meat & potatoe pie, swedes, potatoes, semolina pudding, jam	Haslet, rice cake.	Soup, bread, marg. jam.
FRIDAY Boiled eggs.	Baked fish, cabbage, potatoes, apple sponge, custard.	Boiled ham, coconut buns	Cocoa, bread, marg., meat paste
SATURDAY Sausages.	Irish stew, mixed veg., potatoes, currant roll, custard.	Baked beans, lemon curd.	Tea, bread, marg. cheese.

Patients menu from Prudhoe and Monkton News, 1959

“ You had to have hospital food. So the hospital food would be delivered at 4 o'clock but we wouldn't get it until 5 o'clock. The custard wasn't even custard it was like, I don't know, I can't even describe it, just 'minging'. It wasn't very nice. I think I only used to enjoy breakfast because you used to get cereal. It was all I used to like. We weren't even allowed in the kitchen.

“ I can remember getting fishcakes and they used to be lovely, that was my favourite, fishcakes. We used to get our breakfast, scrambled eggs, there was sausage and tomatoes or sausage and beans or there was bacon with tomatoes and beans. Then it dropped off.

Routines

Patients and staff interviewed talk of the rigid routines needed to run a place where 1,500 people lived. Over the years these routines relaxed as numbers in the hospital decreased. The legacy of the hospital routine still lives with many people who lived there, still needing tea breaks at set times and a cigarette on the hour every hour.

“ At 7 o'clock the staff came to wake us up. I had to go to work at 9 o'clock. I was late going one time – I didn't get into work until five past nine. Staff at work used to shout at me, they would say 'John you're late again' and I would say 'I know'.

“ You had to get out of bed at a certain time when you were on the ward; they used to wake us up, knocking on the door.

“ You had to keep all of your things in your locker and your clothes on top of your locker. We didn't have a wardrobe; we did have a big airing cupboard where all of the clothes were kept nice and warm. I used to help staff dish them out. They used to have names on a bit of paper and I used to go round and put them on their lockers.

“ I used to butter the bread for them. 6 loaves of bread and help put the tea in the teapot ready for the morning.

“ You used to have 2 hours before tea where we could go off and do our own thing.

The Daily Routine is :—

6-30 a.m.—Rise, beds stripped before leaving Dormitories.

6-45 a.m.—Breakfast and Prayers.

7-15 a.m.—Boots cleaned and all workers parade for “ Roll Call.”

8—11-45 a.m.—At their various duties.

11-50 a.m.—Wash and prepare for dinner.

12 noon.—Dinner served.

12-30—1 p.m.—Recreation.

1—4-45 p. .m.—At their various duties.

4-50 p.m.—Wash and prepare for tea.

5-0 p.m.—Tea and Prayers.

5-30 p.m.—All quilts folded, and Dormitories prepared for the night.

5-45—7 p.m.—Recreation.

7-15 p.m.—Retire to bed.

Extract from the Matron's report to the Hospital Board, 1918

Work

As well as work as ‘therapy’ Prudhoe relied on patient labour to function efficiently. Patients worked in the laundry, gardens, boiler house and of course caring for other patients.

“ *The garden was good. I used to wheelbarrow. I used to work at the top keeping it clean. I used to have to get a bit of paper signed to say I was there, tick in and tick out. I kept losing my bit of paper, I lost it once and got put on to grade 1. I used to work myself but now I don’t – I’m on tablets now.*

“ *There was a ward up the top for people who were poorly, there was a nurse’s home opposite to Cavell. I used to deliver letters. I used to do messages for the staff, like go in the canteen to get chips for the staff at the pottery. I didn’t get any like, I went on the messages that’s all. The canteen was just for staff; do you not think if the staff have a canteen that the patients should as well?*

“ *I used to look after people, if I didn’t we got wrong. I looked after another patient, she couldn’t do anything for herself and was in a wheelchair. I used to bathe her, dress her, feed her and change her – many times! But if I had to carry her up the stairs, I couldn’t do it. She was 14/15 years old, I told the staff to take her up as I wasn’t responsible if she fell. I was only 14 myself. I got paid 2 and 6 in them days, half a crown.*

“ *I used to do messages, I used to go round with letters all the time, I got to know the different wards, I used to walk round with messages. I used to do odds and ends – clean this up and clean that up. I used to work on the pottery.*

“ *I worked on the ward next to it, all people with profound disabilities – adults. I was only supposed to go in and help clean, Hoover up and stuff like that, and make the clothes up for a couple of days and they wanted me to bath people – and I was going, here I’m only 15, I’m not aged to be here really. I only done it the once and then I complained. I shouldn’t have to do it, I’m only 15 years old, I shouldn’t have to be exposed to something like that. And we*

only used to get like £2 a week for it. I used to go in every day from half 3 till 6, I was given my tea, I didn't mind that but bathing them and that, wasn't very appropriate.



The vast scale of Prudhoe laundry

“ *It was like putting stickers on dummies – it was like a little work house thing that they called it. Then we used to do flower arranging and all sorts, used to get boxes in and pack them up and send them to different shops.*

“ *I worked in the laundry Monday to Friday 8 till 5 every day. I was a slave, it was slave labour. They had machines to fold the sheets, but it was heavy work. You were forced to go to work even if you were poorly. You daren't have a day off in them days, not unless the staff rang up, you've got to have the staff on the ward ring up.*

“ *I used to work at the nurse training school and the nurse dining room.*

“ *I used to work stuffing pillowcases in Tredgold Hall, someone else wet on the floor and they blamed me and I got the sack.*

Shops



The shopping centre

The shopping centre at Prudhoe Hospital was a focal point for patients and visitors. There was the WRVS, a clothes shop and a hairdressers.

“ They were open 10am-3pm or something. We used to line up – because I used to work in the laundry there and all I used to get was a 10p plastic coin which got me 3 black bullet sweets. It got better when we got real money, I used to get £7 a week and I used to go yes, yes!

“ We used to get paid some pocket money for the work we did. I used to spend it at the WRVS on sweets or go into Prudhoe. You had to ask permission from the ward manager or staff nurse to leave the hospital grounds, they wouldn't always let you go.”

“ There were the other shops when they were open, they only used request forms or requisition forms, and they didn't take money. We had to write a form out and then just send it in to get clothing or whatever. It was just all charity stuff from the charity shops. They probably sent it through from different places or most were from dead people who had died in the hospital and didn't need their clothes.

“ I remember the shop, I used to go in there for my sweets. I used to get all sorts of things. It was only open at certain times. The clothes shop was next door, I bought some nice trousers.



The WRVS shop, present day

“ All they had in the shop was black bullets!

“ They also have a staff canteen which sold the best stuff that the rest of us can never have.

Relationships with other patients

The storytellers talk of the difficulty of making and keeping friends at Prudhoe. For many years there was a strict separation of men and women with the sexes occupying different parts of the hospital. Relationships between men and women were difficult to organize and were actively discouraged. As well as the difficulty of forming positive relationships, patients had to endure sharing their lives with others who they did not, and would not, choose.



The Close, originally a children's ward, became the patient's social club in later years

“ I didn't make any real friends at Prudhoe. I had to be friends with one woman, because she was very violent – so I felt I had to stay on the right side of her. I was a loner. I made friends with 2 boys who were nice but they used to play tricks on me and I had an accident because of them.

“ I did have a boyfriend, but it didn't stick, we didn't see much of each other because we were just young and they were strict in them days.

“ I had three good friends at Prudhoe; we used to play football to keep out of staff's way because we didn't want to get more hidings. We used to stay out, even if it was pouring with rain we would sit outside after school, didn't get in until 8 o'clock at night and have something to eat.

“ I was in the kitchen one day and one of the clients had this knife thing in her hand, she was cutting something up in the kitchen, then she started on me, said some horrible things about me. She said she's not in the wrong, I'm in the wrong. She was standing with this knife against me for no reason, she tried to stab me but she didn't get the chance – I filled this cup, a plastic cup, with really hot water and so I got my own back and said 'take that'.

“ I got a boyfriend because of my looks, the staff were alright if I didn't you know, kissy kissy and no more. We kissed but no more. We met in the dance hall in the grounds.

“ Oh she was my best friend. We used to go horse riding; we used to go for long walks up the road. We used to go to village and buy ice creams. People didn't know we were in Prudhoe Hospital so they just thought we were normal.

“ I never had friends when I was living there, I used to get disturbance by people who used to do silly things. I used to go in bad moods and tip the whole place upside down.

“ When I was walking about you would see the odd couple sitting together and stuff like that – they all used to hang about near the kitchens, they wouldn't do it anywhere obvious like the WRVS because if the staff had come in and seen them they would report it back to the staff.



The residents' social club, 1980s

Treatment and Punishment

The subject of treatment and punishment was a huge one for the storytellers who talked vividly of medication, injections, seclusion and the 'grade' system. The grade system was intended to 'modify' behaviour, on Grade 5 you had certain freedoms, being on Grade 1 meant these freedoms were removed. Many of the storytellers talk of 'working themselves', an expression from North East England meaning causing trouble.

“ I was on Grade 5 then I went right down to Grade 1 and I lost my temper with the nurse. I thumped his lug in 1995. I had to go to my room for ten minutes. Then I got a needle off the doctor. You couldn't go anywhere unless you were on grade 5 and then you could go anywhere you liked, we used to go out to Prudhoe shops. I got my money from the nurse, he ran it.



The pharmacy in Prudhoe Hospital, still from cine film

“ When I worked myself I got the needle sometimes. I didn't put ink on the carpet it wasn't me – I didn't have a pen. I didn't have any pen in my room.

“ If I worked myself I would have to go to my room and stay there. I wet the doctor's trousers off his suit, he put me in the corner and told me off. I just knocked the table, it was an accident, that wasn't good – it was bad.

“ I used to get injections and sleeping tablets and all sorts, I got injections for my temper, because I hate people hitting people who can't do anything for themselves.

“ Before your birthday they would take a bit of blood from your finger and they used to examine you. They would listen to your chest and that and take blood. They sent me to another hospital, I

can't remember where it was, but it was a children's hospital the ill people went. People who got knocked over and that. I can remember getting carried into this hospital and I had nobody to come and see me. I was crying because everybody could see me. My mother didn't come and see me; I didn't get presents off her or anything.

“ *I moved to Seguin when I was 14, Seguin was a new ward, and it will be pulled down now. We used to get moved around a lot. They put me back on Ash Villa and that's when I started to get good hidings because I saw other people getting belted.*

“ *M was a bad tempered old lady. She was pulling my plaits and her glass eye fell out on my lap. I screamed a lot – they gave me an injection to calm me down. I used to kick at them when they tried to give me an injection. I was scared and didn't want to be a zombie. It's like being asleep but you are awake.*



The seclusion room on Norham Ward

“ *Well they've got a punishment room which I went in. They put the shutters down and you wear one of these strong gowns – you know so you couldn't tear it and all they've got is a mattress. Well I used to shred it to ribbons didn't I?*

Resistance and Escape



“ I made a tunnel and I went underneath the bed and the staff couldn't find me until the next morning. I was right the way under the bed.

“ I only got halfway down the road. A police van brought me back. I was running to Dunston to go and see my brother and sister-in-law. I got grounded for seven days. I told them I ran away because I'd had enough of Redburn. They said 'You are staying here longer aren't you?' I said 'No, no'. They said, 'Yes you are'.

“ There was that man who rang a taxi to the airport from the Close, they found him in Leeds once as well.

“ I started stealing out of a newsagents in Prudhoe, but I got caught. I was actually thrown out of 4 places. One was Prudhoe newsagents for stealing things and also disturbing the peace or threatening behaviour.

“ I was just told that if you run away you will end up on special care which was across from Fraser House which was a highly secure unit.

” I went to the pub in Prudhoe, a nurse came in and said, ‘What are you doing in here?’. I said, ‘I’m only having a quiet drink and what’s wrong with that?’ The landlord was feeling sorry for me. She got a hold of me, everyone in the pub was ‘tutting’ at her. She grabbed me, phoned some back-up to get a van and pushed me in. When that happened everyone in the bar said, ‘Why?’ I was in the right, she was in the wrong.

” I can remember being on Ash Villa, it was snowing heavily, I saw the Matron coming down didn’t I but I didn’t tell the others. I said, ‘Right folks, we’ll have a game of snow ball fights.’ So one snowball that I threw knocked the matron’s hat off. We all got punished. She said, ‘Right children; I want the person that threw the snowball to step forward.’ So we all did the whole lot of us, she said, ‘Don’t be silly, I want the right person to come up to the steps.’ So we all did, she turned round and said, ‘I’m getting nowhere with you lot, you are all punished. Right bed!’ So we all have to go to bed and you know what we did, we had a pillow fight.

” I was in Scarborough on holiday, I asked the staff if I could go to the toilet and then I ran off to the pub. I was so drunk when they found me, they took me back to the YMCA and locked me in my room.

” On visiting days they let the buses through and park at the school next to Beech. But you had to watch when the buses were going away because some of the patients would get on. You had to make sure there were no patients on the bus. That was a common thing, they’d have to stop halfway down the drive to get them off.

” There was a bloke who used to crawl about the hospital, he couldn’t walk but he had this special seat thing on his trousers. He used to nick coffee off the wards. Crawl about all day but then he’d stand up to nick the coffee.

” I used to put needles on the seats, push them through the plastic, the staff would sit on them and jump in the air.

Positive Memories



Pantomimes and dances were a feature of life at Prudhoe in the Recreation Hall, fitted out with a stage

“ I used to go out with a volunteer called Susie, she brought me a CD by Wet, Wet, Wet and took me to a Newcastle match in the snow, Newcastle beat Manchester City.

“ They had a carnival, a pantomime, the Black and White Minstrel Show, I was in it. I had playing cards all around my wheelchair. I was playing a pack of cards.

“ I remember Guy Fawkes night, they had a big bonfire on the big field.

“ I once went to Scarborough, I was in bunk beds and I was on the top and I fell out!

“ Playing football on the big field was good.



Recreation ground

“ They used to have a sports day once a year. I can remember the egg and spoon race, I could see the egg wobbling so I says, ‘I think I’ll just hold it a bit!’ I remember the three-legged race, my partner was about ten foot taller than me – we won, I said, ‘Ooh are we going to get a cup each?’ The nurse says, ‘It’s not the Grand National you know!’ We got a bag of sweets each.

“ I used to go dancing on a Tuesday, we used to go in the bath and get dressed, I had a Charleston dress and used to put that on. The music would start and we used to dance to it, trots, tangos and all of that. Boys on one side, girls on the other.

Birthdays and Christmas

“ I had a big birthday party. The parties were lovely, cakes, jellies and custards and sandwiches, crisps, nuts, you name it, it was there, cream cakes and birthday cakes.

“ When I had my birthday in Prudhoe Hospital I used to get presents and birthday parties and sometimes I even used to go out. On the ward we used to have our own disco and proper equipment brought in. Sometimes they had discos for leaving as well, for leaving presents. We had Christmas as well, but sometimes Christmas was spent on the Riding because everyone else would have gone home which left the ward empty.



Christmas at Prudhoe

” You got sweets and you used to get bubble bath and that. One day
“ I thought it was pop and started drinking it. So they took it off me
and I had diarrhoea for a couple of days.

” Christmas was quite nice. We used to give staff a hand with the
“ decorations.

” Oh you used to be treated nice on your birthday. The staff used to
“ take you out. They used to take you shopping to Newcastle or
anywhere. I had a big party for my 21st, all of the ward was there,
and my friends from other wards.

” I would have a gin and tonic at Christmas.
“

” Christmas was alright, it was nice. Some of the staff who worked
“ Christmas, I didn't like them very much. All of a sudden they were
trying to be nice to me but sometimes they were awful to me. I
smacked one of them across the face because I was sick of getting a
good hiding, so I smacked her across the face and broke eight
windows.

“ We used to save our money up for Christmas and buy new shoes and clothes with the money. I used to have loads and my sister borrowed it when I went on holiday and I never got it back off her. Then she died.

Staff



Staff outside the old hall, 1920s

As late as 1982 Prudhoe still employed 1700 staff and was a major employer in the town.

“ Nurse W, I used to like her, she used to feed me up because I was skinny. They bathed me and put olive oil on my head to make my hair grow, and give me milk and sugar to build me up. You could see my spine and my ribs and that. I'm not telling you lies, I wouldn't tell lies.

“ I liked the female staff, Mary carried on with me, dressed me up and took me in the staff room and put a fag in my mouth, it was alright, I got friendly with the staff.

” *The kitchen staff were alright, they were alright on Redburn as well.
“ I preferred the women staff, they were all alright. Some were bad to you but some were good to you.*

” *I hated them, I called them the twats.*

” *They were all just like abrupt staff, you know like... how can I
“ describe it... you know like as though you were in the army and you have to be strict – you would think they had been the army – the staff. That’s the way I can only describe it. They were firm and strict.*

” *I remember charge nurse S, she was on the Riding. I used to like her,
“ she was good but she never had much time, obviously, form-filling and stuff, she was a good nurse. I think she was in charge of the Riding.*

” *Staff on the Riding were okay, but they never really had time to talk
“ to you. They were running about after all the kids and that – when you have lots of kids and only a few staff, it’s hard.*

” *Fraser Ward staff - didn’t like them. Every time you tried to talk to
“ them if I was getting bullied, the staff wouldn’t listen, I’d retaliate and get caught and get something took off me or something like that.*

Visits

Visiting days at Prudhoe were every other Saturday, buses were laid on from the major towns in the North East to bring families and friends to the hospital.

” *The League of Friends used to come and visit me, once a fortnight.
“ When other people’s family were coming to see them the League of Friends came to see me. They used to take me out for walk, I used to sit on their shoulders, I was only little then.*



The 'Redburn Rocket' donated by the League of Friends, and used among other things, to bring visitors up the long drive on visiting days

“ They used to provide buses. Before them buses we used to have to get outside of the gate and they put this tractor on with like a little train and we used to sit on that going up the drive, we used to stop at all the different buildings to let people off and I thought that was great.

“ It was alright on the Saturday, when we went up with my Gran and Mam on the bus. We used to go in and my Aunty used to go upstairs to get changed and then come down and we used to take her to the tea room and have sandwiches or sweets.

“ Oh there were tears down my eyes when I found my sister. Because when I was in Prudhoe Hospital every time I used to say to the nurses “Oh am I not getting anyone?” and they used to give me a clout – “Don’t be silly woman”, and throw me in reception room – she used to lock us all in. This was once a month on a Saturday from 2-4. We weren’t allowed to say hello to the other ones. We just got shut in this room and that was that. They used to tell me I didn’t have anyone.

” *Well on non-visiting days we didn't know what went on. She wasn't in a position to tell us.*

” *My father died when I was in Prudhoe, he used to come all the way from Kendal to visit me, even in the snow.*

Sex

Sex is a subject which storytellers touched on a little, or avoided. The example below is characteristic of the discussions we had. Sex was something other people did. Staff interviewed talked more openly of sex in the hospital.

” *There used to be people that used to have sexual intercourse and they used to go in hidey holes in the woods. If they got caught they would end up going to the lock-up wards, the girls used to go to Cavell and the men went to Norham, they would get let out eventually. I never experienced it.*

Pain, Abuse, Indignity

Many of the experiences recounted earlier in this chapter could have been included here. Amongst the positive stories, tales of resistance and sometimes funny experiences - storytellers often returned to the harsh reality of Prudhoe.

” *The staff hurt you, some of the people who you lived with hurt you too.*

” *I hated bath times, people would always watch you and sometimes touch you.*

” *I was on Cavell, I was thrown in a bath full of cold water then shoved in the side room with the shutters down. I was in there for a week.*



The 'side room' on Cavell, looking through to the nurse's station



They would bend you over and check you for crabs.



It was supposed to be a safe place they were meant to protect you. There were some monsters who worked there with vulnerable people.



There was a man killed himself by mixing a bag of sugar with water and eating it, he knew what he was doing, he was diabetic. He said, 'I'm not staying in this shitty place.' I'm not sure he wanted to kill himself, but that's what happened.

Chapter 5

Exploring the Grey

There's a danger when looking at a place like Prudhoe Hospital of slipping into a simplistic view of it. We want to explore some of the grey areas to tell the whole story of Prudhoe. In this chapter we want to explore the institutionalisation of everybody attached to the hospital; how it was difficult for good staff to do good things and easy for bad staff to do bad things. We want to examine staff's and patients' search for power and control in a system not willing to give it away to anybody. We want to consider how hierarchies were constructed among all groups of people in the hospital and consider how the model of an idyllic village shaped these experiences.

Prudhoe as an Institution

The hospital was a world in itself. The patients rarely left and lots of the staff rarely left - everything was on site. We've discussed the scale of the hospital for the patients - laundries, a school, a clinic, operating theatre, morgue. For staff, life (although not death) was similarly laid out. Of course staff had a choice to leave, but often didn't feel the need to.

Staff told us that this was a common experience: cadet nurses lived in the nurse's home; the staff canteen fed you; the staff social club was 'heaving'; you could even get advances on your wages:

“ You didn’t need to leave, the club on a night time, canteen and everything in the nurse’s home. We were as institutionalised as the people we were supporting.

The effects of this on the patients, who couldn’t leave, are illustrated in the stories contained in this book. A common concern when patients came to leave was that they wouldn’t be able to cope without the structure and routines of the hospital, almost as if these structures had been designed around the patients, when in fact 1,500 people had been ‘designed’ around the institution.

Erving Goffman characterised institutions as “social arrangements that regulate according to one rational plan and under one roof, all spheres of individuals’ lives; working, playing, eating and sleeping” (Asylums, 1961).

This was true of Prudhoe. Even those who could leave worked, played, ate and slept within its grounds. Storytellers in this book have told us of the ‘rituals’ of being admitted (photographs taken, strip-searched and bathed). For new staff similar rituals had to be undergone. One staff member we interviewed talked of her first morning having to bathe forty men, and being handed a tub of purple paste to paint the men’s genitals as a treatment for ‘crabs’. For all involved, Prudhoe as an institution with its routines and rituals was immediately apparent. One storyteller told us: “It had its own way Prudhoe did.”

Staff confirm this:

“ This is just one recollection I have of the hospital and how it influenced my behaviour in a short time. I was a young man (about 19 – 20) and being a local chap was familiar with the people who you would see strolling or being escorted in and around Prudhoe town centre.

“ As with most local chaps, if your family worked at the Hospital there was a good chance you would follow, as at the time it was one of the biggest employers in the area.

“ Most students would work alongside qualified staff and would work a 12 hour shift, 8am – 8pm, and it was about 9 months into the first year when it suddenly dawned on me that I was becoming ‘institutionalised’.

“ After leaving school at the age of 16 and having a brief venture into the retail sector I somehow found myself undertaking a Nurse qualification (RNMH – Registered Nurse Mental Handicap, later replaced with RNLD – Learning Disability) this was as a result of my auntie’s insistence on my sitting the DC1 entrance test.

“ The first year of the course was spent in the main on different wards within the Hospital, usually three-month placements with blocks of time dedicated to particular areas of study. This would include two or three weeks of intensive classroom study also accommodated within the hospital’s own education centre.

“ As with most students, accommodation was provided on site at the nurses’ home. As you can imagine it was quite a lively place which could accommodate around 40 students. There was the opportunity to purchase meals at a reduced cost at the hospital canteen and on evenings using an automated vending machine (40p for a Sunday dinner, a real bargain), and a very strong social culture existed at the hospital social club, a very popular venue for most hard-up students.

“ It was a Saturday evening and after watching yet another band at the hospital social club I turned to a fellow student and said to him ‘I don’t think I have been outside the hospital grounds for 3 months.’ I was a bit shocked at first until he piped up, ‘Ditto.’ It made us both think a little about when we last ventured out and we quickly realised that we had become somewhat institutionalised, and how quickly I had fallen into a ‘rigid routine’, one of the pitfalls of institutional care.

“ I had formed a close circle of friends, some of them students, and most of them working within the hospital. And thinking back, a typical day would consist of getting up and going to work 8am – 8pm, returning to the nurses’ home and having a quiet night in (not a regular occurrence) or popping into the social club to catch up on the gossip with fellow students.

“ Obviously the next day we both ventured out rather gingerly, but quickly came back when we realised just how expensive things were!

” When not at work, most of the day would be consumed with lazing around the nurses’ home, or venturing to the canteen/social club in between studies, of course. There was no great need to venture out into town unless you needed supplies; most of your social needs were catered for, the WRVS canteen and shop, laundry facilities within the nurses’ home, a gym and sports hall. You could even buy clothes on site if desperate. There was always something happening.

.....

Doing Good/Doing Bad

One staff member we interviewed says:

” I would say that 70% of the people who worked there were good and caring and wanted to do a good job, they wanted the best for the people.

.....

The institutional nature of Prudhoe made it difficult for the 70% to do good and easy for the 30% to do bad. Even simple solutions were difficult to put in place as one ex-staff member explains:

” Huge numbers, now most people would find it impossible to deal with 60 people in one unit and this is what we had. One very humorous story that’s just come to me is that I worked in this massive ward for male clients, I was 18 at the time. The manager said to me in the morning, ‘Now then, I want you to distribute the false teeth.’ ‘Where are they?’ ‘In the office.’ So I went in the office and here was a big bowl of steradent with false teeth. Off I went into the ward of 60 patients, and I went to people and looked at individuals and asked if they had false teeth. ‘What is your name?’ ‘My name is John Smith.’ So then I’d look at the teeth and the names of the clients were on the teeth, but I don’t know if you know much about steradent but the names would fade. I would give them some teeth and they would put them in and they would be wobbling around, I’d have to take them back and put some more in. Later on that day the manager asked to speak to me. ‘You distributed the false teeth?’ ‘Yes.’ It’s a bit like that story with the

female bundles. 'Well half the patients have got the wrong teeth.' 'Well that's because they haven't got the names on the teeth.' 'Well you should have used your judgement better. Come and have a look at this.' So I looked at this chap and this manager said, 'Open your mouth.' which he did and his teeth dropped out. He said, 'That's no good, you have to judge the size of the teeth.' I said, 'It's impossible.' Eventually the hospital decided they would have their own individual pots – it was a revolutionary development, 'Let's have a pot for each client for their false teeth.' As I say, mass numbers.

Another staff member we interviewed talked of the unwritten rules of the institution. Whether you had good intentions or bad intentions the needs of the hospital dominated. From giving 40 people a bath in the morning, to buttering 40 slices of bread after bath time, covering them with a wet tea towel where they stayed until tea time... the pervading sense of 'that's just how it's done here' is a constant.

Another staff member sums up the tension of trying to do good in a difficult place:

“ My view now, looking back, is one of regret that people were put into a care model that devalued them as people. However I have a real sense of many staff trying to make a difference in a small way. Many people would have developed a relationship and sometimes a friendship with patients that has endured many changes and many years. People rarely forget an act of kindness or a good turn and although it may have been for a short time it often makes life, however difficult, worth living.

So in a place where the idea of giving people a jar of steradent for their own teeth, is seen as 'revolutionary' and the idea of not bathing 40 men in the morning but offering some men a bath after work in the evening instead, leads to a member of staff being hauled in front of the head nurse, it is little wonder that change for the better was difficult to achieve. Storytellers (and staff) talk of patients enduring mass bathing, shared 'bundles' of clothes - all the indignities of institutional care, for staff and patients. In this environment many conformed and some searched for power.

The search for power and control

Undoubtedly the patients in Prudhoe were the most powerless but there was a search for power amongst all groups in the hospital. A hierarchy existed for everyone, some formally laid out but many developing organically over time. Many of the storytellers recount, ‘doing messages for the staff’ as a positive role with real status in the hospital, a role which set patients apart from their peers.

Historically patients were categorised as ‘High Grade’ and ‘Low Grade’ with many patients taking on or claiming this language themselves. These categorisations were made real by differing responsibilities. The stories in this book show that people were expected to look after other patients. Some relished the opportunity to care for their fellow patients, while others resented the expectations put upon them. The distinctions between these categories of patients were made by the design of the hospital itself with wards described on architectural drawings as for ‘cot and chair cases’ and ‘High Grade’ wards.

Even within the hierarchy of a hospital with its well-defined lines of responsibility, staff often fought for power and control for themselves. One staff member we interviewed says:

“ There was a pecking order between patients on the ward and a pecking order between staff. You used to find you had one very strong ‘dragon’ (a nursing assistant) who ran the ward, the charge nurse was scared of them and wouldn’t do anything about it.

.....

The very scale of the institution meant that control and power were an essential part of everyday life for everyone who lived and worked there. When a system dictates everything from what time you get up, dress, wash, eat, work and what time you sleep, any deviation from that rigid routine means that if the institution’s grip on people’s every move relaxes it would fail to be what it was designed for, a place of ‘care’ and control.

One member of staff we interviewed tells of the search for power by some patients:

“ You always had your ‘top dog’ on the ward, a patient who had some power, they called each other duck-eggs. They would usually sit by the door of the ward and give out instructions. If you weren’t

seen as part of the team and wanted to change things, the old staff could make things happen. One patient had a sock with money in; he'd sit by the door and clock the staff in and out and swing this sock, like a cosh. They were all big lads on the ward and all female staff apart from the charge nurse. I was walking along and one of the patients started punching another patient. I tried to separate them. One of the other patients came to help me. The 'top dog' just said, 'No!' He knew I'd get hit so he called this patient who was helping me off, so I got a kicking in the stomach. He was in the huff because I was rocking the boat according to the old staff, the dragons.

The hierarchy of the hospital meant that nursing staff were sometimes distant, dealing with medical matters, one ex-nurse we interviewed said:

” *The standard of nursing care was second to none, the major problem was overcrowding and lack of qualified nurses. Where Prudhoe failed was the social side.*

The 'social side' was often left to the unqualified staff who played a major role in people's lives. Again there is a danger of being too simplistic, saying the fault lay with a lack of qualified staff and a reliance on unqualified staff. Perhaps an over-emphasis on medical treatment was the issue.

However, if you were a patient at Prudhoe and were unfortunate to live in a ward where a 'dragon' worked, the consequences were grim, as one ex-staff member tells:

” *I used to always think, these dragons as I used to call them, these strong, horrible, cruel nursing assistants, were on a power trip because they could. The people were so vulnerable and scared of them, or couldn't tell you, or knew if they did, they probably wouldn't be listened to. I used to think are you bullied at home or something and you have to come in here and take it out on these people. It's cruel.*

For the majority doing good, they had the institution to battle against. The hospital was a major employer in the town, families worked there, staff met their partners there, therefore complaining about those who treated patients badly was tricky, you could be complaining about someone's cousin, brother, husband.

One member of staff talks about the difficulties of challenging bad practice:

“ *What would happen – the twice I complained I went to a nursing officer, you had to be very careful as it would get straight back to whoever you were complaining about, and you were ostracised from the team, they made it very difficult for you, because you were the grass. The twice I complained I wasn't bothered... it was cruelty.*

It took a level of bravery to challenge bad practice and perseverance to try and make a dent in the system. Fighting against it must have felt like a losing battle.

For patients the consequences of battling the institution were often further interventions and ultimately the hospital could take control. Most of the patients in the hospital would have been on medication. Some medication may be used for health reasons, but often it was used to control people.

They were very relaxed with giving people very strong, damaging sedatives to serve the needs of the institution – as a quote from an ex-member of staff shows us:

“ *In those days a vast array of medication was utilised but mainly they used to be called minor tranquilisers and major tranquilisers – they are now known as anti-psychotics, and one that I remember that was used was a medication called chlorpromazine, sometimes called largactil. When I was a student nurse it was used extensively, for example, in the hospital ward itself you used to get what was called Winchesters – these are big bottles, huge, like the old cider bottles – of chlorpromazine, and managers would say to you, just on the spur of the moment, ‘These people here, give them chlorpromazine to calm them down.’ And you just give them a dose of it. Another drug which was used extensively for control was*

something called paraldehyde. Now paraldehyde is an injection, it's a famous sedative. You have to remember in wards with sixty people, especially if they had behavioural problems and were violent, if you have three staff and sixty people, you cannot control them. So chemical restraint was used extensively – sedatives – and the main drug used was the injection of paraldehyde. People would be injected with that and be asleep in a short period of time. It wasn't right but in many ways it was the only way of controlling difficult situations. The one thing after that I remember about paraldehyde – it's not used as much now – is that it has a particular aroma, the smell lingers in the air for hours and some of the wards where multiple clients were injected with it, the smell would linger all day. Sometimes you had to go outside to get a bit of fresh air. Very powerful sedatives.

People were never aware of the medication they were on and no consent for medication was ever sought:

“ Oh they had no idea. A lot of the clients had no idea what the medication was. I don't think it was really explained to them and it was a different era and it was the medical model that dominated and because of that medication was important.

One of the most extreme examples of the lengths that were gone to, to control and restrain people was what we heard from an ex-member of staff:

“ At this time as well, surgery was also used as a method of control, pre-frontal leucotomy, neurosurgery, would be used to control behaviour. For example, somebody would be in the operating theatre and they'd drill into the skull and sever nerve fibres to control behaviour. I worked with people that had pre-frontal leucotomy and various other operations and you had chemical restraint trying to control particularly challenging behaviour.

As you can imagine the very threat of this treatment was enough to keep people in tow and conform to some of the most restrictive living conditions. The threat of being moved to Rampton was also used as a measure of control.

Perhaps one of the most fundamental areas in which the institution demonstrated its control was in the area of sexual relationships. For many years men and women were kept strictly separate. Some people we interviewed even talk of a white line being painted down the middle of the public footpath which crosses the hospital site, which separated the hospital into male and female sections: a visible, tangible, inescapable symbol.

One interviewee explains feeling amongst the staff of sexual relationships:

“ A good example of this would be the hospital dance. People would be quite keen to dance with each other and also maybe to go outside the dance hall and meet outside. Often senior members of staff who were there would say to people like myself, as students, ‘Go outside and see if any of the clients are outside and bring them back in if they are.’ There was always this fear of sexual relationships and what would happen if someone was pregnant.

Again in these situations, perhaps in an echo of the eugenics movement, the institution exerted its control:

“ I do remember pregnancies and every one that I remember ended with a termination. That was in the 1960s and 70s. A lot of people, if they were considered or deemed to be at risk of pregnancy, there were two options. Often one of them was quite severe, and that was fallopian tube ligation, so they would be sent to hospital to have their fallopian tubes tied, or oral contraception. A lot of the ‘at risk’ ladies were on the pill and probably didn’t realise that they were.

Other people we interviewed talked of the more relaxed approach to homosexual relationships within the hospital.

The search for ‘normality’ in an ‘abnormal’ place

Two members of staff pinpoint the introduction of ‘normalisation’ as one moment when people’s lives worsened. Of course the principles of normalisation were never intended to be introduced into an institution (in fact the exact opposite was true).

The impact of normalisation, also corroborated by our storytellers, seems to have meant the removal of people’s personal possessions or valued, stimulating activities as not being age-appropriate:

” *In some of the wards they took the teddy bears and dolls of the people who were 40 or 50 years of age and they all developed behavioural problems. You ask yourself what is going on when it’s not age-appropriate to have a doll when you are 40 or 50?*

As well as this enforced ‘normality’, two stories of resourcefulness show how patients and good staff strove for normality, almost challenging the unnatural living conditions by creating their own reality:

” *The den was down the dene, down the woods, at the back of the boiler house, there was an area in the wood and my husband had been up in the boiler room and he saw this guy who looked like he was making a bed and there was an armchair, a bed and a mattress and a chest of drawers like what you would have in your bit of space all set out exactly. That is where some of the guys used to go to have a sexual relationship away from the ward.*

One staff interviewee describes a search for normality for patients in a relationship:

” *I remember one man asking about a female friend, asking if he thought he would be able to have a meal with her. But they just said no bloody hell that’s not happening, that’s disgraceful. So me and my friend, we set a table and got some candles and got a tablecloth out of the Christmas cupboard and set the table for two with a flower on. Then we got him to invite her over for an evening meal but I got into bother for that because it shouldn’t be done, shouldn’t be encouraging relationships.*

The Village Community

Patients and staff talk of the contribution the hospital made to the ‘real’ community of Prudhoe and even of shops springing up just to sell low cost watches, radios and trinkets almost solely to patients of Prudhoe. The idea of the hospital as a community in itself was one of its founding principles.

One staff member reflects:

“ I felt part of a community and the staff seemed to be together and the people with learning disabilities; it was like a small town or village if you like and I have fond memories really. The only thing is when I think back, there was neglect, you just couldn’t look after all these people, it was impossible. Imagine the house with 60 people and you’ve got 2 or 3 staff, how would you do it?

.....

The stories in this book show that the grounds and the village layout, the ‘community’ were of little consequence. What difference does a nice garden make, when the wards you belong to are oppressive and controlling, often smelling and unkempt; often a place where you are scared of fellow patients or the ‘dragons’ and not somewhere you or I would choose to live irrespective of the grounds or gardens they lie in?

The village, a community! For staff, undoubtedly the benefits of the community of the hospital were there: you could learn your trade, be fed, meet your friends, perhaps meet a partner:

“ The patients had no privacy but neither did you – your life was run for you but because of that the social aspect amongst the staff was big and the social club used to be heaving. The staff used to play pranks on each other – at 3am there would be porters going past you with bodies underneath sheets but then they would sit up as they went past you – just stuff like that. There was a really jolly atmosphere so that would make you think you were doing a really good job, but it was just the staff’s happiness.

.....

For staff who wanted to welcome patients into the whole community of the Hospital there were difficulties:

” *As a student nurse I was in trouble once, I was in this ward and the manager said to me, ‘Where did you get these cups?’ I said, ‘Well, I got them in that cupboard there.’ ‘Right, take them away – they are patients’ cups – we drink out of staff cups. And where did you get that teapot?’ ‘Oh, I got it out of this cupboard here.’ ‘Well, you can get that away and make the tea again because that is the patients’ teapot.’ I said I’d used boiling water, I’d put the tea in and put boiling water in and that it didn’t matter but ‘No, no, we are not drinking out of a patients’ teapot.’ It was as if it was contaminated – social distance, it’s called.*

The large grounds are often cited as a great benefit for people; many had the freedom to wander and, undoubtedly, this openness had some major benefits for people who lived there, although not strong enough benefits for people to want to stay. Whatever benefits there were in the large grounds, it is what happens inside which counts.

One description of a ward in the hospital illustrates just how difficult life could be:

” *There was a mish-mash of males and females, all with different disabilities all together. And what we were told was the team were at the end of their tether and they needed a break and a fresh start. Places like Willow it could be very, very difficult. The image of the day I walked in there is something that I’ll never forget. Willow is a lock-up ward. I rang the doorbell and a nursing assistant came to me and showed me the staff room which was kept locked because you couldn’t smoke in the wards and the staff would go there for a smoke. One patient used to have an addiction to cigarettes and ash trays and he would sit rocking outside the staffroom door waiting for his opportunity to be able to eat a tab or eat an ash tray. You went straight through to what was the dining area. Honestly, I’ve never seen anything like it in my life; there was just urine and faeces everywhere; some of the patients were eating it; some of the patients were naked. The kitchen was locked to stop people from pinching things. They would pick up tubs of margarine and that would go down the wall and then they would pick up scalding teapots so the kitchen was locked to stop people going in. One female patient, she was naked and her feet*

were the wrong way round, she was a tiny little lady, she must have been in her forties and she used to wear proper big boots so she could stand. She was walking around on her ankles and it became apparent that she had been walking around like that for quite a while. The staff that were showing me in to the office would just walk over the urine. There were two big lads standing at the top of the stairs with a wooden chest of drawers just ready to chuck it.

Wolf Wolfensberger said of institutional care, that we place people in environments which almost force them to behave inappropriately; this was certainly true in Prudhoe, as one staff interviewee explains:

“ *The environment – so challenging being put on a ward with 39 other women, I couldn’t have lived there. The environment had a lot to do with the behaviours of the people that lived there. A whole ward full of different needs and challenges – it’s going to explode isn’t it.*

People’s responses to being forced to live in this environment and the ‘explosions’ it created varied:

“ *The worst case I saw of self-mutilation, and I have a lot of history of seeing this, is one day as a student nurse I was in charge of this ward and one of the care assistants said, ‘Nurse, there’s something wrong with John.’ I looked across and I could see that there was blood on his shirt. I think there were about 50 people on this ward and I was in charge. Off I went to look at him and I could see as soon as I got near him that there was a problem. His eyeball and optic nerve and blood vessel were hanging out. He’d pulled his eye out with his fingers. He was not deemed to be a person prone to self-mutilation but what had happened was one of the other clients in the ward had riled him so he put his fingers in his eye and pulled it out. We had to get him off to the eye infirmary at Walkergate and they couldn’t save it so he had to have a false eye.*

Hopefully this book will make us all question how we would respond to life in this environment. Prudhoe was there as a place of care and control for some of the most vulnerable people. We recognise it strived to offer good support to people; by its very set up this became impossible.

Conclusion

No Going Back

There are lots of themes in the stories in this book but ‘no going back’ is the strongest one. No going back for any of us, for our brothers and sisters with disabilities or for workers struggling to support people well in a broken system, or for communities who missed out on the contribution of the storytellers in this book and the many thousands who had similar experiences.

People’s experience of life in Prudhoe was overwhelmingly negative; but life still had some positive moments and opportunities for resistance. Life in the community may not be perfect, but not one of the storytellers would ‘swap’. Prudhoe was not established to treat people badly, but as the experiences told in this book show, some very bad things happened.

We should not be simplistic about staff. It was the institutional character of Prudhoe that led to the medicalisation of human emotion. People’s distress, loneliness, frustration and fear led only to medical interventions. Staff described how medication was used to manage people in this environment. Those who fought back against the institution, resisted or escaped faced only further medication, restraint and seclusion.

Although it is nearly 100 years since the opening of Prudhoe we find that institutional care is still with us. We still place people in large isolated environments. Too many people live in restrictive regimes where they feel powerless, only able to display their distress, loneliness and frustration as they seek more control. The recent scandal at Winterbourne View in 2011 reminds us that institutional care has not gone away.

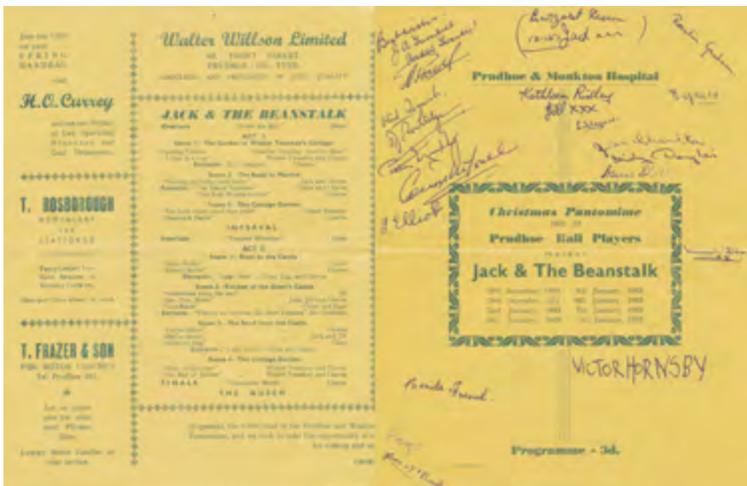
Today we find ourselves facing the biggest financial crisis since World War II. When resources seem scarce there is an even greater temptation to increase

the size of places of ‘care’. We hope this book reminds us that everyone has a right to live the life of their choice: free from harm and abuse, in their own community, close to their families and friends - playing their part - living their lives - just like you and I. Together we are better!

Over the course of the project we uncovered a wealth of material illustrating life at Prudhoe, from pantomime programmes to hospital hymn books, as well as hundreds of photographs we took ourselves, here is a small selection:



Prudhoe Hall before it became the hospital, 1891



Pantomimes at Prudhoe Hospital served the whole community of Prudhoe, Jack and the Beanstalk ran for eight nights in 1952/53



Photographs from 'inmates' camping trip to Allenheads, 1938

Prother Hill colony
Prother Hill, N. York
August 2nd 1938

To F. S. Howell
Medical Superintendent.

Dear Sir,

It is with great pleasure that I, on behalf of the staff attending camp, forward to you this the log of the first summer camp held for the benefit of the male inmates of this colony.

First, I should like to thank you Sir for the encouragement you have given on this effort, St. Williams for the excellent vitualing arrangements and his estimate of the eating abilities of both staff and patients whilst camping and lastly my thank you due to the staff in camp for the spirit shown in which the work was prepared and the patients came out well especially in face of the difficulties encountered due to spells of rainy weather.

In asking you Sir to accept this record we trust that with your assistance we shall be able to improve on this next summer.

I am,
Sir,
Your obedient servant

Letter to the Medical Superintendent, thanking him for the trip, signed on reverse by staff and 'inmates' 1938



Children's picnic



The Recreation Hall, 1953



The scale of Prudhoe Hospital is brought home by the sight of the now decaying laundry



Prudhoe Hospital had a fully equipped industrial laundry



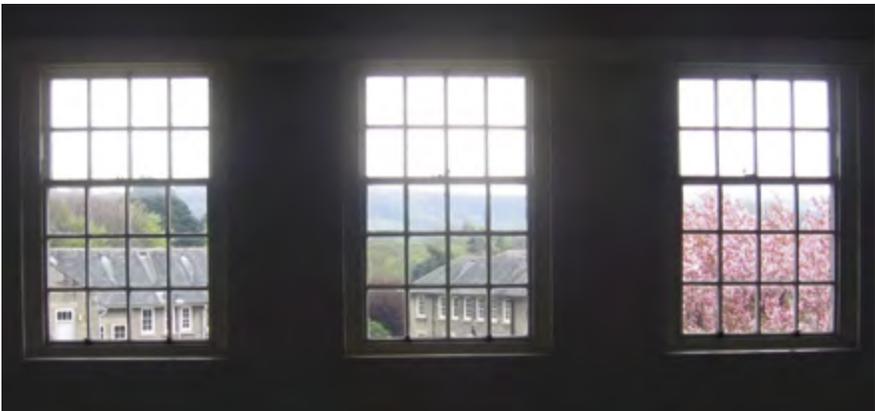
From oak parquet flooring, cast iron radiators and brass light switches in the villas to every imaginable piece of laundry equipment – no expense was spared on the physical environment of Prudhoe



Prudhoe and its sister hospital Monkton had a quarterly newspaper, the Prudhoe and Monkton News



Corridor and a mural retaining its colour amidst the decay of the Isobel Wilson School



A view familiar to many - the characteristic windows of a dormitory in one of the 1920s villas



Aerial view of the Prudhoe Site, before the developments of the 1960s



The drive houses, originally used for doctors, in later years patients lived there in preparation for leaving the hospital. Storytellers said the further down the drive you got the closer you were to leaving

5 the
drive



at the drive houses we
had to look after ourselves
and I liked it very much.

Extract from Eileen Shell's own story of life in Prudhoe

References and Further Reading

References

Goffman, E. (1968) *Asylums*. Harmondsworth: Penguin.

Day, K. (2000) *Prudhoe and Northgate Hospitals A History: 1914 – 1999*. Morpeth: Northgate and Prudhoe NHS Trust.

Wolfensberger, W. (1972) *Normalization - The Principle of Normalization in Human Services*. Toronto: National Institute on Mental Retardation.

Further Reading

Atkinson, D., Jackson, M. and Walmsley, J. (Eds.) (1997) *Forgotten Lives: Exploring the history of learning disability*. Kidderminster: Bild Publications. Looks at both the how and why of learning disability history, includes personal accounts by 'survivors'

Bartlett, P. and Wright, D. (1999) *The History of Care in the Community 1750–2000*. London: Athlone. Collection of chapters on history of care outside institutions

Borsay, A. (2005) *Disability and Social Policy in Britain since 1750: A History of Exclusion*. Basingstoke: Palgrave Macmillan. Recent overview of disability policy in Britain

Brigham, L., Atkinson, D., Jackson, M., Rolph, S. and Walmsley, J. (Eds.) (2000) *Crossing Boundaries: Change and continuity in the history of learning disability*. Kidderminster: Bild Publications. Edited collection, not solely about institutions

Dale, P. and Melling, J. (Eds.) (2006) *Mental Illness and Intellectual disability since 1850: Finding a place for mental disorder in the United Kingdom*. London: Routledge. An edited collection looking at policy and practice

Edgerton R. (1993) *The Cloak of Competence* University of California Press Lives of people who left an institution in 1960s

Ferguson, P.M. (1994) *Abandoned to their Fate: Social Policy and Practice toward Severely Retarded People in America, 1820–1920*. Philadelphia: Temple University Press. One of few books to look exclusively at people with more severe disabilities

Jackson, M. (2001) *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in late Victorian and Edwardian England*. Manchester: Manchester University Press. A scholarly book looking at why institutions were set up in early twentieth century

Johnson, K. and Traustadottir, R. (Eds.)

(2005) *Deinstitutionalisation and people with intellectual disabilities: In and Out of Institutions*. London: Jessica Kingsley. Personal accounts and academic chapters considering life for people after institutions

Johnson K and Walmsley J with Wolfe M

(2010) *Towards a Good Life for People with Intellectual Disabilities* Bristol: Policy Press Asks why, despite many policy changes over past 50 years, we have not achieved a good life for everyone

Manning, C. (2008) *Bye Bye Charlie:*

Stories from the Vanishing World of Kew Cottages. Sydney: UNSW Press. A history of an Australia institution from the perspectives of residents, families and staff

Noll, S. and Trent, J.W. Jr. (Eds.) (2004)

Mental Retardation in America. New York: New York University Press. A collection of chapters by different authors about learning disability history in the USA

Potts, M. and Fido, R. (1991) 'A Fit Person

To Be Removed': Personal accounts of life in a mental deficiency institution. Plymouth: Northcote House. The first ever English oral history of life in an institution

Rolph, S., Atkinson, D., Nind, M.

and Welshman, J. (Eds.) (2005) *Witnesses to Change: Families, Learning Difficulties and History*. Kidderminster: Bild Publications. Family members talk about their experiences since the mid twentieth century. Very readable

Thomson, M. (1998) *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c. 1870–1959*. Oxford: Clarendon Press. Well worth getting if you have a real academic interest

Trent, J.W. Jr. (1994) *Inventing the Feeble Mind: A History of Mental Retardation in the United States*. Berkeley: University of California Press. The classic history of learning disability in the US

Welshman, J. and Walmsley, J.

(Eds.) (2006) *Community Care in Perspective: Care, control and citizenship*. Houndsmill: Palgrave Macmillan. History of community care since World War 2 in UK, with international comparisons and personal accounts

Wright, D. and Digby, A. (Eds.) (1996)

From Idiocy to Mental Deficiency. London: Routledge. Collection of chapters by academics reviewing history since 1700s

About the authors

Tim Keilty

Tim has worked with people with the label of learning disability since he was 16 years old, interspersed by 'interesting' interludes in pub management, construction, pub cleaning and a sprinkling of music. At university Tim studied Geography then Social Work.

Since then Tim has been lucky enough to work with some great people, in some great roles in some fantastic organisations; as a supporter to a People First group in Gateshead, as a development worker at Skills for People in Newcastle, as an associate consultant with Paradigm and currently

at New Prospects Association in North Tyneside. Looking back at all of his roles, they've been about helping people 'say what needs to be said'. Tim has always wanted to help people 'say what needs to be said' about Prudhoe Hospital, luckily for the past 12 years he has worked with Kellie Woodley who shared that vision.

Tim lives in the North East with his wife Kerry and their son Paddy, Tim's spare time is dedicated to making Lego with Paddy and worrying about being evicted from his allotment. Tim is a Fellow of The Centre for Welfare Reform.

Kellie Woodley

Kellie has been a passionate ally of people with disabilities since leaving school - as a support worker, advocate and development worker. In 2007 Kellie was part of the Paradigm delivery team leading the first Self-Directed Support programme in England.

Kellie led and supported Cambridge and Richmond local authorities to pave the way for self-directed support for people with learning disabilities and their families. Kellie has practised as an Independent Mental Capacity Advocate (IMCA) and shared her approaches

and thinking in a Guide to Supported Decision Making published by Paradigm (2008).

Throughout her career Kellie has focussed on making things work for people and their families, she has created an innovative community based approach to self directed support and been brave enough to question her own advocacy practice – both of which are documented in her discussion paper 'Help and Connect' published by The Centre for Welfare Reform. Kellie is skilled at supporting people to find

their voice and equally skilled in helping others in positions of power to hear it.

Kellie currently works at Skills for People in Newcastle and the regional development agency Inclusion North – where among other things she is leading a region wide reappraisal of

advocacy following Winterbourne View. Kellie is a member of Bright Souls and a Fellow of The Centre for Welfare Reform.

Kellie lives in the North East with her daughter Rosie who enjoys keeping her very busy playing dolls and jumping off anything in sight.



NORTH PARK

INDUSTRIAL

VILLAGE

MENS

OFFICERS COTTAGES

RECREATION HALL

STANLEY BURN

PARK

Kellie and Tim give voice to institutional survivors in the context of a clear and compassionate account of the characteristics of a physical and social environment that made it easy for bad things to happen and hard for good things to happen.

It is as important to attend to their thoughtful exploration of what they perceptively call “the grey” of institutional life as it is to celebrate the resilience and resistance of the survivors and their embrace of the rewards of ordinary community life. Careful consideration of their analysis of the ways that habits of control and stereotyped responses made it possible for the exploitative few to dominate the well intentioned many, will sensitise us to the more subtle ways that neglect of people’s full humanity can blight today’s efforts to assist people to live as full citizens.

John O’Brien

We are in danger of forgetting the harm done by institutions and by our failure to recognise the gifts and contribution of disabled people. This book is an excellent response to the moral imperative ‘not to forget’. Vivid human testimony is balanced with clear-headed analysis and the authors have been able to demonstrate the evil of institutionalisation without resort to preaching or blaming.

Dr Simon Duffy, The Centre for Welfare Reform

