Communicide in Camphill - contrasts between authentic Camphill communities and changes imposed by the current CVT regime

For more than half a century, Camphill communities have offered a highly valued alternative to conventional patterns of care and support for vulnerable adults, by integrating the so-called disabled with other community members and their families, living and working together as equal partners in a self-chosen, mutually supportive social and rich cultural context. In this context, the provision of care is non-transactional: there is no exchange of "so many hours of care for so much payment". Rather, support is provided freely and directly out of mutual commitment and direct perception of the needs of each individual. Care is not a commodity but a natural part of community life, whilst fully compliant in terms of policy, safeguarding, record-keeping, medicines management etc. with the agreements which the community has with commissioning bodies and the requirements of regulators.

The table below sets out some of the most significant contrasts between the way Camphill adult communities have always functioned and were intended to function (as described in the CVT Articles and Memorandum and Appendices thereto), and the operating model currently being imposed by CVT management and trustees, which is incompatible with the fundamental principles of the Camphill Movement.

	Authentic Camphill community	**"New" CVT model**
Provision of care and support	Villagers ("beneficiaries") receive care and support from the co-workers with whom they live and work as a natural part of daily life. Where appropriate, care and therapeutic plans are agreed with commissioners. The intimacy and continuity of relationships within the community ensures close monitoring and communication regarding changes in needs and preferences of the villagers. Support is mutual: residents care for each other and support their co-workers. No one is a passive recipient of care.	Specific contract-based hours of care are provided by mostly non-resident shift workers supervised by "team leaders" and managers. Staff changes and allocation are frequent: lack of continuity requires written communication between care workers via shift handover notes.
Management	Communities are self-managing: co-workers take collective responsibility for all internal decisions and arrangements, creating responsibility groups or designated individuals for specific aspects as appropriate – e.g. admissions, safeguarding, H&S, house coordination, work areas etc. Where specific skills are required which co-workers do not have, managers may be appointed by the community for particular roles. These managers serve rather than rule the communities.	A hierarchy of managers is imposed on the community by the CVT central executive. Front line care staff are low-paid, low-status and have little say in how the institutions are run.

Remuneration	Co-workers and their families share households (and receive board and lodging) with each other and with the disabled residents. Provision is made out of communal funds for the living and personal needs of each individual. Decisions about allocation of funds – e.g. in relation to holiday costs – are made by a designated group of colleagues. Typically, the average cost per co-worker is well below what the equivalent cost of shift workers and managers would be. Co-workers are designated as non-employed under the HMRC guidelines BIM 22040. For tax purposes only, they pay tax at self-employed rates on their individual expenses. These vocational co-workers work harmoniously alongside employed colleagues.	Remuneration is according to conventional criteria – role, skills, experience etc. Senior managers are paid up to £90+K p.a.. Care workers are paid slightly above the minimum wage.
Work	Residents including co-workers of all levels of ability and disability work alongside each other in households, craft and food workshops, farm and gardens. Each contributes to common tasks according to their ability, and shares in the satisfaction of what is achieved and produced. Significant amounts of craft and food produce are sold to the wider community, with villagers often participating in sales and service. Agreed work commitments are a regular and natural part of everyone's daily and weekly life.	Intentions unclear. Beneficiaries may be able to "choose" whether to work or watch daytime TV or go shopping…?
Governance	External (and where legally permitted, some internal) trustees and/or local management committees provide scrutiny and guidance, ensuring coherence of strategy and compliance with all relevant policy and practice requirements, fiscal and financial probity, adherence to good practice under charity law. Trustees are in a mutual trust relationship with co-workers and staff, supporting their work and delegating operational decision rights to the communities.	Trustees and senior executives make all significant decisions, communicating these to the communities via general managers. Internally, general managers hold all decision rights over the community.
Domestic life	Co-workers and their families, including children, share households and domestic chores with villagers. Meals are prepared, eaten and cleared up together. Grace and/or thanks are collectively observed at beginning and end of meals. Leisure time is shared within and between households, and may include outings, parties and joint celebrations. Long-term relationships develop between residents and co-workers; children enliven and warm the social context.	Beneficiaries live mostly separate from staff, receiving care from incoming shift workers. The few residential staff have separate quarters. Children are not permitted to live with the disabled. Staff need to be invited and pay for shared meals when not on duty.

Cultural life	Communities jointly plan, celebrate and enjoy a wide and rich range of cultural activities including the celebration of weekly and yearly festivals; singing, drama, eurythmy, story-telling are regularly practiced. Villagers are involved both as participants and audience. Specific Camphill traditions and cultural creations are nurtured, e.g. the Michaelmas (September) and St John's (June) festivals, plays and music written by Dr Koenig and co-workers.	Many hours in front of the TV. "Festivals officers" tasked with organising some events.
Health care and therapy	Appropriately trained co-workers provide first aid and treatment for minor ailments, plus specific therapies such as massage, curative eurythmy etc. in consultation with both anthroposophical and NHS doctors as well as co-workers who know the residents well.	Basic NHS care arranged by care workers.
Young volunteers	Young guest co-workers from different countries are welcomed into community households. They bring enthusiasm, energy, curiosity and flexibility and make very valuable contributions under the guidance and support of experienced co-workers. They receive structured induction and development sessions, including an introduction to Anthroposophy. Most are inspired by their experiences and many stay or return to become long-term co-workers.	Guest volunteers are treated as unpaid care workers, often given responsibilities for which they are unready (see letters received by HJ from some of them), are socially isolated in the communities and many leave before the end of their planned stay.
Food and meals	Meals are communally cooked with an emphasis on healthy eating, using organic produce often from the community's own land.	Meals prepared to fixed budget by care staff with increasing use of ready meals and takeaway fast food.