

Instead of razor-wired fencing and window bars, the new medium-secure unit features domestic brick walls, hipped roofs and sash windows.

in safe keeping

It looks like a cluster of brick cottages, but it is really a hospital for mentally disordered offenders.

The innovatory building in Northumberland was designed to reassure its patients while restraining them from absconding. It has been acclaimed as a model for future medium-secure units, signalling a gentler approach to those who society feels need to be locked up. Martin Spring investigates.

OFFENDERS SENT TO THE NEW Kenneth Day Unit in Northumberland face being locked up for as long as five years. Yet, as they enter their new escape-proof quarters, they will hear no heavy prison gates slamming behind them and they will not be locked up in bleak cells with barred windows.

The Kenneth Day Unit incorporates extensive safeguards against disturbance by its 30 residents, who can be troublesome or violent. Yet it is anything but a prison. It is a healthcare building, completed last June within the grounds of Northgate hospital, a sprawling postwar hospital in the rolling countryside for people with learning disabilities.

However, the Kenneth Day Unit's character is neither that of a prison nor a hospital. Rather, it resembles a tight-knit cluster of two-storey houses arranged around a communal landscaped courtyard, complete with brick walls, double-pitched tiled roofs, vertical sash

windows and individual front gardens.

"The creation of a 'home' environment was fundamental to the brief," says the hospital's medical director, Dr Kenneth Day. With more than 100 highly motivated and trained staff, the unit sets out to foster trust in mentally disordered patients rather than applying drugs. The way to do this, Day argues, is to create a setting as much like home as possible.

Any medium-secure unit is also home for its patients in a more basic sense – a self-contained community where they must live, undergo treatment, work and play for many years without leave. An even bigger onus is put on the Kenneth Day Unit, where patients could stay for up to double the period envisaged for conventional medium-secure units.

The unit was developed for mentally disordered offenders with learning disabilities, who take longer to respond to treatment. This makes the Kenneth Day Unit in effect the first of a new ►

► generation of medium-secure units. Even before a design team was appointed, Day had adopted the idea of a cluster of houses around a courtyard after visiting similar developments in the Netherlands. The Naper Partnership of Newcastle, whose track record included a housing scheme for people with learning disabilities with the humane character Day was seeking, was appointed as architect to realise his vision.

Client requirements and architectural design have been fused at the Northgate hospital in a manner that ingeniously reconciles the conflicting needs of security and a therapeutic environment. This secure yet reassuring design philosophy carries through from the overall courtyard layout to such details as window frames and door stops. Wherever possible, security features are not overt and menacing, like razor-wired fencing, but submerged in the architectural form and building fabric, or transformed into inconspicuous electronic systems.

The success of the Kenneth Day Unit has already been testified to by Dr John Reed, author of the Department of Health's 1992 report on mentally disordered offenders. Speaking at the unit's official opening, Dr Reed said: "I hadn't anticipated that I would be so bowled over. It looks good, and I understand it works very well. You can't ask for more than that."

As Dr Reed's recommended target of developing 1500 places in medium-secure units across the country nears completion, the Department of Health acknowledges a need for longer-term places. The Kenneth Day Unit is already being held up as a model for a new generation of such establishments by Dr Reed. "There are a lot of things to be learned here about how good-quality, secure care can be provided for people in the long term," he says.

All accommodation making up the complex has been linked in a continuous doughnut formation around the courtyard. The perimeter wall acts as the main barrier against escape and dispenses with security fencing, which is a dominant and menacing feature in medium-secure units with conventional cruciform or rectangular configurations.

One of Day's principles is: "To normalise lifestyles, the living environment should be clearly separated from day and recreational activities." Each patient is assigned to one of four houses, where they are given their own bedroom and share a bathroom, toilet, quiet room, living room and small kitchen with up to nine others. Except in the admissions house, patients are given total freedom within their own houses. But they spend most of their day in communal areas, including craft workshops, the gymnasium, outdoor recreation area, gardens and dining hall.

The houses are designed to be domestic and non-institutional, inside

ACCOMMODATING MENTALLY DISORDERED OFFENDERS

The Department of Health's current policy of dealing with mentally disordered offenders by psychiatric therapy was set out in 1992 in a series of reports written by Dr John Reed. Last month, the High Security Psychiatric Services Commissioning Board was set up to advise the NHS Executive on the provision of all levels of secure psychiatric services. As with all other NHS activities, the provision and purchasing is now carried out separately by local NHS trusts and district health authorities. Mentally disordered patients can be detained under the Mental Health Act 1983 in three levels of hospital unit, depending on their security threat. As they respond to treatment, dangerous offenders can be relegated to lower security hospitals and eventually discharged.

High-security accommodation
Mentally disordered offenders who are particularly dangerous, violent or have criminal tendencies can be detained in one of three 500-bed special hospitals - Ashworth in Merseyside, Broadmoor in Berkshire and Rampton in Nottinghamshire. All are now run by their own special health authorities and have been undergoing extensive refurbishment to humanise them. The 1992 Reed report recommended the development of new 200-bed, high-security units, but this is not yet on the agenda of the new commissioning board.

Medium-security accommodation
Self-contained, medium-secure units, including regional secure units, are intended for patients who are too difficult or dangerous for local hospitals to cope with. The Department of Health claims that the target for 1500 additional medium-secure places, identified by the Reed report, will be reached by the end of this year. The new commissioning board will be looking at the need for long-term, medium-secure services as a short-term priority. The board's director of strategic development, Tony Thake, says: "People presently in the special hospitals could be better provided for in long-term medium-secure units." The only precedent for a purpose-designed, long-term medium-secure unit is the Kenneth Day Unit.

Low-security accommodation
Some local hospitals have special wards, sometimes called intensive care units, to cope with difficult patients. "We are getting clear signals from around the country that low-secure units are continuing to be developed," says Thake.

High Security Psychiatric Services Commissioning Board, 40 Eastbourne Terrace, London W2 3QR.

and out. Each house is a split-level, two-storey building on an L-shaped plan and has its own front door and front garden fenced off from the communal courtyard. Walls and ceilings are plastered and have attractive maple doors and trim, while bedrooms are fitted with robust, purpose-made furniture, also in maple, that would do justice to the student accommodation at a prestigious university.

Electronic security equipment, including closed-circuit television cameras and intercoms, is spread discreetly around the complex. Other devices are concealed in staff clothing - smart cards that allow them through locked doors and silent personal alarms they can activate if threatened.

Security precautions of a more architectural nature include inconspicuous stops in the sash window frames, which prevent the windows being opened more than 100 mm. Special double-glazing units were made up of thick sheets of toughened and laminated glass and a shatterproof plastic overlay. "They were tested to destruction with a



Above: Gutter and eaves allow no place to climb.

broken chair leg," says the architect, Andrew Read. "There was a lot of noise, but after three or four minutes only a small hole had been made."

The nurses' station in each house is on the half-landing at the corner of the L-shaped plan, from where all three corridors on ground and first floors are fully visible. Ground-floor eaves have been kept at a minimum height of 2.7 m, with metal eave and gutter units in a smooth finish that offers no grip to anyone tempted to climb on the roof.

Absconding is not the only security hazard; patients are also liable to injure themselves or others. The plastic overlays on the glazing prevents windows being smashed into dangerous shards. ►

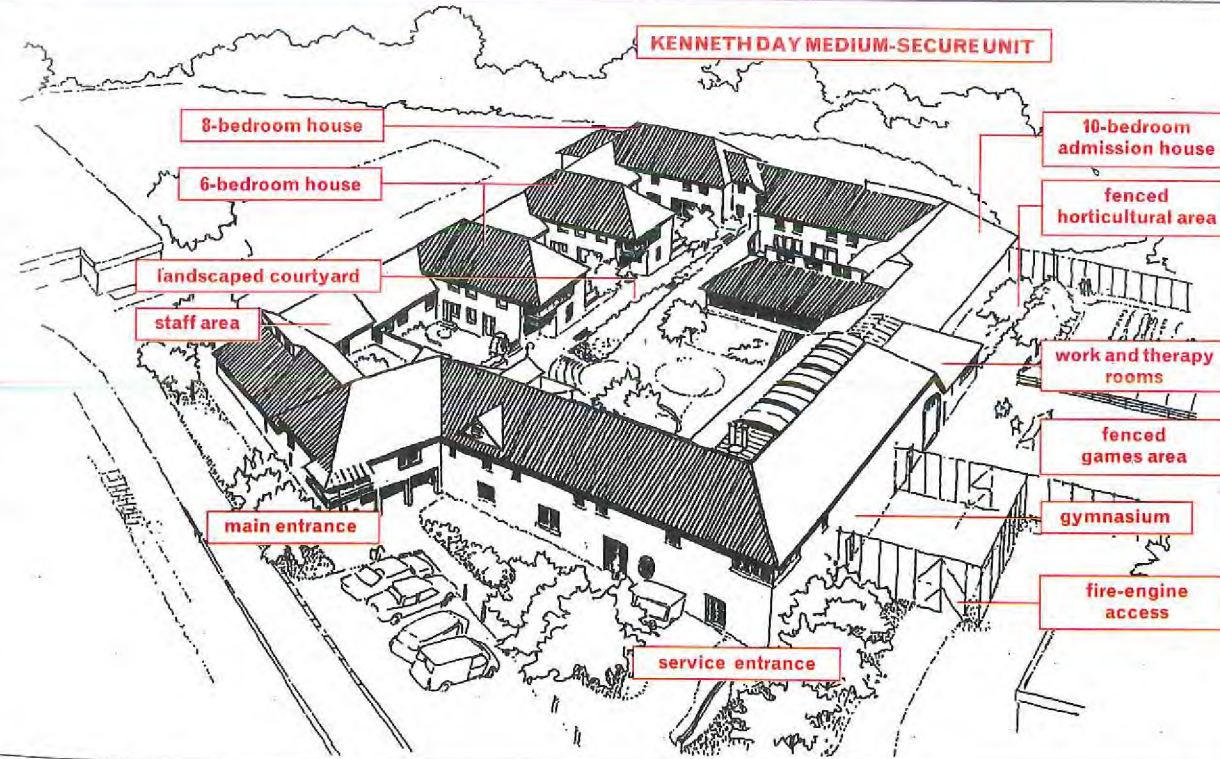


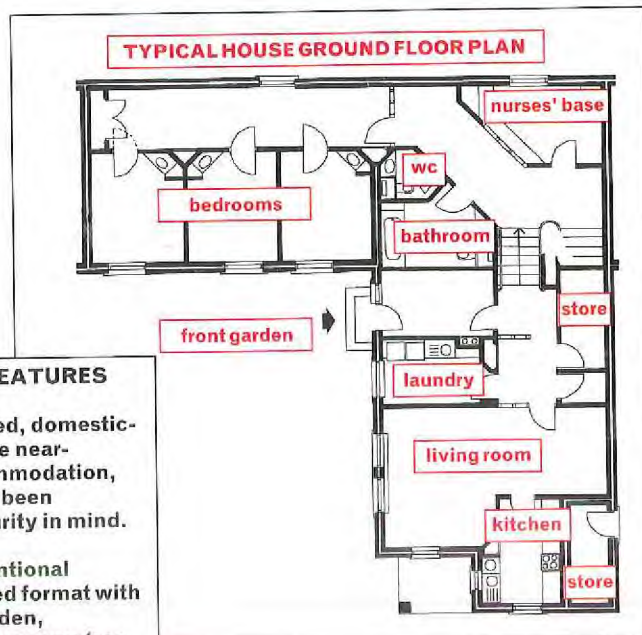
NON-INSTITUTIONAL "HOME" ENVIRONMENT FOSTERS TRUST AND AIDS THERAPY

The Kenneth Day Unit is a self-contained unit incorporating several features designed to create reassuring yet secure accommodation for mentally disordered offenders:

- * Continuous doughnut layout revolves around landscaped courtyard (above) and avoids forbidding perimeter security fencing
- * Courtyard is fully overlooked by surrounding windows
- * Domestic-style architecture features pitched, tiled roofs,

- stepped rooflines, brick walls and windows without bars
- * Special grip-resistant eaves and gutters at minimum height of 2.7 m prevent patients from climbing on roof
- * Continuous walk-through service duct in roof space allows maintenance without disruption or security risks
- * Security reinforced by inconspicuous electronic CCTV and smart card systems
- * Architecture enhanced by art in sculptured oak benches and window lintels

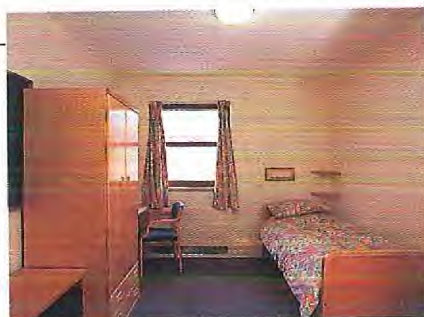
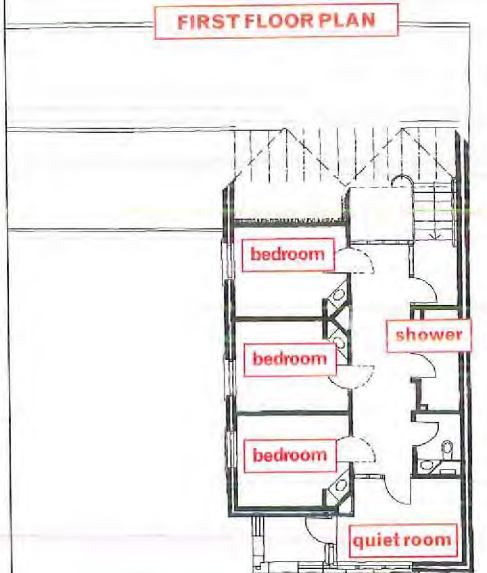




HOUSE PLAN FEATURES

Small, self-contained, domestic-style houses provide near-normal living accommodation, but every detail has been fashioned with security in mind.

- * House has conventional two-storey, L-shaped format with front door, front garden, bedrooms and living rooms (see plans, right)
- * Nurses' station at half-landing has views over all bedroom doors
- * Domestic plastered walls and ceilings are robustly constructed in dense blockwork and metal lath finished in sand and cement render
- * Domestic maple bedroom doors are unlocked and open inwards, but have viewing panels and can open outwards in emergencies
- * Internal fittings without hard edges minimise self-injury
- * Sash windows without bars are openable but with stops in frame. The double-glazed units are smash-proof consisting of 6.6 mm toughened glass with clear PVCu overlay on inside and 11.5 mm laminated glass on outside
- * Service ducts with access panels in corridors enable water and electricity to be cut off to individual bedrooms in emergencies



Patients' bedrooms (above, right) would do justice to an upmarket student hall. The nurses' station on the half-landing (right) has views of all three corridors on both floors.

► Smooth, rounded taps and door handles were selected, while ledges and sharp angles were avoided in bedrooms and bathrooms.

Bedroom doors, in groups of no more than three, are inward-opening. They are immediately distinguishable from prison cell doors, which are grouped in longer runs and stand proud of the corridor wall so they can open outwards. To overcome the danger of patients barricading themselves in, door stops are fixed so they can be stripped away in seconds to allow the doors to be opened outwards.

Not all security problems can be resolved by sensitive design and management. Nurses have to keep an eye on patients at 10-minute intervals, day and night. This has been dealt with by incorporating a glazed viewing panel in the bedroom doors – criticised by the Mental Health Act Commission for infringing patients' privacy.

The central courtyard has been made more attractive and – Day hopes – therapeutic by varied soft and hard landscaping and by specially commissioned sculptures, oak garden furniture and patterned window lintels.

Even building maintenance requirements have not been overlooked. Robust materials have been specified, requiring minimal maintenance. The doughnut configuration of rooms has also been exploited by running a continuous, walk-through services duct in the pitched roof space. Building services can thereby be maintained without disturbing patients or causing security risks.

NHS Estates, which approves NHS developments, accepted that the Kenneth Day Unit would require a higher and more costly specification than allowed for in its current cost indices for medium-secure units. An initial standard budget of £1.8m was raised to £2.5m and, according to Read, the 2500 m² building was completed for £2.55m. This works out a cost of £1020/m² or £85 000 per patient.

KENNETH DAY MEDIUM-SECURE UNIT, NORTHGATE HOSPITAL, MORPETH, NORTHUMBERLAND

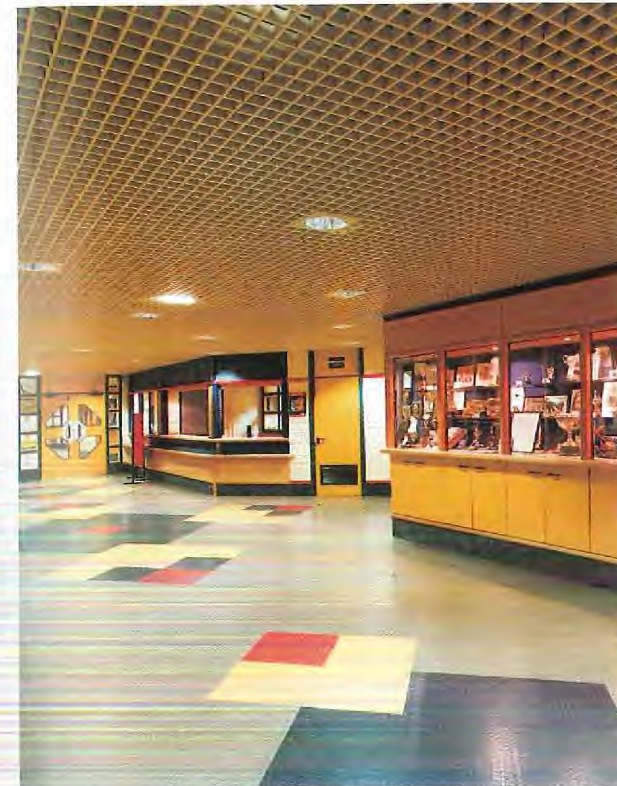
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- project manager
Northumberland Health Design
- architect and landscape architect
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