# Manifesto

First Do No Harm are a user-led action group, formed of those who have been mistreated by children’s psychiatric services. We are patients, parents, family, and friends of children who were, or are still, admitted to units run by Active Care Group (formerly the Huntercombe Group), a ‘pioneering provider of complex care’. What we suffered at the hands of Active Care Group (ACG) cannot be undone, but we believe our voices and stories can be used to hold ACG accountable, protect their current and future patients, and spark wider change in the way mental ill health hospitals care for and provide treatment for their patients. This is our manifesto.

*We have four key aims which reflect the hopes, wants, and needs of First Do No Harm's members. We seek accountability and justice as well as action, as we believe each cannot occur without the other.*

Accountability.

Active Care Group, and the agencies responsible for overseeing the care it provides, must acknowledge, and admit to, the harm they have caused. We recognise that **genuine improvement cannot be made without honesty and accountability.** ACG must actively listen to the stories of its previous (and current) patients and their families in order to recognise failings and patterns of systemic abuse within their company. ACG must then publicly and sincerely acknowledge the maltreatment, neglect, coercion, and systemic abuse of their adolescent inpatients.   
The agencies responsible for overseeing the care provided by ACG, namely the Care Quality Commission, ICBs who commission ACG patients, and wider NHS England, must acknowledge their role in enabling the harm of children and hold each other to account. The Department for Health and Social Care must hold ACG, NHS England and the Care Quality Commission to account if they fail to do so themselves.

Justice.

Thousands of young people have passed through the doors of Huntercombe/ACG psychiatric units since their opening. Tragically, some of these young people did not return from their admissions, including a young woman who died in February 2022 at Huntercombe Maidenhead, which has since been renamed Taplow Manor. We recognise that **the death of this young woman was a criminal, preventable act** **committed by Active Care Group** who have ignored warning signs of malpractice, abuse, neglect, and closed cultures over the last 10 years; therefore, we urge that **criminal justice** is served.

Many of those who were admitted to Huntercombe/ACG face serious long-term psychological and physical consequences as a result of what they suffered over the course of their time as a patient, including neurological conditions, trauma, and associated illnesses like P-TSD. **Most of us will need therapeutic intervention for the rest of our lives.** All of us have missed opportunities we may have had if it were not for our time spent in ACG units; many of us have missed, and will continue to miss, education, careers, and independence. ACG took our lives from us and will continue to take from us until the end of our days. ACG owe us the chance for a better future. Therefore, ACG should actively listen to the wants, needs, and wishes of the young people who were admitted to their services and engage with these young people to support their needs. As a minimum, **every single patient who has suffered at the hands of ACG should receive funding from ACG for weekly therapy sessions** with a practitioner of their own choosing for a minimum of five years.

Immediate Action.

Active Care Group currently manage two child and adolescent psychiatric inpatient units; Ivetsey Bank Hospital (formerly Huntercombe Stafford) and Ivetsey House, a step-down service for young people opened in the last two years. Combined, the hospitals have a total of 41 beds. This means that, right now, there are up to **41 young people at risk of serious harm** in Huntercombe units and hundreds more family members and friends who are unable to protect their child or ensure that their relative is safe.

ACG must engage with their patients and, where appropriate, patient’s families in order to **remove their current patients from ACG units** and transfer them to safer, appropriate settings, with an emphasis on moving young people into non-clinical environments such as their homes or therapeutic communities. In cases where a young person cannot access the funding for the care they require, **ACG should provide this funding.**  
  
**IVETSEY BANK HOSPITAL AND IVETSEY HOUSE CANNOT REMAIN OPEN.** They must be closed with immediate effect.NHS England must ensure that any young person transferred to another psychiatric institution is receiving treatment specifically tailored to their individualised needs. If ACG refuse to close their remaining CAMHS units, NHS England and the Department for Health and Social Care must enforce their closure.Commissioners must not fund or admit patients to Ivetsey House or Ivetsey Bank Hospital. **Ivetsey House, Ivetsey Bank Hospital and recently-closed Taplow Manor must not reopen until ACG have been held to account, have accepted liability and have undertaken extensive action to improve their services.**

Preventative Action.

The measures in place to protect young people from harm in psychiatric institutions are failing those who so desperately need protection. Vulnerable children are being admitted to mental ill health hospitals under the guise that they will receive specialised treatment, but in reality, they are detained and housed at best, and neglected and abused at worst. **Extensive action must be taken** to ensure that the care young people receive in mental ill health hospitals is safe, individualised, kind, and effective. The changes that must be made to the provision of care are substantial, wide-ranging and indicative of the need for reform in the way that the UK understands, categorises and pathologizes mental illness; nonetheless, there are some key areas for improvement which can be focused on: the elimination of restrictive practices; the elimination of the use of excessive psychotropic medication as treatment; the de-institutionalisation of mental healthcare services; the introduction of trauma-informed, proactive and holistic care at the heart of all services; and recognition of the prevalence of neurodiversity and sensory needs in the design of all hospitals and treatment plans.