Regenesis Events

OUR METHOD

The Windermere Protocol

EXECUTIVE SUMMARY

In 1945, around 300 child survivors of the Holocaust were brought to Windermere. They began to recover not through clinical treatment, but through safety, consistency, friendship and time outdoors. Regenesis calls this approach the Windermere Protocol.

Today we apply it in preventative, non-clinical outdoor learning with young people. The learning multiplies: from pupils to their teachers, families and friends, and into how they treat others for years to come. We also ask what the story teaches society: how can communities adjust so that refugees feel safe and accepted?

In the aftermath of mass trauma, recovery is often framed in terms of clinical intervention, diagnosis, and treatment. Yet some of the most enduring lessons in psychosocial rehabilitation suggest that healing does not begin with therapy alone. Evidence from research and history shows that recovery is first supported by safety, human connection, and stabilising environments. Before trauma can be processed, people need to feel secure, supported, and grounded in everyday life.

The Windermere Protocol is a term developed by Regenesis to describe this approach: aiding recovery through safety, trust, friendship, and shared experience in the outdoors, without re-traumatisation or premature psychological probing. While the phrase itself is contemporary, the practice it describes originates in one of the most important humanitarian experiments in psychosocial recovery in modern history.

In 1945, precisely 300 Jewish child survivors of Nazi concentration camps were brought to Windermere in England. What followed demonstrated that kindness, nature, and ordinary human activity could form the foundation of recovery. Regenesis uses the term Windermere Protocol to describe how these same principles are intentionally recreated today in preventative, non-clinical outdoor work with young people.

Historical Context: The Windermere Children

In the summer of 1945, shortly after the end of the Second World War, approximately 300 child survivors of Nazi concentration camps were brought to the Lake District in England. Many had endured prolonged starvation, violence, separation from family members, and the destruction of their communities. They arrived with profound psychological distress, mistrust of adults, and limited experience of safety or stability.

The children were housed near Lake Windermere, far from urban centres and formal institutions. Their relocation was coordinated with the support of Jewish relief organisations, including the Oeuvre de Secours aux Enfants, which had extensive experience supporting displaced and traumatised children[1]. These projects were later documented and verified by the BBC and the Lake District Holocaust Project.

For many of these children, Windermere was the first place they had ever slept alone. Each child was given a single bedroom, a radical contrast to the overcrowded, dehumanising conditions they had endured. They were treated with humanity and respect, but trust did not come easily.

On the first night, staff placed a small piece of chocolate on each child's pillow. Many stared at it in disbelief, unsure whether it was real or whether it would be taken away. At the first communal meal, when bread was placed on the table before the main course, children instinctively ran back to their bedrooms to hide it. Scarcity had taught them that resources could vanish without warning, and that survival depended on hoarding, not sharing.

The bread was quietly replaced again and again. No one was punished, questioned, or shamed. Over time, trust emerged, not through reassurance but through consistency. This experience offers a powerful parallel to modern poverty and deprivation. When people have lived with scarcity, trust is built through reliability of provision, not explanation.

Initially, the children trusted neither adults nor one another. They spoke among themselves in Yiddish, a shared language of safety. Gradually, friendships formed. Those bonds became so strong that many later developed businesses trading with one another and formed an enduring circle of trust that has extended into second and third generations, now maintained through a formal society. Not every story was a success, and not every life was untouched by trauma. But many were.



Friendship on the woodland path, June 2026



Walking and talking on the way to Orrest Head

Development of the Windermere Protocol

The approach taken at Windermere was shaped by the thinking of Anna Freud and Marie Paneth, both of whom had extensive experience working with traumatised children during the war. While the term “Windermere Protocol” was applied retrospectively, the approach they developed was coherent and intentional.

Central to the Windermere philosophy was the belief that children should not be pressured to recount traumatic experiences before they felt safe. Freud argued that premature probing risked re-traumatisation and could reinforce defensive withdrawal[2]. Instead, the emphasis was placed on restoring the ordinary developmental experiences of peer interaction, physical movement and connection with the outdoors.

The children lived in groups, forming friendships with others who shared similar histories. The outdoor environment of the Lake District was not incidental; it provided a calm, predictable setting that contrasted sharply with the institutional brutality many had known. Hiking, exploration, and shared daily activities allowed children to regain a sense of agency and bodily autonomy, often without the need for verbal processing.

Core Mechanisms of Recovery: Why It Worked

(1) Friendship and Peer Attachment

One of the most significant features of the Windermere approach was its reliance on peer relationships. Many children had lost trust in adults but found connection and understanding among one another. This aligns closely with attachment theory[3], later formalised by John Bowlby, which emphasises the role of secure relationships in emotional regulation and development.

Shared experiences reduced isolation and shame, allowing children to rebuild trust gradually. Importantly, support emerged among peers, rather than being imposed hierarchically.

(2) Outdoor Activity and Embodied Regulation

Outdoor activities, including walking and hiking, supported recovery at a physiological as well as psychological level. Modern trauma research shows that trauma is often stored somatically, affecting the nervous system and stress response. Physical movement and exposure to natural environments have been shown to reduce hyperarousal and improve emotional regulation[4, 5].

For the Windermere children, movement in nature offered a sense of freedom and predictability. The landscape made few demands, asked no questions, and allowed gradual re-engagement with the world.

(3) Gradual Reintegration

Rather than rushing children into permanent placements, the Windermere programme focused on preparation. Independence, social skills, and confidence were fostered slowly, enabling children to move on to foster care, education, or employment when they were ready. The emphasis was on capability and resilience, not pathology.



Walking together through the woods above Windermere



A tiny frog found on the Calgarth shoreline walk

Alignment with Contemporary Research

Post-1945 research strongly supports the Windermere approach. Research in trauma-informed care consistently emphasises the importance of safety, choice, collaboration, and empowerment. Studies on nature-based interventions demonstrate reductions in stress hormones, improvements in mood, and increased resilience among adolescents[6, 7].

Similarly, group-based and experiential interventions have been shown to enhance social belonging and self-efficacy, particularly for young people who feel marginalised or disconnected. Bessel van der Kolk's work on trauma and the body highlights the limitations of purely cognitive approaches, reinforcing the value of movement, rhythm, and relational safety[8].

Taken together, this body of evidence supports the central insight of Windermere, that recovery is most effective when young people feel connected, capable, and secure within their environment.

Regenesis and the Windermere Protocol Today

Regenesis uses the term *Windermere Protocol* to describe how it intentionally fosters recovery-supportive relationships in outdoor environments without re-traumatisation or formal psychological intervention.

Through outdoor activities such as hiking and shared challenge, Regenesis creates environments that reduce psychological threat and encourage natural connection. Programmes are structured to prioritise friendship, group identity, and mutual support, recognising that peer relationships are often a powerful catalyst for change.

Importantly, Regenesis avoids deficit-based narratives. Young people are not defined by diagnosis or difficulty, but are supported to build confidence, agency, and belonging through experience. This reflects the Windermere emphasis on rehabilitation through normalised activity rather than clinical intrusion.

Ethical Considerations and Limitations

It is essential to acknowledge that the experiences of the Windermere children were extreme and not directly comparable to those of most young people today. Outdoor and group-based programmes should not be viewed as substitutes for clinical care where it is required. Instead, they function best as complementary or preventative interventions.

Safeguarding, consent, and appropriate support structures remain critical. Ethical application of these principles requires careful adaptation rather than romanticisation of historical precedent.

Conclusion

The enduring relevance of Windermere lies not in a formal protocol defined in 1945, but in the humane principles that guided the work. The Windermere Protocol, as a term, is a contemporary concept developed to describe an approach to recovery that prioritises safety, kindness, connection, and environment before clinical intervention. It names and gives structure to practices that were instinctively applied at Windermere and have since been repeatedly validated by decades of research.

By using this term, Regenesis is not claiming ownership of history, but articulating a clear, evidence-based model for how recovery-supportive relationships can be achieved today. Through outdoor experience, shared challenge, friendship, and trust, the Windermere Protocol describes how healing and mental wellbeing can be supported without coercion, re-traumatisation, or deficit-based narratives.

In this sense, the Windermere Protocol is a modern articulation of an approach rooted in humanity. Its lesson remains as relevant now as it was in 1945, that recovery does not begin with treatment alone, but with dignity, belonging, and the freedom to move forward together.

The multiplier effect

The learning from The Next Generation does not end when the coach returns to school. Pupils carry it into their future classes and friendships, and into how they treat people who are new or different. Teachers use the approach with every class they teach afterwards. Families and friends hear the story at home.

The aim is lasting change in acceptance and tolerance, passed on by the people who experienced it, long after the visit itself.

Reversing the lens: what can society learn?

The Windermere story is usually told from the children's point of view: what helped them recover. We can also turn it around and look at the adults and the community around them. They changed how they worked so that the children could feel safe. Bread was quietly replaced. Each child had a room of their own. The children were free to speak Yiddish together, and no one pressed them to talk before they were ready.

Today, refugees and displaced children still arrive in Britain carrying trauma, mistrust and unfamiliar ways of living. If the Windermere Protocol teaches how people recover, it also asks a question of the rest of us: can society learn to make the same kinds of adjustments? Regenesis wants pupils, teachers, families and communities to think about that question, and to act on it.

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