Community Living

A QUALITY OF LIFE STUDY
of
Adults with Mental Handicap
Returned to Community Living
in
Waterford
EIRE

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COMMUNITY LIVING

A Quality of Life Study of Adults with Mental Handicap Returned to Community Living

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PREFACE

This book is based on a research project carried out in the Waterford area in the south east of Ireland on the quality of life of persons with a mental handicap who transferred from institutions to community living.

The study took place in 1990 - '91 and was initiated by the South Eastern Health Board in co-operation with University College, Cork with the support of the Helios programme (EC).

The research findings will be of interest to all involved in the field of mental handicap in Ireland and in Europe.

The aim is that this research will stimulate debate in Ireland. This should lead to structured developments in the provision of services for persons with mental handicap, in the hope that they may enjoy a full and productive life in the community.

A similar study on the quality of life of longstay psychiatric patients returned to community living in Waterford, has also been conducted under the auspices of the South Eastern Health Board/Helios partnership. The findings of this study which was also conducted by the University College Cork Social Policy Research Unit, are documented in a sister publication entitled "Towards Independence - a quality of life study of ex psychiatric patients returned to community living".
THE HELIOS PROJECT

The European Commission is working at a variety of levels to further its aim of full integration for some 30 million disabled Europeans. A key area of its work is to take political initiatives which will push forward the introduction of Community legislation in this field.

During recent decades, each member state has at different times and in different circumstances taken steps to improve conditions for disabled people which, it is important to note, had been much neglected until the beginning of the 20th Century.

By the 1970s, the Commission was already assigning a part of its social activities to the problems of disabled people, through either the intervention of the European Social Fund, or by studies undertaken by working groups set up specifically for this purpose. These studies generated a Council Resolution of 21 January 1974 concerning a programme of social action.

But it was in 1981 that the activities of the community became properly structured with the creation of the division "Actions in favour of Disabled People", closely following the declaration by the United Nations of 1981: International Year of Disabled People.

The absolute policy of the Commission was and still is the economic, social and cultural integration of disabled people in the European Community. A major task was to develop a community action plan that could give impetus to the work and help to support and promote the objectives of the Commission on a practical basis. In January 1983, the first European Community Action Programme for Disabled People was launched.

A network of 19 district projects was established as a major part of this programme, with the aim of improving the social integration of disabled people living in these areas by involving locally delivered services, relevant agencies and the general public. It was during this period that the Council also adopted a recommendation of 24 July 1986 concerning the employment of disabled people, as well as the Community Programme of 14 May 1987 concerning school integration.

The latest stage in this work, the Second European Community Action Programme for Disabled people was adopted by the Council of Ministers in April 1988. Otherwise known as HELIOS (Handicapped People in the European Community Living Independently in an Open Society), it will
continue to develop and expand the work of the first programme in promoting an autonomous life for all disabled people.

The HELIOS programme combines many different areas of work and activities in the overall aim of social and economic integration for disabled people in the European Community. Activities focus on the needs of disabled people at local level in order to promote them at national and European level.

Four major networks have been developed by the Helios experts to stimulate the exchange of ideas and the transfer of knowledge and technical expertise between member states.

The HELIOS Experts are responsible for organising conferences, seminars and group study visits for people participating in these networks. They are also monitoring and documenting the progress of the work, and findings will be held centrally by the HELIOS Information and Documentation Service. This service also produces the HELIOS magazine which will provide an important means to exchange and disseminate information at European Level.

**South Eastern Health Board Social Integration Project**

The South Eastern Health Board project in the area of Social Integration was set up in August 1989.

The aims of this Local Model Activity are:

* To examine the quality of life of discharged longstay psychiatric patients and persons with mental handicap who returned from institutions to the community over the past few years.

* The setting up of a pilot project to provide suitable accommodation for a small group of young physically disabled people. There is no appropriate accommodation currently available for this group.

* The following report reflects the findings of a research study on the quality of life of adults with mental handicap, as detailed above. The study was completed in the Waterford area in 1990/1991.
This work was organised through a Helios Steering Committee set up by the South Eastern Health Board. The Chairman of the Committee was Mr. Peter McQuillan, Chief Executive Officer of the Board and the members were:-

MR. MATTHEW LYNCH, MANAGER, COMMUNITY CARE PROGRAMME, SOUTH EASTERN HEALTH BOARD.

MR. MARTIN HYNES, MANAGER, SPECIAL HOSPITALS PROGRAMME, SOUTH EASTERN HEALTH BOARD.

MR. MICHAEL DOODY, CITY MANAGER, WATERFORD CITY CORPORATION.

MR. MICHAEL MOORE, CHAIRMAN, COUNTY WEXFORD COMMUNITY WORKSHOPS,
(VOLUNTARY SPECIAL CARE SERVICE FOR MENTALLY HANDICAPPED PERSONS) ENNISCORTHY, CO. WEXFORD.

MR. DIARMUID HEALY, CHIEF EXECUTIVE OFFICER, S.O.S., CALLAN ROAD, KILKENNY.

DR. GEORGINA O'BRIEN, DIRECTOR OF MENTAL HANDICAP, SOUTH EASTERN HEALTH BOARD AND CONSULTANT IN MENTAL HANDICAP TO THE SOUTH EASTERN SERVICES OF THE BROTHERS OF CHARITY AND THE IRISH SISTERS OF CHARITY.

DR. NEVILLE DE SOUZA, DIRECTOR OF COMMUNITY CARE FOR SOUTH TIPPERARY.

MS. KATHLEEN MC DONAGH, CUSHENSTOWN, FOULKSMILLS, CO. WEXFORD

MR. JIM BARRETT, UPPER DRUMDOWNEY, SNOWHILL, WATERFORD.
This Committee was representative of Statutory and Voluntary Organisations and included two Disabled persons.

MR. CYRIL DARCY was appointed PROJECT LEADER to co-ordinate the Project and MISS MAIRE LEANE, Department of Social Administration and Social Work, University College Cork was employed to conduct the Research Projects.
A debate is currently ensuing in Ireland regarding the most appropriate terminology for use in the discussion of what was formerly known as "mental handicap". (1) As no formal consensus has been arrived at to date, the term "persons with mental handicap" will continue to be used in this report.

The terminology used to denote the members of the study group who reside in the Carriglea and Belmont residential centres are referred to as the "residential group", while those residing in the community hostels are referred to as the "hostel group".

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CHAPTER 1

Historical Background

The emergence of small scale, community based, semi dependent residencies for adults with mental handicap, must be considered within the context of overall developments in the field of mental handicap services. The following paragraphs offer a brief review of the major developments in the field of Irish mental handicap services and provide a background against which modern community based services can be analysed.

The history of provision for the mentally handicapped in Ireland is characterised by an evolution from narrowly focused custodial care to the emergence of specialised and differentiated services. While the distinction between mental illness and mental handicap had been recognised by the end of the Nineteenth Century, no such distinction was made in the institutional provision for the affected groups. (1) Custodial care for persons with mental handicap was provided in psychiatric hospitals, work houses, County homes and hospitals for the physically handicapped, under the Poor Relief (Ireland) Acts of 1838 and 1847, and the Poor Afflicted Persons (Relief) Act of 1878. (2) The psychiatric hospital system established after 1825, would it was thought, satisfy the needs of both the mentally ill and persons with mental handicap. However, during the Nineteenth Century, few people with mental handicap were housed in these institutions. The majority of them remained at home and those who survived long enough to become destitute or troublesome were catered for primarily in workhouses, (subsequently county homes) which were the main form of institutional provision for persons with mental handicap until the 1920s. Within the workhouses the handicapped were almost totally neglected, with little being done to relieve their condition or to provide them with medical care. The first specialised residential care and treatment centre for persons with mental handicap, Stewart’s Hospital, was founded in Palmerstown, Co. Dublin in 1869. It provided accommodation for one hundred children with mental handicap considered "capable of improvement" and was


the only specialised mental handicap institution in Ireland prior to independence. (3) After 1922 a number of Religious Orders initiated services which were further developed in the second quarter of the Twentieth Century. The Daughters of Charity established their services at Navan Road, Dublin in 1926 and the Hospitaller Order of St. John of God developed a service in Blackrock, Co. Dublin. These initiatives were followed in 1939 by the development of the Brother of Charity Services at Lota, Co. Cork. This early development of services in Ireland was not accomplished by legislation or by State initiative, but, rather, by the initiative of religious and other non-statutory bodies, who made available the initial capital and premises and then entered into arrangements with State agencies, who paid per capita fees for the clients of the services. In later years the Hospital’s Trust fund provided capital funds for some of these institutions. These early services consisted of large, segregated, residential centres. For the most part, they developed separately from each other and were oriented to serve national rather than local needs.

Educational provision was made for children with mild mental handicap in special schools from 1930 onwards but these were not state aided until 1953 when the role of education in the care of persons with moderate mental handicap was officially accepted, with responsibility for special schools being taken over by the Department of Education. Other developments in the 1950s paved the way for improved services in the following decades. Public opinion became more enlightened and professionals such as doctors, nurses and teachers became concerned with the problems of persons with mental handicap. In 1959 An Bord Altranais approved the first syllabus for a course of training for registered nurses in Mental Handicap and a post graduate course in special education was established in St. Patrick’s College of Education, in 1961. At local level, voluntary groups spearheaded by the parents and teachers of children with mental handicap, were gathering momentum and acting as patrons for developments such as the St. Michael’s House organisation in Dublin and the Cork Polio and General After Care Association. These associations prioritised the establishment of day services at local level. Within this climate the National Association of the Mentally Handicapped in Ireland, was founded in 1961 to bring together those involved in the development and provision of services at local level. As a result of local initiatives and the provision of greater state finance, the early 1960s saw a rapid growth in day and residential services for all grades of mental handicap, with large residential centres beginning to provide domestic size residential units around the existing, large institutions. The change and growth occurring in the Mental Handicap sphere in the early 1960s, prompted the Minister for Health to

establish a "Commission of Inquiry on Mental Handicap" in 1961. The commission which reported in 1965 marked a milestone in the development of services for persons with mental handicap in Ireland.

The commission identified the provision of a comprehensive service for children based on an assessment of their capabilities and an analysis of their needs, as the main policy objective in the mental handicap field. The attainment of this objective necessitated the establishment of additional special schools and an increase in the number of residential places provided. The practice of placing mentally handicapped people in psychiatric hospitals was condemned and it was suggested that residential institutions should take a therapeutic approach to care, striving to fit as many residents as possible for life in the community and to enable the remainder to become as independent and happy as possible. To facilitate this the services of professionals such as psychiatrists, psychologists, teachers, social workers, speech therapists were recommended. Between 1974 and 1981 the number of day places for children with moderate and severe mental handicap increased eight fold and the number of residential places increased by 20%. (4) The quality of residential services has been improving steadily since the 1960s and the efforts of statutory and voluntary bodies are now co-ordinated by Mental Handicap Committees which function in the various Health Board areas. The provision of services has also become more localised, with policy having moved toward the provision of comprehensive mental handicap services within each Health Board Region, for eligible persons residing in the area. (5) The policy orientation toward locally provided community based services was further recommended by the working party on services for persons with mental handicap, which reported to the Minister for Health in 1980. (6) The Working Party recommended that persons with mental handicap be retained in the community as far as was possible, and that those in residential care, who were capable of semi dependent community living, be given the opportunity to avail of same. Policy initiatives in the 1970s and 1980s such as the provision of domiciliary grants for parents caring for children with mental handicap and the development of day schools and centres with suitable transport facilities, have led to an increase in the number of handicapped people cared for in the community. These developments have also produced a greater acceptance of

5. Ibid, page 16.
mentally handicapped persons in the community and have set the scene for further developments in the establishment of semi dependent community residencies for persons with mental handicap. The deinstitutionalisation of persons with mental handicap is considered in more detail in the following chapter.
CHAPTER 2

The Deinstitutionalization of Persons with Mental Handicap
The Trend in Perspective

Deinstitutionalization is one of the most visible issues in modern social policy and recent recommendations concerning the care of people with mental handicap have centred around reduction in institution size and increase in small facilities in, or near, residents' social and geographical communities. (7) Contrary to popular belief the process of people leaving mental handicap institutions is not a recent phenomenon. Though there was a brief historical period when institutions were theoretically viewed as being the sole answer to the problem of mental retardation, the idea was soon identified as both impractical and unwise. With reference to the U.S., Scheerenberger (8) maintains that no more than 3% of the total population of persons with mental handicap had resided in institutions at any given time. He suggests that institutions were seen as inappropriate for most people with mental handicap as far back as the mid to late 19th century, as is evidenced by the writings of Howe (9) and Sequin. (10) Programmes intended to offer alternatives to the congregate living associated with large public residential facilities were both advocated and implemented in the U.S. as early as 1916. (11), (12) There is also a small but significant body of evidence which indicates that similar processes were in operation in the U.K. long before the emergence of the current


12. Fernald, W., (1919), State Programs for the Care of the Mentally Defective Journal of Psycho-Asthenics, 24, 114-1
deinstitutionalization movement in the late 1960s. (13), (14) The motives for deinstitutionalization before this time are not well documented but it has been suggested that economic considerations were a strong contributory factor. McCarver and Craig (15) have linked the increase in deinstitutionalization in the U.S. during and following the years of World War Two, to the need to strengthen the depleted work force of the time, with most of those returned to community living being in the mildly mentally retarded category. Since the late 1960s efforts have been made to place persons with mental handicap in the community and more recently concern has emerged regarding the need to serve the more severely and profoundly mentally handicapped in a community settings. (16)

The origins of the current movement toward the deinstitutionalization of persons with mental handicap owe more to social concerns and developments in social policy than to economic factors. Silverman (17) is of the opinion that the civil rights movement in the U.S., at any rate has been largely responsible for the deinstitutionalization of the mentally handicapped. The major civil rights issues for the persons with mental handicap, include the right to education, the right to treatment and the right to freedom from peonage. (18) U.S. persons with mental handicap also have a legal right to care in the least


restrictive environment. (19) The writings of authors such as Goffman (1961), Oswan (1978) (21) and Wolfensberger et al (1972) (22), raised grave practical and ethical issues about institutional care in general and focused attention on the residential care provided for the mentally handicapped. The documentation of dehumanising conditions in some large mentally handicapped institutions which emerged from a series of enquiries into hospital services in the U.K. (23) and a succession of legal actions in North America which asserted the right of handicapped individuals to 'the least restrictive conditions necessary' (24) gave further impetus to the deinstitutionalization movement. (25) Bachrach further suggests that the movement owed much to more conservative forces. (26)


Deinstitutionalization was widely believed to be a more cost efficient method of care than institutionalization and this facilitated its attractiveness to those who were interested in fiscal reform, and ensured the acceptability of the movement to many who might otherwise have opposed it. Deinstitutionalization held another appeal for local government and health authorities in many countries in that it allowed the latter to shift the cost and responsibility of formerly institutionalised people to different levels of government. (27) The widespread acceptance and the rapid spread of the deinstitutionalization movement, was thus a product of its ability to elicit support from both progressive reformers and fiscal conservatives alike.

Deinstitutionalization: The Philosophy, Principles and Aims

Deinstitutionalization as a philosophy has an intellectual foundation based on the assumptions that community care is preferable to institutional care for most people; that communities can and will play a part in caring for the mentally handicapped and in providing for the functions performed by institutions can be performed as well, or better by community facilities. (28) The first of these assumptions implies that institutional care is of a lower calibre and of less advantage to the individual than community based provision. The detrimental effects of institutions have long been recognised (29), (30), (31) and a series of assumptions based on this fact lie, according to Butler and


Bjaanes, (32) at the basis of the shift in policy from institutional to community care for people with mental handicap. These are:

- that total institutions have failed to increase the competence of the people in them and may have detrimental effects on the development of their social skills;
- that an environmental providing "normal social contact" and the potential for "normal social integration has a positive normalising" effect on people with mental handicaps; and
- that community care facilities provide relatively "normal" environments and therefore have a "normalising" effect on people with mental handicaps. (33)

The above assumptions identify both the aims of the deinstitutionalization movement as it applies to the field of mental retardation and also the principle underlying it namely that of normalisation.

Those promoting deinstitutionalization policies in the mental handicap field seek to humanise the care of the handicapped and to enhance their rights and quality of life by assisting them to gain access to their human entitlements and to improve their sense of dignity as individuals.

The ideology or principle of normalisation identifies the process and practices which facilitate the practical attainment of these goals. Normalisation has been defined as the making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society. Wolfensberger expands on this definition seeing normalisation as "the utilisation of means which are as culturally normative as possible, in order to establish and to maintain personal behaviour and characteristics which are as culturally normative as possible". (34)

The primary goal of normalisation is the community integration of the handicapped individual and the development and maintenance of as normal a lifestyle as is possible given the potential of each individual. The provision of community residences which differ from normal domestic residences either in


33. Idem.

34. Wolfensberger, W., (1972), Normalisation, National Institute of Mental Retardation.
size, function or routine lends them a sense of differentness and renders them less normative. However, the residence should be chosen with a view to maximising the residents' control over their environments. The success of the normalisation process also requires that people are adequately trained especially in the social and interpersonal skills areas, prior to their move to the community.

The introduction to the community of people inadequately trained serves only to draw attention to their difference, reinforce the social perception of their deviance and undermine their confidence in the idea of independent community living.

Viewing the deinstitutionalization of persons with mental handicap from the perspective of its underlying philosophy of normalisation and in terms of the goals and processes associated with same, permits better understanding of some of the problems associated with the movement and provides a reference point for evaluating the effects of the deinstitutionalization process. The core assumption underlying proposals for reduction in institution size in the field of mental handicap and the provision of small scale community based care is that the quality of life of people with a handicap is improved in the process.

The "Quality of Life" Concept

Quality of life emerged as a concept in popular discussion in the fifties and sixties, referring primarily to problems of environmental pollution and the deterioration of urban living conditions. The term achieved currency in sociological literature in the late sixties and early seventies. (35) However a review of the literature on quality of life research, suggests that the concept has not yet achieved definitional consistency. Some theorists argue that quality of life is most usefully defined as the availability of societal resources. (36) McCall suggests that "Quality of Life consists in the obtaining of the necessary conditions for happiness in a given society or region". (37) Such definitions focus on the objective conditions of life and give rise to research which seeks to measure variables, such as economic well being, using statistical indices such as per capita income, crime rates, unemployment rates, etc. Other authors emphasise the subjective aspects of life experience, viewing quality of life as "a


person's sense of well-being, his satisfaction or dissatisfaction with life, or his happiness or unhappiness. (38) Research based on subjective quality of life definitions utilises psychological indicators which measure either global well being (39) i.e. general satisfaction or happiness with life or alternatively satisfaction with specific life areas. (40) While the literature seems to divide into those favouring objective and subjective quality of life definitions, the importance of considering both objective and subjective variables in quality of life research has been recognised. (41), (42), (43) Proponents of this approach to definition, claim that the quality or goodness of life "resides in the quality of the life experience, both as subjectively evaluated and as objectively determined by an assessment of external conditions". (44) In the field of mental handicap, quality of life research has however focused disproportionately on the objective measurement of quality of life as will be seen in the next section which reviews the international research pertaining to the quality of life of people with mental handicap who have moved to community living. The variables used to measure quality of life will be considered first and followed by a summary of the main findings of the various researcher endeavours.


44. Idem.
Quality of Life of Deinstitutionalized Persons with Mental Handicap -
The Criteria for Evaluation

While the literature on deinstitutionalization now goes back several decades, it is only relatively recently that researchers have attempted to assess the quality of life of people with mental handicap who have moved to community living. The bulk of the earliest literature on the topic was concerned simply with studying the rate of readmission to institutions. (45)

Numerous research studies were published which sought to identify the factors associated with "successful" placements, i.e. those where readmission did not occur. (46), (47), (48), (49) The relevant findings in this area suggest that the occurrence of behaviour problems in community settings was the best predictor of readmission, and that environmental factors were an important influence on the behaviour of people in community settings. (50)


In the late 1970s and early 1980s a number of authors (51), (52) identified the need to reconsider the prevailing concept of success in the field of the community placement of persons with mental handicap and to concentrate research on the factors associated with long term community adaptation. The more recent literature has appeared to follow these suggestions focusing as it does on more relevant outcome measures of deinstitutionalization such as changes in people's adaptive behaviour, activity level and social integration. Researchers have also become more concerned with quality of life evaluation (53). It has been recognised that a change of environment does not necessarily imply an improved quality of life but the difficulty inherent in both defining and measuring quality of life explains the reluctance of researchers to consider the issue. Quality of life evaluations which have been undertaken have focused primarily on three aspects: the quality of the environment in which people live, (54) the quality of care they receive from staff, (55) and their degree of community integration as measured by their use of community facilities. (56) These evaluations have precluded any detailed examination of the effects of deinstitutionalization on the day to day experiences of persons with mental handicap. Landesman (57) claims that variables such as subjective quality of life and personal life satisfaction have generally been given a secondary status.

51. Idem.


in studies of deinstitutionalization. Vitello (58) identifies quality of life as a multidimensional construct which when applied to the deinstitutionalization of persons with mental handicap must include in its dimensions, normalised and decent living conditions, reasonable degrees of autonomy and opportunities for general growth and happiness. Heal and Chadsey-Rusch (59) go further and suggest that in the evaluation of deinstitutionalization outcomes, the assessment of peoples' preferences and feelings regarding their move, should be a research priority. Difficulties in defining concepts such as happiness and satisfaction in operational terms, problems with response bias and communication difficulties in the interviewing of persons with mental handicap and the failure, until relatively recently, to hold the views of service users in any regard, has resulted in a dearth of research regarding the quality of life of people with mental handicap, living in the community.

More recently greater heed is being taken of the views of persons with handicap who have been deinstitutionalized and their concrete experiences are now considered an important source of information useful for directing and modifying social policy.

**Quality of Life Research and Mental Retardation**

The current literature on the quality of life of formerly institutionalised persons with mental handicap is comprised of numerous studies based on objective quality of life measure and a small but significant collection of studies which focus on handicapped peoples' perceptions of their quality of life. The general findings of these studies will now be outlined and the advantages and drawbacks of the measurement criteria used will be considered.

**Adaptive Behaviour/Activity Levels**

Change in adaptive behaviour is one of the most commonly used criteria for measuring the effects of deinstitutionalization on adults with mental retardation. The overall findings of such studies suggest that institutional care inhibits, or even decreases levels of adaptive behaviour,


whereas community residencies promote the development of same. The majority of studies in this area which compare matched groups of mentally handicapped people with institutional and community settings, show that people transferring from institutions to the community show gains as a consequence. (60) (61). (62) Improvements in functioning and behaviour are attributed to the fact that in community residencies people are provided with substantially more opportunities for constructive activity and interaction. (63)

Other research however, indicates that gains in adaptive behaviour and functioning are not inevitable consequences of deinstitutionalization. Hemming, Lavender and Pill (64) in their study of people moving from large institutions to small units found that people with I.Q. scores above fifty, who had moved from institutions which had allowed reasonable freedom, showed little change in adaptive behaviour. Similarly, work by Seltzer, Seltzer and Sherwood (65) suggests that older deinstitutionalized people are less likely to show much gain in adaptive behaviour, while O'Neill et al. (66) found only limited gains for people with more severe handicaps.


63. Idem.


Studies of this type have however, a number of methodological drawbacks. Rating scales are the primary tool for measuring changes in behaviour with observational measures being rarely employed. Furthermore longitudinal assessments are rarely undertaken and control groups are sometimes absent from studies.

Increased activity levels, another commonly used indicator of improved quality of life among people with mental handicap, is closely related to changes in adaptive functioning. The majority of research in this area consists of comparative measures of activity in the community and pre-discharge settings. However, only a limited number of studies have collected data on the activity levels of individuals prior to their move to the community, with most studies using individuals still within institutions as control groups. An increase in the rate of domestic activity is one of the most consistent findings in this area of study. (67) O'Neill et al. (68) in a study measuring activity levels prior to discharge, eight months after discharge and again two and a half years after discharge, found that while the frequency and diversity of activities had increased at the first post-discharge sampling point, it had levelled off by the third sampling point. The levelling off and decline in activity rates approximately two years after discharge which is a common finding, has been attributed to a reduction in the amount of instructions and physical guidance from staff. (69), (70) Hemming, Lavender and Pill (71) in a study of adults with mental handicap who moved to smaller community settings, found that they experienced a decrease in their rate of normal routine activity. This was attributed to the fact that they no longer had access to the on site facilities and activities available in the larger institution.

67. Hemming, E., (1982), Follow-Up of Adults with Mental Retardation Transferred from Large Institutions to New Small Units, Mental Retardation, 24, (4), 229-235.


70. Bratt, A., Johnston, R., (1988), Changes in the Life Style of Young Adults With Profound Handicaps Following Discharge from Hospital Care with a "Second Generation" Housing Project, Mental Handicap Research, 1, (1), 49-74.

As such it would appear that increases in activity levels are not an inevitable outcome of deinstitutionalization. As with the studies using changes in adaptive behaviours as a criterion for measuring improvements in quality of life, the majority of studies using changes in activity levels as their main evaluative criterion, are once off as distinct from longitudinal studies and as such are not as valid as they might be.

**Social Interaction and Community Integration**

Increases in social interaction and the increased use of and participation in, community resources and activities, are widely seen as criterion indicative of more culturally normative and therefore higher quality lifestyles.

Increased social interaction following the move to smaller residencies have been reported by a number of researchers. (72), (73), (74). This increase in interaction however is not positively correlated with increases in staff/resident ratios. Findings by Felce (75) suggest that improvement in interaction levels both between staff and residents and between residents themselves tend to occur in small community residencies when there is a reduction in the number of residents being cared for by one or two staff members. Repp et al. (76) however in summarising general findings in this area, report that a disproportionate amount of staff resident interaction involves communication with those residents perceived as being least disruptive and more active, intelligent and participative.

A number of studies which used improved community integration as an indicator of increased quality of life, have found that people living in community facilities had greater levels of community interaction.

72. Idem.
De Kock et al. (77) found that people living in small group homes had approximately 250 community contacts per year in comparison to 72, for those in large community based units and seven for those in institutional settings. Similar observations were made by Bratt and Johnson in their study of five young adults who moved into a bungalow. A number of findings consistent with the view that the quality of life of the young people had been improved as a result of leaving the hospital were recorded. The group went out more frequently, to more varied places and spent more time engaged in interaction with other people. (78) However, other studies indicate that the main venue for activities among deinstitutionalized adults with mental handicap, is still their residential settings and their main source of contact continues to be with official carers. (79), (80) Rates of interaction with "ordinary" citizens were found by Saxby et al (81) who studied the interaction patterns of mentally handicapped adults in shops, pubs and cafes. Donegan and Potts (82) in an indepth study of nine individuals found that they lacked the skills necessary to develop new social relationships. Furthermore, Raynes, Sumpton and Flynn(83) found that the majority of mentally retarded adults in community facilities were not employed, with the majority attending training centres of various types. This reduces the opportunity for contact with non-handicapped individuals.


Normalisation Measurement Instruments

A number of studies exist, which seek to measure the effect which adherence to the principle of normalisation in service design has on the quality of life experienced by persons with mental handicap. The Programme Analysis of Service Systems Incorporating Normalisation Goals (passing) evaluates small Services and facilities in terms of their contiguity with the service proposals suggested by the principle of normalisation. The findings of a variety of studies (84), (85) which used versions of the pass measurement, suggest that a positive relationship exists between overall normalisation rating scores of residences and the adaptive behaviour rates of individuals. However, the general correlations obtained were small and hence not particularly significant. The validity of using such measures as indicators of an individual's well being, happiness, etc. is questionable, as such measures rest on the assumption that services which comply with the normalisation principle are automatically "best" for people.

Quality of Life Measures

The methodological problems inherent in measuring life satisfaction, the communication difficulties often associated with interviewing people with mental handicap and the failure in the past to consider consumers' viewpoints in the social services, has resulted in a dearth of direct quality of life research in the mental handicap field.

Since the early eighties a number of qualitative quality of life studies have been published. In an English setting, Booth, Brandon and Ridley (86) and


Donegan and Potts (87) have published insightful studies. All of these studies found that people with mental handicap expressed a preference for community as distinct from institutional living. However, these and similar U.S. based studies (88), (89) have also found that in the community adults with mental handicap are often dependent on low incomes or benefits, have restricted access to and control over their money and have difficulty in obtaining help from generic social and welfare services. Heal and Chadsey-Rus ch (90) in an attempt to assess life style satisfaction developed a 50-item scale which poses questions regarding satisfaction with leisure, staff, location and services. The scale was used in a study comparing the life satisfaction of young people with mental handicap living in apartments and a similar group living in an intermediate 58 bed care facility. The group living in the apartments proved to have more autonomy and freedom and rated higher life style satisfaction scores. This scale however is based on a series of yes-no questions which makes the results susceptible to a response bias.

The selective review of studies outlined above reveals some contradictory findings regarding the effects of the deinstitutionalization of those with mental handicap but a number of common findings and trends can be identified. Improved quality of life as measured by criteria such as improved adaptive behaviour; functioning, community integration; and social interaction, would appear to be a probable if not an inevitable outcome of deinstitutionalization for people with mental handicap. People with mental handicaps' own assessment of community living, is favourable even though a variety of problems appear to be associated with same. The literature also indicates that the simple relocation of people with mental handicap to community settings, will have few positive effects on quality of life unless they are facilitated to acquire the social and survival skills necessary for adaptation to their new environment.


Irish Based Research

The concepts of deinstitutionalization and normalization have influenced policy and service provision for those with mental handicap in Ireland, there being a move in the past two decades toward the provision of community as distinct from residential living facilities. Community based residences have been established for mentally handicapped groups in various parts of the country. This development has stimulated much interest and comment but little research. A number of studies have been undertaken Carroll, (91) Kiernan, (92) Sillery, (93) and Kelleher et. al. (94) and while some of these are limited in that they consider only a small number of residences and focus on specific aspects of same, they do provide an important background for any future work in the area.

The most extensive and the most recent of the Irish Studies was that completed by Kelleher et. al. This study sought to evaluate the quality of the service provided in all the existing community based residences in Ireland. In the study, quality was defined as the degree to which each service fulfilled it's intended purpose. As such a variety of factors including:

- the physical and environmental design characteristic;
- the degree of normativeness of residents daily life;
- the management, monitoring and support systems in the residences; and


94. Kelleher et. al., (1990), Home together, A study of Community Based Residences in Ireland For People with Mental Handicap, Dublin: Health Research Board.
staff cover, turnover and calibre were examined against the background of the Philosophy and objectives expressed by the agencies operating each residence.

One hundred and thirty six community based residences were identified in the country. Of these eleven did not respond to the intitial questionnaires in the study and as such were excluded. A further twenty nine residences were also excluded as they did not comply with the operational definition of community based residence being used in the study. From the remaining 96, a representative sample of 41 residences chosen with reference to size of operating agency, gender mix of client group and age mix of client group, was selected for further study. Data was collected through the use of a variety of rating scales measuring value priorities; management practices; community involvement; client behaviour; social competence; social and personal skills; and staff job satisfaction. These scales were administered through either postal or direct interview questionnaires, most usually completed by the senior care staff in each residence.

The findings of the study suggest a strong adherence in the community based residences to the principles of normalization. The community based residences were found to provide residents with warm homelike environments which respected their needs for privacy and freedom. The majority of the residents attend special day services and most of the the adults receive a small personal income which they spend at their own discretion. The residents were found to participate in a wide range of leisure pursuits frequently utilizing ordinary community facilities but usually in the company of handicapped peers. The majority also had regular contact with relatives and members of the local community. With regard to training, most of the residents in the survey were evaluated on an ongoing basis and were receiving both formal and informal training in a variety of skills, with a view to the maximisation of individual potential.

The scope of the study, both in terms of the number of community based residences involved and the range of criteria considered, render it significant. However no effort was made to elict the view of the residents themselves with all data being provided by the senior staff in the various residences.

**Waterford Quality of Life Study**

**Introduction**

A number of residential units provide institutional care for adults with mental handicap in the Waterford area. This study considers the quality of life
of 24 young adults who have moved from these institutions to supervised living in domestic sized hostels in Dungarvan and Waterford City. The aim of the study is to describe the current life style experienced by the hostel group and to compare this to the experience of a similar group who have remained in the institutional setting with a view to assessing whether the move has improved the quality of life of the hostel group.

As such the study has a number of aims. It seeks primarily to document the life style of the young adults involved be they in an institutional or community setting and to identify any changes in life style experienced by the deinstitutionalized group. Secondly the study aims to identify and highlight the views of the deinstitutionalized group and to outline their assessment of their move to community living. The views of the group home staff regarding the move will be sought as will their assessment of the current needs of the study group. Finally it is hoped that the information compiled will facilitate a critical analysis of both the policy and practice of deinstitutionalization, as operationalized in Waterford and will highlight both the strengths and weaknesses of same.

Methodology

As the above literature study suggests a variety of criteria are used to assess the quality of life of persons with mental handicap. Each of these criteria and the measurement tools associated with them have methodological strengths and weakness. The use of a variety of quality of life indicators and data gathering tools maximises the opportunity of getting a truly reflective picture of the lifestyle of the study group involved. As such four measures have been selected to collect the desired information. These include:

(a) The administration of a group quality of life questionnaire designed to assess the extent to which the living situation of persons with mental handicap provide him/her with the quality of life that most people in society enjoy.

(b) The administration of an individual subjective quality of life questionnaire which seeks to elicit the study groups' view of their life situation since they moved to community living.

(c) An activity diary designed to measure the daily routine of the study group and their opportunities for interaction and contact with non handicapped individuals.
A staff assessment of the current needs of the study group and of their ability and opportunity to complete normal daily living tasks and to make day to day decisions regarding their life.

As such a variety of criteria including the contiguity of living conditions with the principle of normalisation, levels of community integration and social contact and levels of functioning in day to day living are being used to assess quality of life. The subjective questionnaire also seeks the views of the study group on a variety of life domains as is customary in general quality of life research.

The theoretical underpinnings of the research tools lies in the theory and principle of normalisation as outlined by Wolfensberger et al. (95) and in the hierarchy of human needs outlined by Maslow (96) which directs the selection of questions for the subjective quality of life questionnaire. Three of the research tools, namely the group quality of life questionnaire, the activity diary and the staff assessment sheet are adaptations of information gathering instruments used in other studies. The group quality of life questionnaire is adapted from the "Questionnaire on the Quality of Life for People with a Mental Handicap Living in a Supervised Home", which was developed by Cragg and Harrison in 1984 and revised in 1986. The Questionnaire has been used in studies by members of the Westmidlands Campaign for People with a Mental Handicap and by the Birmingham Campaign for People with a Mental Handicap. (97) The activity diary devised by Mchatton et al. (98) in their 1988 study was adapted to suit the needs of this study and the staff assessment sheet used is based on that designed by Bratt and Johnson for their 1988 study. (99)

Permission to use the measures identified was requested and received in each case.

Study Group

The study group for this piece of work are drawn from two residential centres for adults with mental handicap, Belmont Park (Waterford City) and Carriglea (Dungarvan, Co. Waterford) and the community hostels associated with same.

In total the study group consists of 48 adults, 24 from Belmont Park and 24 from Carriglea. The 24 people from each centre consist of two sub-groups, 12 residents living in the centre itself and 12 ex-residents who reside in community hostels established by the parent centres. The study group was thus constituted to provide information on the lifestyle of adults with mental handicap currently living in residential and community settings and to facilitate a comparison of the experiences of individuals who have lived both in a residential and community setting. A brief description of each centre and its activities is provided below.

Belmont Park

The Belmont Park Centre provides residential care for approximately 53 adult men with mental handicaps of various degrees, and day places for 45 others. Belmont has three sections: St. Michael's, St. Gabriel's and the Chalets.

St. Michael's is a 30 bedded unit which provides a full training programme for residents who work in various areas including the farm, the kitchen, the horticultural project, the maintenance department and in St. Michael's itself. The residents in St. Michael's are also involved in social training programmes including personal hygiene and table habit programmes. Training in a wide variety of recreational activities including physical education, swimming and horse riding is also provided.

St. Gabriel's unit provides accommodation for 14 high dependency residents. All of the residents participate in personal hygiene and table habit programmes and an element of physical education training is also included in the residents schedules.

The three chalets located some distance from the main centre in Belmont, currently provide accommodation for a total of 10 residents. The trainees in the chalets attend work areas in the main centre daily but return to the chalets for meals and after work recreation. The chalet trainees participate in a special programme know as the "Pre-Community Home Training Programme". The objective of this programme is to prepare the residents for life in a regular domestic dwelling in the community. As such the chalets are seen as a training ground for community living and the training programme undertaken by the residents focuses on the particular needs of individual residents and includes
training in personal hygiene, domestic skills, socialisation, academic skills, social awareness, communication, language, grooming and home assistance.

To date four community hostels, ordinary domestic dwellings in Waterford City, providing accommodation for 27 men with mental handicap, have been established. These houses provide accommodation for six to seven residents, with two house parents being assigned to each house. The residents of the houses use public transport to travel daily to Belmont Park or the Comeragh Training Centre where they work.

Twelve residents from two of the hostels, Shearwater and Brookdale, along with a corresponding number of residents from the Belmont Park residential centre, constitute half of the study group. The 12 residents from Belmont Park are a group which are currently undergoing training for the move to community living.

**Carriglea**

Carriglea provides a residential and day service for the adults with mentally handicap. At present the centre provides residential care for 76 women with mental handicap. Accommodation in the centre is decentralised with 7 separate units providing care for residents with varying degrees of handicap.

A full training programme is provided for residents with training being provided in craftwork, woodwork, leather work, sewing, horticulture and in assembly and packaging. Training in social and personal care skills is also provided and the progress of all clients associated with the centre is monitored on an ongoing basis by a multidisciplinary team consisting of the matron of the centre, the head of each unit, the centre's G.P., a consultant psychiatrist, a psychologist, a social worker and a houseparent, where appropriate.

A community living training centre, St. Francis, has been established in a lodge on the grounds of the centre and this provides accommodation for 10 adults. In St. Francis special emphasis is put on the acquisition of self care, social and domestic living skills. To date three community hostels have been established providing accommodation for 18 women. Two houseparents are attached to each of the community hostels, which are regular domestic dwellings located in middle class and working class housing estates on the suburbs of Dungarven. On week days of the hostel all residents are transported by ambulance to Carriglea where they work in the training centre or in the centre's kitchen or laundry.

Twelve residents from the two oldest of the hostels, Kyne Park established in 1986 and Pinewood established the following year, constitute the community group associated with the Carriglea half of the study group, with 12 women considered "good communicators" by the matron of Carriglea completing the 24 strong Carriglea element of the study group.
CHAPTER 3

Demographics

Gender

The study group consisted of two subgroups, a residential group and a hostel group. (Table 3.1) Both of the subgroups were divided evenly in terms of gender.

TABLE 3.1


<table>
<thead>
<tr>
<th>Gender</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Martial Status

All participants (100%) in the study group were single. (Table 3.2).
### TABLE 3.2


<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Single</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Separated/divorced</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Spouse deceased</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Age Range**

As Table 3.2 indicates, a wide range of ages were represented in both the residential and hostel group. The most common age for both group fell in the age bracket of 36 to 40 years.
**TABLE 3.3**


<table>
<thead>
<tr>
<th>Years</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21 - 25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26 - 30</td>
<td>4.55%</td>
<td>15.38%</td>
</tr>
<tr>
<td>31 - 35</td>
<td>18.18%</td>
<td>19.23%</td>
</tr>
<tr>
<td>36 - 40</td>
<td>27.27%</td>
<td>30.77%</td>
</tr>
<tr>
<td>41 - 45</td>
<td>22.73%</td>
<td>15.38%</td>
</tr>
<tr>
<td>46 - 51</td>
<td>9.9%</td>
<td>15.38%</td>
</tr>
<tr>
<td>51 +</td>
<td>4.55%</td>
<td>3.85%</td>
</tr>
<tr>
<td>No Information</td>
<td>13.64%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Place of Birth**

The members of both the residential and hostel groups were for the most part natives of the Munster region. (Table 3.4) Interestingly, the most common place of origin for the residential group was Waterford city or county, while that for the hostel group was Co. Tipperary.
TABLE 3.4


<table>
<thead>
<tr>
<th>Place</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterford City</td>
<td>13.64%</td>
<td>3.85%</td>
</tr>
<tr>
<td>Co. Waterford</td>
<td>4.55%</td>
<td>7.69%</td>
</tr>
<tr>
<td>Co. Tipperary</td>
<td>9.09%</td>
<td>19.23%</td>
</tr>
<tr>
<td>Co. Kilkenny</td>
<td>9.09%</td>
<td>3.85%</td>
</tr>
<tr>
<td>Co. Limerick</td>
<td>9.09%</td>
<td>7.69%</td>
</tr>
<tr>
<td>Co. Cork</td>
<td>9.09%</td>
<td>11.54%</td>
</tr>
<tr>
<td>Co. Kerry</td>
<td>4.55%</td>
<td>7.69%</td>
</tr>
<tr>
<td>Other*</td>
<td>22.73%</td>
<td>26.92%</td>
</tr>
<tr>
<td>No Information</td>
<td>18.18%</td>
<td>11.54%</td>
</tr>
</tbody>
</table>

*Category other refers to other counties of birth including Co. Wexford, Co. Galway, Co. Clare, Co. Carlow, Co. Dublin and Co. Offaly.

Diagnosis

The majority of both the residential and hostel groups were attributed the diagnosis of Other Specified Mental Retardation. (Table 3.5) It is noteworthy, however, that a higher percentage of the hostel residents 38.46%, were diagnosed as having Mild Mental Retardation. Only 21.74% of the residential group were attributed the diagnosis of Mild Mental Retardation.
TABLE 3.5


<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>317 - Mild Mental Retardition</td>
<td>21.74%</td>
<td>38.46%</td>
</tr>
<tr>
<td>318 - Other Specified Mental Retardation</td>
<td>60.87%</td>
<td>53.85%</td>
</tr>
<tr>
<td>319 - Unspecified Mental Retardation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Information</td>
<td>17.39%</td>
<td>7.69%</td>
</tr>
</tbody>
</table>
CHAPTER 4

Current Living Situation

The primary goal of normalisation is the community integration of the mentally handicapped individual and the development of as normal a lifestyle, as is possible, given the potential of each individual. (100), (101) As such the immediate living environment experienced by residents and the daily management practices and routines which apply in their places of residence, have important implications for residents' overall quality of life. This study considered three aspects of the immediate physical and social environment of the study group, namely:

- Physical surroundings and conditions;
- Daily routine and management practices;
- Personal liberty and privacy; and
- Safety and security.

PHYSICAL SURROUNDINGS AND CONDITIONS

Living and Sleeping Arrangements - Residential Group

The residential group experienced a variety of living situations. 50% of the group (the women in Carriglea) lived in a number of units located in the grounds of the Carriglea training centre. Carriglea is situated approximately three miles from Dungarven town and the training centre itself is surrounded by extensive grounds. The units which cater for women of differing degrees of handicap vary in size. The training unit, St. Francis, houses 6 women, while large units provide accommodation for approximately 15 women. The women in the residential group were, for the most part, in units catering for between 6 and 10 residents. With regard to the male members of the residential group, 22% were living in a ward or dormitory situation in the Belmont training centre, with the dormitories providing accommodation for between 28 and 30 residents. The Belmont Centre also lies in the heart of extensive ground and is approximately one mile from Waterford City. The remainder of the men in the residential group were living in chalet accommodation in the ground of Belmont training centre. The chalet can provide accommodation for 6 people.

100. Wolfensberger, (1972), op. cit.

The standard of decor in the living quarters of the residential group were somewhat varied. In general the decor in the Carriglea training centre (female centre) was superior. All areas visited by the interviewer were bright and fresh, being tastefully decorated, well equipped and in an excellent state of repair.

The physical surroundings in the Belmont Centre (male training centre) appeared however to be of a lower standard. The large scale plan of the centre rendered certain areas cold and bare and in parts (corridors) the decor was somewhat shabby. The chalet, however, in which some of the males in the residential group lived, was brighter and more homely and lacked the institutional ambiance which prevailed in the main building of the centre.

The sleeping arrangements for the majority of the residential group were highly normative. As table 4.1 indicates, 35% of the group had their own bedrooms while a further 43% shared their bedroom with one other individual. 22% of the group (residents in Belmont training centre) slept in a ward or dormitory providing sleeping facilities for between 28 and 30 residents. A limited amount of privacy was provided in the wards, with each bed having a surrounding curtain which could be drawn at the residents' discretion. These findings suggest that the majority of the residential group had a relatively high level of privacy in relation to sleeping arrangements. There would appear to be a high rate of satisfaction among the group with regard to their sleeping arrangements, however 12% of the group, namely three male residents living in ward/dormitory accommodation, complained that disputes between residents and high noise levels often made sleep difficult.
TABLE 4.1

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Number of Roommates with whom the Residential Group Share Their Bedrooms

<table>
<thead>
<tr>
<th>Number of Roommates</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>35%</td>
</tr>
<tr>
<td>One</td>
<td>43%</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
</tr>
<tr>
<td>Three</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>17%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>5%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

Living and Sleeping Arrangements - Hostel Group

The hostel group resided in 4 domestic dwellings situated in the residential suburbs of Dungarvan and Waterford City. Three of the hostels are located in higher working to middle class estates with one being located in a more working class locality. Three of the four hostels, which cater for one sex only, provided accommodation for 6 residents, while the fourth houses 7 people. The standard of decor in all of the hostels was high and all appeared to be well equipped with regard to common household/domestic items. Leisure appliances such as televisions and radios were also provided in all (100%) of the hostels, with video recorders being enjoyed by the residents in 50% of the hostels. A relaxed, homely atmosphere prevailed in the hostels and items on display in the hostel living rooms and bedrooms, reflected the activities and interests of residents.

The sleeping arrangements of the hostel residents were highly normative in all cases. The majority (78%) reported having 1 roommate with the remaining
22% having a bedroom to themselves (Table 4.2). The majority of the hostel group appeared satisfied with the privacy afforded to them in relation to sleeping arrangements, however 12% made complaints regarding their roommates. One resident in Hostel One (male hostel) reported that his roommate's snoring prevented him from sleeping, while another reported that his roommate was moody and difficult to share a room with. A third resident in Hostel Five (male hostel) reported that in the past his roommate used to bully him but that he had since moved in with another resident and was now happy with his sleeping arrangement. Finally the decor in the bedrooms in all of the hostels was again highly normative with all of the rooms being modernly furnished and decorated.

**TABLE 4.2**

<table>
<thead>
<tr>
<th>Number of Roommates</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>22%</td>
</tr>
<tr>
<td>One</td>
<td>78%</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
</tr>
<tr>
<td>Three</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

**Personal Possessions - Residential and Hostel Groups**

A checklist of common bedroom items was administered to the study group with a view to determining the range and amount of items which the group possessed. The findings of the check list as indicated in Table 4.3 suggest that
the hostel group possess or at any rate display slightly more personal items in their bedrooms, than do the residential group. It would appear that the hostel group possess a higher percentage of non-functional goods such as ornaments and photographs than do the residential group. 61% of the hostel group reported having ornaments on display in their bedrooms, while 57% reported having photographs or posters on display. Only 35% and 26% respectively of the residential group reported having ornaments or photographs/posters on display in their sleeping quarters. The higher percentage of non-functional goods possessed by the hostel group may be a reflection of the greater amount of money they have at their disposal since moving to the hostel and the freedom and opportunity they have to spend same. It is noteworthy that none of the residential group reported any difficulty in safeguarding possessions, however one hostel resident claimed that it wasn't safe for him to keep his belongings in the hostel as they would be stolen or damaged by other residents.

DAILY ROUTINE AND MANAGEMENT PRACTICES

The management practices and daily routines of any residence have a large part to play in determining whether or not a normal home environment is provided for residents. For this reason, the staff and resident questionnaires and the resident diaries all sought to collect data regarding the daily routine of the study group and their input into decisions regarding the day to day running of their places of residence.
TABLE 4.3

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential and Hostel Groups
Response to Question "What items do you have display in your bedroom?"

<table>
<thead>
<tr>
<th>Items</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetics/toiletries</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Ornaments</td>
<td>35%</td>
<td>61%</td>
</tr>
<tr>
<td>Magazines/books</td>
<td>4%</td>
<td>0</td>
</tr>
<tr>
<td>Radio/tape recorder</td>
<td>22%</td>
<td>30%</td>
</tr>
<tr>
<td>Photograph/picture/poster</td>
<td>26%</td>
<td>57%</td>
</tr>
<tr>
<td>Other</td>
<td>52%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Bed Time and Meal Time Routines - Residential Group

There appeared to be limited flexibility in the running of the residential centres. All of the residential group were required to get up and have breakfast at a set time. The rising time for the residential group varied between 7.30 and 8.00 a.m. on weekdays, however for 50% of the residential group, namely the female members, there was a high degree of flexibility with regard to rising at weekends. The female residents of the residential group reported rising between 10.00 and 11.00 a.m. at weekends. The male members of the residential group however appeared to have a standard rising time even at weekends.

Greater flexibility in routine was evident in relation to bed time. Bed time for the female members of the residential group varied from 9.30 to 10.30 p.m. on week nights, with the decision regarding the exact time of retirement being left to residents' own discretion. It is noteworthy that the same male members of the residential group retired relatively early in the evenings. Bed time for the men in the residential group varied from between 8.00 to 9.40 p.m. on week nights. The male members of the residential group also appeared to retire earlier at weekends, with reported weekend bed times for the men varying
from 9.00 to 10.00 p.m. Weekend bed time for the women in the residential group ranged from 9.30 to 11.00 p.m. The residential group appeared quite satisfied with the routine which operated in regard to getting up and retiring, with no complaints being made by the group about that aspect of their lives. This may however be a reflection of the fact that the majority of the residential group have been in institutional care for much of their lives and are accustomed to such routine.

Very little flexibility was evident with regard to meal times for the residential group. The only meal which appeared to be provided at differing times was breakfast, which was served later for some of the residential group on weekends. Dinner and evening meals were however provided at a set time on both weekdays and at weekends. Flexibility with regard to the timing of meals was not possible due to dependence on a central catering service within the training centres. Again no specific complaints were made by residents, regarding the meal time routine in the training centres. However a number of the residential group, primarily residents in the Belmont Centre, complained about the monotony of the routinised style of life they were leading and indicated a desire for change with relation to their everyday routine. The comments made by the residential group in this respect are outlined on page.

Bed Time and Meal Time Routines - Hostel Group

As with the residential group, the rising time of the hostel group was subject to a strong degree of rigidity. In general the hostel group rose slightly earlier than their residential counterparts, possibly as a result of having to travel to work. The average rising time for the group was 7.00 a.m. to 7.15 a.m. on weekdays. The hostel group had no set time for rising on weekends. Bed time on week nights varied also, however all of the hostel group usually retired between 9.30 p.m. and 10.00 p.m. There did however appear to be a significant amount of flexibility with relation to bed time, with both the hostel staff and residents reporting that residents were allowed to stay up on occasions that they requested, usually to watch a tv programme. Decisions regarding bed time at weekends was left to the discretion of the hostel residents themselves. The hostel group made no complaint regarding either rising or bed time and in general seemed satisfied with the routine they followed. Interestingly none of the hostel group reported being bored with the daily routine of their living situations and this would suggest that the hostel group experienced a lesser degree of rigidity in relation to their daily lives, than did the residential group.
Cooking/Cleaning Routines - Residential Group

The residential group have limited input into the preparation of their meals or with decisions regarding menus. In both of the training centres the main daily meals were prepared centrally and distributed to the dining rooms in each ward or unit. Breakfast was however prepared independently in the units or chalets in which 78% of the residential group lived and these residents were assisted by staff in the preparation of their own meals. The majority of the residential group (78%) were also involved in the laying of tables for meals and in doing the wash up.

A variety of domestic chores were regularly undertaken by 78% of the residential group. All of the group were responsible for making their own beds, while some of the 78% living in individual units or chalets, assisted staff with, or undertook on their own, most domestic tasks. These tasks included: bed making; meal preparation (breakfast primarily); laying/clearing tables; washing/drying dishes; hoovering/sweeping and dusting/polishing. The residents of the Belmont Training Centre who lived in a ward/dormitory setting accounted primarily for the 26% of the residential group who did not participate in domestic chores. Other less common chores undertaken by members of the residential group included collecting and sorting clothes from the laundry, feeding hens, doing errands for staff and answering the phone and taking messages.

While the lack of control over menus and meal times experienced by the residential group is typical of institutional living, the occasional participation of the majority of the group in a wide range of domestic chores is relatively normative.

Cooking/Cleaning Routines - Hostel Group

In contrast to the residential group, all of the hostel residents reported having an input into decisions regarding menus. The hostel group have all their meals at home (apart from lunch which they carry prepacked to their place of work) and as such houseparents have the opportunity to take the individual tastes of all residents into account in the preparation of menus. With regard to the preparation of meals 43% of the hostel residents reported that staff prepared meals, while a further 48% claimed that they assisted staff in the preparation of various meals. One resident (4%) reported that she occasionally took responsibility for the preparation of the tea taken by residents prior to bed time. The involvement of residents in decision making regarding menus and their participation in the preparation of meals is highly normative.

The hostel residents, both male and female, also engage in a wider range of
domestic chores than do their peers in the residential group. Indeed the majority of the household tasks in the hostels are completed by residents with the supervision and assistance of staff, where necessary. A rota of chores is followed in each hostel and while residents do not appear to be involved in the actual drawing up of the rota their individual abilities and preferences in relation to certain tasks are considered. The houseparents in the hostels also ensure that the tasks assigned to residents are rotated over time. In general residents appeared satisfied with expectations regarding their input to domestic chores. One hostel resident however appeared to resent the amount of work he was expected to do and felt that the houseparents in the hostel should assume greater responsibility for domestic chores.

The majority of both the residential and hostel groups reported having little or no input into the making of important decisions regarding their lives.
PERSONAL LIBERTY AND PRIVACY

With regard to the decision of moving to their current residence, only 13% of the residential group felt that they had had any input in the making of the decision. As table 4.4 indicates, 30% of the residential group felt that the decision regarding their move to the centre they are currently in, was made by staff in the Centre, while a further 30% believed that the decision was made either by their families or the staff in the Centre they lived in previously. 26% of the group reported that they were unaware of who made the decision regarding where they would live, while the 13% who believed they had an input into the decision, felt that the staff in both the previous centre they were in and the staff in the centre they were moving to, has consulted them regarding their feelings on the move.

TABLE 4.4

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential Groups' Response to Question "Who decided you should come to live here?"

<table>
<thead>
<tr>
<th>Decision maker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>0</td>
</tr>
<tr>
<td>Self and Staff</td>
<td>13%</td>
</tr>
<tr>
<td>Staff</td>
<td>30%</td>
</tr>
<tr>
<td>Health Board</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>26%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
<td>30%</td>
</tr>
</tbody>
</table>

*Family or staff from residential centre in which individual lived previously
Low levels of resident consultation were also reported by the residential group with relation to decisions regarding the selection of roommates. (Table 4.5). 4% of the group felt that they had decided with their roommate to share a bedroom and 9% reported that the decision had been made in consultation with their roommate and staff. However almost half of the group (48%) were of the opinion that staff had decided what residents would share bedrooms. Finally 35% of the residential group reported that they had rooms of their own and had not been asked to share with anybody.

These findings would suggest that the residential group in general had little choice about where they would live with the majority also not being consulted regarding the selection of their room mates.

**TABLE 4.5**

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential Groups’ Response to Question "Who decided who you would share your bedroom with?"

<table>
<thead>
<tr>
<th>Decision Maker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>48%</td>
</tr>
<tr>
<td>Self</td>
<td>0</td>
</tr>
<tr>
<td>Staff, Self and Roommate(s)</td>
<td>9%</td>
</tr>
<tr>
<td>Self and Roommate</td>
<td>4%</td>
</tr>
<tr>
<td>Other*</td>
<td>35%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>4%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

*Residents allocated single rooms.
Personal Liberty and Privacy - Hostel Group

It is interesting that the hostel group also reported having very little choice with regard to moving to the hostels and choosing their roommates. (Tables 4.6 & 4.7). 26% of the hostel residents felt that, they themselves, assisted by staff, had made the decision to move to hostel accommodation. The majority of the group however (61%) believed that the decision had been made for them by the staff in their respective training centres. 9% of the hostel residents did not know who was responsible for the decision and 4% of the group did not reply to the question.

TABLE 4.6

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question "Who decided you should come to live here?"

<table>
<thead>
<tr>
<th>Decision Maker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>0</td>
</tr>
<tr>
<td>Self and Staff</td>
<td>26%</td>
</tr>
<tr>
<td>Staff</td>
<td>61%</td>
</tr>
<tr>
<td>Health Board</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>9%</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

As table 4.7 suggests the hostel residents had little choice in relation to their selection of roommates. 22% of the group had been allocated single rooms in the hostels and as such the questions of selecting a roommate had not arisen for them. The majority of the group however (65%) had reported that the houseparents in the hostels had decided which individuals would share rooms.
Only 4% of the group felt that they had chosen their roommate, while 9% reported that they themselves had decided, in consultation with their roommates, that they would share a bedroom.

**TABLE 4.7**

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question “Who decided who you would share your bedroom with?”

<table>
<thead>
<tr>
<th>Decision Maker</th>
<th>65%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>4%</td>
</tr>
<tr>
<td>Staff, Self &amp; Roommate</td>
<td>9%</td>
</tr>
<tr>
<td>Self &amp; Roommate</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
<td>22%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

*Residents allocated single rooms.

The limited amount of choice which the hostel residents report in relation to their move to the hostel and their selection of roommates is interesting. Queries made to staff both in the training centre and the hostels suggest that residents were consulted regarding their preference for moving to hostels but it would appear that the residents did not feel that they themselves had actually decided to move to hostel accommodation. The lack of choice in relation to the selection of roommates, reported by the hostel residents would also suggest that residents' autonomy in relation to making important decisions, is limited. It must be noted however that neither the residential nor hostel groups seemed to resent decisions being made for them in the two regards discussed above. A minority of the Belmont hostel residents did however express dissatisfaction with their subsequent transfer from one hostel to another.
SAFETY AND SECURITY

The sense of security residents feel in their place of residence has important implications for their overall quality of life. Interestingly the hostel residents reported feeling less safe and more frightened in their places of residence than did the residential group.

Safety and Security - Residential Group

44% of the residential group reported that they had been threatened or harassed in their places of residence (Table 4.8 while 26% reported that there was someone or something in their immediate environment that they felt afraid of (Table 4.9). The fear and harassment reported by the residential group would however appear to be a response to certain occurrences or events and as such the feelings of fear experienced by the group are most likely transient rather than permanent feelings. The fact that only 9% of the group reported being scared in the centre would seem to confirm this (4.10). The harassment reported by the residential group consists primarily of verbal abuse or threats made by other residents. One resident in the Belmont Centre reported being constantly bullied by another trainee in the workshop, while another Belmont resident reported being knocked down in the avenue of the centre by a traveller. Fights and disputes between other residents were sources of anxiety for many of the residential group, while the ringing of the phone and thunder and lightning were identified by two of the group, as things which frightened them.
**TABLE 4.8**

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential Groups' Response to Question "Have you ever been threatened or harassed in your current place of residence?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44%</td>
</tr>
<tr>
<td>No</td>
<td>48%</td>
</tr>
<tr>
<td>Almost</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>9%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

**TABLE 4.9**

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential Groups' Response to Question "Is there anything/anyone in or around this centre that you are frightened of?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26%</td>
</tr>
<tr>
<td>No</td>
<td>66%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
</tr>
</tbody>
</table>
TABLE 4.10

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential Groups’ Response to Question “Do you ever feel scared in this centre?”

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9%</td>
</tr>
<tr>
<td>No</td>
<td>78%</td>
</tr>
<tr>
<td>Almost</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

Finally the vast majority (92%) of the residential group reported that they would be afraid to walk out on their own in the grounds of the centre after dark (Table 4.11).
TABLE 4.11

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residentail Groups' Response to Question "Would you feel safe walking out in the grounds after dark?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4%</td>
</tr>
<tr>
<td>No</td>
<td>92%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
</tr>
</tbody>
</table>

Safety and Security - Hostel Group

A somewhat higher percentage (55%) of the hostel residents reported that they had been threatened or harassed since moving to the hostels, (Table 4.12) while 45% reported that there was something or someone in/about the hostel that frightened them (Table 4.13). Again a greater percentage of the hostel group (23%), as distinct from the residential group, reported being scared in their place of residence (Table 4.14).

The harassment reported by the hostel residents was of a different nature to that reported by the residential group. The harassment experienced by the residential group consisted of youths ringing doorbells, throwing stones at the hostels or pulling up flowers in the garden. Two members of the hostel group from Hostel One and Hostel Two also reported being called names and jeered at by local youths.

Occurrences which frightened the hostel group included: fights/arguments among fellow residents; bad temper and moodiness in particular residents; bossiness and bullying by certain housemates; fear of punishment received from houseparent for stealing newspapers from local shop; (Belmont hostel
resident) fear of traffic and crossing roads; fear of strangers calling to the house; (Carriglea hostel resident) fear of burglars; (Belmont hostel resident) fear of falling when out walking alone; (Belmont hostel resident with mobility problem) fear of being sent back to chalets as a result of frequent requests to be sent to another hostel; (Belmont hostel resident); fear of thunder and lightning.

The above findings would suggest that poor relations between fellow residents, are a major cause of the distress and anxiety experienced by the study group. It would appear however that the move to community based hostel living has exposed the hostel group to a number of experiences and situations which they find threatening or stressful (e.g. crossing roads, dealing with strangers calling to the hostel, coping with harassment and name calling from local youths) and to which they would not be exposed in the sheltered environment of a residential setting.

Current Living Situation - Opinions and Views of Residential Group

The residents of the four community hostels involved in the study proved overall, to be more satisfied with their current living environment than did the members of the study group residing in the residential centres. 71% of the hostel residents reported being either happy or very happy with the way things were run in their homes while only 48% of those in the residential centres made similar reports.

The study groups response to a question inquiring whether they would prefer to live elsewhere, also suggests that the hostel residents are more satisfied with their living situation than are their peers in the residential centres. Over half (57%) of the residents of the residential centres claimed that they would prefer to live elsewhere (either in a hostel or with a family member), while only 39% of the hostel residents made a similar claim.

Finally when asked if they were happier since moving to the hostels, 83% of the hostel group answered in the affirmative, while only 4% reported being less happy following the move. (Table 4.14) The individual who reported being less happy was a resident of Hostel Three (female hostel) and she would not be happy in the hostel until a houseparent who had recently left returned. It would thus appear that hostel living is significantly more preferable to adults with mental handicap than in residential life. The greater level of satisfaction with their living situation expressed by the hostel group is also evident in the comments made by the two groups. The following are comments made by residents of the residential centres regarding their living situations.
Carriglea Training Centre Residents

The comments made by the 14 women interviewed in Carriglea indicate both satisfaction and dissatisfaction with institutional living. The companionship of fellow residents and the leisure activities available in the centre were identified as positive aspects of their living situation by some women as the following comments show:

I like Carriglea very much.

This place is best for me.

It's nicer living here - I was getting bored at home.

You can look at TV and we have the record player.

I'm settled in now over in St. Bridgets.

I'm happy here but sad sometimes.

I am happy alright these days.

A greater number of the women however made comments which indicated dissatisfaction with aspects of their living situation. Feelings of loneliness were commented on by a number of the women who missed their families or members of staff with whom they no longer had contact. Boredom, fighting amongst other residents and relations with staff were also cited by the women as reasons for dissatisfaction with institutional life. The following are the comments made by the women in Carriglea.

I don't like the place lately, I'm bored, there's nothing only sitting down.

I get kind of fed up and bored here.

I do be lonely with no one to talk to.

I do like having Emer around to talk to when she's not there I have no one to talk to. That's what I like someone to talk to.

Sometimes I cries, I miss my family, I'd be sad. Emer lets me
phone home sometimes but sometimes my father would be shouting at me, I don't know why, I wasn't at him at all.

I'm happy here sometimes but I miss the people at home.

I miss Mary Jo (houseparent). I'll be happy when Mary Jo come back. I will never be happy in St. Francis until Mary Jo gets back.

I hates to see them fighting. They fights every day.

Some of the girls boss me. I used to do the wrong things before in St. Mary's. I was stealing things - I don't do that anymore.

In the kitchen they'd be always giving out - they tells me close the doors. Lack of choice and autonomy also proved to be causes of dissatisfaction for some of those interviewed.

The staff make all the decisions or Emer, either one of them.

I'm not allowed to go to a hostel. I'd love to be in one but I'm not allowed.

The Carriglea residents expressed mixed feelings regarding moving to hostel accommodation as is evidenced by the following comments:

I wouldn't mind living in a hostel.

I would like to go out alright to the hostel but Emer said no.

Outside in a new house is what I'd prefer.

I'm not allowed to go to a hostel, I'd love to be in one but I'm not allowed.

It (hostel) wouldn't suit me at all.

This place (Carriglea) is best for me.

The comments made by the Carriglea residential group would suggest that the majority of the group feel safe and secure in the environment of the centre.
I'd never be scared here at all.

I feel safe here alright - we have two dogs up in the farm.

I don't get frightened at all.

You don't go out here on your own unless there is someone with you so I don't get frightened at all.

The women in the residential group did however identify a number of events which frightened them. Fights/arguments with or between other residents appear to be the main cause of anxiety amongst the Carriglea group.

I feel nervous of the other girls sometimes. If anyone shouts at me I just go down my room crying.

I get frightened of lightning and when other girls are giving out.

I never be fighting with anyone but Gloria didn't like me at all.

**Belmont Training Centre**

The comments made by the Belmont residents regarding their current living situations were also mixed, identifying both positive and negative aspects of their lives in Belmont. Interestingly the comments made by the Belmont residents who had moved to chalet accommodation on the grounds of the centre, were unanimously of a positive nature and reflect high levels of satisfaction with the living situation in the chalets as distinct from that in the centre itself. The homely nature, the greater privacy, the quietness and the companionship afforded to residents in the chalets were sources of satisfaction for residents.

I'm happier in the chalet.

I'm happy out here (chalet).

Oh God, its much nicer. (speaking about chalet as distinct from the centre).

I like it here (chalet) its more of a home.
It's a break from St. Michaels (ward in centre).

You have peace, you're not living with so many.

There is noise and shouting in Michaels, its like a madhouse...
things are much better now in the chalet.

It's more private here.

The company here is great.

The negative aspects of their living situation identified by the men included boredom with the routine of their lives and annoyance at restrictions placed upon them.

I don't mind being here only I need a change that's all.

You'd like to have a change.

You can do nothing here.

I've seen things happen with staff they can be contrary with you.

As with the Carriglea residents a question asking whether the residents would like to move to a hostel, elicited mixed responses as the comments below suggest.

I'd only live in this place (chalet).

I would like to stay here (chalet).

I'll take the chance (of moving to hostel) we don't know where we're going yet - staff tell us where to go.

It would be wonderful (to move to a hostel).

I know that if myself and Maurice were together we'd get on grand.

We're thrilled, we can't wait to get out.

Myself and the rest are happy to go out.

63
In a house we could all be our own boss.

It is interesting to note that the residents in both Carriglea and Belmont who expressed opinions regarding moving to hostel accommodation had very firm ideas as to whether they did or did not want to leave their current places of residence.

The fears and hopes expressed by residents in relation to hostel living highlight the need for discussion with residents prior to their move to hostel settings. The provision of a forum in which residents can express their opinions may help to allay unnecessary fears and to temper high expectations which may be a future source of disappointment. The views expressed by the hostel residents in this study suggest however, that people with mental handicaps prefer hostel to residential living. It is also noteworthy that the residents in the hostels were more vocal and more inclined to express opinions than were those in residential care.

The male members of the residential group also identified disputes/fights between residents as a source of anxiety. Bullying by fellow residents and bad temper in other residents were also mentioned by the Belmont residents as things which frightened them.

The lads would be fighting. I hate it.

Some lads if you say boo to them they'd go mad. You're better off to stay out of their way.

Aidan Lynch is always at me.

A number of the Belmont group were of the opinion that the grounds of the centre were dangerous by night.

I wouldn't stir out.

It's too dangerous after dark.

A resident who was living in a chalet on the grounds commented on his fear about his forthcoming move to community/hostel living.

Sometimes you'd feel ready to go out but I think I'll be worried about it when t'will come.
It would thus appear that for the residential group disputes with or between other residents is the main source of anxiety. The comments made by the hostel residents suggest however, that while disputes between/with housemates were still a source of anxiety, events that occurred outside of the hostels were perceived as more frightening by the hostel group.

Current Living Situation - Opinions and Views of Hostel Group:

The residents of the Carriglea Hostels (i.e. 50% of hostel group) reported high levels of satisfaction with their living situations. Reasons given for this satisfaction included an improved social life, greater freedom, greater peace and greater choice in relation to being able to shop for personal items and being able to make decisions regarding bedtime. Relations with the house parents and with fellow residents were also identified by some of the women as advantages of community living. The following are the comments made by the women with regard to their satisfaction with hostel life:

I prefer the hostel- we get great freedom.

It's nicer living outside.

Yes, I like it out there.

You goes more place and the houseparents are very good to us.

Its much easier in the hostel, we do more things inside in the hostel.

I can go up and do my room or anything like that.

You go out more and go to different things.

I just likes it like and I like going home at the weekends.

We get more freedom.

The houseparents are good to us.
Doing our own shopping and things and going to the pictures, we never did that in Carriglea (advantages of hostel living identified by resident).
A minority of the Carriglea hostel group appeared less satisfied with their lives in the hostel. Fighting among housemates seemed to upset two residents and the tendency for certain residents to boss others was commented on by some women. Four of the women in the hostels (17% of overall hostel group) expressed a desire to live elsewhere. Three of the group wanted to live with a family member, while the fourth claimed that she wanted to return to the residential centre. Four of the women in the residential centre also expressed a desire for a change in living situation, with all of the four reporting that they wanted to move to hostel accommodation. The following comments are those made by the women who were least satisfied with their lives in the hostels.

"It's not too bad, I get on alright."

"I didn't like it at first but I'm settled in now."

"They'd be always bossing (Sonia O' Neill and Elanor Kelleher) and sometimes they fight."

"People pick on me, I get blamed for everything that goes wrong down in the hostel. Sometimes I get upset when people pick on me but it's good otherwise. Sometimes there would be fights."

A comparison of the comments made by the residents from the Carriglea Training Centre and the Carriglea Hostels reveals some interesting trends. Firstly, the hostel residents in general seemed to be more positive about their living situation with many being clearly delighted with the lifestyle they had in the hostels. Secondly, the reports of boredom and loneliness which featured strongly in the comments made by the residents of the training centre were absent from those made by the hostel residents. This would suggest that hostel living offers a more varied lifestyle and hostel residents made reference to the greater availability of both in house and outside social activities. Furthermore it is probable that the more close knit-family atmosphere of the hostel combined with the good relations which appear to exist between the hostel residents and houseparents, provide a foil for the type of loneliness identified by the women in the residential centre.

Residents in one of the Carriglea hostels (Hostel Three) reported being disturbed by the behaviour of a particular resident. Sometimes with Elanor, when she gives trouble you'd feel you weren't wanted.
Sometimes I'd be frightened if there was any troublemaking in the house. You'd be upset, one girl Elanor fights a lot.

A fear of strangers calling to the hostel was commented on by other residents.

If anybody came to the house that I didn't know I'd be scared.

We were told never to open the door to anyone. I'd be afraid to anyway.

The activities of local youths were identified by residents in one hostel (Hostel Two), as a source of worry.

The young ones would be at the door and calling us names.

I'd be a bit scared of the young people.

A number of the Carriglea hostel residents also reported that they would be scared in the hostel if they were left alone.

I'd be scared if I'd be by myself.

I wouldn't like it on my own, they wouldn't let me alone anyway.

Finally one resident commented on her dislike of traffic.

I'm a bit worried about cars, there is always cars going back and forth.

**Belmont Hostels**

The 12 men in the Belmont hostels (i.e. 50% of hostel group) also expressed a high degree of satisfaction with their living situation. The freedom and independence afforded by hostel living, the companionship of fellow residents, the smaller number in the hostel and their locations were all identified by the Belmont hostel residents as reasons for satisfaction with their living situation. The following comments highlight the advantages of hostel living as identified by the men.

The house is much better.
I'm much happier now, I'll keep far away from Belmont. I prefer the house.

Nothing is bad about the house.

I like it (house).

I'd much prefer the house to it (Belmont Training Centre).

Oh God, it's much better, anything that goes wrong in Belmont. You get blamed. Its quieter in the house, you mind your own business. I got blamed in the wrong once in Belmont, that doesn't happen here, there's no way I'd be as happy in Belmont. I was only happy with the work there, never again, once is enough.

You've great freedom.

What I found about coming out to the house was the freedom.

I can make more decisions that when I was in Belmont, its a big change alright for the better.

I have my independence, I can go up in the taxi and get my glasses done.

The lads are very good.

In the community there is only a few boys in the house and in St. Michaels there is a crowd. boys with the same amount of intelligence are put in the house and there is no fighting. There were fights every day in St. Michaels.

There was too many in the dorm. - you could get no sleep.
I can enjoy the TV better now.
This house is grand, the bus is near, the church is near and the shop is near.

Satisfaction with living situations was not however unanimous among the residents in the Belmont hostels. 5 of the men (22% hostel group) expressed a desire to leave the hostel they were currently living in and to move to another hostel or to a relative's house. Indeed the two men who wished to move to
other hostels expressed high levels of dissatisfaction and frustration regarding their current living situations. One individual with mobility difficulties felt that he was isolated and confined in the house he was in and was of the opinion that he was much more mobile and independent when living in a different hostel due to its design and location. However a member of the hostel staff familiar with the resident suggested that he was always dissatisfied with his situation. The second individual who had recently changed hostels wanted to return to his previous living place as he felt he was unsuited to the new hostel and wasn’t accepted by the residents in it. The following were the comments made by the individuals discussed above:

I'd much prefer the other house, I'm much more independent there.
I can't get around this house.

I miss the lads in Tramore - I had much more freedom there. I'd be better back at Hostel Four. The boys don't make friends at all, I'm not happy in the house sometimes. There is too much orders in this house. I have my own time in Tramore.

Three other men living in the Belmont hostels expressed a desire to be living with relatives, none however were dissatisfied with living conditions in the hostel and both stressed that their desire to live at home was no reflection on the hostels. The following comments were made by the individuals concerned.

I'd rather be at home.

I'd rather be at home with my brother, I'd like to be back in my own county, tell the boss that.

The men in the hostels could identify few disadvantages to hostel living and had few complaints to make about same. The location of a previous hostel and loneliness after staff in Belmont were the only disadvantages which the residents commented on. One man commented that:

The first house was too far out, 'tis nice here girl.

Another made a similar complaint, claiming that:

The other place was too far away from everything.
Loneliness after certain members of the Belmont staff was commented on by another man as follows:

I miss the girls in the kitchen.

As a group the Belmont hostel residents proved to be very reflective with regard to the whole process of moving from residential to community based care. A number of the men made comments regarding what they believed would be the experience of new residents moving to hostels while others made suggestions regarding the preparation of individuals for the move to community living. The following are the comments made in these respects:

They'll never want to go back to Belmont again.

I didn't want to move out at all in the first place - institutionalised that's what I was - you need a push to get out sometimes.

They (staff) should show them the house and the area first. I didn't know where I was going.

Boys with the same amount of intelligence should be put in the house together so there is no fighting.

I'd like to see the boys in the chalets moving out - t'would suit boys that are fairly bright best.

Again it is noteworthy that the negative comments regarding living situation made by the residents of Belmont Training Centre, were not mirrored in the reports given by the hostel residents. This would suggest that the main problem identified by the residential group, namely, boredom with routine, has not arisen in the hostels. The smaller numbers in the hostels and the consequent reduction in the need for the strict organisation and planning which characterise residential living, create a greater potential for more varied and less routine living patterns and alleviate the frustration engendered by highly regulated living arrangements.

The Belmont hostel residents expressed mixed views regarding how safe they felt living in the community. Some reported feeling very safe in a hostel setting.

It's safer in the house than in the centre.
I'm not afraid, I walk up to town.

You could go into town on a Saturday and no one would ever mind you or take notice of you - I was kind of afraid of it before I came out. Even the children wouldn't mind you.

A number of the Belmont hostel residents commented, however on being upset by the activities of some local youths.

The young lads do be throwing things in the windows.

They does be calling me names, young fellows. I don't bother with them. You must say to yourself they are only fools anyway.

Other residents referred to their fear of going out alone after dark.

I'd get a fright in the dark.

It wouldn't be safe.

You'd never know what would happen to you (in the dark).

Finally one resident proved very concerned over his future place of residence.

I'm frightened that I won't get back to Tramore and that I'll be put back into the chalets.

**Current Living Situation - A Staff Assessment**

Assessment sheets and questionnaires administered to a selection of staff in both the residential centres and hostels provided some interesting data regarding the staff's perception of the study groups' current living situation.

**Training Centre Staff**

The staff in the two training centres expressed varied opinions about the current living situation of the residential group. In general the staff in the Carriglea training centre (female residents) felt that the living situation and lifestyle of the residential group members in the centre was reasonably good. Staff in the Belmont Centre (male) however were of the general opinion that the
centre did not adequately meet the needs of the residential group members residing in Belmont. All of the Carriglea staff felt that the centre met the residents' needs "quite well", while the Belmont staff were of the opinion that the centre did not meet the residents' needs very well or that it was only "so-so" in terms of its ability to meet residents' needs.

The Belmont staff identified a number of factors which they felt were not conductive to the residents' enjoyment of a high quality of life. The lack of provision for personal belongings and limited privacy and personal space were commented on by one member of staff at Belmont. Limited autonomy and decision making power in relation to everyday activities was also commented on by staff in Belmont, as was the rigidity of the organisational routines necessitated by the numbers in the training centre. The following comments reflect the views of staff from the centre in relation to the above concerns.

They lack the opportunity to make choices for themselves e.g. what time to get up at, food, cooking, choice in meal times, etc.

These residents live in a large group (29 residents) therefore in the interest of organisation their life is run very much to routine which gives little choice of flexibility and of meeting individual needs. Staff ratio is poor.

They should benefit from more autonomy. They are a very independent group who would need minimal supervision.

They are an independent group who deserve the chance for a better quality of life.

The residents' limited opportunity to experience a "normal" home life was also highlighted by a member of the Belmont staff who commented that residents' needs for true home living e.g. doing own laundry, cooking, planning their spare time, travel to and from work, etc.

were not met in the residential setting.

The Belmont staff based in the chalets on the grounds, were very definite however that the lifestyle in the chalets, which caters for approximately 6 residents, was significantly more beneficial to residents than life in the centre.
itself. Staff members commented that the chalets provided residents with:

A more realistic life style and home settings; and

A better standard of living in a more realistic home setting.

A better quality of life.

The limitations of the chalets in providing residents with a normative life style were also highlighted by staff members in Belmont. The following were the comments made in relation to this issue:

Although they are independent to a certain extent, they are still cocooned within a centre.

They need to move on from here to further enhance their quality of life.

I feel a house outside of the centre would be of more benefit.

The Carriglea staff interviewed, proved however to be more positive regarding the extent to which the Carriglea centre met the needs of the residents in the study group, as the following comments indicate:

On the whole I would say the centre serves them well.

The centre provides the best possible accommodation and care necessary for the people here.

There is a high standard of care and concern here. Its treated as their "home" and we are always open to suggestions for the betterment of the centre.

The location of the centre and the difficulty it poses for providing transportation for residents was identified by one staff member as a problem.

The centre is situated a little too far out from town with no public transport serving same.

Poor staff/resident ratios were also identified as an occasional problem by a staff member.

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Staffing arrangements are curtailed due to sickness and holidays sometimes.

The comments made by the staff in the residential centres arguably reflect the different design and organisation of the Carriglea and Belmont centres. The dormitory/ward accommodation provided for some of the Belmont residents and the subsequent rigidity of routine, minimal autonomy and limited space/privacy, resultant from the provision of care in such a setting, are to a large extent absent in the Carriglea centre, where care is provided in small home like units. The provision of unit based care allows for greater flexibility in routine, increased autonomy for residents and for the provision of greater individual privacy and space. The improved quality of life experienced by the Belmont residents, who had moved to unit based care in the chalets on the grounds of the centre, was commented on by the Belmont staff and this again would suggest that many of the disadvantages of residential living are mitigated by the provision of care in smaller units.

**Hostel Staff**

The hostel staff were unanimously positive in their assessment of the current living situation of the hostel group. The increased independence, freedom and autonomy experienced by the hostel residents was commented on by a number of staff.

They make a way more decisions now.

The independence they have is great compared to Belmont. They move about freely and they can make more choices for themselves.

They were very institutionalised, straight away after the dinner they'd be up to set the table for the breakfast. It took us a while to get them out of that. They wouldn't have any of that type of routine here.

Improvements in the residents physical living conditions and the privacy afforded to them were also highlighted by the staff.

This place is a lot more homely. Did you ever see the day room in Belmont? There's no comparison. There is much more room and privacy here and its homely.
It's more like a home, it's less restricted.

However staff in one of the hostels (Hostel One) were dissatisfied with the sanitary facilities available to residents in the hostel.

There is good enough room here but we are really stuck for a second toilet. If someone is in the bath for too long some of the lads can't wait and they are getting into the habit of going out in the back garden. That's not right at all.

A houseparent in Hostel Two was also of the opinion that the location of the hostel was unsuitable:

With hindsight the location of the hostel is unsuitable. The children in the area lack parental supervision and cause annoyance. Some of the residents in the estate are hostile. Other aspects of residents' living situations are good.

Finally the hostel staff commented on how much happier residents are since moving to the hostels.

They all appreciate how lucky they are. They wouldn't go back (to the centre) for anything.

They must be happy, they don't want to go back to Carriglea anyway.

Oh they are very happy, for example, they love going on holidays but when they come back they are happy.

They are so much happier in themselves, the change in some of them is amazing.

Oftentimes they'd be chatting among themselves about what it was like in Belmont. You'd know they are glad to be out of it.

The above comments would suggest that in the opinion of the hostel staff, the current living situation of the hostel group is significantly more satisfactory than that of the residential group. The greater freedom and autonomy afforded to residents in the hostels, their improved physical surroundings and their increased opportunity for socialising were identified by the hostel staff as the
main benefits reaped by the hostel group, as a result of their move to the community. The staff were unanimous in the view that the hostel residents were happy in the hostel setting.

Summary and Discussion

Physical Surroundings and Conclusion

The members of the study group living in community residences or hostels appeared to lead a relatively normal lifestyle although certain restrictions, arising from their lack of experience and limited skills, in some areas, were placed on their independence and freedom.

All of the hostel group live in regular domestic dwellings providing accommodation for 6-7 residents. 22% of the hostel residents have their own bedrooms, while the remaining 78% share with a roommate. On the whole the hostels provide residents with a high standard of physical surroundings, the hostels being well decorated and equipped with a range of regular domestic goods. One hostel (Brookdale) did not however have adequate sanitary facilities.

Members of the residential group proved to have a less normative living situation. 78% of the residential group live in chalets or individual units on the grounds of the Carriglea and Belmont training centres. These chalets/units provide accommodation for between 6-15 individuals. The remainder of the residential group (22%) live in a ward/dormitory setting in the main body of one of the training centres. 35% of the group have their own bedrooms, 43% share with other individuals and 21% live in wards catering for approximately 30 residents. The standard of decor in the two training centres involved in this study varied. The Carriglea centre provided a brighter, more modern and less institutional living environment for residents than did the Belmont centre.

Daily Routine and Management Practices

A significantly greater degree of flexibility was evident in the running of the hostels as distinct from the residential centres.

The weekday rising time of the hostel group was subject to a strong degree of rigidity such as to ensure punctual attendance at work. The hostel groups' weekend rising time was however left primarily to the discretion of the group themselves. Bedtime was also quite flexible for the hostel residents both on weeknights and at weekends, being again left (within limits) to the discretion of individual residents. With regard to mealtime routines, the hostel group prepared their own breakfasts and packed lunches and participated in the final
stages of the dinner preparations, when they returned from work. The tastes of individual residents were taken into account in the planning of menus within the hostels. Access to the telephone was also available in all of the hostels.

Residents in all of the hostels had free access to all areas of the house including the kitchen, and were free to make tea/coffee when they wished, provided that they were not abusing the privilege. The majority of household chores were completed by residents with the supervision or assistance of staff and domestic tasks were rotated regularly within the hostels with individuals' abilities and preferences in relation to tasks, being considered in the drawing up of the rota. An increase in the rate of domestic activities engaged in by individuals moving to community settings is a consistent finding in studies of the deinstitutionalization of the mentally handicapped. (91)

The residential group experienced little flexibility with regard to the domestic routines in the training centres. All of the group had specific rising times on weekdays, however those residing in chalets or individual units had greater flexibility with regard to weekend rising time. All of the group had a somewhat rigid bedtime routine on week nights but again residents in the chalets and units experienced a greater flexibility in relation to weekend bedtime. The residential group, in general, had limited input regarding the planning of menus or the preparation of meals, as all meals. Other than breakfast, were prepared centrally within the training centre. As such very little flexibility was possible with regard to the timing of meals other than breakfast. A variety of domestic chores were undertaken by the 78% of the group living in chalets or independent units, however, the group members residing in dormitories or wards reported little domestic activity other than bedmaking.

**Personal Liberty and Privacy**

The majority of both the residential and hostel groups reported having little or no input into the making of important decisions regarding their lives.

The majority (61%) of the hostel group believed that the staff in their respective training centres had made the decision regarding their move to community living. Only 26% of the hostel residents felt that they had made the decision themselves with help from staff. Similarly only 4% of the 78% sharing a bedroom reported that they themselves had decided whom they would share with, while 9% reported making the decision in consultation with their future roommate. Staff in the hostels reported however that the hostel group had

been consulted regarding their preference for hostel living.

The majority of the residential group (60%) reported that the decision regarding their move to their current place of residence was made either by staff in the training centres they were leaving or moving to, or by their families. Only 13% of the training centre residents felt that they had had an input into the decision. Low levels of consultation were also reported by the residential group in relation to decisions regarding the selection of roommates. Of the 65% of the group sharing rooms, only 13% reported having any input into the decision regarding who they would share with. It would thus appear that the study group in general had little choice regarding where they would live or who they would share their bedrooms with.

Residents' need for privacy was respected in all of the hostels, with the hostel group being free to use their bedrooms anytime they wished. All of the hostel residents were also allowed to bathe/shower without supervision and while practical considerations such as hot water supply and time constraints limited the number of residents who could shower/bathe at certain times, there was a high degree of flexibility with regard to choice of bathing time.

In all of the hostels residents selected what clothes they wished to wear themselves with staff offering guidance only when asked or when the clothing selected was most appropriate.

The hostel residents in the 4 houses were also free to turn on tv, when they wished, and to engage in indoor leisure activities of their choice. Furthermore the friends/relatives of the hostel group were permitted to visit at anytime.

Residents in all of the hostels had to inform staff if they were going out and were required to indicate when they would be back. Residents were given house keys in 50% of the hostels (Belmont hostels).

79% of the residential group were free to use their bedrooms at any time, however in most cases showers/baths had to be taken when requested by staff.

The residential groups' freedom to turn on tv/record players appeared to be dependent on the decision of individual staff members and the training centre residents had limited freedom in relation to going out, even around the grounds of the training centres.

**Safety and Security**

The hostel group reported feeling slightly less safe in their place of residence than did the residential group. In general however both groups appeared to feel quite safe in their respective living situations.

55% of the hostel group reported having felt threatened or harassed in or around their place of residence, while 45% reported that there was someone or
something in their immediate surroundings which frightened them. The harassment reported by the hostel residents consisted of youths ringing door bells, throwing stones at the hostels, pulling up flowers in the hostel gardens, or jeering at residents and calling them names. Occurrences which frightened the hostel group included: fights/arguments among fellow residents; bad temper and moodiness in particular residents; bossiness and bullying by certain housemates; fear of punishment for stealing newspapers; fear of traffic and crossing roads; fear of strangers calling to the house; fear of burglars; fear of falling when out walking alone; fear of thunder and lightning and fear of being sent back to the training centre. It would thus appear that the move to community based hostel living has exposed the hostel group to a number of experiences and situations which they find somewhat threatening or stressful and to which they would not be exposed in the sheltered environment of a residential setting.

A somewhat smaller number of the residential group (44%) reported having felt threatened or harassed in their places of residence, while 26% reported that there was someone or something in their immediate environment which frightened them. The harassment reported by the residential group consisted primarily of the verbal abuse or threats/bullying of fellow residents. The ringing of the phone and thunder and lightening were identified by two members of the group as other things which frightened them.

**Satisfaction with Living Situation**

The mentally handicapped adults interviewed who had experience of both residential and hostel living expressed a general preference for hostel dwelling. The majority of the hostel residents expressed high rates of satisfaction with their living situations with the increased independence, freedom, privacy and quietness offered by hostel living coupled with the companionship of fellow residents and good relations with houseparents, were identified as reasons for satisfaction with the hostels. Only 4% of the hostel group expressed a desire to return to residential living, while 35% reported that they would prefer to live with a relative or family member.

The preference for community living and the high level of satisfaction expressed by hostel residents in Waterford is consistent with the findings of
similar studies in the U.S. and U.K. U.K. based studies conducted by Booth (92) Brandon and Ridley (93) and Donegan and Potts (94) have found that in general mentally handicapped adults express a preference for community as distinct from institutional living. A U.S. based study by Heal et al (95) also found that on a 50-item life satisfaction scale, young retarded people living in community facilities rated higher life style satisfaction scores than did a comparable group in residential care.

The residents in the residential centres of Belmont and Carriglea expressed mixed feelings regarding their living arrangements. The male residents, the majority of whom were living in chalets on the grounds of the centre proved very satisfied with their living situation in the chalets compared to the residential centre itself. This would suggest that the provision of small scale living units, (as in Carriglea) even if they are located on a central campus provides a form of residential care which is more acceptable to residents than traditional institutional living.

It is also noteworthy that the negative aspects of residential care, identified by the male and female residents, were different. Loneliness and boredom were the most commonly cited disadvantages of institutional life identified by the females in residential care while lack of privacy and frustration with unchanging routine, featured prominently in the negative aspects of institutional life identified by the male interviewees.

The residents of the training centres expressed mixed views as to whether they would like to move to hostels or not, with 59% of the residential group reporting that they would prefer to live either in a hostel or with relatives. Of those who did comment specifically on the issue of residential versus hostel living, a greater number stated that they would prefer to move to hostel accommodation. This may be accounted for by the fact that they were soon to move to the community and were excited about same. The women in Carriglea on the whole appeared to be less aware of the existence of hostels for Carriglea residents and consequently had less to say regarding the desirability or otherwise or community living. Again it must be noted that the majority of the residents interviewed in Belmont were involved in the "Pre-Community Home Training Programme", while only a minority of the women interviewed


95.
were resident in St. Francis, the community training unit in Carriglea.

It would thus appear that with regard to living situation, hostel residents report a higher degree of satisfaction. This would suggest that in one area at least, quality of life as experienced by mentally handicapped people has been improved following the move to community living. Hostel living would appear to afford residents a living situation that is less crowded, quieter and more homely than that experienced in residential care and provides mentally handicapped adults with greater levels of privacy and independence and with an opportunity to develop more satisfying relationships with staff and fellow residents.
**TABLE 4.12**

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living 1991. Residential and Hostel Groups satisfaction with the way their places of residence are run

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhappy</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Unhappy</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>OK</td>
<td>17%</td>
<td>4%</td>
</tr>
<tr>
<td>Happy</td>
<td>48%</td>
<td>57%</td>
</tr>
<tr>
<td>Very happy</td>
<td>0%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>Does not know</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>13%</td>
<td>4%</td>
</tr>
</tbody>
</table>
TABLE 4.13

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living 1991.
Residential and Hostel Groups Response to Question "Would you prefer to live somewhere else?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>57%</td>
<td>39%</td>
</tr>
<tr>
<td>No</td>
<td>30%</td>
<td>57%</td>
</tr>
<tr>
<td>Does not know</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

TABLE 4.14

Hostel Group - Response to Question:
"Are you happier since you came to live in the hostel?"

<table>
<thead>
<tr>
<th>Happier</th>
<th>83%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Happy</td>
<td>4%</td>
</tr>
<tr>
<td>Same</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

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CHAPTER 5

Recreation and Integration

Increases in social interaction and the increased use of and participation in, community resources and activities, are widely seen as criterion indicative of more culturally normative and therefore higher quality lifestyles. The move from residential to community based care for persons with mental handicap does not in itself however, guarantee increased social interaction or social activity. Numerous studies have investigated the relationship between community living, use of community resources, social interaction, family contact and friendship development. (107), (108), (109), (110), (111), (112). Two data collection tools were employed for the collection of information regarding the leisure opportunities and social life of the study group. Firstly, the quality of life questionnaire contained a number of questions designed to elicit information regarding the range of activities which the group participated in, the frequency of participation and the context in which the activities took place, i.e. location; group or individual basis, with or without supervision etc. The second data gathering tool used was a diary which detailed the daily activities of members of the group over a 7 day period. Diaries compiled by staff members were used to detail the activities of a representative sample (50%) of the study group.


108. Willer, B. & Intagliata, J., (1986), Comparison of Family Care and Group Homes as Alternative to Institutions, American Journal of Mental Deficiency, 6, 588 - 595.


"IN HOUSE" LEISURE ACTIVITIES

Range of Activities - Residential and Hostel Groups

A checklist of "in house" pastimes was administered to the residential and hostel groups with a view to identifying the range of leisure activities which the groups engage in and their frequency of participation in these pastimes. The activities on the list and the frequency of both groups' engagement in the listed leisure pursuits are shown in Tables 5.1 and 5.2.

TABLE 5.1

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Range and Frequency of In-house Leisure Activities Engaged in by Members of the Residential Group

<table>
<thead>
<tr>
<th>In-house Leisure Activity</th>
<th>Sometime This Week</th>
<th>Something Last Week Or Longer Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play Records/Tapes</td>
<td>48%</td>
<td>43%</td>
</tr>
<tr>
<td>Table Games</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Reading/colouring</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Hobbies/Interests</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>Entertaining visitors</td>
<td>0%</td>
<td>39%</td>
</tr>
<tr>
<td>Gardening</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>TV</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

85
TABLE 5.2

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Range and Frequency of In-house Leisure Activities Engaged in by Members of the Hostel Group

<table>
<thead>
<tr>
<th>Leisure Activities</th>
<th>Sometime This Week Or Longer Ago</th>
<th>Sometime Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play records/tapes</td>
<td>43%</td>
<td>48%</td>
</tr>
<tr>
<td>Table games</td>
<td>0%</td>
<td>44%</td>
</tr>
<tr>
<td>Reading/colouring</td>
<td>22%</td>
<td>57%</td>
</tr>
<tr>
<td>Hobbies</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Entertaining visitors</td>
<td>13%</td>
<td>65%</td>
</tr>
<tr>
<td>Gardening</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>TV</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The activities most commonly participated in by both the hostel and the residential group are quite similar. The most common activities of the residential group were: watching TV; listening to music and reading and colouring. These activities were participated in by 100%, 91% and 60% of the group respectively. With regard to the hostel group watching TV, listening to music and reading/colouring were again the most common "in house" pastimes, with 100%, 91% and 79% of the hostel residents respectively engaging in such activities. It must be noted, however, that in many cases residents' literacy skills are quite low and 'reading' in some cases may refer to browsing through simple books or magazines.

These findings would suggest that the move to hostel living has little effect on the type of "in house" leisure activities most commonly participated in by the hostel group. The hostel residents, however, proved to have a higher rate of participation in less common activities such as entertaining visitors, gardening and playing board games. 78%, 22% and 44% respectively, of the hostel residents engaged in such activities while the corresponding figures for
the residential group were 39%, 0% and 9% respectively. The residential group did, however, report a slightly higher level of participation in hobbies, with 0% of the latter as opposed to 22% of the hostel group reporting involvement in a particular hobby. The hobbies in which the groups were involved included doing jigsaws, playing an instrument, knitting, sewing/embroidery and acting as DJ for friends.

The diaries completed for half of the group revealed a number of other activities in which the groups were involved. Activities identified in the diary of the residential group included: letter writing; watching videos; dancing and singing to records; attending craft and drama classes, playing bingo, practising reading and visiting other units. The above activities were reported only in the diaries of the Carriglea residential group and took place either in the individual units within the centre or in the main hall. Activities reported in the diaries of the Belmont Park residential group included visiting the shop/canteen located within the centre and in the case of one individual, acting as DJ for fellow residents. The diaries completed for the hostel group revealed no leisure activities in which the hostel residents were involved, other than those already mentioned. It would thus appear that the "in house" activities most commonly participated in by both the residential and hostel group, are similar, but the hostel group appear to have a higher participation rate in less common activities such as: entertaining guests; gardening and playing board games. It is noteworthy however, that residents in the Carriglea Training Centre appear to have access to alternative activities (such as bingo and drama and craft classes) during their leisure time.

**Frequency of Participation - Residential and Hostel Groups**

Overall, the frequency of participation in all but the two most popular of the listed activities (namely watching TV and listening to music) was low. All of the people interviewed (100%) reported that they had watched TV at least once in the week prior to the interview and 48% and 43% respectively of the residential and hostel groups, reported that they had spent time listening to music in the same period. In the remainder of the listed activities however, participation rates by both groups were low, as tables 5.1 and 5.2 show.

It is noteworthy however that a significantly higher percentage of the hostel group 78%, as compared to 39% of the residential group, reported spending time entertaining visitors. This would suggest that the hostel group has a higher level of leisure time contact with "non residents" than do the residential group, but it must be borne in mind that in many if not most cases, visitors are residents of other hostels, staff members, or day attenders from the workshops frequented by residents. Relatives and friends of houseparents were also
reported to be occasional visitors to the hostels. Such visits provide the hostel residents with an opportunity to interact socially with members of the local community in a setting in which they feel at home.

"OUT OF HOUSE" LEISURE ACTIVITIES

A check list of out of house pastimes was also administered to the study group, again with a view to identifying the range of pastimes engaged in by the group. Tables 5.3 and 5.4 identify the out of house activities participated in by both the residential and hospital groups and their frequency of participation in same. The tables would suggest that both the residential and hostel group engage in a considerable range of out of house activities and for reasons of clarity the activities of each group will be considered separately.

TABLE 5.3


<table>
<thead>
<tr>
<th>Out of House Leisure Activities</th>
<th>Sometime This Week</th>
<th>Sometime Last Week For Longer Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub</td>
<td>0%</td>
<td>30%</td>
</tr>
<tr>
<td>Bingo</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Cinema</td>
<td>49%</td>
<td>52%</td>
</tr>
<tr>
<td>Church</td>
<td>91%</td>
<td>49%</td>
</tr>
<tr>
<td>Holiday</td>
<td>0%</td>
<td>96%</td>
</tr>
<tr>
<td>Walking</td>
<td>65%</td>
<td>22%</td>
</tr>
<tr>
<td>Club/Society</td>
<td>4%</td>
<td>48%</td>
</tr>
<tr>
<td>Adult Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sport participation</td>
<td>59%</td>
<td>9%</td>
</tr>
<tr>
<td>Sport spectating</td>
<td>0%</td>
<td>35%</td>
</tr>
<tr>
<td>Visiting</td>
<td>4%</td>
<td>65%</td>
</tr>
<tr>
<td>Outing</td>
<td>0%</td>
<td>74%</td>
</tr>
<tr>
<td>Dances</td>
<td>0%</td>
<td>61%</td>
</tr>
</tbody>
</table>

88
<table>
<thead>
<tr>
<th>Out of House Leisure Activities</th>
<th>Sometime This Week</th>
<th>Sometime Last Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub</td>
<td>17%</td>
<td>57%</td>
</tr>
<tr>
<td>Bingo</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Cinema</td>
<td>0%</td>
<td>91%</td>
</tr>
<tr>
<td>Church</td>
<td>96%</td>
<td>0%</td>
</tr>
<tr>
<td>Holiday</td>
<td>5%</td>
<td>91%</td>
</tr>
<tr>
<td>Walking</td>
<td>65%</td>
<td>30%</td>
</tr>
<tr>
<td>Club/society</td>
<td>0%</td>
<td>35%</td>
</tr>
<tr>
<td>Adult Education class</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Sport participation</td>
<td>77%</td>
<td>14%</td>
</tr>
<tr>
<td>Sport spectating</td>
<td>0%</td>
<td>30%</td>
</tr>
<tr>
<td>Visiting</td>
<td>9%</td>
<td>55%</td>
</tr>
<tr>
<td>Outing</td>
<td>0%</td>
<td>82%</td>
</tr>
<tr>
<td>Dances</td>
<td>9%</td>
<td>68%</td>
</tr>
</tbody>
</table>
Range of Activities - Residential Group

The most common out of house leisure activities engaged in by the residential group was walking (87%), sporting activities (65%), visiting (69%) and going on outings (74%), to dances (61%) and the cinema (74%) were also activities which the group reported engaging in.

Frequency of Participation - Residential Group

Participation in some of the activities listed above was however infrequent. As Table 5.3 indicates, frequency of participation in sporting activities was significantly greater than participation in social activities such as visiting pubs, going to dances/discos/cinema etc. 65% of the residential group reported having taken a walk in the week previous to the interview while 56% had participated in a sporting activity in the same time period. In contrast none of the group had visited a pub or gone to a dance or an outing on the week previous to the interview while only 49% of the group had been to the cinema in the week prior to their interview.

Sporting Activities - Residential Group

The sporting activities engaged in by the residential group were in most cases part of a scheduled programme planned for the residents and supervised by staff. The Carriglea residents interviewed, participated in sport sessions conducted at set times each week. They also had the opportunity to avail of a tennis court during their free time if they wished, however, only three residents reported making use of this facility. Walks, while not part of a scheduled programme, would appear in most cases to be initiated by staff in the various units in Carriglea and as such were usually a supervised group activity. The fact that the Carriglea Centre is serviced by such a wide range of sporting facilities means that the residents have little need to avail of community sports facilities during leisure periods. The opposite is true of Belmont Park. Residents from Belmont also participate in a planned programme of sport activity. However, local facilities eg. swimming pool, stables, and bowling alleys are used on a regular basis by residents. Although community facilities are being used by the Belmont residents, they are used on a group basis by the staff and residents and as such provide the residents with little opportunity for mixing with non handicapped adults. A programme has been implemented in Belmont however, which facilities interaction between students from a local secondary school and the residents at the centre. The
students provide individual coaching for the residents in various sports skills and in so doing provide residents with an opportunity for close interaction with a non handicapped member of the local community. In general however, group participation in out of house leisure activities would appear to be the norm for the residential group, 61% of whom reported that they usually went out with a large group i.e. more than four individuals. Such homogenous groups mitigate against greater interaction between the general public and the members of the residential group who make use of community facilities. Walking is also a popular activity amongst the residents in Belmont most of whom reported that they went for walks on their own or with a friend, (within the grounds) with no report being made of groups of residents taking walks with staff supervision.
Social Activities - Residential Group

The non sporting activities engaged in by the residential group would appear to be organised by voluntary/community groups or the family and friends of individual residents. Such activities organised on either a monthly or fortnightly basis are attended by "special" groups (psychiatric patients, senior citizens, mentally handicapped) and consist of activities such as dances, discos, barbecues, parties and bus trips. Residents participating in such activities/outsings are accompanied by staff members, however such activities provide residents with an opportunity to mix with non handicapped adults (helpers/organisers) who are neither staff nor family members.

In general, the residential group make very little use of community facilities, such as churches, shops, post offices, banks etc. Both Carriglea and Belmont Park have churches in the grounds of the centre and residents in Belmont also have access to a shop/canteen which sells sweets and soft drinks. However, some of the residents in the Belmont chalets reported that they walk down to the local shop occasionally to purchase certain goods not available in the Belmont shop eg. TV guide. Residents from both Belmont and Carriglea also reported making occasional trips to town with staff members. With regard to the use of community facilitates such as pubs and cinemas, the residential group reported low levels of participation. 70% of the group reported never having been in a pub while 43% were never at the cinema.

Furthermore, those who reported attending pubs/cinemas appeared to have done so in the company of family members or friends during home visits.

It would thus appear that in general the out of house leisure activities participated in by the residential group consists primarily of regular scheduled sporting activities, undertaken on a group basis and participation in occasional outings or activities organised specifically for residents by voluntary or community groups. The majority of residents engaged in their leisure activities with fellow residents and staff, with walking, appearing to be the only out of house activity which some residents have the opportunity to participate in alone.

Range of Activities and Frequency of Participation - Hostel Group

The out of house leisure activities participated in by the hostel group were quite similar to those participated in by their residential counterparts. The hostel residents however, reported higher levels of participation in social as distinct from sporting activities which were the mainstay of the residential groups out of house leisure pursuits.

The most common out of house leisure activities engaged in by the hostel
group include walking (95%), playing sport (91%), going to the cinema (91%), going on outings (82%) and going to the pub (74%). (Table 5.4). Sporting activities were those most frequently participated in by the hostel group. 77% of the group reported that they had engaged in some type of sporting activity in the week prior to the interview while 65% had reported going for a walk in the same time period.

Information gleaned from the resident diaries confirm such reports. The diaries also revealed that shopping or browsing in town at weekends was a very common activity participated in by the majority of the hostel residents who did not return home for the weekend. Attendance at weekly Mass was also a common activity for the majority (96%) of the hostel group. Other activities which the hostel residents reported participating in, in the week prior to the interview included: going to the pub, visiting and going to dances/discos. (Table 5.4). Other community facilities utilised by the hostel group during their leisure time included: hairdressers, local cafes and restaurants and local post offices.

**Sporting Activities - Hostel Group**

The organisation and location of sporting activities for the Carriglea and Belmont hostel residents proved to be somewhat different.

For the residents of the Carriglea hostels sporting activities are still part of a scheduled programme and for the most part continue to be located at the Carriglea Training Centre. The hostel residents still attend games twice weekly along with other residents from the training centre. The games sessions are integrated into the working day routine followed by all of the trainees in the Carriglea workshop which the hostel residents attend. The women in the Carriglea hostel also attend a swimming session in the training centre one afternoon each week.

The continued location of sporting activities in the training centre negates the potential for social integration which sport participation could provide for the women in the Carriglea hostels. The residents in one hostel, Hostel Two, had however joined a local tennis club but a houseparent in the hostel reported that the residents had made very little use of their membership.

Residents from the Belmont hostels while participating in a wide range of sporting activities, did so in a less scheduled manner. Residents did not attend sporting activities in block as the Carriglea residents did and use was made of community sports facilities. Furthermore a number of residents from the Hostel Five hostel receive basketball coaching from female students in a local school one evening a week. This provides residents with an opportunity firstly, to develop friendships with non handicapped people and secondly to become more confident and comfortable dealing with members of the opposite
The area of sporting activity would thus appear to be one which provides opportunities for furthering the social and community integration of adults with mental handicap living in community settings. A number of the hostel group (30%), drawn primarily from the Belmont hostels reported that they attended sporting activities as spectators. Attendance at local sporting events provides hostel residents with another opportunity for integration with members of the local community with whom they share common interests and as such should be encouraged. Walking proved to be an even more common and popular activity among the hostel residents than it was with members of the residential group. 95% of residents from the Carriglea and Belmont hostels reported that they went walking in their local neighbourhoods on a regular basis. In most cases residents went walking unaccompanied by staff, however, a houseparent in Hostel Three, one of the female hostels, reported that she always accompanied residents on walks, as she felt it was not safe for them to be out alone. It is also noteworthy that for safety reasons, women from either of the Carriglea hostels were not permitted to go walking alone without a companion.

Social Activities - Hostel Group

The hostel group displayed a higher rate of participation in a more varied range of social activities than did their counterparts in the residential group. Probable reasons for the hostel group's increased participation in social activities include their location in urban settings close to amenities, the smaller numbers residing in the hostels, and the ease of organisation facilitated by same and the greater autonomy and decision making power accorded to the residents in the hostels. Interestingly the male and female hostel residents appear to favour different social activities. Visits to public houses and discos proved more popular with the male members of the hostel group while the females seemed to prefer going to concerts, fashion shows, dances and restaurants. The male residents also appear to have more freedom in relation to engaging in social activities without staff supervision. Male members of the hostel group reported visiting public houses and attending discos without houseparents. The female residents however, reported being accompanied by a member of staff when engaging in all social activities. The Carriglea hostel residents also appeared to have a greater level of involvement in activities/outings organised by local voluntary groups such as the Rainbow club and the senior citizens club, than do their male counterparts. Between 10 to -12 outings per year are organised for the Carriglea residents both in the hostel and training centre and these provide a variety of activities ranging from barbecues to day trips.
Shopping and going to the cinema appear to be activities enjoyed by all members of the hostel group and conversations with both hostel residents and houseparents suggest that all members of the hostel group are autonomous in relation to choices regarding leisure activities. This is in marked contrast to the experiences of the residential group whose choice of social activity is limited by the activities organised by voluntary groups.

While it would appear that the hostel group make greater use of community facilities and engage in many normative social activities, the majority of residents would appear to engage in their leisure activities as part of a large group consisting primarily of fellow residents and staff. (Table 5.5). Members of the hostel group who return home at weekends, (24%) have greater opportunities for engaging in leisure activities with non handicapped persons but for the majority of residents, staff and peers are the most common partners in leisure pursuits. Those residents participating in activities organised by voluntary groups do however have the opportunity to mix socially with non handicapped persons. The degree of social contact experienced by the study group and the potential provided by same for interaction with non handicapped individuals will be considered in the next chapter.
TABLE 5.5

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991: Hostel Groups' Response to the Question "Who do you usually go out with at evenings and at weekends?"

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small group (4 or less) and as individuals</td>
<td>30%</td>
</tr>
<tr>
<td>Large group (5 plus) and small group in roughly equal frequency</td>
<td>4%</td>
</tr>
<tr>
<td>Mainly a large group</td>
<td>62%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>4%</td>
</tr>
</tbody>
</table>

Satisfaction With Leisure Activities:

The hostel residents expressed a significantly higher rate of satisfaction with their leisure activities than did the residential group. (Table 5.6). 87% of the hostel group reported being either happy or very happy with their leisure time pursuits while only 43% of the residential group made a similar claim.

The above information provides an objective description of the leisure activities engaged in by 48 mentally handicapped adults living in institutional and community settings. The next section of this chapter seeks to outline the personal views and experiences expressed by these people in relation to their leisure activity and the chapter concludes with a consideration of staff opinions regarding the leisure opportunities available to the study group.
### TABLE 5.6

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Satisfaction with Leisure Activities as Reported by Residential and Hostel Groups

<table>
<thead>
<tr>
<th>D/T Scale</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unhappy</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Unhappy</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>OK</td>
<td>39%</td>
<td>0%</td>
</tr>
<tr>
<td>Happy</td>
<td>39%</td>
<td>73%</td>
</tr>
<tr>
<td>Very happy</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>No reply</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Leisure Activities - Opinions and Views of Residential and Hostel Group**

Comments made by the residential group clearly highlight their lack of autonomy and control regarding their leisure time activities and the limited range of activities available to them.

The following comments demonstrate this dissatisfaction:

"We have nothing to do. I play my tapes and that and sometimes I do colouring but we don't have enough colouring books. I'd be knitting as well, but I don't know what I'd be knitting. We'd be here most times some of us goes out to town in a group now and then."
I often go upstairs and rest when I have nothing to do. I get bored sometimes, I stay in my room most of the times.

We have nothing to do.

It's boring here. I likes going places.

I gets bored the odd time.

We have nowhere to be going.

The group nature of some activities and dependence on others to arrange activities, would appear to be another source of dissatisfaction as suggested by the following comments:

You can only go out when the rest are going.

You have to wait for someone to take you places.

We're not allowed to go places alone, they can't trust us.

We walk down the avenue or out on the road two by two and the staff with us, we're not let go on the road ourselves.

Mixed opinions were expressed regarding residents right to chose whether or not to participate in activities. Some residents commented on the fact that they had free choice regarding participation in activities.

We please ourselves.

We just do what we like.

Other members of the residential group, however, commented on their lack of choice in relation to participating in certain leisure pursuits.

We have to go for a walk when we're told.

We have to go for walks even when we don't want to.

Comments denoting satisfaction with leisure activities did not emerge from conversations with the residential group, however, a number of individuals did
make reference to ensure activities which they appeared to enjoy.

We go out playing football with Betty and I could play tennis with Sheila Murphy.

I puts on the TV... Home and Away and Coronation Street are the best.

I'd play cards myself or take a rest.

Leisure Activities - Opinions and Views of the Hostel Group

Discussion with residents from the hostels suggests that the greater range of out of house activities participated in the freedom of choice in relation to choosing leisure pursuits, are the main reasons for the high level of satisfaction with leisure pursuits, reported by the hostel group.

The hostel residents in general made more positive comments regarding their leisure activities, with many commenting on the improved leisure opportunities they had experienced since moving to the hostels.

I don't miss anything from Belmont.

We've more things to do now.

I'm happy with what I do now.

I'm happy enough with the things I's at.

We have more to do now in the hostel.

We have stations now which we would never have in Carriglea.

I have more things to do in Hostel Two.

Sometimes I goes on my own to the shop and sometimes another girl goes with me but we're not allowed down town alone.

We had nothing there (Training Centre) only look at tv.

Often days now I'd read the newspaper.
Up in St. Michael's you couldn't read at all with the noise.

We goes for our dinner on birthdays.
The club often bring us to the pictures.

The comments made by the hostel group also suggest that they are more autonomous in relation to choosing leisure activities.

It's up to me what to do. In Belmont there was no freedom.

It's up to ourselves. (Speaking about choosing spare time activities).

However a number of residents made reference to being accompanied by staff or other residents when going out.

We always go three by three or take somebody with us.

We have to have someone with us here .... at home I could go on my own alright.

A few of us always go out together.

We wouldn't be allowed to go walking alone, I wouldn't chance it, I'd be half nervous.

A couple of us always go together actually.

We go out mostly with the staff.
The most of them goes out together.

It's only the staff who decides who'll go out together.

Although many residents commented on the fact that they were always accompanied by either staff and residents, when going out, it was unclear whether they believed this to be a natural occurrence or whether they felt it to be an imposition on their freedom and independence. It is noteworthy however, that two residents who returned home every weekend, commented on the fact that at home they were accorded greater freedom in relation to going out alone. It should also be pointed out that while residents rarely participated in out of house activities alone, many (primarily male residents)
reported going on errands to local shops or going around town on their own.

A minority of the hostel group made comments which indicate dissatisfaction with certain aspects of their leisure time. One resident in particular was very frustrated by a physical disability which made it difficult for him to engage in many activities. This disability was, he felt, intensified by the location of the hostel in which he resided. The individual was of the opinion that another hostel in which he had previously lived, was better suited to his needs.

I could do more in the other house. I can't get around as much here.

Another resident complained about lack of outside company.

We love to entertain but we don't have many visitors.

In general the comments made by the residential and hostel group confirm the findings of the questionnaire which suggested that the hostel group were more satisfied with their leisure activities than were their counterparts in the residential group. The hostel group would appear to have access to a wider range of leisure pursuits since leaving institutional care and would also appear to have greater freedom with regard to choosing what activities to participate in. These findings would suggest that the move to community living has resulted in an improved social life and presumably an enhanced quality of life for the adults with mental handicap who are living in the community hostels surveyed in this study.

LEISURE ACTIVITIES - A STAFF ASSESSMENT

A questionnaire and assessment sheet were administered to a sample of houseparents in the residential centres and hostels involved in the study, with a view to confirming certain information provided by the study group and to eliciting the views and opinions of staff in relation to various aspects of the lives of the study group.

Training Centre Staff

Staff from both the Belmont and Carriglea training centres identified the need for residents to have a more varied range of leisure activities and to have the opportunity to participate in same on a small group basis. The need for resident participation in "outside" clubs and groups, which would provide residents with a forum for socialising with non-residents was also highlighted.
by the houseparents in the training centres. The following comments made by staff in the Carriglea training centre identify some of the staffs' views on the recreational needs of members of the residential group.

They need outside involvement in club, family visits and other activities.

The residents would benefit from more social contact.

They need an opportunity to travel in small groups and to be involved in more leisure pursuits.

Staff in the Belmont centre also commented on the limited independence and autonomy which residents had in relation to all aspects of their lives and one staff member was of the opinion that residents should receive training to encourage them to plan and take responsibility for their leisure time.

Planning their spare time is something they need training in.

The location of the training centre and lack of travel facilities was felt by the Carriglea staff to be a barrier to residents participating in leisure pursuits outside the training centre. Easy access to transport would improve social contact. Transportation is a problem, the centre is situated a little too far out. Poor staff/resident ratios were also seen by staff in both centres as an obstacle to the encouragement of more varied in house leisure activities amongst residents. The staff interviewed felt that the staff/resident ratio, especially during periods when staff members were on leave or absent due to illness, prevented staff from meeting the individual needs of residents be it in relation to leisure pursuits or other aspects of their daily lives.

Staffing arrangements are curtailed due to sickness and holidays sometimes.

These residents live in a large group (29 residents), therefore in the interest of organisation their life is run very much to routine which gives little chance of flexibility and of meeting individual needs.

Staff ratio is poor.

The comments made by the residential centre staff comply with the residents descriptions of their own social lives and suggest that the limited and isolationist nature of the residents' social lives is recognised by staff. Poor
staff/resident ratios, lack of transport and high resident numbers, mitigate however against attempts to improve the quality of the residents social lives.

Hostel Staff

The hostel staff interviewed appeared to have a positive view of the social life enjoyed by the hostel residents and saw it as much superior to that experienced by the residents prior to moving to the centre.

Our residents live in a stimulating home-like atmosphere. They also engage in as many new activities as possible outside the house. They enjoy social outings - pictures, pub, music, dancing, and fashion shows. Living in the community has given them the opportunity to meet more people and make new friends.

Their social life has improved immensely.

They have more advantages regarding their social lives now.

They were like prisoners in Belmont. They have a better social life than most people now.

Residents' freedom of choice in relation to selecting and participating in leisure pursuits was commented on by staff who considered this increased autonomy to be a source of great satisfaction to the hostel residents.

They don't have to live with routine now. There is no restriction on them once they get back at a set hour. They really isn't a problem about going anywhere once they can make their own way.

We leave it up to themselves what they want to do. We used to push them before to go to discos, but some of them are too old for it. It wasn't at all suitable for their age but we just hadn't thought about it. We stick with what they want to go to themselves now. They do their own thing now.

The above comments made by the hostel staff reflect the hostel groups own assessment of their social lives since their move to the community. The social life of the hostel residents would as such appear to be more active, varied and flexible than that of their residential counterparts.
SUMMARY AND DISCUSSION

In-House Activities of Residential and Hostel Group

The move to community living would appear to have made little difference to the in house leisure activities of the hostel group. TV viewing and listening to music were the leisure activities most frequently engaged in by both the residential and hostel groups. Less popular in house activities common to both groups included reading; colouring; engaging in particular hobbies and entertaining visitors. The hostel group did however, report higher rates of participation in less common activities such as playing board games and gardening than did their residential counterparts. It is also noteworthy that the hostel group spent significantly more time entertaining visitors than did their peers in the residential centres.

The in-house leisure activities of both the male and female members of the hostel group proved very similar. However, the female members of the residential group appeared to have access to a more varied range of activities than did their male counterparts. Activities engaged in by the women in the residential group included drama and craft sessions; sing along and dance sessions. Only two males in the residential group reported participating in activities (playing the accordion and acting as DJ to other residents), other than watching TV or listening to music.

It would thus appear that the in house leisure activities participated in by the residential and hostel groups, are quite similar. In general the hostel residents appear to have a slightly more varied range of activities and would appear to spend significantly more time entertaining visitors. While visitors consist primarily of residents and staff from other hostels, visits are also received from the family and friends of staff and occasionally from neighbours. As such the hostels' residents would seem to have greater opportunities for meeting non handicapped adults and for developing social skills than do the residential group.

Out of House Leisure Activities

The adults with mental handicap residing in community hostels proved to have a more balanced and varied range of out-of-house leisure activities than did their peers in residential settings. Sporting activities and walking feature prominently in the out-of-house activities of both the hostel and residential groups. For the latter however, sporting activities tend to be part of a scheduled programme and in the case of 50% of the residential group, the
activities are located within the residential centre itself and hence provide neither a change of scene or company for participants. The sporting activities of the females in the hostel group continue to be scheduled and are still located primarily in the grounds of the training centre. As such, they provide participants with little opportunity for community integration or increased social contact. The use of community facilities as occurs in the case of the male members of the hostel group is more normative and residents from one of the male hostels have been provided with an opportunity to participate in a sporting activity with a group of local students.

With regard to social activities the hostel group display a higher level of participation in a more varied range of activities than do their counterparts in the residential centres. The hostel residents regularly visit public houses; go to discos/dances/cinema/concerts; attend local events and dine out.

Such leisure time activities are almost totally absent from the lives of the residential group whose social activity is limited for the most part to the outings/events organised occasionally by voluntary groups. However, it must be noted that while the hostel residents engage in a variety of normative social activities, they do so primarily in the company of fellow residents or staff members.

Finally, with regard to use of community services, the hostel group again display a significantly higher rate of usage of shops, cafes/restaurant, community churches, hairdressers etc. than do their peers in the residential group. Such usage of community services is highly normative and affords the hostel residents the opportunity to increase their range of social contact, an opportunity which is denied to the residential group who do not have the opportunity to make use of such services.

Satisfaction with Leisure Activities

A higher rate of satisfaction with leisure activities was reported by the hostel group. 87% of the hostel residents claimed to be either happy or very happy with their spare time activities, while only 43% of the residential group made a similar claim. Comments made by the residential group regarding their leisure activities were, for the most part, negative. Residents complained of boredom with activities and of lack of choice in relation to participation in leisure pursuits. Comments made by the hostel group, were in most cases, of a positive nature. The wider range of activities available to them and freedom of choice with regard to participation in these activities were much appreciated by the hostel residents.
DISCUSSION

In the late seventies the prevailing concept of success, in the field of the community placement of mentally retarded individuals was reconsidered. The relative normativeness of community residences is no longer taken as an adequate measure of the success of deinstitutionalisation. Variables such as subjective quality of life and personal satisfaction are now considered to be key criterion in the determination of the success of community placements. Increased participation in social activities and increases in social interaction are widely seen as criterion indicative of more culturally normative and therefore higher quality life styles. A variety of studies considering the social interaction and leisure patterns of mentally handicapped adults in community settings have been undertaken. Data from such studies has proved in cases to be inconclusive but it provides a background against which the finding of this study can be considered.

The increased involvement in leisure activities and the higher rates of social interaction among the hostel residents in the study group is consistent with findings by Bratt and Johnson in their study of the lifestyles of five young adults who moved into a bungalow. The study found that the group went out more often, went to a wider variety of places and spent more time engaged in interaction with other people.


The tendency displayed by the adults with mental handicap in this study (be they resident in a community or residential setting), to interact primarily with fellow residents, staff and other adults with mental handicap is also consistent with findings in the wider field. Kelleher et al's (121) Irish based study of the lifestyles of adults with mental handicap, in community based residences revealed that, in two thirds of the residences surveyed, residents usually engaged in their leisure activities with fellow residents, while in approximately half of the houses, staff also engaged in leisure pursuits with residences. Only in a quarter of the houses were residents found to commonly engage in leisure time activities with non handicapped persons. A number of U.S. and U.K. based studies have revealed similar findings. (122), (123), (124)

The wider range of leisure pursuits participated in by the hostel residents, their increased use of generic community facilities and the higher levels of satisfaction they express regarding their leisure activities would suggest that in one life domain namely leisure activities, the quality of life of the hostel residents improved as a result of the move to community living. The fact that the hostel residents continue to engage in leisure pursuits primarily with staff and fellow residents, suggests however that while they avail of community leisure facilities they are not yet part of the social life of the community.

The routinised block treatment characteristic of residential living was evident in the social life experienced by the residential group. Staff within the training centres are conscious of residents' needs for a more diverse range of leisure activities, greater contact with non-residents and individual attention such as to facilitate the enhancement of each residents' social life. A number of factors including poor staff/resident ratios, lack of transport facilities and large numbers mitigate against an improvement of the situation.

121. Kelleher et al., (1990), op. cit.
CHAPTER 6

Social Contact And Integration

As Kelleher et al suggest, the degree to which residents' social needs for integration, affiliation, friendship and a sense of belonging, are met, is considered a significant component of successful community living. (125) As such an effort was made in this study to highlight the degree of social interaction and contact which the study group have with non handicapped adults.

Family Contact

The degree of contact and affiliation which members of the study group have with their families is very varied. 69.6% of the residential group had at least one parent alive, while 95.6% had living relatives. A slightly greater percentage (75%) of the hostel groups' parents were living, with 95.8% of the hostel group having living relatives. Tables 6.1 and 6.2 indicate the frequency of both groups' contact with their parents and relatives.

There would appear to be no marked difference in the frequency of visits received by the residential and hostel groups from their parents. (Table 6.1).

### TABLE 6.1

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Frequency of Visits received by each group from their parents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Couple of times a month</td>
<td>4.4%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Several times a year</td>
<td>4.4%</td>
<td>0</td>
</tr>
<tr>
<td>2/3 times a year</td>
<td>4.4%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Once a year</td>
<td>26.1%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Never</td>
<td>26.1%</td>
<td>20.8%</td>
</tr>
<tr>
<td>No information</td>
<td>4.4%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Parents deceased/unknown</td>
<td>30.4%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Visits by parents appear to be quite infrequent (Table 6.1) however, almost half of both the residential and hostel groups visit their parents 2/3 times yearly or more. (Table 6.2)
As Table 6.2 indicates, the members of the hostel group who visit their parents, do so more frequently than do the residential group in approximately 29% of cases. Approximately 65% of the residential group receive visits from family members (other than parents), however in the majority of cases (52%) such visits occur only once a year. (Table 6.3). A somewhat lower percentage (45%) of the hostel group receive visits from relatives other than parents. These visits were also infrequent occurring for the most part only once a year or two or three times per year.
**TABLE 6.3**

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Frequency of Visits received by each group from family members/relatives other than parents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Couple of times a month</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Several times a year</td>
<td>8.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2/3 times a year</td>
<td>4.4%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Once a year</td>
<td>52.2%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Never</td>
<td>26.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>No information</td>
<td>4.4%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Parents deceased/unknown</td>
<td>4.4%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Interestingly, a somewhat greater percentage of the hostel group (68%) visit family members (other than parents) than do the residential group, 43% of whom make such visits. (Table 6.4). The majority of those who visit relatives do so at holiday periods, with 39% of the residential and 46% of the hostel group visiting relatives 2/3 times a year for holiday breaks.
TABLE 6.4

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Frequency of Visits made by each group to family members/relatives other than parents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>0</td>
<td>4.2%</td>
</tr>
<tr>
<td>Couple of times a month</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Several times a year</td>
<td>4.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2/3 times a year</td>
<td>39.1%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Once a year</td>
<td>0</td>
<td>8.3%</td>
</tr>
<tr>
<td>Never</td>
<td>47.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>No information</td>
<td>4.4%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Parents deceased/unknown</td>
<td>4.4%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

The hostel group proved to be more satisfied with the amount of family contact they experienced than were their residential counterparts. As Table 6.5 indicates 91% of the residential group reported that they would like to see their families more often. A somewhat lower percentage (77%) of the hostel group made such a claim. This would suggest that the hostel group were more contact with the degree of family contact they experienced.
TABLE 6.5

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Residential and Hostel Groups’ Response to Question “Would you like to see your family more often?”

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91%</td>
<td>77%</td>
</tr>
<tr>
<td>No</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>5%</td>
</tr>
<tr>
<td>No Reply</td>
<td>5%</td>
<td>0</td>
</tr>
</tbody>
</table>

CONTACT WITH FRIENDS AND NON HANDICAPPED INDIVIDUALS

Friends

Neither the residential or the hostel group reported having a wide circle of friends outside of the training centres or hostels where they resided. However all of those interviewed reported having friends in their dwelling places.

As Table 6.6 indicates, almost half of the residential group (48%), reported that they had no friends living outside of the training centre, while 30% reported that they did.

These friends consisted primarily of four categories of people, friends who lived near their family home, former residents of the training centres now living in hostels, day attenders at the centres’ workshops, or in the case of some Carriglea residents, local adults who befriended residents, in the centre who had little, or no family contact. These “friendship people”, took the resident whom they befriended on occasional outings, wrote to, or visited them and remembered them on birthdays and at Christmas. One resident also stayed with her “friendship person” during holidays. It would thus appear that the
vast majority of the residential group have little or no contact with individuals outside of the training centre. The "friendship person" scheme operated in Carriglea does however, provide the residents involved with an opportunity to develop a relationship with a non handicapped person who lives locally. Due to the fact, that the majority of the training centre residents return home only for holidays, those who have friends at home, have only limited contact with same.
TABLE 6.6

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Residential Groups' Response to Question: "How many friends do you have who do not live in this centre?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>17%</td>
</tr>
<tr>
<td>Two</td>
<td>4%</td>
</tr>
<tr>
<td>Three</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>None</td>
<td>48%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>9%</td>
</tr>
<tr>
<td>No Reply</td>
<td>13%</td>
</tr>
</tbody>
</table>

The tendency for a significant number of the residential group to identify staff members as friends is noteworthy and would suggest that staff/resident relations are, in many cases, extremely good.

A somewhat higher percentage of the hostel group (61%), reported having no friends, who were not resident in either a training centre or hostel. (Table 6.7) The lower percentage of the residential group making a similar report, may be accounted for by the fact that the residential group included residents from the hostels, in the category of "outside" friends. As with the residential group, the friends referred to by the hostel residents, consisted primarily of friends living near their family home or day attenders at the centre workshops. The majority of the hostel residents also indicated that they considered staff in the workshops and especially the hostel staff, to be their friends. Observation of interactions between staff and clients in the hostels, indicate that in all of the hostels surveyed, relations between staff and residents are very good and are characterised by mutual respect and concern. Indeed many residents appeared to be very emotionally attached to staff members. There would also appear to be somewhat greater staff/client interaction in the hostels as compared to the residential centres.
TABLE 6.7

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question "How many friends do you have who are not from this house or the training centre you lived in before?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>13%</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
</tr>
<tr>
<td>Three</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>None</td>
<td>61%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>4%</td>
</tr>
<tr>
<td>No Reply</td>
<td>9%</td>
</tr>
</tbody>
</table>

The above findings would seem to indicate that the hostel residents, although living in a community setting, have little if any regular contact with a non handicapped individual, (staff excepted), whom they consider to be a friend. They do however, as the next section shows, have a greater level of contact with a range of non handicapped acquaintances, whom they meet regularly.

Acquaintances and Social Contacts

To assess the extent of the study groups contact with non handicapped individuals, the group were requested to indicate who the met or talked to when participating in a variety of common activities. To complement this information, staff from both the hostels and training centres, completed an inventory of social contact, which catalogued the range of people with whom the groups had contact in a one week period. This inventory was completed for 50% of the study group.

As table 6.8 indicates, the residential group reported a lower level of contact with non handicapped adults in all of the listed activities, with the exception of
outings. These findings would suggest that hostel dwelling provides persons with mental handicap with increased opportunities for social contact with non handicapped members of the community and hence increases the likelihood of community integration. The social contact inventories completed by staff, suggest that the hostel residents have greater family contact and significantly greater contact with business people than do their residential counterparts. The reports of greater family contact would appear however to be a reflection of the fact that a higher percentage of the hostel residents return home for weekends. The hostel group would also appear to have regular contact with the friends and acquaintances of staff members, who call quite frequently to the hostels. Indeed residents from two of the community hostels were also reported to visit the family homes of certain members of staff. The residents would also appear to be familiar with friends and acquaintances of staff, who although not regular visitors to the hostels, know the residents and salute and chat with them if and when they meet.
<table>
<thead>
<tr>
<th>Leisure Activity</th>
<th>% of Residential Group who talked/met with non-handicapped individuals</th>
<th>% of Hostel Group who talked/met with non-handicapped individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub</td>
<td>13%</td>
<td>26%</td>
</tr>
<tr>
<td>Bingo</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cinema</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Church</td>
<td>9%</td>
<td>22%</td>
</tr>
<tr>
<td>Work</td>
<td>61%</td>
<td>83%</td>
</tr>
<tr>
<td>Holiday</td>
<td>66%</td>
<td>78%</td>
</tr>
<tr>
<td>Walking</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Club/Society</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Education/Class</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sport Spectating</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Sport Participating</td>
<td>43%</td>
<td>65%</td>
</tr>
<tr>
<td>Visiting Friends/Entertaining Visitors</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Outings</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Dances/Discos</td>
<td>22%</td>
<td>35%</td>
</tr>
</tbody>
</table>
In contrast, the residential group appear to have a limited circle of social contacts. The group do however, have occasional contact with helpers from the voluntary organisations who arrange outings for the training centre residents. The group's contact with business or trades people, would seem to be quite infrequent and this irregularity of contact mitigates against the development of the familiar relationship which members of the hostel group appear to have with the proprietors and employees of local business establishments.

It would thus appear that the hostel group enjoy a wider and more varied range of social contacts and acquaintances than do their residential counterparts.

The hostel group in keeping with their peers in the training centres would appear to have few, if any, close relationships with non handicapped adults, other than family members. A number of residents in both the hostels and residential centres would seem however to have close friends amongst their fellow residents or trainees.

**Neighbours**

Due to the location of both the Carriglea and Belmont training centres, the residential group have no contact with neighbours. In contrast, the hostels are located in residential areas and the majority of the hostel group, (73%), reported that they saluted all of their neighbours, while only 23% claimed that they did not salute their neighbours at all. (Table 6.9). A somewhat lower percentage of the residents reported that they had closer contact with neighbours, i.e., chatted with or did favours for them. As table 6.10 indicates, 45% of the residents claimed to be in close contact with one neighbour, with 14% claiming to have such a relationship with two neighbours. A similar percentage reported that they had close contact with a few neighbours. While 27% of the residents were of the opinion that they had close contact with none of their neighbours. More extensive discussions with both residents and staff, revealed that in general relations with neighbours, were excellent. Houseparents from one hostel, Hostel One, regularly attended meetings of the local resident's association and the staff and residents of a second hostel, Hostel Five, assisted with the upkeep of a communal greenpatch in their estate. Only rarely however did any of the hostels receive visits from neighbours, furthermore only residents from one hostel, reported being invited to a neighbour's house, that being on the occasion of a station mass.

Two of the hostels have occasional problems with local youths who engage in pranks such as ringing the doorbells, pulling up plants in the garden or throwing stones at the house.
TABLE 6.9
Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question: "How many neighbours do you salute?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>85%</td>
</tr>
<tr>
<td>All</td>
<td>73%</td>
</tr>
<tr>
<td>One</td>
<td>0</td>
</tr>
<tr>
<td>Two</td>
<td>0</td>
</tr>
<tr>
<td>Few</td>
<td>23%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Does not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>
TABLE 6.10
Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question: "How many of your neighbours do you have closer contact with?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>27%</td>
</tr>
<tr>
<td>All</td>
<td>0</td>
</tr>
<tr>
<td>One</td>
<td>45%</td>
</tr>
<tr>
<td>Two</td>
<td>14%</td>
</tr>
<tr>
<td>Few</td>
<td>14%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

Relations with Members of the Opposite Sex

41% of the residential group reported that they had a boyfriend or girlfriend, while a further 9% claimed that they would like to have one. (Table 6.11) Almost a third of the residential group, however, (32%), claimed that they would not like to be in a relationship with a member of the opposite sex.

The perception of boyfriends or girlfriends, held by many of the training centre group, did not in many cases appear to comply with the normal concept of a boyfriend or girlfriend. Discussions with those who claimed to have boyfriends/girlfriends, would suggest that in the majority, if not all cases, boyfriends/girlfriends, were acquaintances of the residents with whom they were friendly. Furthermore the majority of boyfriends/girlfriends lived near the residents' family homes and were seen infrequently. A minority of the group reported that their boyfriends/girlfriends were day attenders at the centres' workshops or helpers from local voluntary groups who organised activities for the residents.
23% of the hostel group claimed to have boyfriends or girlfriends, while a similar number stated that they would like to have one. (Table 6.11). 44% of the hostel residents reported having no interest in a relationship with a member of the opposite sex, with some being of the opinion that men/women were "bad news" or "too much trouble". As with the residential group, the girlfriends/boyfriends of the hostel group were living near the residents' family home, were fellow trainees or other individuals with mental handicap who attend outings or events organised locally by voluntary groups. The frequency of contact and the amount of time which the hostel residents spend with their boyfriends or girlfriends, would again appear to be quite limited. Staff from two of the hostels did however refer to more intense relationships which two residents had been involved in. In both cases the relationships were seen by staff to be excessive and were reported to have caused disruption in the hostels where the residents lived.

It would thus appear that for the most part, relationships which the training centre and hostel residents have, with members of the opposite sex are casual friendships.

The views and opinions of the study group regarding the amount of family and social contact they have are included below.

**TABLE 6.11**

Study of Quality of Life of Persons with a Mental Handicap Returned to Community Living, 1991. Residential & Hostel Groups' Response to Question "Do you have or would you like to have a girlfriend or boyfriend?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has girlfriend/boyfriend</td>
<td>41%</td>
<td>23%</td>
</tr>
<tr>
<td>Would like to have girlfriend/boyfriend</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>Would not like to have girlfriend/boyfriend</td>
<td>32%</td>
<td>44%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>No Reply</td>
<td>18%</td>
<td>0</td>
</tr>
</tbody>
</table>

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Contact and Integration - Opinions and Views of Residential and Hostel Group

Residential Group

The comments made by the study group in discussions regarding the amount of social contact they have, revealed some interesting findings. A number of the training centre residents appeared to regret the limited contact they had with their families.

I'd like to go home for the odd weekend.

I would like to see them (family) more often.

I get's upset here and lonely for home. Sometimes I cries, I miss my family. I’d be sad, Sr. Emer let’s me phone home sometimes.

There is nicer company at home. They are very good to you at home.

Anxiety over the health and welfare of family members was however expressed by a number of residents. Interestingly, all were from the Carriglea hostels.

I'm worried about my family they never writes.

I worry about my dad, sometimes I’d get very upset.

I get's upset sometimes when I thinks of mammy.

Sometimes I worry about home, if they tells me that anything is wrong then I starts to worry.

I'm a bit worried about mom and dad getting sick.

Interestingly a number of residents offered reasons or indeed excuses, for the low level of contact they had with their families.

It's too far to come down to see me.
They have enough to do.

My family doesn't get time to visit me.

Relations with family members were also commented on by a minority of residents. Residents experiences of family relations were mixed, some apparently enjoying family contact while others appeared anxious or distressed by relations with certain family members.

They are a bit rough at home, the boys call me names, mommy does give out to them cause I gets upset.

Sometimes my father would be shouting at me, I don't know why, I wasn't at him at all.

In general residents volunteered little information regarding their families and their relations with family members. There are a number of possible explanation for this. Many of those interviewed, had spent most of their lives in residential care, having only limited contact with home and family. In other cases the increased ages or the decease of parents and the changed relations in families following the marriage and moving away of siblings, have weakened the link between residents and their families. The training centre residents also had little to say regarding the contact they had with friends. It's noteworthy, that none of the group mentioned that they had no friends and that for the most part comments made by residents, regarding social relations were positive.

I have a friend at home in Kilkenny.

All my friends are here with me. We said that if we got out there(community), we would share a room and buy a clock together.

I have two good friends but they are gone to the houses.

Comments regarding their lack of friends, from outside the centre, were made by a small number of residents.

The lads I went to school with are all settled down now, they are different you know.

We have no friends outside but we would if we were there.
One male member of the residential group who regularly walked down to local shops, appeared to have a strong sense of belonging in the local community and considered the shopkeepers in the locality to be his friends. This resident made the following comment:

They all know me in Ferrybank, they are all my friends.

The close relationship that exists between some residents and members of staff is evident from the following comments made by residents in the St. Francis unit in Carriglea. A houseparent from the unit had left prior to the interviews.

I will never be happy in St. Francis until Mary Jo gets back.

I miss Mary Jo. It's not the same since she left.

Only a minority of the group made reference to relationships with members of the opposite sex.

I have a girlfriend at home.

I've no boyfriend but I suppose I'll be going out dancing with a lad sometime.

Oh I'll never have a boyfriend, I'll stay single, the boyfriend would be giving out to me like my father to my mother.

Hostel Group

The dissatisfaction expressed by the residential group regarding their limited contact with family members, was not as pronounced among the views expressed by the hostel residents. Indeed a minority of residents reported an increase in family contact since their move to community living.

I saw less of them (family) in Belmont.

My parents call more often now.

Other residents made reference to the limited extent of their family contact. In general however, they appeared to be less concerned about the matter, than were their peers in the training centres.
They (family) called more before. 

I'd like to see them more but it's not possible, it's a long story.

My mother calls some Sundays.

They have their own things to do but I see them weekly.

I'd like them to come down if they got time.

My mother came down to see the hostel before I moved in.

I'm not that attached to my family anymore. I was reared by my grandparents in the country. I go home to my aunt for the holidays and see my parents then. My brothers and sisters are married, I don't know their children, I'd like to see them.

The hostel group made few references to friends. However, comments made by the group in relation to their satisfaction with their current living situation, suggest that relations between residents in the hostels are good overall. It is noteworthy, that none of the residents voiced comments, which would suggest dissatisfaction with the number of friends they have.

I have one very good friend at home.

I meet the people that does the club. They are sort of friends.

Mrs. Kerrisk (member of staff in residents workplace) is my friend. She's my favourite.

Other residents also made comments which indicate that they consider certain members of staff to be their friends. One resident also commented on his relationship with a local shopkeeper.

I chats with the local shopkeeper. He knows me well.

Br. Alf and Fred calls sometimes.

The houseparents are good to us. They are great friends really. We can tell them if anything's wrong like.
Views expressed by the hostel group regarding their contact with neighbours, confirm the earlier findings, that while relations with local residents are very good, there is little close association with neighbours.

We don't talk to them much, one of them used to come across the road when Lydia was on. We might talk to an odd few, not too many of them like.

The neighbours, they're alright.

The odd time a woman calls in, we don't usually call into her house though.

We don't ever drop into the neighbours.

We give them a hand with the gardening.

One of them (neighbours) would come across to make a phonecall before but not to visit at all.

A number of residents also commented on the pranks engaged in by local youths.

They used to pull up our plants out in the back. Sometimes they'd call us names.

They knock at the door and throw papers in the letterbox and pull up the flowers out in the back.

Finally some members of the hostel group spoke about relationships with members of the opposite sex.

I have a boyfriend at home.

I have a girlfriend in Cork.

I have a girlfriend in my own place at home.

I have a girlfriend in Sunny View Terrace. I meets her sometimes.

There's a girl I meets at basketball that's nice. I like her a bit.
A number of residents from the Belmont hostels appeared somewhat apprehensive about relationships with women. One resident made the following comment about meeting girls in a social setting:

Sometimes they gives us a hard time. The can be strange.

Other male residents commented on the responsibilities, which they felt relationships with women would put upon them.

You're much better off taking your time with girlfriends. There's a lot in it.

Once you get married your freedom is gone. I have no responsibilities in the house. Micheal Doyle and Br. Joe look after us.

Women, they only want your money. You wouldn't have a penny with them sure.

It would thus appear that none of the hostel group are involved in serious relationships with members of the opposite sex. The group would also appear to be quite satisfied with this state of affairs and some would seem to be quite apprehensive and cautious about becoming involved in such a serious relationship.

CONTACT AND INTEGRATION - STAFF ASSESSMENT

The living situation of the residential group is such that they have little opportunity for contact with people outside of the centres where they reside. As such there was little opportunity for the training centre staff to comment on the topic of contact and integration. A number of the staff voiced opinions on the residential group's need for more extensive social contact and a greater variety of social activities. These comments are catalogued under the staff assessment section of the chapter entitled "Social Contact and Integration".

Hostel Staff

Comments made by the hostel staff highlighted the different levels of contact which individual residents have with their families.

Contact differs with families. One lad here has very strong family contact, he's well looked after by the family. Few would have such strong ties.
One resident here goes home at the weekend but contact for the rest is limited enough. Two would have fairly regular phone contact and one would get a card at birthdays and Christmas. The rest are left to themselves.

Further comments made by the hostel staff suggest that while the social life of the hostel group has improved since their move to the community, the groups continue, for the most part to interact primarily with fellow residents/trainees or with staff. This situation is not perceived by the hostel staff in a negative way, with all of the staff highlighting the fact that the hostel residents were very much accepted by the local communities/neighbourhoods, even though they had not developed close ties or friendships with local people. The hostel staff made the following comments regarding relations with neighbours.

They don't really mix with anyone of the neighbours. There is no bad feeling they just do their own thing. The man across the way told us he was dreading the thought of the lads moving in but his opinion has changed on the whole thing.

The people around would stop and talk to them (residents) when they are out walking but they (neighbours) wouldn't really call in.

The children in the area lack parental supervision and cause annoyance. Some of the residents in the estate are hostile.

The type of contact which residents have with locals and the relatives and friends of staff was also highlighted by the staff.

They'd meet friends of staff when they are down town. One member of staff is in the cycle club so they'd know a lot through that, they would be acquaintances I suppose not friends. When we'd be out walking now they'd (residents) tell me we were going to visit my mother. They wouldn't ask me they'd just tell me and off in with them. They love having somewhere to visit.

In the pub locals would say hello and talk to us for a few minutes but we usually stick to our own group, the lads don't mingle. They just sit there. They don't really chat among themselves.

They have their own social scenes and they are accepted as much as anyone else.
Residents' relations with members of the opposite sex were also commented on by the hostel staff. The comments suggest that while dating is rare among residents, there is uncertainty among staff regarding how it should be handled when it occurs.

Most of them don't bother with girls. We've only had one experience of it with a lad that's moved now. His girlfriend was a little bit slow, she used to come in and ramage about the rooms. He was out every night. We would keep it to weekends only, if it happened now.

Dating is something that has to be monitored. We only have one or two that would be interested. It's hard to know what to do, we try to give advise but you can only play it by ear. It's a hard one to know what's right.

Boyfriends hasn't really come up as an issue. The girls are always under supervision when they are out. There is a danger there, it's very hard to now what's the best thing for them.

Dating isn't encouraged, I'd be anxious about it really. It hasn't been a problem. I suppose it would have to be dealt with if the need arose. The ladies do not socialise a great deal with members of the opposite sex, this leads to shyness and embarrassment when meeting men.

The comments made by the hostel staff would suggest that the hostel group lead a more varied social life since moving to the community. It would appear however that while residents are well accepted locally and are acquainted with a variety of local people, few, if any, have established close ties with members of the local community.

**SUMMARY AND DISCUSSION**

**Family Contact**

The degree of contact and affiliation which members of the study group have with their families is very varied. There would appear to be no marked difference in the frequency of visits received by the residential and hostel group from their parents, with parental visits being infrequent. Almost half of both the hostel and residential groups, do however, visit their parents' or families
during holiday periods and a minority (16.7%) of the hostel group return home every weekend, while a further 12.5% make weekend visits home several times a year.

**Contact with Friends and Non Handicapped Individuals**

Reports made by both the residential and hostel group suggest that neither had many friends outside of the circle of acquaintances they had in the training centres or hostels where they resided. 48% of the residential group and 61% of their hostel counterparts, indicated that they had no friends from outside their places of residence or work.

A minority of the residential group, (13%), all residents from the Carriglea training centre, were friendly with local adults who had befriended them as part of a friendship scheme, organised by the Carriglea staff, for residents with little or no family contact. A further 17% of the residential group, made reference to friends who lived near their family homes but contact with such friends, was limited for most of the residents to occasional meetings during holidays. A number of the training centre residents also identified staff members as friends and this would suggest, that staff/resident relations, are in many cases, extremely good.

As with the residential group, the "outside" friends referred to by the hostel residents, consisted primarily of friends living near their family home or day attenders at their place of work. The majority of the hostel residents also indicated that they considered staff members to be their friends. It would thus appear that for the most part, the close contacts of the study group, were other individuals with mental handicap or staff members.

**Acquaintances and Social Contacts**

While the move to community living appears to have made little difference to the friendship patterns of the hostel residents, it does seem to have increased the range and frequency of their contact with non handicapped persons. A checklist of activity and social contact, administered to the study group, revealed that in all of the listed activities, with the exception of "outings", the hostel residents had greater levels of contact with non handicapped adults, than had their peers in the training centres.

A social contact inventory completed by staff, also indicates that the hostel residents have higher rates of family contact and significantly greater levels of contact with business and trades people, than do the residential group. The hostel group also have regular contact with the friends and acquaintances of some staff members, who call quite frequently to the hostels, or who
occasionally invite residents to visit them in their homes. In contrast the residential group appear to have a limited circle of social contacts. Their contact with business/trades people is limited, and they lack the opportunity for social interaction with non handicapped persons, which contact with the friends and family of staff, affords to the hostel group.

**Neighbours**

Due to the location of both the Carriglea and Belmont training centres, the residential group have no contact with neighbours. The majority of the hostel group (73%), reported that they salute all their neighbours, with 23% and 5%, respectively, reporting that they saluted two or a few neighbours. Discussions with both residents and staff, revealed that, in general, relations with neighbours were excellent. Only rarely however, did any of the hostel residents receive visits from neighbours and only residents from one hostel, reported being invited to a neighbour's house, that being for a station mass. Residents from two of the hostels made reference to problems with local youths, who caused annoyance to the hostel residents. In general however, the hostels and their residents would appear to be well accepted in their respective neighbourhoods.

**Relations with Members of the Opposite Sex**

41% of the residential group and 23% of the hostel residents, reported that they had a boyfriend or girlfriend. In most cases however these relationships appeared to consist of casual friendships with other adults with mental handicap, with whom the group have contact, or with members of the opposite sex who live near the family homes of the individuals concerned. Helpers from the voluntary groups which organise activities for the study group, were also identified by some residents as boyfriends or girlfriends. Staff from two of the hostels, did however, make reference to more intense relationships, which two hostel residents had been involved in. In both cases, the relationships were considered by staff, to be excessive and were reported to have caused disruption in the hostels where the residents lived. Overall however, it would appear that the relationships, which the hostel and training centre residents have with members of the opposite sex, are casual relationships.

**Satisfaction with Contact and Integration**

The comments made by members of the residential group, suggest that family contact, when it does exist, is valued by residents, even in situations
where such contact is infrequent. For a minority of residents however, family contact appears to be a cause of anxiety or distress.

On the topic of friends, the residential group volunteered little information. None of the group commented on a lack of friends within the training centres, although a minority mentioned their lack of friends from the wider community. This would suggest that in general, the group feel content with the companionship they experience in the training centres. A number of residents also indicated that they considered certain staff members to be their friends.

Finally, the group appeared to be, in the main, uninterested in relationships with members of the opposite sex. Only a minority of residents made reference to girlfriends or boyfriends. This may be a reflection of the fact, that the majority of the residents have spent most of their lives in single sex, residential institutions which provided little opportunity for contact with members of the opposite sex.

Dissatisfaction with family contact did not appear to be as pronounced among the hostel residents, as it was among the residential group. A minority of the hostel group, did however, make reference to the limited nature of their contact with their families. Anxiety over the health and welfare of family members, was expressed by a number of residents, all from the Carriglea hostels.

The hostel group made few references to friends. It is noteworthy that none of the residents, voiced comments, which would suggest dissatisfaction with the number of friends they have. Staff members were considered by a number of residents, to be their friends, with one resident also classifying a local shopkeeper as a friend.

Views expressed by the hostel group regarding their neighbours, suggest that while relations with local residents are very good, the hostel dwellers, have little close contact with them.

Finally with regard to relationships with members of the opposite sex, it would seem that none of the group were involved in serious relationships. The hostel residents appear quite satisfied with this state of affairs, and a number appeared to be quite apprehensive about becoming involved in relationships with members of the opposite sex.

**Staff Assessment**

The limited contact which the residential group have with people outside to the training centres in which they reside was commented on by staff. A number of the staff highlighted the residential group's for more extensive social contact and a greater variety of social activities.

The different levels of contact which residents have with their families was
commented on by the hostel staff. The staff in the hostels also made reference to the fact, that the hostel residents were very well accepted by their local communities, even though the residents had not established close ties or friendships with local people.

With regard to residents' relationships with members of the opposite sex, the staff expressed uncertainty and a degree of anxiety, regarding the protocol for handling such matters.

**DISCUSSION**

The move from residential to community living, appeared to have little effect on the degree of social contact which the hostel group had with family and friends. A British study on social contact experienced by 33 residents on leaving a mental handicap hospital, found that the group, while being resettled in pleasant accommodation, often nearer to their families, were cut off from friends of long standing. (126) It is encouraging that this does not appear to have happened to the Waterford hostel group. The finding in this study, that the majority of the the study groups' on going friendships were with other people with handicaps, corresponds with Atkinson's findings, from her study of the friendship patterns of 50 people who left long stay hospitals. (127) Atkinson noted that many people referred to staff members and professionals as their friends and found that few, if any, of those interviewed reported that they had no friends. Some of those interviewed by Atkinson also extended the definition of "friend" to include people like shopkeepers, who appeared friendly. This finding also applies to the hostel group in this study. The difficulty which people leaving long stay hospitals, face in establishing new relationships with non handicapped individuals, which this study revealed, was also highlighted by Malin's 1983 study. (128) 1988 study by Ward also revealed, that in day to day practice, it is often found that the acceptance of people with mental handicap, is slow to occur and is often more challenging


The mentally handicapped individuals who were the subject of this study, appear to be accepted by the community in which they reside, however in most cases, meaningful interaction between the mentally handicapped persons in the Waterford study and the non handicapped individuals in the wider community, was limited.

CHAPTER 7
FINANCE

The principles of normalisation call for the maximisation of the independence of the mentally handicapped and for their involvement in as normal a life as possible. Adherence to these principles would suggest that adults with mental handicap have a right to a personal income and freedom of choice with regard to spending it. A U.S. based study by Keith et al. (130) found that income was one of the most significant variables determining quality of life among persons with mental handicap.

Income - Residential and Hostel Groups

The majority (79%) of the residential group reported receiving pocket money on a weekly basis, with only 9% reporting that they were in receipt of a wage or benefit (Table 7.1). There did not appear to be a standard rate of pocket money in either of the two training centres with members of the residential group reporting a variety of weekly payment rates. The most common rate in the Carriglea centre appears to be £2-£2.50 per week, while residents in Belmont Park reported receiving between £3-£10 weekly, with £5 being the most often cited rate. It would appear that in Belmont the rate of pocket money paid to residents is dependent on whether or not they purchase cigarettes.


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TABLE 7.1

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Source of Income for Residential & Hostel Group

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage/Benefit</td>
<td>9%</td>
<td>50%</td>
</tr>
<tr>
<td>Partial Wage</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Pocket Money</td>
<td>79%</td>
<td>27%</td>
</tr>
<tr>
<td>No Money</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
<td>9%</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
<td>0</td>
</tr>
</tbody>
</table>

The members of the hostel group reported somewhat higher rates of income. Half of the group claimed to be in receipt of a wage/benefit, 14% felt that they received a partial wage/benefit (i.e. rent, etc. had been deducted), while a further 9% claimed that they received pocket money. As with the residential group, the weekly income which the hostel group reported receiving varied quite significantly. Approximately 25% of the hostel residents were aware of the rate of state benefit they received, the amount they paid for their keep and the amount they earned at their place of work. The majority of the hostel group, however, were unsure of how much money they earned or received from the State. Furthermore, under half of the residents were aware of what they paid for their keep. The majority of the hostel residents were aware however of how much they received for their own use each week. This amount ranged from £3-£23 with houseparents being responsible for decisions regarding the amount most suited to the needs of each resident.
TABLE 7.2

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential and Hostel Groups' Response to Question "Who decides how you spend your money?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>87%</td>
<td>100%</td>
</tr>
<tr>
<td>Staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Self &amp; Staff</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
<td>0</td>
</tr>
</tbody>
</table>

These findings would suggest that both the residential and hostel groups have only limited knowledge regarding their finances. Queries to staff suggest that, in the main, this lack of knowledge is accounted for by lack of ability in relation to the comprehension of financial affairs or lack of training or/and interest with regard to same.

Management of Finances - Residential and Hostel Group

In both of the residential centres, residents retained only a small proportion of the State benefits or training allowance which they received. In Carriglea a certain percentage of residents' income is maintained by the houseparents in each unit and is used to purchase clothes, etc. for residents, as needed. A proportion of the money retained by the houseparents is given to residents when they go on holiday. Such a system does not appear to be in operation in the male training centre. This however may be accounted for by the fact that only a minority of the residents in Belmont live in independent units and the contribution of income to central funds may as such be more suited to administrative requirements.

All of the residents in the hostels were required to give a proportion of their
income toward the running costs of the hostel. The proportion of income contributed by residents varied little between hostels with residents giving approximately 55% of their income toward the running of the hostels. A lower rate of contribution was made by the 20% of the group who returned home at weekends. Residents in all of the hostels were also obliged to make a contribution toward their savings each week. These savings which are managed in most cases by the hostel staff are made available to residents, as required.

**Purchasing Patterns - Residential and Hostel Group**

Decisions regarding the spending of pocket money would appear to be made independently by members of both the residential and hostel group. As Table 7.2 indicates, 87% of the residential group and 100% of the hostel group reported that they spent their pocket money at their own discretion. There would appear, however, to be certain restrictions placed upon both the residential and hostel groups' spending power. Staff in both the training centres and in the hostels identified a tendency for some residents to overpurchase and hoard certain goods or to spend all of their money at once. To avert such occurrences, a minority of the residents in the hostels and a number of the residential centre group had their money rationed by staff. Similarly when purchasing more expensive items, e.g. radios, clothes, etc., the hostel residents are usually advised by staff who occasionally discourage residents from making what they consider unnecessary or inappropriate purchases.

A checklist of common purchases administered to the study group revealed that for all but one item, the hostel group reported higher rates of purchase. This is to be expected given the higher rates of disposable income available to the hostel residents and their increased access to commercial outlets. As Table 7.3 indicates, the residential groups' most popular purchase was sweets/chocolate, with snacks, clothes/shoes and tapes also being popular. When asked to list other purchases they made, the residential group identified writing materials, newspapers and toiletries as items which they purchased. The limited access of the residential group to commercial outlets is most likely significant in the determination of their purchases. Residents in Belmont have access to a canteen/sweet shop on the premises and a number of residents walk unaccompanied to nearby shops. The Carriglea residents however do not have access to a shop on a regular basis and their opportunity to make purchases is limited to occasional weekend trips to town with staff members. Indeed many of the purchases reported by the Carriglea residents appear to be made at holiday time.
TABLE 7.3

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Goods Purchased by Residential Group and Hostel Group

<table>
<thead>
<tr>
<th>Goods</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweets/Chocolate</td>
<td>48%</td>
<td>55%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0</td>
<td>27%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>Clothes/Shoes</td>
<td>17%</td>
<td>91%</td>
</tr>
<tr>
<td>Leisure Goods</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Tapes</td>
<td>17%</td>
<td>59%</td>
</tr>
<tr>
<td>Snacks</td>
<td>22%</td>
<td>55%</td>
</tr>
<tr>
<td>Others</td>
<td>43%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Residential and Hostel Group - Satisfaction with Finance

The greater rate of purchasing reported by the hostel residents reflects both the increased disposable income available to them and their ease of access to commercial outlets. Interestingly however, half of the hostel group reported that there was something that they would like to do or buy but could not afford to do so. (Table 7.4) These unaffordable/unattainable items identified consisted primarily of leisure goods, clothes, footwear and ornaments. One male hostel resident also reported that he would like to get married but felt that he would never be able to afford it. The 48% of the residential group who reported that there were certain goods they wished to buy but could not afford, identified consumables such as a radio, a car, clothes, tapes and a hold picture as desirable, but unaffordable objects.
TABLE 7.4

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential and Hostel Groups' Response to Question "Is there anything you would like to buy/do but cannot afford?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>No</td>
<td>39%</td>
<td>37%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>4%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>4%</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Satisfaction with Finance - Residential and Hostel Group

Overall the residential group proved to be most satisfied with the amount of income they receive. As Table 7.5 indicates, 86% of the residential group felt that they received "enough" money. A somewhat smaller percentage (61%) of the hostel group however made a similar report. Again the lower rate of satisfaction with income expressed by the hostel group is most likely a reflection of their increased exposure to the market place and the range of consumer goods available there.
TABLE 7.5

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Residential and Hostel Groups' Response to Question "How do you feel about the amount of money you get?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get Enough Money</td>
<td>61%</td>
<td>86%</td>
</tr>
<tr>
<td>Gets Too Little Money</td>
<td>30%</td>
<td>14%</td>
</tr>
<tr>
<td>Gets Too Much Money</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Finally in reply to a question enquiring whether they were in receipt of more money since their transfer to hostel dwelling, the majority (77%) of the hostel group replied in the affirmative (Table 7.6).
TABLE 7.6

Study of Quality of Life of Persons with Mental Handicap Returned to Community Living, 1991. Hostel Groups' Response to Question "Do you get more money now than you did when you were in the centre?"

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77%</td>
</tr>
<tr>
<td>No</td>
<td>5%</td>
</tr>
<tr>
<td>Same</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Does Not Know</td>
<td>8%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
</tr>
</tbody>
</table>

It would then appear that the majority of the hostel group are in receipt of a higher income than when in their respective residential centres, and all have greater autonomy and choice in relation to the spending of same. A majority of the hostel group were however less satisfied with the amount of money they had at their disposal than were their residential counterparts.

FINANCE - OPINIONS AND VIEWS OF RESIDENTIAL AND HOSTEL GROUP

The limited opportunity which 50% of the residential group (Carriglea residents) have to spend their pocket money is evidenced by the following comments made by the female members of the residential group.

We give the money to the staff for our purses and they give it to us if we are going out down town or to Ardmore.

They put the money into the purses for us for when we're going home.
I does save it (money) in my purse. It's locked in the press in St. Francis.

I'm saving for my summer holidays, that's what we does.

We get a good lot of money for going on the summer holidays.

Residents from Belmont would appear however to have both the opportunity and freedom to spend their pocket money.

We spend it anyway we like. I buys drinks and things in the canteen.

Other comments made by the members of the residential group indicate a certain amount of dissatisfaction with rates of pocket money and ability to spend same.

What we get is a kind of poor really.

I'd do with about three pounds more.

We work hard for it (pocket money).

Everything is gone dear, there is nothing left to me.

The limited need which members of the residential group have for money was highlighted by a resident from Carriglea who made the following comment:

We don't really need much. Sr. Mary buys the clothes for us and when we're going home she gives us extra. I'd like to get a radio wireless though.

Finally a resident in Belmont commented on the difficulty he experienced in keeping his goods safe in the residential centre.

I buys my things and leaves them at home. Nothing is safe here.

The above comments highlight the limited purchasing power of the residential group and their limited access to commercial outlets. A minority of the residential group also proved to be dissatisfied with their low income but the majority appeared to be unconcerned about financial matters.
Hostel Group

The residents in the Belmont hostels proved to be more contemplative regarding their financial situation with a number of residents drawing comparisons between current and past financial state.

I didn't get much in Belmont, just £5 that's all. 'Tis better here.

Out in the community you can buy what you like. In Michael's you take what you get.

Interestingly the Belmont hostel group appeared to be less satisfied with their disposable income than were the Carriglea hostel residents and one member of the male hostel group was critical of the low level of income he received.

I could do with more. We have very little.

In contrast comments made by the Carriglea hostel residents suggest unanimous satisfaction with financial matters.

I've enough of everything.

We have enough.

It's alright for us.

We get plenty of it (money).

I gets' money to bring home, I didn't get any money to bring home from Cork.

I take what I gets. It's fine.

The guidance which staff provide for residents in relation to more expensive purchases is evident from the following comments.

They get our clothes for us, they have to choose them with us but if we get our hair done we pay ourselves alright.
We wouldn't be allowed buy dear things ourselves, we'd have to ask first but mostly they lets us get things if we needs them.

We have to ask for our saving money when we're getting big things. The houseparents make sure we don't get the wrong things.

Finally a comment made by one member of the hostel group suggests that not all of the hostel residents are capable of managing their financial affairs independently.

I don't know how much I get .... coins.

In the main the comments of the hostel residents expressed satisfaction with their financial situation. They would also suggest that the purchasing power of the hostel group is still quite limited and that the hostel residents are advised and assisted by hostel staff when purchasing more expensive items.

FINANCE - STAFF ASSESSMENT

Training Centre Staff

The staff in the residential centres made no reference to the financial affairs of residents. This would suggest that the residential staff did not consider access to an income and the opportunity to spend it to be an important need of residents. Interestingly comments made by the hostel group referred primarily to the staffs' role in relation to the supervision of the hostel residents' financial affairs. The staff made no mention of changes in the groups' financial situation following their move to community living or of their needs in relation to financial matters.

Hostel Staff

The hostel residents' ability to handle money was commented on by staff. The comments below suggest that the hostel residents' display a varied range of competence in relation to managing their financial affairs.

They are all fairly good at managing their money.

There is only a few of them that would really understand money.
Some of them are quite competent but others only have an idea.

They are good and bad about money. We try to show them but it doesn't seem to go in.

The different rates of pocket money provided for residents was also highlighted by the hostel staff who identified a variety of reasons for the residents' differential income rate.

They could have anything from £5 to £25 each. Their saving differ as well. If their not able to manage it we limit what they have.

They all get different amounts. Some only get £1 to £2, it depends on whether they smoke and things. £7 and £10 would be the most they'd have to spend any week.

The management and banking of savings was commented on by the staff who would appear in most cases to be responsible for residents' saving.

We insist that they save a bit every week. It's important that they have something. Every so often then they could do something decent, go for a holiday maybe or something.

Some of them are great at saving. They have a fair bit put away. You'd be surprised how it mounts up.

We take savings from all of them every week, different amounts from different people. We use it when they need things like clothes or for when they are going on holiday.

They don't have anything to do with banking their money, they couldn't within their work time anyway. One or two of them can go to the post office on their own though.

The hostel staff also commented on the supervisory role they had in relation to the regulation of residents' spending patterns.

We have to give it (money) to some of them as they go along. There's one lad, for example, he would get a feed of chocolate and sweets on his way to work and that would be the end of his money for the week.
We go with them to the shops. We used to let them off on their own but one lad, we left him around town on his own but we discovered he was getting free tea and sandwiches in Bewleys. Other customers used to pay for him. A number of people told us about it. It was reported to us that another lad was stealing newspapers from a local shop.

Lots of things they go off and buy themselves, like sports gear or that, but if it was clothes for something special or that we'd go with them to make sure they got the right thing. Anything too expensive they were after, we'd check it out first.

We supervise the big things that they buy. Like if they wanted a new tape recorder or watch or that we'd go with them or try and talk them out of it if they didn't really need it. You can usually talk them round to something more suitable. It's the same with clothes, if they are getting something that wouldn't go with anything we'd suggest something else to them and talk them into thinking that it was their own decision to get it, but usually they have very good taste.

Anything they really want we try to get it for them as long as it's not too expensive.

It would thus appear that while the hostel residents have a certain degree of independence in relation to financial affairs, they are still dependent on the guidance and assistance of staff and to some extent their freedom with regard to spending is curtailed by staff.

SUMMARY AND DISCUSSION

Income Rates and Management Practices

All of the study group were in receipt of a regular source of income. 79% of the residential group perceived this income to be pocket money, with only 13% describing it as a wage or partial wage. None of the residential group appeared to be aware of their entitlements to State benefits or the current rates of same. The rates of payment made to the residential group varied with residents in the Carriglea centre reporting incomes of between £2 and £2.50, while the Belmont centre residents reported payment rates ranging from £3 to £10, with £5 being the most common rate.
The residential groups' access to commercial outlets was also varied. All of the Belmont group had access to a canteen located in the centre and a minority visited local shops/newsagents. The residents also made reference to infrequent trips to town with members of staff. The Carriglea residents however appeared to have very limited opportunity to make purchases as there is no shop in the centre and trips to town are infrequent. The majority of the Carriglea residents appear to save their money for holidays.

As with the residential group, all of the hostel residents were in receipt of a regular income. Interestingly a significantly higher percentage of the hostel group (64%) identify the source of their income as a wage, partial wage or benefit, with only 29% reporting they received pocket money. Only a minority of the hostel residents (35%) appeared to be aware of the approximate rate of benefit they received. The vast majority were however able to identify how much money they had at their disposal every week/day. The rate of income received by residents in the hostels ranged from £3 to £23, with houseparents determining the amount of money suited to each individual's needs.

The hostel residents had significantly greater access to commercial outlets than did the residential group, however, all of the hostel group appeared to be supervised in their purchase of expensive items and residents in 75% of the hostels were usually accompanied by staff when shopping in town. All of the hostel residents were also obliged to save a proportion of their wage/benefit every week, with saving being managed by staff in most cases.

Satisfaction with Financial Situation

The residential group proved to be less satisfied than their hostel counterparts, with the amount of money at their disposal, with 30% and 14% respectively of the training centre and hostel group reporting that the income they received was too little. However 50% of the hostel group, in comparison with 48% of the residential group, claimed that there was something they would like to do or buy, but were prevented from doing so by lack of money.

In general comments made by both the residential and hostel group suggest that the majority are satisfied with their financial situation. A minority of the hostel group commented on the rate of payment they received in the centres, believing it to be meagre but the majority of the residential group appeared to be unconcerned with financial matters.

Comments made by the hostel residents with regard to finances were positive in the main and highlighted the groups' satisfaction with the increased rate of income they received and their opportunity to spend same. The
regulatory and supervisory role played by hostel staff in relation to financial matters did not appear to be in any way resented, or even questioned by the hostel residents.

Staff Assessment

The limited competence of many residents with regard to monetary affairs was highlighted by hostel staff who seemed to hold the general opinion that residents needed guidance and supervision in the management of their finances. Staff in the residential centres made no comments regarding the financial situation of residents. This would seem to suggest that this aspect of residents' lives within the training centres was considered relatively unimportant by staff.

DISCUSSION

The fact that all of the study group receive a certain level of disposal income each week/day is commendable and highly normative. However the low rate of payment made to the residential group and the extremely limited access of 50% of the training centre residents to commercial outlets, to some extent, negates the value of the income policy operating in the residential centres.

The increased disposable income of the hostel group and their significantly improved access to commercial outlets is noteworthy. The hostel residents however still have relatively limited input into the regulation and management of their finances as staff continue to take responsibility for larger financial purchases and for the management of savings in most cases. Furthermore a significant number of the hostel group would appear to have only limited comprehension regarding the value of money while a minority have their finances regulated on a daily basis by staff. Staff in three of the four hostels reported that residents were receiving informal instruction to improve their understanding of the value of currency and of simple arithmetic. However some of the staff felt that they were making little progress in this work and expressed doubt regarding some individuals' ability to master money management skills.

As such it would appear that the move to community living has rendered some residents more independent in relation to financial matters and has increased the spending power of all residents. The area of financial management is one in which the hostel group still require and receive a lot of assistance.
CHAPTER 8

Occupation and Work

Involvement in productive work is highly valued in modern society with work constituting an important part of the adult life. All of the adults with mental handicap in the study group participated in structured day occupations with the majority being involved in productive work as distinct from hobby type activity.

Residential Group

While none of the residential group are in open employment, the majority (87%) were in sheltered employment and followed regular work practices. Only 9% of the residential group reported engaging in hobby type as distinct from productive work activity. (Table 8.1)

TABLE 8.1

Study of Quality of Life of Persons with Mental Handicap returned to the Community Living, 1991.
Daytime Occupation of Residential and Hostel Group

<table>
<thead>
<tr>
<th>Day time Occupation</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open employment</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sheltered farmwork/garden work</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Sheltered workshop</td>
<td>52%</td>
<td>68%</td>
</tr>
<tr>
<td>Hobby type activity</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>No daily occupation</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Does not know</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>
52% of the group attended workshops located in the training centres, from Monday to Friday. Work hours in the workshops were from 9 am to 5 pm and from 9.30 am to 4.30 pm. The members of the residential group who attended the Belmont training centre were involved in the following activities:

- Production of cement slabs,
- Production of wooden pallets,
- Labelling of beer caps, and
- The packing playing pieces for children's games.

A number of the Belmont group worked on the dairy farm in the grounds of the centre and in the market gardening enterprise run by the centre. Finally a small number of the Belmont residents engaged in domestic work in the kitchen and dormitories of the training centre.

The members of the residential group attending the Carriglea Training Centre workshop, were engaged primarily in craft work, producing products such as patchwork cushions, bags, continental quilts, leather goods, knitted goods, candles, and rosettes. Some of the residents were also involved in the packing of playing pieces for children's games produced by a local industry. As with the Belmont members of the residential group, a number of the Carriglea residents also engaged in domestic work in the training centre laundry and kitchen, or in the convent located on the grounds of the centre. One resident from Carriglea also reported working occasionally with the hairdresser who attended the training centre on a part-time basis.
The move to community/hostel living would appear to have made little difference to the work practices of the hostel group, all of whom reported being involved in sheltered productive work. As table 8.1 indicates, 68% of the group worked in a workshop setting; 14% were involved in farm/garden work while the remaining 18% engaged in domestic work of various types.

The workshop attended by the Belmont hostel group is located in the Comeragh Industrial Estate in Waterford city and as such provides a move normative work environment than workshops based in a training centre. The members of the hostel group attending the workshop reported working in a variety of jobs including:

- production of mesh-wire,

- production of garden fencing,

- and the stacking, folding and boxing of paper products.

A minority of the Belmont hostel residents continue to work in the Belmont training centre, being involved in either farm/garden work or in domestic work in the kitchen or laundry of the centre.

It would thus appear that while the type of work engaged in by the Belmont hostel residents has changed little following their move to community living, the location of work has changed for the majority of the group. The location of the workshop attended by the hostel residents, in an industrial estate is highly normative as it the fact that all of the residents from the Belmont hostels avail of public transport to travel to work.

At the time of writing all members of the Carriglea hostel group continued to work in the workshop in the training centre. However a new workshop, also under the management of Carriglea has been built on the outskirts of Dungarvan town and may provide an alternative and by virtue of its location, a more normative, workplace for residents of the Carriglea hostels.

The work engaged in by the hostel group attending the Carriglea workshop is identical to that which they were engaged in prior to the move to hostel living. Craft work, including sewing, knitting, patchwork, leatherwork and rug making was undertaken by the hostel residents, who, due to a policy of regular job rotation in the workshop, were all au fait with the skills required for all the above activities.

A minority of the group engaged in domestic work either in the kitchen, laundry or staff cafeteria in the centre. The fact that the majority of the
Carriglea hostel group still return to the training centre for work purposes is not desirable from the point of view of providing residents with as normative a lifestyle as possible. Similarly the fact that the Carriglea centre is not served by public transport, means that the hostel residents travel to work in the "ambulance" from the training centre, and this again mitigates against the experience of a normal lifestyle.

The recent provision of the new workshop mentioned above will most likely ensure a more normative working life for the Carriglea Hostel Residents.

Work Satisfaction

The vast majority (91%) of both the residential and hostel group reported liking the work they do. (Table 7.2). None of the residential group reported disliking their work while only one individual from the residential group (4%) was dissatisfied with the work he was doing.

The individual in question who was engaged in the stacking/packing of paper in the Comeragh workshop, reported that he was bored with his work and claimed that he much preferred the domestic work he was doing when he
was in the residential centre. These findings would suggest that in general that study group are quite satisfied with their working lives.

A minority of residents from both the residential and hostel groups, complained of being bored with work, (despite the fact that a policy of job rotation appears to operate in all the workshops), while a small number also expressed great enthusiasm for their jobs. It is noteworthy that those expressing enthusiasm for their jobs, worked in all cases in domestic settings. A possible explanation of this, may be that such work provides the individuals concerned with an opportunity for close contact with individual staff members and hence for the development of friendships which provide the trainee with more attention and stimulation than he would receive in a workshop setting.

With regard to deciding what work they will do, the majority of the study group perceive themselves as having little choice in the matter.

### Table 8.2

<table>
<thead>
<tr>
<th>Responses</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>92%</td>
<td>90%</td>
</tr>
<tr>
<td>No</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Does not know</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

78% of the residential group and 86% of the hostel group reported that staff members decided what type of work individual trainees would do. (Table 8.3). None of the hostel residents felt that they had an input in decisions regarding what work they would do, however 14% reported that as they changed jobs regularly, it was not important whether or not they had an input
into workplace decisions. 9% of the residential group felt that they were consulted by staff regarding what type of work they preferred and one individual from the group reported that when she requested to be allowed to stay sewing rather than do any other work, she was allowed to do so.

It would thus appear that while few of the study group perceived themselves to have a role in regard to decision making in the workplace, few seemed to resent this fact and there would in any case appear to be a degree of flexibility with regard to complying with trainee preferences for specific types of work.

### Table 8.3

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991 Residential and Hostel Group’s responses to question. "Who decides what work you do?"

<table>
<thead>
<tr>
<th>Decision Maker</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>79%</td>
<td>86%</td>
</tr>
<tr>
<td>Self &amp; Staff</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Does not know</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

A question put to the study group, asking if there was any other type of work which they would prefer to do revealed some interesting findings: 26% of the residential group identified jobs, within the training centres, which they would prefer to do, these included making wine, doing domestic work, engaging in leather work and packing games (Table 8.4). It is noteworthy that only one of the residential group expressed a preference for any form of open employment. This individual wanted to work in a hospital making beds and bathing patients, work similar to that which he assisted with in training centre where he lived.

Almost half (45%) of the hostel group reported that they would prefer to be involved in some other type of work. The majority of these expressing a
preference for alternative types of work, identified different jobs within the training centre which they would like.

These included domestic work, patch work, paper stacking, farm/horticultural work and work with a computer. A computer has been used as a means of teaching literacy/numeracy skills to some Carriglea residents and former residents.

Interestingly four individuals from the hostel group expressed a preference for open market employment - jobs which individuals concerned were interested included - hotel work, hospital domestic work, maintenance and factory work. Possible explanations of the desire for open employment expressed by members of the hostel group, may be a reflection of increased confidence following a move to hostel dwelling or an increased awareness of opportunities in the sphere of open employment.

Table 8.4

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991 Residential & Hostel Group’s responses to question “Is there any other type of work you would like to do?”

<table>
<thead>
<tr>
<th>Work Type</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26%</td>
<td>45%</td>
</tr>
<tr>
<td>No</td>
<td>43%</td>
<td>41%</td>
</tr>
<tr>
<td>Does not know</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No Reply</td>
<td>22%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Domestic Duties and Chores

Both the residential and hostel groups engage in a variety of domestic chores. Overall however, the hostel group have a higher participation rate in all the domestic activities surveyed as table 8.5 indicates.

The most common household chores undertaken by the residential group were bed-making (91%), washing up (78%) and laying/clearing tables (57%). For the hostel group bed making, washing up and preparing food were
the most common domestic chores, being participated in by 100%, 86% and 86% of the hostel group respectively. It would appear that the move to community living has provided the hostel group with increased opportunity for the practice and development of home making and domestic skills. It is also note worthy, that the tasks in which the hostel residents show the greatest increase in participation are difficult tasks such as food preparation and shopping.

It is also note-worthy that the Belmont hostel group engage in a significantly wider range of domestic chores than do their peers in the residential centre whose domestic activity consisted primarily of bed-making, was drying up and laying tables.

It would thus appear that the move to hostel dwelling has provided the hostel residents with the opportunity to learn and perfect a wide range of domestic skills, and the involvement of the group in all aspects of the daily running of their places of residence is highly normative.

Table 8.5

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential & Hostel Group's responses to question "What Household Chores do you do regularly * ?".

<table>
<thead>
<tr>
<th>Chores</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash up</td>
<td>78%</td>
<td>86%</td>
</tr>
<tr>
<td>Hoovering</td>
<td>52%</td>
<td>82%</td>
</tr>
<tr>
<td>Laying tables</td>
<td>57%</td>
<td>59%</td>
</tr>
<tr>
<td>Bed making</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>Dusting</td>
<td>52%</td>
<td>41%</td>
</tr>
<tr>
<td>Food preparation</td>
<td>17%</td>
<td>86%</td>
</tr>
<tr>
<td>Shopping</td>
<td>9%</td>
<td>55%</td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
<td>45%</td>
</tr>
</tbody>
</table>

* Regularly defined as weekly involvement in activity or involvement on basis of rota turn.
The study groups views and opinions on their work experience will now be considered in the light of the description of their work practices described above.

**OCCUPATION AND WORK - OPINIONS AND VIEWS OF RESIDENTIAL AND STUDY GROUP**

**Residential Group**
The comments made by the residential group were positive in the main:

- I love it (work).
- I'd be happy once I'd have anything to do.
- I have two jobs, the kitchen and the workshop. I likes to mix.

Members of the Belmont residential group engaged in domestic work proved to be very satisfied with same.

- I love working in the kitchen.
- I was used to it at home with my mother
- I like the work (kitchen work). I have great company with Phildelma and Mary
- I'd like it if I had more cleaning to do instead of the workshop.
- The girls in the kitchen are great sport.

Comments made by the three members of the residential, male and females suggest that there is a degree of flexibility in the training centres with regard to complying with trainees preferences for certain jobs.

- I asked for a change and I got it.
- I'm doing the beer caps now.
- They wanted me to change but I said I'd stick to the sewing, I prefer it better.
Sr. Emer asked me if I would try the laundry. The workshop was too cold, I prefer the laundry.

A minority of the residential group however expressed dissatisfaction with their jobs.

I would like to be doing any type of outdoor work instead.

I'm at this too long (cleaning dormitories), I'm bored with it.

Finally a member of the Belmont residential group expressed concern over the type of work he would be able to do if he moved to a hostel and attended the Comeragh Training centre.

If I was in a new house I'd get nothing. The slabs is all they'll get out of me. They're the only thing I knows.

The above comments would suggest that it may be beneficial if trainees were consulted occasionally regarding work preferences. Reliance on the trainees initiative to make their dissatisfaction known to staff may result in more timid individuals failing to express work preferences.

Hostel Group

As with the residential group, the comments made by the hostel group regarding their work situation were positive for the most part.

Oh I love it (work) its relaxing.

I used to be washing three trays of ware in Lios Na Gcroi, it's much better here.

I'm quite happy with what I'm doing.

My job is hard but I loves it so I do.

I don't mind it (work) at all, sure its alright,

I like the wire best. That's what I do.
The establishment of a formal mechanism, through which residents views and preferences regarding work could be made known, may facilitate greater work satisfaction among residents.

The female members of the hostel group seemed unconcerned about what type of work they were doing. Being busy appeared to be a greater priority with the Carriglea residents as the following comments suggest;

I do a bit of knitting for the sparetime...I don't mind what work I do once I'm busy.

I like any work at all - I like to keep busy.

I don't mind the work, once I'm asked to help I will.

A number of the hostel group expressed definite opinions regarding their wish to be in engaged in other types of work including open employment.

I preferred the work at Belmont doing the flower pots.

My head is gone with this work (Belmont Laundry); but they don't listen to me.

I'd like a hospital job, making beds and washing patients.

I'd like a factory job.

I'd prefer to be doing the patch work like I did before.

Some type of maintenance work would suit me.

I could work in a hotel, making beds or in the kitchen.

The preference expressed by certain residents for open employment would suggest a possible need to provide residents with an opportunity for work experience in work places that may be suited to their skills. The development of formal links with local employers and statutory training/employment agencies may facilitate the gradual entry into the labour force of the more able of the hostel residents.
OCCUPATION AND WORK - STAFF ASSESSMENT

Training Centre Staff

The staff in the training centres made little reference to the working lives of residents. Those that did comment on the work undertaken by residents, highlighted it's beneficial nature.

The work is important, they enjoy being busy and it gives them a sense of purpose.

The discipline of the work routine is important, it prepares them for possible work in a less sheltered setting.

Hostel Staff

The hostel staff were of the opinion, that in most cases, the residents enjoyed their work.

I've never seen them complain about work.

They are fairly happy in their jobs.

They are all great to go to work.

A number of the hostel staff also expressed the view, that residents were in cases ready or almost ready, for movement into open employment. The work experience and training received by residents was, in the opinion of some staff, geared ultimately to the preparation of residents for work in the open labour market.

We are hopeful of open employment. That is the aim.
Some are ready for open employment.
They are working toward certain jobs in the open market.

Other members of the hostel staff however, were of the opinion, that the residents in their hostels, were not behaviourally suited to open employment, although they were in many cases, skilled in their field of work.
They wouldn't really be suitable (for open employment). One of them would be brilliant at a cleaning job but he'd fall down days and refuse to do anything for you.

Open employment is definitely a pipe dream.

The poor wages and long hours associated with the open market employment, for which the residents would be suitable, was identified by another member of the hostel staff, as a disincentive to residents' entry into open employment. The type of jobs they'd get, hotel work and the like, are very hard, badly paid and involve long hours, I'm not sure it would be suitable for them. Special arrangements would have to be made.

It would thus appear that the hostel staff had mixed opinions regarding the suitability of the hostel group for open employment. Behaviour problems, rather than lack of skill, were seen as the stumbling block for the entry into the open labour market of members of the hostel group.

SUMMARY AND DISCUSSIONS

Occupations

All of the residential group participated in structured day time activity, with the majority (87%), engaging in productive sheltered employment. Only 9% of the residential group engaged in hobby type activity. Those in sheltered employment, worked in workshops located in the Carriglea and Belmont training centres, or assisted in domestic, horticultural or agricultural work, taking place in the centres. Regular work hours and practices were observed by the trainees in all cases.

Work undertaken by the Belmont residents, included, the production of cement slabs and wooden pallets; the labelling of beer caps and the packing of game pieces. A number of the Belmont residents also worked in the centre's agricultural and horticultural enterprises, or assisted with domestic chores in the centre. The Carriglea residential group engaged primarily in craftwork, producing a variety of craft goods. A minority of the Carriglea group also engaged in domestic work in the centre's Kitchen, laundry or convent. All of the hostel residents were also involved in full time sheltered employment. The
move to hostel living did not affect the occupation of the Carriglea hostel group, all of whom continued to work in the positions they held at Carriglea, prior to their move to the community. The move to hostel living did however result in a change of work location for slightly over half of the Belmont hostel group, who began working in the Comeragh Training Centre, following their departure from Belmont. The Comeragh centre offers trainees a more normative work environment, as it is located in an industrial estate on the outskirts of Waterford city and as such has no overt connection with a mental handicap institution.

The remainder of the Belmont hostel residents, continue to work in the Belmont Park workshop, or in the centre itself. As such the move to hostel living did not change the type or location of work engaged in by the majority of the hostel group. The work undertaken by trainees in the Comeragh Training Centre, is of a similar nature to the work in the Belmont workshop and includes the production of wire and fencing; the stacking and folding of paper and the packing of game pieces.

The movement to community dwelling has meant that 75% of the hostel group now require transport to their place of work. 25% of these, individuals who work in the Belmont workshop/centre, avail of public transport.

This is highly normative and it develops the residents' confidence by facilitating their development of greater autonomy by providing them with an opportunity for greater social interaction. The Carriglea hostel group are obliged to use the Carriglea ambulance to travel to work, as Carriglea is not served by public transport.

Satisfaction with Occupations

The vast majority of both the residential and hostel groups (91%), expressed satisfaction with their work.

A minority of both groups, complained of boredom with work, despite the fact that a policy of job rotation operates in all of the workshops. A minority of both groups also expressed great enthusiasm for their work. Interestingly, all of those worked in domestic settings and it is possible that the opportunity which this type of work provides for close contact with individual staff members, is appreciated by trainees and is reflected in their enthusiasm for their jobs.

The majority of both the residential (78%) and hostel (86%) groups, reported that staff were responsible for decisions regarding the type of work to be undertaken by individual trainees. Neither of the groups appeared to resent their lack of autonomy in relation to choosing jobs and a minority of trainees, from both groups, reported that when they made their preferences for certain
work known, the staff endeavoured to comply with their wished. 26% of the residential group identified other jobs, within the workshops which they would prefer to do. However only one of the training centre residents expressed a desire to engage in open employment. This individual wanted to work in a hospital making beds and bathing patients. A greater percentage of the hostel group, (45%), expressed a preference for alternative work, with most identifying different workshop jobs, which they would prefer. It is noteworthy however that four of the hostel residents, expressed a desire to undertake open employment. The jobs which these people desired included, hospital domestic work, factory work and maintenance work. It is probable, that the move to community living has increased the hostel groups' confidence regarding their work abilities and increased their awareness of the opportunities in the available in the open employment sphere.

**Domestic Duties and Chores**

Both the residential and hostel groups undertake domestic chores, however, the residential group display a higher rate of participation in a more varied range of household tasks. Indeed an increase in the rate of domestic activity is one of the most consistent findings in this area of study, (131), (132). The hostel groups increased participation in domestic duties is desirable from the point of view of normalization.

**Staff Assessment**

Staff in both the training centres and hostels were of the opinion that work was important to the study group. The hostel staff commented on residents' apparent enjoyment of their jobs and some were of the opinion that a minority of residents were ready, or almost ready, for open employment. Other members of the hostel staff however, had reservations regarding the suitability of any of the hostel group for open employment. It was felt by some of the hostel staff that behaviour problems may prevent some residents from holding down "regular" jobs, whilst another staff member was of the opinion that the payment rates and conditions, characteristic, of the jobs which would suit the hostel group, were undesirable.


132 Kelleher et al. (1990) op. cit.
The working life of the hostel residents, is more normative than that experienced by their residential counterparts, by virtue of the fact, that the hostel groups working and living locations are separate.

The 25% of the hostel group who attend the Comeragh Training Centre, have a significantly more normative work setting than do their residential counterparts, who work in the training centres. The provision of work locations for all the hostel residents, similar to those experienced by the individuals in the Comeragh Training Centre, would be advisable. The use made by 25% of the hostel group, of public transport to travel to work, is also highly normative. The continued attendance of almost 75% of the hostel residents at residential centre workshops, is however, undesirable.

The work experiences of the Waterford study group would appear to be similar to that of the majority of mentally handicapped adults in Ireland. Kelleher et al's, study of the lifestyle of residents in community based residencies Ireland, found that 66% of residents, beyond school age, attended training centres/workshops for persons with a mental handicap. Only a minority of those surveyed in Kelleher's study, were in open employment in the local community, while approximately 5% were employed in routine domestic jobs. It would appear that entry into open employment, for people with mental handicap, is quite difficult. The development of formal links with local employers and statutory training/employment agencies, would possibly be an appropriate first step to promote and facilitate the gradual entry into the labour force of the more able of residents in community based residencies.

133. Idem.
CHAPTER 9

GENERAL LIFE SATISFACTION

The policy of the deinstitutionalization of persons with mental handicap seeks to provide them with a more normalized and higher quality life style. To assess the extent to which this has occurred a section on general life satisfaction was included in the quality of the questionnaire and an effort was made to compare the life satisfaction reported by the residential and hostel groups.

The residential group reported a slightly higher level of happiness than did their counterparts in the community. (Table 9.1)

Table 9.1

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991.
Residential and Hostel Groups response to question "How happy are you these days?"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unhappy</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Unhappy</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>OK</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>Happy</td>
<td>48%</td>
<td>29%</td>
</tr>
<tr>
<td>Very Happy</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>Other*</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Does not know</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Residents who report being both happy and sad at different times.
70% of the residential group reported feeling either OK, happy or very happy about their lives while 60% of the hostel group made a similar claim. A somewhat greater differential was evident in the reports made by the groups regarding things that worried or frightened them. (Table 9.2) 52% of frightened them while only 30% of the residential group made such reports. It must be noted however that further discussions with the hostel residents (see opinions and views of Residential and Hostel Groups) revealed that in most cases the worries identified by the hostel group were not directly caused by any aspect of their lives in the hostels.

Table 9.2

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential and Hostel Group's Response to question. "Is there any thing these days which frightens or worries you"

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30%</td>
<td>52%</td>
</tr>
<tr>
<td>No</td>
<td>56%</td>
<td>43%</td>
</tr>
<tr>
<td>Does not know</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>No Reply</td>
<td>4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The main source of worry identified by residents was the health and welfare of family members. Other sources of worry for the hostel group included; anxiety over future dwelling places; fear of disputes between hostel residents and concern over the ozone layer. Sources of worry identified by the residential group included; anxiety regarding proposed moves to community hostels; fear of ill health and worry regarding poor family contact and relations with family members.

The majority of the hostel group reported high levels of satisfaction with the amount of control they had over their lives. (Table 9.3). 72% of the hostel residents reported feeling either OK, happy or very happy with the control they
had over their personal affairs. Only 35% of the residential group made a similar report. It must be noted however that the majority of the residential group either, declined from answering the question regarding satisfaction with life control, or reported that they were unable to answer the question. This would suggest that the somewhat abstract nature of the question proved unsuitable for the majority of residential group. In contrast the hostel group appeared sure of their answers with many qualifying their response with comments indicating the reason for their reply.

The increased freedom and autonomy associated with hostel dwelling was mostly commonly cited by the hostel residents as a reason for satisfaction with the amount of control they had over their lives.

**Table 9.3**

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991.

Residential and Hostel Groups response to the question "How do you feel about the amount of control you have over your life?".

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unhappy</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Unhappy</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>OK</td>
<td>22%</td>
<td>14%</td>
</tr>
<tr>
<td>Happy</td>
<td>13%</td>
<td>48%</td>
</tr>
<tr>
<td>Very Happy</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Does not know</td>
<td>35%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No reply</td>
<td>30%</td>
<td>14%</td>
</tr>
</tbody>
</table>
A further question put to the hostel group, inquiring whether they made more decisions for themselves since their move to community living, revealed that the majority (71%) of the group felt that they were making more decisions about their lives since they left residential care. (Table 9.4) These findings would suggest that community living, affords persons with mental handicap, a significantly greater opportunity for making choices and decisions regarding their own lives and such opportunity appears to be much appreciated by the residents in the Waterford hostels. (See Opinions and Views of Residential and Hostel Groups).

Table 9.4

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential Groups response to the question "Do you make more decisions about your life now?".

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>71%</td>
</tr>
<tr>
<td>No</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
<tr>
<td>Does not know</td>
<td>10%</td>
</tr>
<tr>
<td>No reply</td>
<td>14%</td>
</tr>
</tbody>
</table>

Future Hopes and Aspirations

A significant percentage of both the residential and hostel groups reported that they felt or hoped, that their lives would be in some way different in the future. 43% and 33% of the residential and hostel groups respectively, felt that they would experience a change in their lives in the future. (Table 9.5)
Table 9.5

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential and Hostel Groups response to question "Do you feel you will be doing something different in the future?".

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43%</td>
<td>33%</td>
</tr>
<tr>
<td>No</td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td>Does not know</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>No Reply</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The majority of the residential group who envisaged change in their lives, felt that this change would be caused by their movement to community accommodation. A number of the residential group also believed that they would be doing a different type of work or would be working in a different location.

Changes which the hostel residents envisaged in the future included; moves to semi-independent living or to the family homes and the securing of jobs on the open market. One resident expressed hope that he would marry sometime in the future.

The study group's responses to a question inquiring whether there was anything they would like to do, but felt that they would never get the opportunity to do it, suggest that only a minority of either the residential or hostel group had unfulfilled aspirations. Table 9.6, 24% of the hostel group and 17% of the residential group identified such aspirations. For the residential group these included a decision to go to England, to get married, to move back home and to go to the pictures regularly. Returning home to live and finding jobs in the open market were events which the hostel group felt would be desirable, but were unlikely to occur.
Table 8.6

Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential and Hostel Groups response to question "Is there anything you would like to do but feel you will never get the chance to do it?".

<table>
<thead>
<tr>
<th>Response</th>
<th>Residential Group</th>
<th>Hostel Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>No</td>
<td>22%</td>
<td>52%</td>
</tr>
<tr>
<td>Don't know</td>
<td>44%</td>
<td>10%</td>
</tr>
<tr>
<td>No Reply</td>
<td>17%</td>
<td>14%</td>
</tr>
</tbody>
</table>

The above findings would suggest that members of both the residential and hostel groups have hopes and aspirations for the future. The aspirations of many appear to focus on the type and location of their future dwelling places and the type of work they will be engaged in. In general however both groups proved quite hopeful about the future and realistic about what may hold for them:

Hostel Groups Satisfaction with Current Living Situation

To assess the hostel residents overall degree of satisfaction with hostel as opposed to residential living, they were asked whether they ever felt like moving back to their respective training centres. The vast majority (90%) reported that they never felt like returning to their former place of residence. (Table 9.7). It would thus appear that for the majority of the hostel residents, the move to community living has proved a positive experience.
Table 9.7
Study of Quality of Life of Persons with Mental Handicap returned to Community Living, 1991. Residential Groups response to the question "Do you ever feel like moving back to the Centre?".

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10%</td>
</tr>
<tr>
<td>No</td>
<td>90%</td>
</tr>
<tr>
<td>Does not know</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
<tr>
<td>No reply</td>
<td>0%</td>
</tr>
</tbody>
</table>

GENERAL LIFE SATISFACTION - RESIDENTIAL GROUP

Opinions and Views of Residential and Hostel Groups.

The residential group expressed mixed opinions regarding their current state of happiness.

I'm happy in a sense, I don't mind being here. Only I'd like to change, that's all.

You can do nothing here, how could you be happy?

I'm happy but sad sometimes.

I'm settled in now over in St. Bridgets, its OK, I'm OK.

I get kind of fed up and bored. I do like having Sr. Mary around to talk to, when she's not there, I have no one to talk to. That's what I like someone to talk to.

Yeah, I am happy alright these days.
I will never be happy in St. Frances unit, unless Mary Jo (Staff member) gets back.

Comments made by members of the Belmont residential group who have moved to Chalet accommodation suggest that the chatel residents are much happier since leaving the main block of the training centre.

I'm happier in the Chalet.

There is noise and shouting in Micheals, tis like a madhouse, things are much better now in the chalet.

Tis more private here (chalet).

The chalet is a sight better than above. (main part of training centre).

The residential group also commented on incidents that they found worrying and upsetting.

I've seen things happen with staff, they can be contrary with you.

I gets upset here and lonely for home.

I hate to see them fighting, they fights every day.

Sometimes, I cries, I miss my family, I'd be sad. Sr. Mary lets me phone home sometimes.

In the kitchen they'd be always giving out, they tells me close the doors.

I worries when I sees the babies dying in africa, they're starving there.

Future Hopes and Aspirations

Comments made by the residential group regarding the possibility of their moving to community hostels suggest that the group have mixed views regarding the desirability of leaving residential care.
It would be wonderful. (Community living).
I know if myself and Maurice were together, we'd get on grand
We're thrilled we can't wait to get out.
M yself and the rest are happy to go out.
In a house we could all be our own boss.
This place (Training Centre) is best for me.
It (Community) wouldn't suit me at all.
I'm not allowed to go to a hostel, I'd love to be in one but I'm not allowed.

It is noteworthy that the members of the residential group expressing anxiety with regard to hostel living were all residents in Carriglea. The following comments identify other aspirations which members of the group have for the future.

I'd like to be married some day.

It would be nice to go to England but I don't know if I ever will, only for a holiday like.

Maybe I'll be doing a different job, I'd like to go to a new workshop.

Hostel Group

As with the residential group the hostel residents expressed mixed opinions regarding their emotional state.

I get fed up sometimes, t'would be better if we could get away more.
I worry about nothing. There's nothing to bother me.

I worry about nothing. There's nothing to bother me.
I got blamed in the wrong once in Belmont, that doesn't happen here, there's no way I'd be as happy in Belmont. I was only happy with the work there, never again once is enough.

The boys don't make friends at all, I'm not happy in the house sometimes.

I'm quite happy now that I know daddys better.

I'm good and bad.

The first house was too far out, tis nice here girl.

There was too many in the dorm (Belmont Training Centre), you could get no sleep.

Nothing is bad about the house.

I can make more decisions than when I was in Belmont, it's a big change alright and for the better.

I like it here.

I'd much prefer the house to it (Belmont Training Centre)

It's a lovely house and the girls are great.

I'm for the hostel.

Its much easier in the hostel, we do more things inside in the hostel. I can go up and do my room or anything like that.

I can decide about doing jobs about the place.

No thanks, no thanks, I'll never go back to Carriglea.

I just likes it like and I like going home at the weekends.

We get more freedom now.

The house parents are good to us.
Doing our own shopping and things and going to the pictures we never did that in Carriglea.

The greater autonomy and freedom available to the hostel residents and the under range of tasks/activities, which they participate in and appear to be the main source of their satisfaction with community life. Members of the hostel group also identified a number of things which they found worrying or upsetting.

I can't get around this house.

When we go to semi-independent will Therese and Eamonn be moving? They're our family.

I'm worried about where I'll be living in the future. There is too much orders in this house. I have my own time in Tramore.

I'm worried about the chemicals making holes in the clouds, that will change everything they say.

I'm worried about my family, they never writes.

I worry about my dad, sometimes I'll get very upset.

I worries about things going wrong and people getting into trouble.

I'd be worried if things don't go right at work or something.

I get upset sometimes when I thinks of Mammy.

Sometimes I worry about home, if they tells me that anything is wrong with them I start to worry.

From the above comments it would appear that for many of the hostel residents the welfare of family members is a source of worry. It is interesting however that the majority of the residents who expressed concern regarding their families were female members of the hostel group. The fear expressed by one resident regarding semi-independent living would suggest that there may
be a need for staff discussion with residents regarding semi-independent. This would allow residents to voice their hopes and fears and may allay anxiety regarding the prospect of more independence.

**Future Hopes and Aspirations**

A number of the hostel group appeared to have definite ideas about certain changes they would like in their future lives.

I'd like to go back to my own country, tell the boss that.
I'd like to have a pub and all.

I won't be here, I'll be back in Wexford.

I suppose I'll be married, I hope so.

I'd like to be back at home with my own.

I'd love to have a job outside as a builder, but there's no chance.

I might be working in a coffee bar or hotel.

I won't be married anyway that's for sure.

I think I'll have a different job.

The number of residents who aspire to returning home, would suggest that the hostels, while being much more acceptable to the residents, than residential care, are still considered less desirable than home living.

**GENERAL LIFE SATISFACTION - STAFF ASSESSMENT**

None of the training centre staff commented directly on the emotional state of residents comments made by staff regarding the future of the hostel group referred to the benefit which staff feel residents would choose from living in a community setting. These comments are included in the Staff Assessment section of the Chapter entitled Current Living Situation. The hostel Staff however drew comparisons between the different emotional state of residents when they worked with them in the training centres and their current experience of the residents level of life satisfaction.
Hostel Staff

They are much happier since they moved out, oh they are definitely.

They are much happier in the house, except Brian, but whenever he goes he's not content.

I know them from inside, they are much happier and more content, they have come on so much.

They are a lot happier in themselves, now a days and much more contented.

None of the hostel staff felt however that any of the residents would be ready for semi-independent or independent living, even in the long term.

It would be a long time before they would be able for semi independent living, I'm not really sure that they would be suitable for it at all. Even here in the evening they'd sort of seek you out. If I was in the kitchen pottering about they'd be in the kitchen helping me or chatting. They always want you to be doing things with them even if it's only things with them even if its only sitting down watching tell. They love to have someone around.

I don't know that semi-independent is so desirable, I don't see any of them being fully independent. They need a lot of attention and time. It (idea of semi-independent) frightens the Jesus out of some of them, one in particular keeps harping on about it. He's afraid to show his capabilities because of it. It's holding him back. I think they will always need some sort of cover, I don't really know what semi-independent would mean, sure they are sort of that now. They need someone to take an interest in them. I don't know how semi-independent would work.

The above opinions voiced by staff regarding semi-independent living raise a number of issues. There would seem to be a lot of ambiguity regarding the precise meaning of "semi-independent", and all of the staff who voiced an opinion were somewhat sceptical about the suitability of reduced staff cover for residents residing in the community.
SUMMARY AND DISCUSSION

Emotional State

The majority of both the residential (70%) and hostel (60%) groups reported that they were happy with things in general.

Slightly more than half (52%) of the hostel group however identified things which frightened or worried them, while only 30% of the residential group did likewise.

Further discussion with the hostel group, revealed however that in most cases the worries identified by the hostel residents were related to the health and welfare of family members and were not caused by any aspect of their lives in the hostel.

Other sources of worry for the hostel group included anxiety over future dwelling places, disputes between residents sources of worry identified by the residential group included proposed moves to the community, poor family contact and the fear of ill-health.

Satisfaction with Personal Decision making Power

The hostel group reported high levels of satisfaction with the amount of control they had over their lives, with 72% of the group reporting that they felt either OK, happy, or very happy with the control they had over their lives. Comments made by the hostel residents suggest that the increased autonomy afforded to them with regard to many aspects of the lives in the hostel is much appreciated by the group.

Just over a third (35%) of the residential group made a similar claim however it must be noted that the majority of the residential groups (65%) did not respond to the question.

A minority of the training centre residents did however highlight the limited extent of their autonomy in the training centres and expressed resentment regarding the degree of control which others had over their lives.

Future hopes and Aspirations

43% of the hostel group and 33% of their hostel counterparts felt that the future would bring change to their lives. The majority of the residential group felt that a change in their living situation was imminent while others felt that they would experience a change in their work location or in their occupation changes which the hostel residents envisaged in the future included moves to semi-independent living or to family homes and the securing of open
employment.

A minority of both the residential and shidy group 17% and 24% respectively, also identified personal hopes or aspirations which they felt would not be fulfilled. For the residential group these included wishes to go to England, to get married and to move back home.

Returning to home to live and finding jobs in the open market were events which the hostel group felt would be desirable, but were unlikely to occur. These findings suggest that members of both the residential and hostel groups have hopes and aspirations for the future.

These aspirations appear to focus on the type and location of their dwelling places and work.

Staff Assessment

The training centre staff made little comment on the emotional state of residents however a number expressed views regarding the unsuitability of the training centres for many residents and highlighted the benefits they would receive from community living.

In contrast, the hostel group expressed very definite opinions regarding the increased happiness and confidence evident in the hostel residents, since their move to community dwelling. The hostel staff who commented on the topic of semi-independent living for residents were however unanimous in their reservation about residents suitability for same. The staff were of the opinion that mentally handicapped persons in community settings needed the attention and companionship of a parent type figure.

DISCUSSION

The findings in this study would suggest that people with mental handicap have a general preference for hostel accommodation if they are unable to live with their families.

A number of studies, (134), (135), (136), (137), (138), which sought the opinion of mentally handicapped persons also found that the mentally handicapped individuals concerned expressed a preference for community as distinct from

138 Ib.
institution living.

The uncertainty expressed by the hostel staff with regard to the suitability of residents for semi-independent living is mirrored in the findings of Days English based study of the experiences and expectations of long stay residents in a mental handicap institution, who had moved to hostel living, the members of staff interviewed by Day were of the opinion that the people concerned would require a great deal of support in getting used to a new environment and may not become totally independent. Some of the hostel residents in Days study also expressed apprehension and uncertainty about their capacity to become more independent. The comments made by some of the training centre and reflected the apprehension felt by the study group regarding moves to hostel and semi-independent living.
CHAPTER 10

Summary

The following Chapter provides a brief synopsis of the main findings of the study.

Current Living Situation - Physical Surroundings and Conditions

The members of the study group living in community residences or hostels appeared to lead a relatively normal lifestyle although certain restrictions, arising from their lack of experience and limited skills, in some areas, were placed on their independence and freedom.

All of the hostel group live in regular domestic dwellings providing accommodation for 6-7 residents. 22% of the hostel residents have their own bedrooms, while the remaining 78% share with a roommate. On the whole the hostels provide residents with a high standard of physical surroundings, the hostels being well decorated and equipped with a range of regular domestic goods. Hostel No. 1 did not however have adequate sanitary facilities.

Members of the residential group proved to have a less normative living situation. 78% of the residential group live in chalets or individual units on the grounds of the Carriglea and Belmont training centres. These chalets/units provide accommodation for between 6-15 individuals. The remainder of the residential group (22%) live in a ward/dormitory setting in the main body of one of the training centres. 35% of the group have their own bedrooms, 43% share with other individuals and 21% live in wards catering for approximately 30 residents. The standard of decor in the two training centres involved in this study varied. The Carriglea centre provided a brighter, more modern and less institutional living environment for residents than did the Belmont centre.

Daily Routine and Management Practices

A significantly greater degree of flexibility was evident in the running of the hostels as distinct from the residential centres.

The weekday rising time of the hostel group was subject to a strong degree of rigidity such as to ensure punctual attendance at work. The hostel groups' weekend rising time was however left primarily to the discretion of the group themselves. Bedtime was also quite flexible for the hostel residents both on weeknights and at weekends, being again left (within limits) to the discretion of individual residents. With regard to mealtime routines, the hostel group
prepared their own breakfasts and packed lunches and participated in the final stages of the dinner preparations, when they returned from work. The tastes of individual residents were taken into account in the planning of menus within the hostels. Access to the telephone was also available in all of the hostels.

Residents in all of the hostels had free access to all areas of the house including the kitchen, and were free to make tea/coffee when they wished, provided that they were not abusing the privilege. The majority of household chores were completed by residents with the supervision or assistance of staff and domestic tasks were rotated regularly within the hostels with individuals' abilities and preferences in relation to tasks, being considered in the drawing up of the rota. An increase in the rate of domestic activities engaged in by individuals moving to community settings is a consistent findings in studies of the deinstitutionalization of the mentally handicapped. (139)

The residential group experienced little flexibility with regard to the domestic routines in the training centres. All of the group had specific rising times on weekdays, however those residing in chalets or individual units had greater flexibility with regard to weekend rising time. All of the group had a somewhat rigid bedtime routine on week nights but again residents in the chalets and units experienced a greater flexibility in relation to weekend bedtime. The residential group, in general, had limited input regarding the planning of menus or the preparation of meals other than breakfast, as all meals were prepared centrally within the training centre. As such very little flexibility was possible with regard to the timing of meals other than breakfast. A variety of domestic chores were undertaken by the 78% of the group living in chalets or independent units, however, the group members residing in dormitories or wards reported little domestic activity other than bedmaking.

**Personal Liberty and Privacy**

The majority of both the residential and hostel groups reported having little or no input into the making of important decisions regarding their lives. The majority (61%) of the hostel group believed that the staff in their respective training centres had made the decision regarding their move to community living. Only 26% of the hostel residents felt that they had made the decision themselves with help from staff. Similarly only 4% of the 78% sharing a bedroom reported that they themselves had decided whom they would share with, while 9% reported making the decision in consultation with their future roommate. Staff in the hostels reported however that the hostel group had

been consulted regarding their preference for hostel living.

The majority of the residential group (60%) reported that the decision regarding their move to their current place of residence was made either by staff in the training centres they were leaving or moving to, or by their families. Only 13% of the training centre residents felt that they had had an input into the decision. Low levels of consultation were also reported by the residential group in relation to decisions regarding the selection of roommates. Of the 65% of the group sharing rooms, only 13% reported having any input into the decision regarding who they would share with. It would thus appear that the study group in general had little choice regarding where they would live or who they would share their bedrooms with.

Residents' need for privacy was respected in all of the hostels, with the hostel group being free to use their bedrooms anytime they wished. All of the hostel residents were also allowed to bathe/shower without supervision and while practical considerations such as hot water supply and time constraints limited the number of residents who could shower/bathe at certain times, there was a high degree of flexibility with regard to choice of bathing time.

In all of the hostels residents selected what clothes they wished to wear themselves with staff offering guidance only when asked or when the clothing selected was most appropriate.

The hostel residents in the 4 houses were also free to turn on tv, when they wished, and to engage in indoor leisure activities of their choice. Furthermore the friends/relatives of the hostel group were permitted to visit at anytime.

Residents in all of the hostels had to inform staff if they were going out and were required to indicate when they would be back. Residents were given house keys in 50% of the hostels (Belmont hostels).

79% of the residential group were free to use their bedrooms at any time, however in most cases showers/baths had to be taken when requested by staff.

The residential groups' freedom to turn on tv/record players appeared to be dependent on the decision of individual staff members and the training centre residents had limited freedom in relation to going out, even around the grounds of the training centres.

Safety and Security

The hostel group reported feeling slightly less safe in their place of residence than did the residential group. In general however both groups appeared to feel quite safe in their respective living situations.

55% of the hostel group reported having felt threatened or harassed in or around their place of residence, while 45% reported that there was someone or something in their immediate surroundings which frightened them. The
harassment reported by the hostel residents consisted of youths ringing door bells, throwing stones at the hostels, pulling up flowers in the hostel gardens, or jeering at residents and calling them names. Occurrences which frightened the hostel group included: fights/arguments among fellow residents; bad temper and moodiness in particular residents; bossiness and bullying by certain housemates; fear of punishment for stealing newspapers; fear of traffic and crossing roads; fear of strangers calling to the house; fear of burglars; fear of falling when out walking alone; fear of thunder and lightning and fear of being sent back to the training centre. It would thus appear that the move to community based hostel living has exposed the hostel group to a number of experiences and situations which they find somewhat threatening or stressful and to which they would not be exposed in the sheltered environment of a residential setting.

A somewhat smaller number of the residential group (44%) reported having felt threatened or harassed in their places of residence, while 26% reported that there was someone or something in their immediate environment which frightened them. The harassment reported by the residential group consisted primarily of the verbal abuse or threats/bullying of fellow residents. The ringing of the phone and thunder and lightning were identified by two members of the group as other things which frightened them.

Satisfaction with Living Situation

The mentally handicapped adults interviewed who had experience of both residential and hostel living expressed a general preference for hostel dwelling. The majority of the hostel residents expressed high rates of satisfaction with their living situations with the increased independence, freedom, privacy and quietness offered by hostel living coupled with the companionship of fellow residents and good relations with houseparents, were identified as reasons for satisfaction with the hostels. Only 4% of the hostel group expressed a desire to return to residential living, while 35% reported that they would prefer to live with a relative or family member.

The preference for community living and the high level of satisfaction expressed by hostel residents in Waterford is consistent with the findings of similar studies in the U.S. and U.K. U.K. based studies conducted by Booth (140) Brandon and Ridley (141) and Donegan and Potts (142) have found that in


general mentally handicapped adults express a preference for community as distinct from institutional living. A U.S. based study by Heal et al. (143) also found that on a 50-item life satisfaction scale, young retarded people living in community facilities rated higher life style satisfaction scores than did a comparable group in residential care.

The residents in the residential centres of Belmont and Carriglea expressed mixed feelings regarding their living arrangements. The male residents, the majority of whom were living in chalets on the grounds of the centre were very satisfied with their living situation in the chalets compared to the residential centre itself. This would suggest that the provision of small scale living units, (as in Carriglea) even if they are located on a central campus provides a form of residential care which is more acceptable to residents than traditional institutional living.

It is also noteworthy that the negative aspects of residential care, identified by the male and female residents, were different. Loneliness and boredom were the most commonly cited disadvantages of institutional life identified by the females in residential care while lack of privacy and frustration with unchanging routine, featured prominently in the negative aspects of institutional life identified by the male interviewees.

The residents of the training centres expressed mixed views as to whether they would like to move to hostels or not, with 59% of the residential group reporting that they would prefer to live either in a hostel or with relatives. Of those who did comment specifically on the issue of residential versus hostel living, a greater number stated that they would prefer to move to hostel accommodation. This may be accounted for by the fact that they were soon to move to the community and were excited about same. The women in Carriglea on the whole appeared to be less aware of the existence of hostels for Carriglea residents and consequently had less to say regarding the desirability or otherwise of community living. Again it must be noted that the majority of the residents interviewed in Belmont were involved in the "Pre-Community Home Training Programme", while only a minority of the women interviewed were resident in St. Francis, the community training unit in Carriglea.

It would thus appear that with regard to living situation, hostel residents report a higher degree of satisfaction. This would suggest that in one area at least, quality of life as experienced by mentally handicapped people has been improved following the move to community living. Hostel living would appear to afford residents a living situation that is less crowded, quieter and

more homely than that experienced in residential care and provides mentally handicapped adults with greater levels of privacy and independence and with an opportunity to develop more satisfying relationships with staff and fellow residents.

RECREATION/LEISURE ACTIVITIES

In-House Activities of Residential and Hostel Group

The move to community living would appear to have made little difference to the in house leisure activities of the hostel group. TV viewing and listening to music were the leisure activities most frequently engaged in by both the residential and hostel groups. Less popular in house activities common to both groups included reading; colouring; engaging in particular hobbies and entertaining visitors. The hostel group did however, report higher rates of participation in less common activities such as playing board games and gardening than did their residential counterparts. It is also noteworthy that the hostel group spent significantly more time entertaining visitors than did their peers in the residential centres.

The in house leisure activities of both the male and female members of the hostel group proved very similar. However, the female members of the residential group appeared to have access to a more varied range of activities than did their male counterparts. Activities engaged in by the women in the residential group included drama and craft sessions; sing along and dance sessions. Only two males in the residential group reported participating in activities (playing the accordion and acting as DJ to other residents), other than watching TV or listening to music.

It would thus appear that the in house leisure activities participated in by the residential and hostel groups, are quite similar. In general the hostel residents appear to have a slightly more varied range of activities and would appear to spend significantly more time entertaining visitors. While visitors consist primarily of residents and staff from other hostels, visits are also received from the family and friends of staff and occasionally from neighbours. As such the hostels' residents would seem to have greater opportunities for meeting non handicapped adults and for developing social skills than do the residential group.

Out of House Leisure Activities

The adults with mental handicap residing in community hostels proved to have a more balanced and varied range of out of house leisure activities thadid
their peers in residential settings. Sporting activities and walking feature prominently in the out of house activities of both the hostel and residential groups. For the latter however, sporting activities tend to be part of a scheduled programme and in the case of 50% of the residential group, the activities are located within the residential centre itself and hence provide neither a change of scene or company for participants. The sporting activities of the females in the hostel group continue to be scheduled and are still located primarily in the grounds of the training centre. As such, they provide participants with little opportunity for community integration or increased social contact. The use of community facilities as occurs in the case of the male members of the hostel group is more normative and residents from one of the male hostels have been provided with an opportunity to participate in a sporting activity with a group of local students.

With regard to social activities the hostel group display a higher level of participation in a more varied range of activities than do their counterparts in the residential centres. The hostel residents regularly visit public houses; go to discos/dances/cinema/concerts; attend local events and dine out. Such leisure time activities are almost totally absent from the lives of the residential group whose social activity is limited for the most part to the outings/events organised occasionally by voluntary groups. However, it must be noted that while the hostel residents engage in a variety of normative social activities, they do so primarily in the company of fellow residents or staff members.

Finally, with regard to use of community services, the hostel group again display a significantly higher rate of usage of shops, cafes/restaurant, community churches, hairdressers etc. than do their peers in the residential group. Such usage of community services is highly normative and affords the hostel residents the opportunity to increase their range of social contact, an opportunity which is denied to the residential group who do not have the opportunity to make use of such services.

**Satisfaction with Leisure Activities**

A higher rate of satisfaction with leisure activities was reported by the hostel group. 87% of the hostel residents claimed to be either happy or very happy with their spare time activities, while only 43% of the residential group made a similar claim. Comments made by the residential group regarding their leisure activities were, for the most part, negative. Residents complained of boredom with activities and of lack of choice in relation to participation in leisure pursuits. Comments made by the hostel group, were in most cases, of a positive nature. The wider range of activities available to them and freedom of choice
with regard to participation in these activities were much appreciated by the hostel residents.

DISCUSSION

In the late seventies the prevailing concept of success, in the field of the community placement of mentally retarded individuals was reconsidered. The relative normativeness of community residences is no longer taken as an adequate measure of the success of deinstitutionalisation. (144), (145), (146) Variables such as subjective quality of life and personal satisfaction are now considered to be key criterion in the determination of the success of community placements. Increased participation in social activities and increases in social interaction are widely seen as criterion indicative of more culturally normative and therefore higher quality life styles. A variety of studies considering the social interaction and leisure patterns of mentally handicapped adults in community settings have been undertaken. (147), (148), (149), (150) Data from such studies has proved in cases to be inconclusive but it provides a background against which the finding of this study can be considered.

The increased involvement in leisure activities and the higher rates of social interaction among the hostel residents in the study group is consistent with findings by Bratt and Johnson (151) in their study of the lifestyles of five young adults who moved into a bungalow. The study found that the group went out


more often, went to a wider variety of places and spent more time engaged in interaction with other people.

The tendency displayed by the mentally handicapped residents in this study (be they resident in a community or residential setting) to interact primarily with fellow residents, staff and other adults with mental handicap is also consistent with findings in the wider field.

Kelleher et al's (152) Irish based study of the lifestyles of adults with mental handicap in community based residences revealed that, in two thirds of the residences surveyed, residents usually engaged in their leisure activities with fellow residents, while in approximately half of the houses, staff also engaged in leisure pursuits with residences. Only in a quarter of the houses were residents found to commonly engage in leisure time activities with non handicapped persons. A number of U.S. and U.K. based studies have revealed similar findings. (153), (154), (155)

The wider range of leisure pursuits participated in by the hostelresidents, their increased use of generic community facilities and the higher levels of satisfaction they express regarding their leisure activities would suggest that in one life domain namely leisure activities, the quality of life of the hostel residents improved as a result of the move to community living. The fact that the hostel residents continue to engage in leisure pursuits primarily with staff and fellow residents, suggests however that while they avail of community leisure facilities they are not yet part of the social life of the community.

The routinised block treatment characteristic of residential living was evident in the social life experienced by the residential group. Staff within the training centres are conscious of residents' needs for a more diverse range of leisure activities, greater contact with non-residents and individual attention such as to facilitate the enhancement of each residents' social life. A number of factors including poor staff/resident ratios, lack of transport facilities and large numbers mitigate however against an improvement of the situation.


SOCIAL CONTACT/INTEGRATION

Family Contact

The degree of contact and affiliation which members of the study group have with their families is very varied. There would appear to be no marked difference in the frequency of visits received by the residential and hostel group from their parents, parental visits being infrequent in all cases. Almost half of both the hostel and residential groups, do however, visit their parents' or families during holiday periods and a minority (16.7%) of the hostel group return home every weekend, while a further 12.5% make weekend visits home several times a year.

Contact with Friends and Non Handicapped Individuals

Reports made by both the residential and hostel group suggest that neither had many friends outside of the circle of acquaintances they had in the training centres or hostels where they resided. 48% of the residential group and 61% of their hostel counterparts, indicated that they had no friends from outside their places of residence or work.

A minority of the residential group, (13%), all residents from the Carriglea training centre, were friendly with local adults who had befriended them as part of a friendship scheme, organized by the Carriglea staff, for residents with little or no family contact. A further 17% of the residential group, made reference to friends who lived near their family homes but contact with such friends, was limited for most of the residents to occasional meetings during holidays. A number of the training centre residents also identified staff members as friends and this would suggest, that staff/resident relations, are in many cases, extremely good.

As with the residential group, the "outside" friends referred to by the hostel residents, consisted primarily of friends living near their family home or day attenders at their place of work. The majority of the hostel residents also indicated that they considered staff members to be their friends. It would thus appear that for the most part, the close contacts of the study group, were other individuals with mental handicap or staff members.

Acquaintances and Social Contacts

While the move to community living appears to have made little difference to the friendship patterns of the hostel residents, it does seem to have increased the range and frequency of their contact with non handicapped persons. A
checklist of activity and social contact, administered to the study group, revealed that in all of the listed activities, with the exception of "outings", the hostel residents had greater levels of contact with non handicapped adults, than had their peers in the training centres.

A social contact inventory completed by staff, also indicates that the hostel residents have higher rates of family contact and significantly greater levels of contact with business and trades people, than do the residential group. The hostel group also have regular contact with the friends and acquaintances of some staff members, who call quite frequently to the hostels, or who occasionally invite residents to visit them in their homes. In contrast the residential group appear to have a limited circle of social contacts. Their contact with business/trades people is limited, and they lack the opportunity for social interaction with non handicapped persons, which contact with the friends and family of staff, affords to the hostel group.

**Neighbours**

Due to the location of both the Carriglea and Belmont training centres, the residential group have no contact with neighbours. The majority of the hostel group (73%), reported that they salute all their neighbours, with 23% and 5%, respectively, reporting that they saluted two or a few neighbours. Discussions with both residents and staff, revealed that, in general, relations with neighbours were excellent. Only rarely however, did any of the hostel residents receive visits from neighbours and only residents from one hostel, reported being invited to a neighbour's house, that being for a station mass. Residents from two of the hostels made reference to problems with local youths, who caused annoyance to the hostel residents. In general however, the hostels and their residents would appear to be well accepted in their respective neighbourhoods.

**Relations with Members of the Opposite Sex**

41% of the residential group and 23% of the hostel residents, reported that they had a boyfriend or girlfriend. In most cases however these relationships appeared to consist of casual friendships with other adults with mental handicap, with whom the group have contact, or with members of the opposite sex who live near the family homes of the individuals concerned. Helpers from the voluntary groups which organize activities for the study group, were also identified by some residents as boyfriends/girlfriends. Staff from two of the hostels, did however, make reference to more intense relationships, which two hostel residents had been involved in. In both cases, the relationships were
considered by staff, to be excessive and were reported to have caused disruption in the hostels where the residents lived. Overall however, it would appear that the relationships, which the hostel and training centre residents have with members of the opposite sex, are casual relationships.

**Satisfaction with Contact and Integration**

The comments made by members of the residential group, suggest that family contact, when it does exist, is valued by residents, even in situations where such contact is infrequent. For a minority of residents however, family contact appears to be a cause of anxiety or distress.

On the topic of friends, the residential group volunteered little information. None of the group commented on a lack of friends within the training centres, although a minority mentioned their lack of friends from the wider community. This would suggest that in general, the group feel content with the companionship they experience in the training centres. A number of residents also indicated that they considered certain staff members to be their friends.

Finally, the group appeared to be, in the main, uninterested in relationships with members of the opposite sex. Only a minority of residents made reference to girlfriends or boyfriends. This may be a reflection of the fact, that the majority of the residents have spent most of their lives in single sex, residential institutions which provided little opportunity for contact with members of the opposite sex.

Dissatisfaction with family contact did not appear to be as pronounced among the hostel residents, as it was among the residential group. A minority of the hostel group, did however, make reference to the limited nature of their contact with their families. Anxiety over the health and welfare of family members, was expressed by a number of residents, all from the Carriglea hostels.

The hostel group made few references to friends. It is noteworthy that none of the residents, voiced comments, which would suggest dissatisfaction with the number of friends they have. Staff members were considered by a number of residents, to be their friends, with one resident also classifying a local shopkeeper as a friend.

Views expressed by the hostel group regarding their neighbours, suggest that while relations with local residents are very good, the hostel dwellers, have little close contact with them.

Finally with regard to relationships with members of the opposite sex, it would seem that none of the group were involved in serious relationships. The hostel residents appear quite satisfied with this state of affairs, and a number appeared to be quite apprehensive about becoming involved in relationships with members of the opposite sex.
Staff Assessment

The limited contact which the residential group have with people outside to the training centres in which they reside was commented on by staff. A number of the staff highlighted the residential group's need for more extensive social contact and a greater variety of social activities.

The different levels of contact which residents have with their families was commented on by the hostel staff. The staff in the hostels also made reference to the fact, that the hostel residents were very well accepted by their local communities, even though the residents had not established close ties or friendships with local people.

With regard to residents' relationships with members of the opposite sex, the staff expressed uncertainty and a degree of anxiety, regarding the protocol for handling such matters.

DISCUSSION

The move from residential to community living, appeared to have little effect on the degree of social contact which the hostel group had with family and friends. A British study on social contact experienced by 33 residents on leaving a mental handicap hospital, found that the group, while being resettled in pleasant accommodation, often nearer to their families, were cut off from friends of long standing. (156) It is encouraging that this does not appear to have happened to the Waterford hostel group. The finding in this study, that the majority of the study groups' ongoing friendships were with other people with handicaps, corresponds with Atkinson's findings, from her study of the friendship patterns of 50 people who left long stay hospitals. (157).

Atkinson noted that many people referred to staff members and professionals as their friends and found that few, if any, of those interviewed reported that they had no friends. Some of those interviewed by Atkinson also extended the definition of "friend" to include people like shopkeepers, who appeared friendly. This finding also applies to the hostel group in this study. The difficulty which people leaving longstay hospitals, face in establishing new relationships with non handicapped individuals, which this study revealed,


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was also highlighted by Malin's 1983 study. (158). A 1988 study by Ward also revealed, that in day to day practice, it is often found that the acceptance of people with mental handicap, is slow to occur and is often more challenging than is supposed. (159) The mentally handicapped individuals who were the subject of this study, appear to be accepted by the community in which they reside, however in most cases, meaningful interaction between the mentally handicapped persons in the Waterford study and the non handicapped individuals in the wider community, was limited.

FINANCE

Income Rates and Management Practices

All of the study group were in receipt of a regular source of income. 79% of the residential group perceived this income to be pocket money, with only 13% describing it as a wage or partial wage. None of the residential group appeared to be aware of their entitlements to State benefits or the current rates of same. The rates of payment made to the residential group varied with residents in the Carriglea centre reporting incomes of between £2 and £2.50, while the Belmont centre residents reported payment rates ranging from £3 to £10, with £5 being the most common rate.

The residential groups' access to commercial outlets was also varied. All of the Belmont group had access to a canteen located in the centre and a minority visited local shops/newsagents. The residents also made reference to infrequent trips to town with members of staff. The Carriglea residents however appeared to have very limited opportunity to make purchases as there is no shop in the centre and trips to town are infrequent. The majority of the Carriglea residents appear to save their money for holidays.

As with the residential group, all of the hostel residents were in receipt of a regular income. Interestingly a significantly higher percentage of the hostel group (64%) identify the source of their income as a wage, partial wage or benefit, with only 29% reporting they they received pocket money. Only a minority of the hostel residents (35%) appeared to be aware of the approximate rate of benefit they received. The vast majority were however able to identify how much money they had at their disposal every week/day. The rate of income received by residents in the hostels ranged from £3 to £23, with


houseparents determining the amount of money suited to each individual's needs.

The hostel residents had significantly greater access to commercial outlets than did the residential group, however, all of the hostel group appeared to be supervised in their purchase of expensive items and residents in 75% of the hostels were usually accompanied by staff when shopping in town. All of the hostel residents were also obliged to save a proportion of their wage/benefit every week, with saving being managed by staff in most cases.

Satisfaction with Financial Situation

The residential group proved to be less satisfied than their hostel counterparts, with the amount of money at their disposal, with 30% and 14% respectively of the training centre and hostel group reporting that the income they received was too little. However 50% of the hostel group, in comparison with 48% of the residential group, claimed that there was something they would like to do or buy, but were prevented from doing so by lack of money.

In general comments made by both the residential and hostel group suggest that the majority are satisfied with their financial situation. A minority of the hostel group commented on the rate of payment they received in the centres, believing it to be meagre but the majority of the residential group appeared to be unconcerned with financial matters.

Comments made by the hostel residents with regard to finances were positive in the main and highlighted the groups' satisfaction with the increased rate of income they received and their opportunity to spend same. The regulatory and supervisory role played by hostel staff in relation to financial matters did not appear to be in any way resented, or even questioned by the hostel residents.

Staff Assessment

The limited competence of many residents with regard to monetary affairs was highlighted by hostel staff who seemed to hold the general opinion that residents needed guidance and supervision in the management of their finances. Staff in the residential centres made no comments regarding the financial situation of residents. This would seem to suggest that this aspect of residents' lives within the training centres was considered relatively unimportant by staff.
DISCUSSION

The fact that all of the study group receive a certain level of disposal income each week/day is commendable and highly normative. However the low rate of payment made to the residential group and the extremely limited access of 50% of the training centre residents to commercial outlets, to some extent, negates the value of the income policy operating in the residential centres.

The increased disposable income of the hostel group and their significantly improved access to commercial outlets is noteworthy. The hostel residents however still have relatively limited input into the regulation and management of their finances as staff continue to take responsibility for larger financial purchases and for the management of savings in most cases. Furthermore a significant number of the hostel group would appear to have only limited comprehension regarding the value of money while a minority have their finances regulated on a daily basis by staff. Staff in three of the four hostels reported that residents were receiving informal instruction to improve their understanding of the value of currency and of simple arithmetic. However some of the staff felt that they were making little progress in this work and expressed doubt regarding some individuals' ability to master money management skills.

As such it would appear that the move to community living has rendered some residents more independent in relation to financial matters and has increased the spending power of all residents. The area of financial management is one in which the hostel group still require and receive a lot of assistance.

OCCUPATION/WORK

Occupations

All of the residential group participated in structured day time activity, with the majority (87%), engaging in productive sheltered employment. Only 9% of the residential group engaged in hobby type activity. Those in sheltered employment, worked in workshops located in the Carriglea an Belmont training centres, or assisted in domestic, horticultural or agricultural work, taking place in the centres. Regular work hours and practices were observed by the trainees in all cases.

Work undertaken by the Belmont residents included: the production of cement slabs and wooden pallets, the labelling of beer caps and the packing of game pieces. A number of the Belmont residents also worked in the centre's agricultural and horicultural enterprises or assisted with domestic chores in
the centre. The Carriglea residential group engaged primarily in craftwork, producing a variety of craft goods. A minority of the Carriglea group also engaged in domestic work in the centre's kitchen, laundry or convent.

As regards the hostel group, all were involved in full time sheltered employment. The move to hostel living did not affect the occupation of the Carriglea hostel group, all of whom continued to work in the positions they held at Carriglea, prior to their move to the community. The move to hostel living did however result in a change of work location for slightly over half of the Belmont hostel group who began working in the Comeragh Training Centre, following their departure from Belmont. The Comeragh centre offers trainees a more normative work environment, as it is located in an industrial estate on the outskirts of Waterford city and as such had no overt connection with an institution for people with mental handicap. The remainder of the Belmont hostel residents, continue to work in the Belmont Park workshop, or in the centre itself. As such the move to hostel living did not change the type or location of work engaged in by the majority of the hostel group. The work undertaken by trainees in the Comeragh Training Centre, is of a similar nature to the work in the Belmont workshop and includes the production of wire and fencing, the stacking and folding of paper and the packing of game pieces.

The movement to community dwelling has meant that 75% of the hostel group now require transport to their place of work. 25% of these, individuals who work in the Belmont workshop/centre, avail of public transport. This is highly normative and it develops the residents' confidence by facilitating their development of greater autonomy by providing them with an opportunity for greater social interaction. The Carriglea hostel group are obliged to use the Carriglea ambulance to travel to work as Carriglea is not served by public transport.

Satisfaction With Occupations

The vast majority of both the residential and hostel groups (91%), expressed satisfaction with their work. A minority of both groups complained of boredom with work, despite the fact that a policy of job rotation operates in all of the workshops. A minority of both groups also expressed great enthusiasm for their work. Interestingly all of those worked in domestic settings and it is possible that the opportunity which this type of work provides for close contact with individual staff members, is appreciated by trainees and is reflected in their enthusiasm for their jobs. The majority of both the residential (78%) and hostel (86%) groups, reported that staff were responsible for decisions regarding the type of work to be undertaken by individual trainees. Neither of the groups appeared to resent their lack of autonomy in relation to choosing
jobs and a minority of trainees, from both groups, reported that when they made their preferences for certain work known, the staff endeavoured to comply with their wishes. 26% of the residential group identified other jobs, within the workshops which they would prefer to do. However only one of the training centre residents expressed a desire to engage in open employment. This individual wanted to work in a hospital making beds and bathing patients. A greater percentage of the hostel group, (45%), expressed a preference for alternative work, with most identifying different workshop jobs, which they would prefer. The jobs which these people desired included, hospital domestic work, factory work and maintenance work. It is probable that the move to community living has increased the hostel groups' confidence regarding their work abilities and increased their awareness of the opportunities in the open employment sphere.

Domestic Duties and Chores

Both the residential and hostel groups undertake domestic chores, however the hostel group display a higher rate of participation in a more varied range of household tasks. Indeed an increase in the rate of domestic activity is one of the most consistent findings in this area of study. (160), (161) The hostel groups increased participation in domestic duties is desirable from the point of view of normalization.

Staff Assessment

Staff in both the training centres and hostels were of the opinion that work was important to the study group. The hostel staff commented on residents' apparent enjoyment of their jobs and some were of the opinion that a minority of residents were ready or almost ready, for open employment. Other members of the hostel staff however, had reservations regarding the suitability of any of the hostel group for open employment. It was felt by some of the hostel staff that behavioural problems may prevent some residents from holding down regular jobs, whilst another staff member was of the opinion that the payment rates and conditions, characteristic of the jobs which would suit the hostel group, were undesirable.


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DISCUSSION

The working life of the hostel residents, is more normative than that experienced by their residential counterparts, by virtue of the fact that the hostel group's working and living locations are separate. The 25% of the hostel group who attend the Comeragh Training Centre, have a significantly more normative work setting than do their counterparts who continue to work in workshops located in the parent centres of Belmont and Carriglea. The provision of work location for all the hostel residents similar to those experienced by the individuals in the Comeragh centre would be desirable. The use made by 25% of the hostel group, of public transport to travel to work, is also highly normative. The continued attendance of almost 75% of the hostel residents at residential centre workshops, is however undesirable. The work experiences of the Waterford study group would appear to be similar to that of the majority of adults with mental handicap in Ireland. Kelleher et al's, study of the lifestyle of residents in community based residences in Ireland, found that 66% of residents, beyond school age, attended training centres/workshops for persons with a mental handicap. (162) Only a minority of those surveyed in Kelleher's study were in open employment in the local community, while approximately 5% were employed in routine domestic jobs. It would appear that entry into open employment for people with mental handicap is quite difficult. The development of formal links with local employers and statutory training/employment agencies, would possibly be an appropriate first step to promote and facilitate the gradual entry into the labour force of the more able of residents in the community hostels.

GENERAL LIFE SATISFACTION

Emotional state

The majority of both the residential (70%) and hostel (60%) groups reported that they were happy with things in general.

Slightly more than half (52%), of the hostel group however, identified things which frightened or worried them, while only 30% of the residential group did likewise. Further discussion with the hostel group revealed that in most cases, the worries identified by the hostel residents were related to the health and welfare of family members and were not caused by any aspect of their lives in the hostel. Other sources of worry for the hostel group included anxiety over future dwelling places, disputes between residents, proposed moves to the community, poor family contact and the fear of ill health.

162. Idem.
Satisfaction with Personal Decision Making Power

The hostel group reported high levels of satisfaction with the amount of control they had over their lives, with 72% of the group reporting that they felt either ok, happy or very happy with the control they had over their lives. Comments made by the hostel residents suggest that the increased autonomy afforded to them with regard to many aspects of their lives in the hostels are much appreciated by the group. Just over a third 35%, of the residential group made a similar claim however it must be noted that the majority of the residential groups (65%), did not respond to the question. A minority of the residential group did however highlight the limited extent of their autonomy in the training centres and expressed resentment regarding the degree of control which others had over their lives.

Future Hopes and Aspirations

43% of the hostel group and 33% of their hostel counterparts felt that the future would bring change to their lives. The majority of the residential group felt that a change in their living situation was imminent in, while others felt that they would experience a change in their work location or in their occupation. Changes which the hostel residents envisaged in the future included moves to semi-independent living or to family homes and the securing of open employment.

A minority of both the residential and study group, 17% and 24% respectively, also identified personal hopes or aspirations which they felt would not be fulfilled. For the residential group these included wishes to go to England, to get married and to move back home. Returning to home to live and finding jobs in the open market were events which some of the hostel group felt would be desirable but were unlikely to occur. These findings suggest that members of both the residential and hostel groups have hopes and aspirations for the future.

Staff Assessment

The training centre staff made little comment on residents' emotional states, however a number expressed views regarding the unsuitability of the training centres for many residents and highlighted the benefits they would receive from community living. In contrast, the hostel staff expressed very definite
opinions regarding the increased happiness and confidence evident in the hostel group since their move to community living. The hostel staff who commented on the topic of semi-independent living for residents, were however unanimous in their reservation about residents' suitability for same. The staff were of the opinion that persons with mental handicap living in community settings needed the attention and companionship of a parent type figure.

Discussion

The findings in this study would suggest that people with mental handicap have a general preference for hostel accommodation if they are unable to live with their families. A number of studies (163), (164), (165), (166), (167) which sought the opinion of persons with mental handicap, also found that the individuals surveyed expressed a preference for community as distinct from institutional living.

The uncertainty expressed by the hostel staff with regard to the suitability of residents for semi-independent living is mirrored in the findings of Day's English based study of the experiences and expectations of long-stay residents in a mental handicap institution, who had moved to hostel living. (168) The members of staff interviewed by Day were of the opinion that the people in the hostels would require a great deal of support in getting used to a new environment and may not become totally independent. Some of the hostel residents in Day's study also expressed apprehension and uncertainty about their capacity to become more independent.

167. Idem.
CHAPTER 11

Recommendations

Recent developments in Ireland and elsewhere concerning the care of persons with mental handicap have centred around reduction in institution size and increase in small facilities in, or near resident's social and geographical communities. Such systems of community based care are held to be more consistent with the enhancement of the quality of life experienced by persons with mental handicap. It has however been recognised that the simple relocation of the mentally ill does not necessarily translate into dignified and satisfying conditions of community living or improved levels of social functioning or community integration. It was in this context that the present study was conceived.

The study sought primarily to evaluate the quality of life experienced by 24 adults with mental handicap currently residing in community based supervised group homes, who had previously resided in residential centres for persons with mental handicap. For the purpose of the study quality of life was defined with reference to the extent to which the needs of the individuals in question were being met, in a number of life domains including:

- Current Living Situation
- Recreation/Leisure Activities
- Social Contact/Integration
- Finance
- Occupation/Work
- General Life Satisfaction

The extent to which each individual's needs were being met was evaluated in terms of their objective life conditions and their subjective assessment of same. A control group consisting of 24 adults with mental handicap currently resident in residential centres was also included in the study. The control group was matched with the hostel group using the criteria of age, gender and ability to communicate.
RECOMMENDATIONS

The value of research into any aspect of social policy lies in it's potential for identifying the positive and negative outcomes of policy implementation and possible means of improving same. The following recommendations may, it is felt, help enhance the quality of life enjoyed by residents in both the residential centres and hostels.

CURRENT LIVING CONDITIONS

Residential Centres

1. The provision of care, for the majority of residents, in small scale independent units located on the main campus of the centres is commendable and provides residents with a more normative lifestyle which they greatly appreciate. The provision of such accommodation for all of the residents in the residential centres would be desirable.

2. Regular feelings of isolation and loneliness were identified by members of the residential group. Members of the Carriglea group reported that talking to a particular staff member (Sr. Emer) was a source of comfort to them and helped dispel feelings of anxiety and
loneliness. The formalisation of this practice by the identification among staff of "key friends" who would act as listeners, comforters, advisors and advocates for individual residents, may help counteract the isolationist feelings engendered by institutional life. Such an arrangement would also provide residents with a forum for airing grievances regarding disputes with fellow residents or staff. This would be a desirable development as a number of residents identified bossiness, bullying and bad temper in other residents as sources of anxiety.

Hostels

3. An observation made by a former resident of the Belmont Centre regarding the desirability of acquainting residents with the house/hostel to which they are moving, prior to the move itself, would appear to be very astute. The orientation of individuals in their future home and locality prior to their move there may help allay fears and uncertainty. Further the inclusion of residents in decisions and work concerning the decoration and preparation of hostels may foster a sense of belonging and facilitate ease of transition from residential to hostel living. If feasible, the inclusion of residents in the selection or properties to be used as hostels would also be highly desirable.

4. Discussion on what community/hostel living would entail for residents and its implications for various aspects of their lives, should ideally form part of the "pre community-living" training programmes which potential hostel residents participate in. This again may help clarify ambiguities and dispel anxieties which residents may have prior to their move to a hostel. Such discussion would also provide residents with an opportunity to voice personal worries which they may have regarding hostel/community living.

5. Great care would need to be taken with regard to the location of future hostels. Criteria such as proximity to amenities, availability of public transport and demographic and class profile of the area would appear to be most important. Properties located in mature upper working or middle class areas, situated close to community amenities and well served by public transport, would appear to be most suitable. The establishment of hostels in areas
with a high child/youth population appears to be problematic.

6. The provision of an additional toilet in one of the hostels (Hostel One) would appear to a pressing necessity.

7. The dissatisfaction felt by two residents from Belmont hostels regarding their current place of residence needs to be addressed. The propensity of the residents in question to complain and be discontent was identified by staff, however, the individuals appeared to be genuinely anxious about and frustrated with their living situations.

While it may be impractical to comply with the wishes of the men in question regarding their place of residence, it would seem desirable that they be given a formal opportunity to voice their opinions and views to staff/management, as both men feel that to date their views have been ignored.

8. Experience of road use and road safety training, should ideally be incorporated into the "pre community-living" training programmes participated in by potential hostel dwellers.

9. Discussion on the reactions of the community to persons with mental handicap and the reasons for such reactions, should also be included in the "pre community-living" training programmes. This would alert potential hostel residents to the possibility of harassment and would provide an opportunity for discussion regarding possible strategies for coping with such harassment.

10. The policy of not providing Carriglea hostel residents with house keys merits reconsideration. The provision of a key to residents is not a practical necessity, however, it is symbolic of the recognised adult status of the residents and is desirable from the point of view of providing residents with normative life experiences.
RECREATION AND LEISURE ACTIVITIES

Residential Centres

11. While limited resources such as staff, transport and funds prohibit the widespread use of community sport/leisure facilities by members of the residential group, it would be desirable if at least one community facility was utilised on a regular basis. The use made by the Belmont residents of public swimming, horse riding and bowling facilities is highly normative even if such activities are participated in on a group basis and facilitate little or no contact with non handicapped individuals.

12. The role currently played by voluntary organisations in arranging activities for the residential group should be encouraged and strengthened. The participation of voluntary helpers in the normal leisure events run in the centre would provide residents with an opportunity to develop social skills in a familiar non threatening environment. The Belmont programme in which local students assisted staff in coaching sessions with residents provides an example of how voluntary aid may be harnessed. It may also be more beneficial to residents if voluntary groups could be encouraged to organise more regular activities/outings for small groups rather than infrequent events for large groups. Small group activities are more normative and provide an opportunity for more intensive social contact between residents and helpers.

13. Consideration should be given to extending the "friendship people" scheme operated in Carriglea, to include as many residents as possible. The matching of the residents with a "friend" in the community provides an opportunity for the development of social skills and would be particularly beneficial to residents who are in the process of preparing for community living. Direct representation to individuals or clubs would probably prove the most effective means of recruiting friendship people.
14. The residents in all hostels would benefit from participation in leisure activities with a wider range of people. The involvement of the hostel group in local clubs/organisations would be desirable. Clubs, organisations and activities operating locally, should be systematically considered with a view to identifying community pastimes that may be suited to and enjoyed by residents. The tastes and aptitudes of individual hostel residents should be identified and attempts should be made to encourage and facilitate the participation of individuals or small groups of residents, in activities which they may enjoy. Night classes available locally may also provide hostel residents with the opportunity to further their expertise in areas with which they are already acquainted (e.g. crafts), while also providing an opportunity for social contact.

15. The continued use made by the Carriglea hostel residents of sporting facilities in the Carriglea training centre is not desirable as it limits the group’s opportunity for social contact and increased community integration. It is of course understandable that financial considerations may prohibit the discontinuation of the practice.

16. The practice of staff accompaniment of Carriglea hostel residents in all outings, (even walks in 50% of cases), may need to be considered. While the safety of those in question should not be compromised, the fostering of greater independence in relation to leisure involvement needs to be facilitated. Arrangements which would ensure the safety of the individuals concerned while at the same time encouraging them to become more socially independent would be desirable. Much creative thought and indeed training may be required to meet the challenge of facilitating greater social independence among hostel residents however, it is a challenge which should not be ignored.
SOCIAL CONTACT AND INTEGRATION

Residential Centres*

17. The limited literacy skills of the majority of the group prohibit the maintenance of regular letter contact with family and friends. In view of this, the use of telephone contact should be facilitated for residents whose families/friends have phones. This would appear to be most important in the case of residents who tend to worry about the welfare of their families.

Hostels*

18. The ambiguity which staff identified with regard to the issue of dating suggests the need for discussion and clarification. Discussion between residents, house parents and management on the question of sexuality and relationships would be useful, and may serve to identify the needs and anxieties of all groups concerned. On the basis of such discussions guidelines or at any rate a framework for handling the issue of dating may be established.

OCCUPATION AND WORK

Residential Centre

19. A regular review of trainee work preferences would be desirable given the substantial percentage of both the residential and hostel group, who identified other jobs within the workshops which they would prefer to undertake. Reliance on trainees' initiative to make their work preference known to staff may result in more timid individuals failing to make their preferences known. As such it would be desirable if a formal work satisfaction review system was put in place.

*Recommendations 11-13 inclusive also apply here.
*Recommendations 14-16 inclusive also apply here.
20. The policy of job rotation which appears to operate in the Carriglea workshop attended by the residential group is commendable. The rotation appears to be less frequent in the Belmont residential group, however, the disparate work areas in which the Belmont residents work (framework, horticultural work, workshop activity, domestic work) and the variety of skills associated with each area may mitigate against ease of movement from one work area to another. This said, it would be desirable if the option of job rotation was provided as frequently as possible.

21. The members of both the residential and hostel group who expressed greatest satisfaction with their work were engaged in a variety of domestic type activities. The greater freedom and staff contact associated with this type of work would appear to be the factors which render it satisfying for trainees. This would suggest that trainees involved in workshop activity may find group based work as distinct from individual work more enjoyable.

Hostels

22. The provision of a work location for the Carriglea hostel residents which is not based in the grounds of the residential training centre would be desirable. A workplace removed from close association with the residential setting and accessible to trainees by foot or public transport would provide the Carriglea hostel group with more normative work practices. The newly opened Carriglea workshop situated in the outskirts of Dungarvan town would provide an ideal work location for the Carriglea hostel residents.

23. Consideration would need to be given by management and houseparents to the issue of open market employment for trainees given that a minority of the hostel residents aspire to employment in the open market in the future. The scepticism (perhaps justified) expressed by some houseparents regarding the suitability of people with mental handicap for open employment would need to be considered. If particular individuals are to be targeted for movement to open employment they will require work preparation and work orientation and would require a positive supportive input from parents.
FINANCE

Residential Centres

24. The provision of a shop/cafe for residents in the Carriglea Centre would be desirable. At present residents' access to commercial outlets is limited to infrequent outings to town. Such a facility would provide residents with experience in the skills of purchasing and money management. Indeed access to a commercial outlet within the residential centre, as is available to the Belmont residential group, would appear to render residents more proficient in financial matters with the Belmont hostel residents appearing to be more skilled and more independent in the area of money management.

Hostels

25. There would appear to be a need for ongoing training for members of both the residential and hostel groups, in the area of money management. The provision of ongoing training for hostel residents would seem to be crucial if the individuals in question are to maintain and enhance their current skill level in the money management area. Such training is very necessary for the minority of hostel residents who as of yet have not acquired the skill of recognising the basic units of currency. Other residents would appear ready for instruction in relation to the use of financial institutions for saving purposes.

GENERAL LIFE SATISFACTION

Residential Centres

26. The anxiety expressed by some members of the residential group (primarily Carriglea residents) regarding the welfare of family members would suggest that there is a need among some of the residents for practical help with regard to maintaining phone or letter contact with family members. It would also be desirable that families be made aware of residents' anxiety over family matters. This may encourage family members to provide residents with more regular confirmation of family well being.
27. Members of both the residential and hostel group identified aspirations which they had for the future. Many of these centred around desired changes in dwelling place, work activity and work location. The identification of aspirations which individuals may have, would facilitate the taking of steps necessary for the realisation of attainable aspirations.

Hostels

28. The ambiguity and uncertainty experienced by houseparents and a minority of residents in the Belmont hostels, with regard to the precise meaning of "semi-independent living" would suggest that it is an issue which requires attention. Discussion between management, houseparents and residents may prove useful in clarifying the issue and alleviating anxiety.
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