

# **A NEW HOSTEL FOR THE MENTALLY HANDICAPPED AND ITS EFFECTS ON SOCIAL DEVELOPMENT**

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This is an assessment and description of a new local authority hostel for the mentally handicapped made just over a year after it had been opened. The hostel was purpose built to cater for twenty-five residents, male and female, from age sixteen upwards. Besides mental handicaps the residents also suffer from a variety of physical handicaps and health problems.

The hostel is situated within the community amongst old people's bungalows, council and private houses in a small town in the West Country. The main shopping centre and bus routes lie within walking distance, more shops are close at hand, and it is only a few minutes walk to the Junior and Adult Training Centres which are a part of the current provisions for the education, training and employment of the mentally handicapped.

The building consists of an office, large kitchen, dining, sitting, music, games and hobbies rooms and a laundry. There are two corridors of single bedrooms with one double bedroom in each corridor. There is a bathroom and shower in each corridor and one bathroom with special aids.

## **The People**

To some of the residents the hostel is their last permanent home because of handicaps and age, and to others it is just a stepping stone to the future. The residents have come from roughly four backgrounds—those who have until now always been cared for at home, those who have for the majority of their lives been at home or with relatives, those who have spent the majority of their lives in hospitals and those who have had a variety of moves.

There are a number of reasons why these people are living in a hostel: not wanted by family or relatives, death of parents, parents' inability to cope and problems arising from this within the family, impossibility for relatives to take over the responsibility and care due to personal circumstances, and people discharged from hospital with nowhere to go. Referrals are made by the Social Services. It is natural for children to grow up and leave home, so too the mentally handicapped can live apart from family and relatives if they wish.

## **"Living" in the Hostel**

One of the policies of the hostel is that residents come of their own free will as far as they are able to express it, and they stay because they want to. It can be their home and they are encouraged to treat it as such. Their home-made chair backs protect the upholstery, their paintings decorate the walls, their flowers and plants decorate the sitting room, their belongings lie around. The communal design of the building does not allow them to choose who they wish to live with, but they can retreat to other rooms or the privacy of their bedrooms. These might have been larger. Each has a wash-basin, wardrobe, chest-of-drawers, bed and straight-backed chair, but there is no room for an armchair. Each resident arranges his or her room as they please with their own possessions, and if someone wants to hang a picture the staff ask, "Where would you like me to hang it?" it being the resident's decision.

Privacy is maintained as well as possible all the time. No one enters a room without knocking first. Staff very seldom enter bedrooms, especially when the resi-

dents are present. Male staff do not enter female rooms and the same privacy is afforded to men. When the residents go away for week-ends or holidays they can have their rooms locked and feel their possessions are safe. Visitors, no matter how important, are never shown a resident's room by the staff. It would be significant that the recognition of this privacy which is considered by the staff, is repaid, in that no resident has ever bothered the staff when off duty in their own homes.

The residents can please themselves what they do in their spare time, and nothing is organised by the staff. Parties, at Christmas for example, are initiated by the residents, although they may invite the staff or ask the staff for a contribution of food and drink. During the day most residents attend the Training Centres, and a few hold outside employment. After a day's work if they wish to sit down, put their feet up and watch television they are quite entitled to do so. They can go out when they choose, accompanied or alone, to church, the local pub, on a shopping trip, bus ride or casual walk. There are few expectations and no punishments. Group meetings of staff and residents dealt with problems in the early days of the hostel, but the meetings tailed off as problems were resolved on a personal or immediate basis.

Meals are at regular times, but the residents do not have to attend. If they feel hungry or thirsty at any time they can make themselves a snack or drink. At week-ends and holidays the residents prepare their own tea and get their own supper. The hostel is not stocked with every convenience, or brand, and quite often runs out of items, which is a natural occurrence in any home and would be unnatural if it did not happen in this situation.

The residents can arise when they wish when not working, and go to bed whenever they choose. Some have no idea of time, and sometimes the suggestion that perhaps they would like to go to bed has to be made.

Normal people need good health to enjoy their lives, go to work, earn a living and be independent, and so do the mentally handicapped. The hostel is not, however, a hospital or any type of medical establishment. There are no regular sessions from a physician or psychiatrist. Each resident is registered with the local doctor and dentist. Like an ordinary home it contains a first aid cabinet with tablets, medicines and dressings, as well as medications prescribed by the doctor. The hostel provides care in the presence of illness as in any family.

The residents look after their own money. Those who are able to do so keep their own Supplementary Pension books and draw their own money. For them to be able to pay the warden for their board and lodging increases their dignity and independence. With the money they have earned they can go shopping and buy their own clothes, personal items and necessities and save for more expensive items and holidays.

### **The Role of the Staff**

The hostel is staffed by a warden and matron, two deputies, one full-time and two part-time care assistants, one week day and one week-end cook and two part-time cleaners. There are no night staff, the residents do not need it, and it was felt that this created a hospital atmosphere as well. This small quota of staff covers the routine of the hostel very well and there is no feeling that the place is over-run by staff.

The role of the care assistant is to guide and help the residents when it is ascertained that they cannot manage for themselves with social skills. The residents are responsible for cleaning their rooms, changing linen, putting dirty washing in the laundry and for knowing their garments when washed and ironed. Those who are able are encouraged to do their own.

The routine of the hostel is run at the pace of the residents with the onus on encouragement and guidance, so that unobtrusive observation is more important than active instruction. Every member of staff, wardens, cooks and cleaners has something to offer the residents, and it is important that the staff themselves feel free to work their own way without feeling inhibited by senior staff. In the case of doubt, the senior staff are there to make the ultimate decisions, to advise and support staff and residents. Indeed, the hostel office is a sort of citizens' guidance bureau. Although it is the staff's domain, the policy at the hostel is always to have the office door open so that residents feel free to enter. No matter what the query is the staff leave the decision to the resident by saying, "What would you like me to do?" It is their life and therefore their decision. It is a great step forward when the query, "Can I?" becomes "I am going to."

Possibly the most difficult task is keeping contact with families and relatives. Some are over-protective, some are so ashamed that they wish to forget the resident exists, others are very supportive. The staff can link with relatives and also the local community, they also provide models of what is acceptable behaviour in society.

### **Evaluation of Progress**

The quality of this hostel was quantified with the 39 Steps Check List (Gunzburg, 1973). Of the steps thought to lead towards normalised living practices, this hostel had attained 38. To see what effect this environment had had on the social development of the residents, each one was assessed one year after their arrival at the hostel. A few weeks before or after their arrival their IQ was estimated with the Wechsler Adult or Stanford Binet Intelligence Scales. Their social development was assessed with Progress Assessment Chart Form 2 (Gunzburg, 1968).

This P-A-C 2 was repeated one year later to monitor the hostel's influence. The total number of social skills attained by each resident provides an estimate of ability, e.g., Gunzburg's moderate mental handicap sample had an average attainment of 48 skills, the mild handicap sample of 55 and the borderline of 72. The resident's characteristics are shown in Table 1. Only 20 are displayed, as five of the original residents had moved on, died or did not wish to be re-assessed.

From Table 1 it can be seen that this hostel's moderately handicapped group appears to have a lower social skill attainment than Gunzburg's. This might have been because it was of lower general intelligence. It included several residents who failed to complete any items on the W.A.I.S. The floor of the W.A.I.S. varies between I.Q. 41 and 66 according to age. Residents off the scale might have had I.Q.s of less than 40; one indeed had a Stanford-Binet I.Q. of 32.

### **Results**

For the hostel group as a whole one year later there had been a significant increase in P-A-C 2 attainment (Wilcoxin Matched Pairs Signed Ranks test,  $T=14.5$   $p<.005$ ), only two deteriorated. Each of the skills assessed together with the average test and retest scores is shown in Table 2. The average scores are convenient for display, but to see if the changes were significant the sign test (Seigel 1956) was used.

Whilst there appears to be an overall improvement in each skill, many of the changes were too small to be regarded as significant and no inference can be drawn from them. Those skills accompanied by an asterisk are significant, in that the number of residents showing improvement exceeded those who had deteriorated to an extent that would be expected by chance less than 5% of the time.

**TABLE 1**

**Characteristics of the residents grouped by degree of mental handicap**

		TOTAL P.A.C. Skills			
	IQ	Age	Sex	Test	Retest
Moderate I.Q. 40—54	47	39	F	34	49
	50	16	F	20	34
	50	32	M	16	20
	44	46	M	37	41
	49	39	M	41	46
	46	19	M	38	48
	43	36	F	30	38
	43	18	F	10	23
	41	25	F	35	48
	53	48	M	65	66
	41	25	M	39	37
	32	21	M	34	36
Median	45	28.5		34.5	39.5
Mild I.Q. 55—69	65	35	F	85	73
	68	45	F	56	71
	69	48	F	57	63
	69	58	M	54	85
	68	19	M	98	102
	65	53	M	37	65
	Median	68	46.5		56.5
Borderline I.Q. 70—84	75	35	F	64	86
	80	45	M	84	94
	Median	77.5	40	74	90.5

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**TABLE 2**

**Categories of social skills and the average number attained by the residents on test and one year later.**

	Test	Retest
Table Habits	5.4	5.5 *
Cleanliness	4.6	4.7
Care of Clothes	4.0	4.8 *
Mobility	2.5	3.7 *
Health	2.8	3.2
Language	2.5	3.2
Money	1.0	1.1
Time and Measurement	1.8	1.7
Writing	1.0	1.7
Reading	0.8	1.2
Shopping	2.3	3.7 *
Social Graces	5.1	5.6
Home Assistance	2.9	3.1
Financial Dealings	1.8	2.6 *
Social Initiative	2.4	3.4 *
Manual Activities	3.7	3.7
Leisure	2.8	3.7 *

\*  $p < .05$  for one tailed test.

## Discussion

Some elaboration of these changes is therefore justified, bearing in mind that the residents had come from homes and hospitals.

### TABLE HABITS

The hostel kitchen is open to residents at any time except when the staff are cooking the major meals. The residents are able to use all the kitchen utensils, e.g., carving and bread knives, potato peelers, which would be inaccessible in hospitals and might be in some homes where relatives are over-protective. In some hospitals vegetable dishes and tableware such as jugs, teapots, gravy boats, are not accessible, so the patient has not had the opportunity to acquire their use.

### CLOTHES

The hostel has a laundry room freely available to all residents, whilst the hospitals had central laundries, and in many homes mother would care for the family's clothes.

### MOBILITY

This hostel does not have a mini-bus ("We don't want a mobile crocodile") or provide special transport for its residents except in emergency. This has had the effect of encouraging the residents to use public transport and, if they are unable to do so, to accompany more able residents who can.

## SHOPPING

The hospitals which the residents had come from have shops within the hospital selling mainly confectionery and tobaccos, which tends to stultify the more able patients' shopping activities. With the hostel kitchen being freely available, residents purchase foods they can prepare for themselves. Hospital patients had had their purchasing supervised and restricted to relatively small amounts at a time, and some of them had accumulated quite large balances which they spent freely on clothes, holidays and decorations for their rooms. One or two had glorious sprees and learnt from hard experience something about the needs for prudence and thrift.

## FINANCIAL DEALINGS

Most of the residents have been encouraged or helped to open a post office savings account. They also have to pay the wardens for their keep. Neither of these experiences was usual in hospital or at home.

## SOCIAL INITIATIVE

All of the items in this section reflect a person's opportunity and experience to move freely and independently around his locality. The wardens have encouraged this by only escorting residents outside the hostel who might be a danger to themselves.

## LEISURE

Again because the hostel provides no organised leisure activities, the residents have discovered or organised their own. Many of them like to attend the local Gateway Club, but some prefer not to. Without any staff supervision or involvement a small group of residents of very low I.Q. entertain themselves with records, drawing, etc., in a spare room they have appropriated.

## Summary

A new hostel is described that was built for 25 mentally handicapped adults. The first residents had their social skills assessed at the commencement of their stay. One year later they were re-assessed, eighteen out of twenty showed improvement. The significant changes occurring in certain skills are discussed.

## Acknowledgements

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## References

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