

III. GROUP HOMES FOR MENTALLY HANDICAPPED ADULTS: RESIDENTS' VIEWS ON CONTACTS AND SUPPORT

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INTRODUCTION

One of the general principles of the Government White Paper (1971) was that "Mentally handicapped children and adults should not be segregated unnecessarily from other people of similar age nor from the general life of the local community". These ideas were endorsed in the Sheffield Feasibility Study Report (1971) which proposed (p iii) "a full range of services for the mentally handicapped should be developed with the object of enabling the mentally handicapped person to live as much a part of the community as his disabilities allow . . ." and (p 5) "The needs of the mentally handicapped person and his family are not fundamentally different from the requirements of the rest of the community . . . segregation of this group of people by provision of an entirely separate service is undesirable". The experience of mentally handicapped people living in the community, their attitudes and those of community members towards them constitute an important source of data in the evaluation of community-based units. Whereas there appears to be much current interest in these areas, little substantial research data are available upon which future planning decisions can be made. What there is largely consists of data on the attitudes of neighbours and local people to both hostels and group homes and those residing in them and rarely, for example (Lundblad and Viktor, 1975), that which encompasses the views of residents themselves towards community living.

The present study is concerned with group home residents' views of their contacts with relatives, neighbours, friends and service agencies. It is concerned with establishing the value and extent of these contacts as seen through the eyes of residents. The method was through a semi-structured tape-recorded interview with the residents of six Social Service group homes. A preliminary interview schedule was used with four residents from another group home. This was modified only slightly for the purpose of the main study. It is important to add that this formed part of a larger study into Sheffield group homes that had required the author to participate in and observe activities over a time period of approximately 2½ years.

(a) Contact with relatives

The overall number of relatives mentioned by the 24 residents totalled 97¹, averaging 4 per resident. Seven residents stated that they had 6 or more living relatives and 6 had 2 or less. Residents were asked to name the relatives with whom they had contact—whether face-to-face contact or by other means, for example, by telephone or mail. Altogether 55* relatives were mentioned with whom residents had face-to-face contact, averaging 2.3 per resident. Five residents, however, had no contacts either face-to-face or by other means—3 of these residents were from the same home (GH5) and 4 of them had already stated that they had relatives. Fifteen residents stated that they had one or more relatives with whom they had no contacts. There was a variation in the extent of face-to-face contacts both between residents and between homes (see Table 1).

Of the many relatives mentioned with whom residents had face-to-face contact, brothers and sisters were the most common—17 out of 24 residents said they 'saw' one or more. No resident stated that he/she had a mother, although two said they had a

father and that they were in contact. Ten residents stated that they 'heard from' one or more of their relatives—usually no more than 3 although one stated that she 'heard from' five.

TABLE 1

Home	Average number of face-to-face contacts per resident
GH1	2.2
GH2	3.4
GH3	2.8
GH4	2.0
GH5	0.8
GH6	3.0

¹ Husbands/wives and children of the said relatives were often mentioned but were *not* included if they lived in the same house.

(b) **Contact with neighbours**

All but three (out of the total group of 24) residents said that they knew one or more neighbours. In all but one home answers indicated that the same neighbours were known by the majority if not all of the residents, although the actual number mentioned varied among individuals. To summarise: all at GH1 knew the 'lady next door'; all at GH2 knew Mrs Ho next door (who was also one of the group's two Home Helps), 4 out of 5 knew either one or two neighbours 'across the road', and one resident stated that she knew 5 neighbours and 'many who I say hello to but (do) not know their names'; 3 at GH3 said they knew either one or two neighbours in their road, the other two said they knew no one; all at GH4 said they knew the 'lady next door' and a 'lady across the road'; 3 at GH5 said they knew 'neighbours' who worked in the shops situated opposite the home, one of the other two mentioned someone else; the one resident at GH6 said he knew the 'lady next door'.

From above it was clear that the majority of residents knew a next door neighbour and in addition approximately half knew either one or two others 'in the road'. There was evidence that a small number 'knew' additional neighbours but did not know their names—'I say hello to a lot of people' (Table 2).

TABLE 2

	Number of residents	Aggregate total number of neighbours mentioned by individual residents	Actual number of individual neighbours mentioned
GH1	5	5	1
GH2	5	15	6
GH3	5	6	6
GH4	3	7	3
GH5	5	8	5
GH6	1 (at the time of interviews)	1	1

(c) **Contact with friends**

When asked which friends they had, in the main residents stated co-residents

and/or people 'at work'. Sometimes the latter were referred to 'en bloc', other times individuals were named. The majority of other friends mentioned were people from the residents' previous places of residence. Three residents said 'no one', 'no one special' or 'no one in particular' (outside mentioning co-residents). Apart from the occasional exception, each resident named no more than two 'friends' (excluding co-residents/workmates). 'Friends' mentioned were mostly people they had known over a long period of time although there were a few cases of friendships made during the time they had been in the group home, for example, residents from GH3 mentioned a local policeman 'friend' who visited them; Beryl at GH2 mentioned individual 'friends' at a local youth club she had joined. Several of the 'friends' mentioned had ordinary employment and this is particularly striking in relation to those group home residents who did *not* have ordinary jobs—of 18 residents without ordinary jobs, 13 claimed to have one or more 'friends' with an ordinary job.

Residents were asked how often they 'saw' their 'friends'. Co-residents being excluded, as would be expected, workmates were seen daily (excluding weekends) though no one admitted to 'seeing' workmates outside work. Those 'friends' from residents' previous places of residence were generally only 'seen' when one of the group home members visited the unit concerned. These visits were usually only occasional—'monthly', 'every three months' or less.

Discussion of Main Findings

The findings from this study were able to illustrate the nature and extent of contacts of individual residents with relatives, neighbours, friends and representatives of official support agencies. There was a general variation both between homes and between individuals residing in them.

Firstly, in relation to contact with relatives—5 residents had no contacts (of whatever means); others averaged 2.3 contacts each, brothers/sisters being the most common; contacts were usually made by visits to the relative's home, though in a few instances it was recognised that a relative would visit the group home; almost half of the contacts were frequent *i.e.* daily or weekly, with GH1, 2 and 3 residents having proportionately more of these than the rest; most residents stated that they did not receive 'help' as such from relatives, although several claimed that relatives would help if asked or were in a position to do so; occasionally residents claimed that they 'helped' relatives in the form of doing housework or errands; several voiced strong attitudes towards individual relatives either of liking or resentment.

Secondly, contact with neighbours—all but three residents knew one or more neighbours; the majority knew a next door neighbour and, additionally, approximately one half knew one or more living in the same road; residents from the same home did not always know the same neighbours; frequent contact was made with only a few neighbours and these were usually people living next door, the majority of contacts were short encounters—'Hello, how are you?' and suchlike; 11 neighbours overall were said to provide 'help' to individual residents from the six homes but this was mostly in the form of giving occasional advice and information and rarely practical aid; in general residents were reserved in their social contacts, only speaking to neighbours when they were spoken to.

Thirdly, contact with friends—in the main, residents stated as their friends co-residents and/or workmates; other friends were usually people from their previous places of residence; three residents said they had 'no one'; apart from the occasional exception, each resident stated that he/she had no more than two friends (excluding co-residents/workmates); there were very few examples of residents having friends in the community that they had made since moving to the homes; many residents not in open

employment had friends in open employment; no residents in open employment saw their workmates outside work; friends from residents' previous homes were usually only seen when residents visited—such visits occurred usually no more frequently than every month; there were few daily/weekly friend contacts overall; there was evidence of residents not wanting friends from their previous homes.

Fourthly, contact with official support workers—most residents stated that they liked individual support workers but there were also examples of their not liking or feeling indifferent towards them; in addition to those visiting the homes, help was acknowledged as being given by ATC staff and staff from residents' previous homes; the principal kind of help given was in the form of advice, emotional support and information, with help in financial matters running close second in rank order; help in the form of teaching was placed relatively low down; some residents criticised support workers both on a personal level and in terms of their professional competence.

Lastly, concerning residents' 'benefactors' and leisure activities—over two-thirds of residents said that they would turn to one of the official support workers if they needed help, others chose a co-resident, friend or relative; as to leisure activities, watching television was singled out as the most popular, followed by the use of a range of community facilities, for example, shops, local pubs, cinema; handicraft activities such as rug-making, sewing, knitting, were with one exception only undertaken by those not 'at work' *i.e.* not at ATC or in open employment; there were no differences observed in the activities of residents in open employment from those of other residents, apart from the fact that the former did not claim to attend the Gateway Club.

To what extent can care be provided by the community? The evidence showed how group home residents depend mainly on the support provided through official networks. There was little data pointing to the fact that contacts with and support from relatives, neighbours and friends can be established merely by placing mentally handicapped people to live in the community. They need help and encouragement in initiating such contacts which is perhaps not surprising given that they have previously lived in rather different, more protective surroundings. The findings stress the need for official support workers to recognise the all-important role they can play in teaching residents to become independent, and in assisting their community integration by helping to foster their links with neighbours, workmates and relatives. Furthermore, there is a role for them as educators to inform members of a local public on issues relating to mental handicap, its meaning and the types of background experienced by those mentally handicapped people moving into the community from somewhere like a hostel or hospital. The value of using a neighbour as an official support worker was particularly acknowledged in the case of one home and this has wider uses for the general development of group home care.

There is something like a natural instinct on the part of most neighbours 'not to want to interfere' and despite the fact that some may wish to help, they may at the same time feel reluctant without outside encouragement. Similarly, it should be recognised that mentally handicapped people living together in a group home may not need further help nor desire further social contacts. They may be satisfied with the company they already have—co-residents, people 'at work' and so on—and these feelings should be respected. Given, however, that some degree of outside support is provided it may be the long-term aim of official support workers to find means of transferring these responsibilities to willing individuals living in the community as a gradual move towards providing care by the community.

The nature and extent of neighbour contact may relate to the type of neighbourhood area wherein the home is situated. One can compare, for example, contacts made by residents from the GH1 home placed in a good, mainly owner-occupied residential area with those made by residents from the GH2 or 3 homes placed in poorer, mainly council property areas and present a case that geographical location is one factor in

determining the amount and type of neighbourhood contacts made. Residents from GH2 and 3 claimed that they said 'hello' to several people living in the road whom they did not 'know' as such. Maybe this sort of natural informal greeting with neighbours is more commonplace in some areas or types of areas than in others. Individuals vary in their willingness to act sociably with apparent strangers but judging from the series of general statements suggesting a more likely inclination for residents to speak only when spoken to, it might be concluded that most neighbour contacts were not initiated by the group home residents.

Another point concerns the references made by some individual mentally handicapped people to the help they received from official support workers other than those that visited their home more or less routinely. In particular, some mentioned training centre staff and this is singularly important in view of the need to co-ordinate links between day and residential care staff. A wide range of both academic and social skills are needed for a person to survive with relative independence in the community and the activities and teaching conducted in training centres could be closely directed towards these specific ends. The findings might be interpreted as suggesting a need for more effective working partnerships among all representatives of official support agencies having contacts with residents from group homes.

Lastly, it is useful to relate these findings to those from some of the neighbourhood studies that have been conducted. On the basis of selected material, three points emerge as relevant: firstly, the studies showed that people tended to use informal support in preference to the formal type. People cope with problems through the use of informal social resources, or an 'interpersonal environment' composed of family and friends, neighbours and work colleagues (Gurin et al, 1960; Mayer and Timms, 1970). The contrasting findings of the present study concerned with the mentally handicapped highlight the potential dangers of taking people out of their locality in the first place and hence their having to rely on official support. The emphasis made on the use of official support underlines the need for support workers to encourage informal contacts on the part of residents rather than expect these to grow naturally.

The other two points concern the type of neighbour contact received. The first is that studies of patterns of urban social interaction have tended to question the need for 'good neighbours', based on the conclusion that contacts within neighbourhoods are, on the whole, limited. (See, for example, Dennis, 1963). Pahl (1970) showed that 'only those of similar status are defined as neighbours' and argued that the higher the social status of the neighbourhood, the more neighbours are seen as 'non-people'. Others such as Glass (1948), Mitchell et al (1954) and Mann (1965) have suggested that physical proximity does not inevitably reduce social distance (and, in fact, might even increase it).

The second point is that, where neighbour contact does exist, it is usually confined to people living in the same street. Willmott's (1962) study of Stevenage New Town showed, for example, that three-quarters of the visitors received by individuals came from 'a very small area about one-quarter to one-half the size of a neighbourhood'. In fact, most either lived next door or in the same street. Taking both these findings as comprising one norm for evaluating community integration as experienced by the group home residents of the present study, it comes as no immediate surprise that their contacts were also limited; contact with a next door neighbour was the type that stood out usually as the most predominant, and even this could not be taken for granted. In several instances this type of contact was not evident and in others probably would not have been so without external intervention.

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